

MEDICAL COVERAGE GROUPS (UPM 2540)

Click on the blue hyperlinks to see the UPM policy

*includes the general 5% FPL income disregard

EMS/ImpaCT Codes	Group Title and Definition	Income/Assets	Duration
<p>A02—EMS A02—ImpaCT</p> <p>8035.05</p>	<p><u>CADAP Connecticut AIDS Drug Assistance Program</u></p> <ul style="list-style-type: none"> • 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 	<p>Total family income at or below 400% of FPL</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p> <p>Renewals to be completed every 6 months</p> <p><u>As of 11/01/18, DPH began administering this program</u></p>
<p>D01—EMS D01—ImpaCT</p> <p>2540.40</p>	<p><u>HUSKY A Children Receiving Title IV-E Payments (D01)</u></p> <ul style="list-style-type: none"> • Children eligible for adoption assistance or foster care payments under Title IV-E 	<p>Must be within Title IV-E limits (DCF determines eligibility for Title IV-E)</p> <p>DCF records eligibility for the cases that are categorically eligible</p>	<p>As long as child receives Title IV-E payments</p>

<p>D02—EMS D02—ImpaCT</p> <p>CGS 17b 261(i)</p>	<p><u>HUSKY A State-funded DCF Medical</u></p> <ul style="list-style-type: none"> • 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 	<p>DCF will process these cases</p>	<p>Eligible until they qualify for Medicaid coverage or leave DCF care</p>
<p>D03—EMS D03—ImpaCT</p> <p>2540.41</p>	<p><u>HUSKY A DCF Non-IVE Sub Adopt Child</u></p> <ul style="list-style-type: none"> • Provides federal Medicaid reimbursement for children in subsidized adoption up to age 21 who do not qualify under IV-E rules • D03 is a categorically needy coverage group 	<p>No income/ assets are counted for this coverage group</p> <p>Cases are processed by DCF Liaison</p>	<p>Once found eligible, the majority will remain eligible DSS will determine continued eligibility outside of the system and manually close those AUs/EDGs found ineligible during the renewal period</p>
<p>D04—EMS D04—ImpaCT</p> <p>2540.42</p>	<p><u>HUSKY A Child Leaving Foster Care</u></p> <ul style="list-style-type: none"> • Provides federal Medicaid reimbursement for children between the ages of 18 and 21 who are transitioning out of foster care. D04 is a categorically needy coverage group 	<p>No income/ assets are counted for this coverage group</p> <p>Cases are processed by DCF Liaison</p>	<p>Once found eligible, the majority will remain eligible DSS will determine continued eligibility outside of the system and manually close those AUs/EDGs found ineligible during the renewal period</p>
<p>D05—EMS D05—ImpaCT</p> <p>CGS 17b 261(i)</p>	<p><u>DCF Behavioral Health for non-Medicaid eligible child--(Other Medical)</u></p> <ul style="list-style-type: none"> • Coverage is limited to selected community based Behavioral Health Services • DCF staff use this coverage for DCF clients 	<p>No income/ assets are counted for this coverage group</p> <p>DCF will process these cases</p>	
<p>F03 (Pre-MAGI)—EMS F03 (Pre-MAGI)—Code not used in ImpaCT</p> <p>2540.09</p>	<p><u>HUSKY A Transitional Medical Assistance</u></p> <ul style="list-style-type: none"> • Connecticut resident • Has child(ren) under 19 <p>For people who lose eligibility for HUSKY A for Families (F07) under these circumstances:</p> <ul style="list-style-type: none"> • Already active F07 family and the AU becomes ineligible because of earnings 	<p>No income or asset test</p>	<p>Up to 12 months (1st month begins with the month following F07 ineligibility)</p> <p>Or if no longer child < 19 in home</p> <p>*** F03 is replaced by X03</p>

<p>F04 (Pre-MAGI)—EMS F04 (Pre-MAGI)—Code not used in ImpaCT</p> <p>2540.09</p>	<p><u>HUSKY A Extended Medical Assistance</u></p> <p>Discontinued from F07 due to new or increased income from child support</p> <ul style="list-style-type: none"> • TFA terminated because of collection of child support under Title IV-D • Sprouts from F07 (as long as they had received one month of F07) 	<p>No income or asset test</p>	<p>12 months (1st month begins with the month following F07 ineligibility)</p> <p>Or if no longer child < 19 in the home SEE DURATION RULES ABOVE. F04 rules are same as F03</p> <p>*** F04 is replaced by X04</p>
<p>F06--EMS F06C (Children)—ImpaCT</p> <p>F06—EMS F06P (Pregnant)—ImpaCT</p> <p>1523.05</p>	<p><u>HUSKY A Presumptive Eligibility (PE for Children and Pregnant Women)</u></p> <p>This coverage group was re-opened 7/1/05</p> <p>W-1PE (application) and W-538 (PE voucher) are needed with each PE submission</p> <p>This program is for HUSKY children (under 19) and pregnant women. It allows "Medicaid Certified Entities" (Qualified Entities) to temporarily grant Medicaid to children or pregnant women and then send the completed application form to RPU at DSS</p> <p>The RPU (Regional Processing Unit) staff will grant PE coverage. The client and/or their CAC pursues ongoing medical coverage via AHCT</p>		<p>W-538 (Paper voucher) given to client is good for 10 calendar days.</p> <p>PE coverage period - In most cases, lasts until end of second month</p> <p>If voucher is given to ineligible client, then PE may end earlier.</p> <p>ImpaCT will automatically close PE coverage at the end of the second month if client is not found eligible for Medicaid</p> <p>PE eligibility for pregnant women is only allowable once per pregnancy</p> <p>PE eligibility for children allowed two times per calendar year</p>

<p>F07 (Pre-MAGI)—EMS F07 (Pre-MAGI)—Code not used in ImpACT 2540.24</p>	<p><u>HUSKY A Families</u></p> <ul style="list-style-type: none"> • Children and caretaker relatives • Children or dependents (under 18 or 18 and expected to graduate by 19) • Relationship specified in (2540.24) <p>Include SSI recipients (SSI income is not counted)</p> <p>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</p> <p>Cooperation with child support is a requirement for parent/caretaker eligibility (not children)</p> <p>F07 will correctly sprout F03 when earned income of a family member exceeds F07 income limits</p> <p>Lump Sums on F07 are treated as assets</p> <p>Assets are excluded for F07</p> <p>Lump sums are treated as income for F25</p> <p>If receipt of a lump sum under F25 is causing ineligibility, move child to F07</p>	<p>Eff. 7/1/07, Family income must be under 196% FPL</p> <p>Disregard/ Deductions:</p> <ul style="list-style-type: none"> • Gross - \$90 / employed member • Childcare disregard – no limit • Child Support - \$100.00 • Disregard SSI <p>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.</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p> <p>** Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs</p> <p>*** F07 is replaced by X07</p>
<p>F10/F11—EMS F10/F11—Codes not used in ImpACT 2540.52</p>	<p><u>HUSKY A Categorically Needy and Medically Needy Newborn Children eligible for 12 months</u></p> <p>Use F10 for newborns born to categorically eligible moms in P01, P02 and X01 Use F11 for newborns born to medically need moms in P95 or P99</p> <p>Newborns born to undocumented mothers who receive emergency Medicaid may be considered “deemed eligible”</p>	<p>No Income or Asset Test</p> <p>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 should be “OC” coded if there is a companion F07 case or “NM” on X07 companion case</p>	<p>Up until the first birthday 12 months - Review eligibility for X25</p> <p>*** F10/F11 are replaced by X10</p>

<p>F12—EMS F12—Code not used in ImpaCT</p> <p>2540.56</p>	<p><u>HUSKY A Categorically Needy Ribicoff Children</u></p> <p>Children who are between 19-20 yrs of age and meet AFDC income/asset requirements</p> <ul style="list-style-type: none"> Typically 19 and 20 yrs old living independently <p>This age group also may apply for Medicaid Low Income Adult</p>	<p>Use "SD" deemor code for parents</p>	<p>As long as age and income tests are met</p> <p>Go to the DEEM screen to enter the numbers of dependents</p> <p>**Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs</p>
<p>F25 (Pre-MAGI)—EMS F25 (Pre-MAGI)—Code not used in ImpaCT</p> <p>2540.58</p>	<p><u>HUSKY A Children</u></p> <p>Children who are between the ages of 1 and up to 19</p> <p>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</p> <p>Lump sums are treated as income for F25</p> <p>Lump sums are treated as assets for F07</p> <p>Assets are excluded for F07</p> <p>If lump sum causes ineligibility under F25, move child to F07</p>	<p>Compare AI of AU to Federal Poverty Level (185%) for needs group size.</p> <p>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 child care provider</p> <p>Parents and siblings in other coverage groups are coded "OC", undocumented parents are coded "IP" for deeming purposes. Link to 5020.10.</p> <p>No asset test</p>	<p>End of month in which child turns 19 or end of month when inpatient medical service terminates</p> <p>**Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs</p> <p>*** F25 is replaced with X25</p>
<p>F95—EMS F95—Code not used in ImpaCT</p> <p>2540.68</p>	<p><u>HUSKY Medically Needy Children - under MNIL</u></p> <ul style="list-style-type: none"> <u>Includes children under 21 years of age</u> Caretaker relatives are also included if they: Live with a dependent child and are within the acceptable degree of relationship <ul style="list-style-type: none"> are not categorically needy AND meet medically needy income/asset tests. No deprivation requirement 	<p>Income limit is MNIL for family size</p> <p>Asset limit is FMA limit (\$2,000 for one - \$3,000 for two and additional \$100 per child)</p>	<p>As long as unit remains eligible</p> <p>** Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs</p>

<p>F99—EMS F99—ImpaCT</p> <p>2540.57</p>	<p>HUSKY A Medically Needy Children under 21 and Caretaker Relatives who are over the MNIL (Spendedown - over MNIL) Use MN income/asset limits, deeming rules, and spenddown process</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> - 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 <p>➤ Caretaker relatives - screen as F07, and code children as OC</p> <p>If EDG is inactive status, keep child on spenddown EDG because they're not actively receiving Medicaid</p> <p>If spenddown case gets activated ("A") status,</p> <ul style="list-style-type: none"> • close HUSKY B (refer) and open HUSKY A 	<p>Use MN income/asset limits, deeming rules, and spenddown process</p> <p>Deeming is limited to parent-to-child and spouse to spouse. Disregard: \$90/employed person \$50/ from child support Childcare disregard—no limit</p> <p>Assets— \$2000 for one person \$3000 for two people Add \$100 for each additional member. Use asset Supplemental form if asset information is needed.</p>	<p>As long as requirements are met</p> <p>Review spenddown every 6 months</p>
<p>G02 (Pre-MAGI) --EMS G02 (Pre-MAGI)—Code not used in ImpaCT</p> <p>Repealed 01/01/14 CGS 17b 261n</p>	<p><u>HUSKY D Medicaid LIA (Low Income Adult)</u> Replaces SAGA medical eff 4/1/10</p> <p>For individuals and married couples who are:</p> <ul style="list-style-type: none"> • Under age 65 • SSI recipients (including individuals with 1619(a) or (b) or 1905(q) status); • Not Medicare recipients • Not Pregnant • Children over 19 	<p>Income test= MNIL for AU size</p> <p>No asset test</p>	<p>Indefinitely, as long as individual meets income test and does not meet categorical requirements for listed MA coverage groups (S, P, HUSKY tracks)</p> <p>*** G02 is replaced by X02</p>

<p>G06 (ImpaCT)</p>	<p><u>G06-COVID-19-Testing Coverage- Uninsured and Emergency Medical</u></p> <ul style="list-style-type: none"> • Coverage for uninsured citizens, permanent residents who do not qualify for HUSKY A, B, C or D • Emergency Medicaid for undocumented individuals who are not eligible for Medicaid (income limits apply to this group) • Individuals must apply through AHCT to establish eligibility for this coverage group • No age limit • Limited Benefit – COVID-19 test and related office visit only 	<p>Income limits for undocumented individuals under Emergency Medicaid guidelines</p>	<p>This medical coverage is only available during the Public Health Emergency that began March 18, 2020.</p>
<p>HUSKY B --Did not exist in EMS HUSKY B—ImpaCT: Band 1—B01 Band 2—B02 Band 3—B03 (not available at this time) CP2—Presumptive Eligibility</p> <p>This is not Medicaid</p> <p>Title 21 of the Social Security Act</p>	<p><u>HUSKY B CHIP Bands 1 and 2</u></p> <ul style="list-style-type: none"> • Children under age 19 (income over 196% of FPL (201% of FPL with 5% disregard) • Children may not have other medical coverage 	<p>Band 1 202%-254% of FPL (with 5% disregard) No monthly premium; Co-pays</p> <p>Band 2 255%-323% of FPL (with 5% disregard) - Premium \$30/mo for one child; \$50/mo for 2 or more children Co-pays</p> <p>No asset test</p>	<p>End of month in which child turns 19</p>
<p>H01—EMS H01—ImpaCT</p> <p>2540.64</p>	<p><u>HUSKY A Individuals Receiving Home and Community Based Services (H01)</u></p> <ul style="list-style-type: none"> • Would be eligible for FMA as CN if in a LTCF (T01) • Qualify to receive home and CBS under a waiver approved by the Health Care Financing Administration AND would, without such services, require care in a LTCF. 	<p>Use AFDC asset test</p> <p>Gross income must be less than special CNIL, which is set at 300% of SSI amount</p>	<p>Qualified for Medicaid as long as group conditions are met</p> <p>AND Individual receives home and community-based services under a waiver</p>
<p>H99—EMS H99—Code not used in ImpaCT</p>	<p>Existing code in EMS, but not a legitimate coverage group, as there is no spenddown provision for CBS cases</p>	<p>N/A</p>	<p>N/A</p>

<p>L01—EMS L01—ImpaCT</p> <p>2540.88</p>	<p><u>HUSKY C LTCF Residents Eligible Under Special Income Level (CN)</u></p> <ul style="list-style-type: none"> • Meet categorical requirements of age, blindness or disability <u>AND</u> • Reside in the LTCF facility for at least 30 days <u>AND</u> • Have income below special income level • Must meet level of care as determine by ASCEND/AssessmentPro 	<p>Compare gross income to special CNIL (300% of SSI amount)</p> <p>Use AABD asset level (currently \$1,600)</p> <p>Special income deduction and asset rules apply if spouse resides in community</p>	<p>Begins with 1st day of 30 continuous days of residence in the LTCF as long as eligibility factors are met</p>
<p>L99—EMS L99—ImpaCT</p> <p>2540.88 2540.88P</p>	<p><u>HUSKY C MN LTCF Residents</u></p> <ul style="list-style-type: none"> • Same as L01, but income is greater than CNIL • L01 will cascade to this coverage group if not CN. 	<ul style="list-style-type: none"> • MNIL is used and spenddown process - uses nursing home cost of care. • Use AABD asset level (currently \$1,600) • Special income deduction and asset rules apply if spouse resides in community 	<p>Same as L01</p>

<p>M02—EMS M02—Code not used in ImpaCT 2540.48</p>	<p><u>Previously HUSKY A Pregnant Woman Extension</u></p> <ul style="list-style-type: none"> • 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 women (P95 and P99) • All other pregnant women (X01, P01, and P02) should receive post-partum coverage in the M01 coverage group <p><u>Repurposed Medical coverage group- used exclusively by Central Office effective 11/2015 To 10/1/2016</u></p> <ul style="list-style-type: none"> • For institutionalized Husky D clients with income above 138%FPL, and/or recipients of Medicare over 65 years of age 	<p>Pregnant Woman Extension</p>	<p>*** X01 coverage extended for 2 months after birth month of child</p> <p>Repurposed Medical coverage group- used exclusively by Central Office effective 11/2015 To 10/1/2016</p> <p><i>No longer used as of 10/01/16</i></p>
<p>M03—EMS M03—ImpaCT 8040</p>	<p><u>State-funded Pre-Admission Screening—(Other Medical)</u></p> <ul style="list-style-type: none"> • Individual must be 65 or older and in need of LTC services • Individual must be able to avoid institutionalization with community-based services <p>Processed by Community Options</p>	<p>Use of special asset test</p> <p>No income test: recipients have a cost share based on income</p>	<p>As long as requirements are met</p> <p>Cases must be reviewed periodically for Title XIX eligibility</p>
<p>M04—EMS M04—ImpaCT CT Gen Statute §17b-278b</p>	<p><u>HUSKY A Coverage group for breast and cervical cancer for Women</u></p> <p>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</p> <p>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</p> <p>Under age 65</p> <p>A resident of Connecticut</p> <p>U.S. citizen or eligible non-citizen</p> <p>Not otherwise be eligible for Medicaid as a member of a mandatory categorically needy coverage group</p> <p>Processed by BCC liaison</p>	<p>Eligibility established by Qualified Entities</p> <p>DPH: The Connecticut Breast and Cervical Cancer Early Detection Program</p>	

<p>M06—EMS M06—ImpaCT</p> <p>1902(a)(10)(A)(ii)(XII) 1902(z)</p>	<p><u>Tuberculosis Coverage Group (HUSKY-- Limited Benefits)</u></p> <p>Individual must be diagnosed with Tuberculosis as a requirement</p> <ul style="list-style-type: none"> • Household of one • Retro Medicaid allowed • Only covers treatment of Tuberculosis <p>Processed by TB liaison</p>	<p>No income or asset test</p>	<p>No duration</p>
<p>M07—EMS M07—ImpaCT</p> <p>1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214</p>	<p><u>Presumptive Eligible Family Planning (HUSKY--Limited Benefit)</u></p> <p>Effective 3/1/12 Presumptive Eligible coverage Limited Benefit coverage for family planning services and family planning related services</p> <ul style="list-style-type: none"> • 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 • W-1PE (application) and W-538 (PE Voucher) is needed with each PE submission <p>It allows Qualified Entities to temporarily grant Family Planning and then send the completed application form to RPU at DSS</p> <p>The RPU (Regional Processing Unit) staff will grant PE coverage. The client and/or their CAC pursues ongoing medical coverage via AHCT</p>	<p>Income 258% of FPL (263% of FPL with the 5% disregard)</p> <p>No asset test</p>	<p>W-538 (Paper voucher) given to client is good for 10 calendar days.</p> <p>PE coverage period - In most cases, lasts until end of second month</p> <p>ImpaCT will automatically close PE coverage at the end of the second month if client is not found eligible for Medicaid</p> <p>Denied ongoing Medicaid, RPU staff review for ongoing Family Planning LB coverage</p> <p>If voucher is given to ineligible client, then PE may end earlier.</p> <p>PE eligibility for family planning allowed two times per calendar year</p>
<p>M08—EMS M08—ImpaCT</p> <p>1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214</p>	<p><u>Family Planning (HUSKY-- Limited Benefit)</u></p> <p>Effective 3/1/12 Ongoing limited coverage for family planning services and family planning related services</p> <ul style="list-style-type: none"> • Must have been denied MAGI Medicaid • Must be of childbearing age and cannot be pregnant • US Citizens or Qualified Non-Citizens • Resident of CT 	<p>Income 258% of FPL (263%)</p> <p>No asset test</p>	<p>As long as eligible and not eligible for Medicaid</p>
<p>M09 (MAGI)—EMS M09 (MAGI)—ImpaCT</p> <p>42 CFR 435.150 1902(a)(10)(A)(i) (IX)</p>	<p><u>HUSKY A Former Foster Care</u></p> <ul style="list-style-type: none"> • This coverage group if for youths that were in Connecticut DCF care at the age of 18 and on Medicaid. <p>Staff in Eligibility Policy and Program Support will grant these cases</p>	<p>No income/ assets are counted for this coverage group</p>	<p>Eligible from age 18 up to their 26th birthday</p>

<p>M10 (MAGI)—EMS M10 (MAGI)—ImpaCT</p> <p>1902(a)(10)(A)(i)(VIII) 42 CFR 435.119</p>	<p><u>HUSKY D Hospital Presumptive Eligibility for Low Income Adults</u></p> <ul style="list-style-type: none"> • Adults age 19-64 • Not eligible for Medicare • US Citizens or Qualified Non-Citizens • W-1PE (application) and W-538 (Voucher) is needed with each PE submission <p>Allows contracted hospitals (“Medicaid Certified Entities”) to temporarily grant Medicaid to adults and then send the completed application form to RPU at DSS</p> <p>The RPU (Regional Processing Unit) staff will grant PE coverage. The client and/or their CAC pursues ongoing medical coverage via AHCT</p>	<p>138% of the FPL (includes 5% disregard)</p> <p>No applied income</p> <p>No asset test</p>	<p>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</p> <p>W-538 (Paper voucher) given to client is good for 10 calendar days.</p> <p>ImpaCT will automatically close PE coverage at the end of the second month if client is not found eligible for Medicaid</p> <p>If voucher is given to ineligible client, then PE may end earlier.</p> <p>PE eligibility allowed two times per calendar year</p>
<p>M11 (MAGI)—EMS M11 (MAGI)—ImpaCT</p> <p>42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)</p>	<p><u>HUSKY A Hospital Presumptive Eligibility (PE for Parents and Caretakers)</u></p> <ul style="list-style-type: none"> • HUSKY Parents and Caretakers only, child in the home <19 • Not pregnant • US Citizens or Qualified Non-Citizens • W-1PE (application) and W-538 (Voucher) is needed with each PE submission <p>Allows contracted hospitals (Medicaid Certified Entities) to temporarily grant Medicaid to adults and then send the completed application form to RPU at DSS</p> <p>The RPU (Regional Processing Unit) staff will grant PE coverage. The client and/or their CAC pursues ongoing medical coverage via AHCT</p>		<p>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</p> <p>W-538 (Paper voucher) given to client is good for 10 calendar days.</p> <p>ImpaCT will automatically close PE coverage at the end of the second month if client is not found eligible for Medicaid</p> <p>If voucher is given to ineligible client, then PE may end earlier.</p> <p>PE eligibility allowed two times per calendar year</p>

<p>N01 (MAGI)—EMS N01 (MAGI)—ImpaCT</p> <p>8080.25</p>	<p><u>HUSKY D LTSS Low Income Adult – LIA – replaces SAGA medical eff 4/1/10</u></p> <p>Formerly SAGA coverage for Individuals in Chronic Disease and (freestanding) Rehabilitation Hospitals:</p> <ul style="list-style-type: none"> • 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 	<p>133% of the FPL plus an income disregard of 5% resulting in an effective income limit of 138%</p> <p>No asset test</p>	<p>Begins with 1st day of 30 continuous days of residence</p> <p>Continues as long as eligibility factors met</p>
<p>N99 (MAGI)—EMS N99 (MAGI)—ImpaCT</p> <p>8080.25</p>	<p><u>HUSKY D Low Income Adult – LIA – replaces SAGA medical eff 4/1/10</u></p> <p>Formerly SAGA coverage for individuals in Chronic Disease and (freestanding) Rehabilitation Hospitals:</p> <ul style="list-style-type: none"> • Coded on EMS but not a legitimate coverage group as there are no spend downs in this coverage category 	<p>N/A</p>	<p>N/A</p>
<p>P01 (Pre-MAGI)—EMS P01 (MAGI)—Not used in EMS</p> <p>2540.44</p>	<p><u>HUSKY A Pregnant Women with Income Under 250% (258%)of Poverty Level</u></p> <ul style="list-style-type: none"> • Covers pregnant women • AFDC Income limit <p>Once eligible, individual remains eligible for duration of pregnancy. Also eligible for 60 days post-partum coverage via the M01 extension which should be added upon notification of child's birth</p>	<p>AFDC Income Standards</p>	<p>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</p> <p>** Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs</p> <p>*** P01 is replaced by X01</p>
<p>P02 (Pre-MAGI)—EMS P02—Not used in ImpaCT</p> <p>2540.43</p>	<p><u>HUSKY A Pregnant Women with Income Under 250% (258%)of Poverty Level</u></p> <ul style="list-style-type: none"> • Covers pregnant women whose family income does not exceed 250% of Federal Poverty Level <p>Once eligible, individual remains eligible for duration of pregnancy. Also eligible for 60 days post-partum coverage via the M01 extension which should be added upon notification of child's birth</p>	<p>Income limit is 250% of Federal Poverty Level for needs group size</p> <p>Unborn child included in needs group</p> <p>No asset test</p> <p>Use same deeming rules as P01.</p>	<p>Duration of pregnancy</p> <p>Once eligibility is established, continues for remainder of pregnancy, even if change in income. Use M01 for 60-day post-partum extension</p> <p>** Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.</p> <p>*** P02 is replaced by X01</p>

<p>P95/99—EMS P95—Not in ImpaCT P99—Impact</p> <p>2540.45</p>	<p><u>HUSKY A Medically Needy Pregnant Women</u></p> <ul style="list-style-type: none"> Covers pregnant women who would be eligible under Categorically Needy Pregnant Women Coverage (P01) except income or assets exceed AFDC limit 	<p>Use MNIL asset limit and deeming rules which would apply in the month of the child(ren)'s birth</p> <p>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</p>	<p>Qualify every month in which they are pregnant and pass the medically needy financial eligibility tests</p>
<p>Q01—EMS Q01—ImpaCT</p> <p>2540.94</p>	<p><u>MSP Qualified Medicare Beneficiaries (CN)</u></p> <ul style="list-style-type: none"> Must be entitled to Hospital Insurance under Medicare Part A Have income within QMB limits <p>Special benefits for QMB is include:</p> <ul style="list-style-type: none"> - Payment of Medicare A Premiums. - Payment of Medicare B Premiums. - Payment for co-insurance and deductible amounts for Medicare services <p>A QMB may be eligible for full Medicaid benefits under another coverage group during the same period QMB eligibility exists</p> <p>Eligibility in Q-track coverage groups automatically qualifies individuals for the "Extra Help" program that coordinates with Medicare Part D prescription drug coverage</p>	<p>211% FPL</p> <p>No asset test</p>	<p>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</p> <p>Eligibility continues every month individual meets the coverage group criteria</p>
<p>Q03—EMS Q03—ImpaCT</p> <p>2540.95</p>	<p><u>MSP Specified Low Income Medicare Beneficiaries</u></p> <ul style="list-style-type: none"> 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 <p>Eligibility in Q-track coverage groups automatically qualifies individuals for the "Extra Help" program that coordinates with Medicare Part D prescription drug coverage</p>	<p>231% FPL</p> <p>No asset test</p>	<p>Eligibility can begin 3 months prior to date of application, but no earlier than 1/1/93</p>
<p>Q04—EMS Q04—ImpaCT</p> <p>2540.97</p>	<p><u>MSP Additional Low Income Medicare Beneficiaries Under 135% of Federal Poverty Level:</u></p> <ul style="list-style-type: none"> 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 <p>Eligibility in Q-track coverage groups automatically qualifies individuals for the "Extra Help" program that coordinates with Medicare Part D prescription drug coverage</p>	<p>246% FPL</p> <p>No asset test</p>	

<p>R01—EMS R01—ImpaCT</p> <p>8010.20</p>	<p><u>HUSKY C Recipients of Refugee Cash Assistance (CN)</u></p> <ul style="list-style-type: none"> Evaluate all other available cash programs prior to grant Receiving RCA <p>RCA zero awards due to benefit being less than \$10</p>	<p>Use AFDC income and asset limits</p> <p>Do not deem sponsors' income unless actually contributed to EDG</p>	<p>Eligible for <u>8 months</u>, beginning with the first month individual entered U.S.</p>
<p>R02—EMS R02—ImpaCT</p> <p>8010.35</p>	<p><u>HUSKY C Increased Earnings Extension (CN)</u></p> <ul style="list-style-type: none"> Ineligible for RCA due to new employment or increased earnings <p>Sprouts from R01</p>	<p>No income or asset limit</p>	<p><u>Expires the earliest of:</u></p> <p>End of 8th month in U.S.</p>
<p>R03—EMS R03—Code not used in ImpaCT</p> <p>8010.20</p>	<p><u>RCA Eligible Non-Recipient (CN)</u></p> <ul style="list-style-type: none"> 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 	<p>Use AFDC income and asset limits</p> <p>Do <u>not</u> deem sponsors' income unless actually contributed to EDG</p>	<p>Eligible for <u>8 months</u>, beginning with the first month individual entered U.S.</p> <p>** Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02, P95, R03 or R04 AUs</p>
<p>R04—EMS R04—Code not used in ImpaCT</p> <p>8010.20</p>	<p><u>Refugee Newborns (CN)</u></p> <ul style="list-style-type: none"> Evaluate for Husky A and Husky D eligibility prior to granting this coverage group Contact CO prior to grant A newborn child whose mother 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) 	<p>Only income and asset rules for mother's coverage group. Child is automatically eligible</p> <p><i>Code newborn as "PN" all others as "NM" in EMS. Make sure mother's AU is active before finalizing R04</i></p>	<p>Eligible until the earliest of the following:</p> <ul style="list-style-type: none"> Child leaves mother's home Child turns one Mother loses RMA eligibility <p>** Do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02, P95, R03 or R04 AUs</p>
<p>R95/R99—EMS R95/R99—ImpaCT</p> <p>2540.24 2540.57</p>	<p><u>HUSKY C Refugee MA (MN)</u></p> <ul style="list-style-type: none"> 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 	<p>Use FMA income and asset limits for appropriate family size</p> <p>Do <u>not</u> deem sponsors' income unless actually contributed to AU/EDG</p>	<p>Eligible for 8 months, beginning with the first month individual entered U.S.</p>

<p>S01—EMS S01—ImpaCT</p> <p>2540.72</p>	<p><u>HUSKY C Recipients of AABD (CN)</u></p> <ul style="list-style-type: none"> Receiving cash payments Meet categorical requirements of age, blindness or disability Coverage group includes Individuals reduced to a zero-payment due to recoupment of overpayment <p>State Supplement Program in CT - Basic Eligibility</p>	<p>Use AABD income and asset criteria. 5515.05 Deem from spouses: 5020.70 & 4025.55</p>	<p>Continues as long as AABD eligibility exists</p>
<p>S02—EMS S02—ImpaCT</p> <p>2540.80</p>	<p><u>HUSKY C AABD Eligible Non-Recipients (CN)</u></p> <ul style="list-style-type: none"> Would qualify for AABD but choose not to "Pride" cases 	<p>Use AABD income and asset level. Deem from spouses</p>	<p>For every month for which they would qualify for AABD</p>
<p>S03--EMS S03--ImpaCT</p> <p>2540.84</p>	<p><u>HUSKY C Eligible for AABD Except for Non-Medicaid Requirement (CN)</u> such as:</p> <ul style="list-style-type: none"> 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 Requirement to assign interest in a decedent estate Requirement to sign a security mortgage on non-home property Requirement that income and assets be deemed to an alien from sponsor 	<p>AABD income and assets, except for deeming of sponsors' income and assets</p>	<p>Indefinitely, as long as the sole reason the individual does not qualify for AABD is failure to meet the AABD requirements specifically prohibited by Medicaid</p>
<p>S04—EMS S04—ImpaCT</p> <p>2540.76</p>	<p><u>HUSKY C Severely Impaired (CN)</u> Individuals who:</p> <ul style="list-style-type: none"> 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 	<p>Need not pass any income or asset test apart from those administered by SSA</p> <p><i>Identify AU as 1619 on bottom of UINC screen in EMS. Load income source code (ex. S1). STAT - load "S" if 1619(a), "B" if 1619(b)</i></p>	<p>Continues as long as qualified for 1619(a) or (b) status with Social Security or 1905q status with DSS</p>
<p>S05—EMS S05—ImpaCT</p> <p>2540.85</p>	<p><u>HUSKY C Working Disabled</u></p> <p>For individuals with disabilities whose income and assets exceed MNIL usually resulting in Spenddown Must:</p> <ul style="list-style-type: none"> Have a job receiving pay stubs If self-employed must have account with SSA and pay into it Must fail S01 through S04 first If client loses a job and was on S05 then they are eligible to receive 12 months while looking for another job 	<ul style="list-style-type: none"> Income Test <\$75,000 yearly Family Income Test – under 250% of FPL Asset Test: \$10,000 for individual and \$15,000 for couple <ul style="list-style-type: none"> Individuals with income over 200% of FPL may have to pay a premium 	<p>Med-Connect Deskguide</p>

<p>S95/S99—EMS S95/S99—ImpaCT</p> <p>2540.96</p>	<p><u>HUSKY C MN Aged, Blind, Disabled</u></p> <ul style="list-style-type: none"> • Meet the MAABD categorical requirements of age, blindness, or disability • Not qualified as <u>categorically</u> needy • Either over MN income or excess income absorbed by medical bills • Meets asset criteria <p>EDG will cascade to this group if not CN</p>	<p>Use MNIL, MAABD asset limit, MAABD deeming rules, and spend down process</p>	<p>Begins when spend down is met</p> <p>Continues through the end of six-month period</p>
<p>T01—EMS T01—ImpaCT</p> <p>2540.60</p>	<p><u>HUSKY A Long Term Care Facility Residents Under Special Income Limit (T01)</u></p> <ul style="list-style-type: none"> • Long term care residents for over 30 consecutive days <u>AND</u> • Income within a special income level <u>AND</u> • Meet any of the following criteria: <ul style="list-style-type: none"> - under 21 years of age <u>OR</u> - caretaker relatives, i.e. (living with dependent child of acceptable degree of relationship) <u>OR</u> pregnant women 	<p>Compare individual's gross income to the Special Categorically Needy Income Limit (CNIL) 300% of SSI maximum</p> <p>Use AFDC asset limit</p>	<p>Begins with the 1st day of the 30 days of continuous residency for as long as the resident meets requirements</p>
<p>T99</p> <p>2540.60 2540.60P 2540.88</p>	<p><u>HUSKY A MN Family Medical LTCF Residents</u></p> <ul style="list-style-type: none"> • Same as T01, but income is greater than CNIL • T01 will cascade to this group if not CN 		<p>Same as T01</p>
<p>W01—EMS W01—ImpaCT</p> <p>2540.92</p>	<p><u>HUSKY C Individual Receiving Home and Community Based Services (CN)</u></p> <ul style="list-style-type: none"> • Would be eligible for MAABD if residing in a LTCF, <u>AND</u> • Qualify to receive home and community based services (HCBS), <u>AND</u> • Would require LTCF placement without such services 	<p>Compare the individual's gross income to the special CNIL (300% SSI) - must be less</p> <p>Use AABD asset limit (currently \$1,600).</p> <p>Special asset rules apply if spouse resides in community</p> <p>EDG considered "institutionalized," so no deeming from spouse</p>	<p>As long as group conditions are met and waiver services received</p>
<p>W99—EMS W99—Code not used in ImpaCT</p>	<p>Code on EMS, but not a legitimate coverage group, as there is no spenddown provision for HCBS cases.</p> <p><u>NOTE:</u> If over income for W01, would be M03 or individual would need to set up a pooled trust with the Plan of CT</p>	<p>N/A</p>	<p>N/A</p>

<p>X01 (MAGI)*—EMS X01 (MAGI)*—ImpaCT</p> <p>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</p>	<p><u>HUSKY A Pregnant Women</u></p> <p>Covers pregnant women whose family income does not exceed 263% of Federal Poverty Level (includes 5% disregard)</p> <p>See handout 'C' for assistance</p> <p>Once eligible, remains eligible for duration of pregnancy. Also eligible for 60 days post-partum coverage after child's birth</p>	<p>Effective 01/01/14, 258% of FPL (263% of FPL with the 5% disregard)</p> <p>Unborn child included in needs group</p> <p>No asset test</p>	<p>Duration of pregnancy</p> <p>Once eligibility is established, continues for remainder of pregnancy, even if change in income.</p> <p>*** X01 coverage extended for 2 months after birth month of child to cover post-partum coverage</p>
<p>X02 (MAGI)—EMS X02 (MAGI)—ImpaCT</p> <p>1902(a)(10)(A)(i)(VIII) 42 CFR 435.119</p>	<p><u>HUSKY D MCLIP- Medical for Low Income Persons</u></p> <p>For individuals and married coupled who are:</p> <ul style="list-style-type: none"> • Age 19-64 • not Medicare recipients • not Pregnant • Have no dependents under the age of 19 <p>See handout 'C' for assistance</p>	<p>Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard)</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p>
<p>X03 (MAGI)—EMS X03 (MAGI)—ImpaCT</p> <p>408(a)(11)(A); 1902(a)(52); 1902(e)(1)(B) 1925 1931(c)(2)</p>	<p><u>HUSKY A Transitional Medical Assistance (TMA)</u></p> <p>For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances:</p> <ul style="list-style-type: none"> • 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 	<p>No income or asset test</p>	<p>Up to 12 months (1st month being month following X07/X25 ineligibility)</p> <p>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</p>
<p>X04 (MAGI)—EMS X04 (MAGI)—ImpaCT</p> <p>42 CFR.115; 408(a)(11)(B); 1931(c)(1)</p>	<p><u>Husky A Extended Medical Assistance (EMA)</u></p> <p>For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances:</p> <ul style="list-style-type: none"> • 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 • <i>Must have received at least one month of active HA</i> 	<p>No income or asset test</p>	<p>Up to 12 months (1st month being month following X07/X25 ineligibility)</p> <p>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</p>

<p>X07 (MAGI)—EMS X07 (MAGI)—ImpaCT</p> <p>42 CFR 435.110; 1902(a)(10)(A)(i)(I); 1931(b) and (d)</p>	<p><u>HUSKY A Parents and Caretaker Relatives</u></p> <ul style="list-style-type: none"> • 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 	<p>Effective 10/1/19, 155% of FPL (160% with the 5% disregard)</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p> <p>Youngest child turns 19, review eligibility for X02</p>
<p>X10—Code not used in EMS X10—ImpaCT</p> <p>2540.52</p>	<p><u>HUSKY A Categorically Needy and Medically Needy Newborn Children eligible for 12 months</u></p> <p>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.</p> <p>Newborns born to undocumented mothers who receive Emergency Medicaid are “deemed eligible” for one year</p>	<p>No Income or Asset test</p>	<p>Guaranteed coverage for one year</p> <p>Born on first of the month, eligibility in program for 12 months (i.e. DOB 2/1/2020, end date 1/31/2021)</p> <p>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)</p> <p>12 months - Review eligibility for X25</p>
<p>X13 (MAGI)—EMS X13 (MAGI)—Code not used in ImpaCT</p> <p>1902(a)(10)(A)(i)(VIII) 42 CFR 435.119</p>	<p><u>HUSKY D MCLIP- Medical for Low Income Persons</u></p> <ul style="list-style-type: none"> • Not newly eligible 19 and 20 year old individuals • Not receiving Medicare 	<p>Effective 1/1/14, 133% of FPL (138% FPL with the 5% disregard)</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p> <p>Note: Cases exist in ImpaCT as X02. Flagged as “not newly eligible”</p>
<p>X14 (MAGI)—EMS X14 (MAGI)—Code not used in ImpaCT</p> <p>1902(a)(10)(A)(i)(VIII) 42 CFR 435.119</p>	<p><u>HUSKY D MCLIP- Medical for Low Income Persons</u></p> <ul style="list-style-type: none"> • Not newly eligible non-Institutionalized disabled 18-64 year olds • Not receiving Medicare 	<p>Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard)</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p> <p>Note: Cases exist in ImpaCT as X02. Flagged as “not newly eligible”</p>
<p>X25 (MAGI)—EMS X25 (MAGI)—ImpaCT</p> <p>42 CFR 118; 1902(a)(10)(A)(i)(III), (IV) and (VII); 1902(a)(10)(A)(ii)(IV) and (IX); 1931(b) and (d)</p>	<p><u>HUSKY A Children</u></p> <ul style="list-style-type: none"> • 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 	<p>Effective 1/1/14, 196% of FPL (201% of FPL with the 5% disregard)</p> <p>No asset test</p>	<p>As long as all eligibility requirements are met</p> <p>End of month in which child turns 19, review eligibility for X02</p>