

DSS Medical Assistance Program ELIGIBILITY RESPONSE QUICK REFERENCE GUIDE

<i>HUSKY C or HUSKY D</i>		
Client Population	<p>HUSKY C - Aged, blind, disabled individuals who receive Medicaid benefits</p> <p>HUSKY D - Low Income Adults who receives Medicaid benefits</p>	
Program Benefits	All Medicaid Covered Services	Client Assistance Center (CHNCT) 1-800-859-9889
	<p>HUSKY D program benefits also include:</p> <p>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.</p>	Advanced Behavioral Health 1-800-606-3677
Prior Authorization Requests	Dental Services BeneCare	<p>Provider Relations</p> <p>Member Services</p> <p>www.ctdhp.com</p> <p>1-888-445-6665</p> <p>1-866-420-2924</p>
	<p>Behavioral Health Services For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p> <ul style="list-style-type: none"> • Home Health Services • Psychiatric Inpatient & Outpatient Hospitals • Independent Practitioners • Freestanding Mental Health • Medical, Methadone & Rehabilitation Clinics • Alcohol & Drug Centers • Federally Qualified Health Centers • Psychiatric Residential Treatment Facilities 	<p>CT Behavioral Health Partnership (CTBHP)</p> <p>1-877-552-8247 or go to www.ctbhp.com</p>
	<p>Non-Behavioral Health Services - All Home Health Services</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"> • Customized Wheelchairs • Durable Medical Equipment • Medical/Surgical Supplies • Outpatient Hospital • Professional Surgical Services • Laboratory procedures and Outpatient Surgery • Physical, Occupational & Speech Therapy Initial • Request and Reauthorization Portal • Urgent DME & Hospital Providers 	<p>CHNCT web-based platform</p> <p>www.ct.gov/husky</p> <p>Click Information for Providers then Prior Authorization</p> <p>Fax PA form to (203) 265-3994</p> <p>Phone: 1-800-440-5071 Mon-Fri 8 am to 7 pm</p>
	Inpatient Hospital (Non-Behavioral Health)	<p>CHNCT</p> <p>1-800-440-5071</p>

<p>Prior Authorization Requests</p>		<p>FAX (203) 265-3994 or CHNCT web-based platform www.ct.gov/husky Click Information for Providers then Prior Authorization</p>
	<p>Inpatient Hospital (Behavioral Health Services)</p>	<p>CT Behavioral Health Partnership (CTBHP) 1-877-552-8247</p>
	<p>Advanced imaging and nuclear cardiology studies</p>	<p>www.ct.gov/husky Radiology Authorization Portal Click Information for Providers then Prior Authorization Or Fax PA forms: eviCore 1-888-693-3210</p>
	<p>Money Follows the Person (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 workflow for approval</p>	<p>Fax PA form to Gainwell Technologies (860) 269-2137</p>
	<p>Pharmacy Services</p>	<p>Contact Gainwell Technologies 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</p>
<p>HUSKY C & D Non-emergency Transportation</p>	<p>Non-emergency Ambulance & Air Transport for Medicaid clients Transportation prior authorization & claim submission for nonemergency taxi, livery, wheelchair or van transport</p>	<p>Veyo 1-855-478-7350</p>
<p>Claims</p>	<p>Submit All Claims for Services Listed Above to Gainwell Technologies</p>	<p>Gainwell Technologies www.ctdssmap.com</p>

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

		Click Information for Providers then Prior Authorization
Prior Authorization Requests	Inpatient Hospital (Behavioral Health)	Contact CTBHP 1-877-552-8247
	Advanced imaging and nuclear cardiology studies	www.ct.gov/husky "Radiology Authorization Portal" Click Information for Providers then Prior Authorization Fax PA forms: eviCore 1-888-693-3210
	Money Follows the Person (MFP-non CHC)	Client Services Fax PA form to Gainwell Technologies (860) 269-2137
	Dental Services	BeneCare Provider Relations Prior Authorization www.ctdhp.com 1-888-445-6665 Member Services 1-866-420-2924
	Pharmacy Services	Gainwell Technologies 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
Non-emergency Transportation	Transportation prior authorization & claim submission for nonemergency taxi, livery, wheelchair, ambulance, or van transport	Veyo 1-855-478-7350
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>"HUSKY C, Acquired Brain Injury Waiver or Acquired Brain Injury II Waiver"</i>		
Client Population	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	
Program Benefits	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
Prior	In addition to those listed on page 1 under the Prior Authorization Section under the eligibility response	

<p>Authorization Requests</p>	<p>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:</p> <p>Non-Behavioral Health, Behavioral Health - Home Health Services</p> <p>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.</p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at: www.ctdssmap.com / Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p>	<p>Case Management Agencies:</p> <p>Connecticut Community Care (CCCI) (860) 589-6226 (Bristol office)</p> <p>South Western Area on Aging (SWCAA) (203) 333-9288</p> <p>Western Area on Aging (203) 465-1000</p>
<p>Claims</p>	<p>For all Electronic Visit Verification mandated services claims must be submitted via Santrax or via the alternate claim solution for dates of service on or after January 1, 2018 to Gainwell Technologies. For all non EVV mandated services, claims must be submitted directly to Gainwell Technologies.</p>	<p>www.ctdssmap.com</p>

<p><i>“HUSKY C, Connecticut Home Care Community Based Case Managed Waiver” or “Connecticut Home Care 1915i Case Managed”</i></p>		
<p>Client Population</p>	<p>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</p>	
<p>Program Benefits</p>	<p>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</p>	<p>CHC eligibility questions 1-800-445-5394</p>
<p>Prior Authorization Requests</p>	<p>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:</p> <p>Non-Behavioral Health, Behavioral Health - Home Health Services</p> <p>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.</p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download/ Provider Fee Schedule Instructions (table 10).</p>	<p>Access Agencies:</p> <p>Connecticut Community Care (CCCI) (860) 589-6226 (Bristol office)</p> <p>South Central Area on Aging (SCCAA) (203) 752-3040</p> <p>South Western Area on Aging (SWCAA) (203) 333-9288</p> <p>Western Area on Aging (203) 465-1000</p>
<p>Claims</p>	<p>For all Electronic Visit Verification mandated services claims must be</p>	

	submitted via Santrax or via the alternate claim solution for dates of service on or after January 1, 2018 to Gainwell Technologies. For all non EVV mandated services claims must be submitted directly to Gainwell Technologies.	
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“HUSKY C, Connecticut Home Care Self Directed Waiver” or “Connecticut Home Care 1915i Self Directed”

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	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.	
	Non-Behavioral Health and Behavioral Health - Home Health Services including non-medical highly chore and minor home modification Note: All services are required to be on the Care Plan Portal. For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download/ Provider Fee Schedule Instructions (table 10).	DSS Community Options Unit 1-800-445-5394 CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to www.ctbhp.com
Claims	For all Electronic Visit Verification mandated services claims must be submitted via Santrax or via the alternate claim solution for dates of service on or after January 1, 2018 to Gainwell Technologies. For all non EVV mandated services, claims must be submitted directly to Gainwell Technologies.	www.ctdssmap.com

“HUSKY A or HUSKY C, Autism Waiver”

Client Population	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, caregivers, or one’s own home or a Community Companion Home	Autism Eligibility Questions 1-800-445-5394
Program Benefits	All Medicaid Covered Services as presented on pages 1-4 under the eligibility response for “HUSKY A” and “HUSKY C” plus Autism services based on an approved plan of care by the DSS Autism case managers	
Prior Authorization Requests	In addition to those listed above under the Prior Authorization Section on pages 1 -4 under the eligibility response for “HUSKY A” and “HUSKY C”, Prior Authorization is also required for home health services in excess of the allowed.	
	Non-Behavioral Health, Behavioral Health Home Health Services Note: All services are required to be on the Care Plan Portal.	DSS Community Options Unit AutismCaseManagement.DSS@ct.gov CT Behavioral Health Partnership (CTBHP)

	For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download/ Provider Fee Schedule Instructions (table 10).	1-877-552-8247 or go to www.ctbhp.com
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>“HUSKY C, Personal Care Assistant Waiver”</i>		
Client Population	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	
Program Benefits	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
PA Requests	<p>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:</p> <p>Non-Behavioral Health, Behavioral Health -Home Health Services</p> <p>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.</p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p>	
		<p>Connecticut Community Care (CCCI) (860) 589-6226 (Bristol office)</p> <p>South Central Area on Aging (AOASCC) (203) 752-3040</p> <p>South Western Area on Aging (SWCAA) (203) 333-9288</p> <p>Western Area on Aging (203) 465-1000</p>
Claims	For all Electronic Visit Verification mandated services claims must be submitted via Santrax or via the alternate claim solution for dates of service on or after January 1, 2018 to Gainwell Technologies. For all non EVV mandated services claims must be submitted directly to Gainwell Technologies.	www.ctdssmap.com

<i>“HUSKY C, Assisted Living Waiver” or “Connecticut Home Care 1915i Assisted Living”</i>		
Client Population	Medicaid client, 65 years of age or older, on the Connecticut Home Care Program and eligible for Assisted Living Services	
Program Benefits	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
PA Requests	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.	
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>“HUSKY A or HUSKY C, Katie Beckett Waiver”</i>		
Clients Served	Medicaid children with disabilities.	
Program Benefits	All Medicaid Covered Services as presented on pages 1-4 under the eligibility response for “HUSKY A” and “HUSKY C” plus case management services.	For eligibility questions 1-800-445-5394
PA Requests	Prior Authorization on pages 1-4 under the eligibility response for “HUSKY A” and “HUSKY C” applies.	
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>“Medicare Covered Services Only”</i>		
Client Population	Individuals that are eligible for Medicare Part B as a Qualified Medicare Beneficiary (QMB) and DSS pays the clients’ Part B premium.	
Program Benefits	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. Prior Authorization is not required.	www.ctdssmap.com
Claims	Most claims under Traditional Medicare are automatically submitted by GHI (the Medicare claims processor) directly to Gainwell Technologies. Claims that do not get forwarded from GHI should be submitted to Gainwell Technologies. Claims under Medicare Advantage Plans must be submitted to Gainwell Technologies by the provider of service.	www.ctdssmap.com

<i>“Limited Behavioral Health Services”</i>		
Clients Served	Individuals funded by the Department of Children & Families	
Program Benefits	Limited behavioral health services provide intensive in-home child and adolescent psychiatric services (IICAPS) only	
Prior Authorization Requests	Prior Authorization is required.	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to www.ctbhp.com
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>“Restricted to Inpatient Hospital Coverage Only”</i>		
Client Population	Inpatient hospital coverage benefit for incarcerated individuals enrolled in HUSKY C or HUSKY D program.	
Program Benefits	Inpatient hospital coverage for incarcerated individuals whose HUSKY C or HUSKY D coverage is suspended due to their incarceration.	PRE.DSS@ct.gov
Prior Authorization Requests	Prior Authorization is required.	Contact CHNCT 1-800-440-5071 Fax (203) 265-3994 or CHNCT web-based platform www.ct.gov/husky

		CT Behavioral Health Partnership (CTBHP) 1-877-552-8247
Claims	Submit Inpatient Hospital Claims to Gainwell Technologies.	www.ctdssmap.com

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

		<p>Authorization 1-888-445-6665 or www.ctdhp.com</p> <p>Member Services 1-866-420-2924</p>
	<p>Pharmacy Services Gainwell Technologies Pharmacy Prior Authorization Assistance Call Center Prescriber/Pharmacist Relations</p> <p>Client Assistance (Pharmacy Only)</p>	<p>1-866-409-8386 Fax (860) 269-2035</p> <p>1-866-409-8430</p>
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>"HUSKY B Prenatal Care"</i>		
Client Population	HUSKY B Prenatal Care will allow pregnant individuals who are not citizens or qualified non-citizens (that is, individuals without a legal immigration status or "undocumented" individuals) to receive full CHIP benefits, including prenatal care.	
Program Benefits	In addition to pregnancy-related services, individuals in this group will be able to receive all other HUSKY B covered services. Refer to the HUSKY B program benefits. Providers may also refer to Provider Bulletin 2022-34 for further information.	<p>CHNCT Call Center 1-800-859-9889</p> <p>HUSKY B Client Services 1-877-284-8759 www.ct.gov/husky</p>
Co-Payments/ Cost Share	There will be no co-payments or cost sharing imposed on the pregnancy-related services. Other preventive services will also be exempt from co-payments and other cost-sharing. Other non-preventive HUSKY B services, such as non-preventive dental services, will be subject to existing HUSKY B cost-sharing requirements.	
Prior Authorization Requests	Refer to HUSKY B prior authorization requirements.	
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

<i>"HUSKY B Plus"</i>		
Client Population	<p>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).</p> <p><i>Effective for dates of service May 1, 2022, and forward, the Department of Social Services (DSS) retired the HUSKY Plus program per Public Act 21-123, Section 8 which eliminates statutory language related to HUSKY Plus. The services covered and authorized under the HUSKY Plus Program (HPP) have been incorporated under HUSKY B..</i></p>	
Program Benefits	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 www.ct.gov/husky and click on "For Providers" under Medical Management	<p>CHNCT Call Center 1-800-859-9889</p> <p>HUSKY B Client Services 1-877-284-8759 www.ct.gov/husky</p>

<p>Prior Authorization Requests</p>	<p>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"> • Medical Equipment, Devices and Supplies (MEDS or DME) • Hospital Outpatient • Clinic-Rehabilitation • Therapy Services <p>Non-Behavioral Health Services</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"> • Customized Wheelchairs • Durable Medical Equipment • Medical/Surgical Supplies • Outpatient Hospital • Professional Surgical Services • Physical, Occupational & Speech Therapy • Initial Request and Reauthorization • Portal Urgent DME & Hospital Providers 	<p>www.ct.gov/husky Fax PA form to (203) 265-3994</p> <p>Phone 1-800-440-5071 Mon-Fri 8am to 7pm</p> <p>PA forms www.ct.gov/husky For Providers</p>
<p>Claims</p>	<p>Submit All Claims for Services Listed Above to Gainwell Technologies</p>	<p>www.ctdssmap.com</p>

<p><i>“Connecticut Home Care Community Based Case Managed State Funded”</i></p>		
<p>Client Population</p>	<p>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</p>	
<p>Program Benefits</p>	<p>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.</p>	<p>For CHC Eligibility Questions 1-800-445-5394</p>
<p>Prior Authorization Requests</p>	<p>Prior Authorization is required for home health services in excess of the allowed & is requested by the Access Agency Care Manager</p> <p>Non-Behavioral Health, Behavioral Health - Home Health Services</p> <p>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.</p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p>	<p>Access Agencies: Connecticut Community Care (CCCI) (860) 589-6226 (Bristol office)</p> <p>South Central Area on Aging (SCCAA) (203) 752-3040</p> <p>South Western Area on Aging (SWCAA) (203) 333-9288</p> <p>Western Area on</p>

		Aging (203) 465-1000 CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to www.ctbhp.com
Claims	For all Electronic Visit Verification mandated services claims must be submitted via Santrax or via the alternate claim solution for dates of service on or after January 1, 2018 to Gainwell Technologies. For all non EVV mandated services, claims must be submitted directly to Gainwell Technologies.	www.ctdssmap.com

“Connecticut Home Care Self Directed Waiver State Funded”

Client Population	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.	
Program Benefits	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
Prior Authorization Requests	<p>Prior Authorization is required for home health services in excess of the allowed</p> <p>Non-Behavioral Health, Behavioral Health – Home Health Services including non-medical highly chore and minor home modification contact.</p> <p>For a list of diagnosis codes that fall under Behavioral Health, please visit the DSS Fee Schedule Instructions located at www.ctdssmap.com Provider / Provider Fee Schedule Download / Provider Fee Schedule Instructions (table 10).</p>	DSS Community Options Unit 1-800-445-5394
Claims	For all Electronic Visit Verification mandated services claims must be submitted via Santrax or via the alternate claim solution for dates of service on or after January 1, 2018 to Gainwell Technologies. For all non EVV mandated services, claims must be submitted directly to Gainwell Technologies.	www.ctdssmap.com

“Family Planning Services Only”

Client Population	Men and women of childbearing age who are not otherwise eligible for full Medicaid coverage seeking family planning and family planning-related services	
Program Benefits	<p>Family Planning Services</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 www.ctdssmap.com. 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</p>	<p>Client Assistance Center (CHNCT) 1-800-859-9889</p> <p>Prescriber/Pharmacist Relations 1-866-409-8386 Fax (860) 269-2035</p>

	and family planning related services Transportation to and from scheduled medical appointments for family planning Please refer to www.ctdssmap.com for additional information related to this eligibility group.	Veyo 1-855-478-7350
Claims	Submit All Claims for Services Listed Above to Gainwell Technologies	www.ctdssmap.com

“Tuberculosis Covered Services Only”

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

“Enrolled in CT Housing Engagement and Support Services (CHESS)”

Client Population	CHESS provides support services to Medicaid members experiencing challenges related to homelessness and specified clinical conditions and needs. These services focus on helping eligible participants find and stay in affordable housing and connect to appropriate medical and behavioral health services.	
Program Benefits	The CHESS program is detailed in the federally approved Medicaid State Plan provision for CHESS. Additional details are set forth in the CHESS provider manual Chapter 7. Providers may also refer to Provider Bulletins 2021-31 and 2021-85 for further information.	For Additional CHESS Questions: www.ctchessdss.com
Prior Authorization Requests	Prior authorization is required for all services under CHESS.	CT Behavioral Health Partnership (CTBHP) 1-877-552-8247 or go to www.ctbhp.com
Claims	Submit All Claims for Covered Services to Gainwell Technologies	www.ctdssmap.com

“COVID-19 Limited Coverage”

Client Population	This is a limited benefit coverage group for Connecticut residents who are citizens or qualified non-citizens who do not otherwise qualify for Medicaid or who do not have coverage through Medicare, or any other health plan or program.	
Program Benefits	Effective for certain services until the end of federally Public Health Emergency (PHE) period. In addition to COVID-19 testing services, individuals covered under the COVID-19 Testing Group are also eligible for services performed to diagnose, treat, or vaccinate against COVID-19 infections. Services rendered that are not specific to COVID-19 testing, COVID-19 treatment (including treatment of a condition that may complicate treatment of COVID-19) or COVID-19 vaccine administration are not covered. The new testing group does not include prescription drug coverage or coverage for non-emergency medical transportation.	Refer to Provider Bulletins 2020-48 and 2021-34 for a list of covered services.

Prior Authorization Requests	Prior authorization is not required.	
Claims	Submit All Claims for Covered Services to Gainwell Technologies	www.ctdssmap.com

“Covered CT-Limited Benefit”

Client Population	Covered CT is a program that covers out of pocket costs, non-emergency medical transportation (NEMT) and dental services for certain income-eligible individuals who purchase coverage through Access Health CT.	
Program Benefits	Enrolled Covered CT members will receive their dental benefits through the Connecticut Dental Health Partnership (CTDHP) and will receive their NEMT benefits through CMAP’s NEMT broker, which is currently Veyo. The dental and NEMT benefits under Covered CT are comparable to the benefits under Connecticut Medicaid (HUSKY A, C and D). For additional information, see PB 2022-56.	Refer to Provider Bulletin 2022-56 for further information.
Prior Authorization Requests	Dental Services - BeneCare	Provider Relations Member Services www.ctdhp.com 1-888-445-6665 1-866-420-2924
Non-emergency Transportation	Connecticut residents who qualify for the Covered CT-Limited Benefit will be eligible to receive NEMT services through Veyo.	Veyo 1-855-478-7350
Claims	Submit All Claims for Covered Services to Gainwell Technologies	www.ctdssmap.com

“Outpatient Dialysis Services Under Emergency Medicaid”

Client Population	The Department of Social Services (DSS) covers outpatient dialysis and related services for acute and chronic kidney failure and end stage renal disease under Emergency Medicaid (EM) for Connecticut residents who do not qualify for full Medicaid due to their immigration status.	
Program Benefits	The services covered under EM Outpatient Dialysis are limited to the preparation for and performance of routine outpatient dialysis and treatment of complications that are directly related to routine dialysis care. Members receiving services must be diagnosed with acute or chronic kidney failure or end stage renal disease.	Refer to Provider Bulletin 2022-09 for a list of covered services.
Prior Authorization Requests	Prior Authorization on page 1 under the eligibility response for “HUSKY C” applies.	
Non-emergency Transportation	Connecticut residents who qualify for the Emergency Medicaid Coverage of Outpatient Dialysis will be eligible to receive Non-Emergency Medical Transportation (NEMT) to and from their dialysis and dialysis-related appointments through Veyo.	Veyo 1-855-478-7350
Claims	Submit All Claims for Covered Services to Gainwell Technologies	www.ctdssmap.com