

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendments and Proposed Amendment to Alternative Benefit Plan for the Medicaid Coverage Group for Low-Income Adults**

#### **Services to Treat Autism Spectrum Disorders (ASD) Pursuant to EPSDT (SPAs 15-004, 15-005, and 15-010)**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendments to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS), which will amend: (1) Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan and (2) the Alternative Benefit Plan (ABP) approved as Attachment 3.1-L of the Medicaid State Plan.

The ABP is the benefit package that, effective January 1, 2014, is being provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as the HUSKY D coverage groups). Pursuant to section 2001 of the Affordable Care Act, effective January 1, 2014, Connecticut expanded Medicaid eligibility to low-income adults with incomes up to and including 133% of the federal poverty level. The expanded coverage group is referred to as Medicaid Coverage for the Lowest-Income Populations.

#### **Changes to Medicaid State Plan and Alternative Benefit Plan**

All of the changes proposed in SPAs 15-004, 15-005, and 15-010 are effective January 1, 2015. SPA 15-004 amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to add coverage for medically necessary services to treat autism spectrum disorders (ASD) pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit for Medicaid members under age twenty-one, within the preventive services benefit category.

SPA 15-005 amends the ABP (Attachment 3.1-L) in order to reflect the same coverage as the changes to Attachments 3.1-A and 3.1-B in SPA 15-004 (described above) for services to treat ASD pursuant to EPSDT for Medicaid members who receive services pursuant to the ABP and are under age twenty-one.

SPA 15-004 also amends Attachment 4.19-B of the Medicaid State Plan in order to establish reimbursement for qualified providers to perform services to treat ASD pursuant to EPSDT for Medicaid members under age twenty-one. The comprehensive diagnostic evaluation is being reimbursed within each qualified provider's applicable benefit category (physician and other licensed practitioner – psychologist, physician assistant, nurse practitioner, and licensed clinical

social workers). The behavior assessment, development of the behavioral plan of care, and treatment services are being reimbursed within the preventive services benefit category when performed by the qualified providers described in the proposed additions to Attachments 3.1-A and 3.1-B.

Finally, SPA 15-010 amends Attachment 4.19-B of the Medicaid State Plan in order to establish reimbursement for behavioral health clinics billing on behalf of qualified practitioners who perform comprehensive diagnostic evaluations for Medicaid members under age twenty-one, within the clinic benefit category. SPA 15-004 amends Attachment 4.19-B of the Medicaid State Plan to establish reimbursement for behavioral health clinics within the preventive services benefit category on behalf of qualified providers who perform the behavior assessment, development of the behavioral plan of care, and treatment services.

SPAs 15-004, 15-005, and 15-010 are being proposed in order to implement the CMS Informational Bulletin issued on July 7, 2014, which explained that a variety of medically necessary ASD services are coverable within the Medicaid State Plan pursuant to 42 U.S.C. § 1396d(a) and are therefore required to be covered for all Medicaid members under age twenty-one pursuant to the EPSDT requirements set forth in 42 U.S.C. § 1396(d)(r)(5). The changes proposed by these SPAs are intended to add access to additional ASD treatment options, as the prevalence of ASD has been rising and earlier treatment is generally more effective. Because the treatment services included in these SPAs are primarily designed to be delivered in the home and in community-based settings, these SPAs also help increase opportunities for care in home and community-based settings.

SPA 15-005 will not make any other changes to the ABP than as described above. Accordingly, the ABP will continue to provide full access to EPSDT services to beneficiaries under age twenty-one. This includes informing them that EPSDT services are available and of the need for age-appropriate immunizations. The ABP also provides or arranges for the provision of screening services for all children and for corrective treatment as determined by child health screenings. These EPSDT services are provided by the DSS fee-for-service provider network. EPSDT clients are also able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Connecticut's state plan.

Likewise, SPA 15-005 will not make any changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. Because there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions are necessary in order to comply with the cost sharing protections for Native Americans found in section 5006(e) of the American Recovery and Reinvestment Act of 2009.

## **Fiscal Information**

Based on the information that is available at this time, DSS anticipates that, collectively, SPAs 15-004, 15-005, and 15-010 will result in an increase in Medicaid annual aggregate expenditures of approximately \$5.5 million in Federal Fiscal Year 2015 and \$42.7 million in Federal Fiscal Year 2016.

## **Information on Obtaining SPA Language and Submission of Comments**

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”.

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)). Please reference “SPAs 15-004, 15-005, and 15-010: Services to Treat Autism Spectrum Disorders Pursuant to EPSDT”.

Members of the public may also send DSS written comments about these proposed SPAs. Written comments must be received at the above contact information no later than January 31, 2015.

State: CONNECTICUT

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

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13. c. Preventive Services

- (1) **Tobacco Counseling Services**: The Medicaid agency will provide face to face tobacco counseling services in accordance with The Public Health Services publication, “Treating Tobacco use and Dependence – 2008 Update: A Clinical Practice Guideline” or any subsequent modification of such guideline.

State: CONNECTICUT

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

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13(c). Preventive Services

(2) Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

A. Service Description

1. General Description. Services to treat autism spectrum disorders (ASD) pursuant to EPSDT are provided only to Medicaid beneficiaries under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

If the comprehensive diagnostic evaluation (described below) report is signed by a licensed practitioner and recommends services consistent with a requested behavior assessment, development of the behavioral plan of care, or ASD treatment services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

Pursuant to section 4385 of the State Medicaid Manual, preventive services must be direct patient care provided to the individual for the primary purpose of diagnosing, treating or preventing ASD, which is a set of conditions that directly affects the individual's mental and physical health.

2. Evaluations Prior to Receiving Behavior Assessment, Behavioral Plan of Care, or ASD Treatment Services. These evaluations are covered under the Physician Services or Other Licensed Practitioner benefit category, as applicable.

The individual must receive these evaluations before receiving a behavior assessment, behavioral plan of care, or ASD treatment services.

- a. Medical / Physical Evaluation: This evaluation is a review of the individual's overall medical health, hearing, speech, and vision, including relevant information and should include a validated ASD screening tool. The evaluation is also

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

designed to rule out medical or behavioral conditions other than ASD, including those that may have behavioral implications and/or may co-occur with ASD. These evaluations are provided by a physician, advanced practice registered nurse (APRN) / nurse practitioner, or physician assistant.

- b. Comprehensive Diagnostic Evaluation: This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning and must use validated evaluation tools. Based on the evaluation, the practitioner determines the individual's diagnosis and recommends general ASD treatment interventions, such as one or more of the categories of interventions listed in the ASD treatment services service description below. If the practitioner diagnoses the individual with ASD based on the comprehensive diagnostic evaluation, the practitioner should refer the individual for a behavior assessment.

These evaluations are performed by a qualified licensed practitioner (physician with a specialty in psychiatry or neurology; physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline; physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health; psychologist; advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health; physician assistant with training, experience, or expertise in ASD and/or behavioral health; or clinical social worker) working within his or her scope of practice and who is qualified and experienced in diagnosing ASD.

**B. Service Components**

1. Behavior Assessment

- a. Description: The behavior assessment is a clinical compilation of observational data, behavior rating scales, and reports from various sources (*e.g.*, schools, family, pediatricians, and other sources) designed to identify the individual's current strengths and needs across developmental and behavioral domains. It takes into account all available information, including the medical/physical

State: CONNECTICUT

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

evaluation and comprehensive diagnostic evaluation. The practitioner assesses and recommends which specific ASD treatment services would be most appropriate for the individual's care in the context of the whole individual, such as one or more of the categories of interventions listed in the ASD treatment services section below.

Behavior assessments must use a validated assessment tool or instrument and can include direct observational assessment, observation, record review, data collection and analysis. The behavior assessment must include the current level of functioning of the individual using a validated data collection instrument or tool.

b. Qualified Providers.

i. **Minimum Qualifications.** All Licensed Practitioners and Board Certified Behavior Analysts (BCBAs) (each as defined below) must have specialized training, experience or expertise in ASD and must also meet at least all of the following minimum requirements:

1. **Training:** Eighteen hours of continuing education in ASD services in the last three years, which may include any training approved for maintenance of certification for BCBAs, any training approved for license maintenance for any category of Licensed Practitioner (defined below), and any other training that meets comparable standards to such training.
2. **Professional Experience:** Two years of full-time equivalent work experience in treating individuals with ASD beginning after the individual graduated with the degree that made the individual eligible for applicable licensure or certification or the date of actual certification, whichever is later.
3. **Education or Supervised Professional Experience:** All Licensed Practitioners and BCBAs (each as defined below) must meet either the Education or Supervised Professional Experience requirements described below:

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- a. Education: Passing grades in at least fifteen credit hours or the equivalent of graduate-level courses from an accredited college or university which, when considered together, include significant content in all of the following: ASD treatment, diagnosis and assessment; child development; psychopathology; family systems; and multi-cultural diversity and care; or
  - b. Supervised Professional Experience, which may overlap with the professional experience described above, may be peer supervision, and must include at least one year of supervised experience under a licensed practitioner or a BCBA who is also a licensed practitioner who shall (i) work within such individual's scope of practice, (ii) have experience in providing applicable ASD services and (iii) already meet the requirements of this subsection.
- ii. Licensed Practitioners (as further defined in section 5 or 6, as applicable, of Attachment 3.1-A of the State Plan): Any of the following Licensed Practitioners who meet at least the minimum qualifications described above are qualified to perform behavior assessments:
1. Physicians;
  2. Advanced Practice Registered Nurses / Nurse Practitioners;
  3. Physician Assistants;
  4. Licensed Psychologists;
  5. Licensed Clinical Social Workers;
  6. Licensed Professional Counselors; and
  7. Licensed Marital and Family Therapists.
- iii. Non-Licensed Practitioners: In order to be qualified to perform behavior assessments, non-licensed practitioners must: (A) be certified as BCBA's by the Behavioral Analyst Certification Board, (B) be credentialed by the Department of Developmental Services (DDS) as having expertise in

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

assessing and treating ASD, and (C) meet at least the minimum qualifications described above.

- iv. Clinics: Behavioral health clinics are qualified to provide behavior assessments that are performed by qualified Licensed Practitioners and BCBA's employed by or under contract to the clinic who meet at least the minimum qualifications described above.

2. Development of Behavioral Plan of Care

- a. Description: Based on the behavior assessment, the behavioral plan of care is a detailed plan of ASD treatment services specifically tailored to address each individual's behavioral needs. The plan includes at least the following: measurable goals and expected outcomes to determine if ASD treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services; and amount and type of caregiver (defined below) ongoing participation in the ASD treatment services necessary to maximize the success of the services.
- b. Qualified Providers: Same qualifications as for Behavior Assessments above. (In general, the provider who develops the behavioral plan of care should be the same provider who performed the behavior assessment, except in extenuating circumstances, such as if the provider changed employers, moved to another geographic area, or needed to collaborate with another provider with different expertise.)

3. ASD Treatment Services

- a. Description: ASD treatment services are interventions designed to treat individuals with ASD, including a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence. These services are designed to be delivered primarily in the home and in other community settings. These services include, but are not limited to, the following categories of evidence-based interventions:

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- i. **Functional assessment** through the systematic collection of information about behaviors, environments, and task demands (*e.g.*, functional behavior analysis, task analysis);
- ii. **Adapting environments** to promote positive behaviors and learning while reducing negative behaviors (*e.g.*, naturalistic intervention, antecedent based intervention, visual supports);
- iii. **Applying reinforcement** to change behaviors and promote learning (*e.g.*, reinforcement, differential reinforcement of alternative behaviors, extinction);
- iv. **Teaching techniques** to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (*e.g.*, discrete trial teaching, modeling, social skills instruction, picture exchange communication systems pivotal response training, social narratives, self-management, prompting);
- v. **Teaching parents** to provide individualized interventions for their child, for the benefit of the individual (*e.g.*, parent implemented intervention);
- vi. **Using typically developing peers** (*e.g.*, individuals who do not have ASD) to teach and interact with children with ASD (*e.g.*, peer mediated instruction, structured play groups); and
- vii. **Applying technological tools** to change behaviors and teach skills (*e.g.*, video modeling, tablet based learning software).

In addition to the categories of interventions listed immediately above, covered ASD treatment services not specifically listed above also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate to each individual.

Based on the behavioral plan of care, which is adjusted over time based on data collected by the practitioner to maximize the effectiveness of ASD treatment services, the practitioner selects and adapts one or more of these services, as appropriate for each individual.

State: CONNECTICUT

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- b. Participation by Caregiver in ASD Treatment Services: For the purposes of this section, “caregiver” means any person who is responsible for the care of the individual at any given time, including, but not limited to, parents, guardians, other family members, and child care providers. Based on the practitioner’s clinical judgment as specified in the behavioral plan of care, in order to ensure the quality and clinical effectiveness of the services, a caregiver must participate in at least fifty percent (50%) of all treatment sessions, which may be reduced if appropriate for an individual’s unique circumstances, in a manner that continues to ensure the medical necessity, quality, and clinical effectiveness of the services. This participation also acts as training of the caregiver for the benefit of the individual and enables the caregiver to be able to reinforce the services for the individual in a clinically effective manner.
  
- c. Presence / Availability of Caregiver: In order to ensure that the services are covered under the preventive services benefit category and do not include non-coverable services such as child care, respite, or related services, as well as to ensure the clinical success of the services, a caregiver must be present and/or available in the setting where services are being provided at all times (even when not directly participating in the services) in order to care for individuals under the age of eighteen.
  
- d. Qualified Providers. Any of the following providers are qualified to perform ASD treatment services:
  - i. Licensed Practitioners, BCBAs, and Clinics: Same qualifications as Behavior Assessments above.
  
  - ii. Technicians: Technicians provide ASD treatment services under the supervision of a Licensed Practitioner or BCBA and must have at least the following:
    - 1. Education and Experience.
      - a. Have a bachelor’s degree from an accredited college or university in a behavioral health field, behavior analysis or

State: CONNECTICUT  
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**CATEGORICALLY NEEDY GROUP(S): ALL**

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- a related field, plus one year of full-time equivalent experience working with children with ASD; or
  - b. Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus two years of full-time equivalent experience working with children with ASD.
2. Eighteen hours of continuing education in ASD services in the last three years.
- e. Supervision of Technician. All ASD treatment services performed by a Technician must be supervised by a qualified Licensed Practitioner or a BCBA (described above). Such supervision must:
- i. Be one-on-one with the supervising Licensed Practitioner or BCBA and the Technician and documented on an ongoing basis.
  - ii. On an ongoing basis, equal at least ten percent of the amount of hours that the technician is providing ASD treatment services to each individual, which may be prorated as appropriate.
  - iii. Include, on a regular basis, the supervising Licensed Practitioner or BCBA directly observing the Technician providing services to the individual.

**C. Limitations**

1. Total ASD treatment services from all sources may only be the amount medically necessary for each individual, up to twenty-five hours per week, which may be exceeded based on medical necessity.
2. The department shall not pay for program services or components of services that:
  - a. Are of an unproven, experimental, cosmetic or research nature.
  - b. Do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.
  - c. Are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.

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

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- d. Are solely educational, vocational, recreational, or social.
- e. Are not coverable within the preventive services benefit category, such as respite care, child care, or other custodial services.

**D. Free Choice of Provider**

Each individual for whom the services described in this section are medically necessary has a free choice of any provider qualified to perform the service or services required (qualifications described above), who undertakes to provide such services and enroll as a Medicaid provider.

State: CONNECTICUT

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

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13. c. Preventive Services

- (1) **Tobacco Counseling Services**: The Medicaid agency will provide face to face tobacco counseling services in accordance with The Public Health Services publication, “Treating Tobacco use and Dependence – 2008 Update: A Clinical Practice Guideline” or any subsequent modification of such guideline.

State: CONNECTICUT

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

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13(c). Preventive Services

(2) Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

A. Service Description

1. General Description. Services to treat autism spectrum disorders (ASD) pursuant to EPSDT are provided only to Medicaid beneficiaries under age twenty-one. Pursuant to 42 C.F.R. § 440.130(c), these services are provided as preventive services and are recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

If the comprehensive diagnostic evaluation (described below) report is signed by a licensed practitioner and recommends services consistent with a requested behavior assessment, development of the behavioral plan of care, or ASD treatment services, as applicable, then such evaluation report is the licensed practitioner's recommendation of the services pursuant to 42 C.F.R. § 440.130(c).

Pursuant to section 4385 of the State Medicaid Manual, preventive services must be direct patient care provided to the individual for the primary purpose of diagnosing, treating or preventing ASD, which is a set of conditions that directly affects the individual's mental and physical health.

2. Evaluations Prior to Receiving Behavior Assessment, Behavioral Plan of Care, or ASD Treatment Services. These evaluations are covered under the Physician Services or Other Licensed Practitioner benefit category, as applicable.

The individual must receive these evaluations before receiving a behavior assessment, behavioral plan of care, or ASD treatment services.

- a. Medical / Physical Evaluation: This evaluation is a review of the individual's overall medical health, hearing, speech, and vision, including relevant information and should include a validated ASD screening tool. The evaluation is also

State: CONNECTICUT  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): ALL**

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

designed to rule out medical or behavioral conditions other than ASD, including those that may have behavioral implications and/or may co-occur with ASD. These evaluations are provided by a physician, advanced practice registered nurse (APRN) / nurse practitioner, or physician assistant.

- b. Comprehensive Diagnostic Evaluation: This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning and must use validated evaluation tools. Based on the evaluation, the practitioner determines the individual's diagnosis and recommends general ASD treatment interventions, such as one or more of the categories of interventions listed in the ASD treatment services service description below. If the practitioner diagnoses the individual with ASD based on the comprehensive diagnostic evaluation, the practitioner should refer the individual for a behavior assessment.

These evaluations are performed by a qualified licensed practitioner (physician with a specialty in psychiatry or neurology; physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline; physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health; psychologist; advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health; physician assistant with training, experience, or expertise in ASD and/or behavioral health; or clinical social worker) working within his or her scope of practice and who is qualified and experienced in diagnosing ASD.

**B. Service Components**

1. Behavior Assessment

- a. Description: The behavior assessment is a clinical compilation of observational data, behavior rating scales, and reports from various sources (*e.g.*, schools, family, pediatricians, and other sources) designed to identify the individual's current strengths and needs across developmental and behavioral domains. It takes into account all available information, including the medical/physical

State: CONNECTICUT  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): ALL**

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

evaluation and comprehensive diagnostic evaluation. The practitioner assesses and recommends which specific ASD treatment services would be most appropriate for the individual's care in the context of the whole individual, such as one or more of the categories of interventions listed in the ASD treatment services section below.

Behavior assessments must use a validated assessment tool or instrument and can include direct observational assessment, observation, record review, data collection and analysis. The behavior assessment must include the current level of functioning of the individual using a validated data collection instrument or tool.

b. Qualified Providers.

i. **Minimum Qualifications.** All Licensed Practitioners and Board Certified Behavior Analysts (BCBAs) (each as defined below) must have specialized training, experience or expertise in ASD and must also meet at least all of the following minimum requirements:

1. **Training:** Eighteen hours of continuing education in ASD services in the last three years, which may include any training approved for maintenance of certification for BCBAs, any training approved for license maintenance for any category of Licensed Practitioner (defined below), and any other training that meets comparable standards to such training.
2. **Professional Experience:** Two years of full-time equivalent work experience in treating individuals with ASD beginning after the individual graduated with the degree that made the individual eligible for applicable licensure or certification or the date of actual certification, whichever is later.
3. **Education or Supervised Professional Experience:** All Licensed Practitioners and BCBAs (each as defined below) must meet either the Education or Supervised Professional Experience requirements described below:

State: CONNECTICUT  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): ALL**

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- a. Education: Passing grades in at least fifteen credit hours or the equivalent of graduate-level courses from an accredited college or university which, when considered together, include significant content in all of the following: ASD treatment, diagnosis and assessment; child development; psychopathology; family systems; and multi-cultural diversity and care; or
  - b. Supervised Professional Experience, which may overlap with the professional experience described above, may be peer supervision, and must include at least one year of supervised experience under a licensed practitioner or a BCBA who is also a licensed practitioner who shall (i) work within such individual's scope of practice, (ii) have experience in providing applicable ASD services and (iii) already meet the requirements of this subsection.
- ii. Licensed Practitioners (as further defined in section 5 or 6, as applicable, of Attachment 3.1-B of the State Plan): Any of the following Licensed Practitioners who meet at least the minimum qualifications described above are qualified to perform behavior assessments:
1. Physicians;
  2. Advanced Practice Registered Nurses / Nurse Practitioners;
  3. Physician Assistants;
  4. Licensed Psychologists;
  5. Licensed Clinical Social Workers;
  6. Licensed Professional Counselors; and
  7. Licensed Marital and Family Therapists.
- iii. Non-Licensed Practitioners: In order to be qualified to perform behavior assessments, non-licensed practitioners must: (A) be certified as BCBA's by the Behavioral Analyst Certification Board, (B) be credentialed by the Department of Developmental Services (DDS) as having expertise in

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

assessing and treating ASD, and (C) meet at least the minimum qualifications described above.

- iv. Clinics: Behavioral health clinics are qualified to provide behavior assessments that are performed by qualified Licensed Practitioners and BCBA's employed by or under contract to the clinic who meet at least the minimum qualifications described above.

2. Development of Behavioral Plan of Care

- a. Description: Based on the behavior assessment, the behavioral plan of care is a detailed plan of ASD treatment services specifically tailored to address each individual's behavioral needs. The plan includes at least the following: measurable goals and expected outcomes to determine if ASD treatment services are effective; specific description of the recommended amount, type, frequency, setting and duration of ASD treatment services; and amount and type of caregiver (defined below) ongoing participation in the ASD treatment services necessary to maximize the success of the services.
- b. Qualified Providers: Same qualifications as for Behavior Assessments above. (In general, the provider who develops the behavioral plan of care should be the same provider who performed the behavior assessment, except in extenuating circumstances, such as if the provider changed employers, moved to another geographic area, or needed to collaborate with another provider with different expertise.)

3. ASD Treatment Services

- a. Description: ASD treatment services are interventions designed to treat individuals with ASD, including a variety of behavioral interventions, which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized substantial scientific and clinical evidence. These services are designed to be delivered primarily in the home and in other community settings. These services include, but are not limited to, the following categories of evidence-based interventions:

State: CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- i. **Functional assessment** through the systematic collection of information about behaviors, environments, and task demands (*e.g.*, functional behavior analysis, task analysis);
- ii. **Adapting environments** to promote positive behaviors and learning while reducing negative behaviors (*e.g.*, naturalistic intervention, antecedent based intervention, visual supports);
- iii. **Applying reinforcement** to change behaviors and promote learning (*e.g.*, reinforcement, differential reinforcement of alternative behaviors, extinction);
- iv. **Teaching techniques** to increase positive behaviors, build motivation, and develop social, communication, and adaptive skills (*e.g.*, discrete trial teaching, modeling, social skills instruction, picture exchange communication systems pivotal response training, social narratives, self-management, prompting);
- v. **Teaching parents** to provide individualized interventions for their child, for the benefit of the individual (*e.g.*, parent implemented intervention);
- vi. **Using typically developing peers** (*e.g.*, individuals who do not have ASD) to teach and interact with children with ASD (*e.g.*, peer mediated instruction, structured play groups); and
- vii. **Applying technological tools** to change behaviors and teach skills (*e.g.*, video modeling, tablet based learning software).

In addition to the categories of interventions listed immediately above, covered ASD treatment services not specifically listed above also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate to each individual.

Based on the behavioral plan of care, which is adjusted over time based on data collected by the practitioner to maximize the effectiveness of ASD treatment services, the practitioner selects and adapts one or more of these services, as appropriate for each individual.

State: CONNECTICUT  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): ALL**

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- b. Participation by Caregiver in ASD Treatment Services: For the purposes of this section, “caregiver” means any person who is responsible for the care of the individual at any given time, including, but not limited to, parents, guardians, other family members, and child care providers. Based on the practitioner’s clinical judgment as specified in the behavioral plan of care, in order to ensure the quality and clinical effectiveness of the services, a caregiver must participate in at least fifty percent (50%) of all treatment sessions, which may be reduced if appropriate for an individual’s unique circumstances, in a manner that continues to ensure the medical necessity, quality, and clinical effectiveness of the services. This participation also acts as training of the caregiver for the benefit of the individual and enables the caregiver to be able to reinforce the services for the individual in a clinically effective manner.
  
- c. Presence / Availability of Caregiver: In order to ensure that the services are covered under the preventive services benefit category and do not include non-coverable services such as child care, respite, or related services, as well as to ensure the clinical success of the services, a caregiver must be present and/or available in the setting where services are being provided at all times (even when not directly participating in the services) in order to care for individuals under the age of eighteen.
  
- d. Qualified Providers. Any of the following providers are qualified to perform ASD treatment services:
  - i. Licensed Practitioners, BCBA’s, and Clinics: Same qualifications as Behavior Assessments above.
  
  - ii. Technicians: Technicians provide ASD treatment services under the supervision of a Licensed Practitioner or BCBA and must have at least the following:
    - 1. Education and Experience.
      - a. Have a bachelor’s degree from an accredited college or university in a behavioral health field, behavior analysis or

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- a related field, plus one year of full-time equivalent experience working with children with ASD; or
  - b. Have an associate's degree or an equivalent number of credit hours with a passing grade from an accredited college or university in a behavioral health field, behavior analysis or a related field, plus two years of full-time equivalent experience working with children with ASD.
2. Eighteen hours of continuing education in ASD services in the last three years.
- e. Supervision of Technician. All ASD treatment services performed by a Technician must be supervised by a qualified Licensed Practitioner or a BCBA (described above). Such supervision must:
- i. Be one-on-one with the supervising Licensed Practitioner or BCBA and the Technician and documented on an ongoing basis.
  - ii. On an ongoing basis, equal at least ten percent of the amount of hours that the technician is providing ASD treatment services to each individual, which may be prorated as appropriate.
  - iii. Include, on a regular basis, the supervising Licensed Practitioner or BCBA directly observing the Technician providing services to the individual.

**C. Limitations**

1. Total ASD treatment services from all sources may only be the amount medically necessary for each individual, up to twenty-five hours per week, which may be exceeded based on medical necessity.
2. The department shall not pay for program services or components of services that:
  - a. Are of an unproven, experimental, cosmetic or research nature.
  - b. Do not relate to the individual's diagnosis, symptoms, functional limitations or medical history.
  - c. Are intended solely to prepare individuals for paid or unpaid employment or for vocational equipment and uniforms.

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**13(c). Preventive Services**

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT (continued)**

- d. Are solely educational, vocational, recreational, or social.
- e. Are not coverable within the preventive services benefit category, such as respite care, child care, or other custodial services.

**D. Free Choice of Provider**

Each individual for whom the services described in this section are medically necessary has a free choice of any provider qualified to perform the service or services required (qualifications described above), who undertakes to provide such services and enroll as a Medicaid provider.

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(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

(a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below.
- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
- (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
- (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.
- (d) Other licensed practitioners –
- (a) Psychologists – The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

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- (ii) Naturopaths – The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for naturopaths can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (iii) Nurse practitioners – 90% of physician fees as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

Nurse practitioner groups and individual nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Nurse practitioner services within PCMH practices run by nurse practitioners are authorized by Section 1905(a)(6) (services by other licensed practitioners). Nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

- (iv) Dental Hygienists - 90% of the department’s fees for dentists. The fee schedule for dentists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

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- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (vi) Physician assistants – 90% of the department’s fees for physicians, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

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- (21) Pediatric and family nurse practitioners – are paid off of the physician fee schedule at 90% of physician fees, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The agency’s physician fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider” then to “Provider Fee Schedule Download”. All governmental and private providers are reimbursed according to the same fee schedule.

Pediatric and family nurse practitioner groups and individual pediatric and family nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Pediatric and family nurse practitioner services within PCMH practices run by pediatric and family nurse practitioners are authorized by Section 1905(a)(21) (services by certified pediatric and family nurse practitioners). Pediatric and family nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

TN # 15-004  
Supersedes  
TN # 14-037

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

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13. c. Preventive Services

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT**

Fees for services to treat autism spectrum disorders pursuant to EPSDT were set as of January 1, 2015 and are effective for services provided on or after that date. The fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the fee schedule applicable to the qualified provider. Fees are the same for governmental and private providers.

# Alternative Benefit Plan

(Attachment 3.1-L of the Medicaid State Plan)

Other 1937 Benefit Provided: Preventive Services: Services to Treat Autism Spectrum Disorders Pursuant to EPSDT

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization: Prior Authorization (required for all services)

Provider Qualifications: Medicaid State Plan (see SPA 15-004)

Amount Limit: ASD treatment services up to 25 hours per week, which may be exceeded based on medical necessity.

Duration Limit: None

Scope Limit: Only for clients under age 21.

Other: See SPA 15-004 proposed additions to Attachments 3.1-A and 3.1-B for details regarding this benefit, including service components, limits, and provider qualification requirements. Brief summary of key provisions include:

- Services may be provided by specified qualified licensed practitioner or Board Certified Behavior Analyst, who must supervise all ASD treatment services provided by technicians.
- Medical/physical evaluation and comprehensive diagnostic evaluation required before receiving behavior assessment.
- Medical/physical evaluation, comprehensive diagnostic evaluation, and behavior assessment required before receiving behavioral plan of care.
- Medical/physical evaluation, comprehensive diagnostic evaluation, behavior assessment, and behavioral plan of care required before receiving ASD treatment services.

TN: 15-005  
Supersedes: New

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ABP 5

Approval Date: \_\_\_\_\_  
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(d) Medical Clinics: The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com). Rates are the same for private and governmental providers.

(e) Mental Health and Substance Abuse Clinics:

(e.1) Private Mental Health and Substance Abuse Clinics. The current fee schedule was set as of January 1, 2015 and is effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.

Effective January 1, 2012 the Department has established a separate fee schedule for private mental health and substance abuse clinics other than Federally Qualified Health Centers that meet special access and quality standards and such fees are higher than the fees available to clinics that do not meet such special standards. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.

All fees are published at [www.ctdssmap.com](http://www.ctdssmap.com). Rates are the same for private and governmental providers.

TN # 15-010  
Supersedes  
TN # 14-012

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

Effective Date 01-01-2015