Legislative Regulation Review Committee

2010-027

Department of Social Services

ASSISTANCE WITH SCHEDULING OF APPOINTMENTS WITH MEDICAID PROVIDES FOR EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES

R-39 REV. 04/04
IMPORTANT: Read instructions on bottom of Certification Page before completing this form. Failure to comply with instructions may cause disapproval of proposed Regulations.

STATE OF CONNECTICUT

REGULATION

OF

Name of Agency

Department of Social Services

Subject Matter of Regulation

Assistance with Scheduling Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and EPSDT special services

Section 1.

The Regulations of Connecticut State Agencies are amended by adding sections 17b-262-774 to 17b-262-778, inclusive, as follows:

(NEW) Section 17b-262-774. Scope

Sections 17b-262-774 to 17b-262-778, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services' requirements for the provision of assistance to Medicaid clients who request assistance with scheduling appointments for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and EPSDT special services.

(NEW) Sec. 17b-262-775. Definitions

(1) "Administrative Services Organization" or "ASO" means an entity that contracts with the Department of Social Services to administer and to manage a category of Medicaid-covered services, including, but not necessarily limited to, the ASOs that manage dental services and behavioral health services on behalf of the department;

(2) "Advanced practice registered nurse" means a person licensed pursuant to Section 20-94a of the Connecticut General Statutes.

(3) "Client" means a person who is under twenty-one years of age and who is eligible for Medicaid;

(4) "Department" means the Department of Social Services or its agent;

(5) "Dentist" means a person licensed pursuant to section 20-106 of the Connecticut General Statutes.

(6) "Early and Periodic Screening, Diagnostic and Treatment services" or "EPSDT services" means the services provided in accordance with the requirements of 42 U.S.C. 1396a(a)(43), 42 U.S.C. 1396d (r) and 42 U.S.C. 1396d(a)(4)(B) and implementing federal regulations found in 42 CFR 441, subpart B and section 17b-261(j) of the Connecticut General Statutes;

(7) "EPSDT special services" means services that are not otherwise covered under Connecticut's Medicaid program but which are nevertheless covered as EPSDT services for Medicaid-eligible children pursuant to the requirements of 42 U.S.C. 1396d(r)(5) when the service is medically necessary, the need for the service is identified in an EPSDT screen, the service is provided by a participating provider, and the service is a type of service that may be covered by a state Medicaid agency and qualify for federal reimbursement under 42 U.S.C. 1396b and 42 U.S.C. 1396d;

(8) "EPSDT screen" means an initial or periodic screen required to be provided according the department's periodicity schedule and performed by a physician, dentist, nurse-midwife or advanced practice registered nurse;

(9) "Fee-for-service clients" means Medicaid clients who are eligible for Medicaid under the portion of the department's Medicaid program that reimburses for medical services on a per service basis, rather than on a prepaid or capitated basis, and who are not enrolled in managed care organizations;

(10) "HUSKY" means the HUSKY Plan, Part A and the HUSKY Plan, Part B, as defined in subsections (13) and (14) of section 17b-290 of the Connecticut General Statutes;

(11) "HUSKY A clients" means Medicaid clients who are enrolled in a managed care organization through the Connecticut program of managed health care authorized by Title XIX of the Social Security Act and operated pursuant to section 17b-266(b) of the Connecticut General Statutes or a Medicaid client whose care is coordinated by a primary care case manager as authorized by section 17b-307 of the Connecticut General Statutes;

(12) "HUSKY information line" means a specialized telephone information service, operated by the department or its agent, which provides outreach, education and other assistance to HUSKY clients and to members of the general public;

(13) "Managed care organization" or "MCO" means an entity that contracts with DSS pursuant to section 17b-266(b) of the Connecticut General Statutes for the provision of comprehensive health care on a per capita basis to HUSKY A clients;

(14) "Medicaid" means the program operated by the department pursuant to section 17b-260 of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act, as amended from time to time;

(15) "Medical appropriateness" or "medically appropriate" means health care that is provided in a timely manner and meets professionally recognized standards of acceptable medical care; is delivered in the appropriate setting; and is the least costly of multiple, equally-effective alternative treatments or diagnostic modalities;

(16) "Medical necessity" or "medically necessary" means health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health; to diagnose a condition; or to prevent a medical condition from occurring;

(17) "Nurse-midwife" means a person licensed pursuant to section 20-86c of the Connecticut General Statutes;

(18) "Physician" means a person licensed pursuant to section 20-10 of the Connecticut General Statutes;

(19) "Primary care case manager" means a primary care provider chosen by or assigned to a Medicaid client who coordinates care for the client pursuant to the program established in section 17b-307 of the Connecticut General Statutes;

(20) "Primary care case management" means a system of care for Medicaid clients established pursuant to section 17b-307 of the Connecticut General Statutes;

(21) "Prior authorization" means the approval for the provision of a service or delivery of goods from the department or an MCO or ASO, acting on behalf of the department, before the provider actually provides the services or delivers the goods;

(22) "Provider network" means "delivery network" as described in 42 CFR 438.206(b); and

(23) "Transportation provider" means an entity that provides non-emergency medical transportation services to Medicaid clients pursuant to a contract with the department or an entity that contracts with one of the HUSKY A managed care organizations to provide non-emergency medical transportation to HUSKY A clients.

(NEW) Sec. 17b-262-776. Prior Authorization

EPSDT services and EPSDT special services shall be medically necessary and medically appropriate and may be subject to all of the prior authorization requirements pertaining to the provider's services that are contained in department regulations or required by an ASO or the client's MCO.

(NEW) Sec. 17b-262-777. Notification

The department, upon granting Medicaid eligibility, and at time of redetermination of eligibility, shall, in writing or orally, inform families of Medicaid-covered children of the following:

(a) the availability of EPSDT services;

(b) the benefits of preventive services for children;

(c) that EPSDT services are available free of charge;

(d) how to access EPSDT services; and

(e) that clients may seek assistance with scheduling appointments and transportation to medical appointments, if needed.

(NEW) Sec. 17b-262-778. Requests for Assistance

(a) The department, an MCO, a primary care case manager or an ASO, as applicable, shall provide assistance, upon request, to help Medicaid-eligible children receive EPSDT services and EPSDT special services. Such assistance shall include explaining the availability of the services, arranging transportation upon request through a referral to the appropriate transportation provider, locating needed health care services and providing assistance with scheduling an appointment upon request. The procedures that should be followed in requesting scheduling assistance vary depending on whether the child is enrolled in Medicaid managed care with a MCO or a primary care case manager or if the child is covered through the Medicaid fee-for-service program. If the child is enrolled in Medicaid fee-for-services, the procedures further vary depending on whether the department has contracted with an ASO to provide administrative and management support services for the category of service that is being sought by the family on behalf of the child.

(b) The department, an MCO, a primary care case manager or an ASO, whichever is applicable, shall inform Medicaid-covered families that they may consult the department's website, review provider directories distributed periodically by the ASOs or the MCOs, call the department's provider relations department, or call the ASOs' or the MCOs' member services departments and request a listing of participating providers in order to allow the family to attempt to schedule an appointment on their own with a provider of their choosing. Pursuant to 42 CFR 438.10(f)(6) an MCO or primary care provider shall also make information on provider networks available to HUSKY A clients. Pursuant to 42 CFR 438.206(b)(4), MCOs shall cover the services of a provider outside of the MCOs' provider network if the MCO provider network is unable to provide a necessary service to a particular HUSKY A covered child.

(c) If the family is unable to schedule an appointment for a Medicaid-covered child in the fee-for-service program where the service is not managed by an ASO, the family may contact the HUSKY information line and request its assistance in scheduling an appointment.

(d) If a family is unable to schedule an appointment for a Medicaid-covered child where the service is managed by an ASO, the family may call the member services department of the ASO and request it to provide scheduling assistance.

(e) If the family is unable to schedule an appointment for a Medicaid-covered child who is enrolled in Medicaid managed care with an MCO or a primary care case manager, the

family may contact the member services department of the MCO or the primary care case manager, as appropriate, and request scheduling assistance.

(f) If the family has followed the steps outlined in (c), (d), or (e), depending upon which one is applicable to the Medicaid-covered child, and if an appointment has not been made within ten days after the family requested scheduling assistance, the client is considered to be aggrieved and is entitled to request an administrative hearing in accordance with section 17b-60 of the Connecticut General Statutes.

(g) A request for a listing of participating providers made pursuant to subsection (b) of this regulation is not sufficient to trigger administrative hearing rights if the family is unable to schedule an appointment for a child on its own. In order to be considered aggrieved and to be entitled to an administrative hearing, the family must have affirmatively requested the assistance of the HUSKY information line, acting on the department's behalf, an MCO, a primary care case manager or an ASO, whichever is applicable, in scheduling the appointment, and must not have obtained an appointment within ten days of making the request for scheduling assistance.

(h) The ten day period referenced herein refers to the period of time between the date on which the family requests scheduling assistance and the date on which the family is notified that an appointment has been scheduled.

(i) The department, an MCO, a primary care case manager or an ASO, whichever is applicable, shall be excused from any failure to comply with the ten day scheduling requirement imposed by this section if the family is unreasonably restrictive as to the child's availability for an appointment or the location of a provider, unreasonably fails to accept an offered appointment, or has a history of repeatedly missing appointments making scheduling a new appointment difficult. In such cases, the department, an MCO, a primary care case manager or an ASO shall refer the family to a federally qualified health center or other safety-net, non-profit provider that serves clients on an open access scheduling basis without requiring prior appointments for a specific dates and times.

(j) The department, MCO or primary care case manager shall inform families enrolled in Medicaid managed care that they may also seek scheduling assistance from the HUSKY information line if the family has not obtained an appointment after requesting assistance from the MCO's member services department; however, a family is not required to seek assistance from the HUSKY information line in order to be considered aggrieved and to be entitled to an administrative fair hearing.

Statement of Purpose: To adopt regulations related to requests for assistance with scheduling appointments with Medicaid providers for EPSDT services and EPSDT special services. Under current law and practice, Medicaid clients and their families may request such assistance. The department is adopting regulations to make the procedures for such requests more specific and to add a specific right to a fair hearing if the client is unable to secure an appointment after making a request to the department.

R-39 REV. 1/77

IMPORTANT: Read instructions on bottom of Certification Page before completing this form. Failure to comply with instructions may cause disapproval of proposed Regulations.

STATE OF CONNECTICUT

REGULATION

OF

NAME OF AGENCY

Department of Social Services

Concerning

SUBJECT MATTER OF REGULATION

EPSDT Services

SECTION_____

Statement of Purpose: The purpose is to adopt regulations related to requests for assistance with scheduling appointments with Medicaid providers for Early and Periodic Screeneing, Diagnostic and Treatment (EPSDT) services and EPSDT special services. Under current law and practice, Medicaid clients and their families may request such assistance. The department seeks to adopt regulations to make procedures for such requests more specific and to add a specific right to a fair hearing if the client is unable to secure an appointment after making a request to the department.

CERTIFICATION
R-39 REV. 1/77

Be it known that the foregoing:

☒ Regulations ☐ Emergency Regulations

Are:

☒ Adopted ☐ Amended as hereinabove stated ☐ Repealed

By the aforesaid agency pursuant to:

☒ Sections 17b-3 of the General Statutes.

☐ Section _____ of the General Statutes, as amended by Public Act No. _____ of the _____ Public Acts.

☐ Public Act No. _____ of the Public Acts.

After publication in the Connecticut Law Journal on 6/15/07, of the notice of the proposal to:

☒ Adopt ☐ Amend ☐ Repeal such regulations

(If applicable): ☒ And the holding of an advertised public hearing on 21st day of August, 07

WHEREFORE, the foregoing regulations are hereby:

☒ Adopted ☐ Amended as hereinabove stated ☐ Repealed

Effective:

☒ When filed with the Secretary of the State.

(OR)

☐ The _____ day of _____ _____.

In Witness Whereof:	Date 3/24/10	SIGNED (Head of Board, Agency or Commission)	OFFICIAL TITLE, DULY AUTHORIZED Commissioner
Approved by the Attorney General as to legal sufficiency in accordance with sec. 4-169, as amended C.G.S.		SIGNED 4/12/10	OFFICIAL TITLE,DULY AUTHORIZED ASSOC. ATTY. GENERAL

☐ Approved
☐ Disapproved
☐ Disapproved in part, *(Indicate Section Numbers disapproved only)*
☐ Rejected without prejudice

By the Legislative Regulation Review Committee in accordance with Sec. 4-170, as amended, of the General Statutes.	Date	SIGNED (Clerk of the Legislative Regulation Review Committee)

Two certiified copies received and filed, and one such copy forwarded to the Commission in Official Legal Publications in accordance with Section 4-172, as amended, of the General Statutes.

DATE	SIGNED (Secretary of the State.)	BY

INSTRUCTIONS

1. One copy of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his determination of legal sufficiency. Section 4-169 of the General Statutes.

2. Seventeen copies of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the standing Legislative Regulation Review Committee for its approval. Section 4-170 of the General Statutes.

3. Each regulation must be in the form intended for publication and must include the appropriate regulation section number and section heading. Section 4-172 of the General Statutes.

4. Indicate by "(NEW)" in heading if new regulation. Amended regulations must contain new language in capital letters and deleted language in brackets. Section 4-170 of the General Statutes.