



Connecticut Medical Assistance Program
Policy Transmittal 2014-25

Provider Bulletin 2014-70
October 2014

Roderick L. Bremby, Commissioner

Effective Date: November 1, 2014

Contact: Srinivas Bangalore @ 860-424-5592

TO: All Provider Types

RE: Companion/Aide Authorization Requirement

The purpose of this policy transmittal is to notify all Connecticut Medical Assistance Program (CMAP) providers that, effective for dates of service on or after November 1, 2014, providers will be required to complete the Companion/Aide Medical Necessity (CAMN) form in its entirety for Medicaid eligible clients to travel with a companion or aide.

Transportation for a companion or aide to accompany a client to a Medicaid benefit appointment is covered only when medically necessary. To ensure compliance with this requirement, the Connecticut Department of Social Services has asked that LogistiCare Solutions, the Non-Emergency Medical transportation broker, obtain medical documentation to justify this need. The CAMN form does not need to be submitted for children under the age of 18 who are being accompanied by their parent or guardian to their medical appointments.

Approval for a companion or aide will not be granted unless a CAMN form is completed in its entirety, attested to by a CMAP enrolled Physician / Healthcare professional, and faxed to LogistiCare. This CAMN form can be located on the Web site at www.logisticare.com, using the instructions provided below:

Click on "Healthcare Facilities"
Click on "FAQs and forms by state"
Click on "LogistiCare Facilities Resources Site"
A new window will open, choose "Connecticut"
Click on "DOWNLOADS"
Choose "Companion/Aide Medical necessity Form"

For questions or if further assistance is needed on this form, please contact LogistiCare, Monday through Friday from 7:00 a.m. to 6:00 p.m. at 1-888-866-3287.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: For questions, please contact Srinivas Bangalore of the Division of Health Services at the Department of Social Services, NEMT Unit at (860) 424-5592.

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