



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Kathleen M. Brennan

Kathleen M. Brennan, Deputy Commissioner

July 1, 2014

Effective Date

POLICY TRANSMITTAL NO.: UP-14-04

SUBJECT: Medically Needy Income Limit (MNIL) Increase

This transmittal provides revised UPM Procedure pages to reflect an increase in the MNIL. The increase is effective July 1, 2014, reflecting a cost-of-living increase authorized by state law.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle

P-4530.15
P-4530.15 page 2
P-4530.15 page 3

Insert

P-4530.15
P-4530.15 page 2
P-4530.15 page 3

DISPOSITION: This policy transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Eligibility Policy and Program Support, Telephone (860) 424-5250

Date Issued: 1/9/2015

FK

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

Date: 7-1-14

Transmittal: UP-14-04

P-4530.15

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Medical Assistance Standards

Program: MA

Subject:
Determining the Medically Needy Income Limit (MNIL)

- P-4530.15
1. Determine which MA coverage group is appropriate for the assistance unit. (Cross reference: 2540)
 2. If the coverage group requires a medically needy income test, to determine the amount of the MNIL compare needs group size and region to the charts below to determine appropriate income limit.

REGION A

<u>Needs Group Size</u>	<u>Monthly MNIL</u>	<u>Six Month MNIL</u>
1	\$633.49	\$3,800.94
2	805.09	4,830.54
3	998.14	5,988.84
4	1165.45	6,992.70
5	1314.17	7,885.02
6	1470.04	8,820.24
7	1634.49	9,806.94
8	1797.51	10,785.06
9	1929.07	11,574.42
10	2109.25	12,655.50
11	2192.19	14,285.70
12	2380.95	14,071.20
13	2438.15	14,414.40
14	2608.32	15,418.26
15	2755.61	16,293.42
16	2837.12	16,773.90
17	2960.10	17,494.62
18	3083.09	18,223.92
19	3203.20	18,936.06
20	3326.18	19,665.36

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

Date: 7-1-14

Transmittal: UP-14-04

P-4530.15 page 2

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Medical Assistance Standards

Program: MA

Subject:
Determining the Medically Needy Income Limit (MNIL)

P-4530.15 2. (continued)

REGION B

<u>Needs Group Size</u>	<u>Monthly MNIL</u>	<u>Six Month MNIL</u>
1	523.38	\$3,140.28
2	696.41	4,178.46
3	853.71	5,122.26
4	1002.43	6012.78
5	1148.29	6,889.74
6	1298.44	7,790.64
7	1467.18	8,803.08
8	1621.62	9,729.72
9	1754.61	10,527.66
10	1917.63	11,505.78
11	2000.57	12,003.42
12	2192.19	13153.14
13	2277.99	13,667.94
14	2416.70	14,500.20
15	2566.85	15,401.10
16	2648.36	15,890.16
17	2769.91	16,619.46
18	2892.89	17,357.34
19	3011.58	18,069.48
20	3135.99	18,815.94

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

Date: 7-1-14

Transmittal: UP-14-04

P-4530.15 page 3

**Section:
Standards of Assistance**

**Type:
PROCEDURES**

**Chapter:
Medical Assistance Standards**

Program: MA

**Subject:
Determining the Medically Needy Income Limit (MNIL)**

P-4530.15 2. (continued)

REGION C

<u>Needs Group Size</u>	<u>Monthly MNIL</u>	<u>Six Month MNIL</u>
1	\$523.38	\$3,140.28
2	696.41	4,178.46
3	842.27	5,053.62
4	978.12	5,868.72
5	1,113.97	6,683.82
6	1,265.55	7,593.30
7	1,421.42	8,528.52
8	1,573.00	9,438.00
9	1,707.42	10,244.52
10	1,901.90	11,411.40
11	1,979.12	11,874.72
12	2,170.74	13,024.44
13	2,229.37	13,376.22
14	2,400.97	14,405.82
15	2,549.69	15,298.14
16	2,628.34	15,770.04
17	2,751.32	16,507.92
18	2,874.30	17,245.80
19	2,995.85	17,975.10
20	3,117.40	18,704.40