

# MAPOC

Department of Social Services  
June 13, 2025

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# Diabetes Prevention Update

CHN-CT overview

# Tracking and Modeling Federal Proposals

Federal Proposal	State Implications
Medicaid penalty for healthcare coverage for non-citizens	CT covers approximately 18,000 non-citizens, 15,000 children and 3,000 postpartum
Medicaid work requirements and more frequent eligibility verification checks	Very high likelihood that some members will lose eligibility based on work requirements and additional verification rules
No federal match for Planned Parenthood	Significant financial impact to state if benefits are maintained or significant impact to individuals if benefits cannot be sustained
Freeze on provider tax	May result in foregoing funding in the future
SNAP: requiring state share contribution	Significant financial impact to state if benefits are maintained or significant impact to individuals if benefits cannot be sustained

*Note: All projections are preliminary and based on Congressional legislative language that has not yet been finalized and signed into law*

# Tracking and Modeling Federal Proposals

Federal Proposal	State Implications
Require cost sharing for expansion population (various exemptions) above \$0 and not to exceed \$35 per service and 5% of family income effective October 1, 2028	DSS may incur admin. costs to implement and manage. May result in lower utilization of services. There are some service exemptions (primary care, mental health, substance use disorders, etc.)
Review eligibility every 6 months for expansion population; for renewals scheduled on or after December 31, 2026	DSS is reviewing whether additional staff will be needed to conduct more eligibility verifications. This may require additional funding for staffing and/or systems changes to streamline process
Prohibit federal reimbursement on gender affirming care for all Medicaid members, not just minors; effective upon enactment	Does not appear to carry a penalty for state-funded services, but Medicaid can no longer pay for these services
Eliminate funding for LIHEAP, CSBG and potentially SSBG	These block grants remain at risk and DSS continues to monitor them closely.

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# Emergency Medical Treatment and Labor Act (EMTALA)

- Federal law that requires hospitals to provide emergency medical treatment and stabilization services to anyone who requires such care, regardless of their insurance and/or ability to pay
- Required for all hospitals that accept Medicare and have an emergency department
- Recently, the current federal administration rescinded a 2022 HHS rule that interpreted EMTALA to cover, in rare circumstances, abortions

# Emergency Medicaid

- Allows Connecticut residents who meet all requirements for Medicaid except immigration status to have certain emergency medical services covered. This limited benefit is outlined in Federal regulations at 42 C.F.R. 440.255.
- Emergency Medicaid is available to undocumented individuals and those who are qualified non-citizens but who have not met the 5-year residency requirement under federal law. Qualified non-citizens must be present in the U.S. for 5 years before they qualify for federal benefits. Qualified non-citizens who are pregnant or under age 19 do not need to meet this requirement because CT has exercised the CHIPRA 214 option which eliminates the 5-year waiting period.

# Emergency Medicaid

- Services are limited to treatment required after sudden onset of a medical emergency. Symptoms of the condition must be severe enough that the lack of immediate medical attention could result in the patient's health being placed in serious jeopardy (i.e., serious impairment to bodily functions or serious dysfunction of any organ or part of the body).
- Services include labor and delivery, as well as hemodialysis and peritoneal dialysis, when clinically appropriate, in both outpatient hospital settings and at freestanding dialysis centers.

# Emergency Medicaid

- Emergency Medicaid does not cover routine visits for chronic conditions like heart disease. However, emergency department visits due to a heart attack, or sudden acute symptoms can be covered.
- DSS performs a medical review to determine if services can be covered.

# Emergency Medicaid

Providers can assist clients in enrolling by submitting a Medicaid application online at [www.connect.ct.gov](http://www.connect.ct.gov) or by submitting a paper application by mail (found at [https://portal.ct.gov/dss/lists/publications/applications-and-forms?language=en\\_US](https://portal.ct.gov/dss/lists/publications/applications-and-forms?language=en_US)) to:

DSS Scanning Center  
P.O. Box 1320  
Manchester, CT 06045-1320

# MTM Quarterly report