



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).

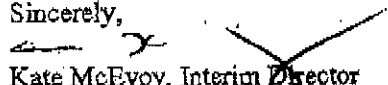
Habilitation services are services meant to help your child get new skill, not to bring back skill that your child once had but lost due to an illness or other health condition. Medicaid does not cover habilitation services performed by unlicensed providers. Medicaid may cover **rehabilitation** services 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

ction 1396a(aa)¹ of this title,
 section 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
 rural 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 (1)(2) of this section)
 s offered by a Federally-quali-
 otherwise included in the plan
 services;

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 recog-
 nized 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 adminis-
 tered 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 sec-
 tion 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 physi-
 cian or other health care provider, and without regard to wheth-