





HUSKY Health Program Behavioral Health Member Handbook

Serving Adults, Children, and Families through the Connecticut Behavioral Health Partnership (CT BHP)

Connecticut BHP
Supporting Health and Recovery

Administered by
carelon Behavioral Health

Welcome to the Connecticut Behavioral Health Partnership (CT BHP).

If you need this handbook translated into your language, please contact CT BHP.

This handbook will help you understand:

- What the CT BHP is.
- What services and supports are available to you and your family.
- Your rights and responsibilities.

How to contact the CT BHP directly:

Connecticut Behavioral Health Partnership
500 Enterprise Drive, Suite 3D
Rocky Hill, CT 06067

Toll Free: 877-55-CT BHP or 877-552-8247
Deaf or hard of hearing: Dial 711 Relay Service

Website: www.ctbhp.com

Si usted necesita una copia en Español, por favor llame a:

877-55-CT BHP or 877-552-8247
Member_Handbook-Spanish.pdf (ctbhp.com)

The services provided by the Connecticut Behavioral Health Partnership (CT BHP) are available to all eligible individuals without regard to race, color, religion, gender, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, physical disability (including, but not limited to blindness), criminal record, political beliefs, or language barriers.

This handbook is available in other formats (auxiliary aids for blind or visually impaired persons). Please call us at 877-552-8247 and ask to speak with a peer specialist who can help you with your requests.

Consumer and Family Advisory Council (CFAC): Our Valued Advisors



Deep gratitude is extended to the dedicated individuals serving on the Advisory Council. Their expertise, insights, and commitment are invaluable to success and help to shape the direction of behavioral health initiatives.

Their contributions include:

- **Strategic Guidance:** Providing advice and recommendations to Carelon and the CT Behavioral Health Partnership to ensure strategic plans align with best practices and industry trends.
- **Program Development & Enhancement:** Offering feedback on programs and services. This helps with continuous improvement to better serve members.
- **Community Connection:** Acting as community ambassadors, building awareness and support for the mission, and connecting with a broader network of stakeholders.
- **Expertise and Innovation:** Bringing inclusive perspectives and specialized knowledge to the table. This helps navigate complex issues and explore innovative solutions.

Sincere appreciation is expressed to the Consumer and Family Advisory Council (CFAC) members for their time, dedication, and generosity. Their commitment helps achieve the mission and makes a difference in the lives of those served. "*Each One Teach One".*

Thank you for your service –

Carelon Behavioral Health, CT Executive Leadership

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Section I: Overview of the Connecticut Behavioral Health Partnership (CT BHP)

The Connecticut Behavioral Health Partnership (CT BHP) is composed of the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Children and Families (DCF). The CT BHP has contracted with Carelon Behavioral Health (Carelon BH), the administrative services organization (ASO), to authorize and coordinate behavioral health services (mental health and substance use disorder services) for HUSKY Health members in Connecticut.

To reach the CT BHP:

- Call the Customer Service Department toll-free at 877-552-8247.
- If you are deaf or hard of hearing, call 711 Relay Service to be connected to the CT BHP.
- If you speak a language other than English, a customer service representative will connect you to someone who can speak your language.

The call center is open Monday through Friday from 9 am to 7 pm. Clinical care managers are available 24 hours a day, 365 days a year for members.

Section II: Covered Benefits and Services Administered/ Authorized

A. Mental Health and Substance Use Disorder (Behavioral Health) Services

Covered benefits and services administered by the CT BHP are available to members who are enrolled in HUSKY A, HUSKY B, HUSKY C, HUSKY D, and the Limited Benefit Services program through the Department of Children and Families (DCF). To find out if you or someone you know is eligible for any of these programs:

Call 855-805-4325, 711 Relay Service, or
Visit online: www.accesshealthct.com (quickest way to get a decision)

The following is a sample of covered behavioral health benefits and services. Full descriptions are available in the Appendix at the end of this handbook:

- adult group homes through DMHAS
- ambulatory withdrawal management (WM)
- autism spectrum disorder (ASD) services
- case management for members under age 21
- electroconvulsive therapy (ECT)
- extended day treatment (EDT)
- home-based services for youth members
- home health services for behavioral health issues
- intensive outpatient (IOP) services

- inpatient/residential rehabilitation for substance use disorder (SUD)
- inpatient withdrawal management
- medication for substance use disorder
- methadone maintenance treatment
- observation
- outpatient services
- partial hospitalization program (PHP)
- psychiatric hospitalization
- psychiatric residential treatment facilities (PRTF)
- psychological testing
- residential treatment centers (RTC) for children through DCF
- urgent crisis centers (UCC)
- youth group homes through DCF

You do not need a referral to get mental health or substance use disorder services. To find a doctor or clinician:

- Visit our website, www.ctbhp.com select ‘Members’, then, ‘Find a Provider’.
- Call the Connecticut Behavioral Health Partnership (CT BHP) at 877-552-8247. Someone will help you find a provider.
- Call 711 Relay Service if you are deaf or hard of hearing.

If you have HUSKY A, C, or D, you do not have a copay. If you have HUSKY B, there are copays for non-preventive services. There is a monthly premium if your child is part of HUSKY B, Band 2.

HUSKY B Mental Health and Substance Use Disorder Services Copays

Services	HUSKY B Pays	Member Pays
Mental health inpatient	100%	No copay
Mental health outpatient	100%	No copay
Inpatient withdrawal management (formerly known as detoxification)	100%	No copay
Substance use disorder outpatient	100%	No copay
Short- and long-term rehabilitation	Covered services include home-based and community-based rehabilitation and emergency mobile rehabilitation services	No copay
Home health care	100% medication administration Excludes: custodial care, homemaker care, or care that may be provided in a medical office, hospital, or skilled nursing facility and offered to the member in such a setting	No copay
Residential services	100% Department of Children & Families (DCF) residential treatment, crisis stabilization, group home, shelter, safe home, foster care, community housing assistance, and transitional living	No copay

Important Contact Information for HUSKY Health Members

Services	Contact Information
Mental health and substance use treatment services	Connecticut Behavioral Health Partnership: For information, covered services, and finding providers: 877-552-8247, members who are deaf or hard of hearing: 711 Relay Service |Regular business hours: Mon-Fri 9:00 am to 7:00 pm, Crisis and Inpatient Admissions: 24/7 Website: **www.ctbhp.com**
Medical services	Community Health Network of CT: For information, covered services, and finding providers: 800-859-9889, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 6:00 pm Website: **www.chnct.org**

Services	Contact Information
Dental services	Dental Health Partnership/BeneCare: For information, covered services and finding dentists: 855-283-3682, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 5:00 pm Website: **www.ctdhp.com**
Pharmacy services	Client Assistance Center. For information: 866-409-8430 or 860-269-2031, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 5:00 pm Website: **www.ctdssmap.com**
Transportation to healthcare Appointments	Medical Transportation Management (MTM): For HUSKY A, HUSKY C & HUSKY D Members, 855-478-7350 Mon - Fri 7:00 am to 6:00 pm Website: **https://www.mtm-inc.net/connecticut/members/**
Claims member assistance/bills	Gainwell Technologies – Client Assistance Member Claims/Billing Services: 866- 409-8430, members who are deaf or hard of hearing: 711 Relay Service | Mon -Fri 8:30 am to 5:00 pm Website: **www.ctdssmap.com**
Vision services	Community Health Network of CT: For information: 800-859-9889, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 6:00 pm Website: **www.chnct.org**
DSS Benefits Center/ConneCT	DSS Benefits Center: For information: 855-626-6632, deaf or hard of hearing: 800- 842-4524 or 711 Relay Service to apply for HUSKY D and for all DSS benefits including SNAP, TFA, Cash, State Supplement, Medicare Savings, Refugee Assistance, HUSKY C application, renew & report changes to personal information and interviews. Mon - Fri 7:30 am to 4:00 pm Website: **www.connect.ct.gov**
DMHAS	Department of Mental Health and Addiction Services: 860-418-7000, members who are deaf or hard of hearing: 711 Relay Service Website: **www.ct.gov/dmhas**
DDS	Department of Developmental Services Information: 866-737-0330, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 5:00 pm Website: **www.ct.gov/dds**
SDE	State Department of Education: 860-713-6910: **https://portal.ct.gov/sde** Bureau of Special Education: **https://portal.ct.gov/sde/special-education/bureau-of-special-education**
Medicare	Customer Assistance: 800-633-4227, members who are deaf or hard of hearing: 711 Relay Service | Website: **www.medicare.com**

Services	Contact Information
Social Security	Social Security Administration Customer Assistance: 800-772-1213, members who are deaf or hard of hearing: 711 Relay Service | Website: **www.socialsecurity.gov**
HUSKY spend-down	Spend-down amount, expenses, expenses received & applied: 877-858-7012, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:30 am to 5:00 pm
DCF Careline	Department of Children & Families Careline: 800-842-2288, members who are deaf or hard of hearing: 711 Relay Service | Website: **www.ct.gov/DCF**
Application for health insurance	Access Health CT for eligibility questions, to apply, renew, or report changes for HUSKY A, B, and D: 855-805-4325, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 4:00 pm (Hours extended during open enrollment) Website: **www.accesshealthct.com**
CONNECT Help Desk	ConneCT MyAccount Password Resets: 877-874-1612 Mon - Fri 8:30 am to 5:00 pm, members who are deaf or hard of hearing:711 Relay Service | Website: **www.ct.gov/dss**
CONNECT EBT (Gray card)	SNAP, Temporary Family Assistance, and other cash assistance: 888-838-2666 24 hours/day, 7 days a week, members who are deaf or hard of hearing: 711 Relay Service | Website: **www.ct.gov/dss/ebt**
CT DSS 1095B tax form	Information Center: 844-503-6871, members who are deaf or hard of hearing: 711 Relay Service | Mon - Fri 8:00 am to 5:00 pm Website: **https://dss-irsform1095brequest.ct.gov/**
HUSKY Premium Billing	For HUSKY B and Med-ConneCT premium billing related questions: 1-800-656-6684 Mon - Fri 8:30 am to 5:00 pm, members who are deaf or hard of hearing: 711 Relay Service
To Renew for DSS services: SNAP, cash assistance, and HUSKY C	Online **www.ct.gov/dss/myaccountlogin** when you have an online account or completing the form and mailing or going to DSS regional offices.
Suicide prevention and awareness	Prevent Suicide website: **https://988lifeline.org** Urgent Crisis Centers for Children: **https://portal.ct.gov/dcf/behavioral-health-partnership/home/urgent-crisis-centers-for-children?language=en_US**

HUSKY A, B, C, & D Covered Services and Limitations

Service	Covered	Provider Type
Emergency services	HUSKY A, B, C & D In-state: Covered at a Hospital or Urgent Care Provider. Out-of-state: Not covered unless the visit is medically necessary AND the provider enrolls in HUSKY. Out-of-country: Emergency services are not covered when received outside of the U.S. or U.S. territories.	Hospital emergency department within the US or US territories
Outpatient services for mental health and/ or substance use disorder treatment (*includes outpatient, intensive outpatient program, partial hospitalization programs, and extended day treatment)*	HUSKY A, B, C & D Covered when medically necessary	Outpatient hospital, clinic, or independent practitioner
Case management	HUSKY A, B, C & D Covered when medically necessary for individuals under the age of 21	Outpatient hospital, clinic, or independent practitioner
Pharmacy **Spravato**	HUSKY A, B, C & D Covered when medically necessary	Outpatient hospital or clinic
Electroconvulsive therapy	HUSKY A, B, C, & D Covered when medically necessary	Medical Doctor or Hospital / Facility who performs Electroconvulsive Therapy

Service	Covered	Provider Type
Transcranial magnetic stimulation (TMS)	HUSKY A, B, C, & D Covered when medically necessary	Medical Doctor or Hospital/Facility who performs TMS
Methadone maintenance	HUSKY A, B, C & D Covered when medically necessary	Alcohol & Drug Treatment Center
Psychological and neuropsychological testing	HUSKY A, B, C & D Covered when medically necessary	Outpatient hospital, clinic or independent practitioner
Observation services	HUSKY A, B, C & D Covered when medically necessary	General Hospital-Psychiatric Unit or Psychiatric Hospital
Inpatient services for mental health and/or substance use disorder treatment *(includes state inpatient hospital, inpatient hospital, medical managed intensive withdrawal management (4-WM), crisis stabilization bed)*	HUSKY A, B, C & D Covered when medically necessary, exception 21 – 64 years old for state inpatient for Mental Health. If an individual turns 21 during the psychiatric inpatient stay, CT BHP is responsible (admit through discharge). Crisis stabilization up to age 21	General Hospital-Psychiatric Unit or Psychiatric Hospital
Medically monitored inpatient withdrawal management (3.7-WM)	HUSKY A, B, C & D Covered when medically necessary	Psychiatric Hospital or Alcohol & Drug Treatment Center

Service	Covered	Provider Type
Inpatient/Residential rehabilitation for substance use	HUSKY A, B, C & D Covered when medically necessary for those 13 and above	Psychiatric Hospital or Alcohol & Drug Treatment Center
Psychiatric residential treatment (PRTF)	HUSKY A, B, C & D Covered when medically necessary for those up to 21	Psychiatric Residential Treatment Facility
Residential treatment for youth (*included residential and group homes)*	NOT covered by HUSKY A, B, C & D DCF or Voluntary Involvement Only – up to age 21 only	Child Residential Treatment Facilities and Group Homes
Home-based services, IICAPS, MST, MDFT, FFT	HUSKY A, B, C & D Home based behavioral health services covered for those up to age 21.	Outpatient Clinics
Autism spectrum disorder services: • **Diagnostic evaluation** • **Behavioral assessment** • **Service delivery (ABA in-home)** • **Parent Training**	HUSKY A, B, C & D Covered when medically necessary for those up to 21	Outpatient hospital, clinic or independent practitioners
Home Health Care • **Skilled Nursing Visits** • **Medication Administration** • **Home Health Aide Services**	HUSKY A, B, C & D Covered when medically necessary Covered when medically necessary. Custodial or homemaker/companion services are not covered	Home Health Care Agency
Early and periodic screening, diagnosis and treatment (EPSDT)	HUSKY A, B, C & D All EPSDT services require a single case agreement for those up to age 21	Outpatient hospital, clinic, or independent practitioners

B. Peer-Based Services

Peer specialists are an important part of the care continuum. They provide hope that recovery is possible. Studies show talking to someone who has had similar experiences can be helpful to individuals on their path to recovery. Peer specialists are highly trained and certified adults with lived experience from a behavioral health disorder (mental health and/or substance use) who

provide education, outreach, and other services to HUSKY Health enrolled individuals. They support engagement in treatment; help navigate the service system and assist individuals with identifying natural supports. Peer specialists may also be parents of children who have experience with the children's behavioral health system and can provide support to parents or guardians with connecting their children with resources. Carelon BH CT maintains an extensive training program in coordination with advocacy agencies to build additional leadership and mentoring skills among the peer specialist staff.

Goals of the Peer Specialist Team

- provide assistance accessing behavioral health (mental health and/or substance use disorder) services
- improve treatment outcomes by empowering individuals to engage in treatment
- normalize the recovery process for individuals and families
- provide support for navigating treatment and community support systems
- support a community of non-traditional services
- lend their voice to the recovery network in Connecticut
- reduce stigma of experiencing behavioral health disorders (mental health and/or substance use)

The Role of the Peer Specialist

- provide support and encouragement from the perspective of someone who has lived with similar experiences
- encourage individuals to focus on their strengths and abilities for long-range health and wellness
- promote skill development and support individuals in achieving their recovery goals
- support active participation in the treatment process
- support members by sharing their recovery journey and acting as mentors
- provide a safe environment for the individual to practice behaviors that will support their recovery
- support the individual's goals and their self-directed recovery journey
- support families to maintain children in their homes
- promote recovery and resiliency by providing outreach services while serving as a role model/mentor
- support children and families who need assistance in accessing services or engaging in treatment
- coordinate educational efforts for families, schools, faith-based communities, and social and medical healthcare providers
- work with community collaborative groups and advocacy agencies to support family and community-based resources that are culturally competent, and which embrace and promote the principles of recovery and resiliency

Recovery and Resiliency

The CT BHP's ASO, Carelon BH CT, includes peer specialists in various services offered directly to, or on behalf of, HUSKY Health members. They are embedded within the CT BHP and ensure recovery and resiliency are supported and encouraged, from outreach to outcomes. Peer specialists understand that there are multiple pathways to recovery.

C. Physical Health

HUSKY Health members receive general medical benefits through Community Health Network of Connecticut (CHN CT). CHN CT is the Administrative Services Organization (ASO) responsible for physical health services, such as primary care and preventive services, hospital medical emergency services, and supplemental services such as laboratory, radiology, and durable medical equipment as needed for all HUSKY Health members. For more information, contact CHN CT Customer Service at 855-805-4325 or visit www.accesshealthct.com.

D. Non-Emergency Medical Transportation

- HUSKY A, HUSKY C, and HUSKY D members may contact Medical Transportation Management (MTM) at 855-478-7350 to learn how to schedule non-emergency transportation rides to and from medical, dental, and mental health appointments. Appointments need to be scheduled two days ahead. Members can also make a reservation online at https://www.mtm-inc.net/connecticut/members/.
- HUSKY B members are not covered for non-emergency transportation.

If you are having a problem getting a ride to your appointment after calling the transportation company, please call the CT BHP Member Service line at 877-552- 8247.

Visit MTM's website at https://www.mtm-inc.net/connecticut/members/.

E. Dental Health

The Connecticut Dental Health Partnership (CT DHP) is part of the HUSKY Health program. Specifically, the CT DHP provides management and customer service for the dental benefits portion of HUSKY Health. Orthodontic services are provided only to members under age 21.

The CT DHP will help eligible members locate a participating network dentist or dental specialist, including locating a dental office that will work with individuals with special healthcare needs or require Americans with Disabilities Act accommodations. The CT DHP will also provide appointment scheduling assistance for families, offer translation assistance, and help with the coordination of transportation to and from dental appointments. For more information, contact the CT DHP Customer Service Representatives at 1-866-420- 2924 or visit www.ctdhp.com.

F. Pharmacy and Medications

Services	HUSKY B Pays	Member Pays
Generic medication	Balance after $5 copay on generics and prescribed over the counter (OTC)	$5 copay on generics and prescribed OTC
Brand-name medication	Balance after $10 copay on brand-name and prescribed OTC	$10 copay on brand-**n**ame and prescribed OTC

If your behavioral health provider prescribes medications for you, the medications should be covered if you are part of HUSKY A, C, or D. For HUSKY B medications, please see below:

Prescribers must be enrolled in the Connecticut Medical Assistance Program (CMAP). If you have any questions about pharmacy coverage or need help with medication refills while out of state, please call Pharmacy Services at 866-409-8430.

G. Other Situations

Traveling Out of State
If you are traveling out of state and you and/or your child need mental health or substance use services, call the CT BHP at 877-552-8247 for help in finding the right provider. However, in an emergency, call 911 or go to the nearest hospital.

What if You Get a Bill?
If you get a bill for services, call the Connecticut Medical Assistance Program's Client Assistance Center at 866-409-8430 for someone to help research it for you. Gainwell Technologies processes the claims for health care visits for HUSKY Health. You can also remind your provider that they will need to bill Gainwell Technologies.

Note: If you are a Limited Benefit Program recipient and you get a bill for the service provided under the Limited Benefit Program after January 1, 2006, you can remind your provider to bill your primary insurance company first. If the insurance company denies payment and you receive a bill, you can remind the Provider to bill Gainwell Technologies. You can also contact us at 877-552-8247 and we will be happy to assist you in resolving the matter.

What if You Want a Second Opinion?
You can get a second opinion about your care or diagnosis from a different CT BHP provider. You can see another provider when:

- you do not agree with your doctor or therapist, or
- you want a second opinion about a treatment your doctor or therapist has prescribed

You can ask your current provider for a referral to another CT BHP provider, or you can call the Customer Service Line at 877-552-8247 to obtain one.

Section III: Member Rights and Responsibilities

A. Member Rights

You have the right to:

- be treated with dignity, respect, and privacy
- get care in a timely manner
- exercise your rights without it affecting how you are treated by the CT BHP and/or a provider
- choose or change your behavioral health provider from a list of HUSKY Health (behavioral health) providers
- review your medical records with your provider, and/or request a copy of your medical records from your provider
- take part in decisions about your care
- develop and participate in treatment planning
- refuse treatment, except when that treatment is required by law
- receive information on available treatment options and alternatives
- be informed about services and benefits, and how to access care
- talk to your provider regarding the right to medically necessary treatment options regardless of cost or benefit coverage
- receive a second opinion
- request services designed to meet your cultural needs and receive services without regard to race, color, religion, sex, sexual orientation, gender identity, age, or ethnic background
- appeal if you disagree with a decision made by the CT BHP about your care
- make a complaint or a grievance about CT BHP staff, services, or the care given by providers
- make recommendations about our Members' Rights and Responsibilities Policies.
- request information and an explanation about any bill or charge, no matter who is making the payment
- with your permission, have a person of your choice speak for you with any CT BHP employee
- get a copy of the Notice of Privacy Practices from either the CT BHP office or its website, or have it mailed upon request
- get a copy of your Protected Health Information (PHI), subject to certain limitations
- have information about your diagnosis and treatment kept confidential to the extent allowed by law unless you provide written consent for the release of such information
- ask to correct or change your PHI or to restrict how your PHI is used or disclosed
- ask for and get a report of when your PHI was shared by us or by our business associates (that is, information that is shared not for treatment, payment, or healthcare reasons and where you have not specifically authorized release)
- get the names and titles of CT BHP staff members

Your feedback is important to us.

HUSKY Health members can call 877-552-8247 anytime.

Share your questions or opinions about CT BHP. Most concerns are resolved quickly, but formal options are available if needed. Your involvement enhances your care.

B. Member Responsibilities

As a partner in your care, your responsibilities are to:

- respect the dignity and privacy of others
- give your provider or facility the information that they need to serve you better
- work with your provider to develop a treatment plan and ask questions when you do not understand your treatment
- follow the treatment plans you developed with your provider
- tell your provider if you do not agree with your treatment plan
- contact your provider if you want to stop your treatment
- keep your appointments with your provider or contact your provider if you need to cancel or reschedule your appointment, preferably at least 24 hours in advance of the appointment
- call the CT BHP if you move and change your address/phone number
- call the CT BHP if you have questions about your responsibilities
- call 711 Relay Service if you are deaf or hard of hearing

Section IV: Quality Management Program

A. Complaints and Grievances

What if You Have a Problem with Services?
All members, adults, families, and children, along with providers, have a voice in the services provided. A complaint or grievance can refer to anything involving your care. For example, if you believe you were treated unfairly, if you had to wait too long for your appointment, or if you felt a staff person was rude, you can file a complaint. Please note: the complaint and grievance process is not for appeals of denied clinical care. Read the appeals process below for appeals related to denials of care.

Complaint Process
You or your representative may file a complaint, either verbally or in writing, to the CT BHP at the address and phone number listed below. The CT BHP will send a letter within five (5) calendar days to let you know that we received the complaint.

We will try to resolve the complaint within thirty (30) calendar days of the date we receive your complaint. We will send you a letter by the end of the thirty (30) calendar days informing you of our decision and how we have addressed the problem. A one-time extension of fifteen (15) calendar days can be used when the solution to your complaint cannot be made within thirty (30) days. We can do this if the reason for the extension is for your benefit, and you are notified prior to the end of the thirty (30) calendar days.

Grievance Process
If you are unhappy with our resolution of your complaint, you may file a grievance by phone or in writing at the CT BHP phone number and address listed below. You will have to file your grievance within ninety (90) calendar days of receiving our decision about your original complaint. We will then send you a letter letting you know that we have received your grievance within five (5) calendar days of receipt.

We will try to solve your grievance within thirty (30) calendar days from the date we receive it. We will send you a letter before the end of the thirty (30) calendar days telling you our decision and how we have solved the problem. We can take an extension of fifteen (15) calendar days when we need more time to solve your grievance. We can do this if the reason for the extension is only for your benefit, and you are notified before the end of the thirty (30) calendar day period.

How to File a Complaint or Grievance
You can file a complaint or grievance either by calling 877-552-8247 or by writing to:

The Connecticut Behavioral Health Partnership
Attn: Complaints and Grievances Coordinator
500 Enterprise Drive, Suite 3D, Rocky Hill, CT 06067
Fax: 855-575-6532 (toll-free)
Email: ctbhpappeals@carelon.com

B. Clinical Appeals (Challenges)

The CT BHP may deny, partially deny, reduce, suspend, or end authorization for services based on the lack of medical necessity. Members and/or providers may appeal (challenge) any one of these decisions made by the CT BHP. An appeal is not a complaint or grievance.

All members or their designated representatives (for example, a conservator, or, if the member is a minor under age 14, the member's parent or guardian) have the right to submit an appeal of any clinical denial, partial denial, reduction, suspension, or ended services. For HUSKY A, C, and D (Medicaid), the appeal request must be submitted within sixty (60) calendar days from receipt of a Notice of Action.

Please call CT BHP Customer Service at 877-552-8247 for any questions about the appeal process. If needed, the information describing these processes is available in other formats. Call the CT BHP Customer Services or 711 Relay Service to access these.

HUSKY Health (A, C, and D) Members
Once the CT BHP has denied, partially denied, reduced, suspended, or ended services, a letter called a Notice of Action (NOA) will be mailed to the member. The Notice of Action will state why a specific service was denied, partially denied, reduced, suspended, or ended. Along with the Notice of Action letter, the member will also receive a “What You Should Know” letter, which explains the appeal process, and an Appeal and Administrative Hearing Request Form.

If you wish to appeal, you must complete the Appeal and Administrative Hearing Request Form and mail or fax it within sixty (60) calendar days from the date the Notice of Action was mailed to you. You can mail the request form to:

> State of Connecticut - Department of Social Services (DSS)
> Office of Legal Counsel Regulations & Administrative Hearings, Appeals
> 55 Farmington Ave, Hartford, CT 06105
> Fax: 860-424-5729

When DSS receives this Appeal and Administrative Hearing Request Form, DSS will forward the appeal request to the CT BHP. If you want to continue to get the services while the appeal process is going on, the appeal form or letter you send must be faxed, postmarked, or received by CT BHP within ten (10) calendar days of the mail date of the NOA. HUSKY A, C and D members can have an expedited or rushed appeal, to be certified by the treating physician or therapist, if the member’s life or health is threatened.

HUSKY B Members
There is a way for HUSKY B members to file an appeal if the CT BHP partially or fully denies, suspends, reduces, or ends authorization of goods or services. If you do not agree with the decision, the denial notice tells you how to file an appeal.

You must appeal within sixty (60) calendar days of the date of the denial notice. Appeals received after sixty (60) calendar days are too late for appeal. You will be told in writing that you may not appeal the decision.

You can file an appeal within sixty (60) days of the denial notice either by calling 877-552-8247 or by writing to:

The Connecticut Behavioral Health Partnership
Attn: Complaints and Grievances Coordinator
500 Enterprise Drive, Suite 3D, Rocky Hill, CT 06067
Fax: 855-575-6532 (toll-free)
Email: ctbhpappeals@carelon.com

If you do not agree with the CT BHP decision on your appeal, you will be given a chance to ask DSS to review the decision. This is called an **External Appeal** and needs to be sent to:

State of Connecticut – Department of Social Services (DSS)
Behavioral Health HUSKY B External Appeals – 9th Floor
55 Farmington Ave, Hartford, CT 06105
Fax: 860-424-4892

The whole process from the date of the initial denial to the external appeal decision will not take more than ninety (90) calendar days.

A HUSKY B member whose life or health is threatened, as per the member's primary care physician (PCP) or therapist, can have an expedited or rushed appeal to be decided within seventy-two (72) hours. The rush appeal can be done with an internal or external appeal.

DCF Limited Benefits Members
The CT BHP will mail the Member Notice of Action for Denied Services letter and an appeal packet to the member, the member's conservator, the member's parent or guardian (if the member is under the age of 14), and/or the DCF regional office contact person for any child who is committed to or in the custody of DCF, by certified mail.

The appeals request form must be postmarked within sixty (60) days of the date of the Member Notice of Action for Denied Services letter. A fair hearing will be scheduled to review the appeal.

The CT BHP will provide you and DCF with a summary of the initial denial and the appeal for all Limited Benefit program members within ten (10) business days prior to the scheduled fair hearing.

Limited Benefit Program Member Appeal determinations are made as soon as possible, but no later than thirty (30) days from the date the member files the appeal.

Section V: Understanding Behavioral Health Emergencies

A. If You Have a Behavioral Health Emergency

A behavioral health emergency is a serious mental health and/or substance use problem involving an individual who is demonstrating one of the following:

- placing their health at serious risk
- having disorganized or dangerous thoughts
- threatening harm or causing harm to self, or
- threatening harm or causing harm to others

In a mental health and/or substance use emergency, you should do one of the following immediately (you do not need to get approval to get emergency services):

- Call 911 if life is in danger.
- Call 988 for a mental health emergency.
- Call mobile crisis intervention services (MCIS) at 211.
- If a child or adolescent is in crisis, you can go to your nearest urgent crisis center (see list below).
- For adults 18 and older, call ACTION (Adult Crisis Telephone Intervention and Options Network) line 1-800-HOPE-135 (1-800-467-3135).
- For information and referrals for substance use treatment please call Access Line (24/7) at 800-563-4086.
- Call your provider if you have one.

Urgent Crisis Centers

Center	Contact Information
The Village for Families & Children	1680 Albany Avenue Hartford, CT 06105 860-297-0520 www.thevillage.org/ucc
Wellmore Behavioral Health	141 East Main Street Waterbury, CT 06702 203-580-4298 www.wellmore.org/urgent-crisis-center
Child & Family Agency of Southeast CT	255 Hempstead Street New London, CT 06320 860-437-4550 www.childandfamilyagency.org/urgent-crisis-center
Yale New Haven Health	20 York Street New Haven, CT 06510 203-688-3333 www.ynhh.org/childrens-hospital/services/emergency-services

When you call for help, try to remain calm, stay focused, and state clearly why you and/or your child are not safe or why the safety of others is at risk. Speak clearly. Let the person know why emergency care is needed. Be prepared to give the following information as well as to answer additional questions:

- the name, phone number, and address of the caller
- the name of the person who needs an evaluation
- why you are calling, including diagnosis if known and actions/signs observed
- examples as to why you or your child feel unsafe, or the safety of others is at risk
- a brief history of the build up to the crisis over the last 24-48 hours
- any history of hospitalizations

After an emergency, you should contact your provider or your child's provider to continue the treatment and support needed.

Section VI: Consumer and Family Advisory Council (CFAC)

The Consumer and Family Advisory Council (CFAC) is a Connecticut HUSKY Health consumer and family-driven committee that is culturally competent and diverse. CFAC acts as an advisor to the CT BHP and Carelon BH CT (formerly Beacon Health Options) to improve on best practices for behavioral health (mental health and substance use) services for Connecticut HUSKY Health members.

A. Vision Statement

The Vision of CFAC is a true partnership among consumers, families, and service providers as it relates to the service delivery of mental health and substance use disorder services that will result in a more positive and meaningful outcome for individuals and families living with behavioral health conditions.

The Consumer and Family Advisory Council meets bimonthly. The role of the council is to advise the CT BHP on members' interests and needs related to services as well as to give consumer and family input on programs and quality initiatives.

To date, the council has worked on the following:

- development and annual revisions of the Member Handbook
- development of various pamphlets and fact sheets related to services at the CT BHP
- advocating on behalf of HUSKY Health members who utilize transportation services
- providing family-friendly recommendations on the development of the enhanced care clinic (ECC) model
- contributing to the Hospital Family Engagement Initiative
- promoting a culture of diversity, equity, and inclusion that embraces people of all races, ethnicities, languages, abilities, socioeconomic statuses, experiences, genders, gender identities, religions, ages, etc.

- establishment of workgroups to evaluate matters pertaining to the behavioral health system of care values, ensuring they are consistent with the eight dimensions of wellness
- founding, organization and hosting of the annual iCAN Conference

B. How You Can Join CFAC

If you are interested in becoming a member of the CT BHP Consumer and Family Advisory Council, please call 877-552-8247.

Section VII: Appendix

A. Full Description of Covered Behavioral Health Services

Adult Group Homes through DMHAS: Mental health group homes are designed to assist individuals with serious and persistent mental illnesses to achieve their highest degree of independent functioning and recovery. Access to mental health group home rehabilitative services is provided to those recipients whose mental illness is as serious and disabling as to require care in a group home setting. Necessary rehabilitative services are provided by the group home to individuals who have significant skill deficits in the areas of self-care, illness management, and independent living because of their psychiatric disability, and who require a non-hospital, supervised community-based residence. Rehabilitative services are provided in a structured recovery environment, with on-site staffing 24 hours a day, seven days a week.
Ambulatory Withdrawal Management (formerly known as detoxification): A non-residential service to systematically reduce an individual's physical dependence upon a substance. This service utilizes prescribed medications and provides an assessment of the members' needs and motivation toward continuing participation in the treatment process.
Autism Spectrum Disorder (ASD) Services: Services to evaluate, assess, and treat HUSKY A, B, C, and D members under the age of 21 who have a diagnosis of autism spectrum disorder. To access assessment services and treatment, individuals require a confirmed diagnosis of autism and a supporting letter from a current treating provider if the evaluation is more than a year old. If the member is suspected of having this diagnosis without an evaluation, an autism diagnostic evaluation can be accessed.
Case Management for Members Under 21 Years of Age: Services that assist the member in gaining access to needed medical, social, educational, and other services, as defined in the plan of care, and which are reimbursed only for services provided to members under age 21.
Electroconvulsive Therapy (ECT): Brain stimulation techniques such as electroconvulsive therapy (ECT) can be used to treat major depression that hasn't responded to standard treatments.
Extended Day Treatment (EDT): A community-based program for children and their families that offers a structured, intensive, therapeutic setting with group, family, and individual therapy. Services are typically after school for several days per week and the program can last up to six months. EDT provides a broad range of treatment services and psycho-social interventions.
Home-Based Services for Youth Members: Intensive treatment models that take place in the home and/or community of a child and family. Each individual treatment focuses on specific behavioral issues in children. For example, multi-dimensional family therapy (MDFT) is effective in the treatment of children/adolescents between the ages of nine to 18 with substance use and/or concerns, or children/adolescents with disruptive behavior and/or co- morbid psychiatric issues who are at risk for substance use.
Home Health Services for Behavioral Health Issues: Home care nursing services are provided exclusively by a licensed home healthcare agency on a part-time or intermittent basis in the individual's home. Medication administration services (med admin) may be provided by a registered nurse or licensed practical nurse employed by a licensed home healthcare agency,

when ordered by a licensed physician. Services include medication administration or medication pre-pouring by a registered nurse or licensed practical nurse as well as skilled nursing visits.
Intensive Outpatient Services (IOP): An integrated program of outpatient psychiatric services that are designed for more intensive treatment than routine outpatient psychiatric services and are provided at a psychiatric outpatient clinic for adults, an outpatient treatment service for substance use, an outpatient psychiatric clinic for children, or in a hospital setting.
Medications for Substance Use Disorder (MSUD): MSUD includes the treatment of both opioid and alcohol use disorders. The FDA has approved several medications that relieve withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MSUD programs provide a safe and controlled level of medication to aid in recovery from a substance use disorder. Research has shown that when provided at the proper dose, MSUD medications have no negative effects on a person's intelligence, mental capability, physical functioning, or employability.
Methadone Maintenance: Treatment where the goal is to stabilize a member on methadone or other federally approved medication for as long as needed to avoid a return to previous patterns of substance use disorder.
Observation: Services up to 48 hours at a hospital to assess whether further inpatient treatment or community-based services might be needed, usually following a visit to the emergency room.
Outpatient Services: Behavioral health evaluation and treatment services such as individual, group, and family therapy; medication management; psychological and developmental testing; consultation; and case management that are provided to people who have a primary behavioral health diagnosis. Services may be provided in a freestanding clinic, hospital outpatient clinic, Federally Qualified Health Center, or by a group practice or solo practitioner who is a licensed behavioral health professional.
Partial Hospitalization Program (PHP): A program used to treat mental health and/or substance use disorders. In partial hospitalization, the member continues to live at home but commutes to a hospital-based or clinic-based program several days per week.
Psychiatric Hospitalization: Services where a member stays overnight at a hospital (inpatient) either at a general hospital, psychiatric hospital, or freestanding withdrawal management (formerly known as detoxification) provider in the case of a substance use disorder.
Psychiatric Residential Treatment Facility (PRTF) – sometimes referred to as sub-acute: A community-based (non-hospital) inpatient facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24-hour inpatient residential setting that provides all required services (including schooling) on- site while simultaneously preparing the child/adolescent and family for ongoing treatment in the community. The length of stay is typically three to four months.
Psychological Testing: Psychological testing involves the administration and interpretation of standardized tests used to assess an individual's psychological or cognitive functioning. It assists in gaining an understanding of an individual's diagnostic presentation and informs the appropriate course of treatment.
Withdrawal Management (formerly known as detoxification): Immediate and short-term clinical support to individuals who are withdrawing from alcohol and other drugs.

Youth Group Homes through DCF: A Level II therapeutic group home (TGH) is a small, four to six bed, DCF or DDS licensed program located in a neighborhood setting with intensive staffing level and services offered within the context of a 24/7 home-like setting. It is a highly structured treatment program that creates a physically, emotionally, and psychologically safe environment for children and adolescents with complex behavioral health needs who require additional support and clinical intervention to succeed either in a family environment or in an independent living situation.
Youth Residential Treatment Center (RTC) through DCF: A 24-hour facility licensed by the State of Connecticut or appropriately licensed by the state in which it is located and not licensed as a hospital. RTC offers integrated therapeutic and educational services and activities of daily living within the parameters of a clinically informed setting and based on a well-defined, individually tailored treatment plan. This level of care is reserved for those children/adolescents whose psychiatric and behavioral status warrants the structure and supervision afforded by a self- contained setting that can offer all necessary services including on-site educational programs and provide line of sight supervision when necessary.

B. Glossary of Terms

Access: The extent to which an individual who needs care and services can receive them. Access is more than having insurance coverage or the ability to pay for services. It also refers to the availability and acceptability of services; their cultural appropriateness; location and hours of operation; available transportation; and cost.
Administrative Hearing: Also called “Fair Hearing,” this is a formal review by the Department of Social Services (DSS) and Department of Children and Families (DCF) that occurs after Carelon BH CT and a HUSKY Health A, B, C, & D, or DCF Limited Benefit member has failed to find mutual satisfaction concerning treatment issues such as denials, reductions, suspensions, terminations, or appropriate levels.
Administrative Services Organization: An organization providing statewide utilization management, benefit information, and intensive care management services within a centralized information system framework.
Appeal: A procedure through which members or providers can request a redetermination of the CT BHP decision concerning, but not limited to, service authorization. For example, an individual can appeal a CT BHP decision regarding the level of care authorized or appeal a CT BHP decision to deny payment of a claim for services delivered.
Appropriate Services: Services designed to meet the specific needs of each individual, child, and family. For example, one family may need day treatment, while another may need home-based services. Appropriate services for one individual, child, and/or family may not be appropriate for another.
Assessment: A professional review of individual, child and family needs done when services are first sought from a caregiver. The assessment includes a review of physical and mental health, intelligence, school performance, employment, and level of function in different domains including family situation and behavior in the community. The assessment identifies the strengths of the individual, child, and family. Together, the caregiver and individual or family decide what kind of treatment and support, if any, are needed.
Behavioral Health: A term used when describing mental health or substance use.

Behavioral Health Emergency: A serious mental health and/or substance use problem. The problem is so severe that an average person would think that not getting help would cause more serious problems, such as:

- putting the person's health at serious risk
- having disorganized or dangerous thoughts
- threatening harm or causing harm to self
- threating harm or causing harm to others

Benefits: Mental health, substance use, and/or related services (including wraparound services - defined below) available to a HUSKY Health program member.

Care Coordinator: An individual who organizes and coordinates services and supports individuals with mental health issues and their families.

Care Manager: An independently licensed behavioral healthcare clinician employed by the CT BHP to perform utilization reviews on services that require prior authorization and concurrent review to qualify for reimbursement.

Children Health Insurance Program (CHIP): The health insurance plan for children and youth, under the age of 19, established pursuant to Title XXI. In Connecticut, the CHIP programs are HUSKY B and its supplement, HUSKY Plus.

Clinician: An individual providing mental health services, such as a psychologist, social worker, or other therapist.

Committed: Placement under the custody of the Commissioner of DCF, or in a mental health facility in response to a valid court order of competent jurisdiction.

Community-Based Services: Services that are provided in a community setting. Community services refer to all services not provided in an inpatient setting.

Complaint: A verbal or written communication to Carelon BH CT from a member or provider expressing dissatisfaction with some aspect of the CT BHP's services, including a denial of services based on medical necessity, facility agreement, payment dispute, or general complaint.

Complainant: A member or the member's designated representative, an individual practitioner, or a facility provider who makes a complaint to Carelon BH CT.

Connecticut's Community Collaborative meetings (CT's System of Care): A local group of health care providers, parents and/or guardians of children with behavioral health needs, and agencies that have organized to develop resources for children or youth with complex behavioral health service needs and their families.

Connecticut Medical Assistance Program (CMAP): Consists of several healthcare programs administered by the Department of Social Services. It includes all providers enrolled in the Connecticut Medical Assistance Program that serve HUSKY Health members.

Consent: Permission that is usually given by signing a form allowing a designated person to administer a test or treatment, or to release Protected Health Information (PHI). Informed consent requires that the person giving permission understands the risks, benefits, and possible ramifications.

Consumer: A person who receives mental health and/or substance use (behavioral health) services.

Consumer and Family Advisory Council (CFAC): A board made up of adult members, family members, and others to advise the Connecticut Behavioral Health Partnership.

Coordinated Services: Services are “coordinated” when the service organizations or providers agree with the family upon a plan of care that meets the member’s/child’s needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services. Also, see family-centered services and wraparound services.
Cultural Competence: Support that is sensitive and responsive to cultural differences. Providers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, language, religion, age, gender, sexual orientation, and/or disability. They also adapt their skills to fit the members’ or family's values and customs.
Department of Children and Families (DCF): State of Connecticut agency with primary responsibility for delivery and oversight of child welfare, prevention, and behavioral health services for children.
Department of Mental Health and Addiction Services (DMHAS): State of Connecticut agency with primary responsibility for delivery and oversight of behavioral health services for adults, including those covered under HUSKY and Aged, Blind, and Disabled (ABD) programs.
Department of Social Services (DSS): State of Connecticut agency with primary responsibility for Medicaid or Title 19: HUSKY A, C, and D and Children Health Program (CHIP): HUSKY B and its supplement HUSKY Plus.
DSM-V - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: A reference manual of mental health disorders developed by the American Psychiatric Association, used by clinicians to understand and diagnose a mental health problem. Also used by insurance companies to determine necessary services.
Diagnostic Evaluation: The aims of a general psychiatric evaluation are: 1) to establish a psychiatric diagnosis; 2) to collect data sufficient to permit a case formulation; and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety; or, 4) if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accordance with new perspectives gained from the evaluation.
Dual Eligible: Members who are covered under both Medicare and Medicaid in some combinations are said to be Dual Eligible, as some parts of their services may be covered by both payers. Medicaid is always the payer of last resort when Commercial and/or Medicare coverage is present.
Dually Diagnosed: A person who has both a substance use disorder, and an emotional/ psychiatric challenge is said to be dually diagnosed.
Early Intervention: A process used to recognize warning signs for mental health issues and to take early action against factors that put individuals at risk. Early intervention can help members get better in less time and can prevent problems from becoming worse.
Educational Services: Locating or providing a full range of educational services from basic literacy through the General Equivalency Diploma (GED) and college courses. Includes special education at the pre- primary, primary, secondary, and adult levels.
Emergency or Emergency Medical Condition: A medical condition characterized by acute symptoms (including severe pain) of sufficient severity that the individual experiencing them, or most reasonable people with an average knowledge of medicine observing them, would

conclude they needed immediate medical attention or risk, placing their health (and/or the health of their unborn baby in the case of a pregnant woman) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of a body organ or part thereof.
Emergency Services: Inpatient and outpatient services including, but not limited to, behavioral health and withdrawal management (formerly known as detoxification) needed to evaluate or stabilize an emergency medical condition.
Emotional Disorder: A disorder exhibiting emotional, behavioral, and/or social impairments that interfere with a member's academic, job-related, developmental, and social functioning, and may disrupt the member's family, social, or other interpersonal relationships.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): A benefit that provides comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.
Evaluation: The process of collecting information about a member through a series of tests, observations, and interviews which results in an opinion about that member's mental and emotional state. This process may include recommendations about treatment or placement.
Family Advocate: Family members who have experience with children and youth with emotional, behavioral, neurobiological, or mental health needs. Family advocates provide information to caregivers to help them identify and access a variety of formal and informal services, support, and resources to meet the needs of their child and family in their own community. Family advocates work directly with families who are receiving care coordination through their local system of care. They may also assist families in the development and/or expansion of parent support groups within their local communities.
Family-Centered Services: Help designed to meet the specific needs of each individual member and family. Also see appropriate services, coordinated services, wraparound services, and cultural competence.
Fraud: Intentional deception or misrepresentation, or reckless or willful disregard by a person or entity with the knowledge that deception, misrepresentation, recklessness, or disregard could result in some unauthorized benefit to him/herself or some other person, including any act that constitutes fraud under applicable federal or state law.
Grievance: A verbal or written communication from a complainant of dissatisfaction with the outcome of a complaint resolution. Grievances, as herein defined, are not administrative appeals.
Group Home: Community-based, home-like settings providing intensive treatment services with 24-hour supervision. Services offered in this setting try to avoid inpatient hospitalization and move the member to a less restrictive living situation.
HIPAA: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information.
Home-Based Services: Services provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent a child from being placed outside of the home. (Alternate term: in-home supports)

Independent Living Services: Support for a young person living on their own. These services include supportive housing and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.
Individualized Services: Services designed to meet the unique needs of each member and family. Services are individualized when professionals honor the needs and strengths, ages, and stages of development of the member and individual family members. Also, see appropriate services and family- centered services.
Inpatient Hospitalization: Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: 1) short-term treatment in cases where a member is in crisis and possibly a danger to him/herself or others; and 2) diagnosis and treatment when the member cannot be evaluated or treated appropriately in an outpatient setting.
Intensive Care Manager: Intensive care managers are licensed behavioral health clinicians. Intensive care managers identify children and adults who are experiencing barriers to care and provide short-term assistance and problem-solving to help remove those barriers.
Level of Care (LOC) Guidelines: Guidelines that are used by the CT BHP to conduct utilization management and which help to determine whether behavioral health services are medically necessary and/or medically appropriate.
Limited Benefit Program: The limited benefit program is for children or adolescents who are not eligible for HUSKY Health. Under this program, those children or adolescents may be able to access some of the services offered within the CT BHP. If it is determined that a child or family is not eligible for benefits under HUSKY Health and has complex behavioral health needs, they may apply for this program which offers limited coverage. Currently, the only service offered through the Limited Benefit Program is Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS).
Medicaid: The Connecticut Medical Assistance Program (CMAP) operated by DSS under Title 19 (XIX) of the Federal Social Security Act.
Medically Necessary or Medical Necessity: Health care provided to correct or diminish the adverse effects of a medical condition or mental illness, to assist an individual in attaining or maintaining an optimal level of health, to diagnose a condition, or to prevent a medical condition from occurring as cited in Connecticut Medicaid program regulations.
Member: An individual eligible for coverage of behavioral health services under the CT BHP.
Mental Health Issues/Mental Health Disorder: Mental health issues affect one's thoughts, body, feelings, and behavior. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health issues include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.
Mobile Crisis Services for adults 18 years of age or older: A trained crisis contact center that can help people experiencing suicidal, substance use, and other mental health crises, provide referrals to resources, and perform warm transfers to mobile crisis services or emergency services as needed/desired.

Mobile Crisis Services for children and adolescents under the age of 18: A trained crisis contact center that provides immediate mobile assessment and intervention to individuals in an active state of crisis which can occur in a variety of settings including the member's home, school, local hospital emergency department, or community setting.
Outpatient: Treatment is available at local mental health clinics or from private therapists. This can include diagnosis, assessment, family and individual counseling.
Plan of Care: A treatment plan especially designed for each member and family, based on individual strengths and needs. The member and provider develop the plan with input from the family. The plan establishes goals and details appropriate to treatment and services to meet the special needs of the member and family.
Psychologist: A doctoral-level mental health professional with advanced training who can administer psychological tests and diagnose, evaluate, and treat emotional disorders.
Recovery: A set of concepts and skills that can improve an individual's quality of life.
Resiliency: The ability to regain a sense of stability after undergoing a major life event.
School-based Services: School-based treatment and support interventions designed to identify emotional disturbances and/or assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school- based programs for children and adolescents with severe emotional disturbance, and their families within the school, home, and community environment.
Self-help: Self-help groups refer to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event, such as a death, substance use, or serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Many people with mental illnesses find that self-help groups are an invaluable resource for recovery and for empowerment.
Serious Emotional Disturbances: Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorders, and eating disorders. Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: 1) from birth up to age 18; and 2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV and/or DSM-V.
Serious Mental Illness: Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness (SMI) are persons: (1) age 18 and over; (2) who currently have, or at any time during the past year had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV and/or DSM-V or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV and/or DSM-V "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness; and (3) that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

Social Worker: A mental health professional trained to provide services to individuals, families, or groups.
Substance Use: Misuse of medications, alcohol, or illegal substances.
Supported Employment: Supportive services that include assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interests relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities. These services include transitional and supported employment services.
Systems of Care: A comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families.
Transcranial Magnetic Stimulation (TMS): A noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression.
Transition: The process of moving from one setting or level of care to another.
Vocational Rehabilitation Services: Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to members/individuals. This also includes transitional employment.
Voluntary Care Management Services: Voluntary Services is a DCF-contracted program for children and adolescents with behavioral health disorders who are not otherwise committed to or involved with the Department. Voluntary Care Management Services allows access to services or treatment programs funded by DCF and supports family-focused, community-based treatment whenever possible. For additional information about the Voluntary Care Management program, or to request an application, contact the DCF Care line number at 800-842-2288.
Wraparound Services: A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.