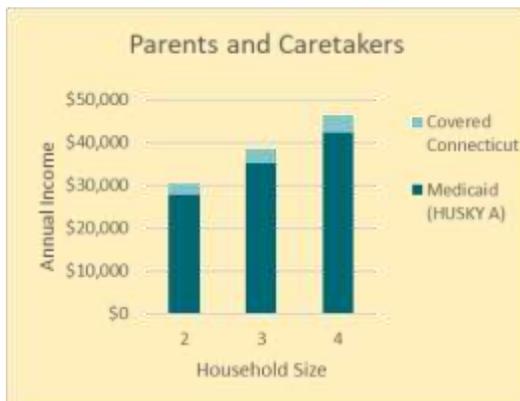
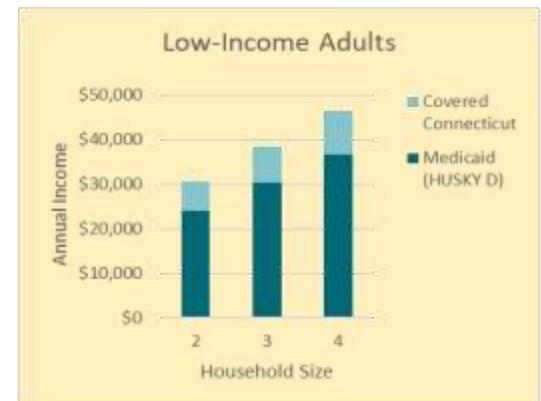


Healthcare Coverage Expansions



Coverage Expansion for Low-Income Adults

In Connecticut, HUSKY D provides Medicaid coverage to adults with household income up to 138% of the Federal Poverty Limit (FPL). Beginning July 1, 2022, the Covered Connecticut program will provide fully subsidized coverage for eligible adults with income over the Medicaid limit and up to 175% of FPL under silver-level health plans offered on the state's health exchange ([PA 21-2, June Special Session \(JSS\)](#), §§ 15-19). By law, the Office of Health Strategy (OHS) must also provide dental benefits and non-emergency medical transportation under this program (mirroring Medicaid benefits).



Coverage Expansion for Parents and Caretaker Relatives

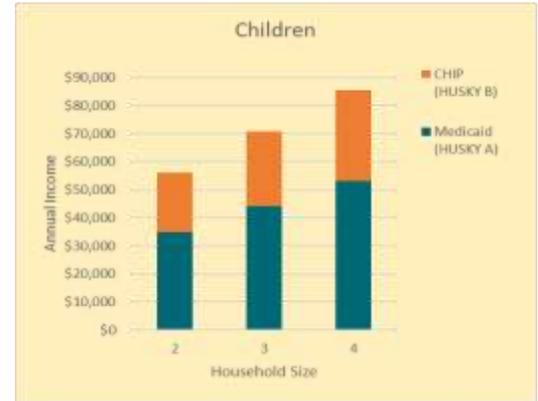
HUSKY A provides Medicaid coverage for parents and caretaker relatives in households with income up to 160% of FPL. Beginning July 1, 2021, for parents and caretakers with incomes too high to qualify for Medicaid but still under 175% of FPL, the law requires Covered Connecticut to offer fully subsidized coverage under a silver-level health plan offered on the state's health exchange. The requirement for OHS to provide dental and non-emergency medical transportation to this group begins July 1, 2022.

As a result of these changes, by July 1, 2022, both the low-income adults group and the parents and caretaker relatives group will be covered under either Medicaid or Covered Connecticut in households with income up to 175% of FPL.

Coverage Expansion for Children

HUSKY A provides Medicaid coverage to children ages 18 and under in households with income up to 201% of FPL. HUSKY B provides Children’s Health Insurance Program (CHIP) coverage to children ages 18 and under in households with incomes too high for Medicaid but still under 323% of FPL. Households must meet other eligibility

requirements. Both programs are administered by the Department of Social Services (DSS), receive federal funding, and are subject to federal requirements.



Plans for More

OHS, in consultation with others, must study the feasibility of offering healthcare coverage for:

- eligible children ages 9 to 18 regardless of immigration status and
- adults with household income up to 200% of FPL who are not eligible for other coverage.

Generally, certain immigrants, including undocumented immigrants, are not eligible for Medicaid or CHIP. However, under federal law, states may use the “unborn child option” to extend CHIP coverage by considering an unborn child as a low-income child who is eligible for prenatal care. In states that use this option, the unborn child receives CHIP coverage for prenatal care regardless of the mother’s immigration status. A new law requires DSS to provide CHIP coverage through this option beginning April 1, 2022 ([PA 21-176](#), § 4).

The law also requires DSS to provide state-funded medical assistance that mirrors HUSKY A and HUSKY B for children ages 8 and under regardless of immigration status ([PA 21-176](#), §§ 1 & 3). Beginning January 1, 2023, the DSS commissioner must provide coverage to these children, within available appropriations, in households with incomes (1) up to 201% of FPL without an asset test and (2) over 201 and up to 323% of FPL.

The report is due July 1, 2022, to the Appropriations, Human Services, and Insurance and Real Estate committees ([PA 21-176](#), § 5).

Coverage Expansion for Pregnant Women

HUSKY A also provides Medicaid coverage to pregnant women in households with income up to 263% of FPL. This is a higher income eligibility level than HUSKY A for parents and caretakers, and, as a result, women may lose their coverage after giving birth. In practice, DSS had provided postpartum coverage to these women for 60 days post-birth. The recently passed American Rescue Plan Act of 2021 (ARPA, P.L. 117-2) allows states to extend this postpartum coverage from 60 days to 12 months post-birth. [PA 21-2, JSS](#), §§ 335 & 336, required DSS to provide extended postpartum care beginning April 1, 2022, in both Medicaid and CHIP.

[PA 21-176](#), § 2, additionally requires DSS, beginning April 1, 2023, to provide state-funded medical assistance within available appropriations for postpartum care for 12 months after birth to women who (1) do not qualify for Medicaid due to immigration status and (2) have household incomes up to 263% of FPL.

Learn
More

“Connecticut Health Insurance Reform 2016-2021,” [2021-R-0160](#)

“Covered Connecticut,” [2021-R-0128](#)

“Eligibility Requirements for Public Assistance Programs,” [2021-R-0204](#)

