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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 14-0007MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

June 3, 2014

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 14-0007MM7 with an effective date of January 1, 2014, as requested by your Agency.

This SPA transmits an amendment to Connecticut's approved Title XIX State plan to indicate that hospitals in the State determine eligibility presumptively under the option at 42 CFR 435.1110, and that the State provides Medicaid coverage for individuals determined presumptively eligible under this provision.

During the SPA review, CMS recommended a number of changes to the online version of the presumptive eligibility application which are reflected here. The following questions will be marked as optional for presumptive eligibility:

- living arrangement status
- place of birth
- educational status
- current medical insurance
- inheritance
- all asset questions
- receipt of SSI

We are approving this SPA with the understanding that the State agrees to have these system changes implemented by the end of August 2014.

Page 2 – Roderick L. Bremby, Commissioner

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:

Raymond Singleton Jr., Deputy Commissioner
Marc Shok, Adult Services Program Manager

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Connecticut

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

CT-14-0007

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Affordable Care Act; 42 CFR Part 435

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Hospital Presumptive Eligibility

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Marc Shok
Last Revision Date: Mar 26, 2014
Submit Date: Mar 26, 2014

Date Received: 3/26/14

Plan Approved - One Copy Attached

Date Approved: 6/3/14
Signature of Regional Official

Effective Date of Approved Material: 1/1/14

/s/

Typed Name: Richard McGreal

Division of Medicaid and Children's Health Operations,
Boston Regional Office



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

	Name of limitation	Description	
+	No more than two periods within a calendar year.		X

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.



Medicaid Eligibility

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Presumptive Eligibility for Hospitals

Eff. Jan 1, 2014

Dec 4, 2013, Lois Filek, DSS/UCONN SSW

Presented at CT Hospital Association

Agenda

- What is Presumptive Eligibility and when would you use it?
- Affordable Care Act Changes
- PE Process
- Break
- MAGI Medicaid and the move from presumptive to ongoing Medicaid

Objectives

- Differentiate between HUSKY groups A,B,D and who can do what.
- Learn steps necessary to successfully make referrals to DSS for Presumptive Eligibility.
- Given scenarios, determine Medicaid/CHIP presumptive eligibility using non-filer rules
- Given scenarios, determine Medicaid/CHIP eligibility for ongoing Medicaid coverage using MAGI methodology

What is Presumptive Eligibility?

- Presumptive eligibility provides temporary coverage until the person has applied and had his or her eligibility fully determined.
- PE may be used twice in a calendar year and once per pregnancy.



Affordable Care Act Changes

- Expansion of Medicaid to adults (HUSKY D)
- More groups eligible for PE (All the MAGI groups)
 - HUSKY D Adults (hospitals only)
 - Parent/Caretakers on HUSKY A) (hospitals only)
- All hospitals may utilize Presumptive Eligibility for MAGI groups
- No asset test for any MAGI group

- AHCT processes Medicaid applications for MAGI Medicaid groups for coverage effective January 1, 2014.

Who can apply using PE?

NEW!

- Parents and caretaker relatives of dependent children under 19 – HA
- MLIPs – Medicaid low income population – HD (**Hospitals only**)
- DCF Former Foster Care kids under 26

Existing

- Pregnant Women – HA
- Kids under age 19 – HA
- Kids under age 19 HB
- Family Planning
- Breast and Cervical

Note - Hospitals may use PE for the HUSKY groups included in their contracts with DSS. Not all hospitals will do PE for HUSKY B.

MAGI Medicaid/CHIP Eligibility & New Income Limits

- **HUSKY A***
 - Children - 196% of FPL **(201%)***
 - Parent and/or Caretakers - 196% of FPL **(201%)***
 - Pregnant Woman - 258% of FPL **(263%)***
 - **HUSKY B/CHIP***
 - Band 1 <= 249% of FPL **(254%)***
 - Band 2 between 250% **(255%)** and 318% **(323%)**
 - Band 3 > 318% of FPL **(323%)***
 - **HUSKY D*** - Medicaid for the Lowest-Income Population – MLIP (former LIA)
 - 133% of FPL **(138%)***
- *There is a 5% FPL Income Disregard added to all standard limits.**

When to consider Presumptive Eligibility

- When your client needs immediate access to medical provider and it cannot be provided otherwise, PE will provide same day service via a voucher followed up with expedited service.
- When major eligibility systems are down
- When time prevents a full Medicaid application from being processed

Certification Process and Requirements

- DSS Requirements for certification
 - Signed contract
 - Attend training
- Benchmarks for success
 - Assisting clients with complete Medicaid applications via AHCT
 - Referring eligible Medicaid participants

Presumptive Eligibility Application Process

- Current way -Paper – W-1PE. Fax Referral to DSS.
- **New and preferred way – ConneCT online application**

Remember - You can use AHCT's SSA online application and bypass PE altogether. Results are instantaneous.

Presumptive Process

- Entity must check AEVS (Automated eligibility verification system) to make sure applicant is not already in receipt of HUSKY.
- HHCE interviews and helps client complete application.
 - One page W-1PE
- Determine eligibility for Medicaid/CHIP using DSS rules. DSS will allow non-filer rules for income test.
- If eligible, give client voucher (W-538) good for ten days. Voucher is guarantee of payment.
- **New way - Key application into ConneCT**
- Old way - Fax referral packet to DSS within 48 hrs. (Signed, completed application form and copy of voucher with correct FastLink cover)
- Entity must assist client by ensuring completion of the SSA application with AHCT.

DSSmap/AEVS



**CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES**
- Caring for Connecticut -

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Friday, November 29, 2013

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Server:
VM D

Daily Downtime:
12:00 AM - 12:10 AM EST

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HP ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM. THE SITE ALSO PROVIDES MEDICAL ASSISTANCE PROGRAM CLIENTS THE ABILITY TO SEARCH FOR ENROLLED HEALTHCARE PROVIDERS IN THEIR AREA. CONNPACE CLIENTS CAN ACCESS ENROLLMENT AND REENROLLMENT INFORMATION AT THIS SITE ALSO.



Information



Provider



Trading Partner



ConnPACE



Pharmacy

Important Messages

- [The Implementation of the Ordering, Prescribing, and Referring \(OPR\) Affordable Care Act \(ACA\) Mandates Related to Provider Enrollment and Claim Editing - Updated 11/26/13](#)
- [List of Ordering/Prescribing/Referring Providers](#)
- [ICD-10 Implementation Information \(Updated 11/20/13\)](#)
- [Electronic Health Record \(EHR\) News: Updated 11/18/2013](#)
- [Claim Submission and Eligibility Verification Issue on Web](#)
- [Hospital interChange Issues Updated as of 11/13/13](#)
- [Attention: Homemaker and Companion Providers under the CHC Program - Training December 4, 2013](#)
- [Temporary Deferment of Affordable Care Act Provider Enrollment Requirement for Residents Serving HUSKY Clients](#)
- [Revised Provider Manual Chapters: updated TOB/MG. 14-0007MM7](#)

Approval Date: 6/3/14 Effective Date:
1/1/14

ConneCT Online Application

CT.gov State of Connecticut Governor Dannel P. Malloy Search

DEPARTMENT OF SOCIAL SERVICES **ConneCT**

Welcome to ConneCT! [¿Habla español?](#) | [Print](#) | [Page Help](#)

Am I Eligible?
See if you may qualify to receive medical benefits, help buying food, and/or cash assistance.
CHECK NOW

MyAccount
Securely access your account and view information about your DSS benefits.
ACCESS NOW
New to ConneCT?
[Create an Account](#)

Get Applications and Forms
DSS forms are available to print [here](#).

Get Health Insurance
If you would like to apply for health care coverage beginning after January 1st, 2014, click [here](#).

Frequently Asked Questions
[Find answers](#) to the most commonly asked questions about ConneCT.

access health CT

25 Sigourney Street Hartford, CT 06106-5033
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CT.gov

Connecticut TN No. 14-0007MM7
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Presumptive Eligibility Time Frames

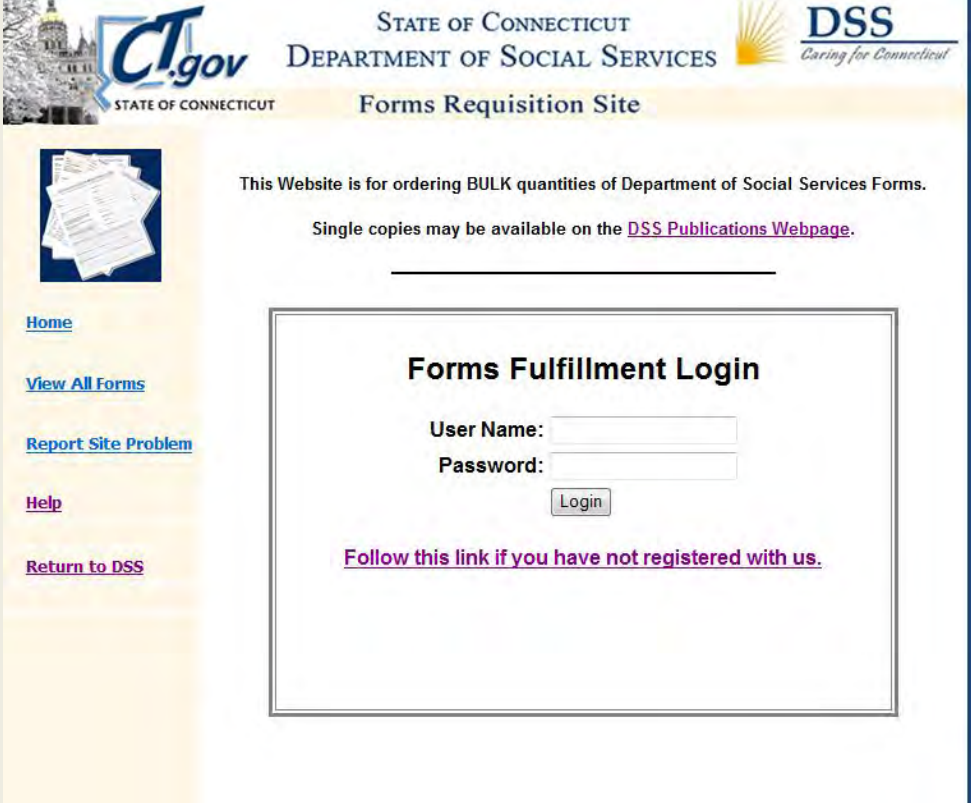
- PE period begins on **date** determination is made
- End date of PE period is earlier of:
 - Date eligibility determination for regular Medicaid is made, if application for Medicaid is filed by last day of the month following the month in which determination of PE is made or
 - Last day of month following month in which determination of PE is made if no application for Medicaid is filed by that date
 - **Example: Client applies January 12.**
 - **If client doesn't follow through with completed AHCT application, PE ends Feb 28.**
- Completed, signed PE application required. Incomplete or unsigned referral will not guarantee payment.

More on Process

- Regional Processing Unit (RPU) grants PE using expedited process.
- If using fax process, PE Fast-Link forms are for PE only – do not send materials for other DSS programs using that phone #.
- If using online process, try not to apply for multiple programs for PE purposes.
- Order vouchers W-538 from DSS Public Internet site. Register for account on DSS Internet site.

Order forms from DSS Internet Site

<http://www.catalog.state.ct.us/dss/eduplicating/default.asp>



The screenshot shows the 'Forms Requisition Site' for the State of Connecticut Department of Social Services. The header includes the CT.gov logo, the state name, and the DSS logo with the tagline 'Caring for Connecticut'. Below the header, a navigation menu on the left contains links for Home, View All Forms, Report Site Problem, Help, and Return to DSS. The main content area features a stack of forms icon and text stating that the site is for ordering bulk quantities of forms, with a link to the DSS Publications Webpage for single copies. A 'Forms Fulfillment Login' box contains input fields for User Name and Password, a Login button, and a link for users who have not registered.

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

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Caring for Connecticut

Forms Requisition Site

This Website is for ordering BULK quantities of Department of Social Services Forms.
Single copies may be available on the [DSS Publications Webpage](#).

Forms Fulfillment Login

User Name:

Password:

[Follow this link if you have not registered with us.](#)

Regional Processing Unit

The 3 RPUs currently act as one workflow. They are no longer geographic. There is a special fax number for the HHCEs that expedites the work item creation at DSS Scanning Center. 1-860-812-0006 is the new fax number on the PE Fast-Link form.

Online applications thru ConneCT for PE purposes are not to be confused with AHCT's Medicaid application. DSS is currently piloting the ConneCT online application and there will be a checkbox that indicates the application is coming from a certified entity. You are encouraged to apply online January 1.

PE Application Fax Process

- All paper applications faxed in will go to DSS Scanning Center via use of a Fast Link form
- PE entities have a special Fast link PE form and the materials will go directly to the RPU (Regional Processing Unit) – a dedicated unit at DSS.
- Fast Link form faxed to 860-812-0006
- Send each application separate to avoid problems with scanning.



W-HUS-FAXC
(New 10-2013)

FastLink

HUSKY A PRESUMPTIVE ELIGIBILITY FAX SHEET FOR HHCE/RPU REFERRAL

TO: DSS Scanning Center at fax# 860-812-0006
FROM:
EMAIL ADDRESS:
FAX NUMBER:
PHONE:
DATE: **PAGES:**

TO:
FROM: DSS expedited HUSKY unit
FAX NUMBER:
PHONE:
DATE: **PAGES:**

Only one applicant/family per cover sheet, please !

Applicant Name	Client ID/SS #	Rec'd Y/N	HA Grant Effective Date	RPU Contact	Notes

To be completed by certified entity:	To be completed by DSS upon return:	
Please note the name of each individual beside the Head of Household above for whom assistance is requested	DSS Client ID	HA Grant Effective Date
1.		
2.		
3.		
4.		
5.		

CONFIDENTIAL INFORMATION: The information contained in this facsimile contains confidential and protected health information. If the recipient of these documents is not the intended recipient or a person responsible to receive this fax, please do not disseminate, distribute or copy it, please notify the sender immediately by calling the number above so that we will take immediate and appropriate action to see to it that this mistake is corrected.

Determining Eligibility for PE

- Complete and signed application
- Self attestation for Residency
- Self attestation for Non-Citizen status
- Self attestation for Pregnancy
- Self attestation for Income
- Income test
 - **Non-filer rules under MAGI methodology**
 - In general, applicant plus spouse plus kids under 19
 - Compare household gross income to appropriate standards
- No asset test

When using online ConneCT application for Presumptive Eligibility:

- PE applicants must be told which questions are mandatory for PE if using a multi-program application.
- DSS ConneCT online application is being re-programmed currently to ask only those questions necessary.
- These questions are not required on the on-line ConneCT application:
 - living arrangement status pg 9,
 - place of birth pg 10,
 - educational status pg 10,
 - current medical insurance, pg 17
 - inheritance, pg 18
 - all asset questions on pgs,19,20,21
 - SSI income, pg 25

Meeting the non-citizen requirement

- Qualified non-citizens who entered before 8/96.
- Qualified Immigrants who reach end of five year waiting period(i.e. LPR's/green card holders)
- Qualified Immigrants exempt from 5-year waiting period (e.g., Refugees, Cuban/Haitian entrants, Trafficking Victims, Veteran families. Pregnant women and kids under 21 exempt from five year wait rule.
- *No federal funding to cover undocumented immigrants, except for payment for limited emergency services.

Review Immigrant Chart

NATIONAL IMMIGRATION LAW CENTER | WWW.NILC.ORG

A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs

JANUARY 29, 2013

FOR MORE DETAILED INFORMATION: immigrant eligibility for federal programs, www.nilc.org/table_cvrw_fedprogs.html; medical assistance programs, www.nilc.org/document.html?id=159; state-funded food assistance, www.nilc.org/state_food.html; state-funded TANF replacements, www.nilc.org/guide_tanf.html; state-funded SSI replacements, www.nilc.org/document.html?id=475.

PROGRAM	LAWFUL PERMANENT RESIDENTS (age 18 and over)	LAWFUL PERMANENT RESIDENTS (under age 18)	LAWFUL PERMANENT RESIDENTS (pregnant women)	REFUGEES, ASYLEES, VICTIMS OF TRAFFICKING, OTHERS ¹	LAWFULLY PRESENT INDIVIDUALS	UNDOCUMENTED IMMIGRANTS (including children and pregnant women)
	If entered the U.S. on or after August 22, 1996:					
ACA – Health Care Reform Subsidies (premium tax credits and cost-sharing reductions)	Eligible	Eligible	Eligible	Eligible	Eligible	Not eligible Also not eligible for full-priced health insurance in the Exchange marketplace
SNAP	Not eligible until after 5-year waiting period or have credit for 40 quarters of work	Eligible	Not eligible until after 5-year waiting period or have credit for 40 quarters of work	Eligible	Not eligible	Not eligible
MEDICAID	Not eligible until after 5-year waiting period ²	State option ³ to provide without a 5-year waiting period ²	State option to provide without a 5-year waiting period ²	Eligible ⁴	State option for children under 21 and pregnant women only	Eligible only for emergency Medicaid
CHIP	Not eligible until after 5-year waiting period	State option to provide without a 5-year waiting period	State option to provide without a 5-year waiting period	Eligible	State option for children under 21 and pregnant women	Not eligible
TANF	Not eligible until after 5-year waiting period ⁵	Not eligible until after 5 year waiting period ⁵	Not eligible until after 5-year waiting period ⁵	Eligible ⁴	Not eligible	Not eligible
SSI	Not eligible until after 5-year waiting period and have credit for 40 quarters of work or meet another exception	Not eligible until after 5-year waiting period and have credit for 40 quarters of work or meet another exception	Not eligible until after 5-year waiting period and have credit for 40 quarters of work	Only eligible during first 7 years after status is granted	Not eligible	Not eligible

Connecticut TN No. 14-0007MM7

Approval Date: 6/3/14 Effective Date:

1/1/14

HUSKY A Children under 19

- Children whose household income is below 196% +5% FPL
- Children under 21 are exempt from the five year ban for lawfully present non-citizens.

HUSKY A

Parent/Caretaker Relative

- Parent or caretaker relative of child under 19 whose household income is below 196% +5% FPL
- These adults are subject to the five year residency rule for non-citizens.

HUSKY B May not be an option for all hospitals.

- The Affordable Care Act give all hospitals the right to determine Medicaid for HUSKY A and D groups.
- It does not give hospitals the right to determine eligibility for HUSKY B.
- DSS would have to give authority via the contract.
- Some hospitals had HUSKY B in prior contracts.

PE for Kids under HB (CHIP)

- **The ACA did not give hospitals authorization to do HUSKY B PE grants. If a hospital wants to do PE for HUSKY B, they will need a separate contract. Write to patricia.mccooney@ct.gov**
- PE process may be used for **kids under 19** whose income exceeds Medicaid limits (over 201% and up to 318% +5% FPL)
- Do not refer applicant for PE when household income exceeds 318% + 5%FPL.
- When the child being referred for PE is HB, fax packet to Xerox using Xerox fax #
- Additional rules for HB – please see HUSKY B procedures.

PE for Pregnant Women HUSKY A

- Unborn counts as household member for pregnant woman only
- Exempt from five year residency rule for lawfully present non-citizens
- Uses higher income limit – 258% +5% FPL
- PE may be used with each pregnancy

PE for Medicaid Lowest Income Population - HUSKY D HOSPITALS ONLY

- Adults 19-64
- This group uses 133% +5% FPL
- This group is for healthy adults but:
 - Disabled adults on SSDI/SSI (or found disabled by Colonial Cooperative at DSS) may opt for this group as it has a higher income limit and no asset test. The individual must not be on Medicare.
- Medicare recipients must not use MLIPS. (one exception is caretaker/parent on Medicare)

PE for Family Planning

HUSKY E

- Child bearing age
- Family Planning is a *limited coverage* benefit.
- **HUSKY E client must get other coverage that satisfies minimal essential coverage requirements or face tax penalty**
- Family Planning uses 258% +5% FPL
- Family Planning is unique in confidentiality aspect. Kids under 21 won't have parent's income counted and any private insurance will not be billed if found to be confidential
- TPL exemption process isn't limited to minors.
- Federal law prohibits an age cutoff for family planning, but services are only for clients who need family planning services

PE Breast and Cervical

- Must have been found eligible by CDC approved hospital or not eligible
- No income or asset rules apply if found eligible in CDC approved entity and without insurance
- Check CDC (Center for Disease Control) site for list of approved facilities
- AHCT does not currently screen for this program.

Former DCF kids up to age 26

- For young adults leaving foster care system, mirrors ACA provision allowing children to stay on parent's policy
- Once identified as former DCF, there are no income or asset tests applied.
- Coverage is up to age 26.
- *** Until DSS ConneCT system includes a question on this population, please submit paper application W-1PE.**

Common Errors

- Do not give undocumented non-citizens PE
- Undocumented parent's income counts but they are not part of the household size.
- Do not give lawfully present non-citizens here less than five years PE unless pregnant or under age 21.
- Do not give PE to a HUSKY B applicant whose household income exceeds 318% + 5% FPL

The Income Test for Presumptive Eligibility

Connecticut TN No. 14-0007MM7
Approval Date: 6/3/14 Effective Date:
1/1/14

Use Non-Filer Rules

Using Non-filer rules – determine household size

For individuals living together,
include:

- applicant
- spouse
- dependent children under 19
- if applicant is child under 19,
count parents and siblings
under 19
- Natural, adopted and step

Household size determines:

- Whose income counts
- What size if the family for
purposes of comparing to FPL
Chart?

Income Calculation

- Determine frequency of each type of income.
- Convert to a monthly amount using the following formulas:
 - Weekly – multiply by 4.3
 - Bi-weekly – multiply by 2.15
 - Semi-monthly – multiply by 2
 - Monthly – no conversion required
 - Annually – divide by 12

If gross amount not provided, probe further about hourly rate of pay and number of hours worked per week or pay period

Hourly rate x number of hours/week or
pay period

Countable Income

Income sources used in determining the adjusted gross income include but are not limited to:

- Wages/tips
- Unemployment
- Pension and annuities
- Income from business or personal services
- Interest
- Alimony received
- Social Security benefits (RSDI)
- Foreign earned
- Lump sum in the month received
- Self-employment
- Military-retirement/pension

Non-Countable Income

- Child support
- Veterans' benefits
- Gifts and inheritances
- Worker's compensation
- Supplemental Security Income (SSI)
- Scholarships, awards, or fellowship grants used for educational expenses. Any amount used for living expenses is countable income (room and board).
- Lump sums, except in the month received
- Certain Native American and Alaska Native income

Example

- 35 yr old father applies. He resides with his girlfriend and their two common children.
- He earns \$28,000 a yr. She earns \$40,000.
- Whose income counts under non-filer rules?
 - Just his. They're not married.
 - What size is the family? 3
 - Make the PE referral – Income is below HUSKY A for parent group.

Assisting the client in establishing ongoing Medicaid is a benchmark of success.

Assisting your client with AHCT application for Medicaid/CHIP

- Complete SSA application form AH2 (individual) or AH3 (family) for AHCT
- Access Health CT will verify and determine eligibility for
 - Medicaid
 - CHIP
 - Offer health plans on exchange and notify if eligible for advanced premium tax subsidy (APTC)
- Consumer will receive instantaneous decision on eligibility.
- Access Health CT will grant to the 1st of the month found eligible under Medicaid rules. (**including 3 month retro if requested**)
- Once found eligible for Medicaid, AHCT communicates with DSS to place client on DSS eligibility system (EMS)

Access Health CT

CT Health Exchange/Marketplace

- <http://www.accesshealthct.com/>
- The following MAGI Medicaid populations will apply via AHCT:
 - HUSKY A (Kids under 19)
 - HUSKY A (parent/caretaker relatives)
 - HUSKY B (Kids under 19 over income for Medicaid)
 - HUSKY D – Adults -19-64 (Medicaid Lowest Income Populations)
- ❖ If they begin on DSS ConneCT site, will be re-directed to AHCT

AHCT

- AHCT will determine eligibility for Medicaid, CHIP.
- If over income for Medicaid/CHIP, AHCT will notify the consumer if they qualify for a subsidy in the form of tax credits.
- Client can then compare and enroll in a qualified health plan QHP.
- **AHCT will give 90 day reasonable opportunity periods for client/consumer to provide verifications.**

- Applying via AHCT ensures client pursues ongoing coverage beyond PE period.
- Applying via AHCT allows for verification via Federal Data Services Hub
- AHCT will use Federal Hub to verify:
 - Citizenship and Non-Citizen status
 - Income
 - Identity
 - Social Security number

Names of PE groups on DSS computer

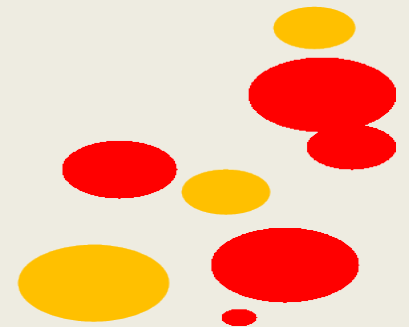
- F06 – Kids under 19
- F06 – Pregnant Woman (some offices use P02)
- M07 – Family Planning
- M09 = no income limit = Former Foster Care
- M10 = PE MLIP
- M11 = PE Parent/Caretaker

Review of Presumptive Eligibility Process

- Complete W-1PE form.
- Determine eligibility for PE using non-filer rules to establish household composition. Once you know whose income to count, compare gross household income to appropriate standard.
- If eligible, give client W-538 voucher for same day use. Follow directions on voucher fax to RPU, copy to Central Office and your records. Voucher is good for ten days.
- Fax packet materials (completed application, copy of voucher to RPU using **special FastLink fax cover sheet.**) This fax will go to the DSS Scanning Center and end up as a work item in the RPU work flow.

Modified Adjusted Gross Income (MAGI)

Based on Federal Income Tax Rules



What is MAGI?

- A methodology for how income is counted and how household composition and household size are determined.
- Based on federal rules for determining Adjusted Gross Income (with some modifications)

MAGI is not just a number on a tax return!

How is MAGI Calculated?

- **MAGI = Adjusted Gross Income (AGI) plus:**
 - Excluded foreign income
 - Tax-exempt interest
 - Tax-exempt Social Security Income
- **Additional modifications for Medicaid only:**
 - Certain scholarships, awards or fellowship income are excluded.
 - Certain Native American/Alaska Native income is excluded.
 - Lump sum income counted only in month received.

MAGI **does not** include:

- Child support income
- Worker's Compensation
- Veteran's Benefits
- SSI

Other changes for Medicaid/CHIP using MAGI Methodology

- Uses TAXABLE income
- Non-taxable income not counted
- For earned income – “pre-tax” payroll deductions may be used to reduce the individual’s gross income and determine “countable” income
- Other allowable deductions – alimony paid, student loan interest

Types of “Pre-Tax” Payroll Deductions

- The types of payroll deductions that can be subtracted from the gross pay include:
 - Most health insurance premiums paid by the employee
 - Employee contributions to 401(k) and 403(b) retirement plans
 - Employee contributions to the State Retirement system
 - Contributions to Deferred Compensation plans
 - Flexible spending accounts

Programs that Use MAGI Methodology

- **Public health programs;** HUSKY A, HUSKY B (CHIP) and HUSKY D, and;
- **Federal affordability subsidies** to reduce the cost of obtaining private insurance and accessing care:
 - **Cost Sharing Reductions (CSR)** that will lower out of pocket cost (250% FPL)
 - **Advanced Premium Tax Credits (APTC)** that will lower cost of monthly premiums (400% FPL)

MAGI Medicaid/CHIP Eligibility & New Income Limits

- **HUSKY A***
 - Children - 196% of FPL **(201%)***
 - Parent and/or Caretakers - 196% of FPL **(201%)***
 - Pregnant Woman - 258% of FPL **(263%)***
 - **HUSKY B/CHIP***
 - Band 1 <= 249% of FPL **(254%)***
 - Band 2 between 250% **(255%)** and 318% **(323%)**
 - Band 3 > 318% of FPL **(323%)***
 - **HUSKY D*** - Medicaid **Coverage** for the Lowest-Income Population – **MCLIP** (former LIA)
 - 133% of FPL **(138%)***
- *There is a 5% FPL Income Disregard added to all standard limits.**

MAGI Excluded Populations

- Will be referred to as *'classic'* Medicaid
 - HUSKY C (S-Track)
 - Aid to the Aged, Blind and Disabled (AABD)
 - Long-Term Care
 - Community Based Waivers
 - People eligible for Medicare Buy-In
- Continue to be processed by DSS computer
- Same income limits
- Same asset test

Modified Adjusted Gross Income (MAGI)

- Modified Adjusted Gross Income (MAGI) is a methodology that uses federal income tax rules and concepts to:
 - Construct the **MAGI household** for each applicant and determine **household size**;
 - Determine **countable income** for each household; and
 - Determine **eligibility** for MAGI Medicaid/CHIP.

MAGI Determination based on Tax Filing Questions

- Will need to know:
 - How an individual expects to file federal income taxes for the year in which they seek health care coverage/benefits; and
 - Relationship between applicants.
- If seeking coverage for 2014:
 - Filing status and 2013 income (usually filed by 4/15/14)
 - Projected income for 2014
- If applying during open enrollment in October 2014:
 - Filing status and 2014 income (usually filed by 4/15/15)
 - Projected income for 2015

MAGI Household Composition

- Uses Tax Rules:
 - Tax Filers;
 - Tax Dependents – Exceptions; and
 - Non-Filers; An individual who:
 - Does not expect to file taxes;
 - Meets exception as a tax dependent; or
 - Does not expect to be a tax dependent.
- Each individual will have their **own** determination for Household size.

MAGI Household Size: **Tax Filers**

- **A tax filer** is an individual who expects to file taxes and **not** be claimed as a tax dependent.
- Household Size always includes:
 - The tax filer;
 - Their spouse, if living together; and
 - All persons whom the taxpayer expects to claim as a tax dependent.

What is a **Tax Dependent**

- Expects to be **claimed** as a tax dependent;
- Must consider **exceptions** for dependents;
and
- Household Size **depends** on whether individual meets an exception.

Exceptions for Tax Dependents

- Claimed as a tax dependent by **someone other than** a spouse, biological, adopted or step-parent, or
- If under 19:
 - Lives with both parents, but the parents do not file a joint tax return, or
 - Claimed as a tax dependent by a non-custodial parent.

Household Size: **Tax Dependents**

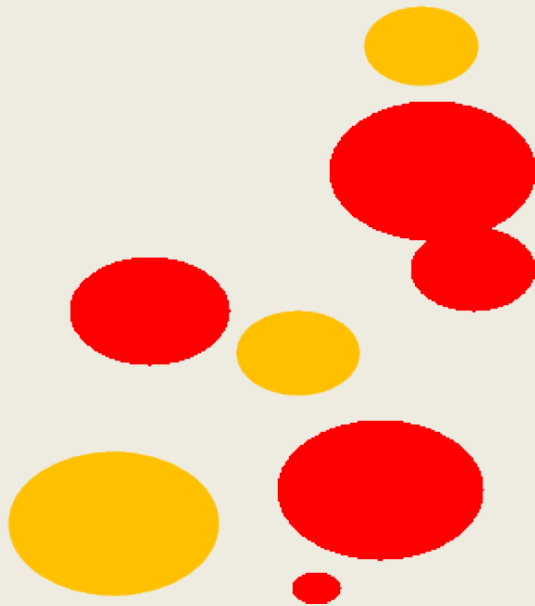
- Tax Dependent – With no exception
 - **Same** household size as **tax payer** claiming them, *and*
 - *If* married, their spouse, if they live together.
- Tax Dependent – With exception
 - Use **Non-Filer** Rules

MAGI Household Size – **Non-Filers**

- Always includes:
 - The individual;
 - Spouse, if living together; and
 - Their children under the age of 19 (natural, adopted, and step)
- For Individuals under 19, include parents and siblings under 19 (natural, adopted, and step)

MAGI Medicaid

Examples



Medicaid Eligibility Example - #1

Determine Household Size

Mary and Bob are a **Married** couple with two children, Mark (8) and Melissa (10). They file taxes jointly and claim both children as tax dependents.

Household Size for each individual = **4**.

In this example, household composition is constructed the way we currently would under classic Medicaid rules.



Medicaid Eligibility Example - #1

Determine Countable Income

Household Size for **each individual** = 4.

Mary work part-time and has countable income of \$8,500/y. Bob works full-time and has countable income of \$35,000/y.

Mark and Melissa have no income.

Total income counted for each individual = **\$43,500.**



Medicaid Eligibility Example - #1

Determining Eligibility

MAGI Medicaid **Income Limit** for
HUSKY A - **196%** of the FPL.

Total Countable Income = \$43,500

196% of the FPL (for 4) = \$46,158

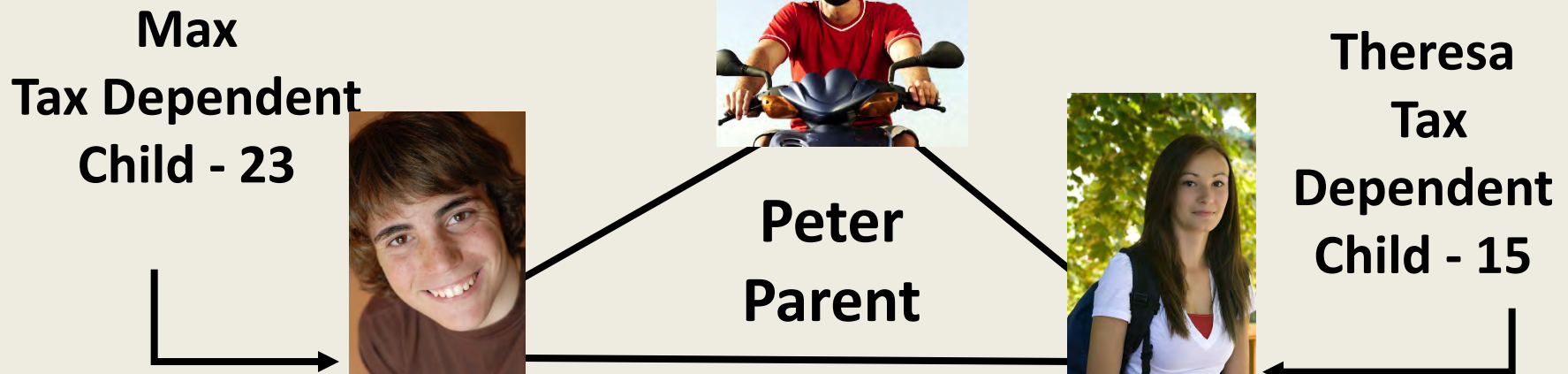
Mary and Bob are eligible for **HUSKY A**
as Parents/Caretakers.

Mark and Melissa are eligible for
HUSKY A as Children.



Medicaid Eligibility Example - #2

Peter is divorced and has custody of his two children, Max (23) and Theresa (15). Peter will file taxes and claim both children on his tax return. Max and Theresa do not expect to file taxes.



Medicaid Eligibility Example - #2

Determine Household Size



Peter is a tax filer and will claim both children. Peter's household size = 3



Max is a tax dependent who does not meet an exception. Therefore, Max's household size is the same as the tax filer (Peter) who is claiming him = 3.



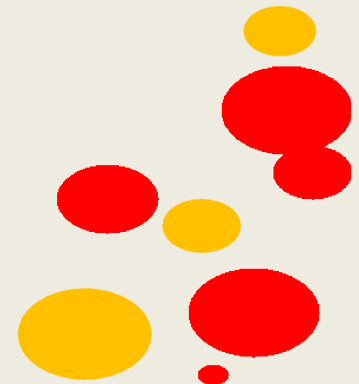
Theresa is also a tax dependent who does not meet an exception. Therefore, Theresa's household size is the same as the tax filer (Peter) who is claiming her = 3.

Medicaid Eligibility Example - #2

Determine Countable Income

- Peter works full-time and reports \$37,550 of countable income per year.
- Max does not work and has no other income.
- Theresa does not work and has no other income.

Total income for each individual
is \$37,550



Medicaid Eligibility Example - #2

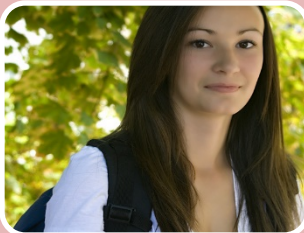
Determine Medicaid Eligibility



Peter is a parent. His annual income (\$37,550) is less than 196% FPL for HH of 3 (\$38,279). He is eligible for HUSKY A.



Max is over 19 and not eligible for HUSKY A. So, his countable income (\$37,550) is compared to 133% of the FPL for 3 – HUSKY D. He is over-income.



Theresa is a child under 19. Her countable income (\$37,550) is less than 196% of FPL for HH of 3. She is eligible for HUSKY A.

Practice Scenario

- Determine the household size, amount of countable income for each household and eligibility for health care coverage:
 - *Thomas and Mary are married. They are applying for health care coverage for themselves, their 22 year old son (Christopher) and their 16 year old son (Steven).*
 - *Thomas and Mary will file taxes jointly and will claim both Christopher and Steven as tax dependents.*
 - *Thomas is employed at ABC Corp and makes \$31,000 per year. Mary is recently unemployed and not eligible for UCB. Christopher and Steven also do not have any income.*

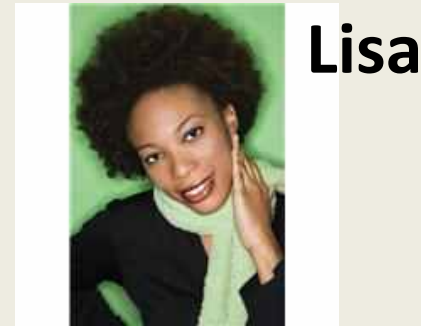
Practice Results

	Thomas	Mary	Christopher	Steven
Household Size	4	4	4	4
Countable Income	31,000	31,000	31,000	31,000
Eligible for:	HUSKY A	HUSKY A	HUSKY D	HUSKY A

Medicaid Eligibility Example - # 3

Jeff and Lisa are an engaged couple who live together and have two children in common. Lisa is pregnant expecting 1 child. Each parent claims one child on their separate tax returns.

**Angie
Dependent
Child claimed
by Jeff**



**Lewis
Dependent
Child claimed
by Lisa**



Medicaid Eligibility Example - # 3

Determine Household Size (Jeff)

- Jeff is a tax filer = 1
- Jeff will claim Angie as a tax dependent = 1



Angie
Tax Dependent

Jeff's Household Size = 2

Medicaid Eligibility Example - # 3

Determine Household Size (Lisa)

- Lisa is a tax filer = 1
- Lisa will claim Lewis as a tax dependent = 1
- Lisa is pregnant with one child = 1



Lewis

Tax Dependent

Lisa's Household Size = 3

Medicaid Eligibility Example - # 3

Determine Household Size (Angie/Lewis)



Angie (Lewis) is a tax dependent
= 1 each

Angie (Lewis) lives with both parents who will not file a joint return; therefore meet an exception. Count parents & sibling = 3 each

Meet an exception?



Angie's (Lewis') Household Size = 4

Medicaid Eligibility Example - # 3

Determine Income

Jeff works full-time
and earns
\$25,000.



Angie
Dependent Child
claimed by Jeff



Angie and
Lewis have no
income

Lisa works full time,
and earns \$45,000.



Lewis
Dependent Child
claimed by Lisa

Medicaid Eligibility Example - # 3

Determine Eligibility (Jeff/Lisa)



- Jeff's household size = 2.
- Jeff's income is \$25,000.
- Based on the annual FPL chart for 2 (\$30,400), he is below 196% FPL.
- Eligible for HUSKY A (Parent).



- Lisa's household size = 3.
- Lisa's income is \$45,000.
- Based on the annual FPL chart for 3 (\$50,388), she is below 258% FPL.
- Eligible for HUSKY A (Pregnant).

Medicaid Eligibility Example - # 3

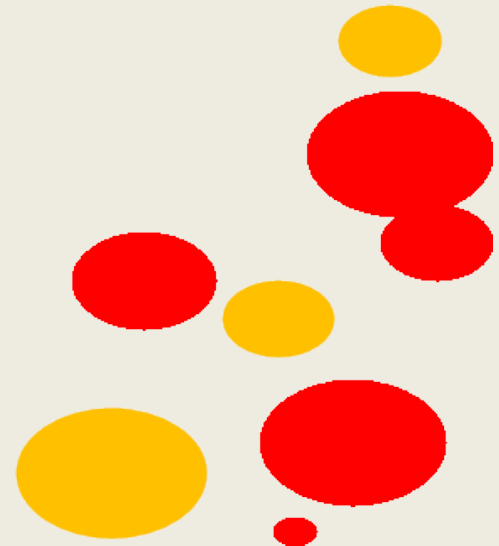
Determine Eligibility (Angie/Lewis)



- Angie and Lewis' household size = 4.
- Total countable income is \$70,000.
- Based on the annual FPL chart, they are above 196% FPL (\$46,158)
- Eligible for CHIP (HUSKY B).

Example #4 - Scenario

- Use same family as example #3
- Parents get married, file taxes jointly.
- Child is born.



Example #4 - Results

- Household size for each individual is 5
- Total countable income = \$70,000
- Eligibility
 - Mom and Dad
 - Not eligible for HUSKY A - Over Income
 - Eligible for Advanced Premium Tax Credit (APTC)
 - Children
 - Eligible for HUSKY B (Band 2)

Questions and Next Steps





State of Connecticut
Department of Social Services

DSS Use Only
CLID: _____
App. Date: _____

W-1PE
(Rev 4/14)

Application for HUSKY Presumptive Eligibility

Name: _____
First
Middle Initial
Last

Residential Address: _____

Telephone Number (optional) : _____

Do you need a translator to help you fill out your application? No _____ Yes _____
 If "yes," what language? _____

Were you in Connecticut Foster Care at the age of 18 and receiving Medicaid at that time?
 No _____ Yes _____

Are you pregnant? No _____ Yes _____ If yes, what is your due date? _____

How many babies are you expecting with this pregnancy? _____

Section 1. Household Composition				
Please list all family members (spouse, children, parents, siblings) living in your household.				
Name	Relationship to Applicant	Date of Birth	Social Security # (optional)	Gender
	Yourself			<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
Section 2. Income				
Please list Taxable Gross Income for you and anyone else in your household. Please include any gross taxable wages from employment, <u>gross</u> Social Security (including your Medicare Part B premium), pensions, annuities, disability benefits, alimony, interest, Unemployment Compensation, dividends, rental property income, self-employment income.				
Name of Person Receiving Income	Source (List name of employer if working)	Taxable Gross Monthly Amount		
Self		\$		
		\$		
		\$		
		\$		
Total Taxable Gross Monthly Income		\$		

Notice to Presumptive Eligibility applicant: Presumptive Eligibility provides HUSKY coverage for a limited period of time: coverage will expire at the end of the month which follows the month of

application approval. **YOU MUST SUBMIT ANOTHER APPLICATION** for ongoing Medicaid/CHIP coverage.

Citizenship/Immigration Status

Please check the applicable status:

_____ Yes, I am a U.S. Citizen.

OR,

_____ No, I am **not** a U.S. Citizen.

If not a U.S. Citizen, provide status below:

_____ Lawful Permanent Resident (Green Card Holder).

Date of U.S. Entry (if available)*(see below) _____
Immigration # (if available) _____

OR,

_____ Asylee, Refugee, Cuban/Haitian Entrant
Immigration # (if available) _____

OR,

_____ Other Immigration status not listed above
Please specify type _____

*Most green card holders must live in the U.S. for five (5) years before they can get Medicaid/CHIP. The five (5) year rule does not apply to pregnant women or children under 21 years of age.

If you are not lawfully present in the U.S. and do not have any eligible immigration status, you may only be eligible for coverage of emergency services. You cannot use this application. You may apply on-line at our website www.connect.ct.gov or by the W-1E General Application, which can be obtained by calling 1-877-284-8759.

I certify I have read and understand this form. I declare that the information I have provided is true, correct and complete. I may be required to document my Citizenship/Immigration status when I submit a full application for Medicaid/CHIP.

Applicant or Authorized Representative's Signature

Date

To be completed by the Presumptive Eligibility site

PE Site Name: _____

PE Site Representative: _____

Telephone Number: _____

Notice: Applications for on-going Medicaid/CHIP may be submitted on-line at *AccessHealthCT.com* or by calling 1-855-805-4325.

Department of Social Services strongly encourages use of the Presumptive Eligibility On-line application available on the DSS *ConneCT* site: <https://connect.ct.gov/access/>.

**Fax To: Department of Social Services, Scanning Center
Fax Number: 860-812-0006**

DO YOU WANT TO REGISTER TO VOTE?

Federal and state laws require the Department of Social Services (DSS) to give you the chance to register to vote. Please answer the questions below and print and sign your name in the space provided.

Are you registered to vote? Yes I am already registered No

TN No. 14-0007MM7
Connecticut

Approval Date: 6/3/14

Effective Date: 1/1/14

