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Boston Regional Operations Group

June 19, 2019

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 11-010, submitted to my office on July 29, 2011 and approved on June 19, 2019.

This SPA amends Attachment 3.1- A/3.1-B and 4.19-B of the Medicaid State Plan in order update and revise coverage and reimbursement for rehabilitation services delivered to residential treatment facilities pursuant to Early Periodic Screening and Diagnostic and Treatment (EPSDT). This SPA also makes clarifying changes to other plan pages, including revisions necessary to preserve the approval of previously approved SPA's with later effective dates.

This SPA's approval is effective July 1, 2011, as requested by the State.

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

- Addendum Page 12 to Attachments 3.1-A and 3.1-B
- Addendum Pages 12b, 12c, and 12d to Attachments 3.1-A and 3.1-B
- Supplement Pages 2, 3, 4, 5, and 6 to Addendum Page 12 to Attachments 3.1-A and 3.1-B
- Supplement Pages 5a through 5n to Attachments 3.1-A and 3.1-B
- Attachment 4.19-B, Page 2a
- Addendum Pages 2, 2a, 2b, 2c, 2d, and 2e to Attachment 4.19-B Page 2a

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely, /S/

Francis T. McCullough
Director
Division of Medicaid Field Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 11-010	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 July 1, 2011	
5. TYPE OF STATE PLAN MATERIAL (Check One):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(13) of the Social Security Act and 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement Pages 5a through 5n to Attachments 3.1-A and 3.1-B Addendum Pages 2, 2a, 2b, 2c, 2d, and 2e to Attachment 4.19-B Page 2a Addendum Page 12 to Attachments 3.1-A and 3.1-B Addendum Pages 12b, 12c, and 12d to Attachments 3.1-A and 3.1-B Supplement Pages 2, 3, 4, 5, and 6 to Addendum Page 12 to Attachments 3.1-A and 3.1-B Attachment 4.19-B, Page 2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN New New Addendum Page 12 to Attachments 3.1-A and 3.1-B New Supplement Pages 2, 3, 4, 5, and 6 to Addendum Page 12 to Attachments 3.1-A and 3.1-B Attachment 4.19-B, Page 2a
10. SUBJECT OF AMENDMENT:	

The Department of Social Services is proposing to revise its Medicaid State Plan effective July 1, 2011. SPA 11-010 amends Attachments 3.1-A, 3.1-B, and 4.19-B to update and add details regarding coverage and reimbursement for rehabilitation services delivered in residential treatment settings pursuant to EPSDT, as detailed in the plan pages. This SPA also makes clarifying changes to other plan pages, including revisions necessary to preserve the approval of previously approved SPA's with later effective dates.

11. GOVERNOR'S REVIEW (Check One):	
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/	16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033
TYPED NAME: Roderick L. Bramby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: July 29 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 29 2011	18. DATE APPROVED: June 19 2019
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Director Medicaid Field Operations-East

23. REMARKS: CMS box 6, 8, 9 and box amended to reflect updated pages and changes made through out the SPA approval process. Pen and Ink approved by the State on 5/30/2019

State: Connecticut

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

3. **REHABILITATIVE SERVICES FOR CHILDREN DELIVERED IN
RESIDENTIAL TREATMENT SETTINGS**

(a) **Overview**

Rehabilitative services provided to individuals under age twenty-one in residential treatment settings (as specified below) include treatment planning and review; psychosocial assessment; psychiatric/psychological diagnostic evaluation; nursing assessment; individual, family and group psychotherapy; medical behavioral services; rehabilitative counseling services; and care coordination, each of which are described below and all of which are designed to restore the child's normal developmental trajectory, reduce or eliminate psychological barriers that impede development of community and family living skills, and thereby provide for maximum reduction of physical or mental disability and restoration of the child to their best possible functional level pursuant to 42 C.F.R. § 440.130(d). The services are provided to children currently unable to live successfully in a family and in the community due to chronic, psychologically-based, disruptive behaviors. Residential treatment settings described in this section exclude any institutions for mental diseases as defined in 42 C.F.R. § 435.1010.

(b) **Eligible Recipients**

Any Medicaid beneficiary under age twenty-one, hereafter referred to as "child", for whom the services described in this section are medically necessary.

(c) **General Need for Services**

The rehabilitative services described in this section are directed toward restoring the child to age appropriate levels of functioning, addressing the mental health issues or restoring the child to their normal developmental trajectory or their best functional level so that the child is able to return to living with their family of origin or another family in the community. These children do not require inpatient services in a more restrictive medical setting but the severity of their disruptive behaviors requires residential rehabilitative services in a non-medical setting.

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State: Connecticut

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

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(d) Individualized Treatment Plans and Reviews

All rehabilitative services for children in residential treatment settings are guided by child-centered, individualized treatment plans.

A temporary individualized treatment plan is put into place on or before the admission and approved by a licensed clinical practitioner based on available information (e.g., prior evaluations, contact with prior service providers, and other relevant information).

A comprehensive individualized treatment plan is completed within 30 days of admission for each child. This plan is based on: evaluations of the child and their family conducted by a licensed clinical practitioner or masters level clinician and includes meetings with the child as well as with family members, when applicable; a comprehensive psychosocial assessment; nursing assessment; medical behavioral services assessment; clinical staff reports; rehabilitative counseling services staff reports; and information gathered from other sources when available.

The individualized treatment plan includes specific goals and measurable objectives linked to the child's barriers to successful community and family living. The state of Connecticut's Department of Children and Families (DCF) requires that each goal is documented as being tied or linked to the child's DSM diagnosis and/or recent assessment/evaluations by clinical and therapeutic staff in order to ensure they are relevant for and specific to the child. The child's individualized treatment plan also identifies the type, amount, frequency and duration of services to address these goals and objectives in order to obtain maximum reduction of the child's disabilities and restoration of the child to his or her best possible functional level. The plan also describes and identifies the clinical staff and other staff who will provide the services and the minimum amounts of specific services, as appropriate for each child.

The child's individualized treatment plan is reviewed at least every 90 days from admission or sooner if medically necessary to evaluate progress and to make changes as needed to the plan to ensure that progress is made toward achieving the specified goals and objectives. The child's treatment plan is reviewed and signed off by a licensed clinical practitioner each time the treatment team develops and/or reviews the child's treatment plan.

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

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

The child and their parents or guardians participate whenever they are available in the ongoing treatment planning development and review process, beginning with the 30 day plan, to ensure they are empowered as members of the team and have the opportunity to make choices for the child's treatment. Progress in achieving rehabilitative goals and objectives identified in the individualized treatment plan is assessed at least monthly. In addition, a licensed clinical practitioner or masters level clinician employed by or under contract to the program completes a treatment plan progress report at least every 30 days or sooner if medically necessary while the child is in their program. The treatment plan progress report utilizes a standard format and is comprehensive in capturing the program's evaluation of the child's progress in achieving their individualized treatment plan goals and objectives.

Because the services are time-limited, discharge planning is an integral part of the treatment process beginning within 30 days of each child's admission. The discharge plan is part of the treatment plan and is reviewed and updated routinely. The discharge plan must include the child's projected date of discharge, the child's projected caregiver at discharge, the need for concurrent discharge planning for the child, the projected services needed by the child at discharge and any anticipated barriers to the child's discharge and the steps needed to resolve these barriers.

(e) Covered Services

The following are covered rehabilitative services in a residential treatment setting. These services are included in the child's individualized treatment plan when they are identified through the assessments described in section (1) below and as described in section (d) above. In implementing each individualized treatment plan, these rehabilitative services are designed to restore the child's capacity to function in family and community settings, and to reduce the aspects of disability that prevented the child from being able to function in community and family settings. These services are available to eligible children with no generally applicable limitations in amount, duration or scope. Each service must be provided in accordance with the individualized treatment plan, including any appropriate minimum or maximum levels of each service identified in the plan. Prior authorization is required to ensure medical necessity and appropriate level of care.

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

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(1) Assessment

(A) Psychosocial Assessment:

- a. Service Description: Within 30 days of admission, a current Psychosocial Assessment must be completed for each child. The Psychosocial Assessment must include, at a minimum, detailed information on the following: the child's family history; the child's social history, including developmental history; and the child's medical / health history including their psychiatric / treatment history. The Psychosocial Assessment is used as one of the assessments for developing the child's full treatment plan, within 30 days of admission, which directs their treatment services within the residential treatment setting.
- b. Qualified Providers: These services are provided by Licensed Clinical Practitioners (defined below) and also by Master's Level Clinicians (defined below) under the supervision of a Licensed Clinical Practitioner.

(B) Psychiatric/Psychological Diagnostic Evaluation

- a. Service Description: Psychiatric/psychological evaluations are diagnostic interviews which include a psychosocial and educational history of the child, a mental status assessment and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory, physical examination and/or other diagnostic studies.
- b. Qualified Providers: These services are provided by any of the Licensed Clinical Practitioners identified in section (f) (2) below performing within their scope of practice under state law.

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CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(C) Nursing Assessments

- a. Service Description: The nursing assessment is a hands-on holistic assessment to evaluate the child's overall functioning, including physical exam, medical history, medication history, current symptoms, effectiveness of the current medication regimen, extra-pyramidal symptoms, progress or lack of progress since the last contact, and to provide education about mental illness and available treatment to the child and family.
- b. Qualified Providers: A nursing assessment is completed by a registered nurse (RN).

(2) Individualized Treatment Planning and Review

- (a) Service Description: Those services necessary to prepare, review, and revise the individualized treatment plan described in subsection (d) above. With admission into a residential treatment setting, there is an individualized treatment plan in place specifically for that child on or before the day of admission as described in subsection (d) above. A more comprehensive, individualized treatment plan is completed within 30 days of admission for each child. The child's individualized treatment plan is reviewed at least every 90 days after admission or sooner if medically necessary to evaluate progress and make changes as needed to the plan to ensure that progress is made toward achieving the specified goals and objectives. The child's treatment plan is reviewed and approved by a licensed clinical practitioner each time the treatment team develops or reviews their treatment plan.
- (b) Qualified Providers: These services are provided by Licensed Clinical Practitioners (defined below) and also by Master's Level Clinicians (defined below) under the supervision of a Licensed Clinical Practitioner.

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CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(3) Individual, Group, and Family Psychotherapy

General Service Description (applicable to all three types of psychotherapy described below): Individual, group, and family psychotherapy, all of which are for the benefit of the child, are designed to restore the types of functioning necessary for community living and to reduce the aspects of the child's disability that impedes such function. Psychotherapy is the treatment of mental illness or behavioral disturbances in which the provider through definitive therapeutic communication, attempts to alleviate emotional disturbance, reverse or change maladaptive patterns of behavior and encourage personality growth and development so that the child may be restored to his or her best possible functional level or restored to a normal developmental trajectory. Each psychotherapy session addresses one or more of the child's individual treatment goals and objectives directed at addressing mental health issues and restoring the child to age appropriate levels of functioning in a number of areas including, but not limited to: emotional regulation (decreasing post-traumatic stress emotional symptoms), anger management, interactions with adults, peer relationships, mood (decreasing depression and anxiety, etc.), impulse control, judgment, social functioning, self-esteem, self-awareness, etc. The goal(s) and objective(s) addressed, the child's level of participation and their progress in each psychotherapy session is documented in their program record. The frequency and duration of the psychotherapy sessions are tailored to meet the needs of each child.

Qualified Providers (same for all three types of psychotherapy described below): These services are provided by Licensed Clinical Practitioners (defined below) and also by Master's Level Clinicians (defined below) under the supervision of a Licensed Clinical Practitioner.

(A) Individual Psychotherapy

- (a) Service Description: Individual psychotherapy involves individual clinical sessions with a child conducted by a clinical staff member trained in providing goal and objective directed therapy.

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3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(b) Qualified Providers: See above.

(B) Group Psychotherapy

(a) Service Description:... Group psychotherapy involves clinical group sessions with two or more unrelated children at one time conducted by a clinical staff member trained in providing goal and objective directed group psychotherapy. The group psychotherapy sessions focus on addressing the same mental health issues and/or restoring the age appropriate functioning issues that all of the children in the group share in common.

(b) Qualified Providers: See above.

(C) Family Psychotherapy

(a) Service Description: Family psychotherapy involves clinical sessions with the child and their parents/family members conducted by a clinical staff member trained in providing goal and objective directed family psychotherapy. The family psychotherapy sessions focus on restoring the child's ability to function as a member of the family including having successful relationships and interactions with parents/caretakers and other family members, and having success in functioning at an age appropriate level within the family structure (e.g. maintaining age appropriate functioning in social and academic settings). Family psychotherapy services to the child's family and significant others is for the direct benefit of the child, in accordance with the child's needs and treatment goals identified in the child's treatment plan, and for the purpose of assisting in the child's recovery.

(a) Qualified Providers: See above.

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CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(4) Medical/Psychiatric Services

General Service Description (applicable to both services described below): These services include medication administration and psychotropic medication management. These services are designed to reduce the child's disability and restore the child's ability to function in the community setting.

(A) Medication Administration

- (a) Service Description: Medication administration is the direct application of a medication designed to address the rehabilitative needs identified in the individualized treatment plan by means other than injection to the body of a person and/or the giving of such medication to the person.
- (b) Qualified Providers: A physician, physician assistant (PA), APRN/nurse practitioner, RN, licensed practical nurse (LPN) (each as defined further below) or by an individual who has successfully completed a training program approved by the Connecticut Department of Children and Families (DCF) and who has been issued a certificate from DCF authorizing the individual to administer medication to persons.

(B) Psychotropic Medication Management

- (a) Service Description: Psychotropic medication management is the regular and periodic monitoring of the therapeutic and side effects of psychotropic medications prescribed for the treatment of a mental disorder, including the evaluation, administration and monitoring of psychotropic medications. Monitoring occurs at least every 30 days, as part of the monthly assessment of progress, and more often if medically indicated. Psychotropic medication management helps ensure the child receives the proper dosage and adjustment of medications resulting in appropriate therapeutic effects.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- (b) Qualified Providers: Physicians, advanced practice registered nurses / nurse practitioners, and physician assistants, each as defined in section 5 or 6, as applicable, of Attachments 3.1-A and 3.1-B of the State Plan.

(5) Rehabilitative Counseling Services

- (a) Service Description: All rehabilitative counseling services are tailored and provided in accordance with the child's individualized treatment plan. All of these services described in this section are designed to restore the child to his or her normal developmental trajectory and enable the child to live in community settings. These services include both group and individual services and do not include custodial care.

Focused Rehabilitative Counseling Services: Each child must be provided with, at minimum, one individual, goal and objective directed rehabilitative counseling session per day. The duration of each session is tailored to meet the needs of the child. These counseling services are delivered face-to-face and use interventions such as cognitive exercises, cueing, modeling, role playing, role-modeling. These services are proactive, scheduled, individualized therapeutic interventions that are not custodial care and are not reactive to manage the child's immediate behavior.

Other Rehabilitative Counseling Services: In addition to the focused rehabilitative counseling services described above, rehabilitative counseling services also include additional non-custodial structured services, such as:

- Skills Development Interventions,
- Debriefing after Inappropriate Behaviors,

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CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- Dialectical Behavioral Therapy Groups (dialectical behavioral therapy or DBT is heavily based on cognitive behavioral therapy (CBT), which is a form of psychotherapy focused on addressing problems, with one notable exception: DBT emphasizes validation, or accepting uncomfortable thoughts, feelings and behaviors, instead of struggling with them. By having an individual come to terms with troubling thoughts, emotions or behaviors that they struggle with, change no longer appears impossible and they can work with their therapist to create a gradual plan for recovery. The therapist's role in DBT is to help the person find a balance between acceptance and change. They also help the person develop new skills, like coping methods and mindfulness practices, so that the person has the power to improve unhealthy thoughts and behaviors. Improving coping strategies is an essential aspect of successful DBT treatment),
- Pro-social Groups are conducted daily and are designed to help children develop and restore normative behaviors in order to restore each child to a normal developmental trajectory. Groups are designed to provide children with rehabilitative activities of daily living including working through problems in a constructive manner. Groups are run by clinical and rehabilitation counseling staff in conjunction with the children in the program, and
- Psychosocial groups are rehabilitative services designed to restore a child to a normal developmental trajectory by restoring the child to a condition to function successfully in the community. Psycho-social groups are identified by and guided by the treatment planning process, which is developed by clinical staff.

(b) Qualified Providers: These services are typically provided by Rehabilitative Counseling Staff (defined below) under the supervision of a Licensed Clinical Practitioner. In addition, Licensed Clinical Practitioners and Master's Level Clinicians under the supervision of a Licensed Clinical Practitioner may also provide this service (each as defined below).

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

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(6) Care Coordination Services

- (a) Service Description: Care coordination services that facilitate the child's access to appropriate behavioral health services that are needed to reduce disability and restore functioning that will enable the child to return to living in the community in accordance with the individualized treatment plan.
- (b) Qualified Providers: These services are provided by Licensed Clinical Practitioners and Master's Level Clinicians under the supervision of Licensed Clinical Practitioners (each as defined below).

(f) Provider Qualifications

- (1) Program Qualifications: In-state providers must be licensed by the state of Connecticut as a residential treatment facility or a therapeutic group home. Out-of-state programs must be determined by the Commissioner of the DCF to meet comparable licensure standards or requirements in the State in which the program is located and able to provide all of the covered services for rehabilitative services for children in residential treatment settings. For purposes of this entire section (*i.e.*, Rehabilitative Services for Children Delivered in Residential Treatment Settings), the term "residential treatment setting" means services provided in a setting described in this paragraph.
- (2) Licensed Clinical Practitioners: Licensed clinical practitioners that can recommend rehabilitative services for children in residential treatment settings and create and implement an individualized treatment plan are the following types of individuals who are licensed in accordance with state law, each as further defined in section 5 or 6, as applicable, of Attachments 3.1-A and 3.1-B of the State Plan:
- physicians (doctors of medicine or osteopathy),
 - physician assistants,
 - advanced practice registered nurses (APRN) / nurse practitioners,
 - registered nurses (RN) with at least one year of behavioral health work experience (further defined below),

State: Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- licensed psychologists (Ph.D. or Psy.D.),
 - licensed clinical social workers (LCSW),
 - licensed marital and family therapists (LMFT),
 - licensed professional counselors (LPC), and
 - licensed alcohol and drug counselors (LADC).
- (3) Master's Level Clinicians: Master's Level Clinicians are individuals with a master's degree in a field that, in accordance with state law, would allow them to become licensed as a Licensed Clinical Practitioner but who have not yet completed all of the requirements for such licensure other than the appropriate master's degree. Their rehabilitative clinical work must be provided under the supervision of a Licensed Clinical Practitioner.
- (4) Rehabilitative Counseling Staff: These staff are individuals with at least 60 related credits towards a bachelor's degree and/or substantial work experience of at least 2 years in a residential treatment setting, or they have been granted a waiver by the Department of Children and Families on a case-by-case basis showing an equivalent combination of related college credits and/or work experience. These staff must all have received initial and ongoing training in providing structured rehabilitative services to children in the residential treatment setting. These staff are supervised by a Licensed Clinical Practitioner.
- (5) Registered Nurses (RNs): Registered nurses are licensed by the Department of Public Health: (A) After the individual (i) completes a degree, diploma or certificate from an accredited institution evidencing satisfactory completion of a nursing program approved by the Board of Nursing with the consent of the Department of Public Health and (ii) passes an examination for licensure as a registered nurse as determined by the Department of Public Health with the advice and consent of the Board of Nursing; or (B) if the individual is already licensed as a registered nurse in another state, the District of Columbia or a commonwealth or territory of the United States that has licensure requirements that are substantially similar to or higher than those described in subparagraph (A) of this paragraph.

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CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(6) Licensed Practical Nurses (LPNs): Licensed practical nurses are licensed by the Department of Public Health: (A) After the individual (i) completes a certificate from a nursing program approved by the Board of Nursing with the consent of the Department of Public Health, which program consists of not less than twelve months' instruction in the care of the sick as prescribed by the Board of Nursing, or its equivalent as determined by the Board of Nursing and (ii) passes an examination for licensure as a licensed practical nurse as determined by the Department of Public Health with the advice and consent of the Board of Nursing; or (B) if the individual is already licensed as a licensed practical nurse in another state, the District of Columbia or a commonwealth or territory of the United States that has licensure requirements that are substantially similar to or higher than those described in subparagraph (A) of this paragraph. However, if the other state, district, commonwealth or territory issues licenses based on completion of a practical nursing education program that is shorter in length than the minimum length for the licensed practical nursing education programs described in subparagraph (A) of this paragraph or based on partial completion of a registered nursing education program, an individual may substitute licensed clinical work experience that: (i) Is performed under the supervision of a licensed registered nurse; (ii) occurs following the completion of a nursing education program; and (iii) when combined with the educational program, equals or exceeds the minimum program length for licensed practical nursing education programs described in subparagraph (A) of this paragraph.

(g) Service Limitations

- (1) The department shall not pay for program services or components of services that:
- Are of an unproven, experimental, cosmetic or research nature.
 - Do not relate to the child's diagnosis, symptoms, functional limitations or medical history.
 - Are intended solely to prepare children for paid or unpaid employment or for vocational equipment and uniforms.
 - Are solely educational, vocational, recreational, social, or habilitative.

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CATEGORICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- (2) The department shall not pay for time spent by the provider transporting children.
- (3) The department shall not pay for costs associated with room and board for children or for custodial services (see Attachment 4.19-B for a description of services included and excluded from the reimbursement methodology).

(h) Free Choice of Provider

Each child for whom the services described in this section are medically necessary has a free choice of any provider qualified to perform the service or services required, who undertakes to provide such services.

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

3. **REHABILITATIVE SERVICES FOR CHILDREN DELIVERED IN
RESIDENTIAL TREATMENT SETTINGS**

(a) **Overview**

Rehabilitative services provided to individuals under age twenty-one in residential treatment settings (as specified below) include treatment planning and review; psychosocial assessment; psychiatric/psychological diagnostic evaluation; nursing assessment; individual, family and group psychotherapy; medical behavioral services; rehabilitative counseling services; and care coordination, each of which are described below and all of which are designed to restore the child's normal developmental trajectory, reduce or eliminate psychological barriers that impede development of community and family living skills, and thereby provide for maximum reduction of physical or mental disability and restoration of the child to their best possible functional level pursuant to 42 C.F.R. § 440.130(d). The services are provided to children currently unable to live successfully in a family and in the community due to chronic, psychologically-based, disruptive behaviors. Residential treatment settings described in this section exclude any institutions for mental diseases as defined in 42 C.F.R. § 435.1010.

(b) **Eligible Recipients**

Any Medicaid beneficiary under age twenty-one, hereafter referred to as "child", for whom the services described in this section are medically necessary.

(c) **General Need for Services**

The rehabilitative services described in this section are directed toward restoring the child to age appropriate levels of functioning, addressing the mental health issues or restoring the child to their normal developmental trajectory or their best functional level so that the child is able to return to living with their family of origin or another family in the community. These children do not require inpatient services in a more restrictive medical setting but the severity of their disruptive behaviors requires residential rehabilitative services in a non-medical setting.

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State: Connecticut
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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(d) Individualized Treatment Plans and Reviews

All rehabilitative services for children in residential treatment settings are guided by child-centered, individualized treatment plans.

A temporary individualized treatment plan is put into place on or before the admission and approved by a licensed clinical practitioner based on available information (e.g., prior evaluations, contact with prior service providers, and other relevant information).

A comprehensive individualized treatment plan is completed within 30 days of admission for each child. This plan is based on: evaluations of the child and their family conducted by a licensed clinical practitioner or masters level clinician and includes meetings with the child as well as with family members, when applicable; a comprehensive psychosocial assessment; nursing assessment; medical behavioral services assessment; clinical staff reports; rehabilitative counseling services staff reports; and information gathered from other sources when available.

The individualized treatment plan includes specific goals and measurable objectives linked to the child's barriers to successful community and family living. The state of Connecticut's Department of Children and Families (DCF) requires that each goal is documented as being tied or linked to the child's DSM diagnosis and/or recent assessment/evaluations by clinical and therapeutic staff in order to ensure they are relevant for and specific to the child. The child's individualized treatment plan also identifies the type, amount, frequency and duration of services to address these goals and objectives in order to obtain maximum reduction of the child's disabilities and restoration of the child to his or her best possible functional level. The plan also describes and identifies the clinical staff and other staff who will provide the services and the minimum amounts of specific services, as appropriate for each child.

The child's individualized treatment plan is reviewed at least every 90 days from admission or sooner if medically necessary to evaluate progress and to make changes as needed to the plan to ensure that progress is made toward achieving the specified goals and objectives. The child's treatment plan is reviewed and signed off by a licensed clinical practitioner each time the treatment team develops and/or reviews the child's treatment plan.

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3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

The child and their parents or guardians participate whenever they are available in the ongoing treatment planning development and review process, beginning with the 30 day plan, to ensure they are empowered as members of the team and have the opportunity to make choices for the child's treatment. Progress in achieving rehabilitative goals and objectives identified in the individualized treatment plan is assessed at least monthly. In addition, a licensed clinical practitioner or masters level clinician employed by or under contract to the program completes a treatment plan progress report at least every 30 days or sooner if medically necessary while the child is in their program. The treatment plan progress report utilizes a standard format and is comprehensive in capturing the program's evaluation of the child's progress in achieving their individualized treatment plan goals and objectives.

Because the services are time-limited, discharge planning is an integral part of the treatment process beginning within 30 days of each child's admission. The discharge plan is part of the treatment plan and is reviewed and updated routinely. The discharge plan must include the child's projected date of discharge, the child's projected caregiver at discharge, the need for concurrent discharge planning for the child, the projected services needed by the child at discharge and any anticipated barriers to the child's discharge and the steps needed to resolve these barriers.

(e) Covered Services

The following are covered rehabilitative services in a residential treatment setting. These services are included in the child's individualized treatment plan when they are identified through the assessments described in section (1) below and as described in section (d) above. In implementing each individualized treatment plan, these rehabilitative services are designed to restore the child's capacity to function in family and community settings, and to reduce the aspects of disability that prevented the child from being able to function in community and family settings. These services are available to eligible children with no generally applicable limitations in amount, duration or scope. Each service must be provided in accordance with the individualized treatment plan, including any appropriate minimum or maximum levels of each service identified in the plan. Prior authorization is required to ensure medical necessity and appropriate level of care.

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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(1) Assessment

(A) Psychosocial Assessment:

- a. Service Description: Within 30 days of admission, a current Psychosocial Assessment must be completed for each child. The Psychosocial Assessment must include, at a minimum, detailed information on the following: the child's family history; the child's social history, including developmental history; and the child's medical / health history including their psychiatric / treatment history. The Psychosocial Assessment is used as one of the assessments for developing the child's full treatment plan, within 30 days of admission, which directs their treatment services within the residential treatment setting.
- b. Qualified Providers: These services are provided by Licensed Clinical Practitioners (defined below) and also by Master's Level Clinicians (defined below) under the supervision of a Licensed Clinical Practitioner.

(B) Psychiatric/Psychological Diagnostic Evaluation

- a. Service Description: Psychiatric/psychological evaluations are diagnostic interviews which include a psychosocial and educational history of the child, a mental status assessment and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory, physical examination and/or other diagnostic studies.
- b. Qualified Providers: These services are provided by any of the Licensed Clinical Practitioners identified in section (f) (2) below performing within their scope of practice under state law.

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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(C) Nursing Assessments

- a. Service Description: The nursing assessment is a hands-on holistic assessment to evaluate the child's overall functioning, including physical exam, medical history, medication history, current symptoms, effectiveness of the current medication regimen, extra-pyramidal symptoms, progress or lack of progress since the last contact, and to provide education about mental illness and available treatment to the child and family.
- b. Qualified Providers: A nursing assessment is completed by a registered nurse (RN).

(2) Individualized Treatment Planning and Review

- (a) Service Description: Those services necessary to prepare, review, and revise the individualized treatment plan described in subsection (d) above. With admission into a residential treatment setting, there is an individualized treatment plan in place specifically for that child on or before the day of admission as described in subsection (d) above. A more comprehensive, individualized treatment plan is completed within 30 days of admission for each child. The child's individualized treatment plan is reviewed at least every 90 days after admission or sooner if medically necessary to evaluate progress and make changes as needed to the plan to ensure that progress is made toward achieving the specified goals and objectives. The child's treatment plan is reviewed and approved by a licensed clinical practitioner each time the treatment team develops or reviews their treatment plan.
- (b) Qualified Providers: These services are provided by Licensed Clinical Practitioners (defined below) and also by Master's Level Clinicians (defined below) under the supervision of a Licensed Clinical Practitioner.

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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(3) Individual, Group, and Family Psychotherapy

General Service Description (applicable to all three types of psychotherapy described below): Individual, group, and family psychotherapy, all of which are for the benefit of the child, are designed to restore the types of functioning necessary for community living and to reduce the aspects of the child's disability that impedes such function. Psychotherapy is the treatment of mental illness or behavioral disturbances in which the provider through definitive therapeutic communication, attempts to alleviate emotional disturbance, reverse or change maladaptive patterns of behavior and encourage personality growth and development so that the child may be restored to his or her best possible functional level or restored to a normal developmental trajectory. Each psychotherapy session addresses one or more of the child's individual treatment goals and objectives directed at addressing mental health issues and restoring the child to age appropriate levels of functioning in a number of areas including, but not limited to: emotional regulation (decreasing post-traumatic stress emotional symptoms), anger management, interactions with adults, peer relationships, mood (decreasing depression and anxiety, etc.), impulse control, judgment, social functioning, self-esteem, self-awareness, etc. The goal(s) and objective(s) addressed, the child's level of participation and their progress in each psychotherapy session is documented in their program record. The frequency and duration of the psychotherapy sessions are tailored to meet the needs of each child.

Qualified Providers (same for all three types of psychotherapy described below): These services are provided by Licensed Clinical Practitioners (defined below) and also by Master's Level Clinicians (defined below) under the supervision of a Licensed Clinical Practitioner.

(A) Individual Psychotherapy

- (a) Service Description: Individual psychotherapy involves individual clinical sessions with a child conducted by a clinical staff member trained in providing goal and objective directed therapy.

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MEDICALLY NEEDY GROUP(S): ALL

3. *Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)*

(b) Qualified Providers: See above.

(B) Group Psychotherapy

(a) Service Description:... Group psychotherapy involves clinical group sessions with two or more unrelated children at one time conducted by a clinical staff member trained in providing goal and objective directed group psychotherapy. The group psychotherapy sessions focus on addressing the same mental health issues and/or restoring the age appropriate functioning issues that all of the children in the group share in common.

(b) Qualified Providers: See above.

(C) Family Psychotherapy

(a) Service Description: Family psychotherapy involves clinical sessions with the child and their parents/family members conducted by a clinical staff member trained in providing goal and objective directed family psychotherapy. The family psychotherapy sessions focus on restoring the child's ability to function as a member of the family including having successful relationships and interactions with parents/caretakers and other family members, and having success in functioning at an age appropriate level within the family structure (e.g. maintaining age appropriate functioning in social and academic settings). Family psychotherapy services to the child's family and significant others is for the direct benefit of the child, in accordance with the child's needs and treatment goals identified in the child's treatment plan, and for the purpose of assisting in the child's recovery.

(a) Qualified Providers: See above.

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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)**(4) Medical/Psychiatric Services**

General Service Description (applicable to both services described below): These services include medication administration and psychotropic medication management. These services are designed to reduce the child's disability and restore the child's ability to function in the community setting.

(A) Medication Administration

- (a) Service Description: Medication administration is the direct application of a medication designed to address the rehabilitative needs identified in the individualized treatment plan by means other than injection to the body of a person and/or the giving of such medication to the person.
- (b) Qualified Providers: A physician, physician assistant (PA), APRN/nurse practitioner, RN, licensed practical nurse (LPN) (each as defined further below) or by an individual who has successfully completed a training program approved by the Connecticut Department of Children and Families (DCF) and who has been issued a certificate from DCF authorizing the individual to administer medication to persons.

(B) Psychotropic Medication Management

- (a) Service Description: Psychotropic medication management is the regular and periodic monitoring of the therapeutic and side effects of psychotropic medications prescribed for the treatment of a mental disorder, including the evaluation, administration and monitoring of psychotropic medications. Monitoring occurs at least every 30 days, as part of the monthly assessment of progress, and more often if medically indicated. Psychotropic medication management helps ensure the child receives the proper dosage and adjustment of medications resulting in appropriate therapeutic effects.

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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- (b) Qualified Providers: Physicians, advanced practice registered nurses / nurse practitioners, and physician assistants, each as defined in section 5 or 6, as applicable, of Attachments 3.1-A and 3.1-B of the State Plan.

(5) Rehabilitative Counseling Services

- (a) Service Description: All rehabilitative counseling services are tailored and provided in accordance with the child's individualized treatment plan. All of these services described in this section are designed to restore the child to his or her normal developmental trajectory and enable the child to live in community settings. These services include both group and individual services and do not include custodial care.

Focused Rehabilitative Counseling Services: Each child must be provided with, at minimum, one individual, goal and objective directed rehabilitative counseling session per day. The duration of each session is tailored to meet the needs of the child. These counseling services are delivered face-to-face and use interventions such as cognitive exercises, cueing, modeling, role playing, role-modeling. These services are proactive, scheduled, individualized therapeutic interventions that are not custodial care and are not reactive to manage the child's immediate behavior.

Other Rehabilitative Counseling Services: In addition to the focused rehabilitative counseling services described above, rehabilitative counseling services also include additional non-custodial structured services, such as:

- Skills Development Interventions,
- Debriefing after Inappropriate Behaviors,

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3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- Dialectical Behavioral Therapy Groups (dialectical behavioral therapy or DBT is heavily based on cognitive behavioral therapy (CBT), which is a form of psychotherapy focused on addressing problems, with one notable exception: DBT emphasizes validation, or accepting uncomfortable thoughts, feelings and behaviors, instead of struggling with them. By having an individual come to terms with troubling thoughts, emotions or behaviors that they struggle with, change no longer appears impossible and they can work with their therapist to create a gradual plan for recovery. The therapist's role in DBT is to help the person find a balance between acceptance and change. They also help the person develop new skills, like coping methods and mindfulness practices, so that the person has the power to improve unhealthy thoughts and behaviors. Improving coping strategies is an essential aspect of successful DBT treatment),
- Pro-social Groups are conducted daily and are designed to help children develop and restore normative behaviors in order to restore each child to a normal developmental trajectory. Groups are designed to provide children with rehabilitative activities of daily living including working through problems in a constructive manner. Groups are run by clinical and rehabilitation counseling staff in conjunction with the children in the program, and
- Psychosocial groups are rehabilitative services designed to restore a child to a normal developmental trajectory by restoring the child to a condition to function successfully in the community. Psycho-social groups are identified by and guided by the treatment planning process, which is developed by clinical staff.

(b) Qualified Providers: These services are typically provided by Rehabilitative Counseling Staff (defined below) under the supervision of a Licensed Clinical Practitioner. In addition, Licensed Clinical Practitioners and Master's Level Clinicians under the supervision of a Licensed Clinical Practitioner may also provide this service (each as defined below).

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3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(6) Care Coordination Services

- (a) Service Description: Care coordination services that facilitate the child's access to appropriate behavioral health services that are needed to reduce disability and restore functioning that will enable the child to return to living in the community in accordance with the individualized treatment plan.
- (b) Qualified Providers: These services are provided by Licensed Clinical Practitioners and Master's Level Clinicians under the supervision of Licensed Clinical Practitioners (each as defined below).

(f) Provider Qualifications

- (1) Program Qualifications: In-state providers must be licensed by the state of Connecticut as a residential treatment facility or a therapeutic group home. Out-of-state programs must be determined by the Commissioner of the DCF to meet comparable licensure standards or requirements in the State in which the program is located and able to provide all of the covered services for rehabilitative services for children in residential treatment settings. For purposes of this entire section (*i.e.*, Rehabilitative Services for Children Delivered in Residential Treatment Settings), the term "residential treatment setting" means services provided in a setting described in this paragraph.
- (2) Licensed Clinical Practitioners: Licensed clinical practitioners that can recommend rehabilitative services for children in residential treatment settings and create and implement an individualized treatment plan are the following types of individuals who are licensed in accordance with state law, each as further defined in section 5 or 6, as applicable, of Attachments 3.1-A and 3.1-B of the State Plan:
- physicians (doctors of medicine or osteopathy),
 - physician assistants,
 - advanced practice registered nurses (APRN) / nurse practitioners,
 - registered nurses (RN) with at least one year of behavioral health work experience (further defined below),

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MEDICALLY NEEDY GROUP(S): ALL

3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- licensed psychologists (Ph.D. or Psy.D.),
 - licensed clinical social workers (LCSW),
 - licensed marital and family therapists (LMFT),
 - licensed professional counselors (LPC), and
 - licensed alcohol and drug counselors (LADC).
- (3) Master's Level Clinicians: Master's Level Clinicians are individuals with a master's degree in a field that, in accordance with state law, would allow them to become licensed as a Licensed Clinical Practitioner but who have not yet completed all of the requirements for such licensure other than the appropriate master's degree. Their rehabilitative clinical work must be provided under the supervision of a Licensed Clinical Practitioner.
- (4) Rehabilitative Counseling Staff: These staff are individuals with at least 60 related credits towards a bachelor's degree and/or substantial work experience of at least 2 years in a residential treatment setting, or they have been granted a waiver by the Department of Children and Families on a case-by-case basis showing an equivalent combination of related college credits and/or work experience. These staff must all have received initial and ongoing training in providing structured rehabilitative services to children in the residential treatment setting. These staff are supervised by a Licensed Clinical Practitioner.
- (5) Registered Nurses (RNs): Registered nurses are licensed by the Department of Public Health: (A) After the individual (i) completes a degree, diploma or certificate from an accredited institution evidencing satisfactory completion of a nursing program approved by the Board of Nursing with the consent of the Department of Public Health and (ii) passes an examination for licensure as a registered nurse as determined by the Department of Public Health with the advice and consent of the Board of Nursing; or (B) if the individual is already licensed as a registered nurse in another state, the District of Columbia or a commonwealth or territory of the United States that has licensure requirements that are substantially similar to or higher than those described in subparagraph (A) of this paragraph.

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3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

(6) Licensed Practical Nurses (LPNs): Licensed practical nurses are licensed by the Department of Public Health: (A) After the individual (i) completes a certificate from a nursing program approved by the Board of Nursing with the consent of the Department of Public Health, which program consists of not less than twelve months' instruction in the care of the sick as prescribed by the Board of Nursing, or its equivalent as determined by the Board of Nursing and (ii) passes an examination for licensure as a licensed practical nurse as determined by the Department of Public Health with the advice and consent of the Board of Nursing; or (B) if the individual is already licensed as a licensed practical nurse in another state, the District of Columbia or a commonwealth or territory of the United States that has licensure requirements that are substantially similar to or higher than those described in subparagraph (A) of this paragraph. However, if the other state, district, commonwealth or territory issues licenses based on completion of a practical nursing education program that is shorter in length than the minimum length for the licensed practical nursing education programs described in subparagraph (A) of this paragraph or based on partial completion of a registered nursing education program, an individual may substitute licensed clinical work experience that: (i) Is performed under the supervision of a licensed registered nurse; (ii) occurs following the completion of a nursing education program; and (iii) when combined with the educational program, equals or exceeds the minimum program length for licensed practical nursing education programs described in subparagraph (A) of this paragraph.

(g) Service Limitations

- (1) The department shall not pay for program services or components of services that:
- Are of an unproven, experimental, cosmetic or research nature.
 - Do not relate to the child's diagnosis, symptoms, functional limitations or medical history.
 - Are intended solely to prepare children for paid or unpaid employment or for vocational equipment and uniforms.
 - Are solely educational, vocational, recreational, social, or habilitative.

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3. Rehabilitative Services for Children Delivered in Residential Treatment Settings (cont'd)

- (2) The department shall not pay for time spent by the provider transporting children.
- (3) The department shall not pay for costs associated with room and board for children or for custodial services (see Attachment 4.19-B for a description of services included and excluded from the reimbursement methodology).

(h) Free Choice of Provider

Each child for whom the services described in this section are medically necessary has a free choice of any provider qualified to perform the service or services required, who undertakes to provide such services.

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13. Other diagnostic, screening, preventive and rehabilitative services.

3. Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT

Rehabilitative services described in Attachments 3.1-A and 3.1-B pursuant to 42 C.F.R. § 440.130(d) provided to Medicaid beneficiaries under age twenty-one pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services in residential treatment settings specified in Attachments 3.1-A and 3.1-B claimed under Medicaid must be substantiated by documentation of a recorded rehabilitative service day maintained in the provider's records. A payment for rehabilitative services may not duplicate payments made under the Connecticut Medicaid Program for other services covered under the program. Payment will be triggered when a Medicaid beneficiary under age twenty-one receives a Medicaid covered rehabilitative service in a residential treatment setting during the rehabilitative service day. The per diem cost shall neither include room and board costs nor education costs.

Medically necessary Medicaid covered services not included in the per diem rate delivered to covered individuals in residential treatment settings shall be provided by separate providers from the program and those providers shall be reimbursed in accordance with the section of Attachment 4.19-B applicable to each such provider.

Residential treatment settings described in this section exclude any institutions for mental diseases as defined in 42 C.F.R. § 435.1010.

Rehabilitation services provider costs.

The rehabilitative services are provided by private providers (providers). The provider's rehabilitative costs are calculated utilizing the Expense Report, cost reports and the random moment time studies (RMTS). Direct costs shall neither include charges related to educational costs nor charges related to room and board costs.

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3. *Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT (cont'd)*

a.1) Random Moment Time Studies (RMTS)

Random moment time studies are conducted with moments selected on a quarterly basis, the Time Study will be conducted continually. RMTS percentage efforts are calculated each quarter and the quarter results for each State Fiscal Year (SFY) are used for the allocation of reimbursable costs as defined below. With the exception of psychiatrists and psychologists, RMTS participants include staff reasonably expected to perform Rehabilitative Services during the time study period.

a.2) Cost Reports

Private providers shall annually submit to DCF a Expense Report for the period from July 1, through June 30. DCF shall complete the cost report utilizing the Expense Reports. The cost report shall include DCF's certification of funds in accordance with the DCF-Department of Social Services (DSS) Memorandum of Understanding (MOU). Cost reports are due to DSS (which is the single State Medicaid agency) no later than 10 months following the close of the state fiscal year during which costs were incurred. Expense Reports may be subject to desk review by the single state agency or its designee. Desk review will be completed no later than 8 months following the receipt of the cost reports.

b.1) Medicaid Allowable Costs for Therapeutic Group Homes (TGHs) under contract with DCF are calculated in accordance with the following:

- i. Provider specific costs reported in the Expense Report for the period of July 1, through June 30 are included in calculation of the Certified Public Expenditure (CPE).
- ii. Subtotal direct costs net of physician and psychologist contracts shall include salary, wage, and fringe benefits of staff providing rehabilitative services. Direct costs net of physician and psychologist costs described immediately above (i.e., direct costs) shall be the lesser of the amount paid by DCF to the TGH under its contract or the total actual direct cost expenses incurred by the TGH.

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3. Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT (cont'd)

iii. Other direct costs include mileage reimbursement, vehicle costs, translation and interpretation services, leasing of equipment, training necessary for delivery of direct services, and other expenses necessary for delivery of direct services.

iv. Indirect costs attributable to support delivery of rehabilitative services.

v. Subtotal TGH direct costs net of physician and psychologist contracts is the sum of items ii through item iv.

vi. The TGH reimbursable rehabilitative services cost net of physician and psychologist contracts are calculated by applying results of the RMTS to item v.

vii. Medicaid reimbursable physician and psychologist contract costs.

viii. Total reimbursable TGH costs are the sum of items vi. and vii.

ix. The per diem TGH rate is calculated by dividing total reimbursable TGH costs by the total available days for the same period.

x. Medicaid allowable cost is calculated by multiplying item ix by total number of paid Medicaid days recorded in the DSS MMIS for the same time period.

b.2) Medicaid Allowable Costs for Residential Treatment Centers (RTCs) under contract with DCF are calculated in accordance with the following:

i. Provider specific costs reported in the Expense Report for the period of July 1, through June 30 are included in calculation of the CPE.

ii. Subtotal direct costs net of physician and psychologist contracts shall include salary, wage, and fringe benefits of staff providing rehabilitative services.

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3. Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT (cont'd)

iii. Other direct costs includes mileage reimbursement, vehicle costs, translation and interpretation services, leasing of equipment, training necessary for delivery of direct services, and other expenses necessary for delivery of direct services.

iv. Indirect costs attributable to support delivery of rehabilitative services. The RTC's indirect costs recorded on Worksheet G under the General & Administrative activity (G&A) or a similar schedule utilized in lieu of Worksheet G are allocated among programs delivered by the RTC, utilizing for an allocation base the Net Payroll expense. Net Payroll expense is a sum of Payroll Expense that represents the Total Salaries & Wages and the Total Fringe Benefits; less the G&A Payroll expenses and less Fund Raising Payroll expenses.

v. Subtotal RTC direct costs net of physician and psychologist contracts is the sum of items ii through item iv.

vi. The RTC reimbursable rehabilitative services cost net of physician and psychologist contracts are calculated by applying results of the RMTS to item v.

vii. Medicaid reimbursable physician and psychologist contract costs.

viii. Total reimbursable RTC costs are the sum of items vi. and vii.

ix. The per diem RTC rate is calculated by dividing total reimbursable RTC costs by the total available days for the same period.

x. Medicaid allowable cost is calculated by multiplying item ix by total number of paid Medicaid days recorded in the DSS MMIS for the same time period.

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3. Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT (cont'd)

c.1) Cost Settlement

Claims paid at the interim rate for rehabilitative services delivered by private providers during the reporting period, as documented in the Medicaid Management Information System (MMIS), will be compared to the total Medicaid allowable costs for rehabilitative services based on the Cost Reimbursement Methodology identified in section b.1 and b.2 above. The Department of Children and Families interim rate claims for rehabilitative services will be adjusted in aggregate. This results in cost reconciliation. Reconciliation will occur within 24 months of the end of the reporting period contained in the submitted cost report.

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 rehabilitative services 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 Subpart F. Connecticut will not modify the scope of costs, time study methodology or the annual cost report methodology without CMS approval.

c.2) Interim Per Diem Rates

Interim rates for TGHs and RTCs shall be updated annually. Interim rates for rehabilitative services will be computed using settled costs from the most recent cost settlement rounded up to the nearest \$10. Interim rates are provisional in nature, pending the completion of cost reconciliation and cost settlement for the rate period. Payments for rehabilitative services will not duplicate payments made under Medicaid for other covered services.

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3. Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT (cont'd)

c.3) Audit

All supporting accounting records, statistical data and all other records related to the provision of rehabilitative services delivered by private providers may 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 private providers, the Department of Social Services' Medicaid claim for the said period shall be subject to adjustment.

d) Payment Methodology for Out-of-State Providers. Services provided by out-of-state providers under this section pursuant to 42 C.F.R. § 431.52 shall be paid either: (1) the average statewide in-state interim per diem rate as an interim rate, which will be replaced with the average statewide cost-settled rate determined for all providers as described above or (2) the provider's home state Medicaid rate for the same or comparable services, if applicable.

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

- b. Dentures: No more than (1) set of dentures in any seven (7) year period, which can be exceeded based on medical necessity.

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

- c. Orthotic and Prosthetic Devices – Covered without limitations.

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Approval Date 6/19/19 _____ Effective Date 07/01/2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

- d. Eyeglasses – The Department will pay for only one (1) pair of eyeglasses per client per two-year period, unless an additional pair of eyeglasses during the two-year time period is medically necessary because of a change in the client’s medical condition. This reimbursement limitation for eyeglasses does not apply to clients under age 21, but only if the additional pair of eyeglasses is either medically necessary because of a change in the client’s medical condition or if the previous pair is lost, stolen, or broken. Contact lenses or eyeglasses with specialty features, such as oversize lenses, trifocals, or prescription sunglasses, are only available when they are medically necessary and standard eyeglasses are not sufficient to meet the client’s medical needs.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

13. Other Diagnostic, Screening, Preventive and Rehabilitative Services
Limited to non-experimental procedures.

(a) Durable Medical Equipment (DME)

(1) Customized Wheelchairs

- (a) No more than three (3) month rental period shall be allowed
For a wheelchair pending delivery of a customized model
ordered for a recipient living in their own home.
- (b) Customized wheelchairs are provided for patients in nursing
facilities who require them for proper body alignment and
support.
- (2) The Department will not pay for any procedure or service of an
unproven, experimental or research nature.

[Note: This section on DME is end-dated effective as of November 30, 2013 because similar language was moved to the home health benefit category effective December 1, 2013 through approved SPA 13-039.]

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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

[Note: This section on Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services) is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory of the state plan effective October 1, 2017 through approved SPA 17-0019.]

TN # 11-010
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TN # 10-018

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State: CONNECTICUT

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

for medically appropriate early intervention services as defined in 34 CFR 303.12, including evaluation, assessment and ongoing service coordination. These services will be provided by a statewide network of providers, which includes those state departments on the Birth-To-Three Council or private agencies meeting the standards of the early intervention system as defined in state regulations. Children suspected of developmental delay will be eligible for evaluation to determine the child's status in each of five developmental areas and whether the child is eligible for early intervention services. The Department of Mental Retardation and/or state agencies or entities with whom they maintain a written agreement or contract, shall be enrolled with the Department of Social Services to provide evaluation, assessment, service coordination, and early intervention services to children eligible for these services and their families.

Limitations:

- (a) Treatment services are limited to a maximum of one (1) per day of the same type per child.
- (b) Evaluation services are limited to a maximum one (1) per month per child.
- (c) Services are limited to those listed in the Department's Fee Schedule.
- (d) Payment will be limited to and made for Birth to Three Services during the period covered by the written Individualized Family Services Plan

[Note: This section on Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services) is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory of the state plan effective October 1, 2017 through approved SPA 17-0019.]

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State: CONNECTICUT

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

(IFSP)

- (e) Payment for special instruction, developmental therapy, requires a signature by a licensed practitioner of the healing arts documenting the existence of a multidisciplinary team, and stating that he or she has periodically reviewed the child's progress and has recommended appropriate techniques, activities, and strategies during discussions with the child's early intervention teacher. Documentation of this requirement in a format and manner to be described by the department shall be signed and dated quarterly;
- (f) Payment will not be made directly to health professionals or organizations under contract to DMR and/or a state agency.
- (g) Services of an unproven, educational, social, experimental, cosmetic, or research nature are not covered.
- (h) Immunizations, biological products and other products or examinations and laboratory tests for preventable diseases available free of charge are not covered.
- (i) Speech services involving nondiagnostic, nontherapeutic, routine, repetitive and reinforced procedures or services for the child's general welfare that are not planned and performed or supervised by a licensed speech pathologist are not covered.

[Note: This section on Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services) is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory of the state plan effective October 1, 2017 through approved SPA 17-0019.]

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TN # 03-021

Approval Date 6/19/19 _____ Effective Date 07/01/2011

State: CONNECTICUT

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

3. **Note:** *This section is intentionally deleted because this section (renamed as Rehabilitative Services for Children Delivered in Residential Treatment Settings) is being comprehensively revised and moved elsewhere in the rehabilitation services benefit subcategory through SPA 11-010, effective July 1, 2011.*
4. **Mental health rehabilitation services for adults delivered in Private Non-Medical Institutions.**

Service definition: Private non-profit mental health residential group homes of 16 beds or less designed to assist individuals with a serious and persistent mental illness to achieve their highest degree of independent functioning and recovery. Access to mental health group home rehabilitative services is provided to those recipients whose mental illness is so serious and disabling as to require care in a group home setting. The clients will be sufficiently stable that they can function outside of a 24-hour medically managed setting and participate in community-based treatment services. However, these clients will have functional disabilities secondary to serious and persistent mental illness and such disabilities will be so great as to require that these clients reside in a non-medical residential setting with rehabilitative services and supports. Necessary rehabilitative services are provided by the group home to individuals who have significant skill deficits in the areas of self-care and independent living as a result of their psychiatric disability and who require a non-hospital, twenty-four hour, seven day per week, supervised community-based residence. A written plan of care or initial assessment of the need for services is recommended by a physician or other licensed practitioner of the healing arts. Rehabilitative services are provided in a structured recovery environment, with on-site staffing twenty-four hours a day, seven days a week. Rehabilitative services include the following: individual, family and group counseling; behavior management training and intervention; supportive counseling directed at solving daily problems related to community living and interpersonal relationships; psycho-educational groups pertaining to the alleviation and management of psychiatric disorders; teaching, coaching and assisting

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MEDICALLY NEEDY GROUP (S): ALL

- b. Dentures: No more than (1) set of dentures in any seven (7) year period, which can be exceeded based on medical necessity.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
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- c. Orthotic and Prosthetic Devices – Covered without limitations.

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

- d. Eyeglasses – The Department will pay for only one (1) pair of eyeglasses per client per two-year period, unless an additional pair of eyeglasses during the two-year time period is medically necessary because of a change in the client’s medical condition. This reimbursement limitation for eyeglasses does not apply to clients under age 21, but only if the additional pair of eyeglasses is either medically necessary because of a change in the client’s medical condition or if the previous pair is lost, stolen, or broken. Contact lenses or eyeglasses with specialty features, such as oversize lenses, trifocals, or prescription sunglasses, are only available when they are medically necessary and standard eyeglasses are not sufficient to meet the client’s medical needs.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

13. Other Diagnostic, Screening, Preventive and Rehabilitative Services
Limited to non-experimental procedures.

(a) Durable Medical Equipment (DME)

(1) Customized Wheelchairs

- (a) No more than three (3) month rental period shall be allowed for a wheelchair pending delivery of a customized model ordered for a recipient living in their own home.
- (b) Customized wheelchairs are provided for patients in nursing facilities who require them for proper body alignment and support.

- (2) The Department will not pay for any procedure or service of an unproven, experimental or research nature.

[Note: This section on DME is end-dated effective as of November 30, 2013 because similar language was moved to the home health benefit category effective December 1, 2013 through approved SPA 13-039.]

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
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

[Note: This section on Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services) is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory of the state plan effective October 1, 2017 through approved SPA 17-0019.]

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

for medically appropriate early intervention services as defined in 34 CFR 303.12, including evaluation, assessment and ongoing service coordination. These services will be provided by a statewide network of providers, which includes those state departments on the Birth-To-Three Council or private agencies meeting the standards of the early intervention system as defined in state regulations. Children suspected of developmental delay will be eligible for evaluation to determine the child's status in each of five developmental areas and whether the child is eligible for early intervention services. The Department of Mental Retardation and/or state agencies or entities with whom they maintain a written agreement or contract, shall be enrolled with the Department of Social Services to provide evaluation, assessment, service coordination, and early intervention services to children eligible for these services and their families.

Limitations:

- (a) Treatment services are limited to a maximum of one (1) per day of the same type per child.
- (b) Evaluation services are limited to a maximum one (1) per month per child.
- (c) Services are limited to those listed in the Department's Fee Schedule.
- (d) Payment will be limited to and made for Birth to Three Services during the period covered by the written Individualized Family Services Plan

[Note: This section on Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services) is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory of the state plan effective October 1, 2017 through approved SPA 17-0019.]

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

(IFSP)

- (e) Payment for special instruction, developmental therapy, requires a signature by a licensed practitioner of the healing arts documenting the existence of a multidisciplinary team, and stating that he or she has periodically reviewed the child's progress and has recommended appropriate techniques, activities, and strategies during discussions with the child's early intervention teacher. Documentation of this requirement in a format and manner to be described by the department shall be signed and dated quarterly;
- (f) Payment will not be made directly to health professionals or organizations under contract to DMR and/or a state agency.
- (g) Services of an unproven, educational, social, experimental, cosmetic, or research nature are not covered.
- (h) Immunizations, biological products and other products or examinations and laboratory tests for preventable diseases available free of charge are not covered.
- (i) Speech services involving nondiagnostic, nontherapeutic, routine, repetitive and reinforced procedures or services for the child's general welfare that are not planned and performed or supervised by a licensed speech pathologist are not covered.

[Note: This section on Early Intervention Services for children, ages birth to three years of age (e.g. Birth to Three Services) is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory of the state plan effective October 1, 2017 through approved SPA 17-0019.]

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

3. **Note:** *This section is intentionally deleted because this section (renamed as Rehabilitation Services Delivered in Residential Treatment Settings Pursuant to EPSDT) is being comprehensively revised and moved elsewhere in the rehabilitation services benefit subcategory through SPA 11-010, effective July 1, 2011.*

4. Mental health rehabilitation services for adults delivered in Private Non-Medical Institutions.

Service definition: Private non-profit mental health residential group homes of 16 beds or less designed to assist individuals with a serious and persistent mental illness to achieve their highest degree of independent functioning and recovery. Access to mental health group home rehabilitative services is provided to those recipients whose mental illness is so serious and disabling as to require care in a group home setting. The clients will be sufficiently stable that they can function outside of a 24-hour medically managed setting and participate in community-based treatment services. However, these clients will have functional disabilities secondary to serious and persistent mental illness and such disabilities will be so great as to require that these clients reside in a non-medical residential setting with rehabilitative services and supports. Necessary rehabilitative services are provided by the group home to individuals who have significant skill deficits in the areas of self-care and independent living as a result of their psychiatric disability and who require a non-hospital, twenty four hour, seven day per week, supervised community-based residence. A written plan of care or initial assessment of the need for services is recommended by a physician or other licensed practitioner of the healing arts. Rehabilitative services are provided in a structured recovery environment, with on-site staffing twenty-four hours a day, seven days a week. Rehabilitative services include the following: individual, family and group counseling; behavior management training and intervention; supportive counseling directed at solving daily problems related to community living and interpersonal relationships; psycho-educational groups pertaining to the alleviation and management of psychiatric disorders; teaching, coaching and assisting

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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 stated-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. *[Note: This section on is end-dated effective as of November 30, 2013 because similar language was moved to the home health benefit category effective December 1, 2013 through approved SPA 13-039.]*

(b) Rehabilitative Services

- (1) Psychiatric Services to children, youth and their families – Negotiated Rate. *[Note: This section is end-dated effective as of December 31, 2011 because language regarding this benefit was comprehensively revised (renamed as Behavioral Health Rehabilitation Services Pursuant to EPSDT) and moved elsewhere in the rehabilitation services benefit subcategory effective January 1, 2012 through approved SPA 12-012.]*
- (2) Birth to Three Services – Negotiated Rate. *[Note: This section is end-dated effective as of September 30, 2017 because the language regarding this benefit was comprehensively revised (renamed as Early Intervention Services Pursuant to EPSDT) and was moved to the EPSDT services benefit subcategory effective October 1, 2017 through approved SPA 17-0019.]*
- (3) *[Note: This section is intentionally deleted because this section (renamed as Rehabilitation Services for Delivered in Residential Treatment Settings Pursuant to EPSDT) is being comprehensively revised and moved elsewhere in the rehabilitation services benefit subcategory through SPA 11-010, effective July 1, 2011.]*
- (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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