



**TO: Independent Therapy Providers, Physician Therapy Providers, Rehabilitation Clinics, Hospitals**

**RE: Changes to Prior Authorization of Physical, Occupational, and Speech Therapies for Individuals Whose Primary Diagnosis is Intellectual Disability, Developmental Delay, Autism or Other Developmental Disorder**

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The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of an upcoming change to the medical necessity review criteria used for physical, occupational, and speech therapy authorizations for individuals whose primary diagnosis is intellectual disability, developmental delay, autism, or other developmental disorder.

**Effective January 1, 2026, for individuals whose primary diagnosis is intellectual disability, developmental delay, autism, or other developmental disorder:**

- Prior authorization (PA) requests for **habilitative** therapy services (physical, occupational, and speech therapy) will be reviewed using the new *Habilitative Therapy Services (Physical, Occupational, And Speech Therapy) for Individuals Diagnosed with Intellectual Disability, Developmental Delay, Autistic Disorder, Other Developmental Disorder* HUSKY Health Policy.
- If approved, authorization will be given for up to twelve (12) weeks.
- For individuals under 21 years of age, a copy of the Individualized Education Program (IEP) **will no longer be required.**
- For individuals under 21 years of age, an attestation from the treating therapist **will be required.** The attestation must indicate one of the following:
  - That the individual is not receiving school-based therapy services
  - That the individual is receiving school-based services and the

requested services are not duplicative of school-based services

- That the requested services are duplicative of school-based services but are medically necessary. The attestation must indicate the reason services are medically necessary.
- Note: As outlined in the policy, PA requests for intensive services, three (3) or more visits per week, may be considered medically necessary when the medical necessity of habilitative therapy services has been established, the individual can tolerate the intensity of services requested, and when one of the following scenarios applies:
  - A short-term goal has been identified and deemed quickly achievable
  - After a medical event or surgery, intense therapy is needed to regain temporarily lost function (the individual can then return to their regular therapy schedule)
  - New adaptive equipment has been ordered, and the individual requires a short course of intense therapy for training with the new device
  - A new problem or goal has been identified based on a change in functional status or developmental expectation and a more intensive “burst” of therapy is needed

**The following documentation MUST be submitted with all PA requests:**

**Initial Requests**

- Initial therapy evaluation
- Treatment plan including frequency and duration of therapy sessions, short- and long-term goals
- (Members under 21 years of age) an attestation as noted above

**Reauthorization Requests**

- Updated treatment plan including frequency and duration of therapy sessions and progress towards short-term and long-term goals
- (Members under 21 years of age) an attestation as noted above
- A minimum of four (4) treatment notes

**Prior authorization requests received without the above information will be considered an incomplete request and will be cancelled and returned to the requesting provider. The requesting provider must then submit a NEW request with all required documentation.**

**Prior Authorization Submission Process:**

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.