

17-1-4767

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

January 10, 2017

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 16-0014 with an effective date of July 1, 2016 as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to add coverage and reimbursement of new School Based Child Health (SBCH) services. Specifically, this SPA adds the following services: Behavioral Modification, Personal Care services, and SBCH services included in a Section 504 plan.

If you have any questions regarding this matter you may contact Robert Cruz at 617-565-1257 or by email at Robert.Cruz@cms.hhs.gov.

Sincerely,

Richard McGreal
Associate Regional Administrator

Enclosure

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

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

1. TRANSMITTAL NUMBER:
16-0014

2. STATE: CT

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

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

4. PROPOSED EFFECTIVE DATE:
July 1, 2016

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:
Sections 1905(a)(4)(B) and 1905(r) of the Social Security
Act and 42 CFR 440.40(b) and 42 CFR 441, Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$177,000 (costs)
b. FFY 2017 \$1.1 million (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Addendum pages 2 through 2(f) to Attachment 3.1-A
Addendum pages 2(f)1 through 2(f)3 to Attachment 3.1-A
Addendum pages 2 through 2(f) to Attachment 3.1-B
Addendum pages 2(f)1 through 2(f)3 to Attachment 3.1-B
Attachment 4.19-B, page 1(a)i through Attachment 4.19-B Page 1(a)i(D)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Addendum pages 2 through 2(f) to Attachment 3.1-A
(New)
Addendum pages 2 through 2(f) to Attachment 3.1-B
(New)
Attachment 4.19-B, page 1(a)l through Attachment 4.19-B Page 1(a)i(D)

10. SUBJECT OF AMENDMENT: Effective July 1, 2016, SPA 16-014 amends Attachments 3.1-A, 3.1-B and 4.19-B of the Medicaid State Plan to add coverage and reimbursement for the following School Based Child Health (SBCH) services: Behavioral Modification, Personal Care Services, and SBCH services included in a Section 504 plan.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut
Department of Social Services
55 Farmington Avenue - 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 30, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED: January 10, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS:

State: CONNECTICUT

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

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

No Limitations

- b. EPSDT

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

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

School Based Child Health (SBCH) services are early and periodic screening, diagnostic, and treatment (EPSDT) services that are ordered or prescribed by a physician or other licensed practitioner, either as a member of the planning and placement team (PPT) and/or 504 team as applicable or by a qualified practitioner outside the PPT and/or 504 team as applicable, acting within his or her scope of practice under Connecticut State Law and listed in a recipient student's Individualized Education Plan (IEP) or in a Section 504 plan that are coverable under one or more of the service categories described in Section 1905(a) and Section 1905(r) of the Social Security Act.

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

State: CONNECTICUT

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

The following services are considered School Based Child Health services:

1. Assessments

Assessments are conducted to determine a child's health-related needs for purposes of the IEP or the Section 504 plan. Assessments are covered, as necessary, to assess or reassess the need for medical services in a child's treatment plan. Assessments are services provided under section 1905(a) the Social Security Act. Assessments shall be performed by a licensed practitioner who meets the qualifications in accordance with his or her scope of practice under Connecticut State Law.

Payment for the assessment costs is available under Medicaid once an individual's IEP or Section 504 plan has been approved.

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

2. Audiology

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

Audiology services include, but are not limited to:

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

State: CONNECTICUT

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

3. **Behavioral Health Services (Psychological & Counseling Services)**
Behavioral health services include diagnostic and treatment services involving mental, emotional or behavioral problems and disturbances and dysfunctions, or the diagnosis and treatment of substance abuse. Behavioral health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.130, 440.60 or 42 CFR Section 440.50(a).

Behavioral health service providers include physicians, psychiatrists, advanced practice registered nurses (APRN), physician assistants, clinical psychologists, school psychologists, school social workers, licensed clinical social workers, professional counselors, alcohol and drug counselors, and marital and family therapists,.

Behavioral health services include, but are not limited to:

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

State: CONNECTICUT**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**
CATEGORICALLY NEEDY GROUP(S): ALL**4. Behavior Modification Services**

Behavioral modification services are a face-to-face service to treat autism spectrum disorders (ASD), including services, providing redirection and modeling of appropriate behaviors in order to enhance the student's functioning within their home or community. The service involves regularly scheduled interventions with the student and a qualified professional or paraprofessional.

Services are provided by qualified staff, under the supervision, of qualified clinical staff. Behavioral Modification must be listed on the IEP or the Section 504 plan with a planned frequency.

Provider Qualifications – Professionals with a M.A. or M.S. degree in psychology, special education, social work or behavior management or professionals who have a current licensure in clinical psychology or current certification as a Board Certified Behavioral Analyst (BCBA); Board Certified Assistant Behavior Analyst (BCaBA) working under the supervision of a BCBA; or Technicians working under the supervision of a BCBA.

Behavior modification services are preventive services that are provided in accordance with 42 C.F.R. § 440.130(c). These services 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. In accordance with section 4385 of the State Medicaid Manual, these services are direct 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.

5. Clinical Diagnostic Laboratory Services

Clinical diagnostic laboratory services include those services recommended in the IEP or the Section 504 plan such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.

State: CONNECTICUT

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

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

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

6. Medical Services

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

Medical services include, but are not limited to:

- medical evaluations used to identify a child's health related needs as a part of the IEP process or the Section 504 plan process; and
- medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

State: CONNECTICUT

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

7. **Nursing Services**

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

Nursing services include, but are not limited to:

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

8. **Occupational Therapy**

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

Occupational therapy services include:

- Identification of children with occupational therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services;
- Improving, developing or restoring functions impaired or lost through illness, injury or deprivation;
- Preventing through early intervention, initial or further impairment or loss of function; and

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

- Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.

9. Optometric Services

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

Optometric services include, but are not limited to:

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

10. Personal Care Services

Personal care services consist of physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), as defined below and shall be provided in accordance with 42 CFR 440.167. Personal care services must be recommended in the IEP in order to be reimbursable under the SBCH Medicaid program. Personal Care services do not include skilled services that only a health professional may perform (e.g., home health aide services).

ADLs include the following:

1. Mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking or use of prescribed durable medical equipment
2. Assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered
3. Bathing/grooming: physically assisting a member with basic care such as bathing, personal hygiene, and grooming skills
4. Dressing or undressing: physically assisting a member to dress or undress

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

5. Passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises
6. Eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs
7. Toileting: physically assisting a member with bowel and bladder needs

IADLs include the following:

1. Household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping
2. Meal preparation and clean-up: physically assisting a member to prepare meals
3. Transportation: accompanying the member to medical providers
4. Special Needs: assisting the member with:
 - a. The general routine care and maintenance of wheelchairs and adaptive devices (i.e. keeping clean);
 - b. Completing the paperwork, including the opening and processing of mail.

Provider Qualifications – A person who provides personal care services cannot be a family member of the individual receiving services. A family member is defined as “the spouse of the member, the natural or adoptive parent, child or sibling of the person, the stepparent, stepchild, stepbrother, or stepsister of the person, grandparent or grandchild and their spouse, (section 1128 (j) of the Social Security Act). Personal care providers are not required to be licensed.

State: CONNECTICUT

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

Services must be part of the IEP or Section 504 plan and must be prescribed by, referred by, recommended by, ordered by, provided under the direction of, or otherwise authorized in writing by a physician.

School-based Medicaid providers must retain documentation related to such written requests for six years.

11. Physical Therapy

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

Physical therapy services include:

- identification of children with physical therapy needs;
- evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- obtaining, interpreting, and integrating information appropriate to program planning;
- diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to, heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices; and
- the performance and interpretation of tests and measurements to assist pathopsychological pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

12. Respiratory Care Services

Respiratory care services are provided by or under the direction of licensed respiratory care practitioners who meet the qualifications in

State: CONNECTICUT

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

accordance with 42 CFR 440.185 and acting within his or her scope of practice under Connecticut State Law.

Respiratory care services include, but are not limited to:

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

13. Speech/Language

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

Speech/Language therapy services include:

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

State: CONNECTICUT

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

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

No Limitations

- b. EPSDT

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

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

School Based Child Health (SBCH) services are early and periodic screening, diagnostic, and treatment (EPSDT) services that are ordered or prescribed by a physician or other licensed practitioner, either as a member of the planning and placement team (PPT) and/or 504 team as applicable or by a qualified practitioner outside the PPT and/or 504 team as applicable, acting within his or her scope of practice under Connecticut State Law and listed in a recipient student's Individualized Education Plan (IEP) or in a Section 504 plan that are coverable under one or more of the service categories described in Section 1905(a) and Section 1905(r) of the Social Security Act.

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

**Addendum Page 2(c)
To Attachment 3.1-B**

State: CONNECTICUT

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

4. Behavior Modification Services

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Services are provided by qualified staff, under the supervision, of qualified clinical staff. Behavioral Modification must be listed on the IEP or the Section 504 plan with a planned frequency.

Provider Qualifications – Professionals with a M.A. or M.S. degree in psychology, special education, social work or behavior management or professionals who have a current licensure in clinical psychology or current certification as a Board Certified Behavioral Analyst (BCBA); Board Certified Assistant Behavior Analyst (BCaBA) working under the supervision of a BCBA; or Technicians working under the supervision of a BCBA.

Behavior modification services are preventive services that are provided in accordance with 42 C.F.R. § 440.130(c). These services 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. In accordance with section 4385 of the State Medicaid Manual, these services are direct 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.

5. Clinical Diagnostic Laboratory Services

Clinical diagnostic laboratory services include those services recommended in the IEP or the Section 504 plan such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.

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

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6. Medical Services

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

Medical services include, but are not limited to:

- medical evaluations used to identify a child's health related needs as a part of the IEP process or the Section 504 plan process; and
- medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

7. Nursing Services

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

Nursing services include, but are not limited to:

- health assessment and development of individualized health care plans;
- medical treatments and procedures including, but not limited to, suctioning, tracheotomy care, catheterization, toileting, ostomy management and care;
- administering and/or monitoring medication needed by the student during school hours;
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State: CONNECTICUT

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

8. Occupational Therapy

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

Occupational therapy services include:

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

9. Optometric Services

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

Optometric services include, but are not limited to:

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

State: CONNECTICUT

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

10. Personal Care Services

Personal care services consist of physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), as defined below and shall be provided in accordance with 42 CFR 440.167. Personal care services must be recommended in the IEP in order to be reimbursable under the SBCH Medicaid program. Personal Care services do not include skilled services that only a health professional may perform (e.g., home health aide services).

ADLs include the following:

1. Mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking or use of prescribed durable medical equipment
2. Assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered
3. Bathing/grooming: physically assisting a member with basic care such as bathing, personal hygiene, and grooming skills
4. Dressing or undressing: physically assisting a member to dress or undress
5. Passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises
6. Eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs
7. Toileting: physically assisting a member with bowel and bladder needs

State: CONNECTICUT

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

IADLs include the following:

1. Household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping
2. Meal preparation and clean-up: physically assisting a member to prepare meals
3. Transportation: accompanying the member to medical providers
4. Special Needs: assisting the member with:
 - a. The general routine care and maintenance of wheelchairs and adaptive devices (i.e. keeping clean);
 - b. Completing the paperwork, including the opening and processing of mail.

Provider Qualifications – A person who provides personal care services cannot be a family member of the individual receiving services. A family member is defined as “the spouse of the member, the natural or adoptive parent, child or sibling of the person, the stepparent, stepchild, stepbrother, or stepsister of the person, grandparent or grandchild and their spouse, (section 1128 (j) of the Social Security Act). Personal care providers are not required to be licensed.

Services must be part of the IEP or Section 504 plan and must be prescribed by, referred by, recommended by, ordered by, provided under the direction of, or otherwise authorized in writing by a physician.

School-based Medicaid providers must retain documentation related to such written requests for six years.

State: CONNECTICUT

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

11. Physical Therapy

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

Physical therapy services include:

- identification of children with physical therapy needs;
- evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- obtaining, interpreting, and integrating information appropriate to program planning;
- diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to, heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices; and
- the performance and interpretation of tests and measurements to assist pathopsychological pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

12. Respiratory Care Services

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

Respiratory care services include, but are not limited to:

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

State: CONNECTICUT

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

13. Speech/Language

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

Speech/Language therapy services include:

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (4)
- (b) Early and periodic screening and diagnosis of individuals under 21 years of age. Rates for medically necessary services not covered under the state plan that are ordered by a physician are negotiated on a case-by-case basis in order to ensure access as required under Section 1905(r)(5) of the Social Security Act.
- (b.1.) EPSDT Services delivered in the School-Based Setting
- School Based Child Health services are provided by School Based Child Health providers, which are school districts and other educational entities that are enrolled with the Connecticut Medical Assistance Program as providers of School Based Child Health services. School Based Child Health services are provided pursuant to an Individualized Education Plan (IEP) or a Section 504 plan and include medical services as described under Item 4.b.1. EPSDT in School Based Child Health Service Setting in Addendum to Attachment 3.1-A/B. School Based Child Health services include physical therapy, occupational therapy and other services, including services provided by audiologists and services for individuals with speech, hearing and language disorders, performed by, or under the direction of, providers who meet the qualifications set forth at 42 CFR 440.110; and nursing services coverable under 42 CFR 440.130(d), including services delegated to individuals who receive appropriate teaching, direction, and supervision from a Registered Nurse or Practical Nurse; services performed by licensed practitioners within the scope of their practice for individuals with behavioral health (mental health and substance abuse) disorders, as defined under state law, and coverable as medical or other remedial care under 42 CFR 440.60; diagnostic screening, preventative, and rehabilitative services covered under 42 CFR 440.130. Assessments are covered as necessary to assess or reassess the need for medical services in a child's treatment plan and must be performed by any of the above licensed practitioners within their scope of practice.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT**Cost Reimbursement Methodology for School Based Child Health Services**1. **Interim Rates**

Interim rates for SBCH services shall be established for services beginning October 1, 2010 with adjusted interim rates reviewed at least every two years thereafter. Interim rates are provisional in nature, pending the completion of a cost reconciliation and cost settlement for that period.

2. **Cost Reimbursement Methodology**

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

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

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

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

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- ii. Direct costs for School Based Child Health services from Item i. above are reduced by any federal payments for those costs, resulting in adjusted direct costs for School Based Child Health services.
- iii. Adjusted direct costs from Item ii. above are then allocated to identify Medicaid-reimbursable costs for School Based Child Health services according to the time study results that are identified according to the process described in the Connecticut School Based Child Health Time Study User Guide, approved by CMS.
- iv. Indirect costs are calculated using the unrestricted indirect cost rate set by the Connecticut State Department of Education as the cognizant agency or a de minimis rate in lieu of the cognizant agency rate. Pursuant to 2 C.F.R § 200.414, the de minimis rate is used if the school district does not receive a district specific indirect cost rate from the Connecticut State Department of Education. Indirect costs are equal to adjusted direct costs (iii) multiplied by the unrestricted indirect cost rate. These indirect costs are then added to the adjusted direct costs (iii) to determine the total School Based Child Health costs.
- v. Medicaid allowable costs are identified by applying the Individual Education Plan (IEP)/504 Ratio to the total direct costs (iv). The IEP/504 Ratio is the ratio of all eligible Medicaid students with at least one SBCH covered direct service prescribed in their IEP or Section 504 plan for whom the district is financially responsible to all students with at least one SBCH covered direct service prescribed in their IEP or Section 504 plan for whom the district is financially responsible. The IEP/504 ratio is calculated using the first school day of each quarter. For the purpose of determining the Medicaid allowable costs, the following three quarters will be utilized: October-December; January – March; and April-June.

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6. **Cost Settlement**
Cost reports will be reconciled and settlements will occur within 24 months of the reporting period contained in the annual SBCH cost report. Connecticut will not modify the CMS-approved scope of costs, time study methodology or the annual cost report methodology without CMS approval. If it has been determined that an overpayment has been made, the Department of Social Services will return the federal share of the overpayment. If the actual, certified Medicaid allowable costs of a School Based Child Health service provider exceed the interim Medicaid rates, the Department of Social Services will submit claims to CMS for the underpayment. Cost settlement will occur within the timelines set forth in 42 CFR 433 Subpart F.
7. **Audit**
All supporting accounting and school records, statistical data and all other records related to the provision of School Based Child Health services paid for by the Department shall be subject to audit. If an audit discloses discrepancies in the accuracy and/or allowances of actual direct or indirect costs or statistical data as submitted for each fiscal year by the Local Educational Agency, the Department's payment rate for the said period shall be subject to adjustment.
- (c) Family Planning Services, drugs, supplies, and devices when such services are under the supervision of a physician: outpatient hospital services, same as item (2a); Federally Qualified Health Centers, same as item (2)(c); laboratory services, same as item (3); physician services, same as item (5); clinics, same as item (9); drug and supplies, same as item (12); nurse midwives, same as item (17) and pediatric or family nurse practitioners, same as item (21).