

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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a) (31) (A) of the Act, to be in need of such care.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided:  No limitations  With limitations\*  
 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided:  No limitations  With limitations\*  
 Not provided.

17. Nurse-midwife services.

Provided:  No limitations  With limitations\*  
 Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided:  No limitations  With limitations\*  
 Not provided.

**\*Description provided on attachment.**

TN# 09-010

Approval Date \_\_\_\_\_

Effective Date: 10-01-2009

Supersedes

TN# 86-59

State: CONNECTICUT

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

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c. Intermediate care facility services.

Provided:  No limitations  With limitations\*

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TN# 88-52

**STATE/TERRITORY: CONNECTICUT**

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

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**18. Hospice:**

**Service Limitations:**

- (a) The department shall pay only for services listed in its fee schedule.
- (b) The department shall not pay separately for any services that are related to the treatment of the terminal condition for which hospice services were elected.
- (c) Hospice services are covered in a nursing facility only if the nursing facility has a written agreement with the provider such that the provider takes full responsibility for the professional management of the client's hospice care and the nursing facility agrees to provide room and board to the client. The agreement shall meet the requirements of 42 CFR 418.112.
- (d) For a client eligible for both Medicare and Medicaid, the only service payable by Medicaid is the room and board charge for a client in a nursing facility. Room and board means the facility's per diem rate that includes the services described in section 17b-262-705 of the Regulations of Connecticut State Agencies.
- (e) The department shall pay for only one level of care on any day.
- (f) Respite care is not available for a client who resides in a nursing facility, hospital or ICF/MR.
- (g) Bereavement counseling shall be available for the family for up to 13 months following the client's death but is not separately reimbursable.
- (h) Home health agency services are not covered unless they are unrelated to the terminal illness and prior authorized by the department.

**19. Case Management**

See Supplement 1 to Attachment 3.1-A

TN # 09-010  
Supersedes  
TN #97-008

Approval Date \_\_\_\_\_

Effective Date 10/01/2009

**STATE/TERRITORY: CONNECTICUT**

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

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**20. Extended Services for pregnant women.**

- (a) Pregnancy-related services are those services which are needed because the woman is or was pregnant, either because they are necessary for the health of the pregnant woman or fetus or because the services became necessary as a result of the woman having been pregnant. These services include, but are not limited to, prenatal care, delivery and postpartum services.
- (b) Services related to conditions which may complicate pregnancy are services to treat conditions which arise or were present independent of the pregnancy but which have the potential to affect the pregnancy.

**23. Certified Pediatric or Family Nurse Practitioner Services**

See Section 3.1-A (Categorically Needy) to Addendum Page 4c to Attachment 3.1-A (f), Nurse Practitioner Services.

**24. Transportation**

See Attachment 3.1-(Categorically Needy) Pages 9a – 9f and Attachment 3.1-B (Medically Needy) Pages 8a – 8f.

TN # 09-010  
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TN #96-007

Approval Date \_\_\_\_\_

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TN #96-007

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Effective Date 10/01/2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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- (17) Nurse-mid wife services - 90% of physician fees as noted on Attachment 4.19B, page 1(a)ii, item (5) above. The agency will make a supplemental payment to each nurse midwife equal to 15.91% of payments to each nurse midwife for dates of service January 1, 2008 through June 30, 2008, based on claims processed as of September 24<sup>th</sup>, 2008. The supplemental payment will be made on or before November 30<sup>th</sup>, 2008. The agency's fee schedule for physical therapy and related services was set as of January 1, 2008 and is effective for services provided on or after that date.
- (18) Hospice services – fees will equal Medicare fees for the same services in accordance with §1902(a)(13) of the Social Security Act. Total payments to a hospice are limited by the cap amount specified in 42CFR 418.309. Payment to the hospice for inpatient care is limited in accordance with 42CFR 418.302(f). For clients living in a nursing facility, the per diem nursing facility rate will equal 100% of the rate for that nursing home under the Medicaid program.

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