

Example

GT Independence
Approved Provider Credentialing Application

[Provider Name]
[Provider Address 1]
[Provider City, State, Zip]

Attn: [Provider Contact]
[Provider Contact Email Address]

Re: Provider Credentialing Application, HCBS For Elders (CHCPE) Waiver

Thank you for completing the provider credentialing application process with GT Independence. We have reviewed your information, and we are pleased to inform you that you have been approved for credentialing to serve participants through the following program(s) and service(s) through the Connecticut Department of Social Services:

Program/Waiver: HCBS for Elders (CHCPE) Waiver

Service(s): 1021Z - Personal Care Services - Agency Per 1/4 Hour
 1023Z - Personal Care Services - Agency Per Diem
 1225Z - Personal Care Services - Agency Per Diem Prorated Hourly
 1213M - Recovery Assistant Agency - Per 1/4 hour

Your next step is to enroll with Gainwell Technologies for Medicaid Billing. More information can be found here: www.cctdssmap.com. Once your enrollment is complete, please send a copy of your approval letter to providercredentialing@gtsd.org to be added to the directory of credentialed providers. If you have any questions about next steps, please contact providercredentialing@gtsd.org or call us at 1-877-659-4500.

Sincerely,

Credentialing Coordinator
GT Independence

Phone: 877.659.4500I Fax: 888.972.3891 Email: customerservice@gtsd.org