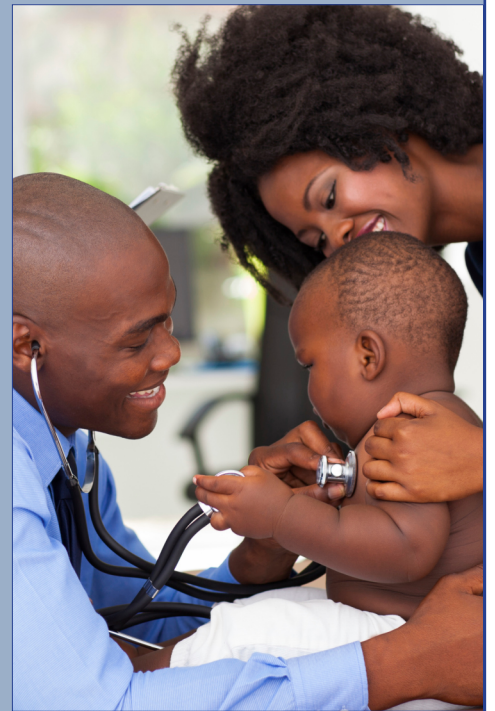


HUSKY Eligibility Manual:

A Guide to HUSKY A, B, and D



February 2018



20
YEARS
OF ADVANCING OPPORTUNITIES
FOR CHILDREN AND FAMILIES

covering connecticut's
kids & families

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Section 2: Introduction

This HUSKY Health Eligibility Manual for children and families is a project of *Covering Connecticut's Kids and Families*, a broad-based, statewide coalition of organizations and individuals which has worked to enroll Connecticut families in the HUSKY program since 1999. This edition of the Manual is funded by the generous support of Community Catalyst and the state Office of the Healthcare Advocate.

ABOUT US

Connecticut Voices for Children coordinates the *Covering Connecticut's Kids and Families* initiative. The vision of Connecticut Voices is that all Connecticut children have the opportunity to achieve their full potential. Our mission is to **promote the well-being of all of Connecticut's children and families by identifying and advocating for strategic public investments and wise public policies**. Connecticut Voices advances its mission through high-quality research and analysis, policy development, advocacy, and development of the next generation of advocates.

HOW TO USE THIS MANUAL

This manual is designed to serve as a reference for advocates, providers, outreach workers, and community-based organizations who work with families and the HUSKY health insurance program. The manual can help workers assist families to enroll in HUSKY.

The HUSKY Health program is a complex public health insurance program governed by federal and state laws. The HUSKY Health program now has four parts: HUSKY A for children, pregnant women, parents and caretaker relatives, and young adults who have aged out of the foster care system; HUSKY B for uninsured children (with income over HUSKY A limits); HUSKY C for individuals age 65 and older and individuals who are blind or ages 18 through 64 with other disabilities; and HUSKY D for adults ages 19 through 64 with low income.

Three organizations are involved in helping families get on HUSKY A, B, and D Coverage: Access Health CT, Connecticut's health insurance exchange; the Department of Social Services, which oversees the entire HUSKY program; and Conduent, which provides administrative help with HUSKY B coverage. The following are their respective responsibilities:

Access Health CT is the state's health insurance exchange. It is a shared system with the Department of Social Services which acts as the access point for HUSKY A, B, and D and also determines eligibility for private insurance, known as "qualified health plan" coverage. Access Health CT is the only place where families can get financial help to lower the costs of a qualified health plan.

The **Department of Social Services** is in charge of the entire HUSKY Program, which includes HUSKY A, B, C, and D. Once someone is found eligible for HUSKY (whether initially by Access Health CT or by DSS for HUSKY C or other special populations), the information goes into the DSS computer system. DSS is in charge of making sure that HUSKY eligibility and benefits comply with state and federal laws.

Conduent Inc. is a private company that contracts with the Department of Social Services to provide some administrative services to HUSKY clients, as well as back-office functions. For example, Conduent is in charge of billing some HUSKY B families for monthly premiums. (Note: before January 2016, Conduent Inc. was known as Xerox.)

This manual reviews basic eligibility information for HUSKY A, B, and D but does not cover HUSKY C. HUSKY A, B, and D are covered in Connecticut Voices' manual as they primarily affect children, caregivers, and low-income adults. It does not cover every rule and procedure governing the program. It also does not cover every HUSKY waiver program, such as the Katie Beckett Waiver. For information about waiver programs, see: <http://portal.ct.gov/DSS/Health-And-Home-Care/Long-Term-Care/Community-Options/Related-Resources>

The manual also covers some basic information regarding the state marketplace. Access Health CT, which was created as a result of the Affordable Care Act, and is the main online portal through which applications for HUSKY are processed (www.accesshealthct.com or 1-855-805-4325). The manual describes what benefits generally are covered in Section 7 on "HUSKY Benefits". However, issues related to *accessing* health care in HUSKY (such as prior authorization procedures) are beyond the scope of this manual.

For further assistance regarding eligibility or benefits, contact DSS or the HUSKY Program at 1-877-CT-HUSKY (1-877-284-8759). Additional information on HUSKY can also be found at www.huskyhealth.com or www.huskyhealthct.org.

You can also download a copy of the entire manual from the Connecticut Voices for Children website at www.ctvoices.org/huskymanual.

Questions regarding this manual should be directed to:

Karen Siegel
Connecticut Voices for Children
203-498-4240 (ext. 120) - phone
203-498-4242- fax

E-mail: ksiegel@ctvoices.org
www.ctvoices.org

THE HISTORY OF HUSKY

In 1997, Congress created the Children's Health Insurance Program (CHIP) in order to increase the number of children with health insurance coverage nationwide. In response to CHIP, Connecticut renamed its Medicaid program for children and low-income families "HUSKY A" and established the "HUSKY B" program for uninsured children whose income exceeds HUSKY A limits.

In July 2007, Connecticut raised the income guidelines for parents and caretaker relatives in HUSKY A to match the income guidelines for their HUSKY A children at 185% of the Federal Poverty Level (FPL). In addition, the eligibility standard for pregnant women in HUSKY A was raised to 250% of FPL as of January 1, 2008. However, parents are not eligible for HUSKY B, and therefore the income limits for parents (and some pregnant women) were still lower than those for children.

On February 4, 2009, the federal Children’s Health Insurance Program Reauthorization Act (CHIPRA) was signed into law. This law extended CHIP funding through 2013 and provided states with new options and tools to increase coverage and improve retention and access to care for children in Medicaid and CHIP.

Beginning on January 1, 2014, new options for expanded health coverage went into effect under the federal Affordable Care Act (ACA). Under the ACA, Connecticut established a state marketplace called Access Health CT, which provides a mechanism for uninsured individuals who are not eligible for HUSKY to apply for private health insurance, and, importantly, subsidies to pay for the private insurance (known as qualified health plan (QHP) coverage). Individuals also apply for HUSKY A, B and D through Access Health CT.

The Affordable Care Act also made changes to how HUSKY A, B, and D income eligibility is determined, effective 2014. Eligibility is now determined based on household size and income separately for each individual using a tax-based method for determining household composition, which replaced previous family size and household composition rules under Medicaid. To ensure that the new tax-based rules didn’t disqualify individuals who would otherwise have been income-eligible prior to 2014, states implemented federally approved methods for converting their prior income eligibility limits to those based on the new tax-based rules. So, for example, Connecticut’s income guideline of 185% FPL for families became 201% of FPL in 2014. Connecticut expanded HUSKY D coverage to low-income adults making up to 138% of FPL.

However, the Affordable Care Act allowed Connecticut the authority to roll back eligibility for low-income parents and caregivers; in 2015, Connecticut reduced Medicaid eligibility for low-income parents and caregivers from 201% of FPL to 155% of FPL. The income eligibility level for low-income parents and caregivers was reduced again in 2017 and is now 138% FPL. Most of the caregivers affected by this change will remain eligible until January 2019. See section 4-1. Connecticut also eliminated the unsubsidized portion of the HUSKY B program (income Band 3). Previously, families with income above 323% FPL were able to purchase HUSKY B coverage for uninsured children by paying the full state-negotiated premium. Families at this income level may now be eligible for Qualified Health Plan (QHP) coverage through Access Health CT. Income eligibility levels for children in Medicaid (HUSKY A) and CHIP (HUSKY B) did not change, and must be maintained at current levels until 2019. Long-term funding for HUSKY B was renewed in January 2018 and does not expire until 2023.

THE HUSKY HEALTH PROGRAM

HUSKY A, B, and D together are a health insurance program for Connecticut’s children, pregnant women, certain low-income parents and caretaker relatives, young adults formerly in foster care, and a number of low-income adults. HUSKY A, HUSKY B, and HUSKY D offer comprehensive health care services, including well-child care, dental care, preventive care, and treatment.

HUSKY A provides free health insurance to children, pregnant women, and parents and caretaker relatives of HUSKY A-eligible children who meet the income guidelines. Most children in the care or custody of the Department of Children and Families are eligible for HUSKY A, as well as all young adults up to age 26 who “age out” of foster care while on Medicaid at age 18 or older, and

children in subsidized adoptions. HUSKY A is part of Connecticut's Medicaid program. Medicaid is an entitlement program, which means that Connecticut must make HUSKY coverage available to all eligible applicants.

HUSKY B provides low-cost health insurance to uninsured children who do not meet the income guidelines for HUSKY A. HUSKY B contains two (formerly three) levels, and children are enrolled in these levels depending on family income. These income levels are also called "bands." HUSKY B Band 1 has no premium, HUSKY B Band 2 has a \$30/month premium for one child and \$50/month for more than one child. HUSKY B is not an entitlement program, and thus the state can close enrollment to eligible children. HUSKY Plus provides supplemental medical coverage for eligible children with intensive physical health care needs enrolled in HUSKY B.

Overwhelmingly, children in HUSKY receive coverage through HUSKY A (over 310,000 children compared to 17,000 children in HUSKY B, as of December 2017).

HUSKY D provides free health insurance to low-income adults under the Medicaid program. Many adults under the age of 65 with disabilities will be able to choose whether to be covered under HUSKY D or HUSKY C (the "aged, blind, or disabled" category). HUSKY D provides a simpler pathway to coverage for those who do not receive Medicare. HUSKY D requires no proof of disability and no asset test, as required in HUSKY C for elderly and disabled individuals.

As mentioned earlier, the HUSKY Health program also provides health insurance to the elderly and persons with disabilities (HUSKY C). The scope of this manual is limited to HUSKY A, HUSKY B, and HUSKY D.

In short, this manual focuses on the following groups:

- HUSKY A for children under 19
- HUSKY A for pregnant women
- HUSKY A for 19 and 20 year olds
- HUSKY A for families
- HUSKY A for youth who age out of foster care at 18 or older
- HUSKY B for children under 19
- HUSKY D for low-income adults

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Section 3: HUSKY Eligibility

WHO IS ELIGIBLE FOR HUSKY?

The following individuals may be eligible for **HUSKY A**:

- A child under the age of 19
- Most children in the care or custody of the Department of Children and Families
- Biological or adoptive parents (who live with their eligible child and are within income requirements)
- A pregnant woman
- Caretaker relatives or stepparents (if the HUSKY A-eligible child lives with the applicant(s))
- A young adult under age 26 who was in foster care and on Medicaid in Connecticut at age 18 or older

HUSKY B applicants must be under age 19 and be uninsured.

Individuals aged 19 through 64 who do not qualify for HUSKY A, who do not receive Medicare, and who are not pregnant may qualify for **HUSKY D**.

In order to qualify for HUSKY, an individual must also:

- Be a resident of Connecticut; *and*
- Be a U.S. citizen or “qualified” immigrant (see Section 4 for further discussion regarding who is “qualified”); *and*
- Meet the income guidelines for HUSKY A, HUSKY B, or HUSKY D.

Although an applicant must be a resident of Connecticut to be eligible for HUSKY, there is no residency waiting period for HUSKY, so if a family moves from out of state, the family can apply as soon as they move to Connecticut.

Federal law requires that U.S. citizens who apply for HUSKY coverage must provide proof of their citizenship and identity to get on and stay on HUSKY. This rule mostly affects children, pregnant women, and non-disabled parents. The HUSKY Program verifies U.S. citizenship through electronic matches with federal Social Security Administration (SSA) records. Individuals claiming U.S. citizenship do not have to provide any additional proof unless the Social Security match fails. **Most importantly, an individual claiming U.S. citizenship, whose citizenship cannot be verified through DSS electronic sources, and who is otherwise eligible, is granted coverage under a 90-day Reasonable Opportunity Period (ROP) while verification is pending.**

Many legal immigrants are eligible for HUSKY. (See Section 4 for more information about which legal immigrants are eligible.)

As a result of federal law, Puerto Rican birth certificates issued prior to July 1, 2010 became invalid, beginning November 1, 2010 as new birth certificates were issued. Persons born in Puerto Rico are U.S. citizens. The HUSKY Program can verify the U.S. citizenship of those born in Puerto Rico through matches with SSA records just as they do for U.S. citizens born on the mainland. Only if the SSA match fails will individuals need to provide a valid birth certificate or other evidence of U.S. birth.

Due to Hurricanes Maria and Irma, effective 10/11/17, evacuees who have relocated to Connecticut are considered CT residents as they are here indefinitely and meet the requirement of “intent to reside in Connecticut.” Inaccessibility to proof of income and assets should not be a barrier to eligibility. If the applicant does not know his/her social security number and had been receiving assistance in one of the affected areas, direct the applicant to go to the local Social Security office to request a duplicate card.

In addition to parents, legal guardians, and foster parents, non-custodial parents can apply for HUSKY for their children or children in their care. See below for more information on non-custodial parents.

MINORS

Emancipated minors under the age of 18 may apply for themselves and/or their child. Minors who are not emancipated can also apply for themselves but will be subject to new income counting rules, described below, to determine their eligibility (see Section 4 for more information on minors).

ADDITIONAL HUSKY B ELIGIBILITY RULES

To be eligible for HUSKY B, a child must be uninsured at the time of application. There is no waiting period for children who previously had health insurance coverage within the two months prior to applying. Children are now eligible for HUSKY B based solely on income and family composition criteria, with no penalty for dropping other coverage.

Sometimes a parent has health insurance through a job for themselves but not for their child. The family in that case may be asked to provide additional documentation to show that the payroll deduction is for the parent and not the child.

CALCULATING ELIGIBILITY IN THREE STEPS

1. Construct a household and establish the family size for each individual applicant.
2. Determine household income for each applicant.
3. Compare household income and size to federal poverty income guidelines for each applicant.

Even within a family, or between siblings, applicants' eligibility can vary. Different members of a family could have different household sizes and incomes, and therefore be eligible for different insurance programs. For example, an immigrant family may include children who are eligible for HUSKY and parents who are eligible for private commercial coverage through Access Health CT.

Step 1: Construct a Household and Establish the Family Size for Each Applicant

For **each applicant** it will be important to determine who is in the household because that will determine both the family size and the income. Based on the applicant's tax filing status, it will be necessary to identify the members of the household that should be counted. These counts should be based on the tax filing for the previous year.

If you...	Then you are a...	And your household consists of...
-Intend to file taxes <i>and</i> -Don't expect to be claimed by someone else	Tax Filer	<ul style="list-style-type: none"> • Yourself, • And your spouse, • And anyone you claim as a tax dependent.
-Expect to be claimed as a dependent on someone else's tax return <i>and</i> -You are NOT an exception	Dependent	<ul style="list-style-type: none"> • Yourself, • And all other members of the household of the person claiming you, • And your spouse if you live together.
-Are <i>not</i> going to file taxes and are <i>not</i> claimed as a dependent by someone else Or -Expect to be claimed as a dependent by someone <i>other</i> than your spouse or parent (such as an aunt, adult sibling, etc.) Or -Are a child under age 19 living with two parents who are not planning on filing a joint tax return (by choice or because they are unmarried) Or -Are a child under age 19 and expect to be claimed by a non-custodial parent (a parent who doesn't have custody of you)	Exception (or a Non-Filer)	<ul style="list-style-type: none"> • Yourself, • And your spouse (if they are living with you), • And your children (if they are living with you), • And any minors for whom you are caretaker • And your parents or step-parents (if they are living with you), • And your siblings (if they are living with you and under 19- this can include adopted, half, and step siblings), • And your spouse (if they are living with you).

Tips on households and applications:

- If the applicant is **pregnant**, she counts as herself plus the number of babies she is carrying for her OWN household (mother + twins = 3). If she is part of **another** applicant's household, she counts as only one person in the other person's household (applicant + pregnant mother = 2).
- For married couples filing jointly, each spouse is considered a tax filer.
- You must file taxes if you are a dependent when your unearned income is over \$1,050 or your earned income is over \$6,350.
- A household changes size with:
 - A birth or adoption of a child
 - Marriage, divorce, or legal separation of a couple
 - Death of a family member
 - Family member is no longer eligible to be claimed as a dependent.
 - Certain changes in any household member's tax filing status may affect household size.

Step 2: Determine the Household Income for Each Applicant

Calculate the income for every member of the household who is required to file a tax return and then add them together. An individual under age 65 is required to file a tax return when income is above \$10,400 and married couples under age 65 who file a joint tax return will be required to file when income is above \$20,800. These numbers are adjusted yearly, and potential filers should consult [irs.gov](https://www.irs.gov) for the latest figures. The Modified Adjusted Gross Income (MAGI) for each household will be used to determine if an applicant is eligible for a HUSKY program.

Income means the annual income of the household as listed in the previous years' tax filing. If there is no tax filing available, it will be based on current monthly income on a pay stub. If income changes from month to month, it will be averaged over a year. For example, a waitress or hairdresser may have wages and tips that vary greatly from one month to the next. The total monthly income will be added together over the year and then divided by 12 to come up with a monthly average. Also, by the time an individual applies for coverage she may have changed jobs or become unemployed, and therefore the information on her tax return may no longer be accurate.

Children or dependents who have unearned income under \$1,050 (such as interest) or earned income under \$6,350 do not have to file a tax return or count their income as part of the household total. These amounts are adjusted upward each year, and for the latest information potential filers should review [irs.gov](https://www.irs.gov).

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1) Calculate the Gross Income

Income can be in the form of money, goods, property, or services. Unless it is exempted (not counted) under tax rules, it should be counted.

Counts as Income	Doesn't Count as Income
Wages and tips	Most Social Security Benefits
Unemployment	TANF
Pensions and annuities	SSI
Income from a business or personal services	Child Support
Dividends and taxable interest	Gifts
Alimony received	Qualified Scholarships (for tuition only)
Rents and royalties received	Certain salary deferrals (flexible spending plans, 401K plan contributions, childcare and transportation benefits)
A portion of Social Security benefits (if other income exceeds a certain threshold)	SNAP
Cash Support (with exceptions)	Food Stamps
	Section 8 Housing Vouchers

2) Adjust the Gross Income

The gross income is adjusted to subtract certain expenses. Examples of adjustments:

- Contributions to a health savings account
- Job-related moving expenses
- Student loan interest
- Continuing education tuition and fees
- IRA contributions
- Alimony paid
- Business expenses

3) Modify the Adjusted Gross Income (MAGI)

- + Excluded foreign income
- + Tax exempt interest
- + Non-taxable Social Security Benefits
- = Modified Adjusted Gross Income (MAGI)

Note: Lump sum payments are only counted in the month received.

Income Source	Medicaid Rules as of Jan 1, 2014
Self-Employment Income	Counted with deductions for most expenses, depreciation, and business losses
Salary Deferrals (such as flexible spending accounts, 401(k) plans, etc.)	Not Counted
Child Support Received	Not Counted
Child Support Paid	Counted in income of the payor
Alimony Received	Counted
Alimony Paid	Not Counted in income of payor
Veterans Benefits	Not Counted
Worker's Compensation	Not Counted
Gifts and Inheritances	Not Counted
Lump sums (e.g., lottery winnings; lawsuit settlement)	Counted in month received
TANF and SSI	Not Counted

If an applicant reports a significant drop in income (more than 10 percent) from the income shown on his or her last tax return, then Access Health CT must check additional electronic data sources, such as the Department of Labor, that provide information on employment income, to verify the income decline.

STEP 3: Compare household income and size to federal poverty income guidelines for each applicant

Federal Poverty Levels for Program Eligibility

Insurance	Population	Eligibility	Countable Assets
HUSKY A	Children from birth to 19	Up to 201% FPL	Not considered
	Parents with children from birth to 19	Up to 138% FPL	Not considered
	Pregnant women	Up to 263% FPL	Not considered
	Children 19 and 20 year olds	Very low income limit; varies by DSS region	\$2,000 maximum
	Youth age out foster care to age 26	No income test	Not considered
HUSKY B (CHIP)	Uninsured children from birth to 19	Income between 201% FPL and 323% FPL	Not considered
HUSKY C	Disabled adults 18 and older; seniors age 65 and older; blind (regardless of age)	Very low income limit; varies by DSS region	\$1,600 individuals or \$2,400 for couples
HUSKY D	Single adults 19 through 64	138% FPL	Not considered
Access Health CT Health Plans	All ages	Generally above 138% FPL	Not considered

Premium tax credits to purchase commercial coverage through Access Health CT are generally available to individuals with income below 400% FPL who do not qualify for HUSKY; cost sharing reductions (reductions in deductibles and co-pays) are available to individuals with income below 250% FPL who do not qualify for HUSKY.

If an applicant qualifies for a HUSKY A or D program, she will not be eligible for subsidies for private insurance from the Health Insurance Exchange. An individual could forego HUSKY A, B or D and instead buy private coverage – *without* subsidies -- through Access Health CT. Individuals and families with incomes that are too high to qualify for the HUSKY program or are otherwise not eligible for HUSKY (e.g., certain immigrants), but whose incomes are below 400% FPL, may be eligible for government subsidies to purchase private commercial coverage through Access Health CT.

For 2018 maximum income by family size for each program, see:

<http://www.ct.gov/hh/lib/hh/pdf/HUSKYAnnualIncomeChart.pdf>

What proof of income is necessary for HUSKY?

Generally, families need only fill out the amount of their income on the application or renewal form. They do not need to send in pay stubs to Access Health CT or DSS. Access Health CT and DSS will follow up to verify the family's income through computer records, such as the Federal Data Services Hub, IRS data and Department of Labor wage files. If there is a discrepancy of 10% or more between the computer records and the income information on the application, the applicant will be required to clarify the reason for the discrepancy. The family may need to submit wage stubs or other information to verify income.

The HUSKY program will accept the statement of income of applicants who are self-employed but do not file taxes with the IRS. In most cases self-employment income will be verified through federal computer records, so the self-employment W-38 form is not used.

Applying for HUSKY C versus the HUSKY D program

The HUSKY C program, also known as Medicaid for the “aged, blind or disabled”, is a program that is for individuals who are age 65 or older, or who are blind (regardless of age), or who are age 18 through 65 and have a disability other than blindness. The HUSKY C program has different income and asset limits that are applied to monthly income in order to determine eligibility for the program.

Access Health CT processes initial eligibility for HUSKY D but not HUSKY C. Individuals who are denied HUSKY A or D in the Access Health CT system but who meet the above criteria or who receive Medicare may potentially qualify for HUSKY C. After applying through Access Health CT, they should receive a supplemental W1HUSC form to be returned to DSS. This form gathers additional information regarding assets and other income that will be counted to determine HUSKY C eligibility. Ultimately, applications for HUSKY C are submitted through the DSS website at: www.connect.ct.gov.

Section 4: Special Populations and Special Rules

This section deals with Medicaid (HUSKY A and HUSKY D) and CHIP (HUSKY B) eligibility for certain groups of people who are subject to unique rules because of state or federal law. These groups may have special circumstances or procedures that apply if they request medical assistance. This section explains the different rules that may affect applications, the application process, or services for these special populations.

PARENTS AND CARETAKER RELATIVES OF HUSKY A ELIGIBLE CHILDREN

Adults who can enroll in HUSKY A include parents, caretaker relatives, and pregnant women. (We are using the term “caretaker relative” to mean a relative other than a parent, such as a grandparent. See below for further information.)

Some parents and caretaker relatives living with HUSKY A-eligible children are eligible for HUSKY A. The income guidelines for adults in Connecticut are different from those for children. Children are eligible if their household income is less than 201% of the Federal Poverty Level, while parents and caretaker relatives are eligible if their household income is less than 138% of the Federal Poverty Level. Parents and caretaker relatives with earned income over 138% of the Federal Poverty Level who were enrolled in HUSKY A on December 31, 2017, will remain eligible for benefits through December 31, 2018, under transitional medical assistance (TMA) as long as they meet all other eligibility criteria.

In order to be eligible for HUSKY A, a parent or caretaker relative must also be living with the HUSKY A-eligible child. However, not all adults living in households with HUSKY A-eligible children are eligible for HUSKY A. Besides meeting the income guidelines, they must also be a parent or meet the definition of “caretaker relative.”

A caretaker relative must:

- Live with and be responsible for the day-to-day care and supervision of a dependent HUSKY A-eligible child, *and*
- Be within an “acceptable degree of relationship” to the child. (The degree of relationship varies with the coverage group of the child and caretaker relative. For example, a step-relative may be eligible if they are acting as the caretaker relative because the parent is not living with the child. Check with DSS for more details.)

Individuals within an “acceptable degree of relationship” may include but are not limited to:

- Grandparents
- Nieces/Nephews
- Aunts/Uncles
- Siblings

- Adoptive relatives
- Spouses and former spouses of a blood relative

Caretaker relatives do not need to have legal custody of a child living with them in order to apply for HUSKY for themselves or the child.

If two parents live with a child but are not married, both parents can apply for HUSKY A. *Two caretaker relatives*, such as an aunt and uncle, living with a HUSKY A-eligible child, may both apply for HUSKY as well. If there is only one child in the household, the child is 18 and is not in school (or is not expected to graduate from high school by age 19), permanently moves out, or otherwise becomes ineligible for HUSKY A family coverage, the adults (parent(s) or caretaker relative(s)) will no longer be eligible for HUSKY A. The adults might be eligible for another Medicaid coverage group, e.g., HUSKY D for low-income adults, HUSKY C for the elderly or persons with disabilities, or subsidized private commercial coverage through Access Health CT. An 18 year-old who is not in school remains eligible for HUSKY A until age 19. (See below.)

PREGNANT WOMEN

The HUSKY A income limit for pregnant and postpartum women is 263% FPL. A pregnant woman counts herself plus the number of babies she is expecting in determining her eligibility. For example, if she is carrying twins, the pregnant woman would count as three people in addition to any other members in her household (e.g., her spouse, other children).

Women at or below 263% FPL are eligible for HUSKY A coverage during pregnancy and up to 60 days postpartum. Women who qualify for HUSKY because of pregnancy remain eligible through their postpartum period, regardless of changes in income. The mother may remain eligible for HUSKY A after the postpartum period only if her family income is at or below 138% FPL.

The end of the postpartum period puts new mothers at risk of losing coverage. Before coverage is terminated, their eligibility should be reviewed by DSS to determine whether they remain eligible through a different pathway, generally HUSKY A family coverage.

Connecticut's Healthy Start program, which provides care coordination and support services to pregnant women and their families, has operated in Connecticut since 1989. The overall goals of the initiative are to reduce infant mortality and morbidity and low birth weight in Connecticut, and to improve health care coverage and access for children and eligible pregnant women.

The terms "HUSKY A" and "Healthy Start" are sometimes used interchangeably to refer to the same program. **HUSKY A** is a public health insurance program that covers pregnant women, children, and parents or caretaker relatives. **Healthy Start** refers to a statewide network of service providers that coordinate with local organizations and state agencies to improve maternal and child health for the underserved. The Healthy Start program combines case management and HUSKY outreach.

Healthy Start can provide:

- Individualized support and case management, including liaison services, linkages, and referral
- Help obtaining prenatal care and risk assessment

- Connections to community resources and social services
- Help getting free or low cost health care coverage (HUSKY and other sources)
- Health education about topics, such as childbirth, breast-feeding, child safety and parenting
- Culturally competent support in addressing cultural, language, and psychological factors that may affect access

Services may vary from site to site. To locate a Healthy Start program in your area, call 2-1-1.

“Presumptive Eligibility” for pregnant women

Presumptive Eligibility (PE) allows health care providers whom DSS certifies as “qualified providers,” such as doctors, community health centers, and hospitals to grant eligibility right away. See Section 5 for additional information about PE for pregnant women, other adults (only in hospital settings), and children.

If a DSS Regional Processing Unit (RPU) receives a case with a voucher (e.g., for medications) from the PE site, it will process the application within 24 hours. However, ideally, qualified providers should **assist pregnant women in completing a full AHCT determination as that would provide an immediate eligibility decision**. Individuals who apply directly to DSS, for instance - by dropping off an application at a DSS office - will not receive expedited processing. Such an application will be processed within 45 days.

Minimum verifications include:

- Identity
- Proof of pregnancy, and
- Income information (self-report; pay stubs are not needed)

(Proof of U.S. citizenship can be provided later, and no proof of residency is required other than attestation that the person resides in Connecticut.)

Procedures for Undocumented Pregnant Women

DSS can cover labor and delivery expenses under emergency Medicaid. If that is requested and granted for the mother, the baby will be deemed eligible for Medicaid. It is best for Healthy Start sites to apply online and upload any documents via ConneCT. Note “Labor and Delivery only” in the final comment section and also respond “yes” to the mother being pregnant. If accessing ConneCT is not possible and a paper application is needed, the AH3 form may be used. A W-416 form is also needed for the baby’s coverage. All pertinent paper documents need to be faxed with the FAX FastLink form to the Expedited HUSKY fax line at 860-812-0006.

The application must be made within three months of the date of service for Medicaid to cover the cost of labor and delivery. It is important for the hospital to notify DSS of the baby’s birth so a HUSKY application for the newborn can be processed as soon as possible. See below for more information about newborn eligibility. Healthy Start sites may be able to help undocumented pregnant women find affordable prenatal care.

NEWBORNS

There are special procedures to expedite HUSKY A applications for newborns. Slightly different procedures apply, depending on the mother's insurance status.

Newborns of mothers already enrolled in HUSKY A

Enrollment of newborns in HUSKY A should begin from date of birth of the newborns. DSS Regional Processing Unit (RPU) staff will process activation of newborns medical coverage from the time of birth. Coverage is granted based on information/certification from the W-416. A newborn is eligible for coverage if, on the child's date of birth, the mother was receiving Medicaid or would be Medicaid eligible if still pregnant. The resulting HUSKY A coverage is available for one full year.

DSS uses a form called the "Notification of Newborn Form W-416" to enroll newborns into HUSKY A (Medicaid) when the mother is already enrolled in HUSKY A. ***The birthing hospital should fax the form to DSS through its contractor Scan Optics at 860-812-0006 for scanning. Scan Optics then routes the W-416 back to DSS for expedited processing.*** Medicaid enrollment cannot be authorized for the newborn until the W-416 form is completed by the hospital.

Upon receipt of the completed form from Scan Optics, the RPU at DSS adds the newborn to the HUSKY A program, assigns a Medicaid client ID number for the newborn, and faxes the W-416 Form back to the hospital with the newborn's client ID. The RPU also notifies the mother and the DSS regional office that the infant has been enrolled. The HUSKY Health Program will issue ID cards and the family will receive a welcome packet with important information about available benefits and how to obtain services. Every Connecticut birthing hospital should have one or more designated individual(s) responsible for completing W-416 forms and forwarding them to DSS.

Newborns can be covered in HUSKY A for one full year

Special federal rules guaranteeing eligibility for newborns of mothers who are eligible for HUSKY A or other Medicaid coverage are very important. Regardless of changes in the mother's income, HUSKY A Newborn coverage is guaranteed for one year from date of birth or until the death of newborn, relocation out of state or request for closure.

The provision that allows infants to be covered for up to one year after birth applies to babies born to:

- Women in HUSKY A,
- Women in other Medicaid coverage groups, such as women who are disabled (HUSKY C),
- Women who receive retroactive coverage for birth from either of the above programs, and
- Women who receive emergency Medicaid for labor and delivery.

Keeping babies covered in HUSKY A when they turn one

Babies who receive automatic Medicaid coverage for one year are at risk of losing coverage when they turn one. That birthday prompts a review of the infant's eligibility. The timing, notices, and review process can be confusing for families and cause loss of coverage.

The Department of Social Services and Access Health CT are working together closely to ensure that families receive timely, accurate and understandable notices regarding eligibility and renewal information. In addition, community-based HUSKY outreach workers should attempt to identify families whose babies are turning one, and reach out to those families with information about how to avoid gaps in coverage or disenrollment. The family should complete the Access Health CT application to determine continued eligibility for HUSKY coverage.

Uninsured newborns of mothers who do NOT have private group health insurance or an active Medicaid case

A birthing hospital in Connecticut or participating border hospital will assist mothers of uninsured newborns to complete a HUSKY application. The hospital submits the application to Access Health CT. If the hospital or applicant is unable to submit the application through Access Health CT, the hospital may use presumptive eligibility processes to grant immediate eligibility for the baby. If the baby is potentially eligible for HUSKY A, Access Health CT refers the application to DSS for expedited processing.

Newborns eligible for HUSKY B: waiver of premiums

State law requires that the HUSKY program waive any premiums a family would otherwise have to pay to enroll the newborn in the HUSKY B program. The waiver is good for four months from the month in which the baby is born. After these four months, the family would have to pay any monthly premiums, if applicable, in order to continue the baby's coverage.

YOUNG ADULTS

This section deals with minors and young adults, ages 18 to 26. Certain members of this age group may qualify for medical coverage under special rules.

Eighteen year-olds remain eligible for HUSKY

Virtually all of Connecticut's uninsured children are eligible for HUSKY until the age of 19. Due to technical limitations in the DSS computer system, however, special data entry procedures need to be performed to keep 18-year-olds in HUSKY A. If these special procedures are not followed, they can result in erroneous termination of coverage when the young adult turns 18. Therefore, if an 18-year-old receives a termination notice or loses coverage, DSS should be contacted to determine whether the teen is still eligible.

If a family with one 18-year-old has family coverage, DSS's computer will automatically move the child to "child coverage" category when the child turns 18. However, if there is *more than one* HUSKY A covered child in the family, DSS's computer system may:

- Keep the 18-year-old in family coverage if the teen is in high school and expected to graduate before his or her 19th birthday, *or*
- Require DSS workers to manually move the child to a different coverage category.

Therefore, depending on the number of children in the family and the school status of the 18-year-old, he or she may be in the family's coverage category or a child-only coverage category. The bottom line is that turning 18 should not be a reason for a teen to lose HUSKY coverage. Families should be advised to provide proof that the child is expected to graduate from high school before the teen turns 19 when DSS asks for such information.

If the 18-year-old is in high school but is not expected to graduate by 19, is no longer in high school, or is in college, *the teen remains eligible* for HUSKY, but under a different coverage category that will be assigned by DSS. In sum, if DSS knows that the teen does not meet the school attendance requirements, the family should not have to do anything to maintain the teen's eligibility.

Parents of eighteen-year-olds in HUSKY A family coverage

Parents or caretaker relatives of an 18-year-old with no younger siblings will be eligible for HUSKY A only if the child is:

- A full time secondary school student or enrolled in an equivalent level of vocational or technical training, *and*
- Expected to graduate by age 19.

In certain circumstances, parents or caretaker relatives of 18-year-olds mistakenly lose HUSKY A coverage due to the same system limitations that require special data entry procedures for their children who are still in school.

In the event the parent or caretaker relative is no longer eligible for HUSKY A, that individual may be eligible under another coverage category, such as HUSKY D, or for subsidized private commercial coverage through Access Health CT.

Eighteen- to twenty-six-year-olds who were involved with DCF

Prior to January 1, 2014, children who received foster care or independent living services from the Department of Children and Families (DCF), were on Medicaid, and turned 18 remained eligible for HUSKY A until age 21 without an income or asset test. The Affordable Care Act has extended this opportunity to the youth's 26th birthday, in order to provide coverage similar to what is available to adult children who can remain on their parents' health insurance until age 26.

Coverage for youth formerly in care will be available only if a) the youth was 18 or older when he/she left foster care in Connecticut, and b) was on Medicaid at the time he/she "aged out" of care. This means that a youth who aged out of care in New York and later moved to Connecticut would not be eligible for HUSKY under this coverage category (Connecticut could choose to cover young adults who aged out of foster care from other states but thus far it has not taken up this federal option). It also

means that a youth in care in Connecticut who was incarcerated on his/her 18th (or later) birthday will not be eligible for this special Medicaid coverage category.

If a young adult is not eligible for coverage as a former foster youth, he/she may be eligible under another category, such as HUSKY D (low-income adults), or for subsidies to purchase private commercial coverage through Access Health CT.

Nineteen- and twenty-year-olds

Nineteen- and twenty-year-olds in HUSKY D are eligible for all medically necessary services – whether or not such services are provided to adults over the age of 21. This guarantee comes from the federal “Early and Periodic Screening, Diagnostic, and Treatment” (EPSDT) guidelines to ensure that children and young adults receive all appropriate medical care.

MINORS

Minors can complete HUSKY applications for themselves and/or their children. If a minor is living with his or her parent(s), parent income will be counted in determining the minor’s eligibility for HUSKY A based on tax filing status of all household members. A minor who is not living with his or her parents would not have parent income counted in determining eligibility unless the young adult is claimed as a tax dependent by a parent and does not meet an exception to the tax dependent rules.

If a minor who is not emancipated applies for him/herself and is eligible for HUSKY B, a parent *may* be asked to sign the application. (An emancipated minor is a child under the age of 18 who has been deemed emancipated through court proceedings, marriage, or active duty in the armed forces.)

IMMIGRANTS AND OTHER NON-CITIZENS

The complex rules governing eligibility for Medicaid and the Children's Health Insurance Program (CHIP) have created confusion and anxiety among many immigrant families. Connecticut offers coverage under HUSKY to many groups of immigrants. The application process and the benefit package are the same for eligible legal immigrants as they are for United States citizens.

Eligible immigrants include those who are legally residing in the United States under a number of different circumstances:

To be eligible for HUSKY, immigrants must be “lawfully present” and “qualified non-citizens.”

“Lawfully present” means that the non-citizen has a visa, green card, or other documentation of their legal right to be present in the United States. A full list of “lawfully present” statuses can be found at www.healthcare.gov/immigrants. At this time, individuals who are present under the Deferred Action for Childhood Arrivals (DACA) program are not “lawfully present” and are therefore not eligible for HUSKY.

“Qualified non-citizens” are a sub-population of “lawfully present” immigrants that includes lawful permanent residents (known as LPRs or Green Card Holders), asylees, refugees, Cuban/Haitian entrants, immigrants paroled into the U.S. for at least one year, certain conditional entrants, members of Native American tribes born in Canada, victims of domestic violence and trafficking and their immediate family members, and non-citizens granted Withholding of Deportation or Withholding of Removal status.

Most categories of qualified non-citizens, particularly those with a “humanitarian” status, are eligible for HUSKY immediately upon lawful entry into the U.S. or if later, upon obtaining their “qualified” status. With some exceptions, other categories of qualified non-citizens, including LPR's, are subject to a five-year waiting period (from date of “qualified” status) before they may qualify for HUSKY coverage. Pregnant women and children (under the age of 21 in HUSKY A; under 19 in HUSKY B), as well as active duty military veterans and their families, are **not** subject to the five-year wait regardless of the basis for their qualified non-citizen status.

In summary, immigrant groups that are not eligible for HUSKY include, but are not limited to the following:

- Certain qualified non-citizens, including non-pregnant LPR adults who have lived in the U.S. for less than five years
- Immigrants who are not lawfully present, also known as “undocumented” immigrants
- Lawfully present immigrants who are not qualified non-citizens, such as student visa holders, temporary work visa holders, and tourist visa holders.

Lawfully present individuals, including qualified non-citizens with less than five years of residency, who are not eligible for HUSKY may be eligible for subsidies to purchase private insurance through Access Health CT. Additional details regarding immigrant eligibility for HUSKY and Access Health CT marketplace subsidies can be found at www.healthcare.gov/immigrants.

Regardless of an immigrant's status or HUSKY eligibility, non-citizens, including undocumented immigrants, are eligible for emergency Medicaid coverage in the event of a life-threatening emergency medical condition. Non-citizens still have to meet other eligibility requirements of the Medicaid program, e.g. income eligibility. An emergency includes labor and delivery of a newborn.

Despite misconceptions in some immigrant communities, immigrants who apply for HUSKY:

- Will *not* get deported
- Will be able to sponsor a family member
- Will still be able to become a citizen.

Immigrants who participate in HUSKY will not be considered "public charges"

All immigrants who file for any change in status are evaluated by United States Citizenship and Immigration Services, in order to determine whether they are likely to become public charges. "Public charge" is a term used in immigration law to describe persons who are unable to support themselves and/or their dependents.

Under federal rules, receipt of non-cash benefits, such as HUSKY, is not considered in deciding whether an immigrant is a "public charge," (except when the person is permanently institutionalized for long-term care). Therefore, immigrants can get HUSKY without threatening their immigration status.

Immigrant's sponsors

Applicants are not asked to identify sponsors. Sponsor deeming - the designation of sponsors who have signed an agreement to financially support an immigrant - is only applicable to the HUSKY C program.

Section 5: The Application Process and Application Assistance

Access Health CT is the main entry point for children, families, and single adults seeking health insurance in the state. Access Health CT has a single application that is used to determine HUSKY A, HUSKY B, and HUSKY D eligibility. For higher income families, the same application is used to determine eligibility for federal subsidies to purchase private insurance, called a Qualified Health Plan, that meets the requirements of the federal Affordable Care Act. Helping consumers understand the application process, and which insurance plans or subsidies they may qualify for, is critically important. Elderly and disabled individuals who are only eligible for Medicaid through HUSKY C continue to apply for coverage under the Department of Social Services. Applications may be accessed and submitted online at www.connect.ct.gov.

HELP FOR CONSUMERS

Families who need *face-to-face* application assistance can rely on the following outreach resources:

- Healthy Start sites;
- Federally-Qualified Health Centers;
- Hospital-based contacts for newborn enrollment; and
- Organizations or health providers that are authorized to grant presumptive eligibility (including community health centers and hospitals).

Families can also call 1-877-CT-HUSKY (1-877-284-8759) for help with navigating the application and renewal process.

Language assistance for families

Title VI of the Civil Rights Act prohibits any organization that receives federal funding from discriminating based on race, color, or national origin. Under Title VI, healthcare programs and providers that receive federal funds, such as Medicaid, must provide translations and interpreters for clients with Limited English Proficiency (LEP). Title VI also requires providers and agencies receiving federal funds to provide written materials in languages other than English. These providers or agencies must make interpreter services available to all of their clients, not just those clients served with federal funds. *Civil rights requirements must be met by Access Health CT, Department of Social Services, hospitals, individual providers, administrative organizations, and all social service agencies involved in HUSKY.*

Access Health CT and the Department of Social Services (DSS) have Spanish-speaking staff and a telephone language line to assist its staff in communicating with clients who speak a language other than Spanish or English. When clients call Access Health CT or DSS, they need to state their spoken language so that staff can call an interpreter to join them on the line. HUSKY Health (for help with obtaining medical appointments and other services), 2-1-1, and Access Health CT have Spanish-speaking staff as well as a language line to assist callers who speak languages other than Spanish or English.

The single application available through Access Health CT can be obtained in both English and Spanish. All written notices and letters from Access Health CT or DSS that pertain to the application, enrollment, or renewal process are also available in English and Spanish. *If your client receives notices or letters in English but needs them in Spanish or vice versa, contact Access Health CT or DSS and ask them to correct the client's primary language in their eligibility system.*

OUTREACH TIP:

Free language assistance

All applicants for health care coverage through Access Health CT are entitled to interpreters for language assistance at no cost. Clients are not responsible for payment or provision of an interpreter. If applicants have difficulty accessing interpreters, they should contact Access Health CT at 1-855-805-4325.

Releasing information on the status of HUSKY applications

Individuals and agencies can help families apply for coverage through Access Health CT, including HUSKY. However, the Department of Social Services (DSS), or Access Health CT will not release any information about the status of a HUSKY application without the applicant's written consent. In order for DSS to disclose information about an applicant's eligibility to specified persons, applicants must complete a "release of information" form (Form W-298 and W-298S (Spanish version) are available online at <http://portal.ct.gov/DSS/Lists/Publications/Applications-and-Forms>). For Access Health CT, the Authorized Representative (AREP) information is self-declared on the application. Applicants who apply online will receive a determination of their eligibility at the time of application, but all applicants must receive written notice of the outcome of their application.

THE APPLICATION PROCESS

Access Health CT has one application to be used for HUSKY A, HUSKY B, and HUSKY D, as well as to purchase qualified health insurance plans and to determine eligibility for federal subsidies. Families do not need to know in advance which part of HUSKY or the type of financial assistance that they might qualify for.

How families apply

Families can apply online, by phone, in person, or through the mail.

- **Online.** Individuals and families can access the online Access Health CT application, which will allow them to apply for HUSKY A, HUSKY B, HUSKY D, as well as to purchase a qualified health plan with possible federal subsidies, at www.accesshealthct.com. Access Health CT has encouraged consumers to utilize this option whenever possible.
- **Telephone.** To apply by phone, ask for an application or ask questions about the application process, clients can call 1-855-805-4325. Also, individuals may call 1-877-CT HUSKY for information about the HUSKY program.

- **In-Person.** Families can apply at enrollment centers and community health centers. Enrollment Centers are usually open during the yearly open enrollment period. Occasionally, they are open at other times. Call Access Health CT for information about locations, hours, and directions. Community health centers are open year-round.
- **Mail.** To obtain a paper application, applicants can contact Access Health CT at 1-855-805-4325. Applicants are discouraged from submitting a paper application given its length and complexity. If online is not a realistic option, it is best to apply by telephone. Although it can take some time to complete the application by phone, it will provide applicant with a realtime eligibility determination. (Also, families who need financial and/or SNAP benefits can fill out a W-1E application to be processed by the Department of Social Services, available online at www.ct.gov/dss).

Information Required for Application

- Birth dates for all family members who need coverage
- Social Security numbers for all family members who need coverage
- Citizenship or immigration status and certificate of naturalization, if applicable
- Tax return for previous year (if the individual filed)
- Current health care coverage information
- Tax filing status for all households members.

Families completing applications on behalf of their children through Access Health CT are **not** required to provide documentation of the parent's Social Security number. This includes caretaker relatives. For adoptive parents, a copy of the adoption decree is needed.

HUSKY application processing timelines

An application for HUSKY A, B or D that is submitted through Access Health CT receives an immediate grant or denial of eligibility. If information is missing from the application, the application is considered incomplete and may not be processed until the missing information is received. If the application is complete but unable to be verified via the Federal Data Services Hub, individuals will be granted 90 days to provide the necessary verifications.

Once determined eligible for HUSKY A, HUSKY B, or HUSKY D, applicants can print out the eligibility determination if they need proof of eligibility right away until an applicant receives a written notice of coverage. If applicants apply by phone or mail, they will receive the notice of eligibility by mail.

Access Health CT will use a federal database to verify certain information about an applicant, such as citizenship or immigration status. If an individual provides information that is inconsistent with information about the applicant that has been provided by the federal hub, the applicant will be notified of the discrepancy. The applicant is responsible for providing any additional information required by Access Health CT in order to demonstrate eligibility for HUSKY.

When does HUSKY A coverage begin?

Once a person is found eligible, the effective date of coverage is different for HUSKY A, B and D. If a person is found eligible for HUSKY A or HUSKY D, his or her coverage will begin on the first day of the month in which he or she was determined eligible. For example, if a family applied for HUSKY on February 20 and was found eligible for HUSKY A beginning with the month of application, coverage would begin as of February 1st. The same would be true for an individual applying for HUSKY D.

If a client is found eligible for HUSKY A or HUSKY D, and has unpaid medical bills, coverage can be made retroactive up to 90 days from the date of application (if the client was eligible during the period in which the bills were incurred). This is not an automatic process. ***Families must request retroactive coverage***, and they must document that their income was within eligibility guidelines for the months in which bills were incurred. Those granted “presumptive eligibility” (PE) would have to complete a regular application and request retroactive coverage for payment of any medical bills incurred prior to the date of PE approval. Families should do this by contacting DSS.

Example:

Retroactive coverage can save a family from severe medical debt

Maria’s family applies and she is found eligible for HUSKY A as of February 1st. Maria had an asthma attack in January and went to the emergency room. If the income of her family for the month of January met the guidelines for HUSKY A, her family can request retroactive coverage for Maria’s January medical bills. Once granted, the HUSKY program will pay for the January emergency room visit.

HUSKY B coverage

The date of coverage (eligibility) for HUSKY B varies depending on the child’s date of application, family income level, and the consumer’s chosen coverage effective date.

DSS will accept PE determinations for HUSKY B from authorized sites, and will enter the information into its eligibility system by the end of the next business day after receiving the necessary paperwork from the PE site. Ideally, the authorized site will help the family fill out the application on the Access Health CT website to get an immediate eligibility determination.

For HUSKY B Band 1 (no monthly premium), each consumer has the option to choose a coverage effective date of either the first of the application month or the first of the following month. For HUSKY B Band 2, the enrollment effective date depends on when the premium payment is received for the month the family chooses to begin coverage for their child(ren).

In HUSKY B, the child’s case will close if the application is not completed or the premium payment (for HUSKY B Band 2) is not received by the 90th day. The family would have to re-apply by submitting another application after the 91st day when the same HUSKY application processing timeline would apply.

A newborn eligible for HUSKY B will be enrolled as of the first of the birth month unless the baby’s parent has other insurance that will cover the newborn for the first 61 days.

HUSKY B COST-SHARING

There are two “levels” or bands of HUSKY B. Both bands of HUSKY B require families to contribute to the cost of HUSKY coverage for their children. Band 1 requires no monthly premium. Band 2 families pay a share of the monthly premium (\$30 for 1 child; \$50 for 2 or more children per month).

HUSKY B families must also pay co-payments on certain services. HUSKY B has no co-payments for preventive services. In general, co-payments are \$10 for office visits for when a child gets sick; \$15 for routine eye exams and hearing screens; \$10 for brand-name prescriptions; and \$5 for generic prescriptions; some dental services have co-payments or co-insurance requirements. (Co-insurance is a percentage of the dental service that the family is expected to pay, such as 20 percent of the fee for certain dental services). For a complete list of the co-pays in HUSKY B, see the HUSKY B Member Handbook at www.huskyhealthct.org

There is a cap on the yearly amount that most HUSKY B families pay. Once a family pays 5% of gross income toward premiums and co-pays, they are no longer responsible for co-pays, co-insurance, and premiums during the rest of the year.

Families in different income bands have different enrollment and billing cycles. Children can no longer be temporarily locked-out from HUSKY B for non-payment of the premium; however, families will be billed for unpaid premiums. Conduent will send invoices as well as notices to HUSKY B families who do not pay their premiums in a timely manner.

Premium payment notices should state:

- The amount that is due.
- Instructions about how to contact the HUSKY program if there has been a decrease in family income or an “unexpected catastrophic financial liability” that may affect whether the child is eligible for HUSKY A or a different income band.
- The effective date of disenrollment if the premium is not paid.
- The final date that the premium may be paid in order to prevent disenrollment. For Band 2, premiums must be paid by the last day of the month of coverage. (For example, if the coverage month is January, the premium must be paid by January 31st.)

Premium payments should be sent to:

ACS State
Healthcare, LLC
P.O. Box 842598
Boston, MA 02284-2598

PRESUMPTIVE ELIGIBILITY

Presumptive Eligibility (PE) is a simplified eligibility process for children under the age of 19 in HUSKY A and HUSKY B, pregnant women who qualify for HUSKY A, parents and adults who qualify for HUSKY A or HUSKY D. PE is designed to increase access to healthcare by allowing eligibility to be immediately granted. The PE site is permitted to use simplified income and household composition rules in order to make a quick eligibility decision.

Presumptive eligibility determinations for children can be made by certain organizations called “qualified entities” (QE), such as school-based health centers, Head Start programs, WIC programs, and Medicaid providers. PE for pregnant women is done by “qualified providers” (QP) - usually health care providers. Some organizations, such as a community health center, may be both a qualified entity and a qualified provider. All PE sites are asked to use the Access Health CT on-line portal in order to obtain an immediate eligibility determination. Otherwise, the application will be processed within 45 days. This longer processing time frame can lead to delays in accessing timely prenatal and other health care services.

Each hospital in the state has the option of becoming a “qualified entity” in order to make presumptive eligibility determinations. A Medicaid eligibility determination will be allowed when the hospital receives preliminary information showing the patient’s financial eligibility. Coverage is available from the date of service, encompasses all Medicaid services, and is not limited to the event that led to hospitalization. Presumptive eligibility will be available at qualified entity hospitals to *all* individuals under the age of 64. Note that only hospitals are permitted to make a presumptive eligibility determination for a non-pregnant adult for HUSKY A or HUSKY D coverage.

ELIGIBILITY DECISIONS: HOW TO APPEAL

Families applying for HUSKY have the right to appeal any eligibility decision.

For HUSKY A, B or D, if an enrollee is found ineligible, the individual will receive a written denial notice from the DSS/Access Health CT shared eligibility system. Included with the notice will be a form that the individual can fill out to request an Administrative Hearing. An individual has 60 days from the date of the denial notice to request an Administrative Hearing. Once the Office of Legal Counsel, Regulations and Administrative Hearings at DSS receives the request, the hearing unit has 30 days to schedule a hearing. Families who need help with the appeal process should contact Statewide Legal Services at 1-800-453-3320.

STATE ONLY SEEKS RECOVERY OF HUSKY BENEFITS IN LIMITED SITUATIONS

Generally, the state does not request repayment of health benefits paid by the state on behalf of a HUSKY A or D member. The state also does not seek recovery of HUSKY B (CHIP) benefits. The circumstances under which the state requests repayment of benefits can be an area of confusion or concern. It may cause some applicants to forego health coverage because they mistakenly believe that the state will seek reimbursement for the health coverage they or their family receives. Since the goal of the Affordable Care Act is to ensure that all eligible individuals can obtain health coverage, it is important that applicants understand when the state is permitted (or required) to seek recovery of the costs of the enrollee’s HUSKY coverage.

The state typically does seek reimbursement from a HUSKY A or D enrollee in the following situations:

1. If a HUSKY member obtained a judgment or settlement of a lawsuit or claim for an injury or illness that was covered under the HUSKY program. In that case, the state's reimbursement is limited to the amount of the judgment or settlement, or the total amount of the health benefits received to treat the injury or illness, whichever is greater.

2. After the HUSKY member has died, the claim for reimbursement is limited to (1) long-term care or home and community based services provided to the HUSKY A or D member; (2) benefits for other health care services provided to HUSKY A recipients over age 55; (3) benefits for other health care services provided prior to January 1, 2014 to HUSKY D recipients over age 55. In any case, the state will typically delay or forego recovery for as long as the deceased member's spouse or dependent child remains living in the deceased member's home. Additional exceptions may be made, on a case by case basis, when the state's recovery would impose a hardship on individuals who would otherwise be entitled to the assets of the estate.

Individuals should seek the advice of an attorney to know their rights and responsibilities about recovery. They may contact the Statewide Legal Services informational line at 860-344-0380 for help or referral.

Section 6: Renewing and Extending HUSKY Coverage

Generally, eligibility for HUSKY is re-determined once per year unless changes are reported by the family. Individuals often cycle on and off of HUSKY due to temporary income changes, changes in family structure, failure to complete renewal forms, and eligibility system limitations that result in inappropriate termination or denial of coverage. Reducing this cycling or “churning” has long been a goal of the HUSKY program.

HOW INCOME CHANGES AFFECT HUSKY COVERAGE

Changes in income should be reported to HUSKY within 10 days. If at any time, a change in family income would make a child eligible for a less expensive level of HUSKY B or make a child eligible for HUSKY A, the change would take effect the month after the change is reported. Also, if an increase in income would make children ineligible for HUSKY A, the change would be effective the following month.

For example, “Alison” is enrolled in HUSKY B, Band Two, in which families pay a portion of the monthly premium. A few months later, Alison’s mother has a reduction in work hours from full time (40 hours) to part time (25 hours). Since Alison is in HUSKY B, the family should report this change in income to Access Health CT. After recalculating eligibility based on the family’s new income, she may be eligible for HUSKY B, Band One (in which there are no premiums) or for HUSKY A (in which there are no premiums and no co-pays).

HUSKY RENEWALS

Eligibility for HUSKY must be renewed once a year. HUSKY renewals are done through Access Health CT and families are **not** required to have a face-to-face interview.

The same procedures described in the application section of this manual apply to the renewal process.

In HUSKY A, B and D, 60 days before the end of the coverage period, eligibility will first be reviewed through an automated renewal process. The automated system reviews income and immigration status. If income has not changed by more than 10% and/or immigration status is unchanged or doesn’t affect ongoing eligibility, then the individual’s coverage will be automatically renewed. This process is sometimes called “passive renewal.” At the same time the individual will receive a letter explaining that their HUSKY coverage will continue and what changes they may need to report. The letter will be accompanied by a pre-populated form and the HUSKY member is asked to make any corrections to the information listed on the form by going online to Access Health CT, contacting the call center by phone, mailing in the corrections, or visiting a DSS office or Access Health CT store front in-person.

The HUSKY program seeks to increase the number of enrollments that are automatically renewed since the process cuts down on staff time needed to process renewals, lessens the paper-work burdens on families, and reduces gaps in coverage. Currently, about 55 percent of applications are automatically renewed. Note some types of HUSKY coverage cannot be automatically renewed, such as pregnant

women coverage. That is because in these types of cases the individual must be found eligible under a different coverage category to remain eligible for HUSKY. For example, pregnant women coverage only continues for 60 days after the pregnancy ends, at which time the woman would be re-screened for eligibility under parent coverage or another HUSKY category.

The HUSKY program will send a reminder notice 30 days prior to the end of the eligibility period to those who haven't sent in information to continue their coverage. If the information is not received 15 days before the cut-off date, the family will receive a termination notice.

RENEWAL DECISIONS: HOW TO APPEAL

Families renewing HUSKY coverage have the right to appeal a termination decision. The appeal process is similar to the appeal process for new applications. If an individual is found ineligible, the person will receive a written termination notice. Included with the notice will be a form that the individual can use to explain why they disagree with the HUSKY decision. The individual has 60 days from the termination notice to request a hearing. However, if the individual requests a hearing before the date eligibility is to end, HUSKY coverage will continue pending the outcome of the hearing (for other benefit programs, such as SNAP, the request must be made within 10 days of the notice to keep benefits in place pending the outcome of a hearing request).

HUSKY A, B, and D renewals that are closed for failure to respond to the renewal process are subject to a 90 day reconsideration period. This could still lead to a gap in health coverage, so families should be encouraged to complete the renewal process in a timely manner online, by phone, by mail, or in person. If the renewal form is submitted less than 90 days after the case is closed, eligibility can be reinstated. Due to problems with staffing and system limitations, eligible families have mistakenly lost coverage. DSS is in the process of making improvements to resolve these problems. In the meantime, outreach workers should contact the HUSKY program (1-877-CT HUSKY) for help with renewals that are overdue and/or coverage that has been wrongly terminated.

HELPING FAMILIES KEEP HUSKY COVERAGE: TRANSITIONAL MEDICAL ASSISTANCE (TMA)

Families who would otherwise lose HUSKY A coverage due to increases in income can stay on HUSKY through transitional medical assistance for up to an additional 12 months. TMA applies when the household's earnings or spousal support go over the HUSKY A income limits. (Reminder: child support no longer counts when determining eligibility for HUSKY.) There is no income test during the TMA period. Since the HUSKY A income limit for parents is now lower than the income limit for children, this can lead to parents and children having separate TMA periods.

- **If income is above 138% FPL but below 155% FPL**, the parents would be moved to TMA coverage, and the children remain eligible for HUSKY A under the children coverage group.
 - Example 1A: Ms. Smith lives with her two children. She received a raise and now earns \$35,000 per year – putting her over the federal poverty limit income limit in 2017 for parents in HUSKY A. She notifies DSS of the raise and her 12-month TMA coverage begins. Because her income is still below \$41,044 - the income limit for children - the children's coverage does not change.

- **If later family income through increased earnings or spousal support puts the children over 201% FPL**, then the children would move into TMA with a different schedule from their parents.
 - Example 1B: Six months later, Ms. Smith begins working more hours and her income increases to \$42,000 per year, above the HUSKY A income limit for children. Her children are moved into TMA coverage. The mother and children will be re-screened for coverage at different intervals. The TMA period for Ms. Smith will end six months before the children's TMA period.
- **If, instead, income goes directly from below 138% to over 201% FPL** the parents and children would be moved to TMA coverage at the same time and have the same 12 months of TMA.
- **There is no limit on the number of times a person may receive TMA.** The 12 months of coverage is not a lifetime maximum, so the 12-month period could begin each time a family qualifies for TMA. TMA coverage may not be received in consecutive 12-month periods.
- **At the end of TMA**, families should be rescreened. If income goes down, families may qualify again for HUSKY A coverage or another HUSKY category. If family income is too high for children to remain eligible for HUSKY A (income over 201% FPL), children should be referred to Access Health CT for an eligibility determination under HUSKY B or for coverage under an Access Health CT qualified health plan. The parents may also be eligible for qualified health plan coverage.
- Remember, **individuals no longer eligible for HUSKY with family income under 400% FPL** are eligible for subsidies to help to pay for qualified health plan coverage offered by Access Health CT. For more information, call 1-855-805-4325.
- **Families who have never been on cash assistance** may qualify for TMA. TMA is tied to the loss of eligibility for HUSKY parent or child coverage group, not cash assistance or any other HUSKY/Medicaid coverage group.

1095-B TAX FORM

Form 1095-B is a tax form used to report health coverage (including Medicaid and CHIP) for proof of MEC (minimal essential coverage) for the reporting year for IRS federal tax filing purposes. DSS sends the form to consumers by January 31st for the tax reporting year; DSS also sends this information to the IRS. Medicaid and CHIP recipients do not need to send this form in with their tax return. DSS urges those with federal tax questions to seek assistance from a tax advisor, tax consultant, tax attorney, or the IRS at www.irs.gov. For questions about the 1095-B, call 1-844-503-6871.

Section 7: HUSKY Benefits

HUSKY A, HUSKY B, and HUSKY D offer different sets of health services. One set of benefits applies to children and families and other adults in HUSKY A/HUSKY D (Medicaid) and another applies to children in the HUSKY B program (the Children's Health Insurance Program, or CHIP). HUSKY Plus Physical is a supplemental wrap-around package of services for children in HUSKY B who have intensive physical health needs.

HUSKY A AND HUSKY D (MEDICAID)

HUSKY A and HUSKY D are parts of the Medicaid program, also known as Title XIX (19). Parents, pregnant women, and other adults receive coverage for preventive and specialty care, hospital-based services, dental care, and behavioral care. Furthermore, every person up to age 21 who is eligible for Medicaid is entitled to receive a comprehensive set of health services under the **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines**. The goal of EPSDT is to ensure that children and teens receive regular, preventive health care by following a set schedule of doctor visits, and all medically necessary care. EPSDT is not a separate program, so Medicaid recipients do not need to apply for it. EPSDT includes assessments, exams, diagnostic procedures and services. Two aspects of EPSDT make it uniquely able to address the needs of low-income children:

- **Medical necessity** - Under EPSDT, all medically necessary services must be provided for children and youth to age 21. Covered services include those that prevent a child's condition from worsening and services to correct or ameliorate a condition, in addition to preventive and diagnostic services.
- **No arbitrary limits** - In Medicaid, the amount and length of care is determined by medical necessity, which health care providers decide on a case-by-case basis. Therefore, arbitrary limits, as often used in commercial insurance, do not apply. For example, Medicaid may not limit a HUSKY A recipient to only five doctor visits in a year. The definition of "medical necessity" can be found in General Statute Section 17B-259b. Families have a right to see the guidelines that were used to deny or limit services based on medical necessity, and may appeal a denial or services based on medical necessity. To access health services, contact HUSKY Health at 1-800-859-9889.

HUSKY B (CHIP)

HUSKY B is a health insurance program for uninsured children who do not qualify for HUSKY A because of income. There are monthly costs (premiums) for some children in HUSKY B and fees for some doctor visits (co-payments).

HUSKY Plus Physical

Most services for children with intensive health care needs are covered in HUSKY B. Other services not covered in HUSKY B may be available through **HUSKY Plus Physical**. (HUSKY A covers all of the services covered under HUSKY B and HUSKY Plus, without limitations.)

The Plus package is designed as a supplement, or wrap-around program, for children with **special physical health care needs**. Families do not need to exhaust HUSKY B benefits in order to qualify for HUSKY Plus. In fact, children can be receiving HUSKY B and HUSKY Plus services at the same time.

There are no additional co-payments, deductibles, or additional premiums for HUSKY Plus benefits. The HUSKY Plus program is administered by the Connecticut Children's Medical Center's Center for Children with Special Health Care Needs. For more information, call 1-877-743-5516.

Services include:

- Adaptive and specialty equipment, including durable medical equipment
- Special nutritional formulas
- Physical, occupational, and speech therapy
- Specialty dental and/or orthodontic services (restrictions apply)
- Medical and surgical supplies
- Hearing aids
- Help in coordinating specialty care and accessing services
- Advocacy and family support
- Case management

HUSKY B Co-pays

HUSKY B families are expected to pay toward their children's health care. Some forms of cost-sharing are a set dollar amount (co-pays) and some of the amounts are a percentage of the charge for the service (co-insurance). See the HUSKY B member handbook (at www.huskyhealthct.org) for the amount that families are expected to pay for certain services.

The total amount that a family pays for HUSKY B is still limited. A family should not pay more than 5% of income (before taxes) in premiums, co-pays, and co-insurance during the coverage year. The HUSKY Program will notify the family in writing that they have reached the maximum amount. The children will receive new ID cards stating that no co-pay is due.

There are **no** co-pays for well-baby care and well-child care services ("preventive services"), including:

- Newborn exam in the hospital
- WIC evaluations
- Prenatal care for women under age 19
- Regular newborn screening exam (in the hospital or the office)
- Regular physical exams or "checkups" and lab tests related to those exams

- Immunizations and the office visit for the immunization
- Some dental services: regular oral exams, cleanings, fluoride application, sealant application and x-rays

MEDICAL BENEFITS	BEHAVIORAL HEALTH BENEFITS	DENTAL BENEFITS	PHARMACY BENEFITS	TRANSPORTATION SERVICES NON-EMERGENCY
<p>HUSKY HEALTH WWW.HUSKYHEALTHCT.ORG 1.800.859.9889 TTY 711 MONDAY-FRIDAY; 8 A.M. TO 6 P.M.</p>	<p>CT BEHAVIORAL HEALTH PARTNERSHIP WWW.CTBHP.COM 1.877.552.8247 TTY: 711 OR 1.866.218.0525 MONDAY-FRIDAY; 9 A.M. TO 7 P.M.</p>	<p>CT DENTAL HEALTH PARTNERSHIP WWW.CTDHP.COM MEMBERS: 1.855.283.3682 TTY: 711 PROVIDERS: 1.888.445.6665 MONDAY-FRIDAY; 8 A.M. TO 5 P.M.</p>	<p>CT PHARMACY ASSISTANCE PROGRAM HUSKY HEALTH PHARMACY PAGE MEMBERS: 1.866.409.8430 TTY: 711 OR 1.866.604.3470 PROVIDERS: 1.800.842.8440 MONDAY-FRIDAY; 8 A.M. TO 5 P.M.</p>	<p>VEYO: HTTPS://CT.RIDEWIT.HVEYO.COM/ 1.855.478.7350 MONDAY-FRIDAY; 7 A.M. TO 6 P.M</p>

MEDICAL BENEFITS

HUSKY A, B and D cover preventive care, hospital-based services, specialty care, maternity care, family planning services, mental health and substance abuse services, and dental care. HUSKY A families and individuals on HUSKY D are also entitled to transportation to and from appointments. HUSKY A and D members may have other insurance (usually through an adult's job). In that event, the commercial insurance is primary, and Medicaid (HUSKY A or HUSKY D) is secondary, i.e., HUSKY provides "wrap-around coverage" for HUSKY services or costs not covered under a commercial plan, such as transportation services. In HUSKY B, children must be uninsured. Children or adults in HUSKY A or D should not be billed for any Medicaid-covered service received from enrolled providers or authorized out-of-network providers. In contrast, children in HUSKY B may have premiums and co-payments for certain services.

To access physical health services, contact HUSKY Health at 1-800-859-9889, Monday through Friday from 8:00 a.m. to 6:00 p.m., or go to www.huskyhealthct.org/members.html. HUSKY Health helps members, for example, with finding a primary care or specialty care provider and scheduling doctor visits. A nurse line is available 24 hours a day at the same number to answer questions if a member becomes ill, is injured, or needs health care advice. HUSKY Health member services, as well as provider relations services, are managed by CHNCT under contract with the Department of Social Services.

BEHAVIORAL HEALTH BENEFITS

The Connecticut Behavioral Health Partnership (CT BHP) is an initiative overseen by the Department of Social Services (DSS), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services (DMHAS). The goal of the CT BHP is to provide a coordinated continuum of mental health and substance abuse treatment services to children and adults enrolled in HUSKY Health, as well as families receiving voluntary services from DCF. The CT BHP, managed by Beacon Health, is responsible for assisting individuals and families in obtaining the mental health and/or substance abuse treatment they need, such as individual or family therapy, or counseling appointments at community mental health clinics or through other providers of mental health and substance abuse treatment services. Beacon Health coordinates with the CHNCT, which is responsible for helping

families access medical services. For more information contact the CT BHP toll free 1-877-552-8247, TTY/TDD 711 or 1-866-218-0525, Monday through Friday, from 9:00 a.m. to 7:00 p.m. or go to www.ctbhp.com.

DENTAL BENEFITS

Dental care in the HUSKY program is administered by the Connecticut Dental Health Partnership (CTDHP). BeneCare Dental Plans manages the CTDHP under a contract with the Department of Social Services. The dental program seeks to promote the ideas of “primary care dental provider” and “dental home” so that members receive regular preventive oral health care. Benefits include preventive and diagnostic services, such as x-rays, cleanings, fluoride treatment and sealants, as well as fillings, root canals, dentures, oral surgery, orthodontia (in limited circumstances), and emergency services. For adults, dental procedures that are not “medically necessary” are capped at \$1,000/year. The call center provides help with accessing dental providers, appointment scheduling and assistance, appointment reminders for children, transportation, coordination, and translation assistance. Care coordination and case management services are available to clients on a referral or request basis. For more information about the dental program, call toll free 1-855-CT-DENTAL (1-855-823-3682), Monday through Friday from 8:00 a.m. to 5:00 p.m. or go to www.ctdhp.com.

PHARMACY BENEFITS

The Department of Social Services (DSS) administers the pharmacy benefits for HUSKY members. DSS is in charge of prior authorization of medications that need approval before the pharmacist dispenses the medication. Prior authorization is necessary when 1) the prescriber writes a prescription for a brand name drug when there is a generic available; 2) when a refill is too early to be filled; 3) medications are not on the Preferred Drug List; and 4) when drugs are not prescribed at their optimal dose. Prior authorization is not required for anti-retroviral drugs.

In addition, if a HUSKY member goes to the pharmacy to pick up a medication that needs prior approval that has not been obtained, pharmacists have been instructed to give a one-time, 14-day supply of medication to the HUSKY member. In that case, the pharmacy should contact the doctor to get approval for any refills that may be needed. The member should also follow-up with the doctor’s office in case the pharmacy and the doctor do not connect. For more information about the pharmacy program call 1-866-409-8430, TTY: 711 or 1-866-604-3470, Monday to Friday from 8:00 a.m. to 5:00 p.m. or go to www.ctdssmap.com.

TRANSPORTATION SERVICES

Children and adults in HUSKY A and D (as well as individuals covered by HUSKY C) are eligible for non-emergency medical transportation services to get to and from medical appointments, including behavioral health and dental care. (If a member has a medical emergency, the individual should call 9-1-1.) Non-emergency transportation services include bus passes, taxi rides, rides in wheelchair vans and ambulances. Veyo administers the program under a contract with the Department of Social Services (as of January 2018). To find out more about the available transportation services and authorization procedures, call Veyo at 1-855-478-7350, Monday to Friday from 7:00 a.m. to 6:00 p.m. or go to the Veyo member website at <https://ct.ridewithveyo.com>.

HUSKY A, HUSKY B AND HUSKY D BENEFITS

Preventive care/ office visits	<ul style="list-style-type: none"> • Well-child visits, immunizations, WIC evaluations, prenatal care • Outpatient physician visits, including specialists • Podiatry; naturopathic and chiropractic services • Eye care and hearing exams • Family planning services, including oral contraceptives, nurse • Practitioner and nurse-midwifery services • Maternity Care
Other health benefits	<ul style="list-style-type: none"> • Mental health and substance abuse services • Prescription drugs • Durable medical equipment and prosthetics • Diagnostic x-ray and laboratory services • Autism services (not available to HUSKY B children) • Transportation (not available to HUSKY B children)
Hospital-based	<ul style="list-style-type: none"> • Inpatient hospital and physician services • Outpatient surgical facility services • Emergency care
Dental care	<ul style="list-style-type: none"> • Dental exams every 6 months, including x-rays, fillings, fluoride treatments • Oral surgery • Sealants • Root canals • Dentures (full and partial) • Extractions

Note: There are some limits and co-pays for certain services for children in HUSKY B. Please refer to the explanation of the co-pays that HUSKY B families are expected to pay in the HUSKY B Member handbook available at www.huskyhealthct.org.

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20
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OF ADVANCING OPPORTUNITIES
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