

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.

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

 X 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.
 X Services are not comparable in amount, duration and scope.
 Authority of section 1915(g)(1) of the Act is invoked to provide
 services without regard to the requirements of section 1902(a)(10)(B)
 of the Act.

D. Definition of Services: Case management services mean the continuum of assessment, evaluation, planning, linkage, support and advocacy carried out by a clinician that are available to assist and enable a recipient to gain access to and benefit from needed medical, social, educational, or other services. Case management includes all of the activities included in Section 1915(g)(2)(A)(ii), but does not include child welfare or other activities identified in Section 1915(g)(2)(A)(iii). Appropriate documentation in accordance with Part H and Medicaid requirements will be maintained including written plan(s) of care, revised at least semiannually and more frequently if the child's condition warrants it, and a permanent service record with service entries indicating the date, time, description, and duration of case management services rendered.

E. Qualifications of Providers: Qualified providers licensed outpatient psychiatric clinics for children, direct service staff within community-based child rehabilitation programs, psychiatrists, psychologists, and other behavioral health practitioners,

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operating independently or within a group practice and enrolled in the Connecticut Medical Assistance Program.

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

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. Non-Duplication of Payments: Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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