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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

May 8, 2017

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-004, submitted to my office on March 31, 2015 and approved on May 1, 2017. This SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to add coverage in the preventive services benefit category of the State Plan for medically necessary services to treat autism spectrum disorders (ASD) pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit for Medicaid members under age twenty-one. SPA 15-004 also amends Attachment 4.19-B of the Medicaid State Plan in order to establish reimbursement for qualified providers to perform services to treat ASD pursuant to EPSDT for Medicaid members under age twenty-one. The comprehensive diagnostic evaluation is being reimbursed within each qualified provider's applicable benefit category (physician and other licensed practitioner - psychologist, physician assistant, nurse practitioner, licensed clinical social workers, and licensed professional counselors). The behavior assessment, development of the behavioral plan of care, and treatment services are being reimbursed within the preventive services benefit category when performed by the qualified providers described in Attachments 3.1-A and 3.1-B.

This SPA has been approved effective January 1, 2015, as requested by the State.

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

- Attachment 4.19-B Page 1
- Attachment 4.19-B Page l(a)i(E)
- Attachment 4.19-B Pages l(a)ii & iv
- Supplement la to Attachment 4.19-B Page 4
- Supplement Page 8 to Addendum Page 12 to Attachment 3.1-A
- Supplement Page 8 to Addendum Page 12 to Attachment 3.1-B
- Supplement Pages 8a thru 8n to Addendum Page 12 to Attachment 3.1-A
- Supplement Pages 8a thru 8n to Addendum Page 12 to Attachment 3.1-B

Page 2 – Roderick L. Bremby, Commissioner

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

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</p>	1. TRANSMITTAL NUMBER: 15-004	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: January 1, 2015	
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: Sections 1905(a)(2), (5), (6) and 13 of the Social Security Act and 42 CFR 440.50, 60, and 130	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$2.2 million (costs) b. FFY 2016 \$19.5 million (costs)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 1 Attachment 4.19-B Page 1(a)(i)(E) Attachment 4.19-B Pages 1(a)(ii) & iv Supplement 1a to Attachment 4.19-B Page 4 Supplement Page 8 to Addendum Page 12 to Attachment 3.1-A Supplement Page 8 to Addendum Page 12 to Attachment 3.1-B Supplement Pages 8a thru 8m to Addendum Page 12 to Attachment 3.1-A Supplement Pages 8a thru 8m to Addendum Page 12 to Attachment 3.1-B	9. PAGE NUMBER OF SUPERSEDED PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 1(a)(i)(E) Attachment 4.19-B Pages 1(a)(ii) through 1(a)(iv) Attachment 4.19-B Page 16 (NEW) Supplement Page 8 to Addendum Page 12 to Attachment 3.1-A Supplement Page 8 to Addendum Page 12 to Attachment 3.1-B (NEW) (NEW)
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10. SUBJECT OF AMENDMENT: Effective January 1, 2015, this SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to add coverage in the preventive services benefit category of the State Plan for medically necessary services to treat autism spectrum disorders (ASD) pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit for Medicaid members under age twenty-one. SPA 15-004 also amends Attachment 4.19-B of the Medicaid State Plan in order to establish reimbursement for qualified providers to perform services to treat ASD pursuant to EPSDT for Medicaid members under age twenty-one. The comprehensive diagnostic evaluation is being reimbursed within each qualified provider's applicable benefit category (physician and other licensed practitioner – psychologist, physician assistant, nurse practitioner, licensed clinical social workers, and licensed professional counselors). The behavior assessment, development of the behavioral plan of care, and treatment services are being reimbursed within the preventive services benefit category when performed by the qualified providers described in Attachments 3.1-A and 3.1-B.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">/S/</div>	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 31, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2015	18. DATE APPROVED: May 1, 2017
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;">/S/</div>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS: State requested Pen and Ink revisions to reflect updated submission in boxes 6, 8 and 9 on April 20, 2017.

State: CONNECTICUT

OFFICIAL

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

13. c. Preventive Services

- (1) **Tobacco Counseling Services**: The Medicaid agency will provide face to face tobacco counseling services in accordance with The Public Health Services publication, "Treating Tobacco use and Dependence – 2008 Update: A Clinical Practice Guideline" or any subsequent modification of such guideline.

State: CONNECTICUT

OFFICIAL

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

13(c). Preventive Services

(2) Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

A. Service Description

1. General Description. Services to treat autism spectrum disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, pursuant to EPSDT are provided only to Medicaid beneficiaries (defined below as individual or individuals) under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

If the comprehensive diagnostic evaluation (described below) report is signed by a licensed practitioner and recommends services consistent with a requested behavior assessment, development of the behavioral plan of care, or ASD treatment services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

Pursuant to section 4385 of the State Medicaid Manual, preventive services must be direct patient care provided to the individual for the primary purpose of diagnosing, treating or preventing ASD, which is a set of conditions that directly affects the individual's mental and physical health.

2. Evaluations Prior to Receiving ASD Treatment Services. These evaluations are covered under the Outpatient Hospital, Physician Services, Other Licensed Practitioner, Federally Qualified Health Center (FQHC) or Clinic benefit category, as applicable to each provider.
 - a. Medical Evaluation: This evaluation is a review of the individual's overall medical and physical health, hearing, speech, and vision, including relevant information and should include a validated ASD screening tool. The evaluation is also designed to rule out medical or behavioral conditions other than ASD,

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

including those that may have behavioral implications and/or may co-occur with ASD. These evaluations are provided by a physician, advanced practice registered nurse (APRN) / nurse practitioner, or physician assistant (including by any such practitioner working in any appropriate practice setting, such as in a clinic, FQHC, or outpatient hospital).

The individual must receive a medical evaluation before receiving each of the following: comprehensive diagnostic evaluation, behavior assessment, development of a behavioral plan of care, and ASD treatment services.

- b. Comprehensive Diagnostic Evaluation: This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, which must use validated evaluation tools and must be completed as expeditiously as possible. Based on the evaluation, the practitioner determines the individual's diagnosis and makes general recommendations regarding ASD treatment interventions, such as one or more of the categories of interventions listed in the ASD treatment services section below. If the practitioner diagnoses the individual with ASD based on the comprehensive diagnostic evaluation, the practitioner should refer the individual for a behavior assessment.

These evaluations are performed by a qualified licensed practitioner who: (i) is licensed as a physician, psychologist, advanced practice registered nurse, physician assistant, clinical social worker, professional counselor or another category of practitioner licensed by the Department of Public Health in a medical or behavioral health field whose scope of practice includes diagnosing ASD, (ii) is working within his or her scope of practice to diagnose ASD, (iii) has training, experience or expertise in ASD, and (iv) is proficient in diagnosing ASD. Behavioral health clinics (also known as mental health clinics or mental health and substance abuse clinics), rehabilitation clinics, and medical clinics, each as described in section 9 of Attachment 3.1-A, FQHCs as described in section 2 of Attachment 3.1-A, and outpatient hospitals as described in section 2 of Attachment 3.1-A, are all qualified to provide comprehensive diagnostic

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

evaluations that are performed by one of the practitioners listed in this paragraph who meets or exceeds all of the qualifications described in this paragraph if the practitioner is employed by or under contract to the clinic, FQHC or hospital, as applicable.

Registration (which is an electronic process where the provider submits required information and is automatically approved if information is complete and meets specified conditions), but not prior authorization is required for a comprehensive diagnostic evaluation. However, prior authorization is required if the provider requests an evaluation not less than twelve months after an evaluation was previously provided. The individual must receive a comprehensive diagnostic evaluation before receiving each of the following: a behavior assessment, behavioral plan of care, and ASD treatment services.

B. Service Components

1. Behavior Assessment

- a. Description: The behavior assessment is a clinical compilation of observational data, behavior rating scales, and reports from various sources (*e.g.*, schools, family, pediatricians, and other sources) designed to identify the individual's current strengths and needs across developmental and behavioral domains. It takes into account all available information, including the medical evaluation and comprehensive diagnostic evaluation. The practitioner assesses and recommends which specific ASD treatment services would be most appropriate for the individual's care in the context of the whole individual, such as one or more of the categories of interventions listed in the ASD treatment services section below.

Behavior assessments must use a validated assessment tool or instrument and can include direct observational assessment, observation, record review, data collection and analysis. The behavior assessment must include the current level of functioning of the individual using a validated data collection instrument or

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

tool. Prior authorization is required for each provider's initial behavior assessment of an individual. Registration, but not prior authorization, is required for updates to the behavior assessment after the initial behavior assessment has been completed, unless the provider requests an assessment that meets criteria for which prior authorization is required. The individual must receive a behavior assessment before receiving each of the following: a behavioral plan of care and ASD treatment services.

- b. Qualified Providers. A provider who meets the qualifications described in this paragraph is defined as a "Qualified Provider".
- i. Minimum Qualifications. Behavior assessments must be provided by a "Performing Provider," which is defined as either a Board Certified Behavior Analyst [BCBA] or a Licensed Practitioner, each as further defined below). The Performing Provider must be qualified to perform behavior assessments and develop behavioral plans of care; must have specialized training, experience or expertise in ASD; and, except as otherwise provided in item (4) below, must also meet or exceed all of the following minimum requirements:
1. Continuing Education: Sufficient continuing education in ASD services to maintain competency in providing ASD services, which may be part of the training sufficient to maintain the Performing Provider's applicable license or certification.
 2. Professional Experience: Two years of full-time equivalent work experience in providing ASD services, one of which shall occur after the Performing Provider received the graduate degree and all additional required education that made the individual eligible for applicable licensure or certification, which may also overlap with the individual's participation in a formal post-graduate internship or residency program, if applicable.
 3. Supervised Professional Experience: All Performing Providers must have at least one year of supervised experience in performing ASD services, which may be peer supervision and shall:

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- a. Be under another Performing Provider who (i) works within such individual's scope of practice, (ii) is qualified to supervise the Performing Provider, (iii) has experience in providing applicable ASD services and (iv) already meets the requirements of this subsection before providing supervised experience; and
 - b. Occur after the Performing Provider receives the graduate degree and all additional required education that made the individual eligible for applicable licensure or certification, which may overlap with the time period of professional experience described in item 2 immediately above and may also overlap with the individual's participation in a formal post-graduate internship or residency program, if applicable.
4. Notwithstanding items (1) through (3) immediately above, a Performing Provider also includes a Licensed Practitioner or a BCBA (as further defined below) with demonstrated expertise and experience in providing ASD services that are equivalent to or greater than the requirements in items (1) through (3) immediately above.
 5. Qualified by DSS or its designee: All BCBA's (or the billing provider entity or practitioner who bills on behalf of or oversees the BCBA, such as a clinic, hospital, FQHC, or practitioner group) must be qualified by DSS or its designee as meeting the provider qualifications in this section and any other qualifications necessary to be a qualified provider of ASD services. Effective January 1, 2016, all Performing Providers (or the billing provider entity or practitioner who bills on behalf of the Performing Provider, such as a clinic, hospital, or practitioner group) must be qualified by DSS or its designee as meeting the provider qualifications in this section and any other qualifications necessary to be a qualified provider of ASD services.

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- ii. Licensed Practitioners (as further defined in section 5 or 6, as applicable, of Attachment 3.1-A of the State Plan): Any of the following Licensed Practitioners who meet or exceed all of the minimum qualifications described above are qualified to perform behavior assessments:
 - 1. Physicians;
 - 2. Advanced Practice Registered Nurses / Nurse Practitioners;
 - 3. Physician Assistants;
 - 4. Licensed Psychologists;
 - 5. Licensed Clinical Social Workers;
 - 6. Licensed Professional Counselors; and
 - 7. Licensed Marital and Family Therapists.
- iii. BCBAs: In order to be qualified to perform behavior assessments, a provider other than a Licensed Practitioner as defined immediately above must: (A) be certified as a BCBA by the Behavioral Analyst Certification Board and (B) meet or exceed the minimum qualifications described above.
- iv. Clinics: Behavioral health clinics (also known as mental health clinics or mental health and substance abuse clinics), rehabilitation clinics, and medical clinics, each as described in section 9 of Attachment 3.1-A, are qualified to provide behavior assessments that are performed by qualified BCBAs and Licensed Practitioners employed by or under contract to the clinic and who meet or exceed the minimum qualifications described above.
- v. Outpatient Hospitals: Outpatient hospitals are qualified to provide behavior assessments that are performed by qualified BCBAs and Licensed Practitioners employed by or under contract to the hospital and who meet or exceed the minimum qualifications described above.

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- vi. FQHCs: FQHCs are qualified to provide behavior assessments that are performed by qualified BCBA's and Licensed Practitioners employed by or under contract to the FQHC and who meet or exceed the minimum qualifications described above.

2. Development of Behavioral Plan of Care

- a. Description: Based on the behavior assessment, the behavioral plan of care is a detailed plan of ASD treatment services specifically tailored to address each individual's behavioral needs. The plan includes at least the following: measurable goals and expected outcomes to determine if ASD treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services; and amount and type of caregiver (defined below) ongoing participation in the ASD treatment services necessary to maximize the success of the services. The plan is updated on an ongoing basis as appropriate for each individual.

If the behavioral plan of care is being developed by the same provider as the behavior assessment, then the prior authorization for the behavior assessment includes approval for development of a behavioral plan of care. Prior authorization is required if it is being developed by a provider who did not provide the behavior assessment, as recognized by the applicable DSS authorization system. Registration is required for routine periodic updates to the behavioral plan of care, with prior authorization required for more extensive updates that meet criteria for which prior authorization is required. The individual must receive a behavioral plan of care before receiving ASD treatment services.

- b. Qualified Providers: Same qualifications as for Qualified Providers of behavior assessments, as described above. In most circumstances, the provider who develops the behavioral plan of care should be the same provider who performed the behavior assessment. Examples of situations where another provider might

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

develop the behavioral plan of care include, but are not limited to, if the provider changed employers, moved to another geographic area, needed to collaborate with another provider with different expertise, or other situations.

3. Development and Updates to the Program Book

- a. Description: At the discretion of the Performing Provider, the Performing Provider may develop and, as appropriate, perform ongoing updates to a Program Book, which is a tool for use by providers, beneficiaries, and caregivers to ensure that the services and goals in the behavioral plan of care remain appropriate and properly implemented. The Program Book is a document that: (i) includes details of specific interventions and related information regarding ASD treatment services for an individual that are designed to implement the short short-term goals and objectives outlined in the behavioral plan of care; (ii) is individually tailored to each individual in accordance with the behavioral plan of care; and (iii) is updated on an ongoing basis as appropriate for each individual. Prior authorization is required for the development of and updates to a Program Book.
- b. Qualified Providers: Same qualifications as for Qualified Providers of behavior assessments, as described above.

4. ASD Treatment Services

- a. Description: ASD treatment services include a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews, identified as evidence-based by other nationally recognized substantial scientific and clinical evidence, and/or any other intervention supported by credible scientific or clinical evidence, as appropriate to each individual. These services are designed to be delivered primarily in the home and in other community settings. ASD treatment services are primarily provided separately to each individual. In addition to individual ASD treatment services, ASD treatment services for groups of individuals (“group ASD treatment services”) may be

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

provided when clinically appropriate for each individual and when based on nationally recognized practice or nationally recognized research reviews. If provided, group ASD treatment services must be performed by a Performing Provider, not a BCaBA or Technician, and may include only the number of participants that is clinically appropriate, up to a maximum of eight participants per group session of ASD treatment services, regardless of each participant's payment source.

ASD treatment services include, but are not limited to, the following categories of evidence-based interventions:

- i. **Functional assessment** through the systematic collection of information about behaviors, environments, and task demands (*e.g.*, functional behavior analysis, task analysis);
- ii. **Adapting environments** to promote positive behaviors and learning while reducing negative behaviors (*e.g.*, naturalistic intervention, antecedent based intervention, visual supports);
- iii. **Applying reinforcement** to change behaviors and promote learning (*e.g.*, reinforcement, differential reinforcement of alternative behaviors, extinction);
- iv. **Teaching techniques** to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (*e.g.*, discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting);
- v. **Teaching parents** to provide individualized interventions for their child, for the benefit of the individual (*e.g.*, parent implemented intervention);
- vi. **Using typically developing peers** (*e.g.*, individuals who do not have ASD) to teach and interact with children with ASD (*e.g.*, peer mediated instruction, structured play groups);
- vii. **Applying technological tools** to change behaviors and teach skills (*e.g.*, video modeling, tablet-based learning software); and

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- viii. **Performing Provider's observation and direction of the BCaBA or Technician**, which is reimbursed only when: (A) the Performing Provider is in the same location as both the individual and the BCaBA or technician and (B) the observation is for the benefit of the individual. The Performing Provider delivers observation and direction regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. Observation and direction also informs any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the Behavioral Plan of Care. Observation and direction must be provided on an ongoing basis throughout the time that ASD treatment services are being provided to an individual.

In addition to the categories of interventions listed immediately above, covered ASD treatment services not specifically listed above also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate to each individual.

Based on the behavioral plan of care, which is adjusted over time based on data collected by the practitioner to maximize the effectiveness of ASD treatment services, the Performing Provider selects and adapts one or more of these services, as appropriate for each individual. Prior authorization is required both for initial and continued provision of ASD treatment services.

- b. Participation by Caregiver in ASD Treatment Services: For the purposes of this section, "caregiver" means any person who is responsible for the care of the individual at any given time, including, but not limited to, parents, guardians, other family members, and child care providers. Based on the practitioner's clinical judgment as specified and explained in the behavioral plan of care, a caregiver must participate in treatment sessions on an ongoing basis in a manner and amount that are sufficient to ensure the quality and clinical effectiveness of the services, as tailored to each individual. This participation also acts as training

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

of the caregiver for the benefit of the individual and enables the caregiver to be able to reinforce the services for the individual in a clinically effective manner.

- c. Presence / Availability of Caregiver: In order to ensure that the services are covered under the preventive services benefit category and do not include services not coverable under section 1905(a) of the Social Security Act, including, but not limited to, child care or respite services, as well as to ensure the clinical success of the services, a caregiver shall be present or available at all times in or around the home when services are being provided in the home in order to care for members under age eighteen, even when the caregiver is not directly participating in the services. For services provided outside of the home, a caregiver shall be present or available as necessary based on the ASD treatment services provider's clinical judgment.
- d. Qualified Providers. Any of the following providers are qualified to perform ASD treatment services:
 - i. Performing Providers, Clinics, FQHCs and Outpatient Hospitals: Same qualifications as Qualified Providers of behavior assessments, as described above. Clinics, FQHCs and outpatient hospitals may also provide ASD treatment services through BCaBAs or technicians working under the supervision of a Performing Provider affiliated with the clinic, FQHC, or hospital, as applicable, so long as the BCaBA or technician meets the qualifications described in item (ii) immediately below.
 - ii. Provider Qualifications of Board Certified Assistant Behavior Analysts (BCaBAs) and Technicians: BCaBAs and Technicians provide ASD treatment services (excluding group ASD treatment services, which must be performed by a Performing Provider) under the supervision of a Performing Provider (including Performing Providers who are in solo practice, as part of a provider group, and/or who are affiliated with a clinic, FQHC, or hospital) and must have at least all of the following:

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S): ALL

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

1. Education and Experience. Meet one of the following:
 - a. Be certified as a BCaBA by the Behavior Analyst Certification Board. No additional education or experience is required beyond the requirements already included in the BCaBA credential, so long as such experience includes not less than six months of full-time equivalent experience providing ASD treatment services. For BCaBAs, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than five percent of the amount of hours that the BCaBA is providing ASD treatment services to each member;
 - b. Have a bachelor's degree from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus six months of full-time equivalent experience providing ASD treatment services. Such experience may occur at any time, including before, during or after receiving the bachelor's degree or any combination. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than five percent of the amount of hours that the technician is providing ASD treatment services to each member;
 - c. Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus one year of full-time equivalent experience providing ASD treatment services. Such experience may occur at any time, including before, during or after receiving the associate's degree or any combination. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less

State: CONNECTICUT

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- than five percent of the amount of hours that the technician is providing ASD treatment services to each member;
- d. Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus six months of full-time equivalent experience providing ASD treatment services. Such experience may occur at any time, including before, during or after receiving the associate's degree or any combination thereof. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than ten percent of the amount of hours that the technician is providing ASD treatment services to each member; or
 - e. Have a high school diploma, plus three years of full-time experience providing ASD treatment services or other direct service to individuals under age twenty-one with ASD. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than ten percent of the amount of hours that the technician is providing ASD treatment services to each member.
- 2. Six hours of training in ASD services within the previous year, which may include in-house training and may overlap with any continuing education required for the BCaBA or technician to maintain any applicable license, certification or other credential.
- e. Supervision of BCaBAs and Technicians. All ASD treatment services performed by a BCaBA or Technician must be supervised by a qualified Performing Provider (described above). Such supervision must:
 - i. Be one-on-one with the supervising Performing Provider and the BCaBA or Technician and documented on an ongoing basis.

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

13(c). Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- ii. Continue on an ongoing basis throughout the time that ASD treatment services are being provided to the individual.
- iii. Include, on a regular basis, the Performing Provider directly supervising the BCaBA or Technician while such BCaBA or Technician is providing services to the individual, although this direct supervision is not required if the Performing Provider is providing observation and direction services on an ongoing basis.

C. Limitations

1. Total ASD treatment services from all sources may only be the amount medically necessary for each individual.
2. DSS shall not pay for program services or components of services that:
 - a. Are of an unproven, experimental, cosmetic or research nature.
 - b. Do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.
 - c. Are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.
 - d. Are solely educational, vocational, recreational, or social.
 - e. Are not coverable within the preventive services benefit category, such as respite care, child care, or other custodial services.
 - f. Are provided by an individual to that individual's spouse or to that individual's natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, grandparent, or grandchild.

D. Free Choice of Provider

Each individual 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 (qualifications described above), who undertakes to provide such services and who is enrolled as a Medicaid provider.

State: CONNECTICUT

OFFICIAL

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

13. c. Preventive Services

- (1) **Tobacco Counseling Services**: The Medicaid agency will provide face to face tobacco counseling services in accordance with The Public Health Services publication, "Treating Tobacco use and Dependence – 2008 Update: A Clinical Practice Guideline" or any subsequent modification of such guideline.

State: CONNECTICUT

OFFICIAL

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

13(c). Preventive Services

(2) Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

A. Service Description

1. General Description. Services to treat autism spectrum disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, pursuant to EPSDT are provided only to Medicaid beneficiaries (defined below as individual or individuals) under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

If the comprehensive diagnostic evaluation (described below) report is signed by a licensed practitioner and recommends services consistent with a requested behavior assessment, development of the behavioral plan of care, or ASD treatment services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

Pursuant to section 4385 of the State Medicaid Manual, preventive services must be direct patient care provided to the individual for the primary purpose of diagnosing, treating or preventing ASD, which is a set of conditions that directly affects the individual's mental and physical health.

2. Evaluations Prior to Receiving ASD Treatment Services. These evaluations are covered under the Outpatient Hospital, Physician Services, Other Licensed Practitioner, Federally Qualified Health Center (FQHC) or Clinic benefit category, as applicable to each provider.
 - a. Medical Evaluation: This evaluation is a review of the individual's overall medical and physical health, hearing, speech, and vision, including relevant information and should include a validated ASD screening tool. The evaluation is also designed to rule out medical or behavioral conditions other than ASD,

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Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

including those that may have behavioral implications and/or may co-occur with ASD. These evaluations are provided by a physician, advanced practice registered nurse (APRN) / nurse practitioner, or physician assistant (including by any such practitioner working in any appropriate practice setting, such as in a clinic, FQHC, or outpatient hospital).

The individual must receive a medical evaluation before receiving each of the following: comprehensive diagnostic evaluation, behavior assessment, development of a behavioral plan of care, and ASD treatment services.

- b. Comprehensive Diagnostic Evaluation: This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, which must use validated evaluation tools and must be completed as expeditiously as possible. Based on the evaluation, the practitioner determines the individual's diagnosis and makes general recommendations regarding ASD treatment interventions, such as one or more of the categories of interventions listed in the ASD treatment services section below. If the practitioner diagnoses the individual with ASD based on the comprehensive diagnostic evaluation, the practitioner should refer the individual for a behavior assessment.

These evaluations are performed by a qualified licensed practitioner who: (i) is licensed as a physician, psychologist, advanced practice registered nurse, physician assistant, clinical social worker, professional counselor or another category of practitioner licensed by the Department of Public Health in a medical or behavioral health field whose scope of practice includes diagnosing ASD, (ii) is working within his or her scope of practice to diagnose ASD, (iii) has training, experience or expertise in ASD, and (iv) is proficient in diagnosing ASD. Behavioral health clinics (also known as mental health clinics or mental health and substance abuse clinics), rehabilitation clinics, and medical clinics, each as described in section 9 of Attachment 3.1-A, FQHCs as described in section 2 of Attachment 3.1-A, and outpatient hospitals as described in section 2 of Attachment 3.1-A, are all qualified to provide comprehensive diagnostic

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Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

evaluations that are performed by one of the practitioners listed in this paragraph who meets or exceeds all of the qualifications described in this paragraph if the practitioner is employed by or under contract to the clinic, FQHC or hospital, as applicable.

Registration (which is an electronic process where the provider submits required information and is automatically approved if information is complete and meets specified conditions), but not prior authorization is required for a comprehensive diagnostic evaluation. However, prior authorization is required if the provider requests an evaluation not less than twelve months after an evaluation was previously provided. The individual must receive a comprehensive diagnostic evaluation before receiving each of the following: a behavior assessment, behavioral plan of care, and ASD treatment services.

B. Service Components

1. Behavior Assessment

- a. Description: The behavior assessment is a clinical compilation of observational data, behavior rating scales, and reports from various sources (*e.g.*, schools, family, pediatricians, and other sources) designed to identify the individual's current strengths and needs across developmental and behavioral domains. It takes into account all available information, including the medical evaluation and comprehensive diagnostic evaluation. The practitioner assesses and recommends which specific ASD treatment services would be most appropriate for the individual's care in the context of the whole individual, such as one or more of the categories of interventions listed in the ASD treatment services section below.

Behavior assessments must use a validated assessment tool or instrument and can include direct observational assessment, observation, record review, data collection and analysis. The behavior assessment must include the current level of functioning of the individual using a validated data collection instrument or

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Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

tool. Prior authorization is required for each provider's initial behavior assessment of an individual. Registration, but not prior authorization, is required for updates to the behavior assessment after the initial behavior assessment has been completed, unless the provider requests an assessment that meets criteria for which prior authorization is required. The individual must receive a behavior assessment before receiving each of the following: a behavioral plan of care and ASD treatment services.

- b. Qualified Providers. A provider who meets the qualifications described in this paragraph is defined as a "Qualified Provider".
- i. Minimum Qualifications. Behavior assessments must be provided by a "Performing Provider," which is defined as either a Board Certified Behavior Analyst [BCBA] or a Licensed Practitioner, each as further defined below). The Performing Provider must be qualified to perform behavior assessments and develop behavioral plans of care; must have specialized training, experience or expertise in ASD; and, except as otherwise provided in item (4) below, must also meet or exceed all of the following minimum requirements:
1. Continuing Education: Sufficient continuing education in ASD services to maintain competency in providing ASD services, which may be part of the training sufficient to maintain the Performing Provider's applicable license or certification.
 2. Professional Experience: Two years of full-time equivalent work experience in providing ASD services, one of which shall occur after the Performing Provider received the graduate degree and all additional required education that made the individual eligible for applicable licensure or certification, which may also overlap with the individual's participation in a formal post-graduate internship or residency program, if applicable.
 3. Supervised Professional Experience: All Performing Providers must have at least one year of supervised experience in performing ASD services, which may be peer supervision and shall:

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- a. Be under another Performing Provider who (i) works within such individual's scope of practice, (ii) is qualified to supervise the Performing Provider, (iii) has experience in providing applicable ASD services and (iv) already meets the requirements of this subsection before providing supervised experience; and
 - b. Occur after the Performing Provider receives the graduate degree and all additional required education that made the individual eligible for applicable licensure or certification, which may overlap with the time period of professional experience described in item 2 immediately above and may also overlap with the individual's participation in a formal post-graduate internship or residency program, if applicable.
4. Notwithstanding items (1) through (3) immediately above, a Performing Provider also includes a Licensed Practitioner or a BCBA (as further defined below) with demonstrated expertise and experience in providing ASD services that are equivalent to or greater than the requirements in items (1) through (3) immediately above.
 5. Qualified by DSS or its designee: All BCBAs (or the billing provider entity or practitioner who bills on behalf of or oversees the BCBA, such as a clinic, hospital, FQHC, or practitioner group) must be qualified by DSS or its designee as meeting the provider qualifications in this section and any other qualifications necessary to be a qualified provider of ASD services. Effective January 1, 2016, all Performing Providers (or the billing provider entity or practitioner who bills on behalf of the Performing Provider, such as a clinic, hospital, or practitioner group) must be qualified by DSS or its designee as meeting the provider qualifications in this section and any other qualifications necessary to be a qualified provider of ASD services.

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Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

- ii. Licensed Practitioners (as further defined in section 5 or 6, as applicable, of Attachment 3.1-A of the State Plan): Any of the following Licensed Practitioners who meet or exceed all of the minimum qualifications described above are qualified to perform behavior assessments:
 - 1. Physicians;
 - 2. Advanced Practice Registered Nurses / Nurse Practitioners;
 - 3. Physician Assistants;
 - 4. Licensed Psychologists;
 - 5. Licensed Clinical Social Workers;
 - 6. Licensed Professional Counselors; and
 - 7. Licensed Marital and Family Therapists.

- iii. BCBAs: In order to be qualified to perform behavior assessments, a provider other than a Licensed Practitioner as defined immediately above must: (A) be certified as a BCBA by the Behavioral Analyst Certification Board and (B) meet or exceed the minimum qualifications described above.

- iv. Clinics: Behavioral health clinics (also known as mental health clinics or mental health and substance abuse clinics), rehabilitation clinics, and medical clinics, each as described in section 9 of Attachment 3.1-A, are qualified to provide behavior assessments that are performed by qualified BCBAs and Licensed Practitioners employed by or under contract to the clinic and who meet or exceed the minimum qualifications described above.

- v. Outpatient Hospitals: Outpatient hospitals are qualified to provide behavior assessments that are performed by qualified BCBAs and Licensed Practitioners employed by or under contract to the hospital and who meet or exceed the minimum qualifications described above.

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- vi. FQHCs: FQHCs are qualified to provide behavior assessments that are performed by qualified BCBA's and Licensed Practitioners employed by or under contract to the FQHC and who meet or exceed the minimum qualifications described above.

2. Development of Behavioral Plan of Care

- a. Description: Based on the behavior assessment, the behavioral plan of care is a detailed plan of ASD treatment services specifically tailored to address each individual's behavioral needs. The plan includes at least the following: measurable goals and expected outcomes to determine if ASD treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services; and amount and type of caregiver (defined below) ongoing participation in the ASD treatment services necessary to maximize the success of the services. The plan is updated on an ongoing basis as appropriate for each individual.

If the behavioral plan of care is being developed by the same provider as the behavior assessment, then the prior authorization for the behavior assessment includes approval for development of a behavioral plan of care. Prior authorization is required if it is being developed by a provider who did not provide the behavior assessment, as recognized by the applicable DSS authorization system. Registration is required for routine periodic updates to the behavioral plan of care, with prior authorization required for more extensive updates that meet criteria for which prior authorization is required. The individual must receive a behavioral plan of care before receiving ASD treatment services.

- b. Qualified Providers: Same qualifications as for Qualified Providers of behavior assessments, as described above. In most circumstances, the provider who develops the behavioral plan of care should be the same provider who performed the behavior assessment. Examples of situations where another provider might

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Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)

develop the behavioral plan of care include, but are not limited to, if the provider changed employers, moved to another geographic area, needed to collaborate with another provider with different expertise, or other situations.

3. Development and Updates to the Program Book

- a. Description: At the discretion of the Performing Provider, the Performing Provider may develop and, as appropriate, perform ongoing updates to a Program Book, which is a tool for use by providers, beneficiaries, and caregivers to ensure that the services and goals in the behavioral plan of care remain appropriate and properly implemented. The Program Book is a document that: (i) includes details of specific interventions and related information regarding ASD treatment services for an individual that are designed to implement the short short-term goals and objectives outlined in the behavioral plan of care; (ii) is individually tailored to each individual in accordance with the behavioral plan of care; and (iii) is updated on an ongoing basis as appropriate for each individual. Prior authorization is required for the development of and updates to a Program Book.
- b. Qualified Providers: Same qualifications as for Qualified Providers of behavior assessments, as described above.

4. ASD Treatment Services

- a. Description: ASD treatment services include a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews, identified as evidence-based by other nationally recognized substantial scientific and clinical evidence, and/or any other intervention supported by credible scientific or clinical evidence, as appropriate to each individual. These services are designed to be delivered primarily in the home and in other community settings. ASD treatment services are primarily provided separately to each individual. In addition to individual ASD treatment services, ASD treatment services for groups of individuals (“group ASD treatment services”) may be

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provided when clinically appropriate for each individual and when based on nationally recognized practice or nationally recognized research reviews. If provided, group ASD treatment services must be performed by a Performing Provider, not a BCaBA or Technician, and may include only the number of participants that is clinically appropriate, up to a maximum of eight participants per group session of ASD treatment services, regardless of each participant's payment source.

ASD treatment services include, but are not limited to, the following categories of evidence-based interventions:

- i. **Functional assessment** through the systematic collection of information about behaviors, environments, and task demands (*e.g.*, functional behavior analysis, task analysis);
- ii. **Adapting environments** to promote positive behaviors and learning while reducing negative behaviors (*e.g.*, naturalistic intervention, antecedent based intervention, visual supports);
- iii. **Applying reinforcement** to change behaviors and promote learning (*e.g.*, reinforcement, differential reinforcement of alternative behaviors, extinction);
- iv. **Teaching techniques** to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (*e.g.*, discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting);
- v. **Teaching parents** to provide individualized interventions for their child, for the benefit of the individual (*e.g.*, parent implemented intervention);
- vi. **Using typically developing peers** (*e.g.*, individuals who do not have ASD) to teach and interact with children with ASD (*e.g.*, peer mediated instruction, structured play groups);
- vii. **Applying technological tools** to change behaviors and teach skills (*e.g.*, video modeling, tablet-based learning software); and

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- viii. **Performing Provider's observation and direction of the BCaBA or Technician**, which is reimbursed only when: (A) the Performing Provider is in the same location as both the individual and the BCaBA or technician and (B) the observation is for the benefit of the individual. The Performing Provider delivers observation and direction regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. Observation and direction also informs any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the Behavioral Plan of Care. Observation and direction must be provided on an ongoing basis throughout the time that ASD treatment services are being provided to an individual.

In addition to the categories of interventions listed immediately above, covered ASD treatment services not specifically listed above also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate to each individual.

Based on the behavioral plan of care, which is adjusted over time based on data collected by the practitioner to maximize the effectiveness of ASD treatment services, the Performing Provider selects and adapts one or more of these services, as appropriate for each individual. Prior authorization is required both for initial and continued provision of ASD treatment services.

- b. Participation by Caregiver in ASD Treatment Services: For the purposes of this section, "caregiver" means any person who is responsible for the care of the individual at any given time, including, but not limited to, parents, guardians, other family members, and child care providers. Based on the practitioner's clinical judgment as specified and explained in the behavioral plan of care, a caregiver must participate in treatment sessions on an ongoing basis in a manner and amount that are sufficient to ensure the quality and clinical effectiveness of the services, as tailored to each individual. This participation also acts as training

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of the caregiver for the benefit of the individual and enables the caregiver to be able to reinforce the services for the individual in a clinically effective manner.

- c. Presence / Availability of Caregiver: In order to ensure that the services are covered under the preventive services benefit category and do not include services not coverable under section 1905(a) of the Social Security Act, including, but not limited to, child care or respite services, as well as to ensure the clinical success of the services, a caregiver shall be present or available at all times in or around the home when services are being provided in the home in order to care for members under age eighteen, even when the caregiver is not directly participating in the services. For services provided outside of the home, a caregiver shall be present or available as necessary based on the ASD treatment services provider's clinical judgment.
- d. Qualified Providers. Any of the following providers are qualified to perform ASD treatment services:
- i. Performing Providers, Clinics, FQHCs and Outpatient Hospitals: Same qualifications as Qualified Providers of behavior assessments, as described above. Clinics, FQHCs and outpatient hospitals may also provide ASD treatment services through BCaBAs or technicians working under the supervision of a Performing Provider affiliated with the clinic, FQHC, or hospital, as applicable, so long as the BCaBA or technician meets the qualifications described in item (ii) immediately below.
 - ii. Provider Qualifications of Board Certified Assistant Behavior Analysts (BCaBAs) and Technicians: BCaBAs and Technicians provide ASD treatment services (excluding group ASD treatment services, which must be performed by a Performing Provider) under the supervision of a Performing Provider (including Performing Providers who are in solo practice, as part of a provider group, and/or who are affiliated with a clinic, FQHC, or hospital) and must have at least all of the following:

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1. Education and Experience. Meet one of the following:
 - a. Be certified as a BCaBA by the Behavior Analyst Certification Board. No additional education or experience is required beyond the requirements already included in the BCaBA credential, so long as such experience includes not less than six months of full-time equivalent experience providing ASD treatment services. For BCaBAs, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than five percent of the amount of hours that the BCaBA is providing ASD treatment services to each member;
 - b. Have a bachelor's degree from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus six months of full-time equivalent experience providing ASD treatment services. Such experience may occur at any time, including before, during or after receiving the bachelor's degree or any combination. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than five percent of the amount of hours that the technician is providing ASD treatment services to each member;
 - c. Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus one year of full-time equivalent experience providing ASD treatment services. Such experience may occur at any time, including before, during or after receiving the associate's degree or any combination. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less

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- than five percent of the amount of hours that the technician is providing ASD treatment services to each member;
- d. Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus six months of full-time equivalent experience providing ASD treatment services. Such experience may occur at any time, including before, during or after receiving the associate's degree or any combination thereof. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than ten percent of the amount of hours that the technician is providing ASD treatment services to each member;
- e. Have a high school diploma, plus three years of full-time experience providing ASD treatment services or other direct service to individuals under age twenty-one with ASD. For technicians described in this subparagraph, on an ongoing basis, the Performing Provider shall provide observation and direction for not less than ten percent of the amount of hours that the technician is providing ASD treatment services to each member.
2. Six hours of training in ASD services within the previous year, which may include in-house training and may overlap with any continuing education required for the BCaBA or technician to maintain any applicable license, certification or other credential.
- e. Supervision of BCaBAs and Technicians. All ASD treatment services performed by a BCaBA or Technician must be supervised by a qualified Performing Provider (described above). Such supervision must:
- i. Be one-on-one with the supervising Performing Provider and the BCaBA or Technician and documented on an ongoing basis.

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- ii. Continue on an ongoing basis throughout the time that ASD treatment services are being provided to the individual.
- iii. Include, on a regular basis, the Performing Provider directly supervising the BCaBA or Technician while such BCaBA or Technician is providing services to the individual, although this direct supervision is not required if the Performing Provider is providing observation and direction services on an ongoing basis.

C. Limitations

1. Total ASD treatment services from all sources may only be the amount medically necessary for each individual.
2. DSS shall not pay for program services or components of services that:
 - a. Are of an unproven, experimental, cosmetic or research nature.
 - b. Do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.
 - c. Are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.
 - d. Are solely educational, vocational, recreational, or social.
 - e. Are not coverable within the preventive services benefit category, such as respite care, child care, or other custodial services.
 - f. Are provided by an individual to that individual's spouse or to that individual's natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, grandparent, or grandchild.

D. Free Choice of Provider

Each individual 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 (qualifications described above), who undertakes to provide such services and who is enrolled as a Medicaid provider.

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(2) (a) Outpatient hospital services – The agency reimburses outpatient hospital services using both fixed fees and cost to charge ratios. The agency’s fixed fees were set as of January 1, 2015¹ and are effective for services on or after that date. Fixed fees are published on the Department’s website at www.ctdssmap.com. Fixed fees are paid for various categories of outpatient hospital services, including, but not limited to: diagnostic laboratory services, imaging, therapies, group tobacco cessation counseling, behavioral health, and various other categories of service according to the revenue center codes listed in the fee schedule. For revenue center codes not listed on the fee schedule, the rate for each code is based on the hospital-specific cost to charge ratio for each applicable ancillary or outpatient department as designated by the hospital and reported on the hospital’s fiscal year 2013 cost report filing, as determined by the Department. The rate schedule is sent to each hospital and is revised annually (July 1) based on the most recently filed cost report. Rates for outpatient hospital services are not reconciled to actual costs.

There are higher fees for outpatient hospital behavioral health services that meet special access and quality standards as enhanced care clinics (ECCs), as noted on the hospital-specific schedule for each hospital that has an ECC. ECCs must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. ECCs must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. ECCs have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. ECCs must electronically register appointments made with the Administrative Services Organization (ASO). This process allows for an automated process to track access standards for routine cases. The state also utilizes a mystery shopper process to track access standards. The state also does on-site chart reviews to determine if providers are in compliance with quality standards and the urgent and emergent access standards. As a result of the on-site reviews, CAPs will be required from providers who do not meet quality or access standards reviewed. Fees for services provided to individuals 18 years of age and over are 95% of the published fee for ECCs.

Except as otherwise noted in the plan, state developed fee schedules and rate methods are the same for both governmental and private providers.

TN # 15-004

Approval Date 05/01/2017

Effective Date 01-01-2015

Supersedes

TN # 14-035

¹ **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPAs 15-018, 15-034, and 16-008, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 15-004.

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(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

(a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below.
- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.
 - (d) Other licensed practitioners –
 - (a) Psychologists – The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

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- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015² and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (vi) Physician assistants – 90% of the department’s fees for physicians, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

TN # 15-004
Supersedes
TN # 14-012

Approval Date 05/01/2017

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² **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous out-of-order approval of SPAs 14-031, 14-037, and 14-039, each of which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 15-004. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

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13. c. Preventive Services

Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

Fees for services to treat autism spectrum disorders pursuant to EPSDT were set as of January 1, 2015 and are effective for services provided on or after that date. The fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download" and select the fee schedule applicable to the qualified provider. Fees are the same for governmental and private providers.

TN # 15-004
Supersedes
TN # NEW

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