LIST OF SERVICES INCLUDED IN CONNECTICUT'S ALTERNATIVE BENEFIT PLAN (ABP) FOR MCLIP

Essential Health Benefit Category	Medicaid State Plan Service
EHB1: Ambulatory Patient Services	Outpatient Hospital Services Physician Services Certified Pediatric or Family Nurse Practitioner Clinic Services Family Planning Services and Supplies Medical and Surgical Services by a Dentist Other Licensed Practitioners: Podiatry Services Dental Services for Adults (as substitute for chiropractic, infertility services, and hospice care for adults in the base benchmark plan) Home Health Services - Intermittent and Part-time Registered Nurse Federally Qualified Health Centers (FQHCs)
EHB 2: Emergency Services	Emergency Hospital Services Other Medical Services - Emergency Transportation
EHB 3: Hospitalization	Inpatient Hospital Services
EHB 4: Maternity and Newborn Care	Nurse Midwife Services Inpatient Hospital Services - Maternity Physician Services - Maternity
EHB 5: Mental Health and Substance Use Disorder Services (MH/SUD)	Inpatient Hospital Services - MH/SUD Outpatient Hospital Services - MH/SUD Physician Services - MH/SUD Other Practitioner: Psychologist Services Clinic Services - MH/SUD FQHCs - MH/SUD
EHB 6: Prescription Drugs	Prescription Drugs
EHB 7: Rehabilitative and Habilitative Services and Devices	Home Health Services - PT/OT/ST/Audiology Home Health Services - Medical Supplies, Equipment and Appliances Orthopedic and Prosthetic Devices PT & Related Services - Physical Therapy PT & Related Services - Occupational Therapy PT & Related Services - Speech, Hearing & Language
EHB 8: Laboratory Services	Other Lab and X-Ray Services
EHB 9: Preventive and Wellness Services and Chronic Disease Management	A broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for woman recommended by the Institute of Medicine (IOM).
EHB 10: Pediatric Services including Oral and Vision Care	Medicaid State Plan EPSDT Benefits
Other 1937 Covered Benefits that are not Essential Health Benefits	Non-Emergency Medical Transportation (NEMT) Eyeglasses Dentures Nursing Facility Services Optometrist Services Respiratory Care Services Home Health Services - Home Health Aide Extended Services for Pregnant Woman