



Medicaid 101

Medicaid in Connecticut

Provides health coverage for nearly **1 in 4** Connecticut residents

Covers **4 of every 10** births statewide

Among all children, **1 in 3** is enrolled

Primary source of funding for nursing home and community-based long-term services and supports

Largest source of federal funding in the state budget

One of the largest shares of state spending, projected to cost more than \$2.7 billion in FY 20

Along with the Children's Health Insurance Program (aka Husky B), makes up "Husky Health"

Program Financing

Medicaid is funded jointly by the federal government and the states and overseen by the federal Centers for Medicare and Medicaid Services (CMS). Historically, anyone who meets the eligibility rules has a right to enroll in the program, and states are guaranteed federal contributions toward their program expenditures.

Program Structure

Medicaid is a public health insurance program that provides coverage to low-income families and individuals. Each state operates its Medicaid program within federal guidelines. Federal law sets a minimum level of services to be provided to specified "mandatory" low-income populations. States have broad flexibility in designing and administering their programs, including deciding whether to cover additional optional groups and services. As a result, Medicaid eligibility and benefits vary widely from state to state.

States are required to describe their Medicaid programs and how they will be administered in formal state plans approved by CMS. Federal law authorizes states to experiment with new ways of structuring health care services by proposing waivers to deviate from federal requirements. As the administering agency, the Department of Social Services (DSS) must submit applications for waivers as well as any amendments to the state's Medicaid plan to CMS for approval.

Who Is Eligible for Medicaid in Connecticut?

Program	Description	Annual Income Limit ^{1,4}		Asset Limit	
Husky A	Parents and relative caretakers ²	160% FPL (effective 10/1/2019)		None	
	Children under age 19	201% FPL			
	Pregnant women	263% FPL			
Husky C	Individuals who are aged 65 or older or adults with a disability ³		Region A (SW CT)	Regions B & C (N, E, & W CT)	\$1,600 for individual; \$2,400 for married couple
		Single	\$972.49	\$862.38	
		Married couple	\$1,483.09	\$1,374.41	
		Institutionalized individual	\$2,250	\$2,250	
Husky D	Non-disabled adults without children	138% FPL		None	

¹Husky A and D income limit percentages include a 5% disregard. Husky C limits include unearned income disregards of \$339/single and \$678/couple, if each has unearned income.
²Per federal rule, parent/caretaker eligibility ends when youngest child turns 18 if not graduating before turning 19.
³Depending on living situation, HUSKY C applicants may be able to disregard some of their earned and unearned income.
⁴In some cases, applicants over the income limit with high monthly medical bills can also spend down their excess income by deducting those medical expenses from their income.

Mandatory Services

All states' Medicaid programs are required to cover certain mandatory services including hospital services; family planning; physician services; early and periodic screening, diagnostic, and treatment services (EPSDT, mainly for children); and transportation to medical care. Generally, there are no premiums or copayments for Medicaid participants in Connecticut.

“Equal Access” Provision

State Medicaid provider payments must be consistent with efficiency, economy, and quality of care and sufficient to enlist enough providers so that care and services are available under the plan to at least the extent that such care and services are available to the general population in the geographic area.

[42 U.S.C. § 1396a\(a\)\(30\)\(A\)](#)

State Budget Impact

As the state's largest entitlement program, Medicaid is projected to cost the state \$2.7 billion in FY 20, which reflects a 4.8% increase over FY 19 expenditures. The increase is attributed to caseload growth and changes in federal reimbursement. While total Medicaid funding is projected to increase overall, average per member per month costs have decreased over the past several years.

Source: Office of Fiscal Analysis

**Learn
More**

[Centers for Medicare & Medicaid Services](#) (CMS) website

[Medical Assistance Program Oversight Committee](#) (MAPOC) website

“OLR Backgrounder: Medicaid Eligibility,” OLR Report [2018-R-0203](#)

[Husky Health](#) website

