



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2008-11

March 2008

TO: Mental Health Clinics, General Hospitals and Psychiatric Hospitals

SUBJECT: Prior Authorization for Fee-for-Service Clients

The purpose of this bulletin is to inform providers of behavioral health services that the Behavioral Health Outpatient Services Form (W-470) is no longer required to be submitted. Under the Connecticut interChange MMIS, providers will have 7 days from the start of treatment to submit a signed copy of the new State of Connecticut Department of Social Services Prior Authorization Request Form to EDS. The 7 day grace period for receipt of the initial authorization pertains to day treatment programs, intensive outpatient programs and routine outpatient services.

Authorizations for continuing care must be received at EDS before the services are rendered. Authorizations should be mailed to: EDS, PO Box 2943, Hartford, CT 06104

For a copy of the State of Connecticut Department of Social Services Prior Authorization Request Form, information about the form and information about the prior authorization process providers are referred to Chapter 9 of the provider manual which is available on the department's Web site www.ctdssmap.com. From the home page, go to Information, then to Publications and then to Provider Manuals.

This bulletin and other program information can be found at www.ctdssmap.com.
Questions regarding this bulletin may be directed to the EDS Provider Assistance Center -
Monday through Friday from 8:00 a.m. to 5:00 p.m. at:
In-state toll free **800-842-8440** or
Out-of-state or in the
local Farmington, CT area **860-269-2028**

EDS
PO Box 2991
Hartford, CT 06104

