

Sec. 17b-262-468. Definitions

For the purposes of sections 17b-262-467 through 17b-262-478 the following definitions shall apply:

(1) **“Client”** means a person eligible for goods or services under the department’s Medical Assistance Program.

(2) **“Commissioner”** means the Commissioner of Social Services appointed pursuant to subsection (a) of section 17b-1 of the Connecticut General Statutes.

(3) **“Department”** means the Department of Social Services or its agent.

(4) **“HealthTrack Services”** means the services described in subsection (r) of section 1905 of the Social Security Act.

(5) **“HealthTrack Special Services”** means medically necessary and medically appropriate health care, diagnostic services, treatment, or other measures necessary to correct or ameliorate disabilities and physical and mental illnesses and conditions discovered as a result of a periodic comprehensive health screening or interperiodic encounter. Such services are provided in accordance with subdivision (5) of subsection (r) of section 1905 of the Social Security Act, and are:

(A) services not covered under the State Plan or contained in a fee schedule published by the department; or

(B) services covered under the State Plan and contained in a fee schedule published by the department which exceed the limit on the amount of services established by the department that are contained in regulation.

(6) **“Interperiodic Encounter”** means any medically necessary visit to a Connecticut Medical Assistance provider, other than for the purpose of performing a periodic comprehensive health screening. Such encounters include, but are not limited to, physician’s office visits, clinic visits, and other primary care visits.

(7) **“Licensed Practitioner of the Healing Arts”** means a professional person providing health care pursuant to a license issued by the Department of Public Health (DPH).

(8) **“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 medical setting; and is the least costly of multiple, equally-effective, alternative treatments or diagnostic modalities.

(9) **“Medical Assistance Program”** means the medical assistance provided pursuant to Chapter 319v of the Connecticut General Statutes (CGS) and authorized by Title XIX of the Social Security Act. The program is also referred to as Medicaid.

(10) **“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.

(11) **“Prior Authorization”** means approval for the provision of a service or the delivery of goods from the department before the provider actually provides the service or delivers the goods.

(12) **“Provider”** means a psychologist.

(13) **“Provider Agreement”** means the signed, written, contractual agreement between the department and the provider of services or goods.

(14) **“Psychologist”** means a health professional, licensed by the Board of Examiners of Psychologists of Connecticut pursuant to section 20-186 and under Chapter 383 of the Connecticut General Statutes, who is engaged in private practice and has clinical training and experience approved by the department to provide psychological services to clients eligible under Connecticut’s Medical Assistance Program.

(15) **“Psychologists’ Services”** that are permitted means clinical, diagnostic, and remedial services personally performed by a psychologist. Services include:

(A) counseling and psychotherapy to individuals who are experiencing problems of a mental or behavioral nature; and

(B) measuring and testing of personality, aptitudes, emotions, and attitudes.

(16) **“Qualified Neuropsychologist”** means a psychologist who:

(A) documents completion of a Ph.D. or Psy.D. degree in clinical psychology from a program approved by the American Psychological Association with extensive pre- or post-doctoral coursework in basic neurosciences, neuroanatomy, neuropathology, clinical neurology, psychological assessment, clinical neuropsychological assessment, psychopathology and psychological intervention; and either

(B) has completed one year of full-time supervised clinical neuropsychological experience at the post-doctoral level and at least one year of independent professional experience as a clinical neuropsychologist, or, in lieu of (B), has

(C) the equivalent of three years of unsupervised post-doctoral experience as a clinical neuropsychologist within the past ten years.

(17) **“Neuropsychological Evaluation”** means a full battery of tests used to develop a diagnosis. The evaluation is the sum of all the testing and diagnostic interview sessions. The components of the neuropsychological evaluation are: patient history; assessment of perceptual motor functions; language functions; attention; memory, learning, intellectual processes and level; and emotional, behavioral, and personality functioning. The evaluation must be accomplished by means of appropriate psychological procedures administered by a qualified neuropsychologist.

(18) **“State Plan”** means the document which contains the services covered by the Connecticut Medical Assistance Program in compliance with Part 430, Subpart B, of Title 42 of the Code of Federal Regulations (CFR).

(Effective June 8, 1998)