

Medicaid Eligibility

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Issue

This report describes current Medicaid income eligibility requirements in Connecticut. It updates OLR Report [2020-R-0253](#).

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, to be eligible for Medicaid, people 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 people (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 people age 19 to 65;
4. the Medicare Savings Program for low-income Medicare enrollees; and
5. certain other limited benefits programs.

Generally, with the exception of Medicaid waivers (which are beyond the scope of this report), Medicaid is an entitlement, meaning that those people who are eligible have a legal right to coverage and benefits as described in Connecticut's state Medicaid plan. Generally, HUSKY A, C, and D enrollees have access to all the services described in the state plan. Those enrolled in the Medicare Savings Program and other limited benefits groups do not have access to the full array of Medicaid services. Medicare Savings Program enrollees receive help with Medicare cost-sharing requirements. The benefits offered through the other limited benefits programs vary by program.

Laws passed in 2021 expanded health care coverage by (1) establishing the Covered Connecticut program, which may be supported by Medicaid funds, to provide coverage through the state's health exchange to people with incomes over HUSKY A and HUSKY D limits and (2) expanding the duration of post-partum coverage for pregnant women in HUSKY A ([PA 21-2, June Special Session, §§ 15-19 & 335](#)).

HUSKY A

HUSKY A provides Medicaid coverage to:

1. Parents and caretaker relatives with a household income of up to 155% of the federal poverty level (FPL) ([CGS § 17b-261\(a\)](#)),
2. Children under age 19 with a 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\(a\)](#)).

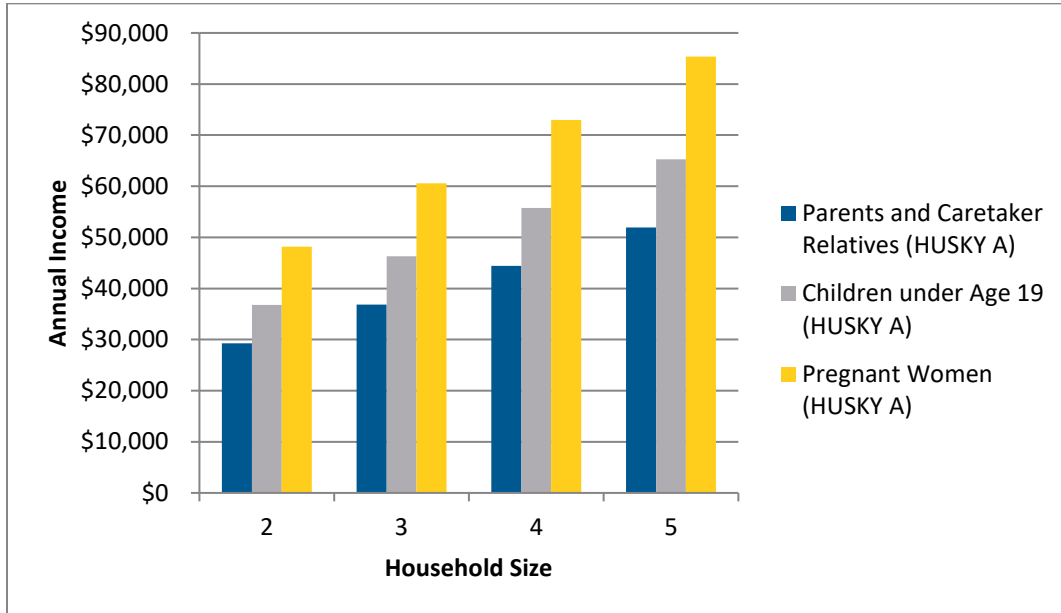
The FPL is a measure of income issued annually by the federal Department of Health and Human Services that takes into account the number of people living in a household. For example, in 2022, the FPL is \$13,590 for an individual, \$18,310 for a family of two, and \$23,030 for a family of three.

Income Limits

Figure 1 shows HUSKY A annual income limits for each coverage group according to household size. Federal law requires states to use modified gross adjusted 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 (2022)



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 benefits (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 TFA regions and Table 1 shows HUSKY C monthly income limits (including the disregard).

Figure 2: Connecticut's TFA Regions

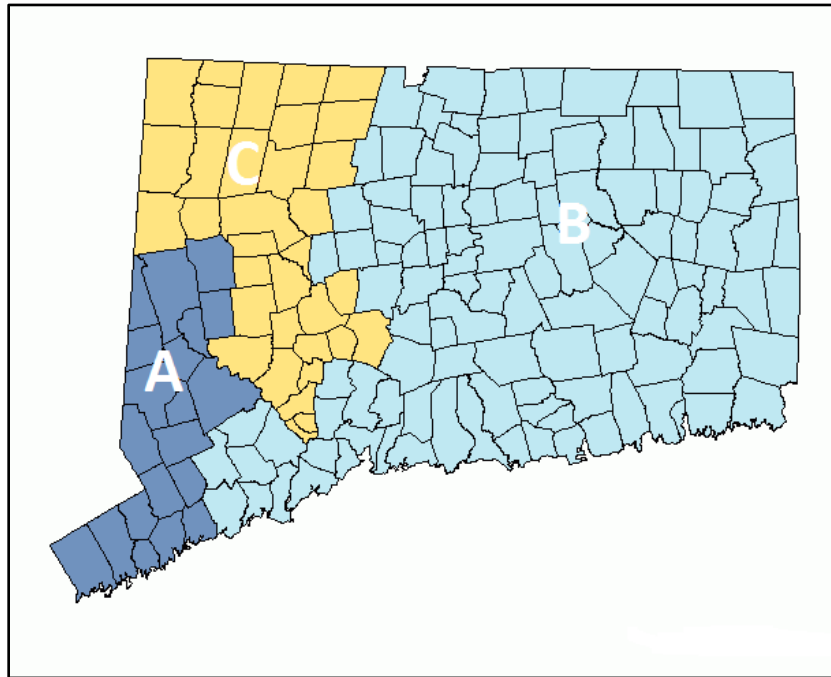


Table 1: HUSKY C Monthly Net Income Limits After Deductions

	Region A	Regions B & C
Single Person	\$984.49	\$874.38
Married Couple	\$1,507.09	\$1,398.41

Source: MyPlaceCT.org

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 households, 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 people with disabilities who are working) that are beyond the scope of this report.

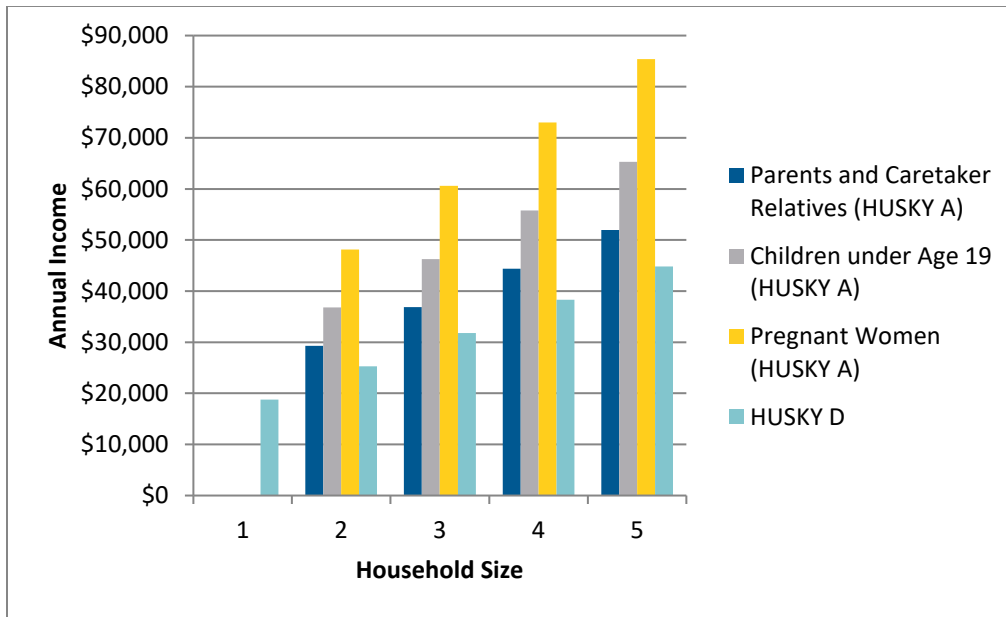
HUSKY D

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.

Limited Benefits Coverage Groups

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

Program Level	Cost Sharing Payments Covered	Income Limit	
		% of FPL	Annual Dollars (One-Person Household)
Qualified Medicare Beneficiary Program (QMB)	Medicare Part B Premium	Less than 211%	Less than \$28,675
	All Medicare Deductibles		
	Co-Insurance		
Special Low-Income Medicare Beneficiary Program (SLMB)	Medicare Part B Premium	At or above 211% and less than 231%	Less than \$31,393
Qualifying Individual (QI)	Medicare Part B Premium	At or above 231% and less than 246%	Less than \$33,431

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 the 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 people that would bring spending up to that allocation level, but they may opt to cover additional people with state funds. (In other words, QMB and SLMB function like entitlements and QI functions like a block grant with a cap on federal funding.)

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 for people with incomes 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 created [two new limited benefits coverage groups](#). 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.

For more information on benefits provided through limited benefit coverage groups, see the Connecticut Medical Assistance Program [Limited Eligibility Group Coverage Grid](#).

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