

**LIST OF SERVICES INCLUDED IN CONNECTICUT'S ALTERNATIVE BENEFIT PLAN (ABP) FOR MCLIP**

<b>Essential Health Benefit Category</b>	<b>Medicaid State Plan Service</b>
<b>EHB1: Ambulatory Patient Services</b>	Certified Pediatric or Family Nurse Practitioner Clinic Services: Ambulatory Surgery Center Clinic Services: Dialysis Clinics Clinic Services: Family Planning Clinics Clinic Services: Medical Clinics Dental Services (as substitute for chiropractic and infertility services) Family Planning Services and Supplies Home Health Services - Nursing Hospice Care Medical and Surgical Services by a Dentist Other Practitioner: Nurse Practitioner Other Practitioner: Physician Assistant  Optometrist Services (as substitute for chiropractic and infertility services)  Outpatient Hospital Services Physician services Podiatrist Services Preventive Services - Tobacco Counseling
<b>EHB 2: Emergency Services</b>	Outpatient Hospital Services - Emergency Care Other: Transportation - Ambulance
<b>EHB 3: Hospitalization</b>	Inpatient Hospital Services
<b>EHB 4: Maternity and Newborn Care</b>	Freestanding Birth Centers Nurse Midwife Services Inpatient Hospital Services - Maternity & Newborn Physician Services - Maternity & Newborn
<b>EHB 5: Mental Health and Substance Use Disorder Services</b>	Inpatient Hospital Services - MH/SUD Outpatient Hospital Services - MH/SUD Physician Services - MH/SUD Clinic Services: Mental Health & Substance Abuse Clinics Clinic Services: Methadone Maintenance Clinics
<b>EHB 6: Prescription Drugs</b>	Prescription Drugs
<b>EHB 7: Rehabilitative and Habilitative Services and Devices</b>	Clinic Services: Rehabilitation Clinics Home Health Services - Medical Supplies, Equipment and Appliances Home Health Services - PT/OT/ST/Audiology Orthopedic and Prosthetic Devices Habilitative Services (PT/OT/ST)
<b>EHB 8: Laboratory Services</b>	Other Lab and X-Ray Services
<b>EHB 9: Preventive and Wellness Services and Chronic Disease Management</b>	Physician Services - Preventive and Wellness
<b>EHB 10: Pediatric Services including Oral and Vision Care</b>	Medicaid State Plan EPSDT Benefits
<b>ABP Services that are Not Essential Health Benefits</b>	Dentures Eyeglasses FQHC Services Home Health Services - Home Health Aide Independent Therapies (for clients under age 21) Inpatient Psychiatric Facility Services (under 22) Intermediate Care Facility/MR Services Nursing Facility Services - Custodial Nursing Facility Services - Rehab Other: Non-Emergency Transportation Other Practitioner: Dental Hygienist Services Other Practitioner: LCSW (for clients under age 21) Other Practitioner: Licensed Marital & Family Therapist (for clients under age 21) Other Practitioner: Licensed or Certified Alcohol and Drug Counselor Services (for clients under age 21) Other Practitioner: Naturopath (for clients under age 21) Other Practitioner: Professional Counselor Services (for clients under age 21)  Other Practitioner: Psychologist (for clients under age 21) Rehab Services: Mental health rehab services for adults delivered in private non-medical institutions (PNMIs) Rehab Services: Mental health rehab services for children delivered in PNMIs  Rehab Services: Psychiatric services to children, youth and their families  School Based Child Health Services Targeted Case Management (TCM) for Clients with Chronic Mental Illness (CMI)