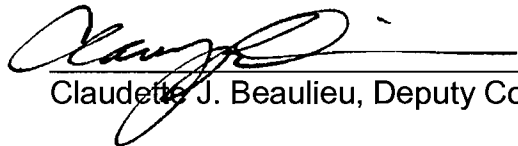


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL



Claudette J. Beaulieu, Deputy Commissioner

March 1, 2010
Effective Date

POLICY TRANSMITTAL NO.: UP-11 – 01

SUBJECT: Presumptive Eligibility for Pregnant Women and the Repeal of Expedited Eligibility for Pregnant Women

This transmits policy concerning the implementation of Presumptive Eligibility (PE) for Pregnant Women with income under 250% of the Federal Poverty Level and the repeal of Expedited Eligibility for Pregnant Women for the Medicaid program. This change is being made pursuant to section 17b-277 of the Connecticut General Statutes as amended by Public Act 08-68 of the 2008 Connecticut Legislative Session.

This change was implemented by the department effective March 1, 2010, and allows for increased access to medical care for pregnant women under the Medicaid program. PE for pregnant women bears many similarities to the PE for children program. Eligibility for PE for pregnant women is based on income under 250% of the Federal Poverty Level.

PE for pregnant women determinations will be made by entities designated by the department to be a Qualified Provider (QP). A Qualified Provider is an organization that is permitted under federal and state law to determine PE for pregnant women. The QP agrees to accurately determine presumptive eligibility for pregnant women and to process PE applications in a timely manner. The QP will secure a completed and signed W-1HUS – HUSKY Application and Renewal Form from the applicant

The QP makes the PE determination that the applicant meets the categorical, technical and income eligibility criteria based on the information reported by the applicant on the application form. The QP *is not required to verify factors of eligibility*, but assists the applicant in submitting any readily available verification documents to the department.

The QP will refer the application to the appropriate DSS Regional Processing Unit (RPU). Upon receipt of the application the RPU will grant PE using the *F06* coverage group. The RPU will continue to process the application for a final determination of HUSKY (P02) eligibility. Once the determination has been made the PE coverage will end.

Remove and Recycle

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DISPOSITION: This Policy Transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Family Support

(860) 424-5540

Date Issued: 02/14/11

ASB

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**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 10-1-05

Transmittal: UP-05-17

1520

Section:
The Eligibility Process

Type:
POLICY

Chapter:
Expedited Eligibility for Pregnant Women

Program:
MA

Subject:

1520 [Pregnant women who apply for the HUSKY program are entitled to have their applications processed on an expedited basis. This chapter discusses the HUSKY program's expedited processing requirements for pregnant women.]

Repealed by DSS Reg. No. 09-06

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-08 **Transmittal: UP-09-13** **1520.05**

Section: **The Eligibility Process** **Type:** **POLICY**

Chapter: **Expedited Eligibility for Pregnant Women** **Program:** **MA**

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.]

Repealed by DSS Reg. No. 09-06.

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The Eligibility Process

Type:
PROCEDURES

Chapter:
Expedited Eligibility for Pregnant Women

Program: MA

Subject:
Determining Eligibility for Pregnant Women

- P-1520.05
1. When a pregnant woman applies for assistance determine if she has presented the minimum verification needed to process the application on an expedited basis.
 2. Accept the following minimum verifications:
 - Identity – (verify if the applicant is not known to the department). Acceptable forms of verification include a statement from the Healthy Start site that the person is known to them or another form of identification such as a driver's license or birth record.
 - Pregnancy – accept verification from medically valid test administered by the Healthy Start site, a social service agency such as a family planning agency or school based health clinic, or a medical professional.
 - Alien status – Non-citizens must disclose their alien number. Use SAVE to verify the alien's status.
 3. If necessary, consult the "Guidelines for Verification and Documentation" in the worker's toolkit section of the DSSweb or form W-168 "Acceptable Forms of Verification" for additional guidance on verification.
 4. If the pregnant woman provides at least the minimum required verification, and is eligible, grant the case on an expedited basis within five days.
 5. If the applicant or the Healthy Start site indicates that there is a need for emergency services, process the case within 24 hours from the time that the minimum verifications have been received.
 6. If the applicant does not provide the minimum verifications within thirty days from the date of application, apply normal processing standards to determine eligibility.
 7. Do not grant retroactive medical assistance on an expedited basis, but if it is requested, protect the retroactive period in EMS. Wait until all factors of eligibility are completed before finalizing assistance for that period.
 8. Explain to the client that all missing verifications must be provided in order for her assistance to continue.
 9. Although the case has been granted, continue to assist the client, when appropriate, in obtaining pertinent information.

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Date: 10-1-05 **Transmittal: UP-05-17** **1520.10**

Section: **The Eligibility Process** **Type:** **POLICY**

Chapter: **Expedited Eligibility for Pregnant Women** **Program:** **MA**

Subject:
Processing Requirements

1520.10 [A. Standards of Promptness

1. The assistance unit must provide the minimum required verifications within thirty days of the date of application in order to qualify for assistance on an expedited basis.
2. For pregnant women in need of emergency services, the application is processed no later than 24 hours after the receipt of the minimum required verifications.
3. For pregnant women who do not need emergency services, the application is processed no later than five calendar days after the receipt of the minimum required verification.

B. Period of Eligibility

1. The beginning date of expedited eligibility is the first day of the month of application.
2. Expedited eligibility ends:
 - a. when the Department determines that the pregnant woman is eligible for HUSKY based on verified information; or
 - b. the end of the month in which the Department determines that the pregnant woman does not meet the eligibility requirements for HUSKY (including cooperating in submitting verification).
3. When all required verifications are received and the recipient is determined to be eligible, eligibility continues until the pregnancy ends, regardless of changes in her income.

C. Subsequent Applications

1. A pregnant woman may receive HUSKY benefits on an expedited basis one time during the pregnancy unless she is in need of emergency services related to the pregnancy.
2. For subsequent pregnancies, a woman may not receive HUSKY on an expedited basis unless:
 - a. she previously provided all of the verifications that were postponed;

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Program:

MA

Subject:

Identifying Eligible Assistance Units

1520.10 C. 2. Subsequent Applications (continued)

- b. she was subsequently found eligible for another coverage group under normal processing standards; or
- c. she is in need of emergency services related to the pregnancy.

D. Emergency Services

As described in this chapter “emergency services” means a pregnant woman needs immediate medical attention and cannot access services due to barriers such as lack of transportation or medical insurance.]

Repealed by DSS Reg. No. 09-06.

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Expedited Eligibility for Pregnant Women

Program: MA

Subject:
Verifying Postponed Information

- P-1520.10
1. After the case is granted through the expedited process, determine what information is needed to determine eligibility beyond the expedited period of eligibility.
 2. Follow normal procedures to obtain the verification of information that is needed to determine the ongoing eligibility of the pregnant woman.
 3. If the recipient does not cooperate in providing the required verification, discontinue coverage for failing to provide necessary information.
 4. Remember to follow advance notice requirements.
 5. If the recipient provides the required verification update EMS to determine ongoing eligibility.
 6. If the recipient requested retroactive medical assistance, determine if she was eligible for any or all of the retroactive months after all required verifications have been received.

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**Section:
Eligibility Process**

**Type:
PROCEDURES**

**Chapter:
The Expedited Application Process for Pregnant Women**

**Program:
FMA**

**Subject:
Applications from Outreach Locations**

P-1505.12 1. When an application for HUSKY is received from any Healthy Start site listed below, use the date that the application was taken at the site as the date of application. (Main contractors are in bold print.)

Healthy Start Site	Towns Served	Telephone Number	Hours of Service
Bridgeport Department of Social Services 752 East Main Street, Bridgeport, CT 06608	Bridgeport, Easton, Fairfield, Monroe, Stratford, Trumbull	(203) 576-8181 or 576-7458	Monday-Friday 9:00 am – 5:00 pm
Stamford Hospital, Ambulatory Care Center Shelburne and West Broad Street, Stamford, CT 06904	Darien, Greenwich, Stamford	(203) 276-100 Ext 3416	Monday-Friday 9:00 am – 4:00 pm
Family & Children Agency 9 Mott Avenue, Norwalk CT 06851	New Canaan, Norwalk, Weston and Wilton	(203) 604-1230 Ext. 312	Monday-Friday 9:00 am – 5:00 pm
New Haven Health Department 54 Meadow Street New Haven, CT	Bethany, Branford, East Haven, Hamden, Madison, Milford, New Haven, North Haven, Orange, West Haven, Woodbridge	(203) 946-8187	Monday-Friday 9:00 am – 5:00 pm
Yale New Haven Hospital – Women’s Center 978 Howard Avenue, New Haven, CT	New Haven and contiguous towns of New Haven	Walk-in appointments available	Monday - Thursday 9:00 am–3:00 pm

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Healthy Start Site	Towns Served	Telephone Number	Hours of Service
Hospital of Saint Raphael Primary Care 1450 Chapel Street New Haven, CT	New Haven and contiguous towns of New Haven	Walk-in appointments available	Wednesday 9:00 am – 3:00 pm
Community Health Center – Middletown 635 Main Street Middletown, CT	Clinton, Guilford, Meriden, Middletown	(860) 347-6971	Monday-Friday 9:00 am – 5:00 pm
United Community Family Services 47 Town Street, Norwich, CT, 06360	Bozrah, Colchester, Franklin, Griswold, Lebanon, Lisbon, Norwich, Preston, Sprague, Voluntown	(860) 892-7042 Ext. 319	Mon.-12 noon– 8:00 pm Tues – Friday 9:00 am-5:00 pm
Generations Family Health Center 1315 Main, Willimantic, CT 06226	Ashford, Chaplin, Columbia Coventry, Hampton, Mansfield, Scotland, Union, Windham, Willington	(860) 456-7471 Ext. 124	Mon., Wed., Fri. 8:30 am– 4:30 pm Tue. and Thu. 12 pm – 8 pm
Lawrence & Memorial Hospital 365 Montauk Avenue, New London, CT 06321	East Lyme, Groton, Ledyard, Montville New London, North Stonington, Salem, Stonington, Waterford,	(860) 442-0711 Ext. 2486	Monday-Friday 8:30 am – 4:30 pm
Day Kimball Hospital 320 Pomfret Street, Putnam, CT 06260	Brooklyn, Canterbury, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Woodstock	(860) 963-6415	Tue., Wed. and Thu. – 8 am-4:30 pm

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Healthy Start Site	Towns Served	Telephone Number	Hours of Service
Women's Health Center 340 Pomfret Street Putnam, CT 06260	Brooklyn, Canterbury, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Woodstock	(860) 963-6699	Monday 8 am – 4:30 pm
Staywell Health Center 232 North Elm Street, Waterbury CT 06702	Brookfield, Cheshire, Middlebury, Naugatuck, Prospect, Southbury Waterbury, Watertown, Wolcott, Woodbury	(203) 756-8021 Ext, 3018	Mon. – Fri. 8 am – 5:30 pm two Saturdays per month by appointment
Torrington Area Health District 350 Main Street, Suite D Torrington, CT 06790	Bantam, Barkhamsted, Canaan, Cornwall, Falls Village, Goshen, Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk, North Canaan, Salisbury, Sharon, Thomaston, Torrington, Warren, and Winsted	(860) 482-3236	Mon., Wed., and Thu. 8 am – 4 pm Tue. 8 am – 7 pm Fri. 8 am – 3 pm
Families Network of Western Connecticut 5 Library Place, Danbury, CT 06810	Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield and Sherman	(203) 791-8773	Monday-Friday 8:30 am – 4:30 pm
Naugatuck Valley Health District 98 Bank Street Seymour, CT 06483	Ansonia, Derby, Beacon Falls, Naugatuck, Oxford, Seymour, Shelton,	(203) 881-3255	Monday-Friday 8:30 am – 4:30 pm
Hartford Health and Human Services 131 Coventry Street Hartford, CT 06112	Bloomfield, Hartford (11 neighborhoods), Newington, Rocky Hill, Wethersfield, Windsor	(860) 543-8834	Monday-Friday 8:30 am – 4:30 pm

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Applications from Outreach Locations

P-1520.12

Healthy Start Site	Towns Served	Telephone Number	Hours of Service
Hispanic Health Council 175 Main Street Hartford, CT	Andover, Bolton, East Granby, East Hartford, Ellington, Enfield, Glastonbury, Hartford (South Green, Frog Hollow), Hebron, Manchester, Marlborough, Somers, South Windsor, Stafford, Suffield, Tolland, Vernon, West Hartford	(860) 527-0856	Monday-Friday 8:30 am – 4:30 pm
Bristol Community Organization 55 South Street Bristol, CT 06010	Avon, Berlin, Bristol, Burlington, Canton, Farmington, New Britain, Plainville, Plymouth, Simsbury, Southington	(860) 584-2725	Monday-Friday 8:30 am – 4:30 pm

Healthy Start Sites provide services to all pregnant women who walk-in or are referred. The range of services provided depends on the risk assessment done and staff availability.

2. If an application from a pregnant woman is received from a Healthy Start subcontractor who is not on the above list, contact the Family Support Unit to verify their status.
3. If the subcontractor is authorized to accept Healthy Start applications, use the date that the application was completed as the date of application. Otherwise, use the date the application was received by the Department as the date of application.
4. When an application for any other coverage group or program is received from an outreach site, use the date the application is received by the Department as the date of application.
5. Notify the Healthy Start worker, as well as the applicant, when more information is needed to process the application.
6. Process the application following policy and procedures outlined in this chapter.
7. Notify the applicant and the Healthy Start worker when action is taken on the application.

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UNIFORM POLICY MANUAL**

Date: 3-1-10

Transmittal: UP-11-01

1521

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Presumptive Eligibility for Pregnant Women

Program:

MA

Subject:

1521 Presumptive eligibility for pregnant women is a method of determining temporary Medicaid eligibility for pregnant women. The determination is made by providers authorized under federal and state law and approved by the Department to make presumptive eligibility determinations. These organizations are called "qualified providers." Presumptive eligibility determinations made by "qualified providers" are temporary and end when a final determination of eligibility is made by the Department, or on an earlier date as specified in section 1521.10 A.2.

This chapter describes the conditions and methods used in the determination of presumptive eligibility for pregnant women.

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Date: 3-1-10	Transmittal: UP-11-01	1521.05
Section: The Eligibility Process		Type: POLICY
Chapter: Presumptive Eligibility for Pregnant Women		Program: MA
Subject: Identifying Eligible Assistance Units		

1521.05 A. Cases Entitled to Presumptive Eligibility for Pregnant Women

The Department determines HUSKY eligibility on a presumptive 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. Eligibility Determinations

1. The presumptive eligibility determination for pregnant women is made by the qualified provider.
2. In making presumptive eligibility determinations, qualified providers act as agents of the Department and are governed by all Department policies and procedures including, but not limited to, the areas of confidentiality, equal treatment and nondiscrimination.
3. The qualified provider secures a completed application form from the applicant.
4. The qualified provider makes its presumptive eligibility determination that the applicant meets the categorical, technical and income eligibility criteria based on the information reported on the application form.
5. The qualified provider is not required to verify factors of eligibility, but shall forward to the Department a copy of the completed application and any readily available verification documents.
6. The qualified provider's presumptive eligibility determination remains in effect until the ending date of presumptive eligibility specified in subsection A.2. of section 1521.10.

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Qualified Providers

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A. Qualified Provider Categories

A qualified provider means any provider that meets the following requirements:

1. eligible to receive payments under an approved State plan; and
2. provides services of the type provided by: (a) outpatient hospitals (see §1905(a)(2)(A) of the Social Security Act); (b) rural health clinics (see §1905(a)(2)(B) of the Social Security Act); or (c) clinics furnished by, or under, the direction of a physician, without regard to whether the clinic itself is administered by a physician (see §1905(a)(9) of the Social Security Act); and
3. has been designated by the Department, in writing, as a qualified provider on the basis of the Department's determination that the provider is capable of making determinations of presumptive eligibility; and
4. (a) receives funds under one of the following:
 1. the Migrant Health Centers, Community Health Centers, or Public Health Service primary care research and demonstration projects (see §329, 330 and 340 of the Public Health Service Act); or
 2. the Maternal and Child Health Services Block Grant Program (see Title V of the Social Security Act); or
 3. the Urban Indian Health Program (see Title V of the Indian Health Care Improvement Act); or(b) participates in a program established under:
 1. the Special Supplemental Food Program for Women, Infants and Children (see §17 of the Child Nutrition Act of 1966); or
 2. the Commodity Supplemental Food Program (see §4(a) of the Agriculture and Consumer Protection Act of 1973); or
 3. the Indian Health Service or a health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act; or(c) participates in a State perinatal program.

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B. Standards for Designating a Qualified Provider

1. The Department decides which specific qualified providers are authorized to make presumptive eligibility determinations for pregnant women. The Department is not required to authorize all providers that fall within the foregoing categories to make presumptive eligibility determinations.
2. The Department may limit which providers it invites to participate as a qualified provider based on the Department's capacity to train and monitor qualified providers in the performance of their presumptive eligibility responsibilities.
3. The Department retains the right to determine, at any time, in its discretion, whether a qualified provider will be allowed to continue making presumptive eligibility determinations.
4. A qualified provider shall agree to:
 - a. accurately determine presumptive eligibility;
 - b. process applications in a timely manner; and
 - c. not participate in unfair, discriminatory or unequal treatment of applicants or recipients.
5. The Department may revoke, suspend or deny a qualified provider's authorization to make presumptive eligibility determinations at any time for any reason deemed sufficient by the Department including, but not limited to, its failure to meet the requirements of subsection B.4. of this section.

C. Procedures for Designating a Qualified Provider

1. The Department shall contact providers that are permitted to determine presumptive eligibility as set forth in subsection A. of this section to inquire about their interest in participating as a qualified provider;
2. The Department shall explain the requirements for being designated a qualified provider;
3. The qualified provider must agree to the terms and conditions as set forth in a Statement of Agreement between the qualified provider and the Department and execute the required Statement of Agreement;

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C. Procedures for Designating Qualified Providers (continued)

4. The Department can revoke the authority of a provider to make presumptive eligibility determinations at any time, in its discretion.

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Section: The Eligibility Process Type: POLICY

Chapter: Presumptive Eligibility for Pregnant Women Program: MA

Subject: Processing Requirements

1521.10 A. Period of Eligibility

1. Beginning Date of Eligibility

The beginning date of presumptive eligibility is the date that the qualified provider determines, on the basis of preliminary information, that the family income of the woman does not exceed the applicable income level of eligibility under the Medicaid State Plan for presumptive eligibility for pregnant women. (Cross Reference: 1521.05 B)

2. Ending Date of Eligibility

Eligibility for presumptive eligibility for pregnant women ends with the earlier of:

- a. the day on which a determination is made with respect to the eligibility of the woman for medical assistance under the State plan;
- b. if a presumptively eligible pregnant woman does not file a completed application for Medicaid, through the Qualified Provider, with the Department by the last day of the month following the month in which she is determined presumptively eligible, her presumptive eligibility ends on the last day of the month following the month the presumptive eligibility determination is made; or
- c. the last day of the month in which the pregnancy ends.

B. Subsequent Periods of Presumptive Eligibility

The Department shall limit the number of times a pregnant women may receive presumptive eligibility to a single period for any given pregnancy.