**SECTION 6: RENEWING AND EXTENDING HUSKY COVERAGE** ............. 6-1
HOW INCOME CHANGES AFFECT HUSKY COVERAGE ......................... 6-1
HUSKY RENEWALS ........................................................................... 6-1
HELPING FAMILIES KEEP HUSKY COVERAGE:
EXTENDED MEDICAL BENEFITS ............................................................ 6-2

**SECTION 7: HUSKY BENEFITS** .......................................................... 7-1
HUSKY A AND HUSKY D (MEDICAID) .................................................. 7-1
HUSKY B (CHIP) .................................................................................. 7-1
HUSKY PLUS PHYSICAL ....................................................................... 7-1
HUSKY B CO-PAYS ............................................................................. 7-2
MEDICAL BENEFITS ........................................................................... 7-3
BEHAVIORAL HEALTH BENEFITS .................................................... 7-3
DENTAL BENEFITS ............................................................................. 7-3
PHARMACY BENEFITS ....................................................................... 7-4
TRANSPORTATION SERVICES ............................................................. 7-4
HUSKY A, HUSKY B AND HUSKY D BENEFITS TABLE ...................... 7-5
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 Access Health CT and Community Catalyst.

ABOUT US

Connecticut Voices for Children coordinates the Covering Connecticut’s Kids and Families initiative. The mission of Connecticut Voices 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 and help them 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 relative caregivers, 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 with low income ages 19 through 64.

This manual reviews basic eligibility information for HUSKY A, B, and D but does not cover HUSKY C. It does not cover every rule and procedure governing the program. The manual also covers some basic information regarding the new 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 Chapter 7 on “HUSKY Benefits”. But issues related to accessing health care in HUSKY (such as prior authorization procedures) are beyond the scope of this manual.

For complex cases or questions regarding eligibility, further assistance can be obtained from DSS or the HUSKY Program at 1-877-CT-HUSKY (United Way/2-1-1 staffs this number). For problems accessing care for a HUSKY-enrolled client, contact the HUSKY Health program at 1-800-859-9889. Additional information on HUSKY can be found at www.huskyhealthct.com.

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

The most recent changes to Medicaid and CHIP came by the way of national health reform legislation, known as the “Affordable Care Act.” This law requires states to maintain current income eligibility levels for children in Medicaid and CHIP until 2019 and for adults in Medicaid until 2014. The Affordable Care Act also requires states to coordinate their Medicaid and CHIP eligibility systems with the new health insurance marketplaces. The marketplaces provide a mechanism for uninsured individuals who are not eligible for public coverage programs to access health coverage and importantly subsidies to pay for that coverage. In Connecticut the marketplace is known as Access Health CT.

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, 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 three levels and children are enrolled in these levels depending on family income. These income levels are also called “bands.” HUSKY B is not an entitlement program, and thus the state can close (though it never has closed) enrollment to eligible children. Federal funding for HUSKY B is available through September 30, 2015. If the program is to continue, Congress will need to reauthorize the program before that date. HUSKY Plus provides supplemental medical coverage for eligible children with intensive physical health care needs enrolled in the first two income levels of HUSKY B.

Overwhelmingly children in HUSKY received coverage through HUSKY A (276,498 children as of January 2014 compared to only 12,297 children in HUSKY B).

**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 – without the need for proof of disability or the need to meet a very low 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, and
- HUSKY D for low-income adults.
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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
- A biological or adoptive parent (who lives with his or her eligible child)
- A pregnant woman
- A caretaker relative or stepparent (if the HUSKY A-eligible child lives with the applicant)
- A young adult under age 26 who was in foster care in Connecticut at age 18 or older and on Medicaid

**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 federal Supplemental Security Income or 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); **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 most 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. Currently, this citizenship rule also does not apply to individuals applying for other DSS assistance programs, such as Temporary Family Assistance (TFA) and SNAP (food stamps). 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, who is otherwise eligible, is granted coverage while verification is pending.**

This rule does not apply to legal immigrants, since they are not U.S. citizens. Many legal immigrants are still 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. 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.

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.

**HUSKY and Non-Custodial Parents**

A non-custodial parent is a parent who does not live with his or her child. Non-custodial parents must provide or contribute toward the cost of health insurance for their children, as part of a support order. When a child receives HUSKY coverage, the non-custodial parent can be ordered to pay up to 7.5% of his or her net income toward the cost of that coverage. If a child receives HUSKY B coverage, the non-custodial parent can also be ordered to pay monthly premiums and co-payments for health services.

In order for the custodial parent (usually the mother) to qualify for HUSKY herself, she must cooperate with the State by supplying information about the father. There are some exceptions to this requirement. (See Section 4.)

HUSKY coverage for a child should not be delayed while the HUSKY Program waits for child support information before determining the mother’s eligibility for coverage.

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. Prior to January 1, 2014, a child would have been ineligible for the HUSKY B program, with certain exceptions, if the child had other insurance coverage within the previous two months. DSS has eliminated this waiting period and children are now eligible for HUSKY B based solely on income and family composition criteria.

Sometimes a parent has health insurance through a job for herself but not for her 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.

**CHANGES IN HUSKY ELIGIBILITY RULES**

After January 1, 2014, all individuals seeking health insurance coverage, with the exception of individuals who will only be eligible under HUSKY C, should be utilizing the application made available by Access Health CT (the new health insurance marketplace where individuals can sign up for HUSKY coverage or subsidized (and non-subsidized) commercial plans). (See below for a discussion of
enrolling through HUSKY C versus HUSKY D.)

While the Access Health CT website at www.accesshealthct.com will allow applicants to screen for, apply for, and enroll in Medicaid without needing to know the process of determining eligibility, people assisting families may want to know how the new system works in order to better counsel applicants.

Most importantly, HUSKY eligibility guidelines for HUSKY A, B, and D income calculations and determining household composition changed significantly on January 1. (HUSKY C eligibility rules have not changed.)

Major changes include:

- The income limit for HUSKY D increases from 56% to 138% of the Federal Poverty Level (FPL).

- Eligibility is determined based on household size and income separately for each individual using a new tax-based method for determining household composition, which replaces existing family size and household composition rules.

- The MAGI method (Modified Adjusted Gross Income) is used to calculate household income and will eliminate former income disregards and deductions. (This results in HUSKY A limits increasing from 185% FPL to 201% FPL and subsidized coverage in HUSKY B income increasing from 300% FPL to 323% FPL).

- All household composition and income calculation will be verified against the previous year’s tax filing (with exceptions).

- HUSKY C will NOT use the new MAGI method. Individuals who will only be eligible for Medicaid coverage through HUSKY C should apply through DSS rather than through Access Health CT.

- Spend-down can no longer be used to qualify for HUSKY D if an applicant is over-income. “Spend-down” permits individuals whose income exceeds a certain threshold to qualify for coverage by applying medical bills to their “excess income”. A spend-down is like an insurance deductible that a family is responsible to pay before insurance (in this case the HUSKY program) picks up the cost of care. Income eligibility limits are increasing and federal rules will no longer permit spend-down for this group.

- Information entered into the application will be compared to the previous year’s tax filings. If there is a discrepancy between the information on the application about income or household composition and the taxes filed, applicants may be required to submit additional information to complete the verification process.

If the information on the application and the tax filing are different, then the individual will be granted eligibility for 90 days and be notified that he or she needs to submit additional information in order to clear up the discrepancy. The individual will be provided with documentation that will allow for immediate access to coverage during this period. If income has changed less than 10% from the previous tax year, the applicant will not be required to provide additional information or proof of income.
CALCULATING ELIGIBILITY IN THREE STEPS

1. Construct a household and establish the family size for each applicant
2. Determine household income for each applicant
3. Compare household income and size to 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 her household because that will determine both the family size and the income. Based on what the applicant's tax filing status, it will be necessary to identify the members of her household that should be counted. These counts should be based on the tax filing for the previous year.

<table>
<thead>
<tr>
<th>If you…</th>
<th>Then you are a…</th>
<th>And your household consists of…</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Intend to file taxes&lt;br&gt;-Don’t expect to be claimed by someone else</td>
<td><strong>Tax Filer</strong>&lt;br&gt;- <em>Yourself,</em>&lt;br&gt;- <em>And your spouse,</em>&lt;br&gt;- <em>And anyone you claim as a tax dependent.</em></td>
<td><strong>Dependent</strong>&lt;br&gt;- <em>Yourself,</em>&lt;br&gt;- <em>And all other members of the household of the person claiming you,</em>&lt;br&gt;- <em>And your spouse if you live together.</em></td>
</tr>
<tr>
<td>-Expect to be claimed as a dependent on someone else’s tax return</td>
<td><strong>Dependent</strong>&lt;br&gt;- <em>Yourself,</em>&lt;br&gt;- <em>And all other members of the household of the person claiming you,</em>&lt;br&gt;- <em>And your spouse if you live together.</em></td>
<td><strong>Exception</strong> (or a Non-Filer)&lt;br&gt;- <em>Yourself,</em>&lt;br&gt;- <em>And your spouse (if they are living with you),</em>&lt;br&gt;- <em>And your children (if they are living with you),</em>&lt;br&gt;- <em>And your parents or step-parents (if they are living with you),</em>&lt;br&gt;- <em>And your siblings (if they are living with you and under 19- this can include adopted, half, and step siblings),</em>&lt;br&gt;- <em>And your spouse (if they are living with you).</em></td>
</tr>
<tr>
<td>-You are NOT an exception&lt;br&gt;-Are not going to file taxes and are not claimed as a dependent by someone else&lt;br&gt;-Expect to be claimed as a dependent by someone other than your spouse or parent (such as an aunt, adult sibling, etc.)&lt;br&gt;-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)&lt;br&gt;-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)</td>
<td><strong>Exception</strong> (or a Non-Filer)&lt;br&gt;- <em>Yourself,</em>&lt;br&gt;- <em>And your spouse (if they are living with you),</em>&lt;br&gt;- <em>And your children (if they are living with you),</em>&lt;br&gt;- <em>And your parents or step-parents (if they are living with you),</em>&lt;br&gt;- <em>And your siblings (if they are living with you and under 19- this can include adopted, half, and step siblings),</em>&lt;br&gt;- <em>And your spouse (if they are living with you).</em></td>
<td></td>
</tr>
</tbody>
</table>
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.

- 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 $950 or your earned income is over $5,950.

- 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
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 $10,000 and married couples under age 65 will be required to file when income is above $20,000. These numbers are adjusted yearly, and potential filers should consult 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 $950 (such as interest) or earned income under $6,100 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.

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.

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

= Modified Adjusted Gross Income (MAGI)

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

The MAGI methodology differs significantly from the former HUSKY rules.

- Some income that was counted is no longer counted under the new rules (such as child support received)
- Elimination of income disregards (new disregard is 5% points for everyone -- e.g., the HUSKY D income guideline is 133% FPL plus 5 percentage points for an income limit of 138% FPL; HUSKY A limit is now 201% FPL; and subsidized coverage for HUSKY B is 323% FPL)
- New household rules result in changes in whose income is counted (such as step-parents)
- The chart below highlights some of the changes in rules:
### Husky Eligibility

#### Income Source

<table>
<thead>
<tr>
<th>Income Source</th>
<th>FORMER Medicaid Rules (in effect prior to Jan 1, 2014)</th>
<th>NEW Medicaid Rules as of Jan 1, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Employment Income</td>
<td>Counted with deductions for some, but not all business expenses</td>
<td>Counted with deductions for most expenses, depreciation, and business losses</td>
</tr>
<tr>
<td>Salary Deferrals (such as flexible spending accounts, 401(k) plans, etc.)</td>
<td>Counted</td>
<td>Not Counted</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>Counted</td>
<td>Not Counted</td>
</tr>
<tr>
<td>Alimony Received</td>
<td>Counted</td>
<td>Counted</td>
</tr>
<tr>
<td>Alimony Paid</td>
<td>Counted</td>
<td>Not Counted</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>Counted</td>
<td>Not Counted</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>Counted</td>
<td>Not Counted</td>
</tr>
<tr>
<td>Gifts and Inheritance</td>
<td>Counted as lump sum income in month received</td>
<td>Not Counted</td>
</tr>
<tr>
<td>Lump sums (e.g., lottery winnings; law suit settlement)</td>
<td>Not counted</td>
<td>Counted in month received</td>
</tr>
<tr>
<td>TANF and SSI</td>
<td>Counted</td>
<td>Not Counted</td>
</tr>
</tbody>
</table>

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 eligibility criteria for each applicant**

#### Federal Poverty Levels for Program Eligibility for 2014

<table>
<thead>
<tr>
<th>% of Federal Poverty Level (FPL)</th>
<th>258-400%</th>
<th>323-400%</th>
<th>201-250%</th>
<th>138-250%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td></td>
<td></td>
<td>201-250%</td>
<td>138-250%</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td>201-250%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-Income Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Premium assistance tax credits**
- **Premium assistance tax credits and cost-sharing reductions**
- **Medicaid**
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.

If a child qualifies for HUSKY B, band 3 coverage (income above 323% FPL), the child will have the choice of HUSKY or private insurance with any subsidies they qualify for. That is because HUSKY B, band 3 is not subsidized by the government and families will be responsible for the full cost of the insurance program. 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 percent of the federal poverty level, may be eligible for government subsidies to purchase private commercial coverage through Access Health CT.

**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 will follow up to verify the family’s income through computer records, such as 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. The self-employment W-38 form will no longer be used because in most cases self-employment income will be verified through federal computer records, and because the form does not accurately reflect how self-employment income is treated under tax rules.

**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.

Beginning on January 1, 2014, many individuals under the age of 65 who previously were solely eligible for Medicaid through HUSKY C may now also qualify under the program eligibility rules for HUSKY D.

It may be beneficial for individuals who are eligible for both programs to apply for coverage through Access Health CT, which determines eligibility for HUSKY D but not HUSKY C. The Access Health CT process may be quicker and easier for applicants and currently the benefits are the same for HUSKY C and D.
Section 4: Special Populations and Special Rules

This section deals with Medicaid (HUSKY A and HUSKY D) 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. The 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.)

Parents and caretaker relatives living with HUSKY A-eligible children are eligible for HUSKY A. The income guidelines for adults in Connecticut are the same as those for children (under 201% of the Federal Poverty Level).

In order to be eligible for HUSKY A, a parent or caretaker relative must 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. However, if there are two caretaker relatives, such as an aunt and uncle, living with a HUSKY A-eligible child, only one of them will be able to apply for HUSKY for him/herself. If the caretaker relatives are married to each other, income of both is counted in determining eligibility of the caretaker relative that is applying for coverage. The caretaker relatives can decide which adult to designate as the primary caretaker. The other relative may be eligible for subsidized private commercial coverage through Access Health CT.

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) 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. (See below.)

HUSKY A coverage for parents requires child support cooperation. If a custodial parent applies for Medicaid/HUSKY A for him/herself and refuses to cooperate or provide information about the non-custodial parent to the DSS child support unit, the custodial parent may not be eligible for HUSKY. DSS defines minimum cooperation on the part of the custodial parent as naming the non-custodial parent and affirming the custodial parent’s willingness to cooperate with DSS. If this information is provided on the application, the custodial parent can be granted HUSKY A. However, the custodial parent may have to provide additional information at a later date. If the custodial parent does not cooperate at that point, his or her benefits may be terminated. The children’s benefits are not affected.

A custodial parent can tell DSS if there is “good cause” not to provide information on a non-custodial parent. “Good cause” includes safety issues, such as fear of domestic violence. DSS will review the information and make a decision on whether good cause exists. If DSS finds good cause, the custodial parent can be granted HUSKY A without providing information on the non-custodial parent. (There is no child support cooperation requirement for HUSKY B; however, a non-custodial parent may be court-ordered to pay toward the cost of HUSKY B, in addition to all or part of the HUSKY B premium.)

PREGNANT WOMEN

The HUSKY income limit for pregnant and postpartum women is 258% 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 258% 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 201% 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 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. **Pregnant women should be encouraged to apply for coverage through a PE site or through Access Health CT to ensure that coverage will be processed as soon as possible.** Currently, pregnant women 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**

Applications for emergency Medicaid for undocumented pregnant women’s labor and delivery should be submitted to the appropriate DSS office fifteen to thirty days before the expected date of delivery. Because undocumented pregnant women are ineligible at the time they apply, but are expected to qualify for emergency Medicaid coverage for labor and delivery, DSS may hold their applications and review all but the immigration/citizenship part of the application.

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**

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 presumptive eligibility 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 Regional Processing Unit (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. As long as the child stays in the mother’s household, the baby remains eligible for HUSKY A coverage for up to one year, regardless of changes in the mother’s income. 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 is working on changes to notices and processes to fix the problem. In the meantime, community-based HUSKY outreach workers should identify families whose babies are turning one, and reach out to these families with information about how to avoid gaps in coverage or disenrollment. If the family is renewing HUSKY coverage for the one-year-old they should complete the Access Health CT application unless they also want to add the baby to other programs, such as SNAP, which can be done through ConneCT with DSS.

**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. Otherwise, Access Health CT will refer the application to the HUSKY Application Center to determine newborn eligibility for HUSKY B within one day of receipt of the application.

**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.

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, beginning January 1, 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 left foster care in Connecticut, and b) was on Medicaid at the time he “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 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 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.
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.

MINORS

Minors can complete HUSKY applications for themselves and/or their children. If a child or young adult under age 21 is living with his or her parent(s), parent income will be counted in determining the child’s eligibility for HUSKY A. A young adult 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.)

NINETEEN AND TWENTY YEAR-OLDS

Eligibility for HUSKY A for children and HUSKY B ends when a teen turns 19. If a teen loses his or her coverage because of age, he or she may qualify for coverage under HUSKY D (Medicaid for low-income adults) for individuals over the age of 19 or for subsidies to purchase private commercial coverage through Access Health CT.

HUSKY D coverage can keep 19 and 20 year olds on Medicaid. The monthly income limit in HUSKY D is lower than under HUSKY A -- 138% FPL rather than 201% FPL. However, parents’ income may not count in HUSKY D as it would under HUSKY A coverage for young adults (this would depend on whether the child would be considered part of the family’s household under tax filing rules -- see Section 3 for more information).

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.
IMMIGRANTS AND OTHER “NON-CITIZENS”

The complex rules governing eligibility for Medicaid and the Children Health Insurance Program (CHIP) have created confusion and anxiety among many immigrant families. Connecticut offers coverage under HUSKY A, HUSKY B, and HUSKY D 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:

**Eligible** immigrant groups include, but are not limited to: lawful permanent residents, refugees and asylees, immigrants paroled into the U.S. for at least one year, conditional entrants, American Indians born in Canada, Hmong Highland Laotians, battered spouses and children meeting certain requirements, and victims of human trafficking.

**Ineligible** immigrant groups include, but are not limited to: certain legal immigrant adults in the US for fewer than five years, undocumented immigrants, and immigrants with temporary status, such as students, temporary workers, and tourists. Legal immigrant adults in the U.S. for fewer than five years may be eligible for subsidies to help purchase private commercial coverage available from Access Health CT. Ineligible immigrants -- lawfully present are not -- are eligible for Medicaid coverage for a life-threatening emergency medical condition.

Immigrant pregnant women and children in the U.S. for fewer than five years are eligible for HUSKY. For purposes of HUSKY A, children are under the age of 21. In HUSKY B, children are under the age of 19. In addition, refugees, asylees, immigrants receiving SSI, and some other protected groups are not subject to the five year wait.

**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**

Some immigrants have sponsors who signed an agreement to financially support them, called an “affidavit of support.” Sponsors who have signed the I-864 (Affidavit of Support under section 213A of the Act) or I-864A (Contract between Sponsor and Household Member) are obligated to provide support for the immigrant until:

- The sponsor dies; or,
- The immigrant becomes a citizen; or,
- The immigrant works for 40 quarters that are considered “qualifying” under Social Security law; or,
- The immigrant dies.

Not all immigrants have sponsors. Those immigrants, who have sponsors that are subject to the deeming law, will be asked to provide information about the sponsor’s income and assets.

*Currently, the Access Health CT online and paper application does not have questions about sponsors of non-citizens. As a result, sponsor income will not be counted in the Medicaid MAGI income calculation at this time.*

Receiving HUSKY benefits does not prevent immigrants from sponsoring other immigrant relatives as long as they can support the relatives they are sponsoring at 125% of the federal poverty level.

For more information on immigrant eligibility for public programs, sponsor deeming, contact Statewide Legal Services at 1-800-453-3320.
Section 5: The Application Process and Application Assistance

As of January 2014, Access Health CT became the main entry point for children, families, and single adults seeking health insurance in the state. Access Health CT will have a single application that will be used to determine most Medicaid and CHIP eligibility. For higher income families, the same application will be used to determine eligibility for federal subsidies to purchase private insurance. Helping consumers understand this new 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 will need to continue to apply for coverage under that program through the Department of Social Services (the HUSKY C program is discussed briefly in Section 2).

HELP FOR CONSUMERS

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

- Navigators, Brokers, In-Person Assisters, and Certified Application Counselors (to help consumers, Access Health CT has a fully searchable list of these resources available at: https://www.accesshealthct.com/AHCT/DisplayAssistanceSearch) (these programs are intended to support consumers only through end of open enrollment, which is March 31, 2014);
- 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. Access Health CT has also made a list of in-person assisters, including assistance in languages other than English, available to be searched at [https://www.accesshealthct.com/AHCT/DisplayAssistanceSearch](https://www.accesshealthct.com/AHCT/DisplayAssistanceSearch).

**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), the HUSKY Application Center 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 on line at [www.ct.gov/dss](http://www.ct.gov/dss)). 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, in-person (through March 31, 2014), by phone, or through the mail. Access Health CT also has six organizations, identified as navigators, who are employing brokers, in-person assisters, and certified application counselors to assist individuals with the application process.

- **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](http://www.accesshealthct.com). Access Health CT has encouraged consumers to utilize this option whenever possible.

- **In-Person.** Families can apply at enrollment centers. Access Health CT has opened two storefronts -- one in New Britain and one in New Haven -- to assist applicants. Information on hours and directions are provided by Access Health CT at [learn.AccessHealthCt.com](http://learn.AccessHealthCt.com). They can also apply at enrollment fairs. Access Health CT has also organized a series of ongoing enrollment fairs where Certified Application Counselors are available to meet with families. The schedule can also be found at [learn.AccessHealthCt.com](http://learn.AccessHealthCt.com).

- **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.

- **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 likely be a better option than filling out a paper application. (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](http://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

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 more information is needed to make a decision, the applicant is given 90 days to provide the requested information in order to receive ongoing health
coverage. 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 that because of the discrepancy, they have not been enrolled in HUSKY, but will be issued a temporary coverage certificate that can be used for 90 days. 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 income 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, and family income level. For example, if a child in **Band 1 or Band 2** is determined eligible by February 25th, coverage will not begin until April 1. For HUSKY B Band 3, coverage does not begin until after the initial premium is received by the HUSKY Application Center (Xerox).

The HUSKY Application Center will accept PE determinations for HUSKY B from authorized sites,
and will enter this information into its eligibility system by the end of the next business day after receiving the necessary paperwork from the PE site.

In HUSKY B, the child’s case will close if the form 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 timelines would apply. Newborns are an exception. When Xerox receives notification of newborn information within 30 days from the date of birth, the newborn will be enrolled as of the 1st of the birth month. Refer to Section 4 for more information on the application process for newborns.

**HUSKY B COST-SHARING**

There are three “levels” or bands of HUSKY B. Bands 1, 2, and 3 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 share of the monthly premium ($30 for 1 child; $50 for 2 or more children per month). In level 3, families pay the entire monthly premium cost ($314.00 per child). Families seeking child-only coverage that had previously only been eligible for HUSKY B, Band 3, now have the option of purchasing a private health insurance plan through Access Health CT. Families can compare the costs and coverage through side-by-side comparisons of HUSKY B and private plan options online.

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 Band 1 or Band 2 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. There is no cap on how much Band 3 families pay.

**Families in different income bands have different enrollment and billing cycles.** The child may be temporarily locked-out from HUSKY B for non-payment of the premium. The HUSKY Application Center will send invoices as well as notices to HUSKY B families who do not pay their premiums in a timely way.

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 3, premiums must be paid the month prior to the month of coverage. 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.)

- An explanation of how the “lock-out” period works (following non-payment of the premium). See below for an explanation of the “lock-out” procedures.

- For Band 2, an additional notice must be sent on the 7th day prior to the end of the 30 day grace period reminding the family that their child will be locked out if they do not pay the missing premium. (For example, if the grace period ends on January 31st, this notice is mailed on January 24th.)

Premium payments should be sent to the HUSKY Application Center at its office in Boston:

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

**Lock-out period following non-payment of premium**

A family that does not pay the monthly premium for a child in HUSKY B band 2 or band 3 is “locked-out” from participation in HUSKY B for three months. The lock-out period begins the 1st of the month following lock-out notification, and can last up to 90 days. The family can request “administrative review” of the lock-out decision. (See “Eligibility Decisions: How to Appeal” below for a description of the administrative review process in HUSKY B.)

**Re-enrollment in HUSKY B after a lock-out**

- **Early re-enrollment:** A child must be re-enrolled in HUSKY B before the end of the lockout period when past due premiums have been paid.

- **Re-enrollment after the three-month lock out-period:** Payment of past-due premiums cannot be made a condition of reinstatement after a lock-out period. Past-due premiums remain due, however, and states may attempt to collect them.

**ELIGIBILITY DECISIONS: HOW TO APPEAL**

Families applying for HUSKY have the right to appeal any eligibility decision. The appeal process is slightly different for HUSKY A and B.

**HUSKY A**

In HUSKY A, if a client is found ineligible, s/he will receive a written denial notice. Included with the notice will be a form that the client can fill out to request an Administrative Hearing. At an Administrative Hearing, the client can explain why s/he disagrees with the HUSKY A eligibility decision. A client has 60 days from the denial notice to request an Administrative Hearing. Once DSS has received such a request, DSS has 30 days to schedule a hearing. Clients who need help with the appeal process should contact Statewide Legal Services at 1-800-453-3320.
**HUSKY B**

When a child’s eligibility for HUSKY B is denied, families have the right to appeal the decision. A family may request an “administrative review” in writing. The request must be postmarked within 10 days of the date of the denial letter. (Clients can call for information about how the eligibility decision was reached at any time.) An “administrative review” is a two-step process:

- **Step 1.** The application from Access Health CT will be transmitted to the HUSKY Application Center, where it will be reviewed by an Eligibility Supervisor to determine whether the eligibility decision was correct. Xerox will notify families in writing of the outcome of the review. Xerox has ten days to complete the first step of the administrative review. When the applicant receives written notification of the outcome of the first step of the appeal, the family will also receive information on how to proceed with the second step of the process.

- **Step 2.** Upon request, an Administrative Reviewer at DSS will perform a “desk review” of the application. Applicants are given the option to have a personal conference with the Administrative Reviewer. A personal conference can take place in person, over the phone, or through video conferencing. After the DSS review, the applicant will be notified in writing of the decision.

**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. Pregnant women should be encouraged to apply through either a PE site or online through Access Health CT in order to obtain coverage as soon as possible. Otherwise, the application will be processed within 45 days. This longer processing time frame can lead to delays in accessing timely prenatal care.

As of January 1, 2014, each hospital in the state has the option of becoming a “quantified 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 only hospitals are permitted to make a presumptive eligibility determination for a non-pregnant adult for HUSKY A or HUSKY D coverage.
Section 6: Renewing and Extending HUSKY Coverage

Generally, eligibility for HUSKY is redetermined 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, Level 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, Level 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.

HUSKY A, B and D renewals will no longer be pre-filled with information that DSS already has in its system. That is because starting in 2014 the application will be processed through Access Health CT. As a result of this change, renewals for these groups will be pushed out three months. So for example, if a renewal would be due in January 2014, it will instead be due in April. The affected clients will receive a renewal notice and a new deadline for submitting the renewal.

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

Once the individual’s eligibility is determined under the new MAGI eligibility rules, in future years the eligibility management system will rely on information in its databases to reduce the amount of information individuals or families need to submit to renew coverage.
**HUSKY A and HUSKY D**

In HUSKY A or D, a renewal packet will be mailed to families 60 days before the end of the eligibility period. Renewal forms must be received by the 15th day of the last month of eligibility. If DSS does not receive the form by the 15th of the final month, Access Health CT will send the family a letter. The letter warns the family that HUSKY A coverage will be discontinued if the family does not renew its coverage through Access Health CT.

**Renewals that are submitted more than 30 days after the case is closed are treated as new applications.** This could lead to a gap in health coverage, so families should be encouraged to complete the renewal process in a timely manner online, by phone, or by mail. If the renewal form is submitted less than 30 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.

**HUSKY B**

The HUSKY Application Center (Xerox administers HUSKY B) mails a renewal packet to families 75 days before the end of a child's eligibility period. The renewal packet contains a renewal notice and instructions how to renew coverage through Access Health CT. If a family does not respond to the HUSKY B renewal packet within 15 days (60 days prior to the end of the eligibility period), Xerox will call the family to renew their coverage. If there is still no response from the family 45 days prior to the end of the eligibility period, Xerox will mail the family a reminder letter. If a renewal form is incomplete, Xerox will call the family by phone or send a reminder letter.

If the renewal is not submitted by the cut-off date (the 15th of the month prior to eligibility ending), the child's case will be closed and the family will be notified that they will have to reapply for HUSKY. If the renewal is received after the cut-off date, the renewal will be processed as a new application. This could lead to a gap in health coverage, so families should be encouraged to complete the renewal online, by phone or mail in a timely manner.

**HELPING FAMILIES KEEP HUSKY COVERAGE: EXTENDED MEDICAL BENEFITS**

Families who lose HUSKY A coverage due to increases in income can stay on HUSKY through transitional medical assistance for up to 12 months if they were in the “family coverage” category, which covers families earning up to 201% of the federal poverty level. (Transitional medical assistance, or TMA, is also called extended medical benefits.) TMA does not apply to HUSKY A children's coverage although the income limit for the children and family coverage groups is the same.

- **If income goes up** and parents have earnings or receive new or increased child support, the family may be eligible for TMA.

- **Getting families into the “family coverage” group is key.** Families with extended medical benefits who have a decrease in family income (to below 201% of federal poverty) should go from TMA to family coverage. This way, families can get an additional 12 months of coverage if income rises again. **Families cannot receive TMA unless they have lost family coverage.**
• **There is no limit on the number of times a person can receive TMA.** The 12 months of coverage is not a lifetime maximum, so the 12-month period could begin each time a family enters the extended medical benefits coverage group.

• **Families who have never been on cash assistance can qualify for extended medical benefits.**
  TMA is tied to the loss of eligibility for the HUSKY A “family coverage” group (income below 201% FPL), *not cash assistance* or any other HUSKY/Medicaid coverage group.

• **At the end of TMA, families should be re-screened.** If income has gone down, families may qualify for family coverage or another coverage group. If family income is too high for HUSKY A, children should be referred to Access Health CT for a determination of eligibility under HUSKY B or for coverage under a Access Health CT private insurance plan. In addition, the adults in the family may be eligible for coverage under an Access Health CT plan. Remember, individuals with family income under 400% of the federal poverty level are eligible for government help to pay for health coverage through private health plans offered by Access Health CT. For more information, call 1-855-805-4325.
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 Bands 1 and 2 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 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. As of 2010, the definition of “medical necessity” for the first time is set out in a state statute. Families have a right to see the guidelines that were used to deny or limit 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.) Only those children who are in income Level One and Level Two of HUSKY B are eligible for HUSKY Plus.
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.cthuskyhealthct.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. If the children are in income Band 1 or 2 (between 201% and 323% FPL), their families 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 that state that no co-pay is due. There is no out-of-pocket maximum for Band 3 (over 323% FPL).

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**

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., it 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 9:00 a.m. to 7:00 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, 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 ValueOptions, 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. ValueOptions 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. 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. Logisticare administers the program under a contract with the Department of Social Services. To find out more about the available transportation services and authorization procedures, call Logisticare at 1-888-248-9895, Monday to Friday from 7:00 a.m. to 6:00 p.m. or go to the Logisticare member website at https://memberinfo.logisticare.com/ctmember/Home.aspx.
| Preventive care/office visits | • 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 | • Mental health and substance abuse services  
• Prescription drugs  
• Durable medical equipment and prosthetics  
• Diagnostic x-ray and laboratory services  
• Transportation (not available to HUSKY B children) |
| Hospital-based | • Inpatient hospital and physician services  
• Outpatient surgical facility services  
• Emergency care |
| Dental care | • 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](http://www.huskyhealthct.org).