

### STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

### UNIFORM POLICY MANUAL

Claudette J. Beaulieu, Deputy Commissioner

January 1, 2008 Effective Date

POLICY TRANSMITTAL NO.: UP-09-13

<u>SUBJECT:</u> Increase in Income Limit for Pregnant Women with Income Under 250% of the Federal Poverty Level

This transmits revised policy concerning the increase in the income limit for pregnant women for the Medicaid program from under 185% to under 250% of the Federal Poverty Level. This change is being made pursuant to section 17b-277 of the Connecticut General Statutes as amended by Public Act 07-02 (9) of the 2008 June Special Session.

This change was implemented by the department effective January 1, 2008, and allows for increased access to medical care for pregnant women under the Medicaid program.

Remove and Recycle	<u>Insert</u>
1520.05	1520.05
2540.43	2540.43
4530.20/4530.20 page 2	4530.20/4530.20 page 2
5020.07/5020.07 page 2	5020.07/5020.07 page 2

<u>DISPOSITION</u>: This Policy Transmittal may be recycled once the UPM has been updated.

**DISTRIBUTION:** UPM list

RESPONSIBLE UNIT: Family Support (860) 424-5540

Date Issued: 7/22/09

**ASB** 

# CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 1-1-08

Transmittal: UP-09-13

Section:
The Eligibility Process

Tope:
POLICY

Chapter:
Expedited Eligibility for Pregnant Women

Subject:
Identifying Eligible Assistance Units

### 1520.05 A. Cases Entitled to Expedited Eligibility

The Department determines HUSKY A eligibility on an expedited basis for those who qualify for the coverage group of Pregnant Women Under 250% of the Federal Poverty Level (P02). (Cross-reference: 2540.43)

### B. Required Verifications

The following factors of eligibility must be verified before HUSKY may be granted under the expedited eligibility method:

- 1. pregnancy;
- 2. identity of the applicant; and
- 3. alien status of non-citizens.

#### C. Postponed Verifications

- 1. Verification of all other factors of eligibility may be postponed.
- 2. The pregnant woman must cooperate with the Department to verify the postponed verifications to continue to receive assistance.
- 3. If the required verification is not provided, eligibility under the expedited rules ends.

## CONNECTICUT DEPARTMENT OF [INCOME MAINTENANCE] SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 1-1-08

Transmittal: UP-09-13

Section:

Categorical Eligibility Requirements

POLICY

Chapter:

Medicaid Coverage Groups

FMA-CN

Subject:

HUSKY A for Pregnant Women with Income Under 250% of the Federal Poverty Level (P02)

### 2540.43 A. Coverage Group Description

This group includes pregnant women whose family income does not exceed 250% of the Federal Poverty Level.

### B. <u>Duration of Eligibility</u>

- 1. Women qualify for HUSKY A under this coverage group each month during pregnancy.
- 2. Once initial eligibility has been established, eligibility continues throughout pregnancy without regard to any change in family income.

#### C. Income and Asset Criteria

- 1. The Department uses AFDC income criteria, except for:
  - a. income limits; and
  - b. determining from whom income is deemed. (cross-reference: 5020)
- 2. The income limit is 250% of the Federal Poverty Level for the appropriate needs group size. The unborn child is included in the needs group. (Cross reference: P-4530.15 page 4)
- 3. There is no asset limit for this coverage group.

### CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 1-1-08 Transmittal: UP-09-13

Section:
Standards of Assistance

Chapter:
Medical Assistance Income Standards

Subject:
Federal Poverty Level

#### \_\_\_\_\_

#### 4530.20 A. Provisions

The Federal Poverty Level is used as the basis for determining income eligibility for the following assistance units:

- 1. Pregnant Women under 250% of the Federal Poverty Level;
- 2. Children Under 185% of the Federal Poverty Level (under age one);
- 3. Qualified Medicare Beneficiaries;
- 4. Specified Low Income Medicare Beneficiaries;
- 5. Children Under 185% of the Federal Poverty Level (between ages one and six);
- 6. Children under 185% of the Federal Poverty Level (age six or older born after 9/30/83).

#### B. Standard of Assistance

The income limit is the amount equivalent to:

- 1. 250% of the Federal Poverty Level for assistance units described in paragraph A consisting of pregnant women;
- 2. 185% of the Federal Poverty Level for assistance units described in paragraph A consisting of children;
- 3. a percentage of the Federal Poverty Level for assistance units consisting of Qualified Medicare Beneficiaries, as follows:
  - a. effective January 1, 1989, 85 percent;
  - b. effective January 1, 1990, 90 percent;
  - c. effective January 1, 1991, 95 percent;
  - d. effective January 1, 1992, 100 percent.

# CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 1-1-08 Transmittal: UP-09-13 4530.20 page 2

Section: Type: Standard of Assistance POLICY

Chapter: Program: MA-CN Medical Assistance Income Standards

Subject: Federal Poverty Level

4530.20 B. Standard of Assistance (continued)

- 4. a percentage of the Federal Poverty Level for assistance units consisting of Specified Low Income Medicare Beneficiaries, as follows:
  - a. effective January 1, 1993, 110 percent;
  - b. effective January 1, 1995, 120 percent.

### CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

Date: 8-1-89 Transmittal: UP-89-26 5020.07

Section: Type: Treatment of Income POLICY

Chapter: Program: FMA

Deemed Income

Subject: Coverage Groups and Related Methodologies

### 5020.07 A. Categorically Needy Methodology

Income is deemed to members of the following FMA coverage groups using the same calculation as the AFDC program.

These coverage groups include the following:

- 1. AFDC Recipients;
- 2. Additional Work Transition Extension;
- 3. AFDC-Eligible Non-Recipients;
- 4. Special Child Care Deductions;
- 5. Participants in Work Supplementation;
- 6. Categorically Needy Pregnant Women;
- 7. Categorically Needy Ribicoff Children.

#### B. Medically Needy Methodology

- 1. Income is deemed to members of coverage groups under the medically needy methodology using the same calculations as the AFDC program, unless both of the following are true:
  - a. the assistance unit is ineligible because income exceeds needs; and
  - b. counted income includes income deemed from beyond the medically needy deeming limits.
- 2. Under the medically needy deeming limits, income is deemed only from a spouse to a spouse and a parent to a child.

## CONNECTICUT DEPARTMENT OF SOCIAL SERVICES UNIFORM POLICY MANUAL

5020.07 page 2
Type: POLICY
Program: FMA

- 5020.07 3. If the deeming of income beyond the medically needy limits causes ineligibility for the assistance unit:
  - a. eligibility is recalculated; and
  - b. income from the deemor is not counted for any member who is not the deemor's child or spouse; and
  - c. if necessary, the assistance unit is split into sub-units to separate the members who are within the medically needy deeming limits from those who are not. (Cross-Reference: Assistance Unit Composition-2010.20)
  - 4. This methodology is used for all medically needy coverage groups and for the following categorically needy groups:
    - a. Eligible for AFDC except for Non-Medicaid Requirements;
    - b. Pregnant Women Under 250% of the Federal Poverty Level;
    - c. Children Under 185% of the Federal Poverty Level (under age one);
    - d. Children Under 185% of the Federal Poverty Level (between ages one and six);
    - e. Children Under 185% of the Federal Poverty Level (age six or over born after 9/30/83).