



State of Connecticut
Department of Developmental Services

DDS

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DDS Provider Update Re: Medicaid

Since the federal declaration of the Public Health Emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) have allowed for the continuous enrollment and eligibility for all Medicaid recipients. In Connecticut, this meant if you were not active on Medicare Savings Program (MSP) you could not be disenrolled in Medicaid.

At this time the PHE is *still* in effect. However, the new update communicates that the declaration of the PHE is no longer tied to the continuous enrollment and eligibility for all Medicaid recipients. Upon the passage of this legislation, the federal government also announced *that the continuous enrollment and eligibility requirements will end March 31, 2023, regardless of the PHE declaration.*

• **What does this mean?**

- The Department of Social Services (DSS) as the single state Medicaid agency has announced that beginning April 1, 2023, states can terminate Medicaid enrollment for individuals no longer eligible or have not completed a renewal timely. States have been given time to complete updated renewals for those that have not completed renewals timely prior.

• **What does this mean for individuals supported by DDS?**

- In actuality, there should be very little change in practice for DDS Waiver participants. Individuals supported by DDS, with the assistance of families, support providers, and DDS Case Managers, should have been completing renewals timely based on DSS notifications and DDS EMMA messages. *Individuals supported by DDS should continue working to maintain the Medicaid income and assets guidelines, and to ensure documentation is submitted timely.*
- DSS has been and continues to actively terminate HUSKY Medicaid for those over income or over assets at the time of renewal or if documentation requested is not submitted, *if the individual was active on the Medicare Savings Program (MSP).*

• **Is there anything we can do to ensure individuals we support are not terminated?**

- Please make sure DDS participants, their families and you as providers, are reviewing each DSS notice carefully to ensure that *any request for information, verification or documentation is responded to in a timely manner.* If you or the individual you work with needs assistance understanding what the notice is requesting please reach out to the DDS.Waiver@ct.gov inbox.
- If an individual you work with has moved recently or has not received a DSS notice in a while *DSS may need to be updated to ensure that they have the most up to date address and contact information on file.* This includes a contact for the authorized representative. To check on the address in the DSS system please contact DDS-DSS.Issues-Provider@ct.gov and copy DDS.Waiver@ct.gov. Families or

Phone: 860 418-6000 ♦ TDD 860 418-6079 ♦ Fax: 860 418-6001

460 Capitol Avenue ♦ Hartford, Connecticut 06106

www.ct.gov/dds ♦ e-mail: ddsct.co@ct.gov

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you as the provider can also review the address listed on file by setting up or reviewing an existing DSS MyAccount [Connecticut Department of Social Services - ConneCT](#)

- For some individuals, their ***traditional Medicaid renewal cycle may shift once the continuous enrollment and eligibility requirements end in April.*** This means it is crucial to pay attention to notices. There may be a scenario where a renewal is requested in a timeframe shorter than 12 months. ***The most important thing is to be responsive to notices no matter what the traditional renewal cycle looked like prior.***
- ***When in doubt, please email the DDS.Waiver@ct.gov inbox.*** This is the best way to get in touch with the Med Ops unit and receive direct feedback on any Medicaid complexities or challenges that may be occurring.

We know many individuals struggle with maintaining the asset limits for Medicaid and the Medicaid Waivers. One option that families may choose to explore is setting up an ABLE account.

ABLE ACT

The Achieving a Better Life Experience (ABLE) Act of 2014 enables individuals with disabilities to save money in tax-advantaged accounts which they can later use for meeting their disability-related needs with limited impact on their eligibility for certain means-tested benefits. Eligibility for an ABLE account is open to an individual of any age who has blindness or a disability that occurred before the age of 26. The determination of eligibility for an ABLE account is the responsibility of the ABLE program in which an individual seeks to establish the account. *As of 1/1/2023, individuals can contribute up to \$17,000 annually towards their ABLE account.*

Link to ABLE Account process in CT: <https://savewithable.com/ct/home.html>

How does an ABLE Account effect eligibility for DSS Programs?

State CASH programs – State Supplement (SSUP) or State Administered General Assistance (SAGA)*

Revised based on Public Act 22-140:

- For SSUP, the first \$100,000 of the ABLE account balance is excluded as an asset. Any balance in excess of the first \$100,000 is counted towards the asset limit.
- For SAGA, all assets in an ABLE account are excluded.

Medicaid*:

- Assets in an ABLE account are excluded.
- Income contributed by the ABLE account owner does not reduce his or her countable income when determining Medicaid, SNAP, SAGA or TFA eligibility.
- Upon death of the designated beneficiary, any funds remaining in the ABLE account, after payment of all outstanding disability expenses, may be reimbursed to the State for Medicaid benefits paid.

**All determinations for benefit program eligibility is subject to Department of Social Services review and interpretation. **

Thank you for everyone's ongoing assistance and partnership.