

What Is....

HUSKY Health is CT's public health coverage program for eligible children, parents, relative caregivers, elders, individuals with disabilities, adults without dependent children, and pregnant women. It provides low-cost or free comprehensive coverage. HUSKY pays for doctors' visits, preventive and hospital care, dental and vision care, mental health services, non-emergency medical transportation and more. Connecticut residents can apply and enroll, if eligible, at any time during the year. There does not have to be a qualifying life event to enroll. HUSKY is part of Connecticut's Medicaid program, and it is administered by the Department of Social Services (DSS).

CoveredCT Program offers no-cost health insurance, dental insurance and non-emergency medical transportation to all Connecticut residents between the ages of 18-64 that qualify. Connecticut residents can apply and enroll, if eligible, at any time during the year. There does not have to be a qualifying life event to enroll. To qualify, Connecticut residents must have a household income no greater than 175% of the Federal Poverty Level and be ineligible for HUSKY Health/Medicaid due to income. Once qualified, they can enroll in a Silver-Level Plan via the Connecticut Health Insurance Exchange, Access Health CT.

Access Health CT is who you contact to get HUSKY & Covered CT eligibility determination required for the HCPA benefit. It's CT's official health insurance marketplace that uses a single enrollment application to check your eligibility for: (i) a Qualified Health Plan (QHP); or free or low-cost coverage through (ii) HUSKY Health programs (Medicaid/CHIP – which includes HUSKY A, B, and D) or (iii) the Covered Connecticut Program. Access Health CT is not an insurance company. It is an insurance marketplace offering plan options from different brand-name insurance companies.

Health Care Premium Assistance

Instructions for Personal Care Attendants/Direct Support Professionals (PCAs)

What Is Health Care Premium Assistance (HCPA)?

If you are **currently** a PCA working for a Consumer-Employer who self-directs their services, you may be eligible for semi-annual Health Care Premium Assistance (HCPA) payments. If you qualify, you will receive 6% of your semi-annual pay, per Consumer-Employer for whom you work, up to an annual maximum of \$5,000, per Consumer-Employer.

How Do I Qualify for HCPA?

To qualify, you need to do ***all of the following***:

1. Be actively working, for at least one Consumer-Employer for at least 6 months prior to the application deadline. You must also be actively working for that same Consumer-Employer on the date the HCPA payment is made.
2. Provide proof that you have applied for, and have been denied insurance coverage through, HUSKY **and** Covered Connecticut, within three months prior to the HCPA application deadline.
3. As part of the HCPA application form, attest that you do not have other health care coverage through Medicare, or another job, or a spouse, etc.
4. Fill out the entire HCPA application form and submit it to the Fiscal Intermediary no later than the semi-annual deadline. The next application deadline is **August 21, 2023.**

NOTE: all fields of the application MUST be completed, and all documentation provided by deadline to ensure timely processing. Incomplete applications may result in a benefit denial.

How Do I Apply for HCPA?

Step One: You need to apply for both HUSKY and Covered Connecticut programs and obtain an eligibility determination letter, no earlier than 3 months before the HCPA application deadline (**August 21, 2023**). In order to apply, contact Access Health Connecticut (AHCT). AHCT is Connecticut's official health insurance marketplace. This means your eligibility determination letter must be dated sometime between May 21, 2023, and August 21, 2023.

You can apply one of two ways: (1) online at www.accesshealthct.com OR by calling AHCT at the dedicated PCA phone line: 844-589-3612 (NOTE: When you call be sure to identify yourself as a PCA.)

To apply, you will need:

- **Date of Birth** and **Social Security** number for all family members who need coverage
- **Projected Annual income** (include upcoming bonuses or raises, and income from all sources, not just your PCA work)

When applying, be sure to indicate that you would like to apply for financial assistance.

AHCT will give you a decision right away, and you will be able to access your acceptance or denial letter through your AHCT member portal. You can also request to have that letter mailed to you. You **MUST** submit a denial letter for your HCPA application to be considered complete.

Step Two: If you have been denied coverage for HUSKY and Covered Connecticut:

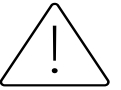
Submit an application form to the Fiscal Intermediary, prior to **August 21, 2023**.

You must fill out the form **in its entirety**. When you submit the application, you **must** also include a copy of your HUSKY and Covered Connecticut denial, which **must** include the date of that denial. **A sample of a complete application can be found at the end of this document.**

****Please do not send any other documentation. Only a dated denial of coverage through HUSKY and Covered Connecticut will be accepted.**

If your FI is Sunset Shores, fill out the application form, and email it and the denial letter to PremiumAssistance@sunsetshoresfi.com

If your FI is Allied, use the online fillable form and upload your denial letter at https://web.alliedgroup.org/Allied/application_premium-assistance



REMEMBER!

An undated screenshot will NOT be accepted - you **MUST** download the dated letter from your member portal or have it mailed to you. A sample letter is included at the end of this document.

Step Three: You will receive notification from the Fiscal Intermediary as to whether you have been approved or denied a HCPA payment. If you are denied due to an incomplete application, the FI will let you know what additional documentation you need to submit. If you believe you were denied in error, please contact the Fiscal Intermediary for more information.

If you are approved, you will receive a HCPA payment (equal to 6% of wages earned between 1/1/23-6/30/23, up to \$5,000 per Consumer-Employer per year), no later than September 16, 2023.

Step Four: If you receive a HCPA payment, you may contact AHCT during their Open Enrollment period (November 1- January 15) to apply for Health Insurance coverage on the exchange. You may also choose to use the HCPA payment to cover any health care or other expenses.

Apply at: www.accesshealthct.com or 844-589-3612

Step Five: If you believe you continue to be eligible, don't forget to go through these same steps every six months so that you can receive all payments for which you qualify.

QUESTIONS?

Contact the Fiscal Intermediary or go to the PCA Workforce Council website at www.portal.ct.gov/pcaworkforcecouncil for additional information.

Employers of Record are encouraged to share information about this benefit with their PCA/DSPs.

Premium Assistance Contributions

Department of Social Services (DSS)

Or



Department of Developmental Services (DDS)

Employee Name	Employer of Record Name	Date
Jane Doe	John Smith	DD-MM-YYYY
Employee Phone Number	Employer of Record Phone Number	
(123) 456-7890	(123) 455-6789	
Employee Email Address	Consumer Name (if different than Employer of Record)	
JaneDoe@gmail.com		

I CERTIFY THE FOLLOWING:



I have been employed for a full 6 months and earned a wage under the consumer-employer indicated above.



I am employed and have "actively worked" defined as: receive a wage or is an identified support on a care plan/individual plan under the consumer-employer indicated above.



I currently do not have medical coverage options through any other entity, for example, through another job or through a spouse and have attached the required attestation form.



I attached proof of documentation that I have applied for and been denied coverage through both [Medicaid](#) (Husky) and [Covered CT](#)

Jane Doe

I, _____, am self-attesting that I am not currently enrolled or eligible for enrollment in health insurance coverage under my spouse and or any other employment source.

I understand that this self-attestation is required for access to the Collective bargaining Agreement (CBA) Article 13A, Premium Assistance Contribution. The Premium Assistance Contribution benefit will provide up to an annual maximum of \$5000 and is calculated at 6% of my total wages earned over the previous 6 months of active employment per each individual consumer-employer. If I have not worked a full 6 months, then I will not be eligible until a full six (6) months have been worked. I hereby certify that the statements I have attested to above are true and accurate

DD/MM/YYYY

Employee Signature _____ Date _____.

THIS SECTION COMPLETED BY FI

Was proof of denial for Medicaid (Husky) and Covered CT provided with application? Y N

Has the employee been actively employed by the individual consumer-employer for 6 months? Y_ N_

Name of Fiscal Intermediary Employee Recording Information and Certification from Employee Requesting Premium Assistance

FI _____ Date _____.

Person ID: 0000000
Client ID: 0000000
Application ID: 0000000

Jane Doe
123 Main St.
Anytown, CT 06000

Mailed: July 21, 202X

Here are the Results of your Health Care Application

Dear **Jane Doe**,

We received your new health care application on July 20, 202X. This letter has the results of your application and lists any follow-up steps that you may need to take.

Who did NOT qualify for HUSKY Health?

You [Jane Doe] do not qualify for *HUSKY D - Adult* because you are in a household with \$XXXX.XX of monthly income. The income limit for a household size of 1 is \$1,677.00. We used these rules: 42 CFR 435.119 and Conn. Gen. Statutes Sec. 17b-290(16)*.

Who did NOT qualify to buy a health insurance plan?

You [Jane Doe] do not have a reason to enroll in 202X health insurance coverage outside of the annual Open Enrollment period for 202X. If this is a mistake, please contact us. Otherwise, you can apply during the next Open Enrollment period. We used this rule: 45 CFR 155.420.

How did Access Health CT and Department of Social Services make this decision?

We used information from your Access Health CT application. We may also have used information from government computer systems such as the Social Security Administration and the Internal Revenue Service (IRS). There are two attachments to this letter that will help you understand how we make our decisions:

- ▶ *Quick Guide to Access Health CT* explains the different types of health affordability programs and how we review your application.
- ▶ *Different Types of HUSKY Health* provides more information about the different types of HUSKY Health and about those that are a part of the Access Health CT application and those that are not.

What should I do if I think you have made a mistake?

You can appeal our decisions about your health or dental coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal the type of coverage you qualified for (HUSKY, a health plan with possible tax credits, or a dental plan) and the amount of any premium tax credit.

Included with this letter is a *Hearing/Appeal Request Form*. It explains your rights and the deadlines for an appeal. For HUSKY Health decisions the deadline is 60 days from the date of this letter. For decisions on the amount of your tax credit, cost sharing reduction or whether you can buy a health or dental plan through Access Health CT, you have 90 days from the date of the letter to request a hearing.

Are there other types of HUSKY Health?

If you did not qualify for HUSKY A or HUSKY D there are other types of HUSKY Health care available to people 65 and over and to people with special health care needs (HUSKY C). A brief description of the HUSKY C program and how to apply can be found in the attachment *Different Types of HUSKY Health*.

What are your privacy policies?

Access Health CT maintains a set of privacy policies. These policies are available at https://help.accesshealthct.com/en_US/privacy-policy or you can call us at 1-855-805-4325 to get a copy. If you have questions, comments or suggestions, please e-mail us at Questions@accesshealthct.com or call us at 1-855-805-4325.

The Department of Social Services *Notice of Privacy Practices* is attached to this letter.

Sincerely,

Access Health CT

Reporting Changes

What changes do I need to report?

You must report any changes that might affect you or your household's health and/or dental coverage within 30 days of the change. For example:

- ▶ You move.
- ▶ Household income changes.
- ▶ Household size changes. For example, you get married or divorced, become pregnant, or have a child.
- ▶ Someone's immigration status changes such as a visa expiring.
- ▶ Plans change on how you intend to file your taxes.
- ▶ Someone becomes qualified for other health and/or dental coverage.

To report any changes, you must contact Access Health CT either online or by phoning the call center.

How do I contact Access Health CT?

Contact Access Health CT if you need to report changes, apply for coverage, select a plan or program, or have any questions about this notice. Let us know if you need help applying for health or dental coverage or accessing your account. You can contact Access Health CT:

- ▶ **By going online** at www.accesshealthct.com, or
- ▶ **By calling** the Access Health CT Contact Center at: 1-855-805-4325. If you are deaf or hard of hearing call the TTY number: 1-855-789-2428.

If you have a disability you may ask for and get a reasonable accommodation or special help from Access Health CT.

How do I report changes online?

If you want to report a change online, please follow the steps listed below:

- ▶ Log in to your Access Health CT account at: www.accesshealthct.com
- ▶ Click "Report a Change/Renew Coverage" from your account home screen.
- ▶ Review and confirm that each applicant's information is accurate.
- ▶ Report any changes necessary.
- ▶ Provide your electronic signature and SUBMIT.
- ▶ Select a program and complete the enrollment process.

Quick Guide to Access Health CT

Who should use Access Health CT?

Access Health CT is for people who don't have health care coverage through a job, Medicare, or another source that provides qualifying coverage. Access Health CT is also for people looking for more affordable or better health care coverage.

What types of coverage can I get through Access Health CT?

Access Health CT provides access to two types of health coverage:

- ▶ HUSKY Health is free or low-cost health coverage administered by the Department of Social Services (DSS).
- ▶ Health insurance plans also known as *Qualified Health Plans*.

Access Health CT also provides access to standalone dental coverage.

How does Access Health CT determine the type of health coverage for my family?

We first look at your information and based on this decide if you or anyone in your household qualifies for HUSKY Health. HUSKY Health is either completely free or has a low-cost monthly premium.

If you do not qualify for HUSKY then we will look to see if you can purchase a health insurance plan offered through our marketplace.

Most people who qualify for an insurance plan also qualify for a premium tax credit that lowers their monthly insurance bill. Some also save on out-of-pocket costs like deductibles and copayments.

What does Access Health CT consider when making its decision?

HUSKY Health and the health insurance plans have different rules. But both types of coverage consider factors such as whether you are a resident of Connecticut, your family size and relationships, how you might file your taxes, your citizenship or immigration status, and your income.

We also consider If you have other types of health coverage:

- ▶ **If you have job-based insurance:** You could still qualify for HUSKY Health if your income is low enough. But if you buy an insurance plan through Access Health CT you'll pay full price unless your employer's insurance doesn't meet certain standards.
- ▶ **If you have Medicare:** This can affect the type of HUSKY coverage you may be able to qualify for. You should not use Access Health CT insurance plans to supplement your Medicare, or use Access Health CT to buy a dental plan.

Different Types of HUSKY Health

What are the different types of HUSKY Health?

There are four types of HUSKY Health coverage:

- ▶ **HUSKY A** – Medicaid for children, parents, caretaker relatives and pregnant women.
- ▶ **HUSKY B** – Connecticut’s Children’s Health Insurance Program (CHIP) for children under 19 in families that are above the HUSKY A income limits.
- ▶ **HUSKY C** – Medicaid for the Elderly (65+), Blind or Disabled. It includes Long-Term Care Services such as Nursing Homes.
- ▶ **HUSKY D** – Medicaid for adults between the age of 19 and 64 who are not pregnant and who do not qualify for Medicare.

What types of HUSKY coverage can I get through Access Health CT?

The Access Health CT application is for HUSKY A, B and D coverage types.

If you do not qualify for HUSKY then Access Health CT will look to see if you can purchase a health insurance plan offered through their marketplace. They will also tell you if you qualify for financial help with the cost of a health insurance plan.

Does Access Health CT support all types of HUSKY Health?

HUSKY C is not considered by the Access Health CT application because more information is needed. However, If we see reasons why you might qualify for HUSKY C we will contact you and request more information. See below for all the ways you can apply for HUSKY C.

How can I apply for HUSKY C?

There are several ways:

- ▶ Online at www.connect.ct.gov, or
- ▶ By visiting a Connecticut DSS office, or
- ▶ Using the special form that we will send you if you reported that you were disabled, 65 or older or receiving Medicare, or
- ▶ By filling in a comprehensive W1E application. You can use this to also apply for cash and food help (also known as TFA and SNAP). This form is available on the DSS website, at DSS offices and can be requested over the phone.

If you have any questions about HUSKY C call the Department of Social Services (DSS) at 1-855-626-6632 or check out the DSS website at www.ctgov/dss.

Notice of Privacy Practices

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES (“DSS”)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of this Notice: September 23, 2013

► Does DSS disclose my protected health information to others?

DSS may share health information about you before we pay providers for your treatment and services; to see if you are eligible for other services from DSS; and to operate the Medicaid, HUSKY and other DSS programs. This includes looking into possible fraud by or overpayments to providers and defending DSS in lawsuits. For example, we may share your health information with the following:

- professionals we hire to see if your treatment is necessary and if we can pay for it;
- companies we contract with to help run our programs, pay medical bills and find out if you are eligible for any other health benefit programs;
- providers or agencies, if necessary to help you get benefits from DSS;
- medical providers and other individuals and entities to make sure you are getting the most appropriate treatment and benefits; and
- health insurance companies we bill if DSS has paid for services that those companies should have paid for.

We may also share your health information, without your approval, in an emergency, in response to a court order or when the law requires that we share it. For example, the law may require that we share your information with:

- the Labor Commissioner if it is directly related to unemployment compensation or to serve certain people receiving help from DSS;
- the Commissioner of Mental Health and Addiction Services when necessary to operate some of its programs;
- the Commissioner of Administrative Services or Emergency Services and Public Protection to collect overpayments or amounts owed to DSS; to investigate fraud; and to locate absent parents of children who are on benefits;
- the Commissioner of Children and Families if there is immediate danger to a child’s health or safety or the Department of Public Health to coordinate certain benefits;
- other state agencies, the police, or the federal government.

► Does DSS need my approval before it shares my protected health information?

When you applied for benefits from DSS, you agreed that DSS could share your information for purposes of operating its programs and paying for your benefits. We need your separate approval to share information about you that is not related to payment of claims, treatment, or operating the programs that you are on, except if the law requires us to share it. For example, we would usually need you to agree in order for DSS to give out any psychotherapy notes we have about you. If we wanted to use or give out protected health information about you for marketing purposes or if we were to sell your protected health information, we would also need you to agree. Even if you give your approval for us to give out your information, you may change your mind as long as you do so, in writing, before we have given it out.

▶ What are DSS's Duties?

DSS is required by law to keep your protected health information private, to provide you with notice of our legal duties and privacy practices concerning your protected health information and to notify you following a breach of unsecured protected health information. DSS must also follow all of the rules listed in this notice and send or give you a new notice if we make important changes to our privacy rules and practices. DSS reserves the right to change its privacy practices. If the privacy practices change, DSS will send you a new notice. The new privacy practices will apply to the information DSS already has about you.

▶ What are my Rights?

You have the right to:

- have a paper copy of this notice, upon request, even if you got it electronically;
- ask us to limit uses and sharing of your information to carry out treatment, payment or health care operations, although the only time we must follow your wishes is if you ask us not to disclose such information to another health plan about a health care item or service that you paid for yourself;
- an accounting. DSS keeps a list of persons or agencies we have given your protected health information to if you did not ask us to share it or if we shared it for reasons other than payment, treatment or operation of our programs. You may get that list for 6 years back from the date you ask for it;
- ask us to contact you in a special way. For example, you may ask us to contact you at work or by mail only;
- look at and copy, upon written request, the health information we have about you, except if we think it would be harmful to you; if the information was collected for use in a civil or criminal proceeding; or you would learn the names of people who gave us information about you without your knowing it and we agreed not to share those names with you;
- ask us to change information we have about you in your DSS record. You must ask us in writing and state the reason you are asking for the change. We may not agree to change the information in your record.

We may contact you about your appointments, treatment alternatives or health-related benefits and services.

▶ What if I have questions?

If you have questions about privacy concerning your health information, need this notice provided in an alternative format, or wish to exercise your rights as stated above, you may call the DSS Privacy Officer at the DSS Central Office at 1-888-760-8883 or email PrivacyOfficer.dss@ct.gov.

▶ What if I think DSS shared my information incorrectly?




You may complain by writing to the DSS Privacy Officer at 55 Farmington Avenue, Hartford, CT 06105-9902 or by emailing to PrivacyOfficer.dss@ct.gov. You may also complain to the Boston office of the federal Office for Civil Rights, U.S. Department of Health and Human Services, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203, or email OCRComplaint@hhs.gov within 180 days of when the problem happened. Your benefits will not be affected if you make a complaint.

Hearing/Appeal Request Form

IMPORTANT – Use this form only if you want a hearing.

Remember, before you ask for a hearing you may call Access Health CT for help in solving the problem.

You can call the Access Health CT Contact Center at 1-855-805-4325. If you are deaf or hard of hearing, the TTY number is 1-855-789-2428.

 Appeal Rights and Deadlines	<p>You have the right to a hearing if you disagree with any decision(s) we have made about your coverage.</p> <ul style="list-style-type: none"> For HUSKY Health decisions, you have 60 days from the date of this notice to request a hearing. <u>If you do not request a hearing within 60 days you may lose the right to a hearing.</u> For all other decisions, you have 90 days from the date of this notice to request a hearing. <u>If you do not request a hearing within 90 days you may lose the right to a hearing.</u> For assistance with the Appeals process, please contact the Office of the Healthcare Advocate: By Phone: 1-866-466-4446 By email: Healthcare.Advocate@ct.gov.
 Where to Send this Form	<p>Complete this Hearing/Appeal Request Form and submit:</p> <ul style="list-style-type: none"> By mail to Department of Social Services, Office of Legal Counsel, Regulations and Administrative Hearings, AHCT-DSS Hearings Unit, 55 Farmington Avenue, Hartford, CT 06105-3725 By email to DSS-AHCT@ct.gov. By fax to 860-424-4923. <p>You can call (855) 306-8625 for questions and for help. If you are deaf or short of hearing call (800) 842-4524.</p>
 This Form is not for Every Issue	<p>Do NOT use this form for:</p> <ul style="list-style-type: none"> Issues with your insurance company about premium payments. Issues with health insurance and premium tax credit start dates. Issues with your health and/or dental insurance plan details. <p>Contact Access Health CT or your insurance company, as most appropriate, to resolve these issues.</p>
<p>You may ask for an expedited (quicker) hearing if the regular decision deadlines put your life or health at serious risk or could seriously affect your ability to function. You or your health care provider must show us why you need an expedited hearing. If an expedited hearing is needed, we will make our hearing decision no more than three business days after we receive your request.</p>	

Step 1

Tell us about yourself

1. Name (first middle last suffix)

2. Mailing address

3. Apartment or Suite Number

4. City

5. State

6. ZIP code

7. Daytime phone number

8. Email address

9. Will you need a translator at the hearing? Yes No. *If yes*, what language do you speak? _____

10. We usually hold hearings by telephone. You may also have a hearing by video conference from a DSS regional office. Please check how you want your hearing? By telephone By video conference at DSS

Step 2

Tell us what you wish to appeal

- I disagree with the decision to deny or end HUSKY Health (Medicaid or CHIP) coverage.
- I disagree with the decision about financial help with paying for my health insurance plan (includes decision to deny or end this help and decisions on the amount of help).
- Financial assistance is for health insurance plans and can include premium tax credits and lower cost sharing such as co-pays and deductibles.*
- I disagree with the denial to buy a health and/or dental insurance plan.
- I disagree with the decision to deny Special Enrollment.
- Any other reason or if you want to give more details – ***please explain:***

HUSKY Only: If you were getting HUSKY medical benefits and you ask for a hearing about the decision **any time before the change becomes effective**, your medical benefits will stay as they were until the Hearing Officer decides your case.

- Please check this box if you want to keep your health care coverage** the way it was before the Access Health CT decision and until the Hearing Officer decides your case. **IF YOU CHOOSE TO KEEP YOUR COVERAGE UNTIL THE HEARING AND THE HEARING OFFICER DECIDES THAT WE WERE RIGHT, YOU MAY HAVE TO PAY BACK ANY MEDICAL ASSISTANCE YOU GOT WHILE YOU WERE WAITING FOR THE HEARING DECISION.**

Step 3

Read and sign this form

Is someone helping you with this appeal? (For example, this could be a friend, family member, an attorney, someone else)

Yes No. *If yes*, please provide this person's contact information:

Name

Address

Phone

Email

Signature of applicant or authorized representative:

Date (mm/dd/yyyy):