

## DSS Medical Assistance Program ELIGIBILITY RESPONSE QUICK REFERENCE GUIDE

<i>HUSKY C or HUSKY D</i>		
<b>Client Population</b>	<b>HUSKY C</b> - Aged, blind, disabled individuals who receive Medicaid benefits <b>HUSKY D</b> - Low Income Adults who receives Medicaid benefits	
<b>Program Benefits</b>	All Medicaid Covered Services	Client Assistance Center (CHNCT) 1-800-859-9889
	HUSKY D program benefits also include: Residential Substance Abuse Treatment, Institution for Mental Disease Services for ages 21-64 and Recovery Supports Program provided by the Department of Mental Health and Addiction Services.	Advanced Behavioral Health 1-800-606-3677
<b>Prior Authorization Requests</b>	<b>Dental Services BeneCare</b>	Provider Relations Member Services <a href="http://www.ctdhp.com">www.ctdhp.com</a> 1-888-445-6665 1-866-420-2924
	<b>Behavioral Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
	<b>Non-Behavioral Health Services - All Home Health Services</b> Initial requests, Increase in service or change in plan of care, Reauthorization of services or Modifications to existing PA	Clear Coverage Online Portal <a href="http://www.ct.gov/husky">www.ct.gov/husky</a> Fax PA form to (203) 265-3994  Phone: 1-800-440-5071 Mon-Fri 8 am to 7 pm
	<ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Psychiatric Inpatient &amp; Outpatient Hospitals</li> <li>• Independent Practitioners</li> <li>• Freestanding Mental Health</li> <li>• Medical, Methadone &amp; Rehabilitation Clinics</li> <li>• Alcohol &amp; Drug Centers</li> <li>• Federally Qualified Health Centers</li> <li>• Psychiatric Residential Treatment Facilities</li> </ul>	
	<b>Inpatient Hospital (Non-Behavioral Health)</b>	CHNCT 1-800-440-5071

<b>Prior Authorization Requests</b>		FAX (203) 265-3994 or Clear Coverage Online Portal <a href="http://www.ct.gov/husky">www.ct.gov/husky</a>
	<b>Inpatient Hospital (Behavioral Health Services)</b>	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247
	<b>Advanced imaging and nuclear cardiology studies</b>	<a href="http://www.ct.gov/husky">www.ct.gov/husky</a> Radiology Authorization Portal Or Fax PA forms: eviCore 1-888-693-3210
	<b>Money Follows the Person</b> (MFP-non CHC, ABI or PCA ) Client Services Note: MFP Home Health and non-medical services for CHC, ABI or PCA waiver clients are entered by the Access or Case Management Agencies via the Care Plan portal. Those not auto approved go into the DSS work flow for approval	Fax PA form to DXC Technology (860) 269-2137
	<b>Pharmacy Services</b>	Contact DXC Technology Pharmacy Prior Authorization Assistance Call Center  Prescriber/Pharmacist Relations 1-866-409-8386 Fax (860) 269-2035  Client Assistance (Pharmacy only) 1-866-409-8430
<b>HUSKY C &amp; D Non-emergency Transportation</b>	Non-emergency Ambulance & Air Transport for Medicaid clients  Transportation prior authorization & claim submission for nonemergency taxi, livery, wheelchair or van transport	Veyo 1-855-478-7350
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	DXC Technology <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

**HUSKY A**

<b>Client Population</b>	HUSKY A (HealthCare for Uninsured Kids & Youth) children, families & caregivers who receive Medicaid benefits	
<b>Program Benefits</b>	All Medicaid covered Services	CHNCT Call Center 1-800-859-9889  HUSKY A Client Services 1-877-284-8759 <a href="http://www.ct.gov/husky">www.ct.gov/husky</a>
<b>Prior Authorization Requests</b>	<p><b>Behavioral Health Services</b></p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> / Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p> <ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Psychiatric Inpatient &amp; Outpatient Hospitals</li> <li>• Independent Practitioners</li> <li>• Freestanding Mental Health Medical</li> <li>• Methadone &amp; Rehabilitation Clinics</li> <li>• Alcohol &amp; Drug Centers</li> <li>• Federally Qualified Health Centers</li> <li>• Psychiatric Residential Treatment Facilities</li> <li>• DCF Residential</li> <li>• Adult Mental Health Group Home</li> </ul>	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
	<p><b>Non-Behavioral Health Services - All Home Health Services</b></p> <p>Initial requests, Increase in service or change in plan of care, Reauthorization of services or Modifications to existing PA</p> <ul style="list-style-type: none"> <li>• Customized Wheelchairs</li> <li>• Durable Medical Equipment</li> <li>• Medical/Surgical Supplies</li> <li>• Outpatient Hospital</li> <li>• Professional Surgical Services</li> <li>• Durable Medical Equipment</li> <li>• Medical/Surgical Supplies</li> <li>• Outpatient Hospital</li> <li>• Professional Surgical Services</li> <li>• Laboratory procedures and Outpatient Surgery</li> <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Initial Request and Reauthorization</li> <li>• Urgent DME &amp; Hospital Providers</li> </ul>	Clear Coverage Online portal <a href="http://www.ct.gov/husky">www.ct.gov/husky</a> Fax PA form to (203) 265-3994 Phone 1-800-440-5071 Mon-Fri 8 am - 7 pm
	<p><b>Inpatient Hospital (Non-Behavioral Health)</b></p>	Contact CHNCT 1-800-440-5071 Fax (203) 265-3994 OR, Clear Coverage Online Portal <a href="http://www.ct.gov/husky">www.ct.gov/husky</a>

<b>Prior Authorization Requests</b>	<b>Inpatient Hospital (Behavioral Health)</b>	Contact CTBHP 1-877-552-8247
	<b>Advanced imaging and nuclear cardiology studies</b>	<a href="http://www.ct.gov/husky">www.ct.gov/husky</a> “Radiology Authorization Portal”  Fax PA forms: eviCore 1-888-693-3210
	<b>Money Follows the Person (MFP-non CHC)</b>	Client Services Fax PA form to DXC Technology (860) 269-2137
	<b>Dental Services</b>	BeneCare Provider Relations Prior Authorization <a href="http://www.ctdhp.com">www.ctdhp.com</a> 1-888-445-6665  Member Services 1-866-420-2924
	<b>Pharmacy Services</b>	DXC Technology Pharmacy Prior Authorization Assistance Call Center Prescriber/Pharmacist Relations Phone: 1-866-409-8386 Fax: (860) 269-2035 Client Assistance (Pharmacy Only) 1-866-409-8430
<b>Non-emergency Transportation</b>	Transportation prior authorization & claim submission for nonemergency taxi, livery, wheelchair, ambulance or van transport	Veyo 1-855-478-7350
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<b><i>“HUSKY C, Acquired Brain Injury Waiver or Acquired Brain Injury II Waiver”</i></b>		
<b>Client Population</b>	Medicaid client, age 18 to 64 with acquired brain injury and has an approved care plan by the DSS Community Options unit via the Access Agency Assessment	
<b>Program Benefits</b>	All Medicaid Covered Services as presented on page 1 under the eligibility response for “HUSKY C” plus specific behavioral & support services.	ABI eligibility questions 1-800-445-5394
<b>Prior Authorization Requests</b>	In addition to those listed on page 1 under the Prior Authorization Section under the eligibility response for “HUSKY C”, Prior Authorization is also required for clients covered under the Acquired Brain Injury waiver for medical services in excess of the allowed and/or if the primary diagnosis is behavioral health. Prior authorization is requested by the Case Management Agency as follows:	
	<b>Non-Behavioral Health , Home Health Services</b>  All ABI services must be submitted through the ABI care plan portal by the Case management Agencies. Providers with PA questions related to their care plans should contact the applicable Case Management Agency Care Manager.	Case Management Agencies:  Connecticut Community Care (CCCI) (860) 589-6226 (Bristol office)  South Western Area on Aging (SWCAA) (203) 333-9288  Western Area on Aging (203) 465-1000
	<b>Behavioral Health , Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at: <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> / Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or <a href="http://www.ctbhp.com">www.ctbhp.com</a>
<b>Claims</b>	For all Electronic Visit Verification mandated services claims must be submitted via Santrax to DXC Technology. For all non EVV mandated services claims must be submitted directly to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<b><i>“HUSKY C, “ Connecticut Home Care Community Based Case Managed Waiver” or “Connecticut Home Care 1915i Case Managed”</i></b>		
<b>Client Population</b>	Medicaid client, age 65 & older, determined to need case management (i.e. is unable to manage their own care or has no one to do so on their behalf) & has an approved Connecticut Home Care (CHC) plan of care based on the Access Agency Assessment	
<b>Program Benefits</b>	All Medicaid Covered Services as presented on page 1 under the eligibility response for “HUSKY C” plus Connecticut Home Care home health & community services based on an approved plan of care by the DSS Community Options Unit via the Access Agency Assessment	CHC eligibility questions 1-800-445-5394
<b>Prior Authorization Requests</b>	In addition to those listed on page 1 under the Prior Authorization Section under the eligibility response for “HUSKY C”, Prior Authorization is also required for clients covered under the Connecticut Home Care Program for medical services in excess of the allowed and/or if the primary diagnosis is behavioral health. Prior authorization is also required for certain non-medical services as noted on the CHC fee schedule. Prior authorization is requested by the Access Agency Care Manager as follows:	
	<b>Non-Behavioral Health - Home Health Services</b>  All CHC services requiring PA must be submitted through the CHC care plan portal by the Access Agencies. Providers with PA questions related to their care plans should contact the applicable Access Agency Care Manager.	Access Agencies: Connecticut Community Care (CCCI) (860) 589-6226

Prior Authorization Requests		(Bristol office) South Central Area on Aging (SCCAA) (203) 752-3040 South Western Area on Aging (SWCAA) (203) 333-9288 Western Area on Aging (203) 465-1000
	<b>Behavioral Health - Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download/ Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
Claims	For all Electronic Visit Verification mandated services claims must be submitted via Santrax to DXC Technology. For all non EVV mandated services claims must be submitted directly to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<i><b>“HUSKY C, Connecticut Home Care Self Directed Waiver” or “Connecticut Home Care 1915i Self Directed”</b></i>		
Client Population	Medicaid client, age 65 & older, is able or has someone on their behalf to manage their care, (i.e. arrange care with providers) & has an approved Connecticut Home Care (CHC) plan of care based on the Access Agency Assessment.	CHC Eligibility Questions 1-800-445-5394
Program Benefits	All Medicaid Covered Services as presented on page 1 under the eligibility response for “HUSKY C” plus Connecticut Home Care home health & community services based on an approved plan of care by the DSS Community Options Unit via the Access Agency Assessment	
Prior Authorization Requests	<b>In addition to those listed above under the Prior Authorization Section on page 1 under the eligibility response for “HUSKY C”, Prior Authorization is also required for home health services in excess of the allowed.</b>	
	<b>Non-Behavioral Health - Home Health Services</b> including Non-medical highly chore and minor home modification Note: All services are required to be on the Care Plan Portal.	DSS Community Options Unit 1-800-445-5394
	<b>Behavioral Health - Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download/ Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
Claims	For all Electronic Visit Verification mandated services claims must be submitted via Santrax to DXC Technology. For all non EVV mandated services claims must be submitted directly to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<i>"HUSKY C or HUSKY A, Autism Waiver"</i>		
<b>Client Population</b>	The Autism Waiver is a Connecticut Home and Community Supports Waiver for Persons with Autism who are at least three years of age with a diagnosis of autism spectrum disorder who live in a family, caregiver's, or one's own home or a Community Companion Home	Autism Eligibility Questions 1-800-445-5394
<b>Program Benefits</b>	All Medicaid Covered Services as presented on page 1 under the eligibility response for "HUSKY C" plus Autism services based on an approved plan of care by the DSS Autism case managers	
<b>Prior Authorization Requests</b>	<b>In addition to those listed above under the Prior Authorization Section on page 1 under the eligibility response for "HUSKY C", Prior Authorization is also required for home health services in excess of the allowed.</b>	
	<b>Non-Behavioral Health - Home Health Services</b> Note: All services are required to be on the Care Plan Portal.	DSS Community Options Unit <a href="mailto:AutismCaseManagement.DSS@ct.gov">AutismCaseManagement.DSS@ct.gov</a>
	<b>Behavioral Health - Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download/ Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<i>"HUSKY C, Personal Care Assistant Waiver"</i>		
<b>Client Population</b>	Medicaid client, age 18 to 64 who have a severe, chronic & permanent physical disability requiring assistance with at least two or more daily living activities and has an approved care plan by the DSS Community Options unit via the Access Agency Assessment	
<b>Program Benefits</b>	All Medicaid Covered Services as presented on page 1 under the eligibility response for "HUSKY C" plus non-medical home based assistance of daily living services (i.e. bathing, dressing, etc.).	For PCA eligibility questions 1-800-445-5394
<b>PA Requests</b>	<b>In addition to those listed on page 1 under the Prior Authorization Section under the eligibility response for "HUSKY C", Prior Authorization is also required for clients covered under the Personal Care Attendant for medical services in excess of the allowed and/or if the primary diagnosis is behavioral health. Prior authorization is requested by the Access Agency Care Manager as follows:</b>	
	<b>Non-Behavioral Health - Home Health Services</b> All PCA services requiring PA must be submitted through the PCA care plan portal by the Access Agencies. Providers with PA questions related to their care plans should contact the applicable Access Agency Care Manager.	Connecticut Community Care (CCCI) (860) 589-6226 (Bristol office)  South Central Area on Aging (AOASCC) (203) 752-3040  South Western Area on Aging (SWCAA) (203) 333-9288  Western Area on Aging (203) 465-1000

	<b>Behavioral Health - Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
<b>Claims</b>	For all Electronic Visit Verification mandated services claims must be submitted via Santrax to DXC Technology. For all non EVV mandated services claims must be submitted directly to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***“HUSKY C, Assisted Living Waiver” or “Connecticut Home Care 1915i Assisted Living”***

<b>Client Population</b>	Medicaid client, 65 years of age or older, on the Connecticut Home Care Program and eligible for Assisted Living Services	
<b>Program Benefits</b>	All Medicaid Covered Services as presented on page 1 under the eligibility response for “HUSKY C” plus special combination of housing, supportive services, personalized assistance and health care to meet the individual needs of those who need help with the activities of daily living provided in an assisted living environment.	For CHC Eligibility Questions 1-800-445-5394
<b>PA Requests</b>	<b>Prior Authorization on page 1 under the eligibility response for “HUSKY C” applies with the exception of home health services which are under the Assisted Living coverage package.</b>	
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***“HUSKY A or HUSKY C, Katie Beckett Waiver”***

<b>Clients Served</b>	Medicaid children with disabilities.	
<b>Program Benefits</b>	All Medicaid Covered Services as presented on page 1 under the eligibility response for “HUSKY C” plus case management services.	For eligibility questions 1-800-445-5394
<b>PA Requests</b>	<b>Prior Authorization on page 1 under the eligibility response for “HUSKY C” applies.</b>	
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***“Medicare Covered Services Only”***

<b>Client Population</b>	Individuals that are eligible for Medicare Part B as a Qualified Medicare Beneficiary (QMB) and DSS pays the clients’ Part B premium.	
<b>Program Benefits</b>	If the Medicaid allowed amount is greater than the Medicare paid amount, benefits are limited to payment of Medicare <u>coinsurance</u> and <u>deductible</u> amounts. Charges that are denied, or not covered by Medicare will not be considered for payment under the QMB program. Most claims are forwarded to DXC Technology from GHI (the Medicare claims processor). Prior Authorization is not required. Claims that do not get forwarded from GHI should be submitted to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***“Limited Behavioral Health Services”***

<b>Clients Served</b>	Individuals funded by the Department of Children & Families	
<b>Program Benefits</b>	Limited behavioral health services provides intensive in-home child and adolescent psychiatric services (IICAPS) only	
<b>PA Requests</b>	Prior Authorization is required.	CT Behavioral Health Partnership (CTBHP)



		1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***"HUSKY B"***

<b>Client Population</b>	HUSKY B provides a free or low cost health insurance program for children & youth up to age 19 for families who are not income eligible for HUSKY A (Medicaid).	
<b>Program Benefits</b>	<p>HUSKY B does <u>not</u> provide nonemergency medical transportation coverage</p> <p>HUSKY B members are responsible for <u>co-pays &amp; coinsurance</u> for the following services:</p> <ul style="list-style-type: none"> <li>• Medical Services - \$10 co-pay Outpatient visits excluding preventative services</li> <li>• Vision and Hearing screening - \$15 co-pay</li> <li>• Dental Services - No cost share for preventative services OR 20%, 33%, 50% or 100% cost share dependent on procedure. Co-insurance for orthodontic care</li> <li>• Pharmacy - \$5-Co-pay Generic Drug or Prescribed OTC \$10-Brand Name Drug or Prescribed OTC</li> </ul> <p>Behavioral Health - No cost share for inpatient services or detox; \$10 Co-pay for outpatient substance abuse treatment and outpatient services</p>	<p>CHNCT Call Center 1-800-859-9889</p> <p>HUSKY B Client Services 1-877-284-8759 <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>
<b>Prior Authorization Requests</b>	<p><b>Behavioral Health Services</b></p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p> <ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Psychiatric Inpatient &amp; Outpatient Hospitals</li> <li>• Independent Practitioners</li> <li>• Freestanding Mental Health, Medical, Methadone &amp; Rehabilitation Clinics</li> <li>• Alcohol &amp; Drug Centers</li> <li>• Federally Qualified Health Centers</li> <li>• Psychiatric Residential Treatment Facilities</li> <li>• DCF Residential</li> </ul>	<p>CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 <a href="http://www.ctbhp.com">www.ctbhp.com</a></p>
	<p><b>Advanced imaging and nuclear cardiology studies</b></p>	<p><a href="http://www.ct.gov/husky">www.ct.gov/husky</a> "Radiology Authorization Portal" Fax PA forms – eviCore 1-888-693-3210</p>
	<p><b>Dental Services</b></p>	<p>BeneCare Provider Assistance/Prior Authorization 1-888-445-6665 or <a href="http://www.ctdhp.com">www.ctdhp.com</a></p> <p>Member Services 1-866-420-2924</p>

	<b>Pharmacy Services</b> DXC Technology Pharmacy Prior Authorization Assistance Call Center Prescriber/Pharmacist Relations  Client Assistance (Pharmacy Only)	1-866-409-8386 Fax (860) 269-2035  1-866-409-8430
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

**"HUSKY B Plus"**

<b>Client Population</b>	HUSKY B provides a free or low cost health insurance program for children & youth up to age 19 for families who are not income eligible for HUSKY A (Medicaid).	
<b>Program Benefits</b>	<p>Additional benefits may be available for a HUSKY B member under HUSKY Plus. HUSKY Plus provides supplemental coverage of goods and services for eligible HUSKY B members under the age of 19 years old; who have intensive physical health needs and have exhausted one or more of their benefits covered under the HUSKY B plan. For more information about the medical benefits covered under HUSKY Plus, please click on or go to the following web address <a href="http://www.ct.gov/husky">www.ct.gov/husky</a> and click on "For Providers" under Medical Management select "Benefit Grids" and then scroll down to "HUSKY Plus Grids".</p> <p>Select any of the following benefit grids, which are applicable to HUSKY Plus coverage:</p> <ul style="list-style-type: none"> <li>• Medical Equipment, Devices and Supplies (MEDS or DME)</li> <li>• Hospital Outpatient</li> <li>• Clinic-Rehabilitation</li> <li>• Therapy Services</li> </ul>	<p>CHNCT Call Center 1-800-859-9889</p> <p>HUSKY B Client Services 1-877-284-8759 <a href="http://www.ct.gov/husky">www.ct.gov/husky</a></p>
<b>Prior Authorization Requests</b>	<p><b>Non-Behavioral Health Services</b></p> <p>Initial requests will be reviewed under HUSKY B plan coverage. For continuation of services, providers must submit a PA request form requesting services under Husky Plus Clear Coverage Online portal</p> <ul style="list-style-type: none"> <li>• Customized Wheelchairs</li> <li>• Durable Medical Equipment</li> <li>• Medical/Surgical Supplies</li> <li>• Outpatient Hospital</li> <li>• Professional Surgical Services</li> <li>• Physical, Occupational &amp; Speech Therapy</li> <li>• Initial Request and Reauthorization</li> <li>• Portal Urgent DME &amp; Hospital Providers</li> </ul>	<p><a href="http://www.ct.gov/husky">www.ct.gov/husky</a> Fax PA form to (203) 265-3994</p> <p>Phone 1-800-440-5071 Mon-Fri 8am to 7pm</p> <p>PA forms <a href="http://www.ct.gov/husky">www.ct.gov/husky</a> For Providers Clear Coverage</p>
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	
		<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

**"Connecticut Home Care Community Based Case Managed State Funded"**

<b>Client Population</b>	Individuals, age 65 & older, determined to need case management (i.e. is unable to manage their own care or has no one to do so on their behalf) & has an approved Connecticut Home Care (CHC) plan of care based on the Access Agency Assessment	
<b>Program Benefits</b>	Benefits are limited to home health & community based services based on an approved plan of care by the DSS Community Options Unit submitted by the Access Agency. 9% cost share for approved plan of care.	For CHC Eligibility Questions 1-800-445-5394
<b>Prior Authorization Requests</b>	<p>Prior Authorization is required for home health services in excess of the allowed &amp; is requested by the Access Agency Care Manager</p> <p><b>Non-Behavioral Health - Home Health Services</b></p> <p>All CHC services requiring PA must be submitted through the CHC care plan</p>	Access Agencies: Connecticut Community Care (CCCI)

	portal by the Access Agencies. Providers with PA questions related to their care plans should contact the applicable Access Agency Care Manager.	(860) 589-6226 (Bristol office) South Central Area on Aging (SCCAA) (203) 752-3040 South Western Area on Aging (SWCAA) (203) 333-9288 Western Area on Aging (203) 465-1000  CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
	<b>Behavioral Health - Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).	
<b>Claims</b>	For all Electronic Visit Verification mandated services claims must be submitted via Santrax to DXC Technology. For all non EVV mandated services claims must be submitted directly to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<i>“Connecticut Home Care Self Directed Waiver State Funded”</i>		
<b>Client Population</b>	Individuals age 65 & older, able or has someone on their behalf to manage their care, (i.e. arrange care with providers) & has an approved Connecticut Home Care (CHC) plan of care based on the Access Agency Assessment.	
<b>Program Benefits</b>	Benefits are limited to home health & community based services based on an approved plan of care by the DSS Community Options Unit via the Access Agency Assessment. 9% cost share for approved plan of care.	CHC eligibility questions 1-800-445-5394
<b>Prior Authorization Requests</b>	Prior Authorization is required for home health services in excess of the allowed	
	<b>Non-Behavioral Health – Home Health Services</b> including Non-medical highly chore and minor home modification contact:	DSS Community Options Unit 1-800-445-5394
	<b>Behavioral Health - Home Health Services</b> For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to <a href="http://www.ctbhp.com">www.ctbhp.com</a>
<b>Claims</b>	For all Electronic Visit Verification mandated services claims must be submitted via Santrax to DXC Technology. For all non EVV mandated services claims must be submitted directly to DXC Technology.	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

<i>“Connecticut AIDS Drug Assistance Program” (CADAP)</i>		
<b>Client Population</b>	Connecticut AIDS Drug Assistance Program (CADAP) assists adults who have been determined to be HIV positive or have AIDS.	
<b>Program Benefits</b>	CADAP provides <i>pharmacy benefits only</i> for HIV/AIDS medications approved by the U.S. Food and Drug Administration (FDA) and other approved medications to prevent complications associated to HIV/AIDS.	Client Assistance 1-866-409-8430

<b>PA Requests</b>	DXC Technology Pharmacy Prior Authorization Assistance Call Center Prescriber/Pharmacist Relations  Serostim only contact	1-866-409-8386  DSS 1-800-233-2503 Fax (860) 424-4822
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***“Family Planning Services Only”***

<b>Client Population</b>	Men and women of child bearing age who are not otherwise eligible for full Medicaid coverage seeking family planning and family planning-related services	
<b>Program Benefits</b>	<p><b>Family Planning Services</b></p> <p>Limited benefit provides confidential coverage for select family planning services when the primary reason for the visit is to prevent pregnancy or limit/regulate the number and spacing of children. Coverage is also provided for limited family planning related services, which are provided as part of or as follow up to the primary family planning visit.</p> <p>Family Planning coverage can be found on the header or footer of the applicable fee schedule on the Web site <a href="http://www.ctdssmap.com">www.ctdssmap.com</a>. Please refer to the fee schedule applicable to your taxonomy/type/specialty.</p> <p>Limited pharmacy coverage that is relevant to the treatment of family planning and family planning related services</p> <p>Transportation to and from scheduled medical appointments for family planning</p> <p>Please refer to <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> for additional information related to this eligibility group.</p>	<p>Client Assistance Center (CHNCT) 1-800-859-9889</p> <p>Prescriber/Pharmacist Relations 1-866-409-8386 Fax (860) 269-2035</p> <p>Veyo 1-855-478-7350</p>
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>

***“Tuberculosis Covered Services Only”***

<b>Client Population</b>	Individuals with Tuberculosis (TB) who are not otherwise eligible for full Medicaid benefits	
<b>Program Benefits</b>	<p>Coverage for TB related services and limited pharmacy coverage that is relevant to the treatment of TB.</p> <p>Prescriber/Pharmacist Relations</p> <p>Please refer to <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> for additional information related to this eligibility group.</p>	<p>Client Assistance Center (CHNCT) 1-800-859-9889</p> <p>1-866-409-8386 Fax (860) 269-2035</p> <p><a href="http://www.ctdssmap.com">www.ctdssmap.com</a></p>
<b>Claims</b>	Submit All Claims for Services Listed Above to DXC Technology	<a href="http://www.ctdssmap.com">www.ctdssmap.com</a>