



To: Home Health Agencies
Subject: Prior Authorization of Home Health Aide and Extended Nursing Services

The purpose of this provider bulletin is to notify providers of changes to the prior authorization review process for home health aide and extended nursing services.

Effective July 1, 2015, there are new comprehensive clinical guidelines and additional documentation requirements to support the medical necessity of home health aide and extended nursing services.

All medical necessity determinations are made in accordance with the Department of Social Services' (DSS) definition of Medical Necessity. Coverage determinations are based on an individual assessment of the client and his or her clinical needs.

The updated guidelines will be used to review requests for home health aide services and extended nursing services for dates of service July 1, 2015 and forward. Authorization requests submitted that are missing the required clinical documentation will be placed in a pending status. Missing documentation will be requested from the provider. A medical necessity review will not be completed until all requested information has been submitted.

Providers should reference the newly created Home Health Aide Services and Extended Nursing Services Medical Policies available on the HUSKY Health website at: <http://www.huskyhealth.com>. From the HUSKY Health home page, select "For Providers". From the provider home page, select "Policies, Procedures and Guidelines". Both policies are located in the "Clinical Policies" section.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 am and 7:00 pm.

For Prior Authorization questions, please contact Community Health Network of Connecticut (CHNCT) at 1-800-440-5071. As a reminder, DSS will no longer distribute paper communications to providers as of June 30, 2015. Please see PB15-23 for details.