

- (21) “Medical necessity” or “medically necessary” has the same meaning as provided in section 17b-259b of the Connecticut General Statutes;
- (22) “Physician” means an individual licensed pursuant to section 20-13 of the Connecticut General Statutes;
- (23) “Physician assistant” has the same meaning as provided in section 20-12a(5) of the Connecticut General Statutes;
- (24) “Prior authorization” means the department’s approval for the provision of a service before a provider actually provides such service, except where section 17b-262-920 of the Regulations of Connecticut State Agencies specifically authorizes the department to grant prior authorization before paying for a service but after the provider has provided such service;
- (25) “Provider” means a licensed behavioral health clinician enrolled in Medicaid pursuant to a valid provider agreement with the department;
- (26) “Provider agreement” means the signed, written agreement between the department and the provider for enrollment in Medicaid;
- (27) “Registration” means the process of notifying the department of the initiation of a behavioral health clinician service, including evaluation findings and plan of care information;
- (28) “State Plan” means the current plan established, submitted and maintained by the department and approved by the Centers for Medicare and Medicaid Services in accordance with 42 CFR 430, Subpart B that describes Medicaid coverage and eligibility rules;
- (29) “Treatment plan” means a written individualized plan developed and updated in accordance with section 17b-262-919 of the Regulations of Connecticut State Agencies that contains the type, amount, frequency and duration of services to be provided, and measurable goals and objectives developed in collaboration with the client after evaluation, in order to improve the client’s condition to the point that treatment by the licensed behavioral health clinician no longer becomes necessary, aside from occasional follow-up or maintenance visits; and
- (30) “Utilization management” means the prospective, retrospective or concurrent assessment of the medical necessity of services given, or proposed to be given, to a client.

(NEW) Sec. 17b-262-914. Provider Participation

In order to enroll in Medicaid and receive payment from the department, a provider shall:

- (a) Comply with all applicable licensing, accreditation and certification requirements;
- (b) comply with all departmental enrollment requirements, including sections 17b-262-522 to 17b-262-532, inclusive, of the Regulations of Connecticut State Agencies;
- (c) comply with sections 17b-262-912 to 17b-262-925, inclusive, of the Regulations of Connecticut State Agencies; and
- (d) have a valid provider agreement on file with the department.