New to Medicaid?

22 Medicaid Services You Should Know About
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This year Connecticut expanded Medicaid healthcare coverage (HUSKY) by raising the maximum income level for eligibility. The result is that many more people now have access to healthcare coverage. If you applied and were approved, congratulations!

So what does this mean to you? Well, the most important thing is, you have healthcare coverage, maybe for the first time in your life.

But what types of medical services are actually covered?

We put together a list to help you understand what’s available. Keep in mind there are a few ground rules:

- Medicaid pays for medical services only if they are medically necessary
- Some services may need prior approval
- Your healthcare provider must be enrolled in Medicaid
Here are the services Medicaid covers:

**AMBULATORY SURGERY** – you may need a procedure that your doctor’s office isn’t equipped to handle, but it doesn’t require an overnight stay in the hospital. Medicaid will pay for treatment prescribed by your provider at an ambulatory surgical center.

**DENTAL SERVICES** – your dentist must participate in the Connecticut Dental Health Partnership network.

**DIALYSIS SERVICES** – you can receive services in a home, clinic, hospital or other facility that is licensed to provide outpatient dialysis services.

**DURABLE MEDICAL EQUIPMENT** – this includes things like wheelchairs, walkers, canes, crutches, hospital beds, commodes and inhalation therapy equipment.

**FAMILY PLANNING SERVICES** – a wide range of services is available, including laboratory services and procedures to determine infertility. But, Medicaid does not cover infertility treatments or reversal of tubal ligation or vasectomy.

**HEARING AIDS AND PROSTHETIC EYES** – your doctor will decide if you are a candidate. If you are, Medicaid will pay for these devices, whether you live at home, in a nursing home, group home or intermediate care facility.

**HOME HEALTH SERVICES** – if you need help with activities of daily living like bathing, dressing, toileting, transferring or feeding, Medicaid will pay for appropriate services which may include nursing, home health aides, physical, occupational or speech therapy, and nursing for high-risk pregnancies.

**HOSPITAL SERVICES** – Medicaid covers outpatient services for things like emergency room care, checkups, prenatal care or prescriptions, as well as inpatient services if you need to stay overnight.

**INDEPENDENT THERAPY SERVICES** – if you are 20 years old or younger, you can use the services of an independent audiologist, physical therapist or speech pathologist not connected to a hospital or clinic.

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LABORATORY SERVICES – your doctor may want you to undergo lab tests or services to diagnose your illness or condition. You can be tested at your doctor’s office, at a hospital lab or an independent lab.

LONG TERM CARE SERVICES – Medicaid will pay for your care in a nursing home or intermediate care facility. Services include nursing, home health aide, therapy services, and therapeutic recreation. Medicaid also pays for your room and board.

MEDICAL CLINICAL SERVICES – some clinics are not connected to a hospital, but as long as the facility is enrolled in Medicaid, your clinic visits and immunizations will be covered.

MEDICAL SURGICAL SUPPLIES – if you live at home, Medicaid will pay for medically necessary supplies including surgical dressings, diabetic supplies, sterile gloves, blood pressure kits and incontinence supplies.

MENTAL HEALTH SERVICES – Medicaid covers treatment for behavioral health issues or substance abuse either as an inpatient or outpatient.

NON-EMERGENCY MEDICAL TRANSPORTATION – if you have no means of transportation and need a ride to the doctor, Medicaid will pay for your transportation. You must reserve a ride 48-hours before your appointment.

ORTHOTIC AND PROSTHETIC DEVICES – Medicaid covers artificial limbs or devices that prevent or correct physical deformity or malfunction, or support a weak or deformed part of the body.

OXYGEN THERAPY – most types of therapy are covered but prior authorization may be required.

PARENTERAL OR ENTERAL SUPPLIES – if you live at home and need nutrition support, either parenteral (intravenous) or enteral (tube-feeding), Medicaid will cover your supplies.

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The expansion of Medicaid in Connecticut means that many more people will not have to choose between feeding their families and seeing a doctor when they need medical care. If you took advantage of the new guidelines for Medicaid eligibility, we applaud you, and encourage you to use the services you need to keep yourself and your family healthy.

Source: Connecticut Medicaid – Summary of Services

To learn more about applying for Medicaid, and what you can do to protect your money from long-term care costs, give us a call at (860) 236-7673 or plantoday@ctseniorlaw.com.