

Table of Contents: CT SPA 12-0012

1. Table of Contents
2. Approval Letter
3. CMS-179
4. Approved Pages

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



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

February 15, 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. 12-012, submitted to my office on March 30, 2012 and approved on January 11, 2019.

This SPA amends Attachment 3.1-A, 3.1-B and 4.19-B of the Medicaid State Plan in order to add detail regarding coverage and reimbursement for behavioral health rehabilitation services pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT), as detailed in the State Plan pages.

This SPA's approval is effective January 1, 2012, as requested by the State.

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

- Supplement page 2 to addendum page 12 to 3.1A/3.1B
- Supplement page 2a-2q to addendum page 12 to 3.1A/3.1B
- Supplement 1b and 1c to Attachment 4.19B, Page 4

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Richard R. McGreal
Associate Regional
Administrator

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

1. TRANSMITTAL NUMBER:
12-012

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:
01-01-2012

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

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a)(13) of the Social Security Act and
42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 7 million (costs)
b. FFY 2013 \$ 10.4 million (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement Page 2 to Addendum Pg 12 to Attachment 3.1A/3.1B
Supplement Pg 2a thru 2q to Addendum Pg 12 to Attachment 3.1A & 3.1B
Supplement Page 1b and 1c to Attachment 4.19B Page 2a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

Supplement Page 2a to Addendum Page 12 to Attachment 3.1-A and 3.1B
(New)
(NEW)

10. SUBJECT OF AMENDMENT: The Department intends to modify Attachments 3.1A/3.1B and 4.19-B of the Connecticut Medicaid State Plan in order to add detail regarding coverage and reimbursement for behavioral health rehabilitation services pursuant to EPSDT, as detailed in the State Plan pages

11. GOVERNOR'S REVIEW (Check One):

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

OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 30, 2012

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2012

18. DATE APPROVED: 1/11/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS: Pen and ink changes made to CMS 179 box 8, box 9 and box 10 per States 10/10/2018 request

STATE: CONNECTICUT

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

13.d. Rehabilitative Services

Behavioral Health Rehabilitation Services Pursuant to EPSDT:

(a) Overview

Behavioral health rehabilitation services pursuant to EPSDT are for individuals under age twenty-one who are Medicaid beneficiaries (“child”) and include the following services when provided by a qualified and enrolled Medicaid provider: (a) office-based off-site rehabilitation services, (b) home and community-based rehabilitation services, (c) emergency mobile psychiatric services, and (d) extended day treatment, each as described in more detail below. Rehabilitation services must be recommended by a physician or other licensed clinician operating within the practitioner’s scope of practice. All behavioral health rehabilitation services are designed to provide the maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level. Services 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 designed to address chronic, psychologically-based, disruptive behaviors, which are conditions that are associated with children currently at risk for being unable to reside in a family and in the community.

(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

STATE: CONNECTICUT

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

so that the child is able to remain with their family of origin or another family in the community.

(d) Individualized Treatment Plans and Reviews

All services must be based on a rehabilitation plan which must be signed by a physician or other licensed clinician operating within his or her scope of practice. Except as noted below, providers are required to develop a written rehabilitation plan for each individual not later than thirty days after the individual's admission to the program. Providers of emergency mobile psychiatric services to individuals are not required to develop an individualized rehabilitation plan unless the services are provided for a period of more than 45 days. The Statewide Uniform Crisis Plan shall serve as the rehabilitation plan for the emergency mobile psychiatric services until an individual rehabilitation plan for emergency mobile psychiatric services is developed. The rehabilitation plan is reviewed at least every 90 days 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.

(e) Covered Services

Behavioral Health Rehabilitation Services included below are designed to maintain children and youth in the least restrictive setting and support their transition from inpatient and residential levels of care to a less restrictive setting. Services include those that are likely to promote maximum reduction of mental disability and restoration of a recipient to his or her best possible functional level. These services are available to eligible children with no generally applicable limitations in amount, duration or scope. Services that include the parent or caregiver must be for the 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.

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(1) Office-Based Off-Site Rehabilitation Services

(a) Service Description: These services include all routine outpatient services included on the department's fee schedule for behavioral health clinics (which is incorporated by reference in section 9 of Attachment 4.19-B). Services are designed to: (1) promote mental health and improve functioning in children, youth and families and (2) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunction. Office-based off-site locations may include primary care offices, schools, and other office settings other than the clinic's primary or satellite office as provided for on the clinic's DCF license. The service setting selected to help achieve rehabilitation goals and objectives.

(b) Qualified Providers: Office-based off-site rehabilitation services are provided by a provider entity that meets the qualifications described below. These services may be provided by any licensed clinical practitioner, CADC, or non-licensed clinician, each as defined below.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(2) Home and Community-Based Rehabilitation Services

(a) General Service Description (applies to all models of Home and Community-Based Rehabilitation Services): Home and community-based rehabilitation services are provided in the home or other community setting to a child with psychiatric or substance use disorders in order to reduce disability, restore functioning and achieve full community integration and recovery. Specific components of this service are identified below. More than one type of provider staff member(s) or more than one of the same type of staff member(s) may be present at the same time or at different times as clinically appropriate and necessary to provide home and community-based rehabilitation services, including, but not limited to, when staff members are working as a team or independently or when one or more staff member(s) are co-facilitating a family therapy or crisis intervention.

(b) General Service Components (applies to all models of Home and Community-Based Rehabilitation Services): Depending upon the particular needs of each individual as detailed in each individual's rehabilitation plan, home and community-based rehabilitation services may include one or more of the following components:

- i. Intake and assessment, which means assessing and reassessing the individual's behavioral health needs in the context of medical, social, educational and other needs through face-to-face contact with the individual, the individual's family and through consultation with other professionals;
- ii. development of an individual rehabilitation plan ;
- iii. individual and group psychotherapy or counseling;
- iv. family therapy;
- v. restoration of skills development, which means individual-centered skill development activities that are provided to support the goals and objectives in the rehabilitation plan and that are directed at reducing individuals' psychiatric and substance abuse symptoms, restoring individuals to an achievable functioning level;
- vi. behavior modification or management therapy and intervention, which includes the use of operant principles (i.e., reinforcement of positive

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

- behaviors to bring about learning) to increase adaptive behaviors and decrease maladaptive behaviors and which are designed to restore an individual to an achievable level of independent functioning;
- vii. supportive counseling directed at solving daily problems related to community living and interpersonal relationships;
 - viii. psycho-educational services pertaining to the alleviation and management of psychiatric or substance abuse disorders;
 - ix. assisting with restoring daily living and self-care skills in order to restore an individual's ability to function independently;
 - x. therapeutic recreation and other restorative skill development activities directed at reducing disability; restoring individual functioning and achieving independent participation in social, interpersonal or community activities and full community re-integration and independence as identified in the rehabilitation plan;
 - xi. support with connecting individuals to natural community supports;
 - xii. orientation to, and assistance with, accessing self-help and advocacy resources;
 - xiii. development of self-advocacy skills;
 - xiv. health education regarding self-care, such as compliance with medication and addressing side effects which may require physician intervention, which is designed to assist an individual in implementing the rehabilitation plan and thereby restore an individual to an achievable level of independent functioning;
 - xv. teaching of recovery skills in order to prevent relapse;
 - xvi. crisis response services, either face-to-face or telephonic only, when provided as part of a home and community-based rehabilitation service; and/or
 - xvii. consultation for persons responsible for the development of healthy social relationships and the promotion of successful interpersonal and community experiences.

Provider Qualifications:

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

All providers of Home and Community-Based Rehabilitative Services must also meet the DCF requirements for certification as a provider of behavioral health rehabilitation services and adopt a rehabilitation service model or models pursuant to DCF requirements.

Home and community-based rehabilitation services include:

i. Multisystemic Therapy (MST):

Service Description for MST: Multisystemic Therapy (MST) is an intensive family-and community-based treatment program for individuals with significant conduct, oppositional defiant, or substance use disorders and who typically have or are at risk of juvenile justice involvement. MST intervenes broadly within the youth's social ecology including home, school, family, neighbors, friends, juvenile justice authorities and other child serving systems. Service duration and intensity are based on the individual needs of the recipient, but typically the service is 1 to 5 contacts per week for up to 90 days, but may be extended based on medical necessity.

Provider Qualifications for MST: The MST team will consist of the Therapist, Supervisor and Consulting Psychiatrist or APRN. The supervisor will be licensed with at least a Master's degree in a behavioral health field and no less than three (3) years' experience in delivery of clinical services. Each supervisor will have two to four therapists, in conformance with the MST model. Therapists will be clinical professionals who have a Master's degree in a behavioral health services field and are licensed or working toward licensure in one of the categories of practitioners detailed in the provider qualifications below. Exceptions to the education or licensure requirements need prior approval from DCF and the MST Consultation and Evaluation provider. The program's Psychiatrist/Psychiatric APRN will be available for consultation and/or supervision to the MST direct service staff.

ii. Multidimensional Family Therapy (MDFT)

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

Service Description for MDFT: Multidimensional Family Therapy (MDFT) is a family-focused, ecologically oriented evidence-based model effective in the treatment of children/adolescents with substance abuse and/or dependence issues, or children/adolescents with disruptive behavior and/or co-morbid psychiatric issues who are at risk for substance abuse. MDFT is designed to reduce the influence of factors that place a child/ adolescent at risk for substance abuse while strengthening the presence of protective factors, such as supporting a positive parent-child relationship. MDFT may be provided in the beneficiary's home, school or other natural settings.

Service duration and intensity are based on the individual needs of the recipient, but is not to be less than one to three contacts (60-90 minutes/contact) per week, or 210 units (15 minutes per unit) for two months with two concurrent reviews. Typically, services can last from four to six months, which can be exceeded based on medical necessity.

Provider Qualifications for MDFT: The Clinical Supervisor must be a licensed or license eligible mental health professional in one of the categories described in provider qualifications below who will direct and supervise professional and administrative activities of the therapists and therapist assistants. Each therapist will have at minimum a master's degree in a counseling-related field with training in adolescent and family therapy. He/she will be licensed or license eligible according to the MDFT model. Therapist Assistants will have a minimum of a high school diploma or equivalent and have experience working with adolescents and families.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

iii. Functional Family Therapy (FFT)

Service Description for FFT: Functional Family Therapy (FFT) is a manualized treatment model designed to prevent children and adolescents from requiring psychiatric hospitalization or residential placement or to support discharge from these out-of-home levels of care. FFT includes clinical assessment, family therapy, crisis intervention, care coordination, and linkages to after care services. FFT therapists offer intensive clinical services and support to children and youth with psychiatric, emotional, or behavioral difficulties. FFT is a strength-based model. At its core is a focus and assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intra-familial and extra-familial factors, and how they present within and influence the therapeutic process. FFT is a short-term intervention program with an average of 12 sessions over a 3 to 4 month period. FFT may be provided in home or community-based settings. Additionally, FFT may be provided in a clinic, on a limited basis.

Provider Qualifications for FFT: The FFT program will include at a minimum, one (1) full-time FFT Therapist Supervisor and four (4) full-time FFT therapists. The FFT Supervisor will be a licensed mental health professional (specifically, an LCSW, LMFT, LPC, or licensed psychologist; or a physician, PA, or APRN with substantial expertise in mental health) who will direct and supervise professional and administrative activities of the FFT therapists. FFT Therapists will be master's level or above, licensed, or license-eligible mental health professional.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

iv. Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

Service Description for IICAPS: The Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) program is designed to address the comprehensive needs of children with psychiatric disorders whose families are unable to maintain them safely within their own homes. IICAPS includes clinical assessment, individual therapy, family therapy, care coordination, crisis intervention and linkage to ongoing treatment post discharge. Children appropriate for IICAPS are those who can be discharged from psychiatric hospitals, residential treatment facilities or detention facilities with additional in-home support and children in acute psychiatric crisis for whom hospitalization is being considered. Children for whom traditional outpatient treatment is insufficient to maintain them appropriately in the community and children and adolescents who have been diagnosed with serious mental illness and have been adjudicated delinquent by the court may also be referred. Services duration and intensity are based on the individual needs of the recipient, but usually conform to one to three contacts per week, for a total of five hours of direct service to recipients. The IICAPS Service is typically six months long, but may be extended based on medical necessity.

IICAPS may be provided in the beneficiary's home, school or other natural setting. In addition, IICAPS may be provided for a brief period prior to discharge in a hospital inpatient unit or a psychiatric residential treatment facility to support the transition of the beneficiary to home.

Provider Qualifications for IICAPS: An IICAPS program will consist of a Child and Adolescent Psychiatrist, Program Director, Program Coordinator, and IICAPS teams comprised of clinicians and/or mental health counselors who work together to manage the care of children within the program. An IICAPS intervention is provided by a team consisting of two persons, either 2 master's level clinicians or a single master's level clinician and an experienced bachelor's level individual. The IICAPS team works under the direct supervision of an experienced supervisor who holds an advanced

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

degree in social work, psychology, nursing, marriage and family therapy or an equivalent degree or higher. The Coordinator must be licensed as a mental health professional in the state of Connecticut. Clinicians are master's level or above, licensed or license-eligible, social workers, psychologists, counselors, marriage and family therapists or nurse practitioners. An IICAPS supervisor will be a licensed individual with a minimum of a master's degree in social work, clinical psychology, marriage and family therapy or nursing and no less than four (4) years of experience in the delivery of clinical services to children and families. The IICAPS Medical Director will be a board eligible or board certified child and adolescent psychiatrist and will offer medication and clinical consultation, and co-lead weekly IICAPS rounds. The IICAPS mental health counselor must have extensive experience working with children and families under the direct supervision of the supervisor who is licensed. All IICAPS staff must complete training regularly provided by IICAPS Services within first month of hire along with regular booster trainings.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(3) Emergency Mobile Psychiatric Services (EMPS)

(a) Service Description: EMPS are rehabilitation services provided by a DCF certified provider in a home or other community setting to an individual in response to a psychiatric or substance abuse related crisis in order to reduce disability, restore functioning and achieve full community integration and recovery. This service provides emergency services including mobile response; psychiatric assessment; medication consultation, assessment, and short-term medication management; behavioral management services; substance abuse screening, and referral. EMPS may be delivered in any home, community setting, or any other setting where a crisis occurs.

(b) Service Components: Same as general service components listed above under home and community-based rehabilitative services.

(c) Provider Qualifications: All clinicians working with the EMPS team must be licensed or license eligible for independent practice as a clinical psychologist, clinical social worker, marriage and family therapist, licensed professional counselor, or licensed alcohol and drug counselor. Exceptions to these clinician credentialing requirements may be allowed with prior approval from the DCF EMPS Program Manager, or their designee.

The provider entity of EMPS may use paraprofessional staff to assist a clinician in an initial crisis call or may use paraprofessional staff for follow-up and ongoing support and linkage when clinically appropriate. A paraprofessional may not respond to an initial crisis call nor to a subsequent crisis call without an EMPS clinician. EMPS staff providing direct service to clients must be appropriately supervised by a clinical director who is a licensed mental health provider with significant clinical and managerial experience. The clinical director will be responsible for the overall management and performance of the EMPS program.

The provider entity of EMPS must provide access to a psychiatrist or APRN under the supervision of a psychiatrist, for psychiatric assessment, psychiatric consultation, and short-term medication management that is sufficient to meet the needs of staff, children, and families.

STATE: CONNECTICUTAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED CATEGORICALLY
NEEDY GROUP (S): ALLBehavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)(4) Extended Day Treatment (EDT)

(a) Service Description: Extended day treatment is a community-based model of care that provides an array of integrated behavioral health treatment and rehabilitative support services for children and youth who have psychiatric disorders and their families/caregivers. The services are delivered through a structured, intensive, therapeutic milieu and through the broader ecosystem. Services are provided year round during non-school hours. EDT must provide a minimum of three hours of scheduled, documented programming per day of which at least two and one half hours are therapeutic services.

(b) Service Components: Same as general service components listed above under home and community-based rehabilitative services.

(c) Provider Qualifications: A team of multi-disciplinary staff who meet the general provider qualifications described below, including psychiatrists, masters' and doctoral level clinicians, and paraprofessionals provide a broad range of treatment services and psychosocial interventions.

There are three levels of therapeutic services that are provided within EDT, each as specified below.

i. Psychiatric Services

Service Description for Psychiatric Services: These services may include: Psychiatric Evaluation; Psychiatric Consultation and Monitoring; Medication Assessment and Consultation; and Medication Management.

Provider Qualifications for Psychiatric Services: These services are delivered by a board certified or board-eligible child and adolescent psychiatrist and/or an Advanced Practitioner Registered Nurse. The type and frequency of these

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

services is dictated by the child's level of need as prescribed in the treatment/rehabilitation plan.

ii. Clinical Services

Service Description for Clinical Services: These services may include: Individual Psychotherapy; Family Psychotherapy; Group Psychotherapy; Social Skills Development; Expressive Therapies; and Multiple Family Groups. For each child, a minimum of one-third of the EDT therapeutic services delivered during the course of one week's programming time must be clinical services. The types and frequency of clinical services are based on the client's unique needs and specified in the treatment/rehabilitation plan. Crisis Intervention Services that are delivered by a master's level mental health professional may be necessary at times, however, these services are not included as part of the minimum one-third standard for clinical services each week.

Provider Qualifications for Clinical Services: These services are delivered by a master's level mental health professional, either licensed, license-eligible, or non-license eligible. (Graduate level interns who are completing an internship, practicum or field experience at the provider agency may provide clinical services, when supervision is provided by a licensed, master's level professional.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

iii. Rehabilitation Services

Service Description for Rehabilitation Services: These services may include: Social Skills Development; Expressive Therapies; Therapeutic Recreation, which uses recreation and other activity based interventions to address assessed behavioral health needs; Family Engagement and Outreach, which includes ongoing contact with parents/guardians to coordinate care and to ensure that communication is occurring with all providers and systems involved with the child and family; Family Support and Education, which entails gathering feedback on the use of behavioral strategies and observations of the impact on the child's behaviors across settings and also which entails gathering feedback on their use of behavioral strategies and their observations of the impact on the child's behaviors across setting; Multiple Family Groups, which includes psychoeducation and peer support for families in a group format; Service Coordination/Care Coordination, which includes coordination of various services being provided and is directly related to the provision of rehabilitation services described in this section; and Aftercare Planning/Discharge Services, which includes linkages to ongoing treatment post discharge. These services may be delivered individually or co-facilitated by either master's level professional staff or direct care staff, however, delivery by a master's level professional staff is not required. For each client, two-thirds of the therapeutic services delivered during the course of one week's programming time may be rehabilitation services. The types and frequency of rehabilitation services are based on the client's unique needs and specified in the treatment/rehabilitation plan. A minimum of 3 hours of programming must occur each day of the week. These services may be provided in a setting other than the EDT milieu, including any home or community-based setting and in an outpatient clinic or outpatient hospital. Services provided outside of the milieu setting are considered to be part of the services delivered in accordance with the client's treatment/rehabilitation plan.

Provider Qualifications for Rehabilitation Services: Same as general provider qualifications described below.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(f) Provider Qualifications.

Except as otherwise specifically provided above for each service component, below are general provider qualifications that apply to the services described in this section. In addition, specific provider qualifications for each service component are described above.

- (1) Provider Entity Qualifications: In addition to any specific provider qualifications detailed above for one or more specific service components, the following provider qualifications are required for provider entities. Participating providers must be licensed by DCF for the provision of treatment services. These license requirements cover a variety of matters, including, but not limited to patients' rights, health and safety, patient assessment, record retention, staffing, discharge and aftercare procedures; or licensed by DPH as provider of substance abuse services. Participating providers must also be one of the following: (1) licensed by DPH as a provider of substance abuse services; (2) licensed by DPH as a freestanding mental health facility; or (3) fully accredited by one of the following national accrediting bodies: (a) The Joint Commission; (b) Council on Accreditation (COA) or (c) Council on Accreditation of Rehabilitation Facilities.

Each program must be directed by a program director who is a behavioral health clinician in one of the categories of Licensed Clinical Practitioners described below, with a minimum of three years' experience in a behavioral health services related position.

All individuals performing services under this section must meet the requirements of any applicable certification authority. All staff must also receive initial and ongoing training to perform services consistent with the approved clinical model.

- (2) Licensed Clinical Practitioners: The following licensed clinical practitioners can provide services to the extent listed in each service component described above,

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

each of which is further defined in section 5 or 6, as applicable, of Attachments 3.1-A and 3.1-B of the State Plan:

- Physicians with substantial expertise in behavioral health
- Nurse Practitioners / Advanced Practice Registered Nurses (APRNs) with substantial expertise in behavioral health
- Physician Assistants (PAs) with substantial expertise in behavioral health
- Licensed Alcohol and Drug Counselors (LADCs)
- Licensed Psychologists
- Licensed Marital and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)

- (3) Certified Alcohol and Drug Counselors: Certified alcohol and drug counselors must be licensed by the Department of Public Health (DPH) after (1) completing three hundred hours of supervised practical training in alcohol and drug counseling deemed acceptable by DPH; (2) completion of three years of supervised paid work experience or unpaid internship deemed acceptable by DPH that entailed working directly with alcohol and drug clients, except that a master's degree may be substituted for one year of such experience; (3) completion of three hundred sixty hours of DPH-approved education, at least two hundred forty hours of which relates to the knowledge and skill base associated with the practice of alcohol and drug counseling; and (4) successful completion of a DPH- prescribed examination.
- (4) 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

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

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.

- (5) Non-Licensed Clinicians: These clinicians include any of the following: (A) 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 described above or certified as a Certified Alcohol and Drug Counselor but who have not yet completed all of the requirements for such licensure or certification other than the appropriate master's degree; (B) individuals licensed as a Licensed Master Social Worker (LMSW) by the Department of Public Health and who comply with the applicable scope of practice and supervision requirements under state law; (C) individuals who hold a bachelor's degree in a behavioral health related specialty; or (D) individuals who have two years of experience in the provision of behavioral health services. All unlicensed staff provide services under the supervision of licensed clinical staff in consultation with the model developers and/or their designee(s). The licensed clinical staff supervisor must: (a) be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts under state law; (b) have continued involvement in the care provided and review the need for continued services throughout the treatment; (c) assume professional responsibility for the services provided under his/her direction and monitor the need for continued services; (d) maintain documentation supporting the supervision of services and ongoing involvement in the treatment.

(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 solely educational, vocational, recreational, social, or habilitative.

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

- (2) Home and community-based services and EMPS may be provided in a facility, home, hospital or other setting, except as follows:
- i. When an individual resides in a facility or institution, the services may not duplicate services included in the facility's or institution's rate; or
 - ii. In order to ensure that any facility-based or institution-based services provided in this section are distinct from those services when provided in a different benefit category, if the provider operates a clinic or practice for the provision of outpatient services, no more than 10 visits may be provided at the site of the outpatient clinic or practice per individual per episode of care, other than the initial assessment, which may occur off-site. The services rendered under this exception are considered reimbursable services only if the services rendered are part of a rehabilitation plan. If a child needs more services located at the clinic or practice than as specified in this paragraph, then such services are not available as rehabilitative services, but may be available, if medically necessary, through the applicable benefit category described under section(s) 1905(a)(2), (5), (6), and/or (9) of the Social Security Act.

(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.

STATE: CONNECTICUT

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

13.d. Rehabilitative Services

Behavioral Health Rehabilitation Services Pursuant to EPSDT:

(a) Overview

Behavioral health rehabilitation services pursuant to EPSDT are for individuals under age twenty-one who are Medicaid beneficiaries (“child”) and include the following services when provided by a qualified and enrolled Medicaid provider: (a) office-based off-site rehabilitation services, (b) home and community-based rehabilitation services, (c) emergency mobile psychiatric services, and (d) extended day treatment, each as described in more detail below. Rehabilitation services must be recommended by a physician or other licensed clinician operating within the practitioner’s scope of practice. All behavioral health rehabilitation services are designed to provide the maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level. Services 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 designed to address chronic, psychologically-based, disruptive behaviors, which are conditions that are associated with children currently at risk for being unable to reside in a family and in the community.

(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

STATE: CONNECTICUT

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

so that the child is able to remain with their family of origin or another family in the community.

(d) Individualized Treatment Plans and Reviews

All services must be based on a rehabilitation plan which must be signed by a physician or other licensed clinician operating within his or her scope of practice. Except as noted below, providers are required to develop a written rehabilitation plan for each individual not later than thirty days after the individual's admission to the program. Providers of emergency mobile psychiatric services to individuals are not required to develop an individualized rehabilitation plan unless the services are provided for a period of more than 45 days. The Statewide Uniform Crisis Plan shall serve as the rehabilitation plan for the emergency mobile psychiatric services until an individual rehabilitation plan for emergency mobile psychiatric services is developed. The rehabilitation plan is reviewed at least every 90 days 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.

(e) Covered Services

Behavioral Health Rehabilitation Services included below are designed to maintain children and youth in the least restrictive setting and support their transition from inpatient and residential levels of care to a less restrictive setting. Services include those that are likely to promote maximum reduction of mental disability and restoration of a recipient to his or her best possible functional level. These services are available to eligible children with no generally applicable limitations in amount, duration or scope. Services that include the parent or caregiver must be for the 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.

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(1) Office-Based Off-Site Rehabilitation Services

(a) Service Description: These services include all routine outpatient services included on the department's fee schedule for behavioral health clinics (which is incorporated by reference in section 9 of Attachment 4.19-B). Services are designed to: (1) promote mental health and improve functioning in children, youth and families and (2) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunction. Office-based off-site locations may include primary care offices, schools, and other office settings other than the clinic's primary or satellite office as provided for on the clinic's DCF license. The service setting selected to help achieve rehabilitation goals and objectives.

(b) Qualified Providers: Office-based off-site rehabilitation services are provided by a provider entity that meets the qualifications described below. These services may be provided by any licensed clinical practitioner, CADC, or non-licensed clinician, each as defined below.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(2) Home and Community-Based Rehabilitation Services

(a) General Service Description (applies to all models of Home and Community-Based Rehabilitation Services): Home and community-based rehabilitation services are provided in the home or other community setting to a child with psychiatric or substance use disorders in order to reduce disability, restore functioning and achieve full community integration and recovery. Specific components of this service are identified below. More than one type of provider staff member(s) or more than one of the same type of staff member(s) may be present at the same time or at different times as clinically appropriate and necessary to provide home and community-based rehabilitation services, including, but not limited to, when staff members are working as a team or independently or when one or more staff member(s) are co-facilitating a family therapy or crisis intervention.

(b) General Service Components (applies to all models of Home and Community-Based Rehabilitation Services): Depending upon the particular needs of each individual as detailed in each individual's rehabilitation plan, home and community-based rehabilitation services may include one or more of the following components:

- i. Intake and assessment, which means assessing and reassessing the individual's behavioral health needs in the context of medical, social, educational and other needs through face-to-face contact with the individual, the individual's family and through consultation with other professionals;
- ii. development of an individual rehabilitation plan ;
- iii. individual and group psychotherapy or counseling;
- iv. family therapy;
- v. restoration of skills development, which means individual-centered skill development activities that are provided to support the goals and objectives in the rehabilitation plan and that are directed at reducing individuals' psychiatric and substance abuse symptoms, restoring individuals to an achievable functioning level;
- vi. behavior modification or management therapy and intervention, which includes the use of operant principles (i.e., reinforcement of positive

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

- behaviors to bring about learning) to increase adaptive behaviors and decrease maladaptive behaviors and which are designed to restore an individual to an achievable level of independent functioning;
- vii. supportive counseling directed at solving daily problems related to community living and interpersonal relationships;
 - viii. psycho-educational services pertaining to the alleviation and management of psychiatric or substance abuse disorders;
 - ix. assisting with restoring daily living and self-care skills in order to restore an individual's ability to function independently;
 - x. therapeutic recreation and other restorative skill development activities directed at reducing disability; restoring individual functioning and achieving independent participation in social, interpersonal or community activities and full community re-integration and independence as identified in the rehabilitation plan;
 - xi. support with connecting individuals to natural community supports;
 - xii. orientation to, and assistance with, accessing self-help and advocacy resources;
 - xiii. development of self-advocacy skills;
 - xiv. health education regarding self-care, such as compliance with medication and addressing side effects which may require physician intervention, which is designed to assist an individual in implementing the rehabilitation plan and thereby restore an individual to an achievable level of independent functioning;
 - xv. teaching of recovery skills in order to prevent relapse;
 - xvi. crisis response services, either face-to-face or telephonic only, when provided as part of a home and community-based rehabilitation service; and/or
 - xvii. consultation for persons responsible for the development of healthy social relationships and the promotion of successful interpersonal and community experiences.

Provider Qualifications:

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

All providers of Home and Community-Based Rehabilitative Services must also meet the DCF requirements for certification as a provider of behavioral health rehabilitation services and adopt a rehabilitation service model or models pursuant to DCF requirements.

Home and community-based rehabilitation services include:

i. Multisystemic Therapy (MST):

Service Description for MST: Multisystemic Therapy (MST) is an intensive family-and community-based treatment program for individuals with significant conduct, oppositional defiant, or substance use disorders and who typically have or are at risk of juvenile justice involvement. MST intervenes broadly within the youth's social ecology including home, school, family, neighbors, friends, juvenile justice authorities and other child serving systems. Service duration and intensity are based on the individual needs of the recipient, but typically the service is 1 to 5 contacts per week for up to 90 days, but may be extended based on medical necessity.

Provider Qualifications for MST: The MST team will consist of the Therapist, Supervisor and Consulting Psychiatrist or APRN. The supervisor will be licensed with at least a Master's degree in a behavioral health field and no less than three (3) years' experience in delivery of clinical services. Each supervisor will have two to four therapists, in conformance with the MST model. Therapists will be clinical professionals who have a Master's degree in a behavioral health services field and are licensed or working toward licensure in one of the categories of practitioners detailed in the provider qualifications below. Exceptions to the education or licensure requirements need prior approval from DCF and the MST Consultation and Evaluation provider. The program's Psychiatrist/Psychiatric APRN will be available for consultation and/or supervision to the MST direct service staff.

ii. Multidimensional Family Therapy (MDFT)

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

Service Description for MDFT: Multidimensional Family Therapy (MDFT) is a family-focused, ecologically oriented evidence-based model effective in the treatment of children/adolescents with substance abuse and/or dependence issues, or children/adolescents with disruptive behavior and/or co-morbid psychiatric issues who are at risk for substance abuse. MDFT is designed to reduce the influence of factors that place a child/ adolescent at risk for substance abuse while strengthening the presence of protective factors, such as supporting a positive parent-child relationship. MDFT may be provided in the beneficiary's home, school or other natural settings.

Service duration and intensity are based on the individual needs of the recipient, but is not to be less than one to three contacts (60-90 minutes/contact) per week, or 210 units (15 minutes per unit) for two months with two concurrent reviews. Typically, services can last from four to six months, which can be exceeded based on medical necessity.

Provider Qualifications for MDFT: The Clinical Supervisor must be a licensed or license eligible mental health professional in one of the categories described in provider qualifications below who will direct and supervise professional and administrative activities of the therapists and therapist assistants. Each therapist will have at minimum a master's degree in a counseling-related field with training in adolescent and family therapy. He/she will be licensed or license eligible according to the MDFT model. Therapist Assistants will have a minimum of a high school diploma or equivalent and have experience working with adolescents and families.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

iii. Functional Family Therapy (FFT)

Service Description for FFT: Functional Family Therapy (FFT) is a manualized treatment model designed to prevent children and adolescents from requiring psychiatric hospitalization or residential placement or to support discharge from these out-of-home levels of care. FFT includes clinical assessment, family therapy, crisis intervention, care coordination, and linkages to after care services. FFT therapists offer intensive clinical services and support to children and youth with psychiatric, emotional, or behavioral difficulties. FFT is a strength-based model. At its core is a focus and assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intra-familial and extra-familial factors, and how they present within and influence the therapeutic process. FFT is a short-term intervention program with an average of 12 sessions over a 3 to 4 month period. FFT may be provided in home or community-based settings. Additionally, FFT may be provided in a clinic, on a limited basis.

Provider Qualifications for FFT: The FFT program will include at a minimum, one (1) full-time FFT Therapist Supervisor and four (4) full-time FFT therapists. The FFT Supervisor will be a licensed mental health professional (specifically, an LCSW, LMFT, LPC, or licensed psychologist; or a physician, PA, or APRN with substantial expertise in mental health) who will direct and supervise professional and administrative activities of the FFT therapists. FFT Therapists will be master's level or above, licensed, or license-eligible mental health professional.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

iv. Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

Service Description for IICAPS: The Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) program is designed to address the comprehensive needs of children with psychiatric disorders whose families are unable to maintain them safely within their own homes. IICAPS includes clinical assessment, individual therapy, family therapy, care coordination, crisis intervention and linkage to ongoing treatment post discharge. Children appropriate for IICAPS are those who can be discharged from psychiatric hospitals, residential treatment facilities or detention facilities with additional in-home support and children in acute psychiatric crisis for whom hospitalization is being considered. Children for whom traditional outpatient treatment is insufficient to maintain them appropriately in the community and children and adolescents who have been diagnosed with serious mental illness and have been adjudicated delinquent by the court may also be referred. Services duration and intensity are based on the individual needs of the recipient, but usually conform to one to three contacts per week, for a total of five hours of direct service to recipients. The IICAPS Service is typically six months long, but may be extended based on medical necessity.

IICAPS may be provided in the beneficiary's home, school or other natural setting. In addition, IICAPS may be provided for a brief period prior to discharge in a hospital inpatient unit or a psychiatric residential treatment facility to support the transition of the beneficiary to home.

Provider Qualifications for IICAPS: An IICAPS program will consist of a Child and Adolescent Psychiatrist, Program Director, Program Coordinator, and IICAPS teams comprised of clinicians and/or mental health counselors who work together to manage the care of children within the program. An IICAPS intervention is provided by a team consisting of two persons, either 2 master's level clinicians or a single master's level clinician and an experienced bachelor's level individual. The IICAPS team works under the direct supervision of an experienced supervisor who holds an advanced

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

degree in social work, psychology, nursing, marriage and family therapy or an equivalent degree or higher. The Coordinator must be licensed as a mental health professional in the state of Connecticut. Clinicians are master's level or above, licensed or license-eligible, social workers, psychologists, counselors, marriage and family therapists or nurse practitioners. An IICAPS supervisor will be a licensed individual with a minimum of a master's degree in social work, clinical psychology, marriage and family therapy or nursing and no less than four (4) years of experience in the delivery of clinical services to children and families. The IICAPS Medical Director will be a board eligible or board certified child and adolescent psychiatrist and will offer medication and clinical consultation, and co-lead weekly IICAPS rounds. The IICAPS mental health counselor must have extensive experience working with children and families under the direct supervision of the supervisor who is licensed. All IICAPS staff must complete training regularly provided by IICAPS Services within first month of hire along with regular booster trainings.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(3) Emergency Mobile Psychiatric Services (EMPS)

(a) Service Description: EMPS are rehabilitation services provided by a DCF certified provider in a home or other community setting to an individual in response to a psychiatric or substance abuse related crisis in order to reduce disability, restore functioning and achieve full community integration and recovery. This service provides emergency services including mobile response; psychiatric assessment; medication consultation, assessment, and short-term medication management; behavioral management services; substance abuse screening, and referral. EMPS may be delivered in any home, community setting, or any other setting where a crisis occurs.

(b) Service Components: Same as general service components listed above under home and community-based rehabilitative services.

(c) Provider Qualifications: All clinicians working with the EMPS team must be licensed or license eligible for independent practice as a clinical psychologist, clinical social worker, marriage and family therapist, licensed professional counselor, or licensed alcohol and drug counselor. Exceptions to these clinician credentialing requirements may be allowed with prior approval from the DCF EMPS Program Manager, or their designee.

The provider entity of EMPS may use paraprofessional staff to assist a clinician in an initial crisis call or may use paraprofessional staff for follow-up and ongoing support and linkage when clinically appropriate. A paraprofessional may not respond to an initial crisis call nor to a subsequent crisis call without an EMPS clinician. EMPS staff providing direct service to clients must be appropriately supervised by a clinical director who is a licensed mental health provider with significant clinical and managerial experience. The clinical director will be responsible for the overall management and performance of the EMPS program.

The provider entity of EMPS must provide access to a psychiatrist or APRN under the supervision of a psychiatrist, for psychiatric assessment, psychiatric consultation, and short-term medication management that is sufficient to meet the needs of staff, children, and families.

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(4) Extended Day Treatment (EDT)

(a) Service Description: Extended day treatment is a community-based model of care that provides an array of integrated behavioral health treatment and rehabilitative support services for children and youth who have psychiatric disorders and their families/caregivers. The services are delivered through a structured, intensive, therapeutic milieu and through the broader ecosystem. Services are provided year round during non-school hours. EDT must provide a minimum of three hours of scheduled, documented programming per day of which at least two and one half hours are therapeutic services.

(b) Service Components: Same as general service components listed above under home and community-based rehabilitative services.

(c) Provider Qualifications: A team of multi-disciplinary staff who meet the general provider qualifications described below, including psychiatrists, masters' and doctoral level clinicians, and paraprofessionals provide a broad range of treatment services and psychosocial interventions.

There are three levels of therapeutic services that are provided within EDT, each as specified below.

i. Psychiatric Services

Service Description for Psychiatric Services: These services may include: Psychiatric Evaluation; Psychiatric Consultation and Monitoring; Medication Assessment and Consultation; and Medication Management.

Provider Qualifications for Psychiatric Services: These services are delivered by a board certified or board-eligible child and adolescent psychiatrist and/or an Advanced Practitioner Registered Nurse. The type and frequency of these

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

services is dictated by the child's level of need as prescribed in the treatment/rehabilitation plan.

ii. Clinical Services

Service Description for Clinical Services: These services may include: Individual Psychotherapy; Family Psychotherapy; Group Psychotherapy; Social Skills Development; Expressive Therapies; and Multiple Family Groups. For each child, a minimum of one-third of the EDT therapeutic services delivered during the course of one week's programming time must be clinical services. The types and frequency of clinical services are based on the client's unique needs and specified in the treatment/rehabilitation plan. Crisis Intervention Services that are delivered by a master's level mental health professional may be necessary at times, however, these services are not included as part of the minimum one-third standard for clinical services each week.

Provider Qualifications for Clinical Services: These services are delivered by a master's level mental health professional, either licensed, license-eligible, or non-license eligible. (Graduate level interns who are completing an internship, practicum or field experience at the provider agency may provide clinical services, when supervision is provided by a licensed, master's level professional.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

iii. Rehabilitation Services

Service Description for Rehabilitation Services: These services may include: Social Skills Development; Expressive Therapies; Therapeutic Recreation, which uses recreation and other activity based interventions to address assessed behavioral health needs; Family Engagement and Outreach, which includes ongoing contact with parents/guardians to coordinate care and to ensure that communication is occurring with all providers and systems involved with the child and family; Family Support and Education, which entails gathering feedback on the use of behavioral strategies and observations of the impact on the child's behaviors across settings and also which entails gathering feedback on their use of behavioral strategies and their observations of the impact on the child's behaviors across setting; Multiple Family Groups, which includes psychoeducation and peer support for families in a group format; Service Coordination/Care Coordination, which includes coordination of various services being provided and is directly related to the provision of rehabilitation services described in this section; and Aftercare Planning/Discharge Services, which includes linkages to ongoing treatment post discharge. These services may be delivered individually or co-facilitated by either master's level professional staff or direct care staff, however, delivery by a master's level professional staff is not required. For each client, two-thirds of the therapeutic services delivered during the course of one week's programming time may be rehabilitation services. The types and frequency of rehabilitation services are based on the client's unique needs and specified in the treatment/rehabilitation plan. A minimum of 3 hours of programming must occur each day of the week. These services may be provided in a setting other than the EDT milieu, including any home or community-based setting and in an outpatient clinic or outpatient hospital. Services provided outside of the milieu setting are considered to be part of the services delivered in accordance with the client's treatment/rehabilitation plan.

Provider Qualifications for Rehabilitation Services: Same as general provider qualifications described below.

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STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

(f) Provider Qualifications.

Except as otherwise specifically provided above for each service component, below are general provider qualifications that apply to the services described in this section. In addition, specific provider qualifications for each service component are described above.

- (1) Provider Entity Qualifications: In addition to any specific provider qualifications detailed above for one or more specific service components, the following provider qualifications are required for provider entities. Participating providers must be licensed by DCF for the provision of treatment services. These license requirements cover a variety of matters, including, but not limited to patients' rights, health and safety, patient assessment, record retention, staffing, discharge and aftercare procedures; or licensed by DPH as provider of substance abuse services. Participating providers must also be one of the following: (1) licensed by DPH as a provider of substance abuse services; (2) licensed by DPH as a freestanding mental health facility; or (3) fully accredited by one of the following national accrediting bodies: (a) The Joint Commission; (b) Council on Accreditation (COA) or (c) Council on Accreditation of Rehabilitation Facilities.

Each program must be directed by a program director who is a behavioral health clinician in one of the categories of Licensed Clinical Practitioners described below, with a minimum of three years' experience in a behavioral health services related position.

All individuals performing services under this section must meet the requirements of any applicable certification authority. All staff must also receive initial and ongoing training to perform services consistent with the approved clinical model.

- (2) Licensed Clinical Practitioners: The following licensed clinical practitioners can provide services to the extent listed in each service component described above,

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

each of which is further defined in section 5 or 6, as applicable, of Attachments 3.1-A and 3.1-B of the State Plan:

- Physicians with substantial expertise in behavioral health
- Nurse Practitioners / Advanced Practice Registered Nurses (APRNs) with substantial expertise in behavioral health
- Physician Assistants (PAs) with substantial expertise in behavioral health
- Licensed Alcohol and Drug Counselors (LADCs)
- Licensed Psychologists
- Licensed Marital and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)

- (3) Certified Alcohol and Drug Counselors: Certified alcohol and drug counselors must be licensed by the Department of Public Health (DPH) after (1) completing three hundred hours of supervised practical training in alcohol and drug counseling deemed acceptable by DPH; (2) completion of three years of supervised paid work experience or unpaid internship deemed acceptable by DPH that entailed working directly with alcohol and drug clients, except that a master's degree may be substituted for one year of such experience; (3) completion of three hundred sixty hours of DPH-approved education, at least two hundred forty hours of which relates to the knowledge and skill base associated with the practice of alcohol and drug counseling; and (4) successful completion of a DPH- prescribed examination.
- (4) 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

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

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.

- (5) Non-Licensed Clinicians: These clinicians include any of the following: (A) 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 described above or certified as a Certified Alcohol and Drug Counselor but who have not yet completed all of the requirements for such licensure or certification other than the appropriate master's degree; (B) individuals licensed as a Licensed Master Social Worker (LMSW) by the Department of Public Health and who comply with the applicable scope of practice and supervision requirements under state law; (C) individuals who hold a bachelor's degree in a behavioral health related specialty; or (D) individuals who have two years of experience in the provision of behavioral health services. All unlicensed staff provide services under the supervision of licensed clinical staff in consultation with the model developers and/or their designee(s). The licensed clinical staff supervisor must: (a) be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts under state law; (b) have continued involvement in the care provided and review the need for continued services throughout the treatment; (c) assume professional responsibility for the services provided under his/her direction and monitor the need for continued services; (d) maintain documentation supporting the supervision of services and ongoing involvement in the treatment.

(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 solely educational, vocational, recreational, social, or habilitative.

STATE: CONNECTICUT

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

Behavioral Health Rehabilitation Services Pursuant to EPSDT (cont'd)

- (2) Home and community-based services and EMPS may be provided in a facility, home, hospital or other setting, except as follows:
- i. When an individual resides in a facility or institution, the services may not duplicate services included in the facility's or institution's rate; or
 - ii. In order to ensure that any facility-based or institution-based services provided in this section are distinct from those services when provided in a different benefit category, if the provider operates a clinic or practice for the provision of outpatient services, no more than 10 visits may be provided at the site of the outpatient clinic or practice per individual per episode of care, other than the initial assessment, which may occur off-site. The services rendered under this exception are considered reimbursable services only if the services rendered are part of a rehabilitation plan. If a child needs more services located at the clinic or practice than as specified in this paragraph, then such services are not available as rehabilitative services, but may be available, if medically necessary, through the applicable benefit category described under section(s) 1905(a)(2), (5), (6), and/or (9) of the Social Security Act.

(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.

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

13. d. Rehabilitative Services**(1) Behavioral Health Rehabilitation Services Pursuant to EPSDT**

(A) Fee Schedule. The agency's fixed fees were set as of January 1, 2012 and are effective for services rendered on or after that date. Fees are the same for both governmental and non-governmental providers. All fees are published on the agency's website at www.ctdssmap.com. Except as otherwise specified below, this fee schedule applies to all behavioral health rehabilitation services pursuant to EPSDT specified immediately below.

(B) Office-Based Off-Site Rehabilitation Services. Office-based off-site rehabilitation services include the routine outpatient behavioral health services codes on the behavioral health clinic fee schedule, each of which is paid at the same rate as the behavioral health clinic fee schedule referenced in section 9 of Attachment 4.19-B, except for office-based off-site rehabilitation services provided by a Federally Qualified Health Center (FQHC), which are paid at the FQHC's behavioral health encounter rate established in accordance with section 2 of Attachment 4.19-B.

(C) Home and Community-Based Rehabilitation Services. Home and community-based rehabilitation services provided by an FQHC are paid using the fee schedule referenced in (A) above, not the FQHC's encounter rate. When home and community-based rehabilitation services are delivered by more than one staff member, each staff member may bill for time spent engaged in rehabilitative services, whether the staff members are working together as a team or independently. When more than one staff member is in the home at the same time co-facilitating a family therapy or crisis intervention, each staff member may bill for the time spent engaged in this activity. All providers qualified to provide rehabilitation services receive the same payment rate regardless of the qualifications of the direct service staff.

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Supersedes

TN # NEW

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

(D) Emergency Mobile Psychiatric Services (EMPS). EMPS provided by an FQHC are paid using the fee schedule referenced in (A) above, not the FQHC's encounter rate.

(E) Extended Day Treatment (EDT). EDT services provided by an FQHC are paid using the fee schedule referenced in (A) above, not the FQHC's encounter rate. The EDT services per diem fee is inclusive of all medication evaluation or management services, treatment and rehabilitative services, administrative costs and coordination with or linkage to other health care services.

TN# 12-012
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TN # NEW

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