STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

October 19, 2012

TO:

FROM: The Connecticut Behavioral Health Partnership
Denials and Appeals Department
500 Enterprise Drive, Suite 4D
Rocky Hill, CT 06067
(877) 552-8247

Your provider's Request for Authorization for applied behavioral analysis (ABA) services for your child is denied because these services are not covered by Medicaid.

The ABA services requested for your child are not covered by Medicaid because:

1. The ABA services your provider requested are habilitation services and are not going to be performed by a licensed provider. 42 U.S.C. 1396n(c)(5)(A); 42 U.S.C. § 1396d(a).

Habilitation services are services meant to help your child get new skill, not to bring back skill that your child once had but lost due to an illness or other health condition. Medicaid does not cover habilitation services performed by unlicensed providers. Medicaid may cover **rehabilitation** services performed by a provider who does not have a health care license, as long as they are ordered by a doctor. 42 C.F.R. § 440.130. Because the services your provider requested are habilitation services, 42 U.S.C. § 1396n(c)(5)(A), and will not be performed by a licensed provider, they are not covered by Medicaid.

2. Habilitation services, when performed by unlicensed providers, are not covered under Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

EPSDT has special rules about services that for children and youth under the age of 21. Under these rules, even when a state's Medicaid program does not cover a particular service for adults, the state must still cover the service for children 42 U.S.C. Sec. 1396d(r)(5). The service must still be coverable under the federal Medicaid rules. Habilitation services, are not covered under these rules if they are not performed by licensed providers.. 42 U.S.C. § 1396d(a).

Please see the other side of this notice for information on how to appeal this decision.

Sincerely,

Kate McEvoy, Interim Director
Medical Care Administration
Health Services & Supports

KM/was

cc: Steven Kant, M.D., Value Options
Ann Phelen, Value Options

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ction 1396a(aa) [1] of this title,
ection 1396a(a)(10)(A)(i)(VIII)
e,
ction 1396a(a)(10)(A)(ii)(XX) of

ction 1396a(ii) of this title, or
ble for home and community-
ed criteria established under
n(i) of this title, or who are
y-based services under para-
who will receive home and
nt to a State plan amendment

insufficient to meet all of such

other than services in an insti-

ices, (B) consistent with State
ral health clinic services (as
section) and any other ambu-
l by a rural health clinic (as
section) and which are other-
(C) Federally-qualified health
section (*l*)(2) of this section)
s offered by a Federally-quali-
otherwise included in the plan;
ervices;
s (other than services in an
individuals 21 years of age or
reening, diagnostic, and treat-
section (r) of this section) for
r the plan and are under the
ervices and supplies furnished
with others) to individuals of
rs who can be considered to be
under the State plan and who
and (D) counseling and phar-
co use by pregnant women (as

nished by a physician (as de-
title), whether furnished in the
pital, or a nursing facility, or
urgical services furnished by a
(r)(2) of this title) to the extent

such services may be performed under State law either by a doctor of medicine or by a doctor of dental surgery or dental medicine and would be described in clause (A) if furnished by a physician (as defined in section 1395x(r)(1) of this title);

(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;

(7) home health care services;

(8) private duty nursing services;

(9) clinic services furnished by or under the direction of a physician, without regard to whether the clinic itself is administered by a physician, including such services furnished outside the clinic by clinic personnel to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address;

(10) dental services;

(11) physical therapy and related services;

(12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select;

(13) other diagnostic, screening, preventive, and rehabilitative services, including any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level;

(14) inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases;

(15) services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with section 1396a(a)(31) of this title, to be in need of such care;

(16) effective January 1, 1973, inpatient psychiatric hospital services for individuals under age 21, as defined in subsection (h) of this section;

(17) services furnished by a nurse-midwife (as defined in section 1395x(gg) of this title) which the nurse-midwife is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), whether or not the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider, and without regard to wheth-