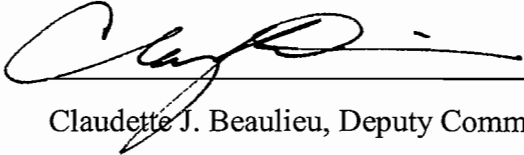




STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL



 Claudette J. Beaulieu, Deputy Commissioner

7/ 01/09

Effective Date

POLICY TRANSMITTAL NO.: UP-09-14

SUBJECT: Technical corrections for:
 Pregnant Women Extension (M01, M02), and
 HUSKY A for Medically Needy Pregnant Women (P95, P99)

FMA-MN has been added to the UPM policy page for the M01/ M02 coverage group as a technical correction. In addition, CN has been changed to MN on the UPM policy page for the P95/P99 coverage group page as a technical correction.

Procedures have been updated to delete the requirement to send an M-2T to C.O. Information for M01/M02 cases and income levels have been updated. Procedures for P95/P99 have also been updated regarding income levels and program codes.

INSTRUCTIONS FOR UPDATING THE UPM

Remove and Recycle

Insert

2540.45 / 2540.48
 P-2540.45
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DISPOSTION: This Policy Transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list.

RESPONSIBLE UNIT: Family Support, (860) 424-5540

Date Issued: 9 /3/09

DJB
 RC #09-11

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

Date: 7-1-09

Transmittal: UP-09-14

P-2540.45

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
FMA-MN

Subject:
Establishing Eligibility for Medically Needy Pregnant Women Coverage

- P-2540.45
1. Create the needs group using FMA assistance unit composition rules which would apply in the month of the child or children's birth. (cross-reference: 5515).
 2. Deem the counted income and assets of the members of the needs group to the pregnant woman.
 3. Add up the counted income and assets of the pregnant woman, including those deemed to her in step 2. Use FMA medically needy rules for the treatment of income and assets.
 4. Find the appropriate MNIL and medically needy asset limit using the number of individuals in the needs group.
 5. Compare the total counted income and assets to the medically needy income and asset limits.
 6. If the assets exceed the asset limit, determine eligibility for benefits under the Pregnant Women Under 250% of the Poverty Level coverage group. (cross reference: 2540.43)
 7. If the assets do not exceed the limit, but the income does, set up a spend-down of the excess income using the standard MA spend-down process (cross reference: 5520). Use the medical bills of the needs group in offsetting the excess income.
 8. If the income and assets are within the limit, or the excess income is offset in a spend-down process, authorize MA to the pregnant woman.
 9. Advise the pregnant woman to let the Department know when her child is born, or when her pregnancy otherwise terminates.
 10. Upon termination of pregnancy, determine if the woman is eligible for benefits under any other MA coverage group. If not, follow the procedures for continuing MA under the Pregnant Women Extension coverage group. (cross reference: 2540.48).

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Date: 7-1-09

Transmittal: UP-09-14

P-2540.48

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program: FMA-CN
FMA-MN

Subject:
Pregnant Woman Extension

- P-2540.48
1. Do not authorize FMA under this coverage group to any woman who qualifies for MA under any other coverage group, because coverage under this group is limited strictly to pregnancy and post-partum related services.
 2. When authorizing MA under any coverage group to a woman who is pregnant, or when you become aware that a recipient of MA becomes pregnant, inform her:
 - that she should notify the Department when she is no longer pregnant;
 - that if she will not continue to qualify for MA under a coverage group with full benefits after her pregnancy ends, she will be entitled to the limited coverage extension;
 - that her newborn baby is eligible upon birth as long as newborn children eligibility rules are met. (cross reference: 2540.52)
 3. If you determine or suspect, based on the pregnant woman's circumstances, that she will not qualify for MA under any full-service coverage group after the baby is born, set a tickler for the 1st of the month in which the baby is due.
 4. In that month, send a written notice to the recipient, informing her:
 - that she must contact you within 10 days regarding the status of her pregnancy;
 - that this information is necessary to continue her MA eligibility beyond the current month.
 5. If she informs you that she is still pregnant, go to step 7. If she informs you that she is no longer pregnant, go to step 9. If she does not contact you by the deadline, go to step 6.
 6. If she does not contact you about the status of the pregnancy, send standard adverse action notice to discontinue assistance by the end of that month. Follow standard notice and hearing procedures.

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

Date: 7-1-09

Transmittal: UP-09-14

P-2540.48 page 2

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program: FMA-CN
FMA-MN

Subject:
Pregnant Woman Extension

- P-2540.48
7. If she informs you that she is still pregnant:
 - ask appropriate questions to determine if she is still expected to lose eligibility when no longer pregnant;
 - if circumstances have changed, and it appears she will qualify under a full-service coverage group, advise her to let you know of any changes and stop processing for the extended coverage.
 8. If it appears that the extended coverage is the only MA coverage for which the recipient will be eligible:
 - inform the recipient of the importance of notifying you when the pregnancy ends;
 - set a tickler for the 1st of the next month and at that time, repeat step 4.
 9. When she informs you that she is no longer pregnant:
 - explain to her the limits of the extended coverage;
 - note in the case record that FMA is authorized under this coverage group for the 60 day period beginning with the date the pregnancy ends;
 - send standard adverse action notice for the end of that period.
 10. Discontinue assistance effective the last day of the extended coverage period.