MEDICAID COVERAGE GROUPS AND ACTIONS

Medicaid Coverage Groups	Description of Medicaid Groups	Action Needed for Waiver Enrollment for Case Manager	Action Needed for Waiver Enrollment for Providers
B01	Husky B - CHIP Program. Not Husky.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
B02	Husky B - CHIP Program. Not Husky.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
B03	Husky B - CHIP Program. Not Husky.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
B22	Husky B – Prenatal. Unborn child coverage for non-qualifying immigrant pregnant women	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
J02	Husky B – State Medical for children	Initial T19 appl to DDS.Waiver@ct.gov.	Initial T19 appl to DDS.Waiver@ct.gov
J03	Husky B – State Medical for children	Initial T19 appl to DDS.Waiver@ct.gov.	Initial T19 appl to DDS.Waiver@ct.gov
D01	Husky A. DCF group under age 18, eligible for adoption assistance or foster care payments.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
D02	Husky A. DCF medical coverage group.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
D03	Husky A. DCF coverage group under 21, for subsidized adoption.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
D04	Husky A. DCF coverage group, between 18 and 21 years and leaving foster care.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
D05	Husky A. DCF coverage group. State funded Medicaid coverage. Limited to selected community based Behavioral Health Services.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
D10	Husky A. Children Receiving Title IV-E Subsidized Guardianship	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
D11	Husky A. Children Receiving Title IV-E Foster Care.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
E05	Outpatient Dialysis Services under Emergency Medicaid for Non-Citizens. Emergency Medicaid for individuals diagnosed with End Stage Renal Disease requiring outpatient dialysis and specific related services.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov.
J01	Husky A – State medical for children	Initial T19 appl to DDS.Waiver@ct.gov.	Initial T19 appl to DDS.Waiver@ct.gov
X03	Husky A extended medical assistance for 12 mos. After exceeding income limits.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
F04	Husky A extended medical assistance for 12 mos. After exceeding income limits due to child support.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.

F06	Husky A presumptive eligibility for kids while pursuing other eligibility.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov.
X07	Husky A for Parents and Caretakers/ families.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
X10	Husky A for newborns. Applies to newborns/infants only.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT. **Requires prior approval from Director of Medicaid Operations.**	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT. **Requires prior approval from Director of Medicaid Operations.**
F10/F11	Husky A for newborns for first 12 mos. Applies to newborns/infants only.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT. **Requires prior approval from Director of Medicaid Operations.**	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT. **Requires prior approval from Director of Medicaid Operations.**
F12	Husky A for children 19 & 20 who do not receive SSI or SSDI. AFDC income & asset requirements.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov.
X25/D25	Husky A. Children Receiving Non-Title IV-E Foster Care/Subsidized Guardianship	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
F95	Husky A for medically needy children under 21 years of age.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
F99	Husky A spend down that should be closed and referred to Husky B.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
G06	COVID-19 Coverage only	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
X01	Husky A for pregnant women	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
X02	Husky D. Medicaid for Low Income Adults (MLIA.) Not a DDS waiver Medicaid group.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov.
X03	Husky A - extension when earned income exceeds limit.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
X13	Husky D for Low Income Adults who are 19-20 years old who do receive Medicare.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov.
X14	Husky D for Low Income Adults who are 18-64 years old who are not institutionalized and not receiving Medicare.	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Seek SSA and/or complete medical packet with T19 app to DDS.Waiver@ct.gov..
H01	Husky A. Under 18/21 and enrolled in a waiver.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.
L01	Husky C. Residing in Long Term Care, Nursing homes or ICF/IID.	**NOT WAIVERABLE.**	**NOT WAIVERABLE.**

M01	Husky A - Postpartum. 12-month Medicaid post-partum coverage following Husky A pregnancy.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M02	Husky A. pregnant woman extension but must have been in medically needy coverage group at end of pregnancy.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M03	Husky A. State-funded Pre-Admission Screening. Must be 65 or older and need LTC services and choose HCBS services	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M04	Husky A. Under 65. Group for breast and cervical cancer with no health insurance.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M09	Husky A. Medicaid for Foster Care Children	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M10	Husky D/PE (Presumptive Eligibility). Medicaid for Low Income Adult	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M11	Husky A/PE (Presumptive Eligibility). Medicaid for Parents and Caretakers.	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
M22	Husky B - Postpartum for Non-Qualified Immigrant. 12-month Medicaid post-partum coverage for non-qualifying immigrant woman following Husky B - Prenatal	Seek SSA and/or complete Medical packet with T19 app to DDS.Waiver@ct.gov. Waiver packet to PRAT	Seek SSA and/or complete Medical packet with T19 app to DDS.Waiver@ct.gov.
N01	Husky D for the Low-Income Adult. For individuals in a Temporary Rehabilitation Facility Ages 18-65.	**NOT WAIVERABLE.**	**NOT WAIVERABLE.**
P01	Husky A. Medical coverage group Pregnant woman, who will qualify for AFDC	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
P02	Husky A. Medical coverage group Pregnant woman with income under 250% of FPL	Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	Initial T19 appl to DDS.Waiver@ct.gov
Q01	Qualified Medicare Beneficiaries-pays Medicare. Part A & B premiums & co-pays. (low income limit)	On Medicare. Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT.	On Medicare. Initial T19 appl to DDS.Waiver@ct.gov.
Q03	Qualified Medicare Beneficiaries-pays Med. Part B only. (medium income limit)	On Medicare. Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT.	On Medicare. Initial T19 appl to DDS.Waiver@ct.gov.
Q04	Qualified Medicare Beneficiaries-pays Med. Part B only-can have no other T-19. (higher income limit) 120%<135% FPL	On Medicare. Initial T19 appl to DDS.Waiver@ct.gov. Waiver packet to PRAT	On Medicare. Initial T19 appl to DDS.Waiver@ct.gov.
S01	Husky C. DSS State Supplement and Medicaid. Cash assistance for those with income to supplement.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.
S02	Husky C. Qualifies for DSS State Supp Cash but accepts only Medicaid coverage under Aged, Blind, and Disabled Program.	If not on waiver, send waiver packet to PRAT. DSS to determine eligibility.	Contact Case Manager for waiver status.
S03	Husky C. Found disabled by Colonial Cooperative Care but does not have income to supplement **or** SSI income puts them over income for S01. SSI excluded income for Medicaid.	If not on waiver, send waiver packet to PRAT. DSS to determine eligibility.	Contact Case Manager for waiver status
S04	Husky C. 3 different scenarios but generally someone who's SSI or State Supp has been discontinued due to increased wages.	If not on waiver, send waiver packet to PRAT. DSS to determine eligibility.	Contact Case Manager for waiver status

S05	Husky C. Medicaid for Employees with Disabilities (MED-Connect). For individuals who have medically certified disability or blindness and are working.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.
S95	Husky C. Adults with more income than the Medically Needy Income Limit.	If not on waiver, send waiver packet to PRAT. DSS to determine eligibility.	Contact Case Manager for waiver status
S99	Husky C. Spend down for adults on regular Medicaid. Enrolling on waiver eliminates spend down.	If not on waiver, send waiver packet to PRAT. DSS to determine eligibility.	Contact Case Manager for waiver status
T01	Husky A. Under 21 and in Rehabilitation or Long-Term Care facility	**NOT WAIVERABLE**	**NOT WAIVERABLE**
W01	Husky C. Eighteen or over and enrolled in a waiver	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.	Review redetermination date to maintain eligibility for Medicaid and DDS waiver.
			Medicaid Operations 4/2025

Highlighted codes are waiverable coverage groups.

If an individual is on the waiver and they are switched to Husky D that's a **red flag**! Please email DDS.Waiver@ct.gov.

If going under the waiver for the first time, a new application is <u>always</u> needed.