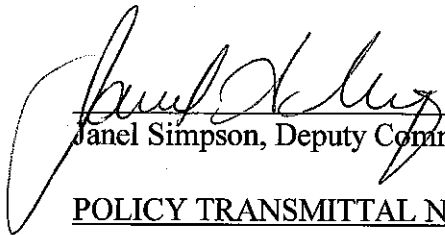




STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL



 Janel Simpson, Deputy Commissioner

March 1, 2015
 Effective Date

POLICY TRANSMITTAL NO.: UP-15-02

SUBJECT: 2015 Federal Poverty Level TABLES

This transmittal provides revised UPM Procedure pages to reflect the recently published 2015 Federal Poverty Levels. The new figures include income limits for the CADAP, QDWI, QMB, SLMB and ALMB coverage groups. The figures are also used to determine applied income under the CHC, DMR, PCA and ABI waivers, and the gross earnings test for Jobs First clients.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle

Insert

P-4530.25

P-4530.25

P-4530.26

P-4530.26

P-4530.27

P-4530.27

P-4530.29

P-4530.29

P-8035.05 page 1

P-8035.05 page 1

DISPOSITION: This policy transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Eligibility Policy and Program Support, Telephone (860) 424-5250

FK

Date Issued: 1/15/16

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

Date: 3-1-15

Transmittal: UP-15-01

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.
 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 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

\$2,069.91

2

\$2,802.08

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

Date: 3-1-15

Transmittal: UP-15-01

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	\$ 2,266.11
2	\$ 3,067.68

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

Date: 3-1-15

Transmittal: UP-15-01

P-4530.27

**Section:
Standards of Assistance**

**Type:
PROCEDURES**

**Chapter:
Medicaid Income Standards**

Program: MAABD

**Subject:
Determining Eligibility For Additional Low Income Medicare Beneficiaries Under
135% of Poverty (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

\$ 2,413.26

2

\$ 3,266.88

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

Date: 3-1-15

Transmittal: UP-15-01

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

\$ 1,962.00

2

\$ 2,656.00

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

Date: 1-1-00

Transmittal: UP-99-21

P-8035.05 page 2

Section:

Special Programs

Type:

PROCEDURES

Chapter:

Connecticut AIDS Drug Assistance Program

Program:

CADAP

Subject:

Administering the CADAP Program

P-8035.05 Central Office (continued)

3. If the regional office advises that the client failed to cooperate with the Medicaid eligibility process, close the CADAP AU in EMS using reason code #540.
4. If the CADAP client is pending Medicaid or in a Medicaid spenddown at the time of the CADAP redetermination, redetermine CADAP eligibility without requiring the client to file a new Medicaid application.
5. If the CADAP client is not pending Medicaid and is not in a Medicaid spenddown at the time of the CADAP redetermination, redetermine CADAP eligibility and send the combined CADAP/Medicaid redetermination form to the appropriate regional office.