

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

A. Target Group:

Children with a behavioral health disorder under 19 years of age.

For case management services provided to individuals in medical institutions:

- Target group includes individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

B. Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(l) of the Act is invoked to provide services less than Statewide)

C. Comparability of Services:

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount duration and scope.

D. Definition of Services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

- Assessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation;
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
- Development of a specific care plan that:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

- Is based on the information collected through the assessment;
- Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- Identifies a course of action to respond to the assessed needs of the eligible individual.
- Referral and related activities:
 - To help an eligible individual obtain needed services including activities that help link an individual with
 - Medical, social, educational providers or
 - Other programs and services that are capable of providing needed
 - services, such as making referrals to providers for needed services and scheduling appointments for the individual.
- Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's care plan;
 - Services in the care plan are adequate; and
 - If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Case management may include:

- Contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

E. Qualification of Providers:

Qualified providers include:

1. Licensed outpatient psychiatric clinics for children reimbursable under the Medicaid clinic option (not including Federally Qualified Health Centers) and general or psychiatric hospital outpatient clinics. Within such clinics, the state permits any of the following individuals to perform targeted case management:
 - a. a physician within the scope of practice as defined by Title 20 of the Connecticut General Statutes;
 - b. a licensed or certified practitioner performing within their scope of practice in any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;
 - c. a license-eligible individual whose education, training, skills and experience satisfy the criteria for any of the professional and occupational licensure or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;
 - d. an individual in training for or obtaining the supervisory hours for one of the professional or occupational categories referred to in section 18b-262-x(2)(B) under the supervision of a physician or AHP; and
2. Direct service staff within community-based child rehabilitation programs. Within such clinics, the state permits any of the following individuals to perform targeted case management:
 - a. a physician within the scope of practice as defined by Title 20 of the Connecticut General Statutes;
 - b. a licensed or certified practitioner performing within their scope of practice in any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;
 - c. a license-eligible individual whose education, training, skills and experience satisfy the criteria for any of the professional and occupational licensure or

TN No. 08-002b
Supersedes
TN No. 94-015

Approval Date _____

Effective Date 1/1/09

HCPA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;

- d. an individual in training for or obtaining the supervisory hours for one of the professional or occupational categories referred to in section 18b-262-x(2)(B) under the supervision of a physician or licensed/license eligible individual that meets the requirements of 2(a) or 2(b) above; and
 - e. a paraprofessional approved for the provision of community based child rehabilitation services under the supervision of a physician or licensed/license eligible individual that meets the requirements of 2(a) or 2(b) above.
3. Solo and group behavioral health practitioners enrolled in the Connecticut Medical Assistance Program. Practitioners include the following:
- a. Board eligible or board certified psychiatrist within the scope of practice as defined by Title 20 of the Connecticut General Statutes;
 - b. Psychologist licensed under Chapter 383, Section 20-186 through 195 of the Connecticut General Statutes;
 - c. Psychiatric nurse practitioners licensed pursuant to Chapter 379a of the Connecticut General Statutes (CGS), Section 20-87a through 20-102a;
 - d. Clinical social workers licensed under Chapter 383b, Section 20-195m through 195r of the Connecticut General Statutes;
 - e. Marital and family therapists licensed under Chapter 383b, Section 20-74c of the Connecticut General Statutes;
 - f. Professional counselors licensed under Chapter 376b, Section 20-74s through 74t of the Connecticut General Statutes; and
 - g. Alcohol and drug counselor services licensed under Chapter 383c, Section 20-195aa through 195cc of the Connecticut General Statutes.

F. Freedom of Choice Exception:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

TN No. 08-002b

Approval Date _____

Effective Date 1/1/09

Supersedes

TN No. 94-015

HCPA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Access to Services:

The State assures that:

1. Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan;
2. Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services;
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State assures that:

1. The amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.
2. Case management is only provided by and reimbursed to community case management providers.

H. Limitations:

Case Management does not include the following:

1. Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act;
2. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
3. Activities integral to the administration of foster care programs;
4. Activities for which third parties are liable to pay, except for the case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

A. Target Group:

Children with a behavioral health disorder under 19 years of age.

For case management services provided to individuals in medical institutions:

- Target group includes individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

B. Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

C. Comparability of Services:

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount duration and scope.

D. Definition of Services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

- Assessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Taking client history;
 - Identifying the individual's needs and completing related documentation;
 - Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.
- Development of a specific care plan that:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

- Is based on the information collected through the assessment;
- Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- Identifies a course of action to respond to the assessed needs of the eligible individual.
- Referral and related activities:
 - To help an eligible individual obtain needed services including activities that help link an individual with
 - Medical, social, educational providers or
 - Other programs and services that are capable of providing needed
 - services, such as making referrals to providers for needed services and scheduling appointments for the individual.
- Monitoring and follow-up activities:
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - Services are being furnished in accordance with the individual's care plan;
 - Services in the care plan are adequate; and
 - If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Case management may include:

- Contact with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

E. Qualification of Providers:

Qualified providers include:

1. Licensed outpatient psychiatric clinics for children reimbursable under the Medicaid clinic option (not including Federally Qualified Health Centers) and general or psychiatric hospital outpatient clinics. Within such clinics, the state permits any of the following individuals to perform targeted case management:
 - a. a physician within the scope of practice as defined by Title 20 of the Connecticut General Statutes;
 - b. a licensed or certified practitioner performing within their scope of practice in any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;
 - c. a license-eligible individual whose education, training, skills and experience satisfy the criteria for any of the professional and occupational licensure or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;
 - d. an individual in training for or obtaining the supervisory hours for one of the professional or occupational categories referred to in section 18b-262-x(2)(B) under the supervision of a physician or AHP; and
2. Direct service staff within community-based child rehabilitation programs. Within such clinics, the state permits any of the following individuals to perform targeted case management:
 - a. a physician within the scope of practice as defined by Title 20 of the Connecticut General Statutes;
 - b. a licensed or certified practitioner performing within their scope of practice in any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;
 - c. a license-eligible individual whose education, training, skills and experience satisfy the criteria for any of the professional and occupational licensure or

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut;

- d. an individual in training for or obtaining the supervisory hours for one of the professional or occupational categories referred to in section 18b-262-x(2)(B) under the supervision of a physician or licensed/license eligible individual that meets the requirements of 2(a) or 2(b) above; and
 - e. a paraprofessional approved for the provision of community based child rehabilitation services under the supervision of a physician or licensed/license eligible individual that meets the requirements of 2(a) or 2(b) above.
3. Solo and group behavioral health practitioners enrolled in the Connecticut Medical Assistance Program. Practitioners include the following:
- a. Board eligible or board certified psychiatrist within the scope of practice as defined by Title 20 of the Connecticut General Statutes;
 - b. Psychologist licensed under Chapter 383, Section 20-186 through 195 of the Connecticut General Statutes;
 - c. Psychiatric nurse practitioners licensed pursuant to Chapter 379a of the Connecticut General Statutes (CGS), Section 20-87a through 20-102a;
 - d. Clinical social workers licensed under Chapter 383b, Section 20-195m through 195r of the Connecticut General Statutes;
 - e. Marital and family therapists licensed under Chapter 383b, Section 20-74c of the Connecticut General Statutes;
 - f. Professional counselors licensed under Chapter 376b, Section 20-74s through 74t of the Connecticut General Statutes; and
 - g. Alcohol and drug counselor services licensed under Chapter 383c, Section 20-195aa through 195cc of the Connecticut General Statutes.

F. Freedom of Choice Exception:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

TN No. 08-002b

Approval Date _____

Effective Date 1/1/09

Supersedes

TN No. 94-015

HCPA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Access to Services:

The State assures that:

1. Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan;
2. Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services;
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State assures that:

1. The amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.
2. Case management is only provided by and reimbursed to community case management providers.

H. Limitations:

Case Management does not include the following:

1. Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act;
2. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
3. Activities integral to the administration of foster care programs;
4. Activities for which third parties are liable to pay, except for the case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**STATE/TERRITORY: CONNECTICUT**Methods and Standards for Establishing Rates -Other types of Care

20. Targeted Case Management

- C. Targeted Case Management for Children with Behavioral Health Disorders:
Fixed fee schedule. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.
- a) Licensed outpatient psychiatric clinics for children reimbursable under the Medicaid clinic option (not including Federally Qualified Health Centers) and general or psychiatric hospital outpatient clinics: Providers are paid on a unit-of-service basis that does not exceed 15 minutes. Each unit shall be priced no greater than 30% of the Medicare fee for individual psychotherapy, 45-50 minutes, (90806), corresponding to the level of professional that is providing the service. “The agency’s rates were set as of July 1, 2008 and are effective for services provided on or after that date. Rates are published on the agency’s website at Connecticut Medical Assistance manual located at <http://www.ctdssmap.com>.”
- b) Direct service staff within community-based child rehabilitation programs: Providers are paid on a unit-of-service basis that does not exceed 15 minutes. Each unit shall be priced no greater than 30% of the Medicare fee for individual psychotherapy, 45-50 minutes, (90806) and corresponding to the level of professional that is providing the service. In the case of services provided by a paraprofessional, the Medicare reference fee shall be 60% of the Medicare physician fee for individual psychotherapy, 45-50 minutes, (90806). For home-based service models that provide both rehabilitation and targeted case management services, the state may alternatively establish a rate based on the reasonable cost of operating a home-based team and market considerations. “The agency’s rates were set as of July 1, 2008 and are effective for services provided on or after that date. Rates are published on the agency’s website at Connecticut Medical Assistance manual located at <http://www.ctdssmap.com>.”
- c) Psychiatrists, psychologists, and other behavioral health practitioners, operating independently or within a group practice: Providers are paid on a unit-of-service basis that does not exceed 15 minutes. Each unit shall be priced no greater than 30% of the Medicare fee for individual psychotherapy, 45-50 minutes, (90806) and corresponding to the level of professional that is providing the service. “The agency’s rates were set as of July 1, 2008 and are effective for services provided

TN No. 08-002b

Approval Date _____

Effective Date 1/1/09

Supersedes

TN No. 96-007

HCPA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

on or after that date. Rates are published on the agency's website at Connecticut Medical Assistance manual located at <http://www.ctdssmap.com>.”

TN No. 08-002b
Supersedes
TN No. 96-007

Approval Date _____

Effective Date 1/1/09

HCPA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

Methods and Standards for Establishing Rates -Other types of Care

21. Pediatric and family nurse practitioners

Rates for each procedure shall be set at 90% of the department's fees for physician procedure codes.

TN No. 08-002b
Supersedes
TN No. 96-007

Approval Date _____

Effective Date 1/1/09

HCPA ID: 1040P/0016P