



Connecticut Medicaid (HUSKY D) Changes — Resource Guide

Federal Law: H.R. 1, "One Big Beautiful Bill Act" Effective Date: January 1, 2027

1. What's Changing

Beginning January 1, 2027, many Connecticut Medicaid recipients must comply with new federal work requirements or demonstrate they qualify for an exemption, or risk losing health coverage.

Certain adults will need to prove at least 80 hours per month of work, school, job training, or volunteering to stay covered by HUSKY, Connecticut's Medicaid program.

Research shows that two-thirds of non-elderly, non-disabled adults covered by HUSKY already work. However, the administrative burden in proving compliance can cause eligible people to lose coverage anyway.

Starting in October 2026, non-citizen access to Medicaid programs across the nation, including HUSKY Health in Connecticut, will be severely restricted.

Both non-citizens and legal permanent residents who previously qualified for HUSKY will no longer be eligible for assistance, including:

- Refugees
- Asylees
- Trafficking victims
- Humanitarian parolees
- Victims of domestic violence

2. About HUSKY D



HUSKY D is a state and federal Medicaid program providing health coverage to low-income adults ages 19–64 without dependent children.

Income limits (138% of Federal Poverty Level):

Household Size	Annual Income Cap
Individual	~\$22,025
Household of two	~\$29,863

3. Who Is Affected

HUSKY D currently covers ~316,000 Connecticut residents.

The Connecticut Department of Social Services (DSS) estimates roughly one-third (~110,000) are at risk of losing benefits due to the federal rule changes.

4. New Requirements (Effective Jan. 1, 2027)

Recipients must complete 80 hours/month through any combination of:

- Employment
- Job training
- Volunteering
- Enrollment in higher education, technical school, or a high school equivalency program

Alternative income-based standard: Earning at least 80× the federal hourly minimum wage (currently \$580/month) also satisfies the requirement.

Volunteers should be prepared to provide:

- The address of the charity/program served
- Written confirmation of participation from a supervisor



5. Exemptions

Recipients may be exempt from work requirements if they meet one of the following:

- Medical frailty, including:
 - Blindness or other disabilities
 - Chronic substance use disorder
 - Serious mental illness
 - Other serious medical conditions (e.g., cancer, HIV)
- Pregnancy
- Native American or Alaska Native status
- Ages 19–25 who were formerly in foster care

States cannot grant the medical frailty exemption based on prior diagnosis or medical records alone. They must also now demonstrate the condition "significantly impairs" the person's ability to meet work requirements, per federal guidance.

DSS had estimated that ~57,000 of the 316,000 HUSKY D recipients qualified for the medical frailty exemption.

6. Where Patients Can Get Help

Resource	Purpose	Link / Contact
CT DSS — Benefits and H.R.1 Hub	Toolkit, FAQs, and quick links explaining federal policy changes and eligibility status	portal.ct.gov/dss/all-programs/dss-benefits-and-hr1
HUSKY D Pre-Screener (DSS)	Lets individuals check whether the new work requirements may apply to them and identify possible exemptions	portal.ct.gov/husky/huskydprescreener
Connecticut Association for	Interactive tool/directory to find the nearest regional	cafca.org · (860) 832-9438



Community Action (CAFCA)	Community Action Agency for free, in-person enrollment help	
Connecticut Hospital Association (CHA)	H.R.1/HUSKY D Changes resource hub — fact sheets, posters, flowcharts, and provider messaging guides	cthosp.org/h-r-1-and-husky-d-changes-resources

7. What Clinicians Should Tell Concerned Patients

Coverage changes take effect January 1, 2027 — patients are not losing coverage immediately but should act ahead of time.

- Encourage patients to check whether they may qualify for an exemption (medical frailty, pregnancy, age/foster care status, tribal status).
- Remind patients that previous documented diagnoses alone are not enough for a medical frailty exemption, and supporting documentation showing significant functional impairment will likely be needed.
- Direct patients to the DSS toolkit and Community Action Agencies for eligibility help and application support.
- Encourage early redetermination preparation, since renewal cycles may occur more frequently (as often as every six months).

8. Impact on Health Centers (FQHCs)

Health centers with significant HUSKY D populations may see:

- Increased uninsured visits as patients lose or struggle to maintain coverage
- Higher patient financial responsibility, increasing collections pressure and bad debt
- Financial effects likely gradual, not immediate so planning now is advised

Recommended FQHC Planning Considerations

- % of patients currently enrolled in HUSKY D
- Number of patients potentially affected by work requirements or six-month renewal cycles



- Projected impact on patient responsibility and bad debt
- Revenue/cash-flow scenarios under varying enrollment-loss levels

Recommended Actions

- Identify patients likely affected by work requirements or shortened renewal cycles
- Build targeted outreach for at-risk patients
- Establish rapid re-enrollment workflows for patients who experience coverage gaps
- Ensure cost reports fully and accurately reflect operating expenses.
 - o DSS expects complete cost reporting, which supports future reimbursement determinations

9. State Funding & Support Measures

DSS Communications Strategy - Funded by a \$125,000 grant from the Connecticut Health Foundation, aimed at reducing coverage losses through outreach to affected residents.

Supplemental FQHC Payments - DSS has approved \$5 million in supplemental payments to federally qualified health centers for state fiscal years 2026 and 2027.

FQHC leaders should incorporate these known payment changes into financial projections before the fiscal year turns, updating forecasts, cash-flow assumptions, and budget models to account for enrollment shifts, patient responsibility changes, and reimbursement updates occurring concurrently.

- A [recent report by the RAND Corporation](#) predicts that these changes will cost Connecticut billions of dollars and lead to an enrollment decline of more than 10% by 2034.

Sources:

<https://aafcpa.com/2026/08/27/connecticut-medicaid-changes-what-fqhcs-need-to-know-about-husky-d-reimbursement-and-financial-planning/>

<https://ctmirror.org/2026/07/06/medicaid-work-requirements-ct-what-to-know/>

<https://ctnewsjunkie.com/2026/07/31/ct-prepares-for-medicaid-husky-changes/>



<https://www.cthealth.org/latest-news/news-releases/grant-will-support-communications-plan-for-upcoming-medicaid-changes/>