

CONNECTICUT'S HEALTH CARE RESOURCE GUIDE

INTRODUCTION

2-1-1'S HEALTH CARE RESOURCE GUIDE is intended to provide information on state, federal and privately purchased health insurance programs for Connecticut residents. The Guide also provides information about obtaining health care when you are uninsured, ineligible for state and federal programs, or unable to pay for the cost of care. We hope that the information in our Guide provides information that will help you understand your options for accessing health care in Connecticut.

2-1-1 is Connecticut's free, confidential information, referral, and crisis intervention service. We are available by phone 24/7 from anywhere in Connecticut. Just dial 2-1-1 and a trained specialist will answer your call any time of day or night. 2-1-1 is a program of the United Way of Connecticut and the State of Connecticut.

Please visit our website at www.211ct.org to search our on-line databases:

- Statewide Community Resources Database: <http://www.211ct.org/referweb/>
- 2-1-1 e-Library: <http://www.211ct.org/InformationLibrary/Default.asp>
- Special Directories: <http://www.211ct.org/Search/default.asp>
- Child Care Database: <http://www.childcareinfoline.org>

SOURCE INFORMATION:

Information in this guide was compiled by the United Way of Connecticut/2-1-1 from the following sources: Child Development Infoline; Connecticut Area Agencies on Aging; Connecticut State Depts. of Children and Families, Insurance, Labor, Public Health, Rehabilitation Services, and Social Services; Georgetown University Health Policy Institute; Health Reinsurance Association; HUSKY Infoline; Lions Low Vision Centers, Eyecare America, and Vision USA; Medicare Rights Center; NEAT Marketplace at Oak Hill; U.S. Depts. of Health and Human Services, and Veterans Affairs.

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All critical information should be independently verified.

FEEDBACK:

Please report errors or omissions to:

Carol Davis, Director, Information Services, (860)571-7526 (carol.davis@ctunitedway.org)

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STATE HEALTH INSURANCE PROGRAMS

THE CONNECTICUT DEPT. OF SOCIAL SERVICES (DSS)

<http://www.ct.gov/dss/site/default.asp> administers many state medical assistance programs for residents of Connecticut who are U.S. citizens or legal residents and who meet program income and assets restrictions. Apply for any of these programs at DSS offices and suboffices (see Appendix) or call the DSS Public Information Line (800)842-1508 for general program information. Applicants or clients who disagree with a department decision regarding eligibility or benefits have the right to a Fair Hearing.

MEDICAID (ALSO KNOWN AS TITLE 19 or TITLE XIX)

Apply at DSS offices and suboffices; see Appendix for site list.

Full health and behavioral health care coverage, including prescription coverage and transportation to medical appointments, for any of the following very low income/low asset groups:

- families with dependent children under age 18
- individuals ages 18-65 who are disabled
- individuals ages 65+
- refugees

AND who meet all of the following eligibility criteria:

- Connecticut resident
- U.S. citizen, asylee, refugee, or legal resident.
- At or below income limits. (Income limit depends upon size of family and where you live; however, income limit is generally below 100% of the Federal Poverty Level*.)
- Has assets below approximately \$1600 (couples: \$2400); Value of home not counted as an asset; Value of car is not counted if the car is needed for employment or medical treatment, or if modified for transportation of a person with a disability.

*See appendix for Federal Poverty Level Chart.

“RIBICOFF KIDS”

Apply at DSS offices and suboffices; see Appendix for site list.

Special Medicaid coverage group for

- Individuals ages 19 and 20
 - Income limits are **approximately** 2/3 of the Federal Poverty Level
 - Asset limits for family of one: \$2000, family of 2: \$3000, and then for each additional person over 2, add \$100 per person to \$3000; Value of home not counted as an asset
 - Parents' income is counted if the 19 or 20 year old lives with them or if their permanent address is with the parents. (There are exceptions.) College students who live in dorms are asked where their permanent residence is. Sometimes permanent residence is determined by where the college or university sends tuition bills. Income and assets of college students who rent their own residences can be counted separately from their parents' income and assets, but all cash contributions for the student's living expenses are counted as income.
 - U.S. citizen, asylee, refugee, or legal resident.
-

HEALTHY START

[Link to Healthy Start Application Sites](#)

Full health coverage for income eligible pregnant women, including prescriptions and transportation to medical appointments. There are no premiums, co-pays or deductibles for any Healthy Start covered service. Apply for Healthy Start at DSS regional offices and suboffices, or at community sites authorized to accept applications. Community sites offer case management for the pregnant woman and for children ages 0 through 2; DSS sites do not. Eligibility:

- Pregnant and postpartum women
 - Connecticut resident
 - U.S. citizen, asylee, refugee, or legal resident.
(women with other types of visas (student, tourist, work visas) are not eligible)
 - Income at or below 250% of the Federal Poverty Level. Certain employment and child care expenses can be used to reduce applied income; Pregnant woman is counted as two family members when calculating income eligibility
 - No asset limit
-

HUSKY A (Healthcare for Uninsured Kids and Youth)

Call HUSKY Infoline for information and for application forms (877)CT-HUSKY or visit their website, www.huskyhealth.com

Children's health insurance program provides full health and behavioral health care coverage, including dental care, prescription coverage and transportation to medical appointments. Children on HUSKY A pay no premiums, deductibles, or co-pays. Eligibility:

- Children ages 18 and under
 - Connecticut resident
 - U.S. citizen, asylee, refugee, or legal resident.
 - Income at or under 185% of the Federal Poverty Level
 - No asset limit
-

HUSKY A FOR PARENTS/GUARDIANS

Call HUSKY Infoline (877)CT-HUSKY for information and for application form, or visit their website, www.huskyhealth.com

Parents or caretaker relatives who have a child/children on HUSKY A may also be eligible for HUSKY A. Eligibility:

- Parents or guardian of child on HUSKY A
 - Connecticut resident
 - U.S. citizen, asylee, refugee, or legal resident.
 - Income at or below 185% of the Federal Poverty Level
 - No asset limit
-

HUSKY B (Healthcare for Uninsured Kids and Youth)

Call HUSKY Infoline for information and for application forms (877)CT-HUSKY or visit their website, www.huskyhealth.com

Children's health insurance program provides full health and behavioral health care coverage, including prescription coverage and dental care. Does not include transportation to medical appointments.

Children who have health insurance or who have had health insurance within the previous 2 months may need to apply for an exception in order to be eligible. Eligibility:

- Children ages 18 and under
- Connecticut resident
- U.S. citizen, asylee, refugee, or legal resident.
- No income limit
- No asset limit

Premiums, deductibles, and co-pays for HUSKY B:

- Children in households with income between 186-235% of FPL qualify for HUSKY B-Tier 1 and pay no premium and some co-pays for health care.
- Children with household income between 236-300% of FPL qualify for HUSKY B-Tier 2 and pay \$30/month for one child with a maximum premium of \$50/month for two or more children, as well as some co-pays.
- Children in households with income above 300% FPL qualify for HUSKY B-Tier 3 and pay full cost of premium plus co-pays.

SAGA MEDICAL

Apply at DSS offices and suboffices; see Appendix for site list.

State funded medical insurance, including behavioral health, dental and prescription coverage, for indigent adults without dependent children. SAGA Medical services are delivered as follows:

MEDICAL CARE: [Community Health Network of Connecticut \(CHNCT\)](#) is the managed care company for SAGA Medical. Each client will have a primary care provider (PCP). Visits to medical specialists are by referral from the client's PCP.

BEHAVIORAL HEALTH CARE: [Advanced Behavioral Health](#) manages mental health and substance abuse treatment services, but does not act as a "gatekeeper." People with SAGA Medical find their own behavioral health provider; community clinics, hospitals, mental health authorities usually accept SAGA Medical. SAGA does not pay for private doctors and therapists.

DENTAL CARE: [Benecare](#) is the managed care company for SAGA Medical's dental care.

VISION CARE: One routine eye exam and one pair of glasses per year are covered under SAGA Medical. [Block Vision](#) manages the vision exam/eyeglass referrals. Non-routine eye care (injuries or disease) is through referral by the client's PCP.

TRANSPORTATION: Non-emergency medical transportation is not provided, except for SAGA recipients with qualifying medical needs/conditions: SAGA recipients who are wheelchair bound, seeing a specialist for post-operative services, visiting an oncologist for treatment including chemotherapy, receiving outpatient rehabilitation services, stroke related specialist services, dialysis, and HIV related specialist services can receive transportation. Transportation may be by livery or a shared ride in a van.

MEDICAL SPEND-DOWN

Apply at DSS offices and suboffices; see Appendix for site list.

Individuals with income over the limit for Medicaid and who have very high medical expenses can use medical bills to "spend down" income to the Medicaid income limit, also known as the "medically needy income limit." Income and medical expenses are reviewed every six months, and once medical expenses in a six month period bring income below the "medically needy income limit," the client is deemed eligible for Medicaid.

To be eligible for the spend-down, the applicant must meet all the eligibility requirements for Medicaid,

except that their income exceeds the limit.

EMERGENCY MEDICAID

Emergency Medicaid can never be pre-approved. Instead hospitals send the medical bill for the treatment of the emergency to a Medical Review team at DSS.

Emergency Medicaid reimburses hospitals for the cost of emergency care for a person who is not eligible for any other Medicaid program but who meets the income and asset limits for Medicaid. Emergency Medicaid is limited to treatment required after the sudden onset of a medical emergency. The acute symptoms of the condition must be so severe that the absence of immediate medical attention could be life-threatening. Emergency Medicaid does NOT pay for treatment of chronic conditions, even if the condition has the potential to be life threatening. (For example, a person with a heart condition that may lead to a heart attack cannot get treatment for the heart condition under Emergency Medicaid. Instead, this person has to have a heart attack or sudden onset of a medical emergency before Emergency Medicaid will pay for his treatment.)

Emergency Medicaid for Pregnant Women

Emergency Medicaid covers labor and delivery for pregnant women who do not qualify for state medical programs, but who otherwise meet Medicaid income and asset limits. It does not cover prenatal care; however, if the pregnant woman has complications to her pregnancy or if the unborn baby is at risk, then Emergency Medicaid will cover the cost of prenatal care. Likewise, Emergency Medicaid will cover the cost of an abortion if the mother's life is in danger, but not if the abortion is an elected procedure.

Emergency Medicaid for Immigrants and Non-Citizens

Immigration status is not a factor for Emergency Medicaid eligibility. Any person, regardless of legal immigrant status can be eligible for Emergency Medicaid if he/she meets income and asset limits.

MEDICAID FOR THE EMPLOYED DISABLED

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305220>

Apply at DSS offices and suboffices; see Appendix for site list.

People who are disabled and who are employed and paying Social Security taxes (or who have wage stubs proving earnings if not paying Social Security taxes) can earn up to \$75,000 per year and be eligible for Medicaid. Spousal income is not counted. Single person asset limit is \$10,000; married person asset limit is \$15,000. People who are eligible under this Medicaid coverage group may be charged a premium. Maximum premium is 10% of income in excess of 200% of the Federal Poverty Level. In addition to all regular Medicaid services, people eligible for this program who are in need of personal care assistance will receive services under the PCA Waiver Program.

FEDERAL HEALTH INSURANCE PROGRAMS

Several federally funded health programs are administered by the CT State Dept. of Social Services. Information about these programs is listed in the STATE HEALTH INSURANCE section.

VETERANS HEALTH CARE SYSTEM

www.visn1.med.va.gov/vact/

For information call (877)222-VETS

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Primary, non-emergency health care is offered by the Veterans Affairs Health Care System at VA Community Care Centers located throughout Connecticut, and at the VA hospitals in West Haven and Newington to honorably discharged veterans with:

- 1) any number of days wartime duty OR
- 2) at least 90 days of active duty served before Sept. 1980, OR
- 3) at least 2 years active duty served after Sept. 1980

MEDICARE

<http://www.medicare.gov> For information call (800)MEDICARE

Federal insurance program for people ages 65+, people under age 65 who are permanently disabled and who have been receiving Social Security benefits for two years, and people with end stage renal disease. Premiums, deductibles and co-payments apply to some of the health care services. Also, some medical expenses, such as dental care, are not covered.

For more information about Medicare, go to www.medicare.gov

Or go to the Center for Medicare Advocacy's "Index of Information by Topic":
http://www.medicareadvocacy.org/FAQ_Index.htm

More information about State and Federal Health Care Programs can be found in Special Populations sections.

PRIVATE HEALTH INSURANCE

HIPAA

Health Insurance Portability and Accountability Act (HIPAA) mandates certain rights and protections for people whose health insurance is/was provided by a group plan. HIPAA limits exclusions from insurance because of pre-existing conditions, prohibits discrimination based on health conditions, and gives people the right to buy individual policies if a group plan is not available to them and they have used up their COBRA or other type of health insurance continuation coverage.

HIPAA Privacy Rule: The HIPAA Privacy Rule creates national standards to protect individuals' personal health information, guarantees patients full access to their medical records, gives them more control over how their personal information is used and disclosed, and provides recourse if their medical privacy is compromised. The U.S Dept. of Health and Human Services Office of Civil Rights is managing implementation of the HIPAA Privacy Rule. For questions about the HIPAA Privacy Rule or to file a complaint against violators of the Privacy Rule, visit the website www.hhs.gov/ocr/hipaa/ or call the HIPAA Hotline at (866)627-7748 or the Office of Civil Rights at (800)368-1019 (routes to regional office).

Fact sheets about HIPAA:

U.S. Dept. of Labor's fact sheet on HIPAA: <http://www.dol.gov/ebsa/newsroom/fshipaa.html>

Also see the Georgetown University Health Policy Institute's Consumer Guide To Getting and Keeping Health Insurance in Connecticut," available online at:
<http://healthinsuranceinfo.net/getinsured/connecticut/>

COBRA

<http://www.dol.gov/ebsa/newsroom/fscobra.html>

Federal law requires employers with 20 or more employees to let employees and their dependents keep their group health coverage for a time after they leave their group health plan under certain conditions. Those conditions include voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Once your job ends, your plan must provide you with written notice explaining your rights under COBRA. You have 60 days from the date the notice is provided or from the date coverage ended – whichever is later – to elect COBRA coverage. It begins the day your health care coverage ended and lasts for up to 18 months. *NOTE: Under COBRA the employee pays the entire group rate premium; the employer is not required to pay any part of it.*

COBRA SUBSIDY FOR THOSE LOSING JOBS BETWEEN 9/1/08 and 12/31/09:

<http://www.dol.gov/ebsa/COBRA.html>

The American Recovery and Reinvestment Act of 2009 that was signed into law by President Obama on 2/17/09 includes a subsidy of COBRA premiums for up to nine months for employees involuntarily terminated between September 1, 2008 and December 31, 2009. (This does not include employees who were terminated for “gross misconduct.”) The subsidy will pay for 65% of the COBRA premium for the employee and their dependents.

The bill also allows eligible employees who did not elect COBRA prior to the effective date (2/17/09), or who elected it and then dropped it, to now elect it. Employers are required to notify employees who were terminated on or after 9/1/08 of their ability to elect continuation of COBRA. The employee will have 60 days after the employer’s notification date to enroll.

To read the U.S. Dept. of Labor’s FAQs about this program, go to:

<http://www.dol.gov/ebsa/COBRA.html>

SPECIAL COBRA LAW FOR CONNECTICUT RESIDENTS

For information call the Conn. Dept. of Insurance (800)203-3447

If you are ages 62-65, you may keep your COBRA coverage until you reach age 65, regardless of the number of months involved. (Eligibility also depends upon your type of insurance plan.) This is a special provision under Connecticut law; it is not part of the federal law. Link to Office of Legislative Research Summary: <http://www.cga.ct.gov/2004/rpt/2004-R-0004.htm>

CHARTER OAK HEALTH PLAN

<http://www.charteroakhealthplan.com/coh/site/default.asp>

Charter Oak Health Plan is Connecticut's health insurance plan for adults of all incomes who are ages 19 through 64. There are no income or asset limits to qualify, and pre-existing conditions are covered without exclusions. All plans cover medical care, prescriptions, and mental health and substance abuse treatment; none of the plans cover dental care. Premiums will range from \$75 to \$259 per member per month; the CT Department of Social Services will subsidize premiums for people below 300% of the Federal Poverty Level. The lowest premium, \$75/month, is for individuals with household income under 150% of the Federal Poverty Level. Participating health plans include Aetna Better Health, AmeriChoice of Connecticut, and Community Health Network of Connecticut. For more information about premiums, deductibles and co-pays, go to www.charteroakhealthplan.com. To see if you may qualify for a reduced premium, go to: <http://www.charteroakhealthplan.com/coh/cwp/view.asp?a=3542&q=418274&cohNav=|>

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CONNECTICUT DEPT. OF INSURANCE

<http://www.ct.gov/cid/>

Call CID for a list of approved health insurance companies licensed to do business in Connecticut. Note: Before buying private health insurance, check with the Dept. of Insurance to verify that the health insurance agent and the health insurance company are licensed to sell insurance in Connecticut.

SELF EMPLOYED AND SMALL BUSINESS HEALTH INSURANCE

For a list of insurance companies that offer plans to self employed or small businesses, call the Connecticut Dept. of Insurance or go to [Small Employer Plans](#) on the CID website. (*People who are self-employed are considered to be small employers.*)

INDIVIDUAL HEALTH INSURANCE

Individuals and families who do not have group coverage through an employer and who can afford to pay for their own insurance can buy a policy for themselves and their dependents. The CT Dept. of Insurance can provide a list of companies that are licensed to sell individual policies in Connecticut. Also, the CT Reinsurance Association has policies for high risk households, low income households, and people with pre-existing conditions.

For information on what to consider before buying a plan, see "Checkup on Health Insurance Choices," produced by the Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/consumer/insuranc.htm>

HEALTH REINSURANCE ASSOCIATION <http://www.hract.org/hra/index.htm>

HRA offers privately purchased health insurance for Connecticut residents ages 19-65, including high risk plans, a low income plan for residents whose income is at or below 200% of the Federal Poverty Level and other plans for individuals and families that are not income based. Residents who are coming off of a group plan must apply within 31 days of coverage termination in order for pre-existing conditions to be covered; others must wait one year before pre-existing conditions are covered.

Health Reinsurance's LOW INCOME (income at or below 200% FPL) monthly premiums for 2009:

Age	Male	Female	Children
Under 30	\$207	\$404	One Child
30-39	\$263	\$421	\$202
40-49	\$365	\$454	Children \$405
50-59	\$612	\$587	
60-64	\$901	\$763	

Rates can increase at any time; call for latest rate information.

Call for information on plans that are not income based, or go to:

<http://www.hract.org/hra/Rates/2007/Individual/IndSHCPRates.htm>

GROUP HEALTH INSURANCE

Group health insurance is usually offered by employers or professional associations. For information on rights and protections for people who are covered, or who were covered, by an employer's group health insurance plan, contact the CT Dept. of Insurance.

Also, Georgetown University publishes a helpful guide to rights and protections of people with group

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GROUP HEALTH INSURANCE NEW DEPENDENT DEFINITION: UP TO AGE 26

EFFECTIVE JANUARY 1, 2009:

A new CT law allows parents to cover certain unmarried children **up to the age of 26**, under the parent's individual or group health insurance plan. Points to remember:

- "Dependent" does not follow the IRS definition of dependent. In other words, the adult child can have a job, be living in their own apartment, and still be covered by this law.
- The new law does not apply to policies issued outside of Connecticut, even if the parent works in CT.
- Adult children who were dropped prior to January 1 because of age can re-enroll.
- Coverage ends when the child 1) marries, or 2) becomes insured under their own employer's group plan, or 3) ceases to be a resident of CT (unless they are under 19 or a full time student), or 4) reaches age 26.
- There is no requirement that the employer contribute to the cost of the insurance. However, the employer needs to be careful not to discriminate between individuals in the same "class."
- If an employer's insurance plan does not cover dependents, they will not be required to cover them now. However, the employer's policy has to be applied to all employees.
- This is a state insurance law and does not apply to employers that offer self-insured plans. (There are a number of large employers in CT that are self-insured!)

FOR MORE INFORMATION: People should contact their employee benefits administrators, or call the Ct Dept. of Insurance's Consumer Affairs Division: (800)203-3447

HEALTH CARE FOR PEOPLE UNABLE TO GET INSURANCE

NOTE: The following programs DO NOT require U.S. citizenship or legal residency, unless otherwise noted.

COMMUNITY HEALTH CENTERS

[Link to list of Community Clinics.](#)

Community health clinics, also known as Federally Qualified Health Centers, are funded to provide primary health care on a sliding fee basis to people without health insurance, including illegal immigrants. Many CHCs offer prenatal care; some have on-site pharmacies.

COMMUNITY DENTAL CLINICS

[Link to list of Dental Care Clinics](#)

Community dental clinics are funded to provide dental care on a sliding fee basis to people without health insurance, including illegal immigrants.

FAMILY PLANNING CLINICS

[Link to sites providing family planning services.](#)

Planned Parenthood of Connecticut is the grantee for State of Connecticut family planning funds. These family planning clinics and other community based clinics provide reproductive health care services for both males and females on a sliding fee basis. Services include clinical exams, contraception information and prescriptions, pregnancy testing and counseling, STD and HIV testing and counseling, and other reproductive health services. Call (800)230-7526 and your call will be routed to the closest Planned Parenthood health center, or go to <http://www.plannedparenthood.org/findCenterProcess.asp>

PRENATAL CARE FOR WOMEN WITHOUT HEALTH INSURANCE

Women whose income is above the limit for Healthy Start and women who are ineligible for Medicaid or Healthy Start because of immigration status can get prenatal care on a sliding fee basis at some community health centers and at many hospital-based prenatal care clinics. Any woman who is pregnant and who does not have insurance or cannot afford to pay full cost for prenatal care should call 2-1-1 to get information about prenatal care providers who provide services on a sliding scale.

HIV TESTING SITES

[Link to HIV testing sites](#)

Community health centers, family planning clinics, and some health departments offer confidential HIV testing and counseling for either no fee or sliding fee.

STD TESTING SITES

[Link to STD Testing sites.](#)

Community health centers, family planning clinics, and some health departments offer confidential HIV and STD testing for either no fee or sliding fee.

BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT

[Link to DPH list of Early Detection sites.](#)

Free statewide screening program, managed by the CT Dept. of Public Health, for early detection of breast or cervical cancer for women who are uninsured or whose insurance does not provide coverage for mammograms and/or Pap tests, and whose income is at or below 200% of the Federal Poverty Level. Screenings are done at contracted hospitals and health services provider sites. Women who are screened through this program and are then diagnosed with breast or cervical cancer or pre-cancerous conditions are eligible for Medicaid and can have treatment for the condition for no fee and without regard to income or assets. Free screenings do not require citizenship or legal resident status, but Medicaid eligibility for women diagnosed with cancer does. Women who need treatment but who are not eligible for Medicaid are referred to hospital charitable funds if they are unable to afford cost of care.

Eligibility:

- Income at or below 200% Federal Poverty Level; and
- For mammogram: ages 40+, or under age 40 with symptoms and/or specific risk factors;
- For clinical breast exam and PAP test: ages 19-64.

NOTE: Program sites will determine eligibility, including risk assessment.

“FREE BED” FUNDS

Most hospitals in Connecticut have “free bed funds” to help low income patients pay their hospital bills. These funds can be applied to any hospital-generated bill, not just for inpatient hospital care. Since the

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funds are not a government program, but charitable donations administered by the hospital, it is likely that each hospital will have a different set of eligibility criteria for applicants. However, the law requires hospitals to tell their patients about the fund, and to have a written policy regarding how and to whom the funds will be applied. The best way to find out about these funds is to contact the hospital administration, billing office, or social work office. To read more about free bed funds, go to CT Attorney General Blumenthal's document called "[Law in Plain Language: Hospital Free Bed Funds](#)"

Anyone having trouble obtaining information from a hospital about its free bed funds should call, write to, or email the Attorney General's office. *(Some hospitals, not all, require U.S. citizenship or legal residency for their free bed funds. Call hospital social work department or billing department for information.)*

CITIZENSHEALTH DISCOUNT PROGRAM

[CitizensHealth](#) is a membership discount savings plan (this is NOT insurance!) that provides members discounts on healthcare expenditures such as physician visits, dental care, outpatient hospital visits, prescriptions, vision care, and other much needed healthcare services. Members must use participating medical providers and pharmacies.

INSURANCE / HEALTH CARE FOR CHILDREN AND TEENS

HUSKY A / HUSKY B

Call **HUSKY Infoline** for information and for application forms (877)CT-HUSKY or visit their website, <http://www.huskyhealth.com>.

HUSKY (Healthcare for Uninsured Kids and Youth) is a federal and state (DSS) managed health insurance program for uninsured children ages 18 and under who are U.S. citizens or legal permanent residents.

HUSKY Part A provides health services for low income children under age 19, pregnant women and some parents or relative caregivers of covered children. There are no income limits for the **HUSKY B** part of the program. **HUSKY Plus** provides additional coverage for children who have intensive physical or behavioral health needs.

There is NO asset restriction for any level. Higher income families pay co-pays, or premiums plus co-pays. Parents choose a managed care plan; plan doctors and other medical providers will vary by plan. All plans pay for:

- Preventive care
- Outpatient doctor visits
- Prescription medicines
- Inpatient hospital and physician services
- Outpatient surgical facilities
- Mental health and substance abuse services
- Short term rehabilitation and physical therapy
- Skilled nursing facility, home health care, hospice care
- Diagnostic x-ray and lab fees
- Emergency care
- Durable medical equipment
- Eye care and hearing exams
- Dental care

Premiums and Co-Pays for HUSKY:

- Children with household income at or below 185% of the Federal Poverty Level (FPL) qualify for HUSKY A and pay nothing for health care.
- Children in households with income between 186-235% of FPL qualify for HUSKY B-Tier 1 and pay no premium and some co-pays for health care.
- Children with household income between 236-300% of FPL qualify for HUSKY B-Tier 2 and pay \$30/month for one child with a maximum premium of \$50/month for two or more children, as well as some co-pays.
- Children in households with income above 300% FPL qualify for HUSKY B-Tier 3 and pay full cost of premium plus co-pays.

TO APPLY FOR HUSKY:

Call HUSKY Infoline at 1-877-CT-HUSKY or download an electronic application:
<http://www.huskyhealth.com/application.htm>

EPSDT - Early Periodic Screening Diagnosis and Treatment

Call **HUSKY Infoline** for information (877)CT-HUSKY

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EPSDT, sometimes known as Health Track, expands services usually covered by HUSKY A and Medicaid to include screenings and treatments that identify and treat diseases or impairments which may adversely affect a child's growth and development. EPSDT covers children ages 0-21 who are eligible for Medicaid/HUSKY A. HUSKY Infoline informs enrollees about services they are entitled to, and can advocate for access to these services.

WELL CHILD CLINICS

[Link to list of Well Child clinics](#)

Many towns offer well child clinics for children, usually for ages 0-5. The clinics are offered at specific times during the year to provide immunizations and well child exams. Call your town public health department to see if/when your town offers a well child clinic.

SCHOOL BASED HEALTH CENTERS

[Link to list of school based health centers.](#)

School based health centers are licensed outpatient health clinics located at some public schools. These centers provide medical services, mental health and social work services, and health education to compliment the school's existing health education activities. Center staff usually includes at least one nurse practitioner, one clinically trained master's level social worker, a medical director, and support staff as needed. Any child enrolled at the school can use the clinic once the parent or guardian signs a permission form. There are no income or asset restrictions, and all services are free. Health information about students is confidential, does not become part of the child's school record, and is not shared with school personnel unless there is danger of self-injury or injury to others.

CHILD GUIDANCE CLINICS

[Link to list of child guidance providers](#)

Child Guidance Clinics provide outpatient mental health services to children ages 0-18 and their families, on a sliding fee basis and regardless of ability to pay. Clinics offer evaluation; individual, family, and group counseling and psychiatric services; parent guidance and parent education; and parent support services. Child guidance clinics often have waiting lists.

CHILDREN'S RESPITE CARE

CHILD DEVELOPMENT INFOLINE – CDI

www.ctunitedway.org/cdi.html or call 800-505-7000.

Respite funds are offered for children with special needs who are enrolled in the Children and Youth with Special Health Care Needs program, without regard to family income. Maximum respite grant per family is \$500 per year. Also, CDI can refer to other children's respite care programs.

TEEN HEALTH

SCHOOL BASED HEALTH CENTERS

This guide was prepared in January 2009. For updated information or for additional resources, please call 2-1-1 or go to <http://www.211ct.org/referweb/>

School based health centers offer full range of clinical services for teens; however, not all schools have a school based health center. To see a list of school that do have this service, go to: <http://www.211ct.org/referweb/MatchList.aspx?k;;0;;N;0;school%20based;Partial;School%20Health%20Programs>.

Pediatricians and community health centers also offer primary care to teens. Link to Community Clinics: <http://www.211ct.org/referweb/MatchList.aspx?k;;0;;N;0;community%20health%20;ExactPhrase;Community%20Clinics>

REPRODUCTIVE HEALTH

teenwire.com www.teenwire.com is a website dedicated to teen health and sexuality issues. The website covers many topics in family planning and birth control, such as reproductive health care, pregnancy and prenatal care options; HIV/AIDS and other STDs; sexuality, rape and sexual harassment; alcohol and drugs; nutrition and weight (including eating disorders); and parenting, growth, and self-esteem. Selected topics are also covered in Spanish.

Planned Parenthood offers comprehensive family planning services including birth control counseling, contraception, pregnancy testing and counseling, options counseling, and prenatal care referral. To find your closest Planned Parenthood clinic, call (800)230-7526.

ELDERS / PEOPLE WITH DISABILITIES

BENEFITSCHECKUP

www.benefitscheckup.org

BenefitsCheckUp is the National Council on Aging's on-line tool for people ages 55+ to see what federal and state programs may be available to them.

MEDICAID

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305218>

See *Medicaid* in Section **STATE HEALTH INSURANCE PROGRAMS**.

MEDICAID WAIVER PROGRAMS

Katie Beckett Waiver (Also called the *Deeming Waiver* or the *2176 Model Waiver*)
For information and to apply, call **Alternate Care Unit at DSS Central Office, (800)445-5394**

Waiver program enables severely disabled individuals to be cared for at home and be eligible for Medicaid based on the individual's income and assets. The individual's income must be at or below 300% of SSI, and assets must be below \$1000. Without the waiver, the income and assets of legally liable relatives (parent or spouse) are counted when the disabled individual is cared for at home. There is a long waiting list for this program; however, families of severely disabled individuals who want to care for their child or spouse at home are encouraged to add their name to the waiting list.

Acquired Brain Injury Medicaid Waiver
<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305236>

For information and to apply, call **DSS offices and suboffices and ask for the Social Work Unit**

Special Medicaid waiver program for adults ages 18-64 who have an acquired brain injury pays

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for medical and non-medical services such as case management, personal care assistance, chore services, respite care, vocational supports, housing supports, and other services as needed. Waiver services must be able to keep the individual from being placed in a nursing facility, a chronic disease hospital, or a long term intermediate care facility. Income/asset restrictions. *Not an entitlement program; there may be a waiting list*

PCA Waiver Program/Personal Care Assistance Waiver Program

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305236>

For information and to apply, call DSS offices and suboffices and ask for the Social Work Unit

The PCA Waiver Program funds personal care aides for income/asset eligible adults (ages 18-64) who have chronic, severe and permanent physical disabilities and who want to live as independently as possible. The person who needs the aide manages the hiring/firing/training process, but payroll and tax filing are handled by Allied Community Resources in Enfield. (Individuals ages 65+ may be eligible for the services of a personal care aide through the CT Home Care Program for Elders, after a needs assessment.)

CONNECTICUT HOME CARE PROGRAM FOR ELDERS

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170> ***For information and to apply, call Alternate Care Unit at DSS Central Office, (800)445-5394***

Conn. Home Care Program for Elders manages medical and non-medical support services that are needed by frail individuals ages 65+ to avoid institutionalization. Managed services include visiting nurse services, home health aide, chore assistance, homemakers, adult day care, home delivered meals, companion services, respite care, transportation, emergency response systems, and other services necessary to support independent living. Cost of services cannot exceed cost of institutional care. There are no income limits for the program, but clients in higher income ranges are required to contribute to the cost of the services they need. Asset limits depend upon income level. The benefit of program participation for older adults with higher incomes and who must pay for full cost of care is that they can receive the case management and care oversight services that CT Home Care Program case managers provide.

Income and asset restrictions for 2008:

- State-Funded Program: No income limit; Asset limit for an individual: \$32,868; Asset limit for a couple: \$43,824
- Medicaid Waiver Program: Income limit for individual: \$2,022/month; Asset limit for an individual: \$1,600; Asset limit for a couple when one is a client: \$23,512; Asset limit for a couple when both are clients: \$3,200.

HOME CARE PROGRAM FOR DISABLED

For information and to apply, call DSS's Alternate Care Unit.

State-funded pilot program for adults with disabilities provides home care services needed to keep the person living independently in their own home. The program targets (but is not strictly limited to) adults with multiple sclerosis, Alzheimer's, cerebral palsy, Parkinson's disease, or other neurological degenerative diseases that cause them to need professional help to remain independent.

- Income and asset limits: Same as Home Care Program for Elders
- Cannot be eligible for Medicaid
- Cannot have primary diagnosis of mental retardation or mental illness
- Care plan (the amount of money that is needed to keep the person independent in their own home) cannot exceed \$2600/month

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- Participants may be asked to contribute to the cost of their service plan if their income exceeds 200% of the federal poverty level

MONEY FOLLOWS THE PERSON

www.ct.gov/moneyfollowstheperson; or call 1-888-99-CTMFP (1-888-992-8637) or email at MFP@ct.gov

Money Follows the Person is a program for people who have lived in nursing, chronic care, or intermediate care facilities for at least 6 months and who are on, or eligible for, Medicaid. The MFP program provides payment for services that augment participation in other community based support programs such as CT Home Care Program for Elders, PCA waivers, and DDS or DMHAS programs.

MEDICARE

<http://www.medicare.gov/default.asp>

Federal insurance program for all Social Security recipients ages 65+, or people who are permanently disabled and who have been receiving Social Security benefits for two years, or people with end stage renal disease. Premiums, deductibles and co-payments apply to some of the benefits. Also, some medical expenses, such as prescription drugs, dental care, and routine physicals, are not covered by either Part A or Part B.

Medicare publishes "Medicare and You," a comprehensive guide to Medicare, including lists of Part C and Part D plans. This book is sent each fall to all Medicare beneficiaries. To download a copy go to the Medicare and You [link](#).

Another good source of information about Medicare is the Center for Medicare Advocacy's Index of Information by Topic page: http://www.medicareadvocacy.org/FAQ_Index.htm

MEDICARE ADVANTAGE PLANS

Medicare Advantage plans (also known as Medicare Part C) are health plan options approved by Medicare and run by private companies. Medicare Advantage plans take the place of Medicare Part A and Part B, and health care services are provided by the plan selected. All Medicare Advantage plans are required to provide coverage for medically necessary services that the original Medicare plan provides. But the plans can charge different premiums, co-payments and deductibles, and may offer coverage for services not covered by original Medicare.

Be cautious about choosing to opt out of regular Medicare Parts A and B. Consult CHOICES counselors or Medicare Advocacy to learn what the advantages and disadvantages may be. Once enrolled you must stay in the plan and use the plan's provider network until the open enrollment period from November 15-December 31 of each year.

Lists of participating Part C plans are in the [Medicare and You](#) book.

MEDICARE RX – MEDICARE PRESCRIPTION DRUG PROGRAM

See Section: PRESCRIPTION DRUG EXPENSE ASSISTANCE

MEDICARE ADVOCACY

<http://www.medicareadvocacy.org>

Information, assistance, advocacy: call (800)262-4414

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Center for Medicare Advocacy provides information, advocacy, and legal assistance to help Medicare beneficiaries with all aspects of Medicare-related questions or problems, including help with filing Medicare appeals.

MEDICARE SAVINGS PROGRAMS

Apply at DSS offices and suboffices; see Appendix for site list.

MSP's (Medicare Savings Programs) pay a person's Medicare B premiums, and in some cases, their co-payments and deductibles.

NOTE: *Income limits listed below are GROSS income amounts - in other words, before earned and unearned income disregards are applied. The most common disregard amount is \$277, but could be higher or lower depending upon living situation, whether the person is working, and other considerations.*

- **QMB:** Qualified Medicare Beneficiary program helps low to moderate income elderly or disabled Medicare beneficiaries by paying the Medicare Part B premium, deductibles and coinsurances. Income and asset eligibility for the year 4/1/07-3/31/08: **Gross** income limit (before disregard is applied) is \$1,078 for a single person, and \$1,595 for a couple; Asset limit is \$4000 for a single person; \$6000 for a couple.
- **SLMB:** Special Low-Income Medicare Beneficiary Program pays Medicare Part B premiums for Medicare beneficiaries. Income and asset eligibility for the year 4/1/07-3/31/08: Individual: **gross** income limit is \$1,248.20 with asset limit of \$4000. Married couple: **gross** income limit is \$1,823.20/month with asset limit of \$6000.
- **ALMB:** Additional Low-Income Medicare Beneficiary Program pays the Medicare Part B premiums for eligible Medicare beneficiaries. Note: ALMB is not an entitlement program and the funding is limited. When available funds are exhausted applications will be denied. Income and asset eligibility for the year 4/1/07-3/31/08: Individual: **gross** income limit \$1,375.85/month with no asset limit; Married couple: **gross** income limit \$1,994.35/month with no asset limit.

CONNMAP

To apply for ConnMAP, call DSS Elderly Services, (800)443-9946

ConnMAP (Connecticut Medicare Assignment Program) issues cards to income-eligible Connecticut residents who are enrolled in Medicare Part B. The ConnMAP card ensures that Medicare providers will not bill for more than the Medicare-approved reasonable rate for covered services. Applicants must have lived in Connecticut for at least 6 months, and must be enrolled in Medicare Part B. There is no asset limit; income restrictions for 1/1/09-12/31/09 are as follows: 2008 adjusted gross income for an individual must be under \$41,415; 2008 adjusted gross for a couple must be under \$55,770.

MEDIGAP INSURANCE

[Link to CT Dept of Insurance's list of companies approved to sell Medigap policies in CT.](#)

Medigap policies supplement Medicare A and B, providing a basic benefit package, and different combinations of other benefits depending upon the plan selected. There are 10 standard Medigap plans, designated by letters A through L; Plan A is the basic benefit package; each of the other 11 plans offer different combinations of benefits

The CHOICES counselors at the Area Agencies on Aging can also provide lists of companies offering Medigap insurance in Connecticut, and can help people understand the differences among the plans.

CHOICES PROGRAM

<http://www.ct.gov/agingservices/cwp/view.asp?a=2511&q=313032>
Call (800)994-9422 to reach your closest CHOICES program

CHOICES, managed by the regional Area Agencies on Aging, is a free information and benefits counseling program for people ages 60+, or people under age 60 who are disabled and need help with Medicare issues. The five program components of CHOICES include counseling and information to older adults about public and private insurance programs, outreach, information and referral to senior services, counseling about resource options, and eligibility screening for state and federal benefit and support programs.

CHOICES is the lead program in Connecticut responsible for helping Medicare beneficiaries understand and choose a Medicare Prescription Drug Plan.

CONTRANS ORGAN TRANSPLANT RECIPIENT PROGRAM

For information and to apply, call Adult Support Team at DSS Central Office, (860)424-5250

Charitable fund provides financial assistance for income-eligible people who either need an organ transplant or have had a transplant and need help paying for maintenance medications. This is not an entitlement program; assistance is limited by the amount of money in the fund at any given time. Most of the money in the fund comes from Connecticut residents who donate part of their income tax refund. People needing help to pay for a transplant must have income below the State Median Income; People needing help to pay for maintenance medications after a transplant must have incomes at or below 300% of the Federal Poverty Level; Asset limit is \$10,000. People who are over the income or asset limit should apply anyway in case some of their medical expenses can be used to "spend down" their income and assets.

MEDICAL TRANSPORTATION

Many towns offer ride programs for elders and for people with disabilities. For information, call a town's senior center or human services department, or search the [2-1-1 list of Medical Transportation providers](#). Medicaid, HUSKY A, and Healthy Start benefits include transportation to medical appointments; SAGA Medical benefits do not include non-emergency medical transportation, except for SAGA recipients with qualifying medical needs/conditions: SAGA recipients who are wheelchair bound, seeing a specialist for post-operative services, visiting an oncologist for treatment including chemotherapy, receiving outpatient rehabilitation services, stroke related specialist services, dialysis, and HIV related specialist services can receive transportation.

TRANSPORTATION FOR PEOPLE WITH DISABILITIES

[Link to Disability Related Transportation providers.](#)

Towns and some community based organizations have transportation services for adults who have disabilities. Also, public buses have ADA Paratransit programs for individuals with mental or physical disabilities that prevent them from being able to use the regular public transportation system. For ADA transportation, the person's disability can be permanent, temporary, or conditional. (A "conditional" disability is one that exists under specified conditions; for example, at night, or when the temperature is very high or very low.) Fares, routes and schedules closely follow the public bus route. There is no age restriction, no income/asset restriction, and it is not necessary to be on SSI or SSD. The CT Dept. of Transportation manages the ADA paratransit system in CT.

RESPIRE CARE

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313064>

For more information or to apply, call your Area Agency on Aging, (800)994-9422

Caregiver respite program, administered by the five regional Area Agencies on Aging (AAA), pays up to \$3500 per year for adult respite care to caregivers of family members ages 60+. Some of the AAAs also pay for children's respite care when the caregiver is age 60+. The program also offers of up to \$750/yr of "Supplemental Items or Services" that are needed by the care recipient, but are not available through outside funding. Items can include air conditioners, fans, hearing aids, eyeglasses (not covered by insurance), durable medical equipment, lift chairs, and wheelchair ramps. Applicants may be asked to share in the cost of respite or supplemental services unless income is below Federal Poverty Level. Priority is given to older caregivers, particularly older individuals providing care and support to people with mental retardation and related developmental disabilities. For more information or to apply, contact your regional Area Agency on Aging.

CONNECTICUT STATEWIDE RESPIRE CARE PROGRAM FOR ALZHEIMER'S/OTHER DEMENTIA

<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313026>

For more information or to apply, call your Area Agency on Aging, (800)994-9422

Program offers day or night time relief for caregivers of people with Alzheimer's disease or related disorders, including Parkinson's disease, multi-infarct dementia, Lewy body dementia, Huntington's disease, normal pressure hydrocephalus and Pick's disease. Services include an assessment, development of care plan, and financial assistance for services needed, such as adult day care, home health aide, homemaker/companion, and respite care in a nursing facility. The program pays a maximum of \$3,500 for respite services per family per year. The family pays 20% of the cost of services; although a waiver is possible in case of financial hardship. Income must be at or below \$30,000/yr; Liquid assets must be less than \$80,000/yr., and person must not be eligible for Medicaid.

ALZHEIMER'S ASSOCIATION RESPIRE FUND

<http://www.alz.org/ct/>

For more information or to apply, contact the CT Chapter of the Alzheimer's Assn., (866)363-6679 or 866-3MEMORY

Financial reimbursement program assists families caring for a family member with dementia to purchase respite services, including adult day care, home health aides, homemaker/companion, skilled nursing care or short term nursing services. The program provides a maximum benefit of \$500/year, without regard to income; space for this program is limited.

CONNECTICUT DEPT. OF DEVELOPMENTAL SERVICES

www.ct.gov/dds

For information, call DDS at (866)433-8192

DDS provides funds to help pay for the temporary care of anyone who has mental retardation and is eligible for DDS services. Respite care can be provided in or out of the home. Ability to respond to requests is limited by available funds and space. DDS also manages several respite centers throughout Connecticut that provide out-of-home overnight respite for children or adults with mental retardation. Family contribution to respite care cost varies according to household income

EASTER SEALS CONNECTICUT

www.ct.easter-seals.org

For information, call Easter Seals at (800)874-7687

Camp Hemlocks, a program of Easter Seals, provides respite camp weekends for groups of people with disabilities to provide respite to caregivers. Special weekends include groups of frail elderly, adults with physical disabilities, adults with mental retardation, young adults and children with physical disabilities, young adults and children with mental retardation, buddy respite for children with and without disabilities, and family respite. Financial aid is available.

AIDS/HIV RELATED HEALTH CARE

Go to 2-1-1's HIV/AIDS Prevention and Care Guide:
<http://www.211ct.org/Search/AIDSHIVPreventionCareGuide.pdf>

View [2-1-1's listing](#) of all services for Connecticut residents who are HIV+ or living with AIDS.

Also see a summary of services at
<http://www.infoline.org/InformationLibrary/Documents/HIVandAIDs.asp>

The CT Dept. of Public Health's AIDS and Chronic Diseases Division's website also lists services and service providers: http://www.ct.gov/dph/cwp/view.asp?a=3135&q=387010&dphNav_GID=1601

PRESCRIPTION DRUG EXPENSE ASSISTANCE

MEDICAID, HUSKY A, HUSKY B, HEALTHY START, AND SAGA MEDICAL all include prescription drug coverage.

BENEFITSCHECKUPRX

www.benefitscheckup.org

The National Council on Aging's on-line tool may help point people to federal, state, and private prescription assistance programs for which they may be eligible. (The site is primarily oriented to people who have Medicare but are not eligible for Medicaid.)

CONNPACE

<http://www.connpace.com/>
For information or to apply call (800)423-5026.

ConnPACE (Conn. Pharmaceutical Assistance Contract to the Elderly and Disabled) is a state prescription drug assistance program for income eligible people who are either ages 65+, or ages 18-65 who are receiving disability benefits under the Social Security Disability Program or the Supplemental Security Income Program (SSI). Must be a Connecticut resident for at least 6 months; Must be a U.S. citizen or have legal resident status. ConnPACE pays the cost of prescription drugs, insulin, and insulin syringes. There is an annual registration fee of \$30.

Starting 1/1/09, 2008 annual income (previous year's income is used for current year eligibility) must be under \$25,100 if single, or under \$33,800 for married couples.

All ConnPACE enrollees are required to enroll in a Medicare Rx Prescription Drug Plan. People with low income are also required to apply for the Medicare Rx Low Income Subsidy. People eligible for the LIS will have co-pays as low as \$2; other ConnPACE enrollees who are not eligible for the LIS will not have

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co-pays higher than \$16.25.

MEDICARE RX / MEDICARE PART D – MEDICARE PRESCRIPTION DRUG BENEFIT

www.medicare.gov

For assistance by phone call: MEDICARE - (800)MEDICARE or CHOICES - 800-994-9422

Anyone who has Medicare A or B is eligible for the Medicare prescription drug benefit, also known as Medicare Part D or Medicare Rx. Unlike Medicare Parts A and B, Part D is offered by individual prescription drug plans and people must enroll in one of the plans to receive the benefit. Each plan has a different constellation of premiums, deductibles and co-pays, and different formularies, but all plans must offer at least the standard benefit. People with low income/assets who qualify for the Low Income Subsidy may not have to pay premiums or deductibles.

To be eligible for the Part D “Extra Help,” income must be at or below 150% of the Federal Poverty Level. Assets must be under \$12,510 for an individual, or \$25,010 for a couple. (Countable assets DO NOT include the home you live in, vehicles, personal possessions, burial plots or irrevocable burial contracts)

NOTE: There are earned and unearned income disregards, so actual income can be above 150% of the FPL. If income is near 150% you should apply.

For details go to: <http://www.medicare.gov> and click on Frequently Asked Questions. This web site also has a Plan Finder Tool and a Formulary Finder Tool to help people select the best plan for their circumstances.

VETERANS

All veterans:

For information call (877)222-VETS

Department of Veteran Affairs (VA) offers a prescription benefit to honorably discharged veterans who are enrolled with the VA Health Care System and who have been seen by a VA doctor. Each 30-day supply of prescription medications has a \$2 co-pay. VA may charge for the doctor’s visit, but your insurance may cover this charge. (Veterans who are disabled or have low income do not have co-pays for prescriptions or doctor’s visits.)

Active duty and retired military:

For information call (877)DOD-MEDS

TRICARE Senior Pharmacy Program is a prescription drug program for active duty military and their families; and for military retirees and their families.

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE (PPARX)

<https://www.pparx.org/Intro.php>

For assistance by phone call (888)477-2669

Coalition of pharmaceutical companies and other national organizations provides a single point of access to patient assistance programs that in turn provide free or low-cost medications to income eligible individuals. People can call for assistance or access info and applications via the web site.

NEEDYMEDS

<http://www.needymeds.com>

Cannot seek assistance by phone; must search for medications on their website.

NeedyMeds is a Web based information source on prescription assistance programs offered by pharmaceutical companies. The website lists drugs and links the patient to information about the specific program that is offered by the pharmaceutical company that produces the drug. Information includes eligibility detail and links to application forms, if available.

PRESCRIPTION DISCOUNT CARDS

There are many drug discount cards being offered. Search the Internet with "Prescription Discount Cards" to find information, or go to the [Center for Medicare Advocacy's list](#).

Also, some hospitals offer drug discount cards. Call hospitals in your area.

CITIZENSHEALTH

[CitizensHealth](#) is a membership prescription discount savings plan (this is NOT insurance!) that provides members with discounts of on healthcare expenditures such as physician visits, dental care, outpatient hospital visits, prescriptions, vision care, and other much needed healthcare services.

COMMUNITY HEALTH CENTER PHARMACIES

Some community health centers house on-site reduced cost pharmacies for patients receiving their medical care at the center.

DISCOUNTED GENERIC MEDICATIONS

Costco, Sam's Club, Target, Walmart, Stop and Shop pharmacies are some of the "big box" stores that offer generic drugs for a low price, sometimes as low as \$4 for a 30 day supply or \$10 for a 3 month supply. Not all medications can be purchased as a generic; also, not all generics are being offered at discount. Talk to the store's pharmacist to see if your needed medicine can be bought at discount.

MAIL ORDER PHARMACIES

The Medicare Rights Center website, www.medicarerights.org/rxframeset.html lists mail order pharmacies offering discounts on prescriptions; some also offer discounts on over-the-counter medications and diabetic supplies. Ask about shipping and handling fees, and whether there is a membership fee. (Note: Quoted prices may be for the generic substitute for a prescribed drug.)

ABOUT BUYING MEDICINES AND MEDICAL PRODUCTS ONLINE:

BE CAREFUL about buying prescriptions or over-the-counter drugs from a Web site. The U.S. Food and Drug Administration offers tips for consumers thinking about buying medicines and medical products online call the FDA at (888)463-6332 or go to: www.fda.gov/oc/buyonline/default.htm

The **National Assn. of Boards of Pharmacy** website lists Internet pharmacies that meet its safety and consumer rights criteria. Go to <http://www.nabp.net/>, Click on the link "Buying Medicine Online," under the heading Internet Pharmacies.

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PharmacyChecker.com evaluates online pharmacies and compares their prices. (www.pharmacychecker.com) Basic drug price comparisons are free; members receive enhanced services and searches. Membership fee is about \$20 for a one-year membership.

DISEASE SPECIFIC ADVOCACY GROUPS

Some disease-specific advocacy agencies may have information about prescription assistance programs, and possibly offer small financial grants to buy when there is financial need. Call your specific agency (Cancer Care, Sickle Cell Disease Assn., United Cerebral Palsy, etc.) to see if they manage any charitable funds or can give you information about assistance programs.

NORD - NATIONAL ORGANIZATION FOR RARE DISORDERS

www.rarediseases.org

For information and to apply for assistance, call NORD at (800)999-6673.

NORD's Patient Assistance Program helps uninsured or under-insured individuals with rare diseases obtain free life-saving or life-sustaining medications. To see the list of medications that eligible individuals may be able to obtain through NORD, go to <http://www.rarediseases.org/programs/medication>

CHARITABLE FUNDS

Local charitable funds may offer limited and sometimes one-time help with medical expenses. Eligibility requirements vary, but funds are usually for low income people residing in the charity's service area. To see if there is a charitable fund for your town, please call 2-1-1 or your town's social services department.

CADAP

<http://www.ct.gov/dss/lib/dss/PDFs/CADAPapp03.pdf>

For information and to apply call (800)233-2503.

CADAP (Conn. AIDS Drug Assistance Program) is a prescription program for people living with HIV/AIDS that pays for federally approved HIV antiretroviral drugs and drugs. Net countable income must be at or below 400% Federal Poverty Level; there is no asset limit. Client must first apply for Medicaid or SAGA Medical.

CONTRANS ORGAN TRANSPLANT RECIPIENT PROGRAM

For information and to apply, call Adult Support Team at DSS Central Office, (860)424-5250

Charitable fund provides financial assistance for income-eligible people who either need an organ transplant or have had a transplant and need help paying for maintenance medications. This is not an entitlement program; assistance is limited by the amount of money in the fund at any given time. Most of the money in the fund comes from Connecticut residents who donate part of their income tax refund. People needing help to pay for a transplant must have income below the State Median Income; People needing help to pay for maintenance medications after a transplant must have incomes at or below 300% of the Federal Poverty Level; Asset limit is \$10,000. People who are over the income or asset limit should apply anyway in case some of their medical expenses can be used to "spend down" their income and assets.

EYEGASSES / VISION SCREENING

This guide was prepared in January 2009. For updated information or for additional resources, please call 2-1-1 or go to <http://www.211ct.org/referweb/>

MEDICAID, HUSKY A, HUSKY B, HEALTHY START - All include vision care.

SAGA MEDICAL - Pays for one vision screening and one pair of eyeglasses each year. Vision care for SAGA members is managed by Block Vision. (800-879-6901) Block Vision will refer SAGA members to participating opticians. (For eye injuries or diseases, clients can see an ophthalmologist if their PCP diagnoses a medical need to see a specialist.)

EYECARE AMERICA

www.eyecareamerica.org

For information and to apply, call (800)222-EYES

Eyecare America will refer low income elders ages 65+ to free or reduced fee ophthalmologists. Must be ages 65+ and a U.S. citizen or legal resident; Must not have seen an ophthalmologist within the last 3 years; must not be a member of an HMO and must not be eligible for eye care through the armed forces or the U.S. Veterans Affairs Health Care System.

VISION USA

http://www.cteyes.org/CMS/default.asp?CMS_PageID=301

For information and to apply, call (800)677-7714

The Conn. Assn. of Optometrists (CAO) takes calls for a national program called Vision USA, which offers free eye exams and low cost eyeglasses to low income families whose household income is almost up to 130% of the Federal Poverty Level. To be eligible, the person needing eye exams and glasses must have a job or live in a household where there is one member working at least part time; must have no insurance that covers eye examinations; must not have had an eye exam within the past 24 months; and must meet income requirements.

GIFT OF SIGHT PROGRAM

<http://www.givethegiftofsight.org/gosagency/>

For a listing of local Lions Clubs, go to www.ctlions.org

Partnership between Lenscrafters and Lions Clubs provides eye exams and glasses for people who are low income and are without insurance that covers vision care. *NOTE: This program is limited; sometimes stores have reached their limit and are not able to accommodate additional requests.* Anyone interested in this program should FIRST contact their local Lion's Club for more information.

LIONS LOW VISION CENTERS

For information and to make an appointment, call (800)676-5715. [List of sites.](#)

Nonprescription devices, and low vision rehabilitation, to assist people with low vision in daily living activities. The centers evaluate the individual's low vision to determine which device best suits the individual's needs, and will train the individual to use the device. No charge for office visit; Donations are accepted for cost of devices; *NOTE: Niantic office does not charge for devices, but clients must be residents of New London, Middlesex, Tolland or Windham County.*

HEARING AIDS

LIONS CLUB HEARING AID BANK

For a listing of local Lions Clubs, go to www.ctlions.org

The Conn. Lions Clubs Hearing Aid Bank offers hearing aids for children and adults when there is a financial need and when the person's insurance does not pay for hearing aids. A written request must be made to the client's local Lions Club. Once received by the local club it is forwarded to The Hearing Aid Bank Committee of the appropriate Lions Club District. Requests should include a copy of an audiologist's evaluation and verification that the individual would benefit from a hearing aid; report of an examination by a licensed medical doctor; a financial need application form; and information about extenuating circumstances that require special consideration

LOAN/PURCHASE PROGRAMS: MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY DEVICES

LOAN CLOSETS

[Link to Medical Equipment Loan Closets](#)

Many agencies, and sometimes town social service departments, operate loan closets that lend equipment such as wheelchairs, walkers, etc. to people who need them. Some loan closets may also sell used medical equipment and assistive technology equipment for nominal fees.

NEAT MARKETPLACE

www.neatmarketplace.org

For information, call NEAT: (866) 526-4492

The NEAT Marketplace's (New England Assistive Technology) Equipment Restoration Centers (ERC) restores donated assistive devices and medical equipment/supplies. Restored items are available for sale at lower cost than a new item. NEAT has sites in Hartford and Stratford.

TECH ACT PROJECT/ASSISTIVE TECHNOLOGY LOAN PROGRAM

<http://www.techactproject.com/loan/index.htm>

The Bureau of Rehabilitation Services' Tech Act Project provides low interest loans to people with disabilities to purchase equipment or to make home or vehicle modifications to maintain or improve functional capabilities.

CONVERSE COMMUNICATIONS

www.conversecommunications.com

Converse Communications provides services for people who are deaf, hard of hearing or speech impaired. Services include TDD/TTY repair, distribution of loaner TDD/TTY phones and closed captioning interpretation for video tapes.

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MUSCULAR DYSTROPHY ASSOCIATION

Northern/Southern CT Chapter –
(860)633-4466 or (203)777-1273
Lower Fairfield Co Chapter –(203)256-8118

Loan closet available with durable medical equipment such as wheelchairs, lifts, walkers, and shower benches for families registered with MDA. After insurance coverage has been exhausted, association can offer assistance for the remaining expenses of wheelchairs, leg braces and augmentative communication devices.

CHARIOTS OF HOPE

www.chariotsofhope.org

For information and to apply call (860)242-HOPE

International charitable agency provides used manual wheelchairs to needy Conn. residents who are not covered by any insurance plan.

DISEASE SPECIFIC ADVOCACY GROUPS

Many groups that specialize in supporting and advocating for people with specific illnesses or disorders, such as American Cancer Society, Multiple Sclerosis Society, United Cerebral Palsy, Spina Bifida Assn., Amyotrophic Lateral Sclerosis Assn., Voice for Joanie (ALS), have equipment loan or purchase programs.

CHARITABLE FUNDS

To see if there is a charitable fund for your town, please call 2-1-1 or your town's social services department.

Local charitable funds may offer limited and sometimes one-time help with medical equipment needs for eligible people. Eligibility requirements vary, but are usually for low income people residing in the charity's service area.

OTHER HEALTH / DISABILITY RELATED INFORMATION

AIR TRANSPORTATION FOR MEDICAL CARE

Volunteer airline and pilot organization provide "mercy flights" for people who need transportation to other locales for medical treatment. **AIR CARE ALLIANCE** (www.aircareall.org), a network of flying organizations posts on its website a list of charitable aviation organizations providing free air transportation to patients in need. Air Care Alliance will also provide help by phone to people seeking information about mercy flights.

CHILD DEVELOPMENT INFOLINE

<http://www.ctunitedway.org/cdi.html>

For information and to apply call (800)505-7000

Birth to Three <http://www.birth23.org/>

This guide was prepared in January 2009. For updated information or for additional resources, please call 2-1-1 or go to <http://www.211ct.org/referweb/>

Birth to Three is Connecticut's single point of entry for referrals to early intervention services for children ages 0-36 months who have significant developmental disabilities or delays. Care coordinators discuss developmental concerns with parents and make referrals for evaluation to Conn. Birth to Three System providers. Eligible children and their families receive early intervention services addressing the child's developmental needs. There is no fee for the evaluation; services are provided on a sliding fee basis. There are no income or assets restrictions for program eligibility.

Help Me Grow <http://www.infoline.org/programs/Helpmegrow.asp>

The Help Me Grow program helps to find services for children, birth through age 8, who are at risk for developmental or behavioral concerns, including children who might not meet the criteria for the Birth to Three Early Intervention Program or who are ages 3 and over. Telephone Care Coordinators identify appropriate service options for the family. Follow up ensures that the referral has been successful. Care Coordinators mail families general information on development or specific topics (e.g. toilet training), provide parent support, and offer families the opportunity to sign up for a child developmental monitoring program using the Ages and Stages questionnaires. Regional Help Me Grow child development community liaisons facilitate networking meetings, research resources and provide technical assistance. Help Me Grow is a program of the Children's Trust Fund. There are no income or assets restrictions for program eligibility.

Children and Youth with Special Health Care Needs

Children and Youth with Special Health Care Needs Program coordinates services for children under age 18 who have, or who are at elevated risk for having, chronic physical, developmental, behavioral, or emotional conditions (biological or acquired), and who also require health and related non-educational and non-recreational services of a type or amount not usually required by children of the same age. The program also offers payment for certain types of services including, but not limited to, adaptive and specialty equipment, specialty pharmacy and nutritional formulas, hearing aids, and medical and/or surgical supplies. Also, respite services are available to families whose children are enrolled in the CYSHCN Program. (Families may be placed on a waiting list until funds become available.) Respite services include planned or emergency care, including summer camps, to provide relief to eligible families caring for children with special health care needs. Maximum respite grant per family is \$500 per year. Care coordination, family support services, and respite care are provided without regard to family income; for other services income must be at or below 300% of the Federal Poverty Level and the services are not covered by the child's health insurance. Children who are eligible for HUSKY but have not applied are required to apply.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387550&dphNav_GID=1828&dphPNavCtr=#47067

For information about childhood lead poisoning and, lead abatement, or to file lead-related complaints, call DPH Childhood Lead Poisoning Prevention, (860)509-7745

The CT State Dept. of Public Health manages lead poisoning prevention and abatement information programs. Also, several Connecticut municipalities offer grants or loans to help homeowners remove lead paint from their homes.

FILING A COMPLAINT ABOUT A HEALTH CARE PRACTITIONER OR HEALTH CARE FACILITY

For information about filing a complaint, call (860)509-7552 or go to http://www.ct.gov/dph/cwp/view.asp?a=3120&q=387678&dphNav_GID=1821&dphPNavCtr=#47136

To file a complaint about a doctor, dentist, health care practitioner or health care facility, submit the following in writing:

- Your name, address and phone number;
- The name, field of practice, title, and address of the practitioner referenced in your complaint, OR

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- the name and address of the licensed institution or agency referenced in your complaint;
- Specific concerns;
- Detailed information concerning the concerns (for example, dates);
- Names of others who may be able to provide information (for example, witnesses)

Send letter to:

CT Dept. of Public Health
Division of Health Systems Regulation
MS#12HSR
410 Capitol Ave., Hartford, CT 06134

FRAUD REPORTING

To report known or suspected fraud:

- **Medicaid Fraud:** (800)842-2155
 - **Medicare Fraud:** (800)HHS-TIPS
 - **Home Health Care Fraud:** (800)828-9769
-

HEALTH CARE PROVIDER LICENSING AND REGULATION

For licensing information about any health care professional licensed in Connecticut, call DPH's Health Care Professionals Licensure and Investigations Unit at (860)509-7603 or search the DPH website.

License information on CT physicians, as well as disciplinary or convictions histories, if any, are listed on the CT Dept. of Public Health's website:

http://www.physicians.dph.state.ct.us/web_public/web_public.show#47505

License information on other CT health care providers, including dentists, psychiatrists, mental health and substance abuse counselors is listed on the CT Licensing Info Center website:

http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389526&dphNav_GID=1821&dphPNavCtr=#47137

HEALTH COVERAGE TAX CREDIT (HCTC)

<http://www.irs.gov/individuals/article/0,,id=109915,00.html>

For information about HCTC, contact the Internal Revenue Service.

A federal tax credit can pay for almost up to 2/3 of health plan premiums for three eligibility groups:

- 1) People who are receiving a Trade Readjustment Allowance (TRA), or who will receive Trade Adjustment Assistance benefits once their unemployment benefits are used up
 - 2) People who are receiving benefits under the Alternative Trade Adjustment Assistance (ATAA) program
 - 3) People who are receiving benefits from the Pension Benefit Guaranty Corporation (PBGC) and who are at least 55 years old.
-

HEALTH INSURANCE ADVOCACY

- **CT Office of the Health Care Advocate** www.ct.gov/oha: Advocates for the rights of people with managed care policies.
 - **State of Connecticut Dept. of Insurance** www.ct.gov/cid: informs and advocates for the rights and protections of people with group insurance provided through employers and privately purchased insurance.
 - **Statewide Legal Services** <http://www.slscct.org/Home/PublicWeb>: advocates for the rights of people with all forms of Medicaid and SAGA Medical.
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- HUSKY Infoline www.huskyhealth.com advocates for families on HUSKY or Healthy Start.
 - Center for Medicare Advocacy www.medicareadvocacy.org advocates for people on Medicare.
-

HEALTH RELATED SUPPORT GROUPS

[Link to lists of health related support groups.](#)

2-1-1 maintains information about hundreds of health related support groups in Connecticut:

HEALTHNET – HEALTH INFORMATION ASSISTANCE

Healthnet, Connecticut Consumer Health Information Network, program of the University of Connecticut Health Center Library, provides a free, customized consumer health research service for Connecticut residents. Call Healthnet at 860-679-4055 to request a packet of information tailored to your health questions. Healthnet's website at <http://library.uchc.edu/departm/hnet> includes direct hyperlinks to a topic-by-topic list of health websites on subjects such as medical tests, Connecticut health resources, research news, patient advocacy, aging, navigating the health care system, and children's health.

LIENS PLACED ON REAL ESTATE BY CT DEPT. OF SOCIAL SERVICES (DSS)

For more information on liens relative to DSS benefits, call the Resource Units at DSS regional offices and suboffices.

When DSS places a lien on a client's home, it means, in most cases, that the department will recover money when the home is sold. It does not mean that the client will be forced to sell their home before they choose to. The money recovered is limited to the amount that the department issued to the client or on the client's behalf. Medicaid programs that require a lien are: SAGA Medical, and Medicaid only when the homeowner has been permanently placed into a long term care facility, but not if that person's spouse, child under 21, any age disabled child, or sibling who co-owns the house are living in the house. In these cases a lien is not placed. If none of these people remain in the house, a lien is placed and the owner is expected to try to sell the property.

Other Medicaid programs (HUSKY, and Healthy Start) do not require a lien.

MEDICAID APPEALS/FAIR HEARINGS

For information call DSS Office of Administrative Hearings and Appeals, (800)462-0134

To appeal a decision by the CT Dept. of Social Services, request a Fair Hearing in writing within 60 days from the date DSS mails the notice of action. Send the Fair Hearing request to: DSS Office of Administrative Hearings & Appeals, 25 Sigourney St., Hartford, CT 06106.

QUITLINE (SMOKING/TOBACCO CESSATION)

For information call (866-END-HABIT)

Help with quitting smoking and with quitting the use of other tobacco products, information through the mail, and referrals to other resources to aid cessation.

TUBERCULOSIS CONTROL PROGRAM

http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388584&dphNav_GID=1601&dphPNavCtr=#47055

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For information call DPH, (860)509-7722

CT Dept. of Public Health's surveillance, prevention and control program works with public and private providers of medical care to ensure that all cases of TB are monitored and treated. People who have TB are given antibiotics at no charge.

CT DEPT. OF SOCIAL SERVICES BENEFITS APPLICATION SITES

<http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304888&dssNav=>

CENTRAL OFFICE:

25 Sigourney St., Hartford, CT 06106
Public Information: (800)842-1508
TDD/TTY line: (800)842-4524

NORTHERN REGIONAL OFFICES

**Hartford - 3580 Main St., Hartford, CT 06120 –
(860)723-1000 [TDD: (860)566-7913]**

Serves: Avon, Bloomfield, Canton, East Granby,
Farmington, Granby, Hartford, Newington,
Rocky Hill, Simsbury, Suffield, West Hartford,
Wethersfield, Windsor, Windsor Locks

**New Britain – 30 Christian Lane, New Britain,
CT 06051 – (860)612-3400 / (866)723-2591**

Serves: Berlin, Bristol, Burlington, New Britain,
Plainville, Plymouth, Southington

**Manchester - 699 East Middle Tpke,
Manchester, CT 06040 – (860)647-1441 /
(800)859-6646 [TDD: (860)647-5963]**

Serves: Andover, Bolton, East Hartford, East
Windsor, Ellington, Enfield, Glastonbury,
Hebron, Manchester, Marlborough, Somers,
South Windsor, Stafford, Tolland, Vernon

**Willimantic - 676 Main St., Willimantic, CT
06226 – (860) 465-3500 / (866)327-7700**

Serves: Ashford, Brooklyn, Canterbury, Chaplin,
Columbia, Coventry, Eastford, Hampton,
Killingly, Mansfield, Plainfield, Pomfret, Putnam,
Scotland, Sterling, Thompson, Union, Willington,
Windham, Woodstock.

SOUTHERN REGIONAL OFFICES

**New Haven - 194 Bassett St., New Haven, CT
06511 – (203)974-8000**

Serves: Ansonia, Bethany, Branford, Derby,
East Haven, Hamden, Milford, New Haven,
North Branford, North Haven, Orange, Seymour,
Shelton, Wallingford, West Haven, Woodbridge

**Middletown - 117 Main St. Ext., Middletown,
CT 06457 – (860)704-3100**

Serves: Chester, Clinton, Cromwell, Deep River,
Durham, East Haddam, East Hampton, Essex,
Guilford, Haddam, Killingworth, Lyme, Madison,
Meriden, Middlefield, Middletown, Old Lyme, Old
Saybrook, Portland, Westbrook

**Norwich - 401 West Thames St., Suite 102,
Norwich, CT 06360 – (860)823-5000 /
(800)473-8909**

Serves: Bozrah, Colchester, East Lyme,
Franklin, Griswold, Groton, Lebanon, Ledyard,
Lisbon, Montville, New London, North
Stonington, Norwich, Preston, Salem, Sprague,
Stonington, Voluntown, Waterford.

WESTERN REGIONAL OFFICES

**Bridgeport - 925 Housatonic Ave.,
Bridgeport, CT 06606 – (203)551-2700 /
(877)551-2700**

Serves: Bridgeport, Easton, Fairfield, Monroe,
Norwalk, Stratford, Trumbull, Weston, Westport

**Stamford - 1642 Bedford St., Stamford, CT
06905 – (203)251-9300 / (866)663-9300**

Serves: Darien, Greenwich, New Canaan,
Stamford, Wilton

**Waterbury - 249 Thomaston Ave., Waterbury,
CT 06702 – (203)597-4000 / (866)454-1108
[TDD: (203)597-4175]**

Serves: Beacon Falls, Cheshire, Middlebury,
Naugatuck, Oxford, Prospect, Southbury,
Waterbury, Watertown, Wolcott

**Danbury - 342 Main St., Danbury, CT 06810 –
(203)207-8900**

Serves: Bethel, Bridgewater, Brookfield,
Danbury, New Fairfield, New Milford, Newtown,
Redding, Ridgefield, Sherman

**Torrington - 62 Commercial Boulevard, Suite
1, Torrington, CT 06790 – (860)496-6900 /
(800)742-6906**

Serves: Barkhamsted, Bethlehem, Canaan,
Colebrook, Cornwall, Goshen, Hartland,
Harwinton, Kent, Litchfield, Morris, New
Hartford, Norfolk, North Canaan, Roxbury,
Salisbury, Sharon, Thomaston, Torrington,
Warren, Washington, Winchester, Woodbury

FEDERAL POVERTY LEVELS (FPL) 4/1/09-3/31/10

Annual income limits derived from U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, <http://aspe.hhs.gov/poverty/06poverty.shtml>

FEDERAL POVERTY LEVELS – 4/1/09-3/31/10

Annual Income Guidelines

	100%	125%	130%	150%	185%	200%	235%	250%	300%
Family Size: 1	10,830	13,538	14,079	16,245	20,036	21,660	25,451	27,075	32,490
2	14,570	18,213	18,941	21,855	26,955	29,140	34,240	36,425	43,710
3	18,310	22,888	23,803	27,465	33,874	36,620	43,029	45,775	54,930
4	22,050	27,563	28,665	33,075	40,793	44,100	51,818	55,125	66,150
5	25,790	32,238	33,527	38,685	47,712	51,580	60,607	64,475	77,370
6	29,530	36,913	38,389	44,295	54,631	59,060	69,396	73,825	88,590
7	33,270	41,588	43,251	49,905	61,550	66,540	78,185	83,175	99,810
8	37,010	46,263	48,113	55,515	68,469	74,020	86,974	92,525	111,030
Each add'l person, add:	3,740	4,675	4,862	5,610	6,919	7,480	8,789	9,350	11,220

Monthly Income Guidelines

	100%	125%	130%	150%	185%	200%	235%	250%	300%
Family Size: 1	903	1,128	1,173	1,354	1,670	1,805	2,121	2,256	2,708
2	1,214	1,518	1,578	1,821	2,246	2,428	2,853	3,035	3,643
3	1,526	1,907	1,984	2,289	2,823	3,052	3,586	3,815	4,578
4	1,838	2,297	2,389	2,756	3,400	3,675	4,318	4,594	5,513
5	2,149	2,686	2,794	3,224	3,976	4,298	5,051	5,373	6,448
6	2,461	3,076	3,199	3,691	4,551	4,922	5,783	6,152	7,383
7	2,773	3,466	3,604	4,159	5,130	5,545	6,515	6,931	8,318
8	3,084	3,855	4,009	4,626	5,705	6,168	7,248	7,710	9,253
Each add'l person, add:	312	390	405	468	577	623	732	779	935

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SUMMARY CHART

AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
2-1-1 www.211ct.org 24 hour information and referral to health and human services in CT; Crisis intervention; Suicide prevention	2-1-1 (V/TDD) (800)203-1234 (V/TDD)
ACQUIRED BRAIN INJURY WAIVER, SOCIAL WORK DIVISION, CONN. DEPT. OF SOCIAL SERVICES Medicaid waiver program for adults ages 18-64 who have an acquired brain injury. Waiver services must keep individual from placement in nursing facility, chronic disease hospital or long term care facility. Income/asset restrictions.	Call DSS offices and suboffices and ask for the Social Work Unit
AIDS AND CHRONIC DISEASES, DIVISION OF, CONN. DEPT. OF PUBLIC HEALTH http://www.ct.gov/dph/cwp/view.asp?a=3135&q=387010&dphNav_GID=1601&dphPNavCtr=#47044 Funds community HIV and STD testing sites, HIV prevention programs, CARE partner notification program; Also provides information and referral to chronic disease diagnosis and treatment providers.	(860)509-7801
AIDS NATIONAL HOTLINE National 24 hr. hotline managed by the Centers for Disease Control gives information and referrals to callers with questions about HIV and AIDS, and other STDs.	(800)CDC-INFO (888)232-6348 (TDD)
AIR CARE ALLIANCE www.aircareall.org Central listing of aviation organizations providing free air transportation for medical care.	(888)260-9707
ALCOHOL AND DRUG INFORMATION, SAMSHA NATIONAL CLEARINGHOUSE FOR www.health.org National substance abuse information and referral line.	(800)729-6686 (877)767-8432 (Spanish) (800)487-4889 (TDD)
ALZHEIMER'S ASSOCIATION http://www.alz.org/ct/ Health advocacy organization supports and assists people with Alzheimer's disease and related disorders and their caregivers.	(866)3-MEMORY
AREA AGENCIES ON AGING http://www.ct.gov/agingservices/cwp/view.asp?a=2509&q=312998&aginservicesNav=#44984 Information and referral for older adults; also manages the CHOICES Program, the National Caregiver Support Program, and the CT Statewide Respite Care Program.	(800)994-9422
BREAST AND CERVICAL CANCER (BCC) EARLY DETECTION PROGRAM http://www.ct.gov/dph/cwp/view.asp?a=3124&q=388824&dphPNavCtr=#47735#47737 Free breast and cervical cancer screening program for women who have no health insurance or who have insurance that does not cover Pap tests or mammograms.	For referral to a BCC screening site, call 2-1-1 or DPH: (860) 509-7804

This guide was prepared in January 2009. For updated information or for additional resources, please call 2-1-1 or go to <http://www.211ct.org/referweb/>

AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
BREAST AND CERVICAL CANCER MEDICAID COVERAGE GROUP Full Medicaid benefits for women diagnosed with cancer or pre-cancerous conditions through the Breast and Cervical Cancer (BCC) Early Detection Program. No income or asset limit.	Apply at the BCC Early Detection site that diagnosed the breast or cervical cancer.
CADAP, CONN. DEPT. OF SOCIAL SERVICES http://www.ct.gov/dss/lib/dss/PDFs/CADAPapp03.pdf Prescription and insurance premium assistance program for people with HIV/AIDS.	(800)233-2503
CENTER FOR MEDICARE ADVOCACY www.medicareadvocacy.org Information, advocacy for Medicare-related issues.	(800)262-4414 (860-456-7790 (TDD))
CHARIOTS OF HOPE http://www.chariotsofhope.org/ International charitable agency loans wheelchairs at no cost to needy Conn. Residents who are not covered by any insurance plan.	(860)242-HOPE
CHILD ABUSE AND NEGLECT HOTLINE www.state.ct.us/dcf/hotline.htm Investigates reports of known or suspected abuse or neglect of any child under age 18.	(800)842-2288 (800) 624-5518 (TDD)
CHILD DEVELOPMENT INFOLINE http://www.ctunitedway.org/cdi.html Birth to Three, Help Me Grow and Children with Special Health Care Needs programs.	(800)505-7000 (V/TDD)
CHOICES PROGRAM (AREA AGENCIES ON AGING) http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313032 Insurance information and benefits counseling for people ages 60+, or people under age 60 who are disabled and on Medicare. Also offers assistance to Medicare beneficiaries who need help understanding the new Medicare Prescription Drug plan.	(800)994-9422
COBRA http://www.dol.gov/dol/topic/health-plans/portability.htm Information about the federal COBRA law; or to file COBRA complaints against an employer.	U.S. Dept. of Labor (866)4-USA-DOL
COBRA– SPECIAL PROVISION FOR CT RESIDENTS http://www.cga.ct.gov/2004/rpt/2004-R-0004.htm Information about the special COBRA law for Conn. residents ages 62-65.	Conn. Dept. of Insurance (800)203-3447
CONN. HOME CARE PROGRAM FOR ELDERS, ALTERNATE CARE UNIT, CONN. DEPT. OF SOCIAL SERVICES http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170 Case management/financial support for medical and non-medical services needed by individuals ages 65+ who are at risk of institutionalization.	(800)445-5394 (800)842-4524 (TDD)
CONNECTICOSH – CONN. COUNCIL ON OCCUPATIONAL HEALTH AND SAFETY www.homestead.com/homefront/Connecticosh.html Information and advocacy for worker compensation and workplace health and safety issues.	(860)953-COSH

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AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
CONNMAP, ELDERLY SERVICES DIVISION, CONN. DEPT. OF SOCIAL SERVICES Card issued to income-eligible Conn. residents that ensures that Medicare providers will not bill for more than the Medicare-approved reasonable rate for covered services.	(800)443-9946
CONNPACE, CONN. DEPT. OF SOCIAL SERVICES http://www.connpace.com/ Prescription assistance program for income eligible individuals ages 65+ or people ages 18-65 receiving SSI or SSD. Income limit; but no asset limit.	(800)423-5026
CONTRANS, ADULT SUPPORT TEAM, CONN. DEPT. OF SOCIAL SERVICES Financial assistance for income-eligible people who either need an organ transplant or have had a transplant and need help paying for maintenance medications.	(860)424-5250
CONVERSE COMMUNICATIONS www.conversecommunications.com Loaner TDD phones, closed caption interpreting for video tapes, and TDD phone repairs.	(860)242-4974 Voice/TDD (800)743-1219 Voice/TDD
DEPT OF LABOR, U.S. DEPT. OF http://www.dol.gov/ Information to employees and employers about COBRA and HIPAA.	(866)4-USA-DOL
ELDERLY SERVICES DIVISION INFO & REFERRAL, CONN. DEPT. OF SOCIAL SERVICES www.ctelderlyservices.state.ct.us/ Information about, and referral to, state and federal benefit programs for elders.	(800)443-9946 (in-state) (860)424-4925 (out of state)
EPSDT – EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT Free screening, diagnosis, and treatment for all medical conditions that may affect growth and development of children ages 0-21 who have HUSKY A or Medicaid.	Information and advocacy (877)CT-HUSKY
EYECARE AMERICA http://www.eyecareamerica.org Refers low income elders ages 65+ to free or reduced fee ophthalmologists.	(800)222-3937
FRAUD REPORTING	Medicaid Fraud: (800)842-2155 Medicare Fraud: (800)HHS-TIPS Home Health Care Fraud: (800)828-9769
HEALTH CARE PROFESSIONALS AND PRACTITIONERS LICENSURE AND INVESTIGATION UNIT, CONN. DEPT. OF PUBLIC HEALTH Information about physician's licensure; or to file complaint.	Licensing: (860)509-7603 Complaints: (860)509-7552
HEALTH REINSURANCE ASSN. www.hract.org/hra/index.htm Privately purchased health insurance for Connecticut residents ages 19-65, including plans for people with pre-existing medical conditions, and a plan for low income CT residents.	(800)842-0004

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AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
HEALTHNET University of Connecticut Health Center's free, customized consumer health research service for Connecticut residents. http://library.uhc.edu/departm/hnet	860-679-4055
HEALTHY START Medicaid managed care health plan for pregnant women with household income at or below 185% FPL. (Pregnant woman is counted as family of two); No asset test.	Call 2-1-1 for application sites
HIPAA – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT http://www.dol.gov/ebsa/newsroom/fshipaa.html Rights and protections for people whose health insurance is/was provided by a group plan.	Conn. Dept. of Insurance: (800)203-3447
HIPAA PRIVACY RULE http://www.hhs.gov/ocr/privacyhowtofile.htm Provides for patient control over rights to, and privacy of, medical records.	HIPAA Hotline (866)627-7748 To file a complaint (800)368-1019
HOME CARE PROGRAM FOR DISABLED, ALTERNATE CARE UNIT, CONN. DEPT. OF SOCIAL SERVICES Funded home care services for people with disabilities. Program targets (but is not strictly limited to) adults with multiple sclerosis, Alzheimer's, cerebral palsy, Parkinson's disease, or other neurological degenerative diseases.	(800)445-5394 (800)842-4524 (TDD)
HUSKY A / HUSKY B www.huskyhealth.com Managed care health plans for children ages 18 and under	(877)CT-HUSKY
HUSKY A FOR CAREGIVER RELATIVES www.huskyhealth.com Medicaid managed care health plan for parents/ caretaker relatives who have children on HUSKY A and whose income is at or below 150% FPL; No asset limit.	(877)CT-HUSKY
INSURANCE, CONN. DEPT. OF www.ct.gov/cid Provides list of health insurance companies and agents registered in Connecticut, including Medigap insurers and Blue Ribbon policy providers. Will investigate complaints against insurance companies and agents.	(800)203-3447
KATIE BECKETT WAIVER, ALTERNATE CARE UNIT, CONN. DEPT. OF SOCIAL SERVICES (Also known as the Deeming Waiver or the 2176 Model Waiver Medicaid waiver program enables severely disabled individuals to be cared for at home and be eligible for Medicaid based only on the individual's income and assets, and not the income/assets of legally liable relatives.	(800)445-5394 (800)842-4524 (TDD)
CHILDHOOD LEAD POISONING PREVENTION PROGRAM, CONN. DEPT. OF PUBLIC HEALTH http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387550&dphNav_GID=1828&dphPNavCtr= 47067 Information about childhood lead poisoning, treatment programs; and lead abatement.	(860)509-7745

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AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
LIONS LOW VISION CENTERS Nonprescription devices and low vision rehabilitation to assist people with low vision.	800-676-5715
MEDICAID (ALSO KNOWN AS TITLE 19), CONN. DEPT. OF SOCIAL SERVICES http://www.ct.gov/dss/lib/dss/pdfs/medicaid.pdf Health insurance at no cost for very low income families with dependent children, elderly or disabled individuals, and refugees.	DSS offices and suboffices
MEDICAID FOR THE EMPLOYED DISABLED, CONN. DEPT. OF SOCIAL SERVICES http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305220 People who are disabled and who are employed and paying Social Security taxes (or who have wage stubs proving earnings if not paying Social Security taxes) can earn up to \$75,000 per year AND BE ELIGIBLE FOR MEDICAID.	DSS Offices and suboffices
MEDICAL SPEND-DOWN PROGRAM, CONN. DEPT. OF SOCIAL SERVICES Medicaid health insurance for individuals whose medical bills bring their income down to the "medically needy income limit" set by DSS.	DSS offices and suboffices
MEDICARE www.medicare.gov Federal insurance program for all Social Security recipients ages 65+, people who are permanently disabled and who have been receiving Social Security benefits for two years, and people with end stage renal disease.	(800)MEDICARE (877)486-2048 (TDD)
MEDICARE ADVANTAGE PLANS A Medicare beneficiary can elect to receive Medicare benefits through an HMO. The beneficiary must remain enrolled in both Medicare A and Medicare B and receives all of the rights and benefits entitled under Original Medicare. Most plans require a monthly premium, especially if the plan includes a prescription drug benefit.	CHOICES Program at the Area Agencies on Aging (800)994-9422
MEDICARE SAVINGS PROGRAMS CONN. DEPT. OF SOCIAL SERVICES QMB, SLMB, ALMB: Income eligible individuals and couples can enroll in a Medicare Savings Program that will pay for Medicare premiums, deductibles or co-pays. Level of benefit depends upon income.	DSS offices and suboffices
MEDIGAP Privately purchased insurance policies that supplement benefits available through Medicare Parts A and B. (People on Medicare who have very low income and assets use Medicaid to supplement Medicare.)	Conn. Dept. of Insurance: (800)203-3447 CHOICES Program: (800)994-9422
MENTAL HEALTH INFORMATION CENTER, SAMHSA NATIONAL www.mentalhealth.org National mental health information and referral line.	(800) 789-2647 (866) 889-2647 (TDD)
NEAT MARKETPLACE http://www.neatmarketplace.org/ Used, restored assistive devices and medical equipment/supplies for sale.	(866) 526-4492

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AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
NEEDYMEDS http://www.needymeds.com Web-based information on free or discounted prescription assistance programs that are offered by pharmaceutical companies. Programs and eligibility vary.	(website; no phone)
NORD – NATIONAL ORGANIZATION FOR RARE DISORDERS www.rarediseases.org Information about rare disorders; Also provides prescription assistance for certain drugs.	(800)999-6673
OFFICE OF THE HEALTHCARE ADVOCATE www.ct.gov/oha Mediates disputes between managed care companies and beneficiaries; Informs callers on rights and how to appeal a decision.	1-866-HMO-4446
PARTNERSHIP FOR PRESCRIPTION ASSISTANCE www.pparx.org Phone or web-based information on free or discounted prescription assistance programs that are offered by pharmaceutical companies, and federal and state programs.	Website; or call 1-888-4PPA-NOW
PCA (PERSONAL CARE ASSISTANT) WAIVER PROGRAM, SOCIAL WORK DIVISION, CONN. DEPT. OF SOCIAL SERVICES The PCA Waiver Program funds personal care aides for income/asset eligible adults ages 18-64 with severe and permanent physical disabilities who want to live independently.	Call DSS offices and suboffices and ask for the Social Work Unit
PLANNED PARENTHOOD www.ppct.org ; www.teenwire.com/ Reproductive health care services for both males and females on a sliding fee basis.	To find nearest clinic (800)230-PLAN
PLANNED PARENTHOOD'S FACTS OF LIFE LINE Recorded messages on health, reproductive health, pregnancy options, substance abuse, and mental health topics.	(888)337-FACT
PLANNED PARENTHOOD'S TEENWIRE Sexual health website for teens.	http://www.teenwire.com/
PROTECTIVE SERVICES FOR THE ELDERLY (PSE), CONN. DEPT. OF SOCIAL SERVICES http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305232 Investigates reports of known or suspected abuse or neglect of any adult ages 60 and over.	(888)385-4225
PUBLIC HEALTH, CONN. DEPT. OF (DPH) www.dph.state.ct.us Provides information about licensing status of medical facilities and practitioners, investigates complaints; administers funding for public and community health programs.	(860)509-8000 (860)509-7191 (TDD)
QUITLINE National Cancer Institute's Quitline offers smoking/tobacco use cessation information and referrals to cessation programs and resources.	866-END-HABIT
SAGA MEDICAL, CONN. DEPT. OF SOCIAL SERVICES Health insurance for very low income adults without dependent children.	DSS offices and suboffices
SICKLE CELL DISEASE/SICKLE CELL TRAIT TESTING Information, case management, support groups and free sickle cell trait testing:	

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AGENCY/PROGRAM and SUMMARY	CONTACT INFORMATION
<p>Citizens For Quality Sickle Cell Care: www.cqsc.org</p> <p>Sickle Cell Disease Assn. of Southern Conn.: www.scdaaofsouthernct.org</p>	<p>(860)223-7222</p> <p>(888)745-2327</p>
<p>SOCIAL SERVICES CONN. DEPT. OF (DSS) – CENTRAL OFFICE, PUBLIC INFORMATION LINE http://www.ct.gov/dss/site/default.asp Administers Medicaid, Medicaid and SAGA programs.</p>	<p>(800)842-1508</p> <p>(800)842-4524 (TDD)</p>
<p>STATEWIDE LEGAL SERVICES www.slsct.org Advocacy and legal representation for low income individuals and families in relation to public welfare health insurance programs such as HUSKY, Medicaid, Healthy Start, SAGA.</p>	<p>(800)453-3320</p>
<p>STD NATIONAL HOTLINE National 24 hr. hotline managed by the Centers for Disease Control gives information and referrals to callers with questions about sexually transmitted diseases.</p>	<p>(800)227-8922</p> <p>(800)344-7432 (Spanish)</p> <p>(800)243-7889 (TDD)</p>
<p>SUICIDE HOTLINE, 2-1-1 www.211ct.org Connecticut's 24 hour suicide prevention hotline. 2-1-1 is accredited by the American Assn. of Suicidology.</p>	<p>Call 2-1-1</p>
<p>TECH ACT PROJECT, CONN. BUREAU OF REHABILITATION SERVICES http://www.techactproject.com/ Low interest loans for people with disabilities to purchase equipment or make modifications to enhance independence.</p>	<p>(800)537-2549</p> <p>(860)424-4839 (TDD)</p>
<p>TREVOR HELPLINE www.thetrevorproject.org 24 hour crisis hotline for gay or questioning youth.</p>	<p>(866)488-7386</p>
<p>TUBERCULOSIS CONTROL PROGRAM, CONN. DEPT. OF PUBLIC HEALTH http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388584&dphNav_GID=1601&dphPNavCtr=#47055 Surveillance, prevention and control program ensures that all cases of TB in Connecticut are monitored and treated. Public tuberculosis clinics provide no fee TB treatment and medications.</p>	<p>(860)509-7722</p>
<p>VETERANS AFFAIRS, CONN. HEALTHCARE SYSTEM www.visn1.med.va.gov/vact/ Primary health care, behavioral health care, and prescription drug program for eligible veterans.</p>	<p>VA Health Benefits Call Center (877)222-8387 Eligibility Office at West Haven Medical Center (203)932-5711, Ext. 3328</p>
<p>VISION USA, CONN. ASSN. OF OPTOMETRISTS http://www.cteyes.org/CMS/default.asp?CMS_PageID=301 Free eye exams and low cost eyeglasses for eligible individuals.</p>	<p>(800)677-7714</p>

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