

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

MAR - 2 2011

February 22, 2011

Dept. of Social Services
Commissioner's Office

Michael P. Starkowski, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Starkowski:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 10-018, submitted to my office on August 20, 2010. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan to modify the Medicaid School-Based Child Health Services (SBCH) reimbursement from state aggregated cost-based rates for evaluation and monthly services to a local educational agency (LEA) service-specific methodology. This amendment also proposed to shift SBCH services and reimbursement parameters from the Rehabilitation section of the State Plan to the Early Periodic Screening, Diagnosis and Treatment (EPSDT) section. This SPA has been approved effective October 1, 2010, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, Addendum pages 2 through 2(g);
- Attachment 3.1B, Addendum pages 2 through 2(g);
- Supplement pages 1-3 to Addendum page 12 to Attachment 3.1-A;
- Supplement pages 1-3 to Addendum page 12 to Attachment 3.1-B;
- Attachment 4.19B, pages 1(a)i through 1(a)i(E), page 2, and page 2a.

If you have any questions regarding this matter you may contact Marie Montemagno at (617) 565-1227 or by e-mail at Marie.Montemagno@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads 'Richard R. McGreal'. The signature is written in a cursive style with a large, prominent 'R' at the beginning.

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 10-018

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR, CENTERS FOR MEDICARE
AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 10-1-2010

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.205
42 CFR 441.50-441.62 and 440.40(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 - \$2.5million
b. FFY 2012 - \$2.5 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Revisions to EPSDT Section Reflecting SBCH Addition
Attachment 3.1A, page 2 through 2(g)
Attachment 3.1B, page 2 through 2(g)
Attachment 4.19B, page 1(a)i through 1(a)i(E)
Revisions to Rehabilitation Section Reflecting SBCH Removal
Attachment 3.1A, page Supplement Pages 1 to 3, Addendum Page 12
Attachment 3.1B, page Supplement Pages 1 to 3, Addendum Page 12
Attachment 4.19B, Page 2 through 2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 3.1A, page 2
Attachment 3.1B, page 2
Attachment 4.19B, page 1(a)i

Attachment 3.1A, page Supplement Pages 1 to 3, Addendum Page 12
Attachment 3.1B, page Supplement Pages 1 to 3, Addendum Page 12
Attachment 4.19B, Page 2 through 2a

10. SUBJECT OF AMENDMENT:

Methods and Standards for Establishing Payment Rates for School Based Child Health.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Commissioner

15. DATE SUBMITTED: Original August 12, 2010
Revised November 23, 2010

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Mark Schaefer, Director, Medical Care Admin

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 20, 2010

18. DATE APPROVED: February 22, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid
and Children's Health Operations

23. REMARKS:

FORM HCFA-179 (07-92)

State approved per and ink change to 179 Box 7. Federal Budget Impact from
FFY 2010 and FFY 2011 to FFY 2011 and FFY 2012

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

- 4.
- a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

No Limitations

- b. EPSDT

Early and periodic screening, diagnostic, and treatment services (EPSDT) services are coverable under one or more of the service categories described in section 1905(r) of the Social Security Act. As required by section 1905 (r), any limitations specified in the State plan will be exceeded for individuals eligible under EPSDT based on a determination of medical necessity. This requirement also includes any services that are not otherwise covered or described in the State plan.

- b.1. EPSDT in School Base Child Health Service Setting:

School Based Child Health Services (SBCH) are early and periodic screening, diagnostic, and treatment services (EPSDT) services that are ordered or prescribed by a physician or other licensed practitioner, either as a member of the IEP team or by a qualified practitioner outside the IEP team, acting within his or her scope or practice under Connecticut State Law and listed in a recipient student's Individualized Education Plan (IEP) that are coverable under one or more of the service categories described in Section 1905(a) and Section 1905(r) of the Social Security Act.

Service providers shall be licensed or otherwise qualified under the applicable State practice act or comparable licensing criteria by the State Department of Public Health and shall meet applicable qualifications under 42 CFR 440.

State: CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL**

The following services are considered School Based Child Health services:

1. Audiology

Audiology services are provided by providers who meet the qualifications in accordance with 42 CFR 440.110(c)(3) and acting within his or her scope of practice under Connecticut State Law.

Audiology services include, but are not limited to:

- identification of children with hearing loss;
- determination of the range, nature and degree of hearing loss, including referral for medical or other professional attention for the treatment of hearing;
- provision of treatment activities, such as language habilitation, auditory training, speech reading, hearing evaluation and speech conservation;
- counseling and guidance of children, parents and teachers regarding hearing loss; and
- determination of the child's need for individual or group amplification, selecting and fitting an appropriate aid and evaluation of the effectiveness of amplification.

2. Clinical Diagnostic Laboratory Services

Clinical diagnostic laboratory services include those services recommended in the IEP such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130(a) and acting within his or her scope of practice under Connecticut State Law.

Clinical diagnostic laboratory services include, but are not limited to:

- blood sugar by a finger stick,
- urine dipstick, and hematocrit.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

3. Medical Services

Medical services are provided by licensed physicians, physician assistant, or nurse practitioners who meet the qualifications in accordance with 42 CFR 440.50, 440.60 or 440.166 and acting within his or her scope of practice under Connecticut State Law. Medical services include those services provided under section 1905(a)(5), 1905(a)(6) and 1905(a)(28) of the Social Security Act.

Medical services include, but are not limited to:

- medical evaluations used to identify a child's health related needs as a part of the IEP process; and
- medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

4. Mental Health Services (Psychological & Counseling Services)

Mental health services include diagnostic and treatment services involving mental, emotional or behavioral problems and disturbances and dysfunctions, of the diagnosis and treatment of substance abuse. Mental health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.130(d), 440.60 or 42 CFR Section 440.50(a).

Mental health service providers include licensed physicians, licensed psychiatrists, licensed advanced practice registered nurses (APRN), licensed physician assistants, licensed psychologists, State Department of Education (SDE) certified school psychologists, SDE certified school social workers, DPH licensed clinical social workers, DPH licensed professional counselors, DPH licensed alcohol and drug counselors, DPH licensed marital and family therapists, SDE certified school counselors and SDE certified guidance counselors.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

Mental health services include, but are not limited to:

- mental health evaluations,
- psychological testing, the administering of psychological tests and other assessment procedures, interpreting of assessment results, obtaining, integrating and interpreting of information about a child behavior and conditions related to learning, planning and managing of a program of psychological services including psychological counseling for children and parents, and
- counseling services, such as individual, group or marital and family counseling or psychotherapy for the treatment of a mental, emotional, behavioral or substance abuse condition to alleviate the condition and encourage growth and development, as performed by qualified SBCH providers.

5. Nursing Services

Nursing services are services that are within the scope of practice and performed by a registered nurse or licensed practical nurse who meet the qualifications in accordance with 42 CFR 440.80 and 42 CFR 440.60 and acting within his or her scope of practice under Connecticut State Law.

Nursing services include, but are not limited to:

- health assessment and development of individualized health care plans;
- medical treatments and procedures including, but not limited to, suctioning, tracheotomy care, catheterization, toileting, ostomy management and care;
- administering and/or monitoring medication needed by the student during school hours;
- consultation with licensed physicians, parents and staff regarding the effects of medications;
- monitoring of health status, for example, monitoring of shunt functioning or respiratory status; and
- individual health counseling and instruction and emergency interventions.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

6. Occupational Therapy

Occupational therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(b) and acting within his or her scope of practice under Connecticut State Law.

Occupational therapy services include:

- Identification of children with occupational therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services;
- Improving, developing or restoring functions impaired or lost through illness, injury or deprivation;
- Preventing through early intervention, initial or further impairment or loss of function; and
- Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.

7. Physical Therapy

Physical therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(a) and acting within his or her scope of practice under Connecticut State Law.

Physical therapy services include:

- identification of children with physical therapy needs;
- evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- obtaining, interpreting, and integrating information appropriate to program planning;

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

- diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to, heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices; and
- the performance and interpretation of tests and measurements to assist pathopsychological pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

8. Respiratory Care Services

Respiratory care services are provided by or under the direction of licensed respiratory care practitioners who meet the qualifications in accordance with 42 CFR 440.185 and acting within his or her scope of practice under Connecticut State.

Respiratory care services include, but is not limited to:

- therapeutic procedures to increase strength or endurance of respiratory muscles; and
- therapeutic procedures to improve respiratory function.

9. Speech/Language

Speech/Language services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(c)(1) & (2) and acting within his or her scope of practice under Connecticut State Law.

Speech/Language therapy services include:

- identification of children with speech disorders;
- diagnosis and appraisal of specific speech disorders;
- referral for medical or other professional attention necessary for the habilitation of speech disorders;

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

- provision of speech or language services for the habilitation or prevention of communicative disorders;
- evaluation and application of principles, methods and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, rehabilitation and instruction related to the development of disorders of speech, voice and/or language; and
- preventing, ameliorating or modifying speech disorder conditions in children and/or groups of children.

10. Optometric Services

Optometric services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.50(a), 440.60(a) or 440.166(a) and acting within his or her scope of practice under Connecticut State Law.

Optometric services include, but are not limited to:

- assessment for visual acuity, color blindness, near vision and strabismus; and
- diagnosis of abnormalities related to the eye and optic nerves.

11. Assessments

Assessments are conducted to determine a child's health-related needs for purposes of the IEP. Assessments are covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan.

Assessments are services provided under section 1905(a) the Social Security Act. Assessments shall be performed by a licensed practitioner who meets the qualifications in accordance with his or her scope of practice under Connecticut State Law.

Payment for the assessment costs is available under Medicaid once an individual's IEP has been approved for service that includes these activities.

Assessment services include:

- the identification and assessment of health-related needs for medical services for the purpose of determining educational recommendations.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

c. Family Planning Services

The Department will not pay for any procedures or services of an unproven, experimental or research nature.

5. Physician Services

- a. The Department will not pay for any procedures or services of an unproven, experimental or research nature.
- b. The Department will pay for no more than one radiation treatment per day.
- c. The Department will not pay for a brainstem evoked response recording and computerized axial tomography scan with myelography when performed within three (3) months of each other.
- d. The Department will not pay for transsexual surgery or for a procedure which is performed as part of the process of preparing an individual for transsexual surgery such as hormone therapy and electrolysis.
- e. The Department shall pay for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illness shall include illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, "morbid obesity" means "morbid obesity" as defined by the International Classification of Diseases (ICD, as amended from time to time.

State : CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP (S): ALL

- b. **Rehabilitation Services:** Rehabilitation Services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Rehabilitation service providers will receive reimbursement from the Department of Social Services when documentation of compliance with the following requirements is on file with the billing provider or its performing providers:

- (1) A written plan of care developed by or under the direction of a physician or other licensed practitioner of the healing arts at least annually with the eligible person and/or their representative(s) to address identified needs; and
- (2) A permanent service record containing the eligible person's name, address and other relevant information including signed monthly service entries indicating the dates(s), place of service and type(s) of rehabilitation services rendered.

Rehabilitation services are described in more detail beginning on Supplement Page 2:

TN # 10-018
Supersedes
TN # 95-011

Approval Date 2/22/11

Effective Date 10/1/10

State : CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP (S): ALL

1. Psychiatric Services to children, youth and their families. These community services are provided by organizations which are limited to community-based programs that meet the requirements of, and are under contract with, the Department of Children and Families (DCF) (as defined in the General Statutes of Connecticut, Section 17a-20: Definition of psychiatric clinic and community mental health facility). These programs are staffed by, or under arrangement with, allied health professionals who are qualified by special education and training, skills, and experience in providing mental health care and treatment. These services may be provided by psychologists, nurses, social workers, mental health counselors, and other mental health professionals. The State Department of Children and Families shall maintain and designate programs for the purpose of providing services with the primary purpose of diagnosis, treatment, or rehabilitation of individuals suffering from a mental disorder, or a dysfunction related to a mental disorder to children, youths and their families with diagnoses as defined in the most recent edition of the American Diagnostic and Statistical Manual for Mental Disorders. Services provided to an adult family member must be directly related to the child or youth's treatment.

TN # 10-018
Supersedes
TN # 95-011

Approval Date 2/22/11

Effective Date 10/1/10

State : CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP (S): ALL

2. **Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services).** These services will be provided to children birth to three years of age who have established condition that qualify them for eligibility in the

TN# 10-018
Supersedes
TN # 95-011

Approval Date 2/22/11

Effective Date 10/1/10

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- 4.
- a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

No Limitations

- b. EPSDT

Early and periodic screening, diagnostic, and treatment services (EPSDT) services are coverable under one or more of the service categories described in section 1905(r) of the Social Security Act. As required by section 1905 (r), any limitations specified in the State plan will be exceeded for individuals eligible under EPSDT based on a determination of medical necessity. This requirement also includes any services that are not otherwise covered or described in the State plan.

- b.1. EPSDT in School Base Child Health Service Setting:

School Based Child Health Services (SBCH) are early and periodic screening, diagnostic, and treatment services (EPSDT) services that are ordered or prescribed by a physician or other licensed practitioner, either as a member of the IEP team or by a qualified practitioner outside the IEP team, acting within his or her scope or practice under Connecticut State Law and listed in a recipient student's Individualized Education Plan (IEP) that are coverable under one or more of the service categories described in Section 1905(a) and Section 1905(r) of the Social Security Act.

Service providers shall be licensed or otherwise qualified under the applicable State practice act or comparable licensing criteria by the State Department of Public Health and shall meet applicable qualifications under 42 CFR 440.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following services are considered School Based Child Health services:

1. Audiology

Audiology services are provided by providers who meet the qualifications in accordance with 42 CFR 440.110(c)(3) and acting within his or her scope of practice under Connecticut State Law.

Audiology services include, but are not limited to:

- identification of children with hearing loss;
- determination of the range, nature and degree of hearing loss, including referral for medical or other professional attention for the treatment of hearing;
- provision of treatment activities, such as language habilitation, auditory training, speech reading, hearing evaluation and speech conservation;
- counseling and guidance of children, parents and teachers regarding hearing loss; and
- determination of the child's need for individual or group amplification, selecting and fitting an appropriate aid and evaluation of the effectiveness of amplification.

2. Clinical Diagnostic Laboratory Services

Clinical diagnostic laboratory services include those services recommended in the IEP such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130(a) and acting within his or her scope of practice under Connecticut State Law.

Clinical diagnostic laboratory services include, but are not limited to:

- blood sugar by a finger stick,
- urine dipstick, and hematocrit.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

3. Medical Services

Medical services are provided by licensed physicians, physician assistant, or nurse practitioners who meet the qualifications in accordance with 42 CFR 440.50, 440.60 or 440.166 and acting within his or her scope of practice under Connecticut State Law. Medical services include those services provided under section 1905(a)(5), 1905(a)(6) and 1905(a)(28) of the Social Security Act.

Medical services include, but are not limited to:

- medical evaluations used to identify a child's health related needs as a part of the IEP process; and
- medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

4. Mental Health Services (Psychological & Counseling Services)

Mental health services include diagnostic and treatment services involving mental, emotional or behavioral problems and disturbances and dysfunctions, of the diagnosis and treatment of substance abuse. Mental health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.130(d), 440.60 or 42 CFR Section 440.50(a).

Mental health service providers include licensed physicians, licensed psychiatrists, licensed advanced practice registered nurses (APRN), licensed physician assistants, licensed psychologists, State Department of Education (SDE) certified school psychologists, SDE certified school social workers, DPH licensed clinical social workers, DPH licensed professional counselors, DPH licensed alcohol and drug counselors, DPH licensed marital and family therapists, SDE certified school counselors and SDE certified guidance counselors.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

Mental health services include, but are not limited to:

- mental health evaluations,
- psychological testing, the administering of psychological tests and other assessment procedures, interpreting of assessment results, obtaining, integrating and interpreting of information about a child behavior and conditions related to learning, planning and managing of a program of psychological services including psychological counseling for children and parents, and
- counseling services, such as individual, group or marital and family counseling or psychotherapy for the treatment of a mental, emotional, behavioral or substance abuse condition to alleviate the condition and encourage growth and development, as performed by qualified SBCH providers.

5. Nursing Services

Nursing services are services that are within the scope of practice and performed by a registered nurse or licensed practical nurse who meet the qualifications in accordance with 42 CFR 440.80 and 42 CFR 440.60 and acting within his or her scope of practice under Connecticut State Law.

Nursing services include, but are not limited to:

- health assessment and development of individualized health care plans;
- medical treatments and procedures including, but not limited to, suctioning, tracheotomy care, catheterization, toileting, ostomy management and care;
- administering and/or monitoring medication needed by the student during school hours;
- consultation with licensed physicians, parents and staff regarding the effects of medications;
- monitoring of health status, for example, monitoring of shunt functioning or respiratory status; and
- individual health counseling and instruction and emergency interventions.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

6. Occupational Therapy

Occupational therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(b) and acting within his or her scope of practice under Connecticut State Law.

Occupational therapy services include:

- Identification of children with occupational therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services;
- Improving, developing or restoring functions impaired or lost through illness, injury or deprivation;
- Preventing through early intervention, initial or further impairment or loss of function; and
- Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.

7. Physical Therapy

Physical therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(a) and acting within his or her scope of practice under Connecticut State Law.

Physical therapy services include:

- identification of children with physical therapy needs;
- evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- obtaining, interpreting, and integrating information appropriate to program planning;

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to, heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices; and
- the performance and interpretation of tests and measurements to assist pathopsychological pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

8. Respiratory Care Services

Respiratory care services are provided by or under the direction of licensed respiratory care practitioners who meet the qualifications in accordance with 42 CFR 440.185 and acting within his or her scope of practice under Connecticut State.

Respiratory care services include, but is not limited to:

- therapeutic procedures to increase strength or endurance of respiratory muscles; and
- therapeutic procedures to improve respiratory function.

9. Speech/Language

Speech/Language services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(c)(1) & (2) and acting within his or her scope of practice under Connecticut State Law.

Speech/Language therapy services include:

- identification of children with speech disorders;
- diagnosis and appraisal of specific speech disorders;
- referral for medical or other professional attention necessary for the habilitation of speech disorders;

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

- provision of speech or language services for the habilitation or prevention of communicative disorders;
- evaluation and application of principles, methods and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, rehabilitation and instruction related to the development of disorders of speech, voice and/or language; and
- preventing, ameliorating or modifying speech disorder conditions in children and/or groups of children.

10. Optometric Services

Optometric services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.50(a), 440.60(a) or 440.166(a) and acting within his or her scope of practice under Connecticut State Law.

Optometric services include, but are not limited to:

- assessment for visual acuity, color blindness, near vision and strabismus; and
- diagnosis of abnormalities related to the eye and optic nerves.

11. Assessments

Assessments are conducted to determine a child's health-related needs for purposes of the IEP. Assessments are covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan.

Assessments are services provided under section 1905(a) the Social Security Act. Assessments shall be performed by a licensed practitioner who meets the qualifications in accordance with his or her scope of practice under Connecticut State Law.

Payment for the assessment costs is available under Medicaid once an individual's IEP has been approved for service that includes these activities.

Assessment services include:

- the identification and assessment of health-related needs for medical services for the purpose of determining educational recommendations.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Family Planning Services

The Department will not pay for any procedures or services of an unproven, experimental or research nature.

5. Physician Services

- a. The Department will not pay for any procedures or services of an unproven, experimental or research nature.
- b. The Department will pay for no more than one radiation treatment per day.
- c. The Department will not pay for a brainstem evoked response recording and computerized axial tomography scan with myelography when performed within three (3) months of each other.
- d. The Department will not pay for transsexual surgery or for a procedure which is performed as part of the process of preparing an individual for transsexual surgery such as hormone therapy and electrolysis.
- e. The Department shall pay for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illness shall include illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, "morbid obesity" means "morbid obesity" as defined by the International Classification of Diseases (ICD, as amended from time to time.

State : CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (S): ALL

- b. **Rehabilitation Services:** Rehabilitation Services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Rehabilitation service providers will receive reimbursement from the Department of Social Services when documentation of compliance with the following requirements is on file with the billing provider or its performing providers:

- (1) A written plan of care developed by or under the direction of a physician or other licensed practitioner of the healing arts at least annually with the eligible person and/or their representative(s) to address identified needs; and
- (2) A permanent service record containing the eligible person's name, address and other relevant information including signed monthly service entries indicating the dates(s), place of service and type(s) of rehabilitation services rendered.

Rehabilitation services are described in more detail beginning on Supplement Page 2:

TN# 10-018
Supersedes
TN # 95-011

Approval Date 2/22/11

Effective Date 10/1/10

State : CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (S): ALL

1. **Psychiatric Services to children, youth and their families.** These community services are provided by organizations which are limited to community-based programs that meet the requirements of, and are under contract with, the Department of Children and Families (DCF) (as defined in the General Statutes of Connecticut, Section 17a-20: Definition of psychiatric clinic and community mental health facility). These programs are staffed by, or under arrangement with, allied health professionals who are qualified by special education and training, skills, and experience in providing mental health care and treatment. These services may be provided by psychologists, nurses, social workers, mental health counselors, and other mental health professionals. The State Department of Children and Families shall maintain and designate programs for the purpose of providing services with the primary purpose of diagnosis, treatment, or rehabilitation of individuals suffering from a mental disorder, or a dysfunction related to a mental disorder to children, youths and their families with diagnoses as defined in the most recent edition of the American Diagnostic and Statistical Manual for Mental Disorders. Services provided to an adult family member must be directly related to the child or youth's treatment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP (S): ALL

2. **Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services).** These services will be provided to children birth to three years of age who have established condition that qualify them for eligibility in the

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(4)

(b) Early and periodic screening and diagnosis of individuals under 21 years of age. Rates for medically necessary services not covered under the state plan that are ordered by a physician are negotiated on a case-by-case basis in order to ensure access as required under Section 1905(r)(5) of the Social Security Act.

(b.1.) EPSDT Services delivered in the School-Based Setting

School Based Child Health services are provided by School Based Child Health providers, which are school districts and other educational entities that are enrolled with the Connecticut Medical Assistance Program as providers of School Based Child Health services. School Based Child Health services are provided pursuant to an Individualized Service Plan (IEP) and include medical services as described under Item 4.b.1. EPSDT in School Base Child Health Service Setting in Addendum to Attachment 3.1-A/B. School Based Child Health services include physical therapy, occupational therapy and other services, including services provided by audiologists and services for individuals with speech, hearing and language disorders, performed by, or under the direction of, providers who meet the qualifications set forth at 42 CFR 440.110; and nursing services coverable under 42 CFR 440.130(d), including services delegated to individuals who receive appropriate teaching, direction, and supervision from a Registered Nurse or Practical Nurse; services performed by licensed practitioners within the scope of their practice for individuals with behavioral health (mental health and substance abuse) disorders, as defined under state law, and coverable as medical or other remedial care under 42 CFR 440.60; diagnostic screening, preventative, and rehabilitative services covered under 42 CFR 440.130. Assessments are covered as necessary to assess or reassess the need for medical services in a child's treatment plan and must be performed by any of the above licensed practitioners within their scope of practice.

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Cost Reimbursement Methodology for School Based Child Health Services

1. **Interim Rates**

Interim rates for SBCH services shall be established for services beginning October 1, 2010 with retrospective replacement rates and adjusted interim rates updated annually thereafter. Interim rates are provisional in nature, pending the completion of a cost reconciliation and cost settlement for that period.

2. **Cost Reimbursement Methodology**

All bills submitted to the Department for payment of School Based Child Health services must be substantiated by documentation in the eligible student's permanent service record. Final reimbursement is based on the certified reports that are submitted by Local Educational Agencies based upon the methodology approved by the Centers for Medicare and Medicaid Services, which includes the scope of cost and methods of cost allocation that have been approved by CMS, consistent with the process described below.

To determine the Medicaid allowable costs of providing School Based Child Health services, the following steps are performed:

- i. Direct costs of providing School Based Child Health services include payroll costs and other costs that can be directly charged to School Based Child Health services including costs that are integral to School Based Child Health services. Direct costs shall not include room and board charges.

Other direct costs include costs directly attributable to activities performed by the personnel who are approved to deliver School Based Child Health services, including but not limited to, travel, purchased services, materials and supplies. These direct costs are accumulated on the annual School Based Child Health Cost Report, approved by CMS.

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- ii. Direct costs for School Based Child Health services from Item i. above are reduced by any federal payments for those costs, resulting in adjusted direct costs for School Based Child Health services.
- iii. Adjusted direct costs from Item ii. above are then allocated to identify Medicaid-reimbursable costs for School Based Child Health services according to the time study results that are identified according to the process described in the Connecticut School Based Child Health Time Study User Guide, approved by CMS.
- iv. Indirect costs are calculated using the unrestricted indirect cost rate set by the Connecticut State Department of Education as the cognizant agency. Indirect costs are equal to adjusted direct costs (iii) multiplied by the unrestricted indirect cost rate. These indirect costs are then added to the adjusted direct costs (iii) to determine the total School Based Child Health costs.
- v. Medicaid allowable costs are identified by applying the Medicaid penetration rate to the total direct costs (iv). The Medicaid penetration rate is the average of the number of Medicaid enrolled students with an Individualized Education Plan (IEP) as of the 5th day after the start of a quarter divided by the average of the total number of students with an IEP on the same day. For the purpose of the determining Medicaid allowable costs, the following three quarters will be utilized: September-November; December-February; and March-June.

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3. **Certification of Public Expenditures**
Each School Based Child Health services provider certifies on an annual basis through its completed School Based Child Health Cost Report its total actual, incurred Medicaid allowable costs, including the federal share and the nonfederal share. These costs do not include any indirect costs that are not included in the unrestricted indirect cost rates approved by the Connecticut State Department of Education as the cognizant agency.
4. **Annual Cost Reports**
Each School Based Child Health services provider annually will complete a School Based Child Health Cost Report for all services delivered during the previous state fiscal year covering July 1 through June 30. Cost reports are due to the State no later than June 30th of the year following the close of the year during which the costs included in the Cost Report were accrued. The annual cost report includes the certification of funds as described in Section 3 above. Submitted cost reports are subject to desk review by the single state agency or its designee.
5. **Cost Reconciliation**
The total Medicaid allowable costs based on the CMS approved School Based Child Health Cost Report are compared to the School Based Child Health Services Provider's interim rate claims for services delivered during the reporting period, as documented in the MMIS. School Based Child Health service providers' interim rate claims will be adjusted to reflect, in aggregate, the total Medicaid allowable costs based upon the certified cost report identified in Section 3. This results in cost reconciliation. Reconciliation will occur within 24 months of the end of the reporting period contained in the School Based Child Health service providers' submitted cost report.

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6. **Cost Settlement**

Cost reports will be reconciled and settlements will occur within 24 months of the reporting period contained in the annual SBCH cost report. Connecticut will not modify the CMS-approved scope of costs, time study methodology or the annual cost report methodology without CMS approval. If it has been determined that an overpayment has been made, the Department of Social Services will return the federal share of the overpayment. If the actual, certified Medicaid allowable costs of a School Based Child Health Service Provider exceed the interim Medicaid rates, the Department of Social Services will submit claims to CMS for the underpayment. Cost settlement will occur within the timelines set forth in 42 CFR 433 Subpar F.

7. **Audit**

All supporting accounting and school records, statistical data and all other records related to the provision of School Based Child Health services paid for by the Department shall be subject to audit. If an audit discloses discrepancies in the accuracy and/or allowances of actual direct or indirect costs or statistical data as submitted for each fiscal year by the Local Educational Agency, the Department's payment rate for the said period shall be subject to adjustment.

- (c) Family Planning services, drugs, supplies and devices when such services are under the supervision of a physician: physician services, same as item (5); Clinics, same as item (9) and Drug and supplies, same as item (12).

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- (5) Physician's services – fixed fee schedule do not exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors.
- (a) Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 2009 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

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Methods and Standards for Establishing Payment
Rates – Other Types of Care

(a) Prescribed Drugs

1. With the exception of (a)2 and (a)3 below the cost of drugs is determined by the drug product allowance established by the HCFA Upper Payment Limits plus a reasonable professional Dispensing Fee; The State's estimated acquisition cost (E.A.C.) which is AWP – 14% plus a reasonable professional Dispensing Fee; or the usual and customary charge to the general public, whichever is lower.
2. The maximum allowable cost paid for selected multi-source brand and generic drugs meeting the following criteria shall be the Average Wholesale Price (AWP) minus 50% plus a reasonable professional Dispensing Fee:
 - at least two suppliers of the generic product are available,
 - drug is not on the Federal Upper Limit (FUL) list or the Department of Justice (DOJ) list, and
 - all dosage forms (including tablets, capsules, eye drops, inhalers, topicals and liquids).
3. The maximum allowable cost paid for Factor VIII (Factorate, Antihemophilic Factor, AHF) pharmaceuticals shall be the Actual Acquisition Cost (AAC) plus eight per cent.

(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of 2/1/2010 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

- (d) Hearing aid – The price allowed shall be the cost of the hearing aid to the provider, not to exceed \$160.00.

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(13) Other diagnostic, screening, preventive and rehabilitative services

(a) Durable Medical Equipment

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of durable medical equipment. The agency's rates were set as of 2/1/2010 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

(b) Rehabilitative Services

- (1) Psychiatric Services to children, youth and their families – Negotiated Rate.
- (2) Birth to Three Services – Negotiated Rate.
- (3) Private Non-Medical Institutions for rehabilitation of children – Capitated Rate not to exceed the upper limits established in accordance with 42 CFR, Section 447.362
- (4) Private Non-Medical Institutions for rehabilitation of adults - An overall cost based capitation rate will be set for rehabilitative services provided by private non-profit group homes licensed by the Department of Public Health and certified by the Department of Mental Health and Addiction Services. The Department of Mental Health and Addiction Services certification will help assure that non-licensed mental health direct service staff have the level of education, experience, training, and/or supervision necessary to provide direct rehabilitative services as defined in Attachment 3.1-A. These direct service staff will hold either a bachelor's degree in a behavioral health related specialty or have two years experience in the provision of mental health services. The range of compensation will be consistent with this level of trained staff and individual qualifications.

The capitation rate will be a monthly rate. Facility providers will bill one unit per month for every Medicaid eligible individual. One capitation rate will be established and applied uniformly to all facility providers and to all Medicaid eligible recipients provided with a covered rehabilitative service during the month, whether the recipient was a resident of the facility for an entire month or a portion of the month. The capitation rate will be established based upon annual audited cost reports and semi-annual time studies. The time studies will be conducted for one week, twice each year, and will involve all staff present during the time study week and involved in the provision of rehabilitative services. All facility providers will be required to participate in the time studies to determine the portion of direct care staff time associated with these services.

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