**Connecticut Department of Social Services**
**Medical Assistance Program**
www.ctdssmap.com

**Provider Bulletin 2017-85**
**December 2017**

**TO: Home Health Service Providers**

**RE: Autism Waiver Program Updates**

Effective **January 1, 2018,** the Department of Social Services (DSS) will be renewing the Autism Waiver Program. **Effective January 1, 2018**:

- All Home Health services provided to Autism Waiver clients are required to be in a Care Plan approved by the Autism Waiver Case Manager in the Community Options Unit at DSS.
- Home Health Services for clients with an Autism Waiver benefit plan will no longer be authorized by Community Health Network of CT (CHN), DSS' Medical Administrative Services Organization.
- Home Health Services for clients with a behavioral health diagnosis and an Autism Waiver benefit plan will be authorized by Beacon Health Options, DSS' Behavioral Health Administrative Services Organization.
- Current open Beacon Health Options Authorizations for Autism Waiver clients will be linked to the client's Care Plan by the DSS Autism Waiver Case Manager, as the Access/Case Management Agencies currently do today for Acquired Brain Injury (ABI), Connecticut Home Care Program for Elders (CHC) and Personal Care Assistant (PCA) Waiver clients.

Home Health Agency providers should review the client's Care Plan via their secure Web account on the www.ctdssmap.com Web site to ensure all services being provided are on the Care Plan. Providers should access the "Prior Authorization" menu and select "Prior Authorization Search". The Prior Authorization (PA) functionality allows the provider to search by client ID or Prior Authorization Number. Providers can further narrow a search result by date or service via Procedure Code, Revenue Center Code (RCC), Procedure Code List or Procedure Code/Modifier (Proc/Mod) List. Search results can also be sorted by field, in ascending or descending order, by clicking on the field heading to control how the data search results will display.

***Home Health Agency providers are reminded that services that do not appear on the client's care plan will not be paid until they are added to the care plan. As a result, discrepancies between services being provided and those documented on the care plan should be reported immediately to the client's case manager at the Community Options Unit for resolution.***

**Reminder:** All Home Health Services for Autism waiver members that are at or below the standard benefit **must** be included on the Care Plan.

### Eligibility Changes

Home Health service providers should verify the client's eligibility via their secure Web account on the www.ctdssmap.com Web site to ensure the client has Autism waiver eligibility at the time of service. Providers should select "Eligibility" and enter enough information to satisfy the search criteria. The search results will provide verification if the client is currently on the Autism waiver benefit plan for the dates of the search.

***Home Health Agency providers are reminded***

***that clients with an Autism waiver on their benefit plan must have all home health services on the Autism Care Plan. However, the client must also have either a HUSKY A or HUSKY C benefit plan in order for the Home Health Agency to be reimbursed for services provided.***

**Care Plan Changes**

As with the ABI, CHC and PCA Programs, Autism Waiver Care Plans are subject to modification to meet the change in service needs of the client or as they transition to or from a hospital or nursing home environment. As Autism Waiver claims may have paid against Care Plans that have been modified, end-dated and restarted, DXC Technology will implement a monthly recoupment and reprocessing, where Autism Waiver claims impacted by a care plan change will be reprocessed. **There will be a two month delay from PA change to the month in which the recoupment and reprocessing will occur. This will always occur in the first financial cycle of that month.**

Recouped claims will appear with an Internal Control Number (ICN) beginning with a region code 52 in the adjustment section of the provider's Remittance Advice (RA) with an Explanation of Benefit (EOB) code 8236 – "Claim was recouped due to a PA change".

The resubmitted claims will appear with an ICN beginning with a region code 24 in either the paid or denied section of the RA, depending on the changes made to the PA, with an EOB code 8238 – "Claim Systematically Reprocessed Due to a PA/Service Order Change".

As a reminder, claims voided and resubmitted with no financial impact to the provider will not appear on the CSV or PDF version of the RA. However, these claims will appear on the 835 and can also be accessed under claim inquiry on the provider's secure Web account. The voided claims will appear as region code 52 claims with an EOB code of 8236. The reprocessed claims will appear as a region code 24, however, the EOB code associated to these claims will be 8237 – "Claims Systematically Reprocessed Due to a PA Change-Information Only". **PLEASE NOTE:** Claims with no financial impact will not be reflected in the "current summary" totals of the RA, however, the Month-To-Date and Year-To-Date totals will reflect these claims.

When reviewing claim denials online or via the remittance advice, providers are reminded to review all EOB codes. Claims with an EOB code of 4021 – "Procedure Billed Is Not A Covered Service under the Client's Benefit Plan" may be disregarded if any other EOB code is on the claim. Providers should take action on the other EOB code as the source of their claim denial. If, however, EOB code 4021 is the only EOB on the claim, the client does not have a HUSKY benefit plan to cover the service.

Providers are further reminded that claims submitted without a care plan in place will deny for EOB code 3015 – "Care Plan Required" and claims submitted for services that are not on the client's care plan will deny for EOB code 3016 – "Service Not Covered Under Care Plan."

Home Health Providers with questions regarding Autism Service Authorizations should submit them via the DSS Community Options mailbox at:

AutismCaseManagement.DSS@ct.gov