

State Connecticut

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

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- a. Intermittent or Part Time Nursing Services provided by a home health agency or by a registered nurse when no home health agency exists in the area. When two or more nursing patients in the same household are receiving skilled nursing services, the full rate will be paid for one patient, and one half the rate for every other patient receiving care.
- b. Home Health Aid Services provided by a Home Health Agency. Home Health aide services in excess of twenty hours per week must be cost effective.
- c. Medical supplies, equipment and appliances suitable for use in the home.

These supplies, equipment and appliances are provided to patients in their own home through medical supply and equipment providers.

- d. Physical therapy, occupational therapy, speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Covered services include the services of a licensed speech pathologist or therapist employed by or under contract to a home health agency.

8. Private Duty Nursing Not provided

9. Free-standing Clinic Services

The Department will not pay for any procedure or service which is of an unproven, experimental or research nature.

Payment will be denied for the services of physicians in free-standing clinics to general hospital inpatient recipients if the Department determines that the medical care, treatment or services does not or did not meet the established medically necessary and/or utilization review standard in accordance with generally accepted criteria and standards of medical practice, or if they do not or did not comply with the other policies, procedures, conditions, and limitations established by the Department. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standards.

- a. Mental Health Clinic Services

(1) No more than one (1) therapy session of the same type per day per clinic for the same recipient.

(2) No more than one (1) psychiatric/psychological evaluation in any twelve (12) month period per provider for the same recipient.

(3) No more than eight (8) persons per group therapy session.

TN# 07-004  
Supersedes  
TN# 90-4

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

Effective Date: 09-01-07

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