



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Kathleen M. Brennan, Deputy Commissioner

March 1, 2014

for Raymond Singleton, Deputy Commissioner

Effective Date

POLICY TRANSMITTAL NO.: UP-14-02

SUBJECT: 2014 Federal Poverty Level Amounts

This transmittal provides revised UPM Procedures pages to reflect 2014 Federal Poverty Level amounts. The new amounts are used in the CADAP, QDWI, QMB, SLMB and ALMB coverage groups, HUSKY A for families, HUSKY A for children, and HUSKY A for pregnant women. The personal needs allowance used to determine applied income under the CHC, DDS, PCA and ABI waivers is 200% of FPL.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle

Insert

- P-4530.25
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DISPOSITION: This Policy Transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Eligibility Policy and Program Support
(860) 424-5250
EligPolicy.DSS@ct.gov

Date Issued: 8/26/2014

VSB

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-14

Transmittal: UP-14-02

P-4530.25

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Medicaid Income Standards

Program: MAABD

Subject:
Determining Eligibility For Qualified Medicare Beneficiaries (QMB – Q01)

- P-4530.25
1. Determine the size of the needs group.
 2. For assistance units with earnings, subtract the AABD earned income disregard from the assistance unit's total gross earned income to come up with the applied earned income. (Cross Reference: 5030.10)
 3. Allow appropriate earned income expenses when the spouse of the applicant or recipient is not eligible for assistance and is working. (Cross Reference: 5020.70)
 4. Compare the applied earned income and gross unearned income of the needs group to 211% of the Federal Poverty Level. If the combined income is below the monthly income level the individual is eligible for QMB.

Needs Group Size

Monthly Income Level

1

\$2,053.03

2

\$2,766.21

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Date: 3-1-14

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P-4530.26

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Medicaid Income Standards

Program: MAABD

Subject:
Determining Eligibility For Specified Low Income Medicare Beneficiaries (SLMB – Q03)

- P-4530.26
1. Determine the size of the needs group.
 2. For assistance units with earnings, subtract the AABD earned income disregard from the assistance unit's total gross earned income to come up with the applied earned income. (Cross Reference: 5030.10)
 3. Allow appropriate earned income expenses when the spouse of the applicant or recipient is not eligible for assistance and is working. (Cross Reference: 5020.70)
 4. Compare the applied earned income and gross unearned income of the needs group to 231% of the Federal Poverty Level. If the combined income is below the monthly income level the individual is eligible for Q03.

Needs Group Size

Monthly Income Level

1
2

\$ 2,247.63
\$ 3,028.41

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P-4530.27

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Medicaid Income Standards

Program: MAABD

Subject:
Determining Eligibility For Additional Low Income Medicare (ALMB - Q04)

- P-4530.27
1. Determine the size of the needs group.
 2. For assistance units with earnings, subtract the AABD earned income disregard from the assistance unit's total gross earned income to come up with the applied earned income. (Cross Reference: 5030.10)
 3. Allow appropriate earned income expenses when the spouse of the applicant or recipient is not eligible for assistance and is working. (Cross Reference: 5020.70)
 4. Compare the applied earned income and the gross unearned income of the needs group to 246% of the Federal Poverty Level. If the combined income is below the monthly income level the individual is eligible for Q04.

Needs Group Size

Monthly Income Level

1
2

\$ 2,393.58
\$ 3,225.06

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 3-1-14

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P-4530.29

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Medicaid Income Standards

Program: MAABD

Subject:
Determining Eligibility for Qualified and Disabled Working Individuals (QDWT's)

- P-4530.29 1. Determine the size of the needs group.
2. Compare the applied income of the needs group to 200% of the Federal Poverty Level which represents needs group size.

Needs Group Size

Monthly Income Level

1
2

\$ 1,946.00
\$ 2,622.00

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-14

Transmittal: UP-14-02

P-8035.05

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut AIDS Drug Assistance Program

Program:
CADAP

Subject:
Administering the CADAP Program

P-8035.05 District Office

1. Route all requests for the CADAP program to Central Office, Medical Services, Attn: CADAP Coordinator.
2. Send all Fair Hearing requests regarding the CADAP program to Fair Hearings, and notify Central Office Medical Services, Attn: CADAP Coordinator.
3. For CADAP recipients reapplying for Medicaid, remember that the combined CADAP/Medicaid application form and the Assistance Request Form (W-1) are formal requests for assistance. Therefore, if the information on either form is enough to determine ineligibility for Medicaid, assistance may be denied based on that information.
4. If a CADAP recipient is determined to be eligible for Medicaid, discontinue the CADAP AU in EMS using reason #522 and notify the CADAP worker via an alert, e-mail, or M-2-T.
5. If the CADAP recipient fails to cooperate with the Medicaid eligibility process, notify the CADAP worker via an alert, e-mail, or M-2-T.

Central Office

1. Determine Eligibility by comparing the family's total monthly income with the following:

<u>Family Size</u>	<u>400% of Federal Poverty Level</u>
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1	\$ 3,892.00
2	\$ 5,244.00
3	\$ 6,600.00
4	\$ 7,952.00
5	\$ 9,304.00
6	\$ 10,660.00
7	\$ 12,012.00
8	\$ 13,364.00

2. Upon the receipt of the combined CADAP/Medicaid application form, process for CADAP eligibility and forward the original application to the appropriate regional office. Do not forward the application if the CADAP applicant is pending Medicaid or in a Medicaid spenddown.