MEDICAL COVERAGE GROUPS

Revised 08/2022

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| **EMS/ImpaCT**  **Codes** | **Group Title and Definition**  CN= Categorically Needy  MN=Medically Needy | **Income/Assets**  *\*Includes the general 5% Federal Poverty Level (FPL) income disregard* | **Reference** |
| **A02—ImpaCT**  **A02—EMS** | **CADAP Connecticut AIDS Drug Assistance Program**   * Pays for medication approved by U.S. Food and Drug Administration to treat HIV disease and HIV disease related conditions * Must be diagnosed by licensed Health Practitioner as having HIV * If eligible for other health insurance, must apply for and use that insurance first * As of 11/01/18, DPH began administering this program | Total family income at or below 400% of FPL  No asset test | [UPM 8035.05](file:///C:\Users\hadlerp\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\9TRTV0KO\8035.05) |
| **HUSKY B—ImpaCT**  **B01 - Band 1**  **B02 - Band 2**  **B03 - Band 3** (not available at this time)  **CP2—Presumptive Eligibility**  This is not Medicaid | **HUSKY B CHIP Bands 1 and 2**   * Children under age 19 (income over 196% of FPL (201% of FPL with 5% disregard) * Children may not have other medical coverage * Band 1 – no monthly premium; co-pays * Band 2 – premium $30/month for one child; $50/month for 2 or more children; co-pays | Band 1  202%-254% of FPL  Band 2  255%-323% of FPL\*  No asset test |  |
| **HUSKY B—ImpaCT**  **B22 - Unborn Child Option**  This is not Medicaid | **HUSKY B Prenatal Band 1 (CHIP)**   * Available beginning 4/1/2022 * Unborn child option to extend CHIP coverage by considering an unborn child as an eligible child for prenatal care * Option provides CHIP prenatal coverage to a pregnant individual regardless of their immigration status * Individual does not qualify for Medicaid due to immigration status * No premiums or co-pays | 264% FPL  No asset test | [Senate Bill 1202; PA 21-2, JSS, §§ 335 & 336](https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00002-R00SB-01202SS1-PA.PDF) |
| D01 - ImpaCTD01 – EMS | **HUSKY A Children Receiving Title IV-E Payments**   * Children eligible for adoption assistance or foster care payments under Title IV-E * The Department of Children and Families (DCF) records eligibility for the cases that are categorically eligible | Must be within Title IV-E limits (DCF determines eligibility for Title IV-E) | [UPM 2540.4](https://docushare/docushare/dsweb/Get/Document-5638/2540_41.doc) |
| **D02—ImpaCT** D02—EMS | **HUSKY A State-funded DCF Medical**   * Non-Title IV-E eligible children in the care of DCF who do not qualify under another coverage group * Children in state institutions (Connecticut Juvenile Training School) * Temporary coverage for new placements while Title IV-E and Medicaid eligibility is being determined * Eligible until they qualify for Medicaid or leave DCF care | No income or asset test | CGS 17b 261(i) |
| D03—ImpaCT **D03—EMS** | **HUSKY A DCF Non-IVE Subsidized Adoption Children**   * Provides federal Medicaid reimbursement for children in subsidized adoption up to age 21 who do not qualify under IV-E rules * Categorically needy coverage group * DSS will determine continued eligibility outside of the system and manually close those AUs/EDGs found ineligible during the renewal period. | No income or asset test | [UPM 2540.41](https://docushare/docushare/dsweb/Get/Document-5638/2540_41.doc) |
| D04—ImpaCTD04—EMS | **HUSKY A Independent Foster Care Adolescents**   * Provides federal Medicaid reimbursement for children between the ages of 18 and 21 who are transitioning out of foster care. * Categorically needy coverage group * DSS will determine continued eligibility outside of the system and manually close those AUs/EDGs found ineligible during the renewal period | No income or asset test | [UPM 2540.42](https://docushare/docushare/dsweb/Get/Document-5639/2540_42.doc) |
| D05—ImpaCTD05—EMS | **DCF Behavioral Health for non-Medicaid eligible child--(Other Medical)**   * State-funded * Coverage is limited to selected community based Behavioral Health Services | No income or asset test | CGS 17b 261(i) |
| D10—ImpaCT | **Husky A DCF IV-E Guardianship**   * Medical coverage group for children whose guardianship has been transferred to a kith or kin relationship from DCF guardianship. * Eligibility continues until the individual’s 21st birthday or until their case with DCF ends. | No income or asset test |  |
| D11—ImpaCT | **Husky A DCF IV-E Foster Care**   * Medical coverage group for foster children who qualify for IV-E. * These children are Connecticut residents but can also be children placed in Connecticut foster care from another state. * Eligibility continues until the individual’s 21st birthday or until their case with DCF ends. | No income or asset test |  |
| D25—ImpaCT | **Husky A DCF Non-IV-E Foster Care/Guardianship**   * Medical coverage group for children who are non-IV-E foster Care/non-IV-E Subsidized Guardianship. * These children were formerly the children enrolled under the X25 medical coverage. * Eligibility continues until age 19 or until DCF case ends. | No income or asset test |  |
| E05 - ImpaCT | **Emergency Medicaid (EM) – Outpatient Dialysis**   * Available beginning 8/1/2021 * Coverage for outpatient dialysis and related services for acute and chronic kidney failure and end stage renal disease * CT residents who do not qualify for full Medicaid due to their immigration status * Treatment for ESRD will be authorized for a period of 12 months, subject to the individual’s continued eligibility for EM during that time. | Income/asset criteria for Medicaid TOA otherwise qualified for must be met | Policy Transmittal 2022-07 |
| F03 (Pre-MAGI)—EMS | **HUSKY A Transitional Medical Assistance**   * Has child(ren) under 19 * For individuals who lose eligibility for HUSKY A for Families (F07) under these circumstances: * Already active F07 family and the assistance unit becomes ineligible because of earnings * Up to 12 months (1st month begins with the month following F07 ineligibility) Or if no longer child < 19 in home   **\*\*\* F03 is replaced by X03** | No income or asset test | [UPM 2540.09](https://docushare/docushare/dsweb/Get/Document-1224/2540_09.doc) |
| **F04 (Pre-MAGI)—EMS** | **HUSKY A Extended Medical Assistance**   * Discontinued from F07 due to new or increased income from child support * TFA terminated because of collection of child support under Title IV-D * Cascades from F07 (as long as individual had received one month of F07) * 12 months (1st month begins with the month following F07 ineligibility) Or if no longer child < 19 in the home   **\*\*\* F04 is replaced by X04** | No income or asset test | [UPM 2540.09](https://docushare/docushare/dsweb/Get/Document-1224/2540_09.doc) |
| **F06C (Children)—ImpaCT**  **F06--EMS**  **F06P (Pregnant)—ImpaCT**  **F06—EMS** | **HUSKY A Presumptive Eligibility (PE for Children and Pregnant Individuals)**   * This coverage group was re-opened 7/1/05 * W-1PE (application) and W-538 (PE voucher) are needed with each PE submission * This program is for HUSKY children (under 19) and pregnant individuals. It allows “Medicaid Certified Entities” (Qualified Entities) to temporarily grant Medicaid and then send the completed application form to the Regional Processing Unit (RPU) at DSS * The RPU staff will grant PE coverage. The individual and/or their CAC pursues ongoing medical coverage via AHCT * W-538 (Paper voucher) given to individual is good for 10 calendar days. * PE coverage period - In most cases, lasts until end of second month. If voucher is given to ineligible individual, then PE may end earlier. * ImpaCT will automatically close PE coverage at the end of the second month if individual is not found eligible for Medicaid * PE eligibility for pregnant individuals is only allowable once per pregnancy * PE eligibility for children allowed two times per calendar year |  | [UPM 1523.05](https://docushare/docushare/dsweb/Get/Document-5783/1523_05.doc) |
| **F07 (Pre-MAGI)—EMS** | **HUSKY A Families**   * Children and caretaker relatives * Children or dependents (under 18 or 18 and expected to graduate by 19) * Relationship specified in (2540.24) * Include SSI recipients (SSI income is not counted) * If family is over the 185% FPL, refer child only for HUSKY B * To determine parent / caretaker relative spend down (kids on HUSKY B) – may use “OC” code for children’s financial resp. code on STAT * Cooperation with child support is a requirement for parent/caretaker eligibility (not children) * F07 will correctly sprout F03 when earned income of a family member exceeds F07 income limits * Lump Sums on F07 are treated as assets * Lump sums are treated as income for F25 * If receipt of a lump sum under F25 is causing ineligibility, move child to F07   **\*\* Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs**  **\*\*\* F07 is replaced by X07** | Eff. 7/1/07, Family income must be under 196% FPL  Disregard/ Deductions:  • Gross - $90 / employed member  • Childcare disregard – no limit  • Child Support - $100.00  • Disregard SSI  Special income test for non-parent caretaker relative (NR financial responsibility code) - EMS will look at income of caretaker relative and compare to 196FPL for one person. If over, EMS will switch to NM code and disregard the non-parent income.  No asset test | [UPM 2540.24](https://docushare/docushare/dsweb/Get/Document-1229/2540_24.doc) |
| **F10/F11—EMS** | **HUSKY A Categorically Needy and Medically Needy Newborn Children eligible for 12 months**   * Use F10 for newborns born to categorically eligible individuals in P01, P02 and X01 * Use F11 for newborns born to medically needy individuals in P95 or P99 * Newborns born to undocumented individuals who receive emergency Medicaid may be considered “deemed eligible” * Up until the first birthday * 12 months - Review eligibility for X25 * Newborn is “deemed” eligible for one year if born to individual who was on Medicaid at time of delivery or would have been Medicaid eligible at time of delivery. * Newborns should be “OC” coded if there is a companion F07 case or “NM” on X07 companion case   **\*\*\* F10/F11 are replaced by X10** | No income or asset test | [UPM 2540.52](https://docushare/docushare/dsweb/Get/Document-1244/2540_52.doc) |
| **F12—EMS** | **HUSKY A Categorically Needy Ribicoff Children**   * Children who are between 19-20 yrs of age and meet AFDC income/asset requirements * Typically, 19 and 20 year olds living independently * This age group also may apply for Medicaid Low Income Adult * Go to the DEEM screen to enter the numbers of dependents * Use “SD” deemor code for parents   **\*\*Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs** |  | [UPM 2540.56](https://docushare/docushare/dsweb/Get/Document-1248/2540_56.doc) |
| **F25 (Pre-MAGI)—EMS** | **HUSKY A Children**   * Children who are between the ages of 1 and up to 19 * Cooperation with child support is a requirement of this coverage group; However, penalty for non-cooperation is to remove parent only, child remains eligible under F25 * Lump sums are treated as income for F25 * Lump sums are treated as assets for F07 * If lump sum causes ineligibility under F25, move child to F07 * End of month in which child turns 19 or end of month when inpatient medical service terminates * Parents and siblings in other coverage groups are coded “OC”, undocumented parents are coded “IP” for deeming purposes.   **\*\*Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs**  **\*\*\* F25 is replaced with X25** | Compare AI of AU to Federal Poverty Level (185%) for needs group size.  Disregard: $90 / employed person  $100 / from child support (not working correctly – EMS deducts $50 – requires worker intervention)  Childcare disregard – no limit CARE screen for HOH and complete address fields for childcare provider  No asset test | [UPM 2540.58](https://docushare/docushare/dsweb/Get/Document-1252/2540_58.doc)  [UPM 5020.10](https://docushare/docushare/dsweb/Get/Document-1755/5020_10.doc) |
| **F95—EMS** | **HUSKY Medically Needy Children - under MNIL**   * Includes children under 21 years of age * Caretaker relatives are also included if they: * Live with a dependent child and are within the acceptable degree of relationship * are not categorically needy AND meet medically needy income/asset tests. * No deprivation requirement   **\*\* Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs** | Income limit is MNIL for family size  Asset limit is FMA limit ($2,000 for one - $3,000 for two and additional $100 per child | [UPM 2540.68](https://docushare/docushare/dsweb/Get/Document-1257/2540_68.doc) |
| **F99—ImpaCT**  **F99—EMS** | **HUSKY A Medically Needy Children under 21 and Caretaker Relatives who are over the MNIL (Spenddown - over MNIL)**   * Includes children who are under 21 years of age * Caretaker relatives are also included if they:   - Live with a dependent child and are within the acceptable degree of relationship  - have a dependent child under 19 (not 21 even though EMS may allow)   * are not categorically needy AND meet medically needy income/asset tests. * No deprivation requirement * Parents disqualified from TFA (for non-Medicaid requirement) with income> CNIL and meet medically needy income and asset criteria * Caretaker relatives - screen as F07, and code children as OC   If EDG is in inactive status, keep child on spenddown EDG because they're not actively receiving Medicaid  If spenddown case gets activated ("A") status, close HUSKY B (refer) and open HUSKY A  Review Spenddown every 6 months | Use MN income/asset limits, deeming rules, and spenddown process  Deeming is limited to parent-to-child and spouse to spouse.  Disregard:  $90/employed person  $50/ from child support  Childcare disregard—no limit  Assets—  $2000 for one person  $3000 for two people  Add $100 for each additional member.  Use asset Supplemental form if asset information is needed. | [UPM 2540.](https://docushare/docushare/dsweb/Get/Document-1257/2540_68.doc)57 |
| **G02 (Pre-MAGI) --EMS** | **HUSKY D Medicaid LIA (Low Income Adult)**  **Replaces SAGA medical eff 4/1/10**  For individuals and married couples who are:   * Under age 65 * SSI recipients (including individuals with 1619(a) or (b) or 1905(q) status); * Not Medicare recipients * Not Pregnant * Children over 19   **\*\*\* G02 is replaced by X02** | Income test= MNIL for AU size  No asset test | Repealed 01/01/14  CGS 17b 261n |
| **G06-ImpaCT**  **(G06-I)** | **COVID-19 Coverage for Uninsured Persons**   * Coverage for uninsured citizens, permanent residents who do not qualify for HUSKY A, B, C, or D due to income. * Individuals must apply through AHCT to establish eligibility for this coverage group * No age limits * This medical coverage is only available during the Federal Public Health Emergency (PHE) that began March 18, 2020 & ends the day the PHE ends. * March 18, 2020 - Limited Benefit – COVID-19 test and related office visit only * May 2021 – Limited Benefits expanded to include: COVID-19 Treatment Services including specialized equipment and therapies (including preventive therapies) and treatment of a condition that may seriously complicate treatment of COVID-19 for those presumed to have or have been diagnosed with COVID-19; And COVID-19 Vaccine Administration. This was expanded retroactive to March 11, 2021. | No income limit |  |
| **G06-ImpaCT**  **(G06-II)** | **COVID-19-Testing and Treatment: Emergency Medicaid**   * Emergency Medicaid for Connecticut residents who meet financial eligibility requirements but do not qualify for full Medicaid due to their immigration status, including undocumented individuals * This coverage became available March 18, 2020 & ends the day the PHE ends. * **Limited Benefit – COVID-19 test and related office visit only** * **Eligible for retro COVID-19 coverage under Emergency Medicaid** | Income limits apply to this group based on the coverage they would have otherwise qualified for |  |
| H01—ImpaCTH01—EMS | **HUSKY A Home and Community Based Services for Children**   * Would be eligible for FMA as CN if in a LTCF (T01) * Qualify to receive home and HCBS under a waiver approved by the Health Care Financing Administration AND   would, without such services, require care in a LTCF. | Use AFDC asset test  Gross income must be less than  special CNIL, which is set at  300% of SSI amount | [UPM 2540.64](https://docushare/docushare/dsweb/Get/Document-1256/2540_64.doc) |
| L01—ImpaCTL01—EMS | **HUSKY C Long Term Care Facility Residents Eligible Under Special Income Level (CN**)   * Meet categorical requirements of age, blindness or disability AND * Reside in the Long-Term Care Facility for at least 30 days AND * Have income below special income level * Must meet level of care as determine by ASCEND/AssessmentPro * Begins with 1st day of 30 continuous days of residence in the LTCF as long as eligibility factors are met | Compare gross income to special CNIL (300% of SSI amount)  Use AABD asset level (currently $1,600)  Special income deduction and asset rules apply if spouse resides in community | [UPM 2540.](https://docushare/docushare/dsweb/Get/Document-1256/2540_64.doc)88 |
| L99—ImpaCTL99—EMS | **HUSKY C Long Term Care Faclity Residents – Spend-down (MN)**   * Same as L01, but income is greater than CNIL * L01 will cascade to this coverage group if not CN. * Begins with 1st day of 30 continuous days of residence in the LTCF as long as eligibility factors are met | 1. MNIL is used and spenddown process - uses nursing home cost of care. 2. Use AABD asset level (currently $1,600) 3. Special income deduction and asset rules apply if spouse resides in community | [UPM 2540.](https://docushare/docushare/dsweb/Get/Document-1256/2540_64.doc)88  [UPM 2540.](https://docushare/docushare/dsweb/Get/Document-1256/2540_64.doc)88P |
| M01 – ImpaCTM01 - EMS | **HUSKY A -Postpartum**   * Available in ImpaCT beginning 4/1/2022 * Eligible for Medicaid on date pregnancy ends, provided application is made prior to that date. * Individual must be in any CN coverage group when pregnancy ends in order to receive M01 extension.   **\*\*From 2016 to 3/31/22 X01 coverage group was used to provide 2 months postpartum extension after pregnancy ends instead of M01**  **\*\*Effective 4/1/22 M01 coverage group became effective in ImpaCT to extend full 12 months after pregnancy ends** | No income or asset test | [UPM 2540.48](https://docushare/docushare/dsweb/Get/Document-1242/2540_48.doc) |

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| M02—EMS | **Previously HUSKY A Pregnant Individual Extension**   * Must be in any MN coverage group when pregnancy ends in order to receive M02 extension (Ex. F99, P99) * The M02 group was originally intended to provide post-partum coverage for medically needy pregnant individuals (P95 and P99) * All other pregnant individuals (X01, P01, and P02) should receive post-partum coverage in the M01 coverage group   **Repurposed Medical coverage group- used exclusively by Central Office effective 11/2015 To 10/1/2016**   * For institutionalized Husky D individuals with income above 138%FPL, and/or recipients of Medicare over 65 years of age |  | [UPM 2540.48](https://docushare/docushare/dsweb/Get/Document-1242/2540_48.doc) |
| M03--ImpaCTM03—EMS | **Connecticut Home Care Program for the Elderly (non-Medicaid)**   * Individual must be 65 or older and in need of LTC services * Individual must be able to avoid institutionalization with community-based services * Cases must be reviewed periodically for Title XIX eligibility | Use of special asset test  No income test: recipients have a cost share based on income | [UPM 8040](https://docushare/docushare/dsweb/Get/Document-2259/8040.doc) |
| **M04—ImpaCT**  **M04—EMS** | **HUSKY A Coverage group for Breast and Cervical Cancer**   * Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act (42 USC 300k et. seq.), and found to need treatment for either breast or cervical cancer * Not otherwise covered under “creditable coverage,” as defined in section 2701 (c) of the Public Health Service Act. Examples of creditable coverage are group health insurance, Medicare and Medicaid; otherwise have creditable coverage, as defined in 42 USC 300gg * Under age 65 * A resident of Connecticut * U.S. citizen or eligible non-citizen * Not otherwise be eligible for Medicaid as a member of a mandatory categorically needy coverage group | Eligibility established by Qualified Entities | CT Gen Statute §17b-278b  [DPH: The Connecticut Breast and Cervical Cancer Early Detection Program](http://www.ct.gov/dph/cwp/view.asp?a=3124&q=388824) |
| **M06—ImpaCT**  **M06—EMS** | **Tuberculosis Coverage Group (HUSKY-- Limited Benefits)**  Individual must be diagnosed with Tuberculosis as a requirement   * Retro Medicaid allowed * Only covers treatment of Tuberculous | No income or asset test | 1902(a)(10)(A)(ii)(XII)  1902(z) |
| **M07—ImpaCT**  **M07—EMS** | **Presumptive Eligible Family Planning (HUSKY--Limited Benefit)**   * Effective 3/1/2012 * Presumptive Eligible coverage; Limited Benefit coverage for family planning services and family planning related services * Must be of Childbearing age and can’t be pregnant * US Citizens or Qualified Non-Citizens * Resident of CT * No eligibility if eligible for another coverage group * It allows Qualified Entities to temporarily grant Family Planning and then send the completed application form to RPU at DSS * PE coverage period - In most cases, lasts until end of second month * If voucher is given to ineligible individual, then PE may end earlier. * PE eligibility for family planning allowed two times per calendar year | Income 258% of FPL (263% of FPL with the 5% disregard)    No asset test | 1902(a)(10)(A)(ii)(XXI)  42 CFR 435.214 |
| **M08—ImpaCT**  **M08—EMS** | **Family Planning (HUSKY-- Limited Benefit)**   * Effective 3/1/2012 * Ongoing limited coverage for family planning services and family planning related services * Must have been denied MAGI Medicaid * Must be of childbearing age and cannot be pregnant * US Citizens or Qualified Non-Citizens * Resident of CT | Income  258% of FPL (263%)  No asset test | 1902(a)(10)(A)(ii)(XXI)  42 CFR 435.214 |
| **M09 (MAGI)—ImpaCT**  **M09 (MAGI)—EMS** | **HUSKY A Former Foster Care Children**   * This coverage group is for youths that were in Connecticut DCF care at the age of 18 and on Medicaid, through their 26th birthday | No income or asset test | 42 CFR 435.150  1902(a)(10)(A)(i)  (IX) |
| **M10 (MAGI)—ImpaCT**  **M10 (MAGI)—EMS** | **HUSKY D Hospital Presumptive Eligibility for Low Income Adults**   * Adults age 19-64 * Not eligible for Medicare * US Citizens or Qualified Non-Citizens * Allows contracted hospitals (“Medicaid Certified Entities”) to temporarily grant Medicaid to adults and then send the completed application form to RPU at DSS * In most cases, lasts until end of second month. However, may last longer than 60 days if a full Medicaid application is pending while awaiting a Medicaid determination * If voucher is given to ineligible individual, then PE may end earlier. * PE eligibility allowed two times per calendar year | 138% of the FPL (includes 5% disregard)  No applied income  No asset test | 1902(a)(10)(A)(i)(VIII)  42 CFR 435.119 |
| **M11 (MAGI)—ImpaCT**  **M11 (MAGI)—EMS** | **HUSKY A Hospital Presumptive Eligibility (PE for Parents and Caretakers)**   * HUSKY Parents and Caretakers only, child in the home <19 * Not pregnant * US Citizens or Qualified Non-Citizens * Allows contracted hospitals (Medicaid Certified Entities) to temporarily grant Medicaid to adults and then send the completed application form to RPU at DSS * In most cases, lasts until end of second month. However, may last longer than 60 days if a full Medicaid application is pending while awaiting a Medicaid determination * If voucher is given to ineligible individual, then PE may end earlier. * PE eligibility allowed two times per calendar year |  | 42 CFR 435.110  1902(a)(10)(A)(i)(I)  1931(b) and (d) |

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| N01 (MAGI)—ImpaCTN01 (MAGI)—EMS | **HUSKY D Long Term Care Facility Coverage for Low Income Adults**   * For individuals in facilities * Must reside there for 30 consecutive days * Childless adults under 65 * Not receiving Medicare * Must meet level of care as determine by Ascend/AssessmentPro * Must be at or below income limit | 133% of the FPL plus an income disregard of 5% resulting in an effective income limit of 138%  No asset test | [UPM 8080.25](https://docushare/docushare/dsweb/Get/Document-2334/8080_25.doc) | |
| **P01** **(Pre-MAGI)—EMS**  **P01 (MAGI)—Not used in EMS** | **HUSKY A Pregnant Individuals with Income Under 250% (258%) of Poverty Level**   * Covers pregnant individuals * which should be added upon notification of child’s birth * Duration of pregnancy. * Once eligibility is established, continues for remainder of pregnancy, even if change in income. Use M01 for 60-day post-partum extension   **\*\* Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs**  \*\*\* **P01 is replaced by X01** | AFDC Income Standards | [UPM 2540.44](https://docushare/docushare/dsweb/Get/Document-1238/2540_44.doc) | |
| **P02—Not used in ImpaCT**  **P02 (Pre-MAGI)—EMS** | **HUSKY A Pregnant Individuals with Income Under 250% (258%) of Poverty Level**   * Once eligibility is established, continues for remainder of pregnancy, even if change in income. Use M01 for 60-day post-partum extension   **\*\* Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.**  **\*\*\* P02 is replaced by X01** | Income limit is 250% of Federal Poverty Level for needs group size  Unborn child included in needs group  No asset test  Use same deeming rules as P01. | [UPM 2540.4](https://docushare/docushare/dsweb/Get/Document-1238/2540_44.doc)3 | |
| **P95—Not in ImpaCT**  **P99—Impact**  **P95/99—EMS** | **HUSKY A Medically Needy Pregnant Individuals**   * Covers pregnant individuals who would be eligible under Categorically Needy Pregnant Individuals Coverage (P01) except income or assets exceed AFDC limit | Use MNIL asset limit and deeming rules which would apply in the month of the child(ren)’s birth  Financial eligibility is determined as if the child(ren) were born.  Use FMA assistance unit composition rules as they would apply in the birth month | [UPM 2540.](https://docushare/docushare/dsweb/Get/Document-1238/2540_44.doc)45 | |
| Q01—ImpaCTQ01—EMS | **MSP Qualified Medicare Beneficiaries (CN)**   * Must be entitled to Hospital Insurance under Medicare Part A * Have income within QMB limits * Special benefits for QMB is include: Payment of Medicare A Premiums, Payment of Medicare B Premiums, Payment for co-insurance and deductible amounts for Medicare services * A QMB may be eligible for full Medicaid benefits under another coverage group during the same period QMB eligibility exists * Eligibility in Q-track coverage groups automatically qualifies individuals for the “Extra Help” program that coordinates with Medicare Part D prescription drug coverage * Qualifies the 1st of the calendar month following the month DSS has all verified information to establish eligibility as QMB, but no earlier than 1/1/89 | 211% FPL  No asset test | [UPM 2540.94](https://docushare/docushare/dsweb/Get/Document-1274/2540_94.doc) | |
| **Q03—ImpaCT**  **Q03—EMS** | **MSP Specified Low Income Medicare Beneficiaries**   * Payment of Medicare B premium only * A SLMB may be eligible for full Medicaid benefits under another coverage group the same period SLMB eligibility exists * Eligibility in Q-track coverage groups automatically qualifies individuals for the “Extra Help” program that coordinates with Medicare Part D prescription drug coverage * Eligibility can begin 3 months prior to date of application, but no earlier than 1/1/93 | 231% FPL  No asset test | [UPM 2540.95](https://docushare/docushare/dsweb/Get/Document-1276/2540_95.doc) | |
| **Q04—ImpaCT**  **Q04—EMS** | **MSP Additional Low Income Medicare Beneficiaries Under 135% of Federal Poverty Level:**   * Pays Medicare Part B premium only * Not an entitlement program - depends on funding * An ALMB is not eligible for full Medicaid benefits under another coverage group the same period ALMB eligibility exists * Eligibility in Q-track coverage groups automatically qualifies individuals for the “Extra Help” program that coordinates with Medicare Part D prescription drug coverage | 246% FPL  No asset test | [UPM 2540.97](https://docushare/docushare/dsweb/Get/Document-1280/2540_97.doc) | |
| R01—ImpaCTR01—EMS | **HUSKY C Refugee Medical Assistance for Refugee Cash Assistance Recipients (CN)**   * Evaluate all other available cash programs prior to grant * Receiving RCA * RCA zero awards due to benefit being less than $10 * Eligible for 8 months, beginning with the first month individual entered U.S. | Use AFDC income and asset limits  Do not deem sponsors’ income unless actually contributed to EDG | [UPM 8010.20](https://docushare/docushare/dsweb/Get/Document-2172/8010_20.doc) | |
| R02--ImpaCTR02—EMS | **HUSKY C Refugee Medical Assistance - Increased Earnings Extension (CN)**   * Ineligible for RCA due to new employment or increased earnings * Cascades from R01 * Expires the End of 8th month in U.S. | No income or asset test | [UPM 8010.](https://docushare/docushare/dsweb/Get/Document-2172/8010_20.doc)35 | |
| R03—EMS | **Refugee Cash Assistance Eligible Non-Recipient (CN)**   * Evaluate for Husky A and Husky D eligibility prior to granting this coverage group * Contact CO prior to grant * Eligible for RCA, but choose to receive only medical benefits * Eligible for 8 months, beginning with the first month individual entered U.S.   **\*\* Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02, P95, R03 or R04 AUs** | Use AFDC income and asset limits  Do not deem sponsors’ income unless contributed to EDG | [UPM 8010.20](https://docushare/docushare/dsweb/Get/Document-2172/8010_20.doc) | |
| R04—EMS | **Refugee Newborns (CN)**   * Evaluate for Husky A and Husky D eligibility prior to granting this coverage group * Contact CO prior to grant * A newborn child whose parent is qualified for and receiving RCA or RMA at time of child’s birth * Such children are deemed to have filed an application and been found eligible * This coverage group must be screened via Add-A-Program * Use R04 when child is not eligible for any other coverage group or if lacking verifications to put in any other group (i.e. F12) * Eligible until the earliest of the following: Child leaves parent’s home, Child turns one, Parent loses RMA eligibility     **\*\* Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02, P95, R03 or R04 AUs** | Only income and asset rules for parent’s coverage group. Child is automatically eligible | [UPM 8010.20](https://docushare/docushare/dsweb/Get/Document-2172/8010_20.doc) | |
| R95/R99—ImpaCTR95/R99—EMS | **HUSKY C Refugee Medical Assistance (MN)**   * Evaluate for Husky A and Husky D eligibility prior to granting this coverage group * Contact CO prior to grant * EDGs not eligible for RCA due to income or assets over AFDC limits * EDG will cascade to this coverage group if not CN * Eligible for 8 months, beginning with the first month individual entered U.S. | Use FMA income and asset limits for appropriate family size  Do not deem sponsors’ income unless contributed to AU/EDG | [UPM 2540.24](https://docushare/docushare/dsweb/Get/Document-1229/2540_24.doc)  [UPM 2540.57](https://docushare/docushare/dsweb/Get/Document-1250/2540_57.doc) | |
| S01—ImpaCTS01—EMS | **HUSKY C Recipients of AABD (CN)**   * Cash and Medical combination assistance for CT residents * Individuals must have a source of income (a requirement for AABD) and have a documented disability, or found disabled by Colonial Cooperative Care * Meet categorical requirements of age, blindness, or disability * Coverage group includes Individuals reduced to a zero-payment due to recoupment of overpayment | Use AABD income and asset criteria.  Gross income must be less than  special CNIL, which is set at  300% of SSI amount  Deem from spouses | [UPM 2540.72](https://docushare/docushare/dsweb/Get/Document-1259/2540_72.doc)  [UPM 5515.05](https://docushare/docushare/dsweb/Get/Document-1914/5515_05.doc)  [UPM 5020.70](https://docushare/docushare/dsweb/Get/Document-1781/5020_70.doc)  [UPM 4025.55](https://docushare/docushare/dsweb/Get/Document-1579/4025_55.doc)  [State Supplement Program in CT - Basic Eligibility](https://docushare/docushare/dsweb/Get/Document-7836/StateSupplement_0113.doc) | |
| S02—ImpaCTS02—EMS | **HUSKY C AABD Eligible Non-Recipients (CN)**   * Would qualify for AABD but choose not to * “Pride” cases | Use AABD income and asset criteria.  Deem from spouses | [UPM 2540.80](https://docushare/docushare/dsweb/Get/Document-1265/2540_80.doc) | |
| S03--ImpaCTS03--EMS | **HUSKY C Eligible for AABD Except for Non-Medicaid Requirement (CN)**   * For individuals who do not have a source of income (a requirement for AABD) People found disabled by Colonial Cooperative Care generally receive S03 sometimes with SAGA cash | AABD income and assets, except for deeming of sponsors’ income and assets | [UPM 2540.84](https://docushare/docushare/dsweb/Get/Document-1267/2540_84.doc) | |
| S04—ImpaCTS04—EMS | **HUSKY C Severely Impaired (CN)**   * Either receives SSI under 1619(a) status or SSD under 1619(b) status   AND   * Qualify for MAABD in the month immediately preceding the designation of 1619(a) or (b) status * 1905q status meaning they were on AABD the month prior to losing cash due to earnings | Not required to pass any income or asset test to qualify under this coverage group, apart from those administered by the Social Security Administration. | [UPM 2540.76](https://docushare/docushare/dsweb/Get/Document-1261/2540_76.doc) | |
| **S05—EMS**  **S05—ImpaCT** | **HUSKY C MED-Connect**   * Medicaid for Employees with Disabilities for those individuals who have a medically certified disability or blindness and are working for pay * If individual loses a job and was on S05 then they are eligible to receive 12 months while looking for another job | * Income Test <$75,000 yearly * Family Income Test – under 250% of FPL * Asset Test: $10,000 for individual and $15,000 for couple * Individuals with income over 200% of FPL may have to pay a premium | [UPM 2540.85](https://docushare/docushare/dsweb/Get/Document-1269/2540_85.doc) | |
| **S95/S99—ImpaCT**  **S95/S99—EMS** | **HUSKY C MN Aged, Blind, Disabled**   * Meet the MAABD categorical requirements of age, blindness, or disability * Not qualified as categorically needy * Either over MN income or excess income absorbed by medical bills * Meets asset criteria * EDG will cascade to this group if not CN | Use MNIL, MAABD asset limit, MAABD deeming rules, and spend down process | [UPM 2540.96](https://docushare/docushare/dsweb/Get/Document-1278/2540_96.doc) | |
| **T01—ImpaCT**  **T01—EMS** | **HUSKY A Long-Term Care Facility Residents Under Special Income Limit**   * LTSS residents for over 30 consecutive days AND * Income within a special income level AND * Meet any of the following criteria:   - under 21 years of age OR  - caretaker relatives, i.e. (living with dependent child of  acceptable degree of relationship) OR pregnant individual   * Begins with the 1st day of the 30 days of continuous residency for as long as the resident meets requirements | Compare individual’s gross income to the Special Categorically Needy Income Limit (CNIL) 300% of SSI maximum  Use AFDC asset limit | [UPM 2540.60](https://docushare/docushare/dsweb/Get/Document-1254/2540_60.doc) | |
| **T99 – ImpaCT**  **T99 - EMS** | **HUSKY A MN Family Medical Long-Term Care Facility Residents**   * Same as T01, but income is greater than CNIL * T01 will cascade to this group if not CN * Begins with the 1st day of the 30 days of continuous residency for as long as the resident meets requirements |  | [UPM 2540.60](https://docushare/docushare/dsweb/Get/Document-1254/2540_60.doc)  [UPM 2540.60P](https://docushare/docushare/dsweb/Get/Document-1255/2540_60Pfk.doc)  [UPM 2540.88](https://docushare/docushare/dsweb/Get/Document-1270/2540_88.doc) | |
| W01—ImpaCTW01—EMS | **HUSKY C Individual Receiving Home and Community Based Services (CN)**   * Would be eligible for MAABD if residing in a LTCF, AND * Qualify to receive home and community-based services (HCBS), AND * Would require LTCF placement without such services | Compare the individual’s gross income to the special CNIL (300% SSI) - must be less  Use AABD asset limit (currently $1,600).  Special income deduction and asset rules apply if spouse resides in community. | [UPM 2540.92](https://docushare/docushare/dsweb/Get/Document-1273/2540_92.doc) | |
| **X01 (MAGI)\*—ImpaCT**  **X01 (MAGI)\*—EMS** | HUSKY A Pregnant Individual   * Once eligible, remains eligible for duration of pregnancy.   **\*\*\* X01 coverage extended for 2 months after birth month of child to cover post-partum coverage** | Effective 01/01/14, 258% of FPL (263% of FPL with the 5% disregard)  Unborn child included in needs group  No asset test | 42 CFR 435.116  1902(a)(10)(A)(i)(III)  And (IV);  1902(a)(10)(A)(ii)(I),  (IV) and (IX);  1931(b) and (d);  1920 | |
| X02 (MAGI)—ImpaCTX02 (MAGI)—EMS | HUSKY D MCLIP- Medical for Low Income Persons  For individuals and married coupled who are:   * Age 19-64 * not Medicare recipients * not Pregnant * Have no dependents under the age of 19 | Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard)  No asset test | 1902(a)(10)(A)(i)(VIII)  42 CFR 435.119 | |
| **X03 (MAGI)—ImpaCT**  **F03 (MAGI)—EMS** | HUSKY A Transitional Medical Assistance (TMA)  For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances:   * Connecticut resident * Has child(ren) under 19 living in the home * Discontinued from HA for parent/caretakers or children due to increased earned income * Must have received at least one month of active HA * Addition of household member with earnings does not count as increased earned income * Up to12 months (1st month being month following X07/X25 ineligibility) Or if no longer child < 19 in home, moves out of state, death or assistance unit applies and is found eligible for another Medicaid group | No income or asset test | 408(a)(11)(A);  1902(a)(52);  1902(e)(1)(B)  1925  1931(c)(2) | |
| **X04 (MAGI)—ImpaCT**  **F04 (MAGI)—EMS** | Husky A Extended Medical Assistance (EMA)  For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances:   * Connecticut resident * Has child(ren) under 19 living in the home * Discontinued from HA for parent/caretaker or children due to new or increased income from spousal support **or** TFA terminated because of collection of child support Title IV-D * Must have received at least one month of active HA * Up to 12 months (1st month being month following X07/X25 ineligibility) Or if no longer child < 19 in home, moves out of state, death or assistance unit applies and is found eligible for another Medicaid group | No income or asset test | 42 CFR.115;  408(a)(11)(B);  1931(c)(1) | |
| X07 (MAGI)—ImpaCTF07 (MAGI)—EMS | HUSKY A Parents and Caretaker Relatives   * Parents and Caretaker relatives with dependents under the age of 19 * Must cooperate with child support * The new process is based on tax filing status household composition and household taxable income with adjustments * Youngest child turns 19, review eligibility for X02 | Effective 10/1/19, 155% of FPL (160% with the 5% disregard)  No asset test | 42 CFR 435.110;  1902(a)(10)(A)(i)(I);  1931(b) and (d) | |
| **X10—ImpaCT** | **HUSKY A Categorically Needy and Medically Needy Newborn Children eligible for 12 months**   * Newborn is “deemed” eligible for one year if born to mother who was on Medicaid at time of delivery or would have been Medicaid eligible at time of delivery. * Newborns born to undocumented individuals who receive Emergency Medicaid are “deemed eligible” for one year * Guaranteed coverage for one year * Born on first of the month, eligibility in program for 12 months (i.e. DOB 2/1/2020, end date 1/31/2021) * Born any day after the 1st of a month, eligibility in program for 13 months (i.e. DOB 2/2/2020, end date 2/28/2021) * 12 months - Review eligibility for X25 | No Income or Asset test | | [UPM 2540.52](https://docushare/docushare/dsweb/Get/Document-1244/2540_52.doc) |
| X13 (MAGI)—EMS | HUSKY D MCLIP- Medical for Low Income Persons   * Not newly eligible 19- and 20-year-old individuals * Not receiving Medicare   **Note: Cases exist in ImpaCT as X02. Flagged as “not newly eligible”** | Effective 1/1/14, 133% of FPL (138% FPL with the 5% disregard)  No asset test | 1902(a)(10)(A)(i)(VIII)  42 CFR 435.119 | |
| X14 (MAGI)—EMS | HUSKY D MCLIP- Medical for Low Income Persons   * Not newly eligible non-Institutionalized disabled 18-64 year olds * Not receiving Medicare   **Note: Cases exist in ImpaCT as X02. Flagged as “not newly eligible”** | Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard)  No asset test | 1902(a)(10)(A)(i)(VIII)  42 CFR 435.119 | |
| **X25 (MAGI)—ImpaCT**  **X25 (MAGI)—EMS** | HUSKY A Children   * Children under the age of 19 * The new process is based on tax filing status household composition and household taxable income with adjustments * Children in DCF care may also use this coverage group * End of month in which child turns 19, review eligibility for X02 | Effective 1/1/14, 196% of FPL (201% of FPL with the 5% disregard)  No asset test | 42 CFR 118;  1902(a)(10)(A)(i)(III), (IV)and (VII);  1902(a)(10)(A)(ii)(IV) and(IX);  1931(b) and (d) | |