Who is covered in Connecticut's Medicaid Program?

ELIGIBILITY GROUPS

- FFS¹
  - Children (0-18 years)
  - Parents and other Caretaker Relatives
  - Pregnant Women
  - Newly Eligible Adults
  - Aged, Blind, and Disabled Adults
  - Disabled Children
  - Current & Former Foster Care Children
  - Dual Eligibles

Important News

2016 - 753,413 people were covered by the state Medicaid program, Health Care for Uninsured Kids and Youth (HUSKY). This was a net reduction of about 7,300 people from the previous year.³

How has Connecticut’s Medicaid program engaged in Managed Care?¹

Connecticut transitioned to managed care organizations (MCO) in 1994 with a federal waiver. In 2010, the state converted from an MCO model to the current fee-for-service model (FFS).

Do Medicaid health plans provide coverage?²

- YES
- NO

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How is Connecticut meeting the needs of Medicaid enrollees?

**Value-Based Healthcare Initiatives**
Connecticut offers Behavioral Health Homes (CT BHH) available for Medicaid beneficiaries with chronic mental health conditions. It includes care coordination managed by local Mental Health Authorities. This model increases access to behavioral and physical health care and uses community health services to reduce unnecessary hospital (re)admissions.4

Under the Person-Centered Medical Home (PCMH) initiative, Connecticut Medicaid provides new payment incentives to practices and clinics that demonstrate a higher standard of person-centered medical care.5

**Family Planning**
Counseling and education related to family planning, lab tests to detect the presence of conditions affecting reproductive health, and abortions are covered with HUSKY plans A, C and D.4

The HUSKY Health Limited Benefit - Family Planning program covers family planning and family planning-related services.7 Services include reproductive health exams, screening and treatment services for sexually transmitted infections, sterilizations, contraceptive services and supplies (including IUD, diaphragm, condom), prescribed drugs (birth control, drugs for treatment of STDs, and certain pain medicines), HPV immunizations for males and females, and pregnancy tests.7

**Women’s Health**
Cervical and breast cancer screening and STD/STI screening are covered in well visits.8

Healthy Start is a health insurance program for low-income pregnant women whose household income is at or below 250% of the Federal Poverty Level. There is no asset limit. Services include case management for pregnant women and children ages 0-2.9

Nurse midwifery services are covered under a fee-for-service arrangement.10

Free-Standing Birth Centers are covered under fee-for-service arrangements with a global fee for labor and delivery facility costs.11

**Behavioral Health**
Mental health and substance use treatment services are available through the Connecticut Behavioral Health Partnership (CT BHP).12

Services covered by the CT BHP include psychiatric hospitalization, 23-hour observation, detoxification, partial hospitalization, crisis stabilization, psychiatric residential treatment facility, adult and child group homes, case management if <10 years of age, outpatient services, psychological testing, and Autism Spectrum Disorder Services.13

The CT BHP also created the Behavioral Health Home (CT BHH) as described under value-based.4

Prescription drugs covered: methadone, naloxone, naltrexone, and disulfiram.14

**Oral Health**6
Dental Services are covered through Connecticut Dental Health Partnership (CTDHP), a component of the HUSKY Health program. Services include:
- Fluoride
- Cleaning
- Sealants
- X-rays
- Fillings
- Root canal
- Oral surgery
- Dentures

Orthodontic services are provided only to members under age 21. The CTDHP will help eligible members locate a participating network dentist.

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Timeline

Federal
- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.
- Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- Children and pregnant women become mandatory Medicaid eligibility groups.
- Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- ACA implementation begins.
- 32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

Connecticut
- State of Connecticut adopts the Medicaid program. 15
- Connecticut’s Medicaid begins transitioning to managed care through a federal waiver. 16
- Connecticut switches from managed care back to a fee-for-service model. 15
- Connecticut expands state Medicaid program to cover newly eligible adults up to 138% FPL, becoming the first state to adopt Medicaid expansion under the ACA. The state received funding for this expansion at the regular federal Medicaid matching rate of 61.59%. 5
- The federal Medicaid matching rate increases to 100% for newly eligible adults. 5

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For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org