STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

460 Capitol Avenue, Hartford, Connecticut 06106 ◆ Phone: 860/418-6000 ◆ Fax: 860/418-6001 ◆

DDS Maintaining Medicaid Eligibility equals Waiver Eligibility

Updated June 2025

Maintaining Medicaid Benefits is really Important!

You must complete your DSS redetermination of eligibility on time!

Your DDS Waiver services are at risk of being discontinued if Medicaid Eligibility is not maintained.

Medicaid requires an annual redetermination application. **You must complete it as soon as you get it.** It is called "State Of Connecticut Department Of Social Services Renewal Of Eligibility W-1ER". It is due **40 days before** your Medicaid expires, if you do not do this before the 40 days you will be discontinued from benefits and forced to reapply for Medicaid. If you are receiving any services from DDS such as; a day program, case management, etc. These services are paid through Medicaid and it is really important to maintain that benefit.

Link to redetermination form: https://portal.ct.gov/-/media/departments-and-agencies/dss/common-applications/w-1er.pdf in English (form not available in Spanish for the public)

Medicare Savings Program

If you have applied for the Medicare Savings benefit /waiver (aka QMB or Q01)you also have to do a redetermination application separately each year. If you do not do the application the benefit will be taken out of your monthly Social Security check.

Medicare Savings program English & Spanish - https://portal.ct.gov/dss/health-and-home-care/medicare-savings-program/medicare-savings-program/apply?language=en_US

Applications Mailing address for Redeterminations and Medicare saving Program

DSS Connect Scanning Center
PO Box 1320
Manchester, CT 06045-1320

Reminder:

1. **Did you sign the Application?**
2. **Did you attach the coversheet?**
3. **Did you submit an authorized rep form? W-298**

https://portal.ct.gov/-/media/departments-and-agencies/dss/common-applications/w-298.pdf

4. **Did you setup an online account?**

Spend Down Information

People should call the HUSKY Spend-down Processing Center with questions regarding spend-downs (amounts, if an expense is acceptable, whether expenses were received/ applied, etc.). Medical expenses submitted for spend-downs should be sent directly by the person, authorized representatives or providers to the HUSKY Spend-down Processing Center via mail or fax. Expenses should be submitted to:

Husky Spend-down Processing Center
77 Hartland Street
PO Box 280747
East Hartford, CT 06128-0747

Fax to Xerox: 1-888-495-2897
Phone: 1-877-858-7012

Where do I send my payments if a person owes' a premium?

DSS Premium Payment Processing Center
P.O. Box 150445
Hartford, CT 06115-0445
Make checks payable to: Commissioner of Social Services

To check on the status of a premium or amount owed call 1-800-656-6684

How to Create a FastLink Coversheet

Instructions on how to create and print a coversheet

https://portal.ct.gov/dds/-/media/dds/providergateway/instructions-to-access-and-print-a-dss-coversheet.pdf?rev=26490f262543456b8b867e172d54251f&hash=69E3B8F1925E6305486D9BDDA8C28A53

Click here to get to DSS FastLink Coversheet

https://connect.ct.gov/access/jsp/access/Home.jsp

Click the link underneath the picture that says “Mail Documents to DSS”.

How Do I keep my Waiver services Active?

1. Maintain Medicaid Eligibility– do the redetermination each year. Be proactive and submit documentation they will request regarding current bank statements - checking/ savings , a month's worth of consecutive pay stubs, Stocks, Shares, Life Insurances, Special Needs Trusts, and ABLE accounts, etc.
2. If DSS requests additional information send it in immediately for processing.
3. Participate in the updating of your Level of Need each year.
4. Participate in the development of your Individual Plan each year.

What Can I do if I need help with Medicaid issues?

1. Designate a family member, case manager or provider as an Authorized Representative.– Use the W-298 form https://portal.ct.gov/-/media/departments-and-agencies/dss/common-applications/w-298.pdf
2. Do you have a special diet? Have you put that information on your W-1ER (redetermination)?
3. Talk to your case manager as they have access via email to DSS workers based at DDS.
4. Go to your local DSS office.
5. Call the DSS Benefit Center phone lines.

What if I have too much in my savings or make too much money?

1. Have you met with a Benefits counselor?
   https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/Benefits-Counseling

2. Have you set-up an irrevocable burial account?
   portal.ct.gov/-/media/DDS/Aging/funeral_funds_for_DDS_individuals_82610.pdf?la=en

3. Have you set-up a special needs trust?

   http://www.specialneedsalliance.org/

   http://www.planofct.org/

4. Have you set-up an ABLE account?
   http://www.ablenrc.org/

If you need help doing this, work with your DDS Case Manager!

How do I apply for Medicaid for someone receiving Waiver services for the first time or if they have lapsed and need to reapply?

For Adults over 18

The W-1LTSS application needs to be submitted with a month's worth of pay stubs (if working), bank statements (if any), and any other pertaining documentation. https://portal.ct.gov/dss/-/media/dss-beta/pdf/long-term-services/w1ltss-packet-rev-123-compressed.pdf?rev=6df7c68a042141349e15988523f4a129

If there is a secondary (or primary) insurance other than Medicaid, (except Medicare) please complete a w-1685 with a copy of the insurance card (front and back). https://portal.ct.gov/dds/-/media/Departments-and-Agencies/DSS/Common-Applications/w-1685.pdf

These are just documentations that will help facilitate the process.

If the person is **not** going under the waiver at this time, but needs Medicaid, please complete the W-1E application requesting Husky C. https://portal.ct.gov/-/media/departments-and-agencies/dss/common-applications/application-for-benefits-w-1e---6.pdf

This application should be sent to the scanning center at;

This is **only** for individuals who are **not** going under the waiver.

DSS ConneCT Scanning Center
P.O. Box 1320 Manchester, CT 06045-9968

If the person has not applied for SSI or is not eligible for SSI, please complete the W-300T19 (if working W-300MED), W-303 & W-303A packet in order for CCC (through DSS) to determine their disability.

The 300T19 form and the W-300MED (for employees with disabilities) form can be found here:
https://portal.ct.gov/dss/lists/publications/applications-and-forms?language=en_US&page=3

https://portal.ct.gov/dds/-/media/departments-and-agencies/dss/common-applications/w-303.pdf
https://portal.ct.gov/dds/-/media/departments-and-agencies/dss/common-applications/w-303a.pdf

H01– Child going on waiver under 22

The W-1LTSS application needs to be completed, requesting H01 in order for DSS to enroll in the DDS waiver. See link above.

Please have the parent(s)/guardian(s) complete and submit the w-849 (LLR form) and the complete most recent tax return. If the child receives SSI or SS, a bank statement reflecting SS deposit needs to be submitted, as well as a statement on how that income is spent. If the parent(s) have a secondary (or primary) insurance other than Medicaid, (except Medicare) please have them complete a w-1685 with a copy of the insurance card (front and back). See link above

If unable to complete the application online. All the documentation should be mailed to: 20 Meadow Road Windsor, CT 06095. Attn: LTSS Unit or you can scan it and send it to DDS.Waiver@ct.gov and we can forward it to DSS directly.

If the person has lapsed off of Medicaid (over 30 days)

You have 30 days after Medicaid has lapsed off to submit a redetermination. If 30 days have passed;

The W-1E application needs to be submitted with a month's worth of pay stubs (if working), bank statements (if any), and any other pertaining documentation from **the time your Medicaid lapsed off to present time.** https://portal.ct.gov/-/media/departments-and-agencies/dss/common-applications/application-for-benefits-w-1e---6.pdf

If the person is not under the waiver please send the application with all pertaining documentation to the DSS Scanning Center at;

DSS ConneCT Scanning Center
P.O. Box 1320
Manchester, CT 06045-9968

DDS Waiver Contact Information

DDS.Waiver@ct.gov

Provider Medicaid Issues

DDS-DSS.Issues-Providers@ct.gov