

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

CASE MANAGEMENT SERVICES

E. Qualification of Providers:

Qualified providers include:

1. Direct service staff within licensed outpatient psychiatric clinics for children (not including Federally Qualified Health Centers) or general hospital outpatient clinics. Within such clinics, the state permits any of the following direct service staff 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

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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) Direct service staff within licensed outpatient psychiatric clinics for children (not including Federally Qualified Health Centers) or general 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 department's rates were set as of July 1, 2009 and are effective for services provided on or after that date. Rates are published on the department'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 the Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) program the department has establish a rate based on the reasonable cost of operating a home-based team and market considerations. The department'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 department'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

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