

Medicaid Eligibility

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Issue

This report describes current Medicaid income eligibility requirements in Connecticut. It updates OLR Report [2018-R-0203](#). **This report has been updated by OLR Report [2022-R-0066](#).**

Summary

Medicaid is a state and federal program that provides medical assistance to low-income adults and families, as well as elderly or blind individuals and those living with disabilities. States operate their programs in compliance with federal law and broad program guidelines set by the federal Centers for Medicare and Medicaid Services (CMS). In Connecticut, the Department of Social Services (DSS) administers the program.

Generally, in order to be eligible for Medicaid, individuals and families must meet income eligibility requirements (i.e., have income and assets below certain levels) and, sometimes, categorical eligibility requirements (e.g., pregnancy or disability). DSS provides Medicaid through:

1. HUSKY A for children, parents, caretaker relatives, or pregnant women;
2. HUSKY C for individuals (a) age 65 or older or (b) age 16 to 65 and either blind or living with a disability;
3. HUSKY D for low income individuals age 19 to 65;
4. the Medicare Savings Program for low-income Medicare enrollees; and
5. certain limited benefits programs, including two new programs to respond to the COVID-19 pandemic.

Generally, with the exception of Medicaid waivers (which are beyond the scope of this report), Medicaid is an entitlement, meaning that those individuals who are eligible have a legal right to coverage and benefits as defined in Connecticut's state plan.

State legislation passed in 2019 expanded Medicaid coverage for parents and caretakers by increasing the income limit from 150% to 155% of the federal poverty level (FPL).

HUSKY A

HUSKY A provides Medicaid coverage to:

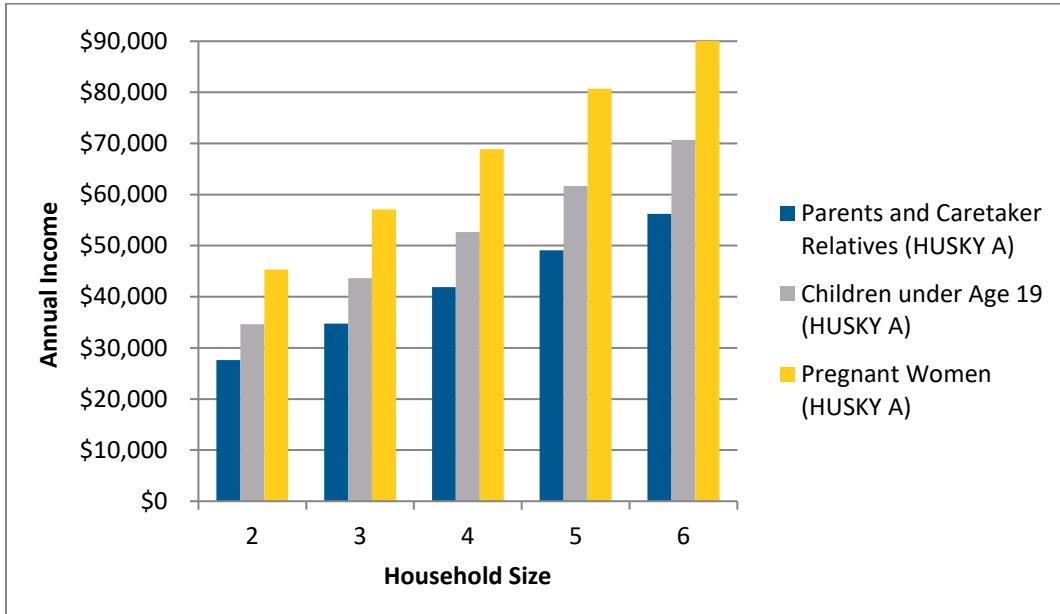
1. parents and caretaker relatives with a household income of up to 155% of FPL ([CGS § 17b-261\(a\)](#)) as amended by [PA 19-117](#), § 316);
2. children under age 19 with household income of up to 196% of FPL ([CGS § 17b-261\(a\)](#));
and
3. pregnant women with household income of up to 258% of FPL ([CGS § 17b-277\(a\)](#)).

The FPL is a measure of income issued annually by the federal Department of Health and Human Services that takes into account the number of individuals residing in a household. For example, in 2020, the FPL is \$12,760 for individuals, \$17,240 for a family of two, and \$21,720 for a family of three.

Income Limits

Figure 1 shows HUSKY A annual income limits for each group according to household size. Federal law requires states to use modified adjusted gross income (MAGI) rules when calculating income for certain Medicaid coverage groups. (In general, the rules require states to determine eligibility based on an applicant's total income reported to the Internal Revenue Service plus tax-exempt interest, non-taxable Social Security benefits, and foreign income.) The MAGI methodology includes a 5% general income disregard (i.e., 5% of an applicant's income is not counted when determining his or her income). As a result, the income limits for these programs are effectively 5% higher than required by statute (i.e., 160% of FPL, 201% of FPL, and 263% of FPL, respectively).

Figure 1: HUSKY A Annual Income Limits (2020)



Asset Limit

An asset test or limit restricts benefit eligibility for households with assets (e.g., savings) in excess of a specified dollar value. There is no asset test for HUSKY A. Federal law generally prohibits asset tests for those Medicaid coverage groups whose eligibility is determined through MAGI rules ([42 C.F.R. 435.603\(g\)](#)).

HUSKY C

HUSKY C provides Medicaid coverage to adults who are age 65 and older, blind, or living with a disability ([CGS § 17b-290\(15\)](#)).

Income Limits

HUSKY C income limits are not calculated with MAGI rules. They are based on the state’s family cash assistance benefit (i.e., Temporary Family Assistance (TFA)) for the region where the applicant lives ([CGS § 17b-261\(a\)](#)). Specifically, the income limit is 143% of the TFA benefit for the region with a standard monthly income disregard. Figure 2 shows the TFA regions and Table 1 shows HUSKY C monthly income limits (including the disregard).

Figure 2: Connecticut's TFA Regions

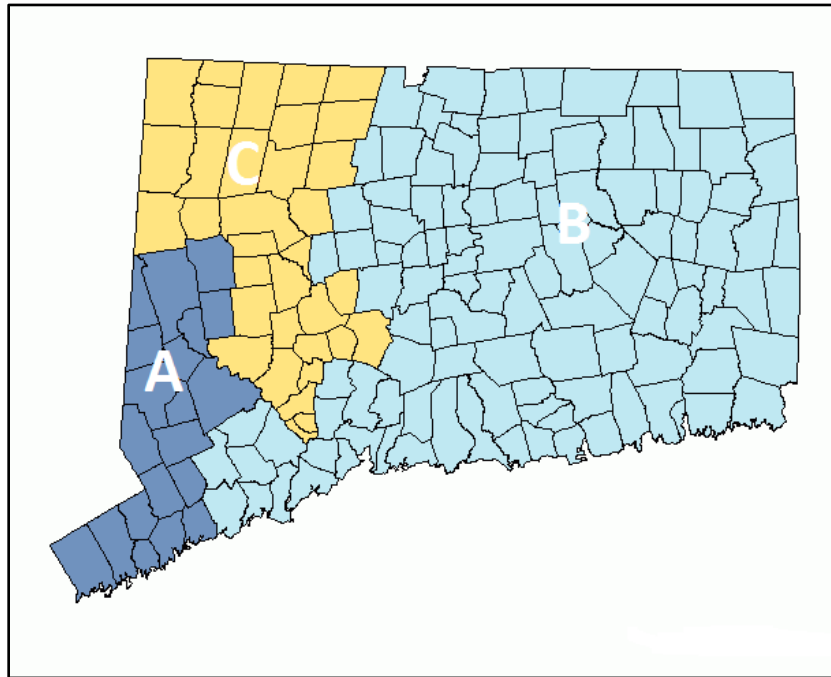


Table 1: HUSKY C Monthly Net Income Limits

	<i>Region A</i>	<i>Regions B & C</i>
Single Person	\$972.49	\$862.38
Couple	\$1483.09	\$1374.41

Asset Limits

Generally, the asset limit for HUSKY C is \$1,600 for individuals and \$2,400 for a married couple. Certain assets are disregarded (i.e., not counted when calculating the applicant’s assets), including one car per household, certain burial expenses, home property, and certain life insurance policies. There are separate financial requirements for long-term care and Med-Connect (a program for individuals with disabilities who are working) that are beyond the scope of this report.

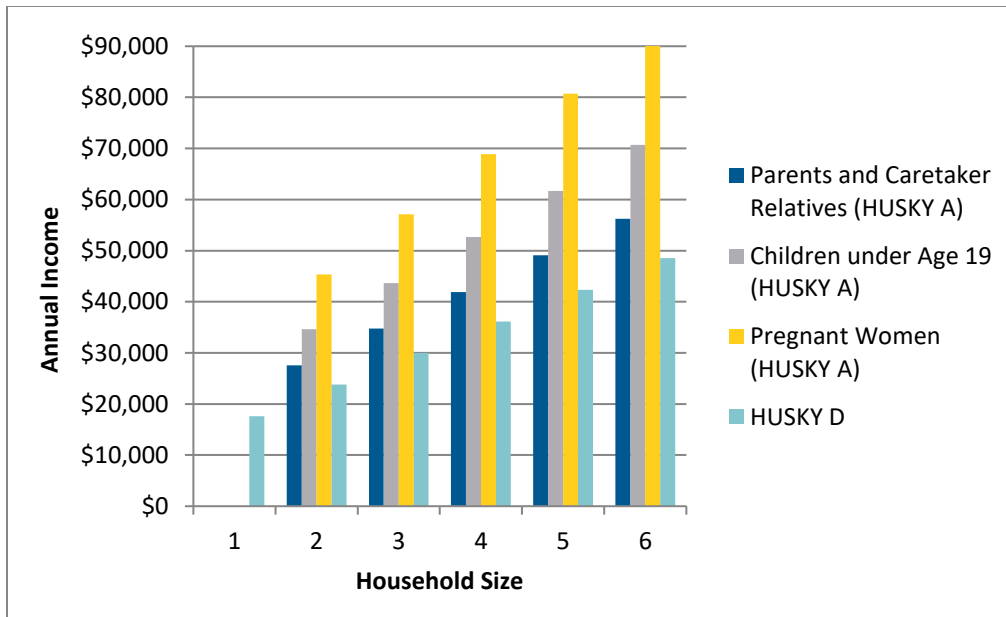
HUSKY D

HUSKY D provides Medicaid coverage to low-income adults, ages 18 to 64, who are not pregnant ([CGS § 17b-290\(16\)](#)). This population is also sometimes referred to as the Medicaid expansion population as the state extended coverage to this group as part of the federal Affordable Care Act.

Income Limits

Like HUSKY A, HUSKY D uses MAGI rules to calculate income eligibility. The HUSKY D income limit is 133% of FPL (effectively, 138% including the 5% income disregard). Figure 3 shows HUSKY D income limits, with HUSKY A included for reference.

Figure 3: HUSKY D Annual Income Limits (versus HUSKY A)



Asset Limits

As mentioned above, federal law generally prohibits use of an asset test for those Medicaid groups that use MAGI rules to calculate income eligibility. HUSKY D, like HUSKY A, uses MAGI rules and thus does not have an asset test.

Medicare Savings Program

Despite its name, the Medicare Savings Program is one of the state's Medicaid programs, and not part of the federal Medicare program that provides health coverage to seniors and people living with disabilities. It covers certain cost-sharing requirements for Medicare enrollees with lower income levels. By law, the Medicare Savings Program provides three levels of assistance to Medicare enrollees based on the FPL ([CGS § 17b-256f](#)). Table 2 shows the program levels and their respective benefits and income limits.

Table 2: Medicare Savings Program Income Limits

<i>Program Level</i>	<i>Cost Sharing Payments Covered</i>	<i>Income Limit</i>	
		<i>% of FPL</i>	<i>Annual Dollars (Individual)</i>
Qualified Medicare Beneficiary Program (QMB)	Medicare Part B Premium All Medicare Deductibles Co-Insurance	Less than 211%	Less than \$26,924
Special Low-Income Medicare Beneficiary Program (SLMB)	Medicare Part B Premium	At or above 211% and less than 231%	Less than \$29,476
Qualifying Individual (QI)	Medicare Part B Premium	At or above 231% and less than 246%	Less than \$31,389

As shown in Table 2, the QMB tier has the lowest income limit and covers Medicare Part B premiums and all Medicare deductibles and co-insurance. The SLMB and QI tiers both cover only Medicare Part B premiums but have different income limits and financing structures. Like QMB, SLMB is part of a state’s Medicaid program and, as such, costs are shared between the state and federal government. QI costs are paid by the federal government up to a certain allocation level. States must cover the number of individuals that would bring spending up to that allocation level, but they may opt to cover additional individuals with state funds.

MAGI rules are not used for income determinations in the Medicare Savings Program. There is no asset limit for any level of this program in Connecticut.

Other Limited Benefits Coverage Groups

In 2010, DSS received [CMS approval](#) to expand its Medicaid program to provide tuberculosis (TB)-related services to those with TB who do not otherwise qualify for Medicaid generally ([CGS § 17b-278f](#)). There are no income or asset limits for this coverage group, but recipients must be uninsured or underinsured. [Covered services](#) include respiratory therapy, limited pharmacy coverage, and non-emergency medical transportation.

In 2012, DSS received approval for a Medicaid State Plan Amendment to cover family planning services of individuals with income up to 263% of FPL (including the 5% income disregard). [Covered services](#) include comprehensive physical exams, screening and treatment for sexually transmitted diseases, and contraceptive services and supplies. There is no asset limit for this coverage group.

The state also provides Medicaid coverage for inpatient hospital care to certain incarcerated populations through an [inmate eligibility group](#).

Additionally, CMS has allowed states to make certain changes to their Medicaid programs to respond to the COVID-19 pandemic. In 2020, Connecticut expanded Medicaid coverage by creating two new [limited benefits programs](#). Medicaid for the Uninsured/COVID-19 provides coverage for COVID-19 testing and testing-related provider visits for uninsured state residents. There is no income limit for this program. Similarly, Emergency Medicaid for Non-Citizens/COVID-19 provides Medicaid coverage for testing and testing-related provider visits for state residents who meet Medicaid financial eligibility requirements but are ineligible due to immigration status.

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