



**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES**

DSS Use Only

Medicaid # \_\_\_\_\_

Receipt Date \_\_\_\_\_

W-1069  
(Rev 10/16)

**Medicaid Prescription Voucher/Authorization for Payment**

**Section 1 - Client Information** (completed by staff at the correctional facility or the court)

Applicant Name (Last, First, MI) _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Facility _____		Date of Birth _____	
DOC # _____	Medicaid # _____	Client SSN _____	

**Instructions for client:** Take this voucher to your local pharmacy within 5 days of the effective date shown below.  
**Instrucciones para el cliente:** Lleve este vale a su farmacia local dentro de 5 días de la fecha de efectividad indicada abajo.

**Section 2 - Authorization** (completed by staff at the correctional facility or the court)

This authorization guarantees payment by DSS only for the pharmacy service(s) indicated. The individual named on this form has a need for prescription assistance.

**Effective Date of Prescription Authorization:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Fecha de efectividad de la autorización de receta médica**

**Voucher prepared at:**     DOC facility     Court

- This authorization must be a completed original and not changed or modified in any manner. It is valid for only the individual listed above. A community pharmacist who suspects that this form has been altered should contact the person who completed this form at the number indicated below.
- **The authorization is valid only for 5 days from the effective date of the prescription authorization specified above.**
- Reimbursement will only be made to active enrolled Connecticut Medical Assistance Program Providers at the fee established by the Department for the specified Medicaid-covered service authorized.
- **The quantity dispensed for a prescription cannot exceed a thirty (30) day supply.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and Title \_\_\_\_\_ Phone \_\_\_\_\_

**Instructions for client:** Take this voucher to your local pharmacy within 5 days of the date above.  
**Instrucciones para el cliente:** Lleve este vale a su farmacia local dentro de 5 días de esta fecha.

**Section 3 - Pharmacy Provider** (must be completed by the discharging person)

Complete this additional information only if Medicaid eligibility has not been established after 5 days (see Billing Instructions below).

Provider Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

City \_\_\_\_\_ Fax # \_\_\_\_\_

**Instructions for pharmacy staff:** To get the prescription order, fax this voucher to the University of Connecticut Managed Health Care Pharmacy fax number (860) 679-8020. Phone number: (860) 679-7920 Monday-Friday 5:00 am-11:30 pm, Saturday 5:00 am-3:30 pm.

**BILLING INSTRUCTIONS:** Providers should verify third party coverage does not exist, then access the Secure Web Portal or the Automated Eligibility Verification System (AEVS) for confirmation of Medicaid eligibility. If Medicaid eligibility is confirmed, then the claim should be submitted to HP following the same billing requirements and guidelines as a regular claim. If eligibility has not been confirmed after fourteen (14) days, forward this form, attached to the appropriately completed paper claim form, to the **DSS Eligibility Policy and Program Support Unit, 55 Farmington Avenue, Hartford, CT 06105. Ref: Prescription Voucher -- For information, phone 1-860-424-5250.**

## W-1069 Instructions

### Instructions for staff at court or DOC facility:

Complete sections 1 and 2 on the front page and give the voucher to the client to bring to the pharmacy.

### Instructions for the client:

Please take this voucher to a retail pharmacy as soon as possible. The longer you wait, the longer it will take to get your medicines. Department of Correction (DOC) health records are sent to a warehouse shortly after release, and it may be difficult for DOC health staff to know exactly which medications you need. Be sure to select a pharmacy that is close to where you will be living, because it is possible you will need to make 2 trips to the pharmacy. **This voucher expires in 5 days.**

### Instrucciones para el cliente:

Por favor lleve este vale a una farmacia al detel lo más pronto posible. Cuanto más espere, tanto más tiempo se tomará para recibir sus medicinas. Los registros médicos del DOC son enviados a un depósito poco después de la excarcelación, y el personal de salud del DOC podría tener dificultad para saber exactamente cuáles medicinas usted necesita. Asegúrese de escoger una farmacia que quede cerca de donde usted estará viviendo, porque es posible que le resulte necesario hacer 2 viajes a la farmacia. **Este vale vence en 5 días.**

### Instructions to the retail pharmacy:

The person presenting this voucher has just been released from a DOC facility or the Court, and has stated that he or she is receiving prescription medication(s) that need to be continued. If third party insurance coverage does not exist, the Department of Social Services (DSS) will reimburse for up to 30 days' worth of medicine(s) at the Medicaid rate. The actual prescription is written by a licensed prescriber at DOC's contracted health provider, Correctional Managed Health Care (CMHC), a division of the University of Connecticut Health Center. The actual duration of approved medication may be shorter than 30 days, based on the professional judgment of the prescribing staff within CMHC.

To have the discharge prescription(s) sent to you, contact the CMHC pharmacy in Farmington by faxing the front sheet of this form to the number below; be sure your cover sheet includes your own store name, fax number and direct phone number. For any problems, call the CMHC pharmacy contact at the numbers below. If the CMHC prescriber has already written discharge medications, the CMHC pharmacy can fax them to you promptly. If not, the CMHC pharmacy will notify you by fax that the discharge medication(s) still need to be written. The CMHC pharmacist will then contact a physician on call, who will either call you with the order directly or write discharge orders and send them to the CMHC pharmacy, which will forward them to you by fax. Some of the CMHC medical units close down after 4 pm, but the jails are open 24/7 with nursing (but not necessarily prescriber) coverage. The process of obtaining discharge medications could take from under an hour to the next business day. Therefore, if you receive a faxed notice that discharge orders still have to be obtained, you should advise the patient that the order has not been received, and the patient may leave a contact number and return later for the medication(s).

#### CMHC Pharmacy Contacts:

Fax: (860) 679-8020

Phone: (860) 679-7920 or (860) 679-2120 Mon-Fri 5:00 am-11:30 pm, Sat 5:00 am-3:30 pm

**See other side for billing instructions. For Billing questions please call 1-800-424-5250.**

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524.  
Persons who are blind or visually impaired, can contact DSS at (860) 424-5040.  
Personas sordas o que tienen dificultad auditiva y tienen equipo TTD/TTY pueden llamar al DSS al 1-800-842-4524. Personas ciegas o con impedimentos visuales, pueden llamar al DSS al (860) 424-5040.



**TO: Pharmacies, Physicians, Nurse Practitioners, Physician Assistants, Clinics and Hospital Providers**  
**RE: Procedure for Removal of Hospital Lock-In Status and Use of Medicaid Prescription Vouchers for Individuals Released from Correctional Institutions or Through the Courts**

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The purpose of this three (3) page bulletin is to advise providers of the process for having a client's **Hospital Lock-In** status removed. This will allow prescription processing for otherwise Medicaid-eligible clients in suspension status.

The Department of Social Services' (DSS) Pre-Release Unit, not Health Information Designs, who handle the normal Pharmacy Lock-Ins, must be contacted by the provider when a Hospital Lock-In individual presents a prescription to be filled.

The Pre-Release Unit maintains a monitored email at [PRE.DSS@ct.gov](mailto:PRE.DSS@ct.gov) and a monitored phone at **(860) 424-5754** for Pharmacy (not patient) use, Monday – Friday 7:00 AM – 5:30 PM. Callers should leave a voicemail if necessary for after-hours/weekend requests, providing their National Provider Identifier (NPI), the individual's name, client ID number (or other identifying information such as the date of birth or Social Security number), and your callback number. The Pre-Release Unit will remove the Hospital Lock-In and activate the case.

Newly released individuals from a Department of Correction (DOC) facility or the Courts who are inactive are provided with a Medicaid Prescription Voucher/Authorization for Payment Form (form W-1069) to access needed medications. These vouchers are provided by the courts for non-scheduled releases or for discharges from a 24/7 DOC facility. Appropriate staff complete the voucher and simultaneously notify the Pre-Release Unit. In most situations, Medicaid eligibility will become active within 2 business days. Instructions for the client are printed on the back of the voucher. DSS clients who are seeking additional information should be referred to the DSS toll-free Benefit Center number at 1-855-626- 6632.

A valid W-1069 voucher guarantees payment of the Medicaid rate by DSS within the one (1) year timely

filing guidelines for covered prescription medications. There is no need to submit a paper claim, you may bill Hewlett Packard Enterprise electronically with the dispensed date. To avoid a lapse in therapy, leave a message with the Pre-Release Unit after dispensing. Do not accept the voucher if it is more than five (5) days after the authorization date indicated as it has expired and is void. A sample is shown on page three (3) of this bulletin.

The actual prescription(s) for a Hospital Lock-In client is written by a licensed prescriber from a Correctional Managed Health Care (CMHC), a division of the University of Connecticut Health Center and the DOC's contracted health provider. The medication may be prescribed for up to a 30 day supply, based on the professional judgement of the prescribing staff within CMHC. To have the discharge prescriptions sent to you, fax CMHC the voucher using a cover sheet indicating your fax and phone numbers.

In the event a prescription order needs to be clarified, the CMHC contacts are available by:

**Telephone:** (860) 679-7920 or (860) 679-2120  
Monday – Friday, 5:00 AM to 11:30 PM  
Saturday 5:00 AM to 3:30 PM

**Fax:** (860) 679-8020

For all other **Non-Hospital** Pharmacy Lock-In/Pharmacy Restriction change requests, please ask the patient to contact Health Information Designs, Inc. toll-free at 1-877-719-3123.