

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

**SECTION 1115 DEMONSTRATION DRAFT WAIVER APPLICATION
TO THE
CENTERS FOR MEDICARE & MEDICAID SERVICES**

**MEDICAID LOW-INCOME ADULT COVERAGE DEMONSTRATION
August 20, 2012**

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Connecticut Department of Social Services
Section 1115 Demonstration Authority Request for Medicaid Low-Income Adult
Coverage Demonstration

A Sustainable Approach to Providing Medicaid Coverage to
Low-Income Adults in the State of Connecticut

I. INTRODUCTION

The State of Connecticut (Connecticut/State) has led the nation in providing coverage to the uninsured. The effort undertaken to serve individuals through the Medicaid for Low-Income Adults (LIA) program effective April 1, 2010 reflects our long commitment to ensuring that our citizens have access to quality health care. While the program has been exceptionally successful in providing coverage, its growth has spurred the need to seek a more targeted program, sustaining services for those with the most significant need and few alternatives for coverage. Connecticut seeks a new 1115 Demonstration Waiver to preserve the State's commitment to sustainable coverage for the low income, adult residents most in need of health care services in preparation for the expansion of Medicaid under the Affordable Care Act (ACA) in 2014. Through this Demonstration, Connecticut expects to provide valuable insight to inform the state and national dialogue with regard to the Medicaid "newly eligible" expansion population, including the income and assets that may be available to individuals, their use of nursing facility benefits and the extent to which individuals who have the means to obtain private coverage may choose Medicaid coverage instead.

Connecticut will test whether the elimination of the Medicaid asset test for the "early expansion" population has created an unintended incentive for individuals and for families with dependents under age 26 to forgo private coverage and seek coverage under Medicaid. Connecticut believes that the Medicaid program was not intended to "crowd out" private coverage. The waiver will also provide Connecticut with the opportunity to gain a richer understanding of the specific cost, benefit design, and access barriers that are present in private coverage, which may have encouraged families to forgo such private coverage and seek coverage under Medicaid LIA.

Finally, Connecticut will use the demonstration experience to assess whether the eligibility rules for the Medicaid expansion population in 2014 will function at cross-purposes with the Medicaid for the Aged, Blind and Disabled (ABD) program.

Connecticut's experience with the Medicaid LIA program under the state plan "early expansion" option is that it affords access to long-term nursing facility based care, but provides an avenue around the long-standing federal requirement that individuals seek a disability determination and apply a portion of their assets to the cost of long-term care. CMS has acknowledged that this is a very real problem – one that is a "very small version of what will become a very large issue when the new mandatory adult group goes into effect in 2014."

II. BACKGROUND

Connecticut has long demonstrated its commitment to health care coverage for its most vulnerable citizens. For several decades, the State and its municipalities administered a general assistance program to provide medical assistance to low-income uninsured adults. In 1998, the legislature established the State Administered General Assistance (SAGA) program, which transferred all administrative and financial responsibility for the general assistance program to the State. On June 21, 2010 Connecticut became the first State in the nation to gain approval from the federal government to expand Medicaid coverage to an estimated 45,000 individuals under Section 2001 of the ACA. This new Medicaid LIA program included individuals who were previously enrolled in a more limited benefit package under SAGA. The conversion provided long-term care/skilled nursing facility services and home health care benefits to this population, provided greater access to non-emergency medical transportation and expanded the provider network available to participants. Although income eligibility remained unchanged at 56% of the federal poverty level (FPL) (with an additional 12% income disregard for shelter costs in Region A/Fairfield County), the SAGA asset limit of \$1,000 was eliminated to comply with federal requirements. (Note: The FPL limit was updated in 2012 to 55% of the FPL.)

The Medicaid expansion for low-income adults has resulted in significant unbudgeted costs and unanticipated enrollment growth. Since the program's expansion, the State has been grappling with the unanticipated consequences of escalating caseloads and the resultant costs. Elimination of the asset test, poor economic conditions, as well as inclusion of populations who did not formerly qualify for SAGA, created an unanticipated level of caseload growth, increasing by 75% from 46,156 clients in June 2010 to 80,645 in July 2012. In State fiscal year (FY) 2011, Connecticut spent \$575.6 million; in FY 2009, the year prior to the expansion, expenditures were \$265.6 million. This increased caseload created significant State FY 2011 shortfalls in the funding that supports Medicaid LIA services, with shortfalls totaling \$160 million. Last year when the FY 2012 and FY 2013 biennial budget was being developed, the projected FY 2011 shortfall (at that time, projected at \$139 million), was trended forward into the estimates for FY 2012 and FY 2013. Yet, despite this, the current caseload level of more

than 80,000 was not projected to be reached until May 2014. Even with the annualization of prior year shortfalls, the higher caseloads resulted in a shortfall in FY 2012 of over \$37 million for the Medicaid LIA program (FY 2012 expenditures totaled \$622.3 million). In the last six months, caseload has increased 7% and it is expected to continue to grow in the foreseeable future.

The Connecticut Department of Social Services (DSS) has undertaken major investments in resources to support improvements in care and service delivery for Medicaid populations, including the LIA population. These initiatives are intended to support the transformation of the service delivery system and the data available to participants in that system to continuously drive better performance. At the same time, DSS is pursuing a number of access, quality and cost-containment efforts that are intended to reduce the rate of program growth. Examples of these initiatives include:

- The establishment of a single statewide medical administrative services organization (ASO) to undertake customer service, utilization management, intensive care management and quality management for LIA and other medical assistance populations. There will be a special focus on health-risk stratification and health data analytics to improve population health management and support targeted intensive care management. Other data analytics will support provider profiling and pay for performance initiatives;
- The Connecticut Person-Centered Medical Home (PCMH) initiative supported by the contracted medical ASO with performance measures and incentives; and
- The Connecticut Behavioral Health Partnership (BHP), a joint initiative with the Departments of Mental Health and Addiction Services and Children and Families to establish an integrated system for the management of behavioral health services for Medicaid, including Medicaid LIA, members.

Despite these efforts, given current budgetary conditions, Connecticut estimates that caseload growth in the Medicaid LIA program has created an expansion program that has become financially unsustainable through the end of 2013 when 100% federal funding is expected to be available to cover the costs of these individuals in 2014.

III. DEMONSTRATION PROPOSAL: DESCRIPTION, GOALS AND OBJECTIVES

With more than 80,000 Connecticut residents receiving medical assistance under Medicaid LIA, the State cannot keep up with the expenditure demands of such program growth and still preserve coverage for those most in need. To date, such program growth is well beyond the level that had been budgeted and, in the absence of such changes, will jeopardize the State's ability to provide coverage to its most needy citizens. Effective November 1, 2012 through December 31, 2013, or whenever

coverage becomes available to Demonstration participants as “newly eligibles” under the ACA, Connecticut proposes to implement a new coverage group under Section 1115 Demonstration Authority that will replace the current State plan Medicaid LIA coverage group authorized under Section 1902(k)(2) of the Social Security Act and provide coverage to a more targeted population.

As part of the Governor’s and Legislature’s commitment to serving the State’s citizens, good public policy requires that they encourage those who have access and can afford private coverage to utilize that coverage and preserve scarce State financial resources for individuals who could not otherwise pay for their coverage. Connecticut is concerned that, as individuals and families have become more aware of LIA coverage and eligibility rules, individuals who may have the financial means to purchase private coverage or coverage through the Charter Oak Health Plan, are enrolling in no-cost LIA coverage. This is of particular concern with respect to young adult enrollment in LIA. As of December 2011, LIA expenditures for those under the age of 21 have grown to 4.3% of total expenditures with expenditures in the first six months of FY 2012 totaling \$12.5 million. (These are new expenditures under LIA as individuals were only eligible for the SAGA program if they were 21 years of age or older.) The caseload for this age group has increased from 0.1% in June 2010 to 8.2% of the total caseload (or 6,114 cases) in December 2011 and is expected to continue to climb as more parents with college-age children become aware of the availability of LIA coverage.

This Demonstration proposal seeks to test whether the elimination of the Medicaid asset test for the “early expansion” and, in 2014, the “newly eligible” population has created an unintended incentive for individuals and for families with dependents under age 26 to forgo private coverage and seek coverage under Medicaid as an alternative to private insurance options, including parental coverage available to dependents under age 26 under the ACA. This Demonstration proposal reflects the State’s position that limited financial resources should be preserved for the State’s most needy citizens. Families who can cover dependent children, including young adult children, on their private insurance should do so. Individuals and households with financial resources that allow them to reasonably purchase private insurance should not be receiving publicly subsidized medical assistance. Furthermore, Connecticut has the opportunity through this Demonstration to gain a richer understanding of the specific cost, benefit design and access barriers that are present in private coverage which may have encouraged families to forgo such private coverage and seek out Medicaid LIA coverage. This will allow the State to make informed policy decisions as it approaches Medicaid and private insurance reforms as part of the ACA. Finally, Connecticut intends to use the Demonstration experience to assess whether the eligibility rules for the Medicaid expansion population in 2014 will function at cross-purposes with the Medicaid ABD program. Connecticut will explore the characteristics of the LIA population in nursing

facilities in comparison to individuals receiving coverage through the Medicaid ABD program. The Demonstration will allow Connecticut to explore whether the lack of an asset test for LIA may allow assets to be “out of reach” from Medicaid ABD policies and reduce efforts to pursue disability determinations as a pathway for Medicaid LTC coverage.

To this end, under the Demonstration, Connecticut is proposing to:

- Institute an asset (resource) test on all participants. The DSS will implement a \$10,000 asset test (excluding home property and one motor vehicle) on current LIA participants, as well as all new applicants;
- Count parental income and assets for individuals under age 26 who either live with a parent or are claimed as a dependent on a parent’s income tax return; and
- Limit the nursing facility benefit to 90 days per admission subject to additional evaluation of this benefit change by DSS. (Depending on the outcome of that evaluation, LIA clients that meet the eligibility requirements for regular ABD Medicaid would be transitioned to the ABD program and subject to the Medicaid asset/resource rules under that program.) While DSS intends to implement the eligibility changes immediately upon approval of the waiver, DSS will not implement the 90-day nursing home limitation until it has conducted further evaluation and study of this aspect of the waiver application.

The goals of this Demonstration are:

- Preservation of Connecticut’s commitment to coverage for the most needy low income, adult residents in need of health care services in preparation for the expansion of Medicaid under the ACA in 2014;
- Continued reliable access to affordable, quality health care services for Connecticut’s most needy citizens;
- Coordination of health care services for Demonstration participants through the implementation of PCMH;
- Gaining depth and breadth in understanding as to what barriers exist today for families who have private coverage available;
- Providing early learning about Medicaid “newly eligibles” who may utilize nursing facility services and the implications for disability determinations and Medicaid ABD policies; and
- Manageable program growth and expenses through 2013.

These components are all linked in mission – to preserve Connecticut’s commitment to

providing quality health care coverage to the State's most vulnerable low-income adults in a manner that is financially sustainable.

IV. DEMONSTRATION ELIGIBILITY

Under the Demonstration, an individual will be eligible for coverage if he or she meets the following eligibility requirements currently in place under the approved Medicaid State plan coverage group for LIA:

- Individuals ages 19 through 64;
- Not pregnant;
- Ineligible for coverage under Medicare or the Children's Health Insurance Program (CHIP);
- Residents of Connecticut;
- US citizens or eligible non-citizens; and
- Not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Social Security Act.

Under the Demonstration, Connecticut intends to institute an asset test. While there has been no asset test for LIA clients since the State converted its SAGA program to the Medicaid State plan coverage group for LIA in April 2010, the proposed asset limit of \$10,000 (excluding home property and one motor vehicle) will be higher than the \$1,000 asset limit previously in place under SAGA. Targeting resources towards the State's neediest populations and encouraging private coverage or Charter Oak coverage for those with greater financial means will contribute toward the financial sustainability of the program between the time when the Demonstration is approved and 2014 when LIA participants are expected to be covered under the Medicaid expansion authorized under the ACA.

Connecticut also intends to count parental income for those individuals ages 19 through 25 who are living with a parent or are claimed as a dependent on a parent's tax return. Connecticut will count parental income in excess of 185% of the federal poverty level (FPL), as well as the income of the LIA client, in determining whether the LIA client qualifies for continuing coverage. Parental income will not, however, be counted if the cost of providing alternative medical coverage to the LIA client represents more than 10% of the parent's income. Although the ACA provided parents the opportunity to cover children under their health insurance up to age 26, due to the difficult economy, Connecticut is concerned that more families are shifting coverage for their children to LIA because family income and assets are not counted.

Connecticut does not intend to implement additional changes to eligibility criteria for LIA clients under the Demonstration. Income eligibility under the Demonstration will

continue to be set at or below 55% of the FPL and, except as noted above, the methodology for determining this income will continue as is currently established for LIA in the Medicaid State plan and described in Attachment A. Except as noted below with respect to self-attestations and verifications at redeterminations for the current LIA participants transitioning to eligibility under the Demonstration, individuals will apply for eligibility under LIA much as they do today under the existing Medicaid program. New applicants must, however, apply for Medicaid LIA directly with DSS using the application forms used for the ABD Medicaid populations and will no longer be able to apply with the DSS enrollment broker using the HUSKY/Charter Oak application form.

Transition from Medicaid LIA to the Demonstration

All Demonstration participants will be reviewed under the new Demonstration eligibility criteria. For the purpose of this section, it is assumed that the Demonstration will be approved no later than October 31, 2012. If approval of the Demonstration occurs at a later date, the dates below will be adjusted accordingly. Connecticut intends to implement this transition as follows:

New Applicants

Beginning November 1, 2012 (or immediately upon approval of the Demonstration, if later) all new applications will be reviewed under the Demonstration eligibility criteria. Once the Demonstration is approved, DSS will notify the public about the changes to the LIA program and request information on applicants' assets and parental income/assets (if applicable). New applicants must provide income and asset information, including parental income and asset information (if applicable), in order to be determined eligible for the Demonstration.

LIA Applications in Process

LIA applicants who have pending applications as of November 1, 2012, will be asked to provide verification of their assets and parental income and assets (if applicable). DSS will notify applicants of the changes to Medicaid LIA under the Demonstration and request that individuals submit this information to DSS in order to finalize the application. DSS will also assist in finding alternatives for insurance coverage so as to ensure as little client disruption as possible.

Current Medicaid LIA Participants

DSS will not apply the changes sought through the Demonstration to current LIA participants until the Demonstration is approved. Upon approval of the Demonstration, current participants will be afforded an opportunity to demonstrate continued eligibility under the Demonstration based on self-declaration of income and assets or verification

of income and assets if DSS is conducting a redetermination of eligibility.

The following describes the steps and timeline for DSS to transition current Medicaid LIA participants to the Demonstration, if eligible. As noted earlier, the timeline is predicated upon federal approval of the Demonstration no later than October 31, 2012. If approval is delayed past this date, the dates will be adjusted accordingly:

- Beginning on November 1 2012, LIA participants who are currently undergoing a redetermination of eligibility, as well as participants who are due to be redetermined before February 2013, will be asked to provide verification of their assets and parental income and assets (if applicable). Additionally in November, current LIA participants who are not due for a redetermination before February 2013 will be mailed information outlining the proposed eligibility and benefit changes and a self-attestation form.
- The deadline for completion and return of the self-attestation form or redetermination verifications to the State's contractor will be November 30, 2012. The contractor will track the clients who were mailed the information, those who returned the self-attestation form or redetermination verifications and those who did not return the self-attestation form or redetermination verifications. During November, the contractor will attempt to contact LIA participants who did not return the self-attestation or redetermination verifications, urge them to do so or apply for the Charter Oak Health Plan if ineligible.
- The contractor will refer all self-attestation forms or redetermination verifications to DSS. If DSS determines a client to be ineligible based on the income and asset information provided by the client, DSS will provide notice to the client. The contractor will notify ineligible clients of the availability of coverage through the State's Charter Oak Health Plan.
- Clients who meet the new program requirements based on self-attestation or redetermination verifications will remain eligible for coverage under the Medicaid LIA program. Clients who remain eligible based on their self-attestation will, however, be required to verify that they meet the new eligibility requirements at the time of their next scheduled redetermination.
- As noted above, for Medicaid LIA recipients that do not return the self-attestation form or redetermination verifications by November 30, 2012, a second attempt will be made by the contractor to contact these clients by mail and/or phone. Upon contact, the changes to the Medicaid LIA program and the need to provide the self-attestation form or redetermination verifications will be

reiterated to the clients. It will also be explained that failure to return the form will result in loss of benefits. Clients will be given until December 15, 2012 to return the form to the contractor.

- The contractor will provide DSS with a list of clients who have not responded by December 15, 2012. DSS will discontinue Medicaid LIA assistance for these clients effective January 31, 2012 (assuming October 31, 2012 federal approval). These clients will be able to request hearings to contest the termination of benefits. For those clients who file a timely hearing request, DSS will maintain medical benefits pending the outcome of the hearing.

Again, DSS will not take any action on applications or redeterminations unless and until the Demonstration application receives approval from the Centers for Medicare & Medicaid Services' (CMS).

V. DEMONSTRATION BENEFITS

Connecticut currently provides the approved Medicaid State plan benefit package to the LIA population. Under the Demonstration, Connecticut will continue to provide the State plan benefit package to the LIA population, but the State is proposing to further evaluate the feasibility and cost effectiveness of limiting the nursing facility benefit to 90 days per admission.

This benefit limit is being considered to introduce a level of parity between regular Medicaid and LIA. Under the current State plan benefit package for LIA participants, individuals have access to long term nursing facility benefits without having to spend-down assets to levels necessary for eligibility for Medicaid ABD. During the public comment period, DSS received several valuable comments on this proposal, including operational and policy challenges. DSS recognizes the need for further evaluation of this proposal before a final determination is made to modify the Demonstration benefit package.

Enrollment in the Demonstration benefit package will be mandatory for all Demonstration participants.

Cost-sharing

There will not be cost-sharing requirement under the Demonstration for LIA participants.

VI. DEMONSTRATION DELIVERY SYSTEM

Medicaid LIA Demonstration participants will receive services through the existing Medicaid delivery system and provider network at the Medicaid State plan reimbursement rates, as they do today under the State plan coverage group. There will be no difference in the delivery system. Demonstration participants will be included in the new initiatives that are being introduced in Connecticut's Medicaid program, including the new PCMH initiative, the Connecticut BHP and the medical ASO initiative to manage medical benefits. These initiatives do not require additional federal authorities or waivers for Medicaid State plan populations, therefore Connecticut does not anticipate the need for additional authority under this Demonstration for those initiatives.

VII. ESTIMATED IMPACT ON EXPENDITURES AND ENROLLMENT

DSS estimates that 13,381 members will lose eligibility over the proposed Demonstration period through December 31, 2013 as a result of the newly proposed eligibility criteria. In addition, the prospective LIA enrollment growth is expected to slow, as compared to the historical enrollment growth, once the Demonstration eligibility criteria go into effect for new applicants. The estimated medical expenditure savings attributable to the newly proposed eligibility criteria is \$48.1 million through June 30, 2013, and \$100.3 million for the entire proposed 15-month period ending December 31, 2013. Note: This section reflects what was prepared and submitted for state public input assuming an October-1 demonstration start date. Effective with the submission of this demonstration application to CMS, DSS is assuming approval of the waiver no later than October 31, 2012 and implementation by November 1, 2012. DSS has not updated the expenditures and enrollment projections to reflect this adjustment, but will do so as necessary during discussions with CMS.

The estimated impact on expenditures and enrollment are developed specifically for the purposes of this Waiver application and should not be utilized for any other purpose. These estimates are highly dependent upon assumptions utilized in the analysis including the assumed approval and effective implementation dates, medical trend estimates, and eligibility assumptions.

VIII. DEMONSTRATION HYPOTHESIS AND EVALUATION PARAMETERS

DSS proposes to use the Demonstration experience to research and evaluate the following:

- (1) Has the removal of the asset test for the "early expansion" and, in 2014, the "newly eligible" populations created an unintended incentive for individuals and for families

with dependents under age 26 to forgo private coverage or other types of coverage such as Charter Oak, and seek coverage under Medicaid as an alternative to continued parental coverage available under the ACA or other private insurance options?

As noted earlier, Connecticut believes that individuals and families with college-age children are shifting coverage from private coverage to Medicaid LIA because there is no asset test and family income and assets are not counted under current rules. Qualitative and quantitative data revealed from this Demonstration will be critical for the State as it continues to implement ACA reforms for Medicaid, the Exchange and the private insurance market as a whole.

Hypothesis: Individuals and families with dependents under age 26 are forgoing private or Charter Oak coverage for no-cost Medicaid LIA coverage, in part, due to the lack of asset or parental income/asset test in LIA.

- a. DSS will monitor and report on the enrollment trend rate of Demonstration enrollees under age 26 and under age 21 as compared to the same rate experienced in the State plan Medicaid LIA population.
 - Data Source: Medicaid LIA enrollment data pre-and post-Demonstration approval.
- b. DSS will review and report on the level of reported individual assets and parental income and assets of Medicaid LIA enrollees who apply and are redetermined eligible under the Demonstration eligibility criteria, as well as those individuals who choose not to apply or have their eligibility redetermined.
 - Data Source: Self-reported income and assets and family income/assets from individuals upon approval of the Demonstration and upon eligibility redetermination; Survey of State plan Medicaid LIA enrollees who do not apply under the Demonstration or do not have their eligibility redetermined.
- c. DSS will evaluate the level of individual or family/dependent access to private or Charter Oak coverage reported by Medicaid LIA applicants and enrollees and any barriers to accessing such coverage.
 - Data Source: DSS survey of current and former Medicaid LIA enrollees, including individuals who fail to reapply or qualify under the new Demonstration criteria.

(2) Does the availability of Medicaid coverage for the “newly eligible” population that includes a nursing facility benefit but requires no asset test, reduce the number of

people who would otherwise come in to Medicaid as a result of a disability determination and put "out of reach" potentially higher assets? To what extent do LIA participants residing in nursing facilities resemble a Medicaid ABD enrollee except for their level of assets?

Hypothesis: The lack of a Medicaid asset test for the LIA population is allowing individuals with higher assets to receive long-term care in nursing facilities without going through a disability determination and permitting assets to remain "out of reach" to Medicaid.

- a. DSS will collect and report asset information on LIA enrollees receiving nursing facility services.
 - Data source: Asset information reported during the LIA eligibility determinations and redeterminations.
- b. DSS will interview a sample of the LIA Demonstration participants in LTC to determine whether or not these individuals would likely qualify under Medicaid ABD rules.
 - Data source: Interview questionnaire (to be developed)

DSS also proposes to use the Demonstration experience to identify trends in beneficiary needs for Medicaid LIA enrollees under the Demonstration to aid in preparation for coverage expansions pursuant to the "newly eligible" coverage expansion in 2014 under the ACA. DSS will develop measures and reports to be generated by the ASO specific to the LIA population that may also be used to compare other Medicaid populations. Examples include: mental health utilization, readmission rates/reasons, access to preventative care/services, and ED visits. DSS will evaluate the Demonstration cost and utilization experience in order to better understand the cost and utilization patterns of the Medicaid expansion population in 2014 as compared to those of current Medicaid State plan populations.

IX. PUBLIC INPUT PROCESS

Federal Requirements

Connecticut has conducted an open and transparent public input process on the proposed changes to the LIA program that began back in 2011 when the State began to realize the unsustainable fiscal growth of the LIA population and released a Concept Paper on the Demonstration proposal. The following summarizes the formal process for

State public input that Connecticut has conducted in preparation for submission of this application to CMS and in compliance with the State public notice requirements for Section 1115 Demonstration Waivers at 42 CFR 431.408. Written documentation of the State's compliance with these requirements can be found in Attachment B of this application.

- DSS notified the State's two Tribal leaders of the proposed Demonstration (June 12, 2012);
- DSS issued a public notice of the State's intent to apply for the Section 1115 Demonstration application in five newspapers, including the two major newspapers with the widest circulation (June 13, 2012);
- DSS posted a link to the draft application on the main page of the DSS website for the public's review and comment and established a dedicated email address for comments to be submitted (June 12, 2012);
- DSS notified major stakeholder groups in Connecticut through an electronic mailing list (June 15 and 18, 2012);
- DSS held two public hearings in geographically distinct areas of the State: Hartford (June 26, 2012) and New Haven (June 28, 2012). Members of the public attended and provided comments on the application;
- DSS posted public notice of the proposed Demonstration in the Connecticut Law Journal (July 3, 2012); and
- The draft application was reviewed before the legislative Committees of Cognizance as required by State law (July 24, 2012).

Not unexpectedly, public comment on the proposed application has largely focused on the concern around the loss of existing or potential coverage under LIA. However, in these times of very limited State financial resources, DSS must prioritize coverage of its neediest citizens in order to maintain a sustainable program and encourage the use of private or other coverage such as Charter Oak for those who are more likely to be able to afford it.

DSS appreciates the interest of individuals and organizations from across the State on the proposed Demonstration. DSS values this public input and has developed responses to each of these general areas. DSS will post these responses on the DSS website as part of the State's goal of transparency for this Waiver submission.

The following represents a summary of the public comments submitted through public testimony. The submitted comments generally fell into one of the following areas and we describe below how DSS considered these comments in this Demonstration application to CMS:

1. Impact of the Demonstration eligibility criteria on the current LIA population and other low-income populations.

Many commenters expressed concern that the proposed changes to establish asset limits and take into account parental income and assets for dependents under age 26 will have a negative impact on individuals, including individuals who may not have alternative options for coverage. Commenters expressed the opinion that requiring income and assets of parents of LIA participants may cause some to avoid medical care and should not be counted for this population. One commenter responded that requiring a means test will create a new pool of uninsured State residents and create major health access and financial barriers for thousands. Additional commenters expressed the opinion that it does not make sense to implement this proposal with the looming Medicaid expansion scheduled for 2014.

DSS acknowledges that some individuals will lose coverage under this Demonstration proposal. However, DSS believes the Waiver proposal is consistent with the original goal of expanding Medicaid coverage for the poorest adults and was never intended to provide coverage to individuals who might otherwise have the means to afford private or Charter Oak coverage. The proposed eligibility changes are modest in comparison to other options that are available to the State in order to live within State budgetary constraints and targets coverage to those who need it most. The State anticipates that a majority of the current LIA enrollees will continue to receive benefits as they do today. DSS also anticipates that others may qualify for other programs (i.e., the Charter Oak Health Plan or be categorically eligible for a long-term care coverage group under Medicaid and be more appropriately covered by such group) or private coverage. The State will assist members with pursuing alternative coverage options for their health care needs if necessary. Depending on the members' health care needs and financial situation, alternative coverage is available.

In view of the testimony and concerns raised with deeming the income of LIA applicant's parents, when such parents may themselves have very low incomes, DSS has added some provisions on the methodology it will use in considering parents' income. This methodology was added to Section IV, Demonstration Eligibility.

2. Demonstration impact on DSS workload and application backlog.

DSS received several comments that the Demonstration will have an additional

negative impact on the workload of State staff and on the current processing of Medicaid eligibility determinations and redeterminations. Commenters expressed concern that processing delays will result in Medicaid and LIA participants losing coverage unnecessarily. Commenters cited the current challenges and deficiencies in the current application process and expressed concern that the eligibility changes proposed under LIA will exacerbate these problems and are not worth the consequences.

DSS will implement the 1115 LIA Waiver in a manner that will minimize its impact on our processing of applications and redeterminations for other programs. We will allow most current LIA participants to initially self-attest their assets and if appropriate, their parental income and assets, to determine their continued eligibility. Verifications will only be requested at time of application and redetermination. The Department plans to use a contractor to provide assistance with obtaining the information needed to establish continued eligibility.

DSS is also taking other measures to improve the timely processing of applications and redeterminations. The Department has hired additional staff to assist with the processing of Medicaid cases. Additionally, a directive has been issued to Regional managers to designate specific staff to immediately initiate redeterminations upon receipt. This should prevent the closure of most cases for failure to complete a redetermination.

3. DSS notices to LIA participants and applicants.

Several commenters were concerned with DSS' initial notification letter to LIA enrollees of the potential changes to LIA, pending approval by the federal government. Commenters expressed concern that these notices have caused confusion and concern and should not have been sent prior to federal approval of the application. The intent of these early notices was to give clients as much advance notice of the savings and intent of the budget as passed by the legislature in order to help clients prepare and plan for potential changes and support timely implementation of the Waiver upon approval by the federal government. However, in response to commenters' concerns and feedback from the federal government, DSS has revised its plans and will not send any additional client communications on this issue until the Demonstration request has been approved.

4. Section 1115 Demonstration Authority

DSS received comments that the Waiver does not meet the requirements for an

1115 Demonstration Waiver. Commenters also shared concerns that the sole purpose of the Waiver was to save the State money. While the determination of whether or not an application meets the requirements for an 1115 Demonstration is a determination for the federal government to make, DSS believes that an experimental Demonstration to test the ability of the State to expand coverage to low-income populations in a financially sustainable manner does promote the objectives of the Medicaid statute. Further, Connecticut intends to research and evaluate two important assumptions about the Medicaid "newly eligible" population that will benefit the learning of both the State and federal government: (1) That the treatment of income and assets under LIA may have provided an inadvertent incentive for individuals to forgo private coverage and (2) Individuals who will enroll in Medicaid as "newly eligible" will utilize long-term nursing facility benefits but have assets that they would be required to "spend-down" if qualified under Medicaid ABD rules. As described in the Waiver application, manageable program growth and expenses is but one of the goals of the Demonstration. Continuing coverage to the neediest citizens who may have no other options for coverage is the State's highest priority with the Demonstration.

5. Nursing facility benefit limitation

Several commenters expressed concern with the 90-day nursing facility benefit limitation for LIA enrollees and the process for finding alternative coverage, including other Medicaid coverage, notification of changes and the transition process for those losing coverage under the proposed Waiver. DSS appreciates these comments and recognizes the need for further evaluation of this proposal before a final decision can be made to implement this benefit change.

6. Adequacy of data supporting waiver estimates

DSS received comments and questions regarding the underlying data the State used to support the Demonstration proposal. Commenters inquired about data, including but not limited to estimates of the number of participants with assets over \$10,000, the number of dependents under age 26 with parental support, the availability and affordability of private coverage for dependents under age 26, costs and utilization patterns of current LIA enrollees, and data in support of savings. The budget neutrality waiver estimates were developed utilizing a combination of actual program data, and where actual information is unavailable, assumptions were made. The cost and caseload estimates for the budget neutrality analysis are based on actual LIA claims and enrollment data. As certain financial information is not collected during the application process for LIA members, asset information and tax information are not available specific to

this population. Therefore reasonable assumptions are utilized when modeling the impact of these changes in the eligibility criteria. The comments and questions related to the data and assumptions are more specific and targeted. Therefore more detailed responses to each of these questions will be found on the DSS website when individual responses are posted.

7. Impact on FQHCs and Hospitals

Some comments from FQHCs and hospitals expressed concern about the impact this Demonstration may have on the number of uninsured, application workload, the PCMH initiative and the expected loss of revenue due to lower numbers of Medicaid enrollees.

DSS anticipates that there will be minimal impact on hospitals and FQHCs. It is the DSS's expectation that most individuals who lose coverage under the new eligibility rules will seek other coverage. DSS will encourage and support clients' efforts to obtain and transition to other types of care including Charter Oak and other private health coverage. This should help ensure continuity of care and services for clients and minimize the risk of uncompensated care rendered by providers.

8. DSS assumptions about asset information

Some commenters expressed concern that DSS's position that individuals and families with dependents under age 26 may have access to parental coverage or otherwise be able to afford coverage was unfounded. DSS acknowledges that, in the absence of the Demonstration, we have been unable to collect this information from current LIA enrollees. DSS intends to use the Demonstration to test and evaluate this theory.

During the 60-day Tribal comment period, DSS received comments from the Mohegan Tribe and did not receive any comments from the Mashantucket Pequot Tribe. The Mohegan Tribe expressed concern that the establishment of an asset test will put program eligibility out of reach of members who may have otherwise qualified and that the program changes will impede access to care for a vulnerable population. Based upon ongoing discussions and consultation with the Mohegan tribe, DSS believes there are very few Mohegan tribal members who would qualify for the LIA coverage group. DSS intends to closely monitor the impact of the demonstration changes on Tribal membership and seek feedback from the two Tribes on any impact of the demonstration on their members.

State Public Hearing Requirements

In addition to the public process required by the federal 1115 regulations, DSS followed the public notice and hearing requirements for Medicaid waivers set forth in Connecticut General Statutes Section 17b-8 (2012 Supplement). Pursuant to this statute, DSS took the following additional steps to solicit input on the waiver application:

- Published notice of the waiver in the July 3, 2012 Connecticut Law Journal, the state's legal register
- Allowed for a 15-day comment period, which ran conterminously with the federal 30-day comment period
- DSS appeared before and submitted written testimony to the Connecticut General Assembly Appropriations and Human Services Committees at the July 24, 2012 public hearing on the waiver

Finally, DSS is required to provide a copy of the state hearing transcript and the testimony submitted during the hearing with its waiver application to CMS. The transcript may be accessed at the Connecticut General Assembly website: <http://www.cga.ct.gov/2012/APPdata/chr/2012APP00724-R001000-CHR.htm>. The testimony may be accessed at: http://www.cga.ct.gov/asp/menu/CommDocTmy.asp?comm_code=APP&date=07/24/2012. Copies of the transcript and testimony will also be sent under separate cover to the CMS project officer. The legislative Committees took no action on the waiver. Under the terms of the statute, if the Committees take no action in the 30 days following the hearing, the waiver is deemed approved.

X. WAIVER AND EXPENDITURE AUTHORITIES REQUESTED

Connecticut requests expenditure authority under Section 1115(a)(2) for expenditures for health care-related costs for non-pregnant adults ages 19 through 64 who are not otherwise eligible under Medicare or CHIP, not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Social Security Act, are residents of Connecticut, are citizens or eligible aliens, have limited assets and who have income at or below 55% of the FPL in accordance with Attachment A and the changes proposed under this Demonstration, including parental income and assets for individuals under age 26 who live with a parent or are claimed as a dependent on a parent's federal income tax return.

XI. BUDGET NEUTRALITY

This section presents Connecticut’s approach for illustrating budget neutrality, including the data and assumptions used in the development of the cost and caseload estimates supporting this 1115 Waiver request. Note: This section reflects what was prepared and submitted for state public input assuming an October 1 demonstration start date. Effective with the submission of this demonstration application to CMS, DSS is assuming approval of the waiver no later than October 31, 2012 and implementation by November 1, 2012. DSS has not updated the budget neutrality projections to reflect this adjustment, but will do so as necessary during discussions with CMS on the budget neutrality projections. Changes to the effective date of this 1115 Waiver request is not anticipated to change the illustration of budget neutrality for this application.

Overview

Connecticut is requesting that the Demonstration begin on October 1, 2012 and end on December 31, 2013, or at the time in which the Medicaid “newly eligible” expansion to 133% of the FPL is put in place. Since this population is expected to be included as a part of the Medicaid expansion initiative effective January 1, 2014 under the ACA, this Demonstration is illustrated through December 31, 2013. The proposed Demonstration period is split into one 3-month period and one 12-month period as illustrated in the table below:

Table 9.1 Proposed Demonstration Years (DYs)

Demonstration Year	DY1	DY2
Time Period	10/01/2012 – 12/31/2012	01/01/2013 – 12/31/2013

Historical Cost and Caseload for the Medicaid LIA Demonstration Population

The Medicaid LIA program was approved with an effective date of April 1, 2010 and, therefore, data was available from April 2010 through June 2012 to support the development of the cost and caseload projections. The most recent data in 2012 was incomplete and was used only for limited trend analysis. Calendar year (CY) 2011 was chosen as the base year for developing the cost and caseload projections. The following tables (9.2a and 9.2b) present historical program expenditures and caseload from April 1, 2010 through December 31, 2011.

Table 9.2a Historical Data – Total Computable

	April 1, 2010 – December 31, 2010	January 1, 2011 – December 31, 2011	21-Month Total
Medicaid LIA			

	April 1, 2010 – December 31, 2010	January 1, 2011 – December 31, 2011	21-Month Total
Eligible Member Months	463,110	840,514	1,303,624
Total Cost per Eligible	\$758.86	\$724.84	
Total Expenditures	\$351,434,364	\$609,235,998	\$960,670,362
Trend Rates			
Eligible Member Months		97.6%	
Total Cost per Eligible		-5.1%	
Total Expenditures		87.5%	

Note:

1. Trend rates have been annualized.

Table 9.2b Historical Data – Federal Share

	April 1, 2010 – December 31, 2010	January 1, 2011 – December 31, 2011	21-Month Total
Medicaid LIA			
Eligible Member Months	463,110	840,514	1,303,624
Total Cost per Eligible	\$455.29	\$399.44	
Total Expenditures	\$210,848,904	\$335,734,727	\$546,583,632
Trend Rates			
Eligible Member Months		97.6%	
Total Cost per Eligible		-13.9%	
Total Expenditures		70.2%	

Note:

1. Trend rates have been annualized.

Budget Neutrality Approach

The State proposes that the budget neutrality limit for Federal Title XIX funding be determined using a per capita cost method. The risk for the per capita cost would be applicable to the Medicaid eligibles in the Demonstration eligibility group, but the State would not be at risk for conditions (economic or other) that may impact caseload levels in the eligibility group for the Demonstration period.

Demonstration Eligibility Group

DSS is proposing a single Demonstration eligibility group comprised of all Demonstration enrollees to be subject to a per capita cost limit, as identified in Table 9.3 below. DSS requests that these Demonstration enrollees be treated as a “hypothetical” eligibility group for the purpose of budget neutrality.

Table 9.3 Demonstration Eligibility Group

Demonstration Eligibility Group	Description	Waiver Population Type
Medicaid LIA	Populations include: <ul style="list-style-type: none"> • Individuals ages 19 through 64 • Not pregnant • Ineligible for coverage under Medicare or CHIP • Residents of Connecticut • US citizens or eligible non-citizens; and • Not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Social Security Act 	Medicaid State Plan

Without Waiver Cost Estimates

The historical trend for the Medicaid LIA eligibility group and the President’s budget per capita trend rates were reviewed. For the Demonstration projection years, the State utilized the President’s budget per capita trend rates to develop the Without Waiver cost estimates.

The historical cost per eligible trend illustrated in Table 9.2a is not indicative of the assumed trends for the Demonstration periods. Two factors contributed to the observed negative per capita trends in the historical period. First, new members enrolled rapidly into the program, primarily from the ranks of the uninsured population. Second, the LIA program observed a significant increase in members under the age of 26. This age group has a much lower PMPM cost compared to the remaining LIA population. The new members, especially those under age 26, exhibited a large pent-up demand effect, reflecting higher than average acuity. This inflated costs during the early periods of the LIA program. The rapid increase in the under age 26 group coupled with their significantly decreasing costs (almost -25% annualized trend during the historical period) resulted in decreases to the observed PMPM costs in the historical data. These factors are not expected to continue in the Demonstration Years. The State utilized its own caseload estimates to project future enrollment projections for the Without Waiver estimates.

With Waiver Cost Projections

As DSS is requesting that the Demonstration enrollees are treated as a “hypothetical” eligibility group for the purpose of budget neutrality, the With Waiver cost and caseload estimates are the same as those utilized in the Without Waiver cost and caseload

estimates described in the section above.

Table 9.4 summarizes the average medical trend rates from the President's budget for the eligibility group during the Demonstration Periods.

Table 9.4 Without and With Waiver Annual Medical Cost Trend

Demonstration Period	Base Period to DY1	DY1 to DY2
Adults	6.53%	6.53%

ACA Considerations

The estimated impact of increased reimbursement for primary care physicians (PCPs) at 100% of Medicare for CY 2013 is not included in the With or Without Waiver projections. Connecticut will update budget neutrality as necessary once CMS issues final regulations and guidance.

The following tables (9.5a through 9.5d) summarize the trend rate and overall cost and caseload for the Demonstration population for both DY1 and DY2.

Table 9.5a Without Waiver – Total Computable

Eligibility Group	Trend Rate 1	Months Of Aging	Base Year DY0	Trend Rate 2	DY1	DY2	Total Without Waiver
			10/01/11 – 09/30/12		10/01/12 – 12/31/12	01/01/13 – 12/31/13	
MLIA							
Eligible Member Months					237,979	826,934	1,064,913
Total Cost per Eligible	6.53%	9.00	\$760.03	6.53%	\$790.66	\$822.53	
Total Expenditure					\$188,161,301	\$680,177,244	\$868,338,545

Note:

1. "Base Year" is the year immediately prior to the planned first year of the Demonstration.
2. "Trend Rate 1" is the trend rate that projects from the last historical year to the Base Year.
3. "Months of Aging" equals the number of months of trend factor needed to trend from the last historical year to the Base Year. If the Base Year is the year

- immediately following the last historical year, "Months of Aging" will be 12.
- "Trend Rate 2" is the trend rate that projects all DYs, starting from the Base Year.
 - Demonstration Year cost per eligible figures are not adjusted for proposed changes to the nursing facility benefit limit that will be further evaluated by DSS.

Table 9.5b Without Waiver – Federal Share

Eligibility Group	Trend Rate1	Months Of Aging	Base Year DY0	Trend Rate 2	DY1	DY2	Total Without Waiver
			10/01/11 – 09/30/12		10/01/12 – 12/31/12	01/01/13 – 12/31/13	
MLIA							
Eligible Member Months					237,979	826,934	1,064,913
Total Cost per Eligible	6.53%	9.00	\$380.02	6.53%	\$395.33	\$411.26	
Total Expenditure					\$94,080,651	\$340,088,622	\$434,169,273

Note:

- Assumes FMAP of 50.00% for the Demonstration period.
- Demonstration Year cost per eligible figures are not adjusted for proposed changes to the nursing facility benefit limit that will be further evaluated by DSS.

Table 9.5c With Waiver – Total Computable

Eligibility Group	Base Year DY0	Demo Trend Rate	DY1	DY2	Total With Waiver
	10/01/11 – 09/30/12		10/01/12 – 12/31/12	01/01/13 – 12/31/13	
MLIA					
Eligible Member Months			237,979	826,934	1,064,913
Total Cost per Eligible	\$760.03	6.53%	\$790.66	\$822.53	
Total Expenditure			\$188,161,301	\$680,177,244	\$868,338,545

Note:

- Demonstration Year cost per eligible figures are not adjusted for proposed changes to the nursing facility benefit limit that will be further evaluated by DSS.

Table 9.5d With Waiver – Federal Share

Eligibility Group	Base Year DY0	Demo Trend Rate	DY1	DY2	Total With Waiver
	10/01/11 – 09/30/12		10/01/12 – 12/31/12	01/01/13 – 12/31/13	
MLIA					
Eligible Member Months			237,979	826,934	1,064,913
Total Cost per Eligible	\$380.02	6.53%	\$395.33	\$411.26	
Total Expenditure			\$94,080,651	\$340,088,622	\$434,169,273

Note:

1. Assumes FMAP of 50.00% for the Demonstration period
2. Demonstration Year cost per eligible figures are not adjusted for proposed changes to the nursing facility benefit limit that will be further evaluated by DSS.

Summary of Budget Neutrality

The following tables (9.6a and 9.6b) summarize the total federal share Without and With Waiver estimated expenditures over the Demonstration period.

Table 9.6a Summary of Without Waiver and With Waiver Projected Medicaid Expenditures – Total Computable*

Without Waiver	With Waiver	Variance
\$868,338,545	\$868,338,545	\$0

** All estimates are based upon the information available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use.*

Table 9.6b Summary of Without Waiver and With Waiver Projected Medicaid Expenditures – Federal Share*

Without Waiver	With Waiver	Variance
\$434,169,273	\$434,169,273	\$0

** All estimates are based upon the information available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted*

as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use.

Attachment A

OFFICIAL

Revision:

ATTACHMENT 2.2-A
Page 9b4

State: CONNECTICUT

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u> In determining whether an individual's income is at or below the State's income standard for this group, the State will use the following methodology: <input type="checkbox"/> The income rules of the SSI program. <input type="checkbox"/> The income rules of the SSI program, and the following less restrictive income disregards and exclusions than are used by SSI. <input checked="" type="checkbox"/> A methodology based on rules other than those of the SSI program. The methodology the State will use is described below. Disregard an additional 12% of FPL as a high shelter deduction for individuals in Region A as described in Supplement 1 to Attachment 2.6-A. Disregard \$150 of monthly earned income. Disregard all income for the three month period that begins with the first month that the individual would otherwise become ineligible solely due to an increase in earned income. Deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party.

TN No. 10-009 Approval Date 6/21/10 Effective Date 4-1-10
Supersedes
TN No. NEW

Attachment B - State Public Process Documentation

Documentation of the state public process is in a separate PDF file:

Pages

- 1 – 4 Consultation with the Mohegan Tribal Nation - June 13, 2012
- 5 - 7 Consultation with Mashantucket Tribal Nation – June 13, 2012
- 8 - 9 Email alert sent by Medical Assistance Program Oversight Council
June 15, 2012
- 10 – 12 Email notice of waiver sent by Behavioral Health Partnership
Oversight Council June 18, 2012
- 13 - 27 Notice and Draft Application
- 28 – 31 Email notice sent by Medical Assistance Program Oversight Council
June 19, 2012
- 32 - 38 Newspaper notices – 5 major newspapers
- 38 - 40 DSS website – posting record for 1115 webpage information – June 13, 2012
- 41 – 43 Connecticut Law Journal Notice of 1115 Waiver

McCooley, Patricia E.

From: McCooey, Patricia E.
Sent: Wednesday, June 13, 2012 1:45 PM
To: Prentiss, Sandie; 'bbozsum@moheganmail.com'; chilbert@moheganmail.com; 'cjanus@moheganmail.com'; 'dapicelli@moheganmail.com'
Cc: Brennan, Kathleen M.; Beaulieu, Claudette J.; Shok, Marc C.; Schaefer, Mark C.; Zavoski, Robert W.; Wolf, Marcea G.; Kolreg, Sallie; Love, Debra R.; Hyman, Phyllis E.
Subject: Medicaid 1115 Demonstration Waiver [not-secure]
Attachments: mohegan tribe medicaid 1115 demonstr waiver.pdf; 1115waiverNew.pdf

Good afternoon -

On behalf of Commissioner Bremby, attached please find his letter to Chairman Bozsum concerning a Medicaid 1115 waiver application. A pdf of the draft application is also attached.

Thank you,

Trish McCooey

Trish McCooey
Staff Attorney
Office of Legal Counsel, Regulations and
Administrative Hearings
Department of Social Services
25 Sigourney Street
Hartford, CT 06106
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RODERICK L. BREMBY
Commissioner

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OFFICE OF THE COMMISSIONER

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June 12, 2012

Bruce S. Bozsum
Chairman
Mohegan Tribe
13 Crow Hill Road
Uncasville, CT 06382

RE: Medicaid 1115 Demonstration Waiver

Dear Chairman Bozsum:

I am writing to inform you of a potential change to one of our Medicaid eligibility groups. Connecticut will be seeking a federal waiver under Section 1115 of the Social Security Act to make changes to the Medicaid coverage group for Low-Income Adults that was created under the Affordable Care Act. A copy of our proposed waiver application is attached for your consideration. We will be submitting the waiver to the federal Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services on or before August 13, 2012. We are fulfilling the federal requirement to consult with the Mohegan Tribe, as a federally-recognized tribe in Connecticut, and would welcome your comments and input.

Connecticut intends to make changes to its Medicaid (LIA) program in order to keep up with the unanticipated expenditure demands related to the program's continued growth. The LIA program currently provides coverage to 77,798 low-income adult residents of Connecticut ages 19-64, ineligible for coverage under Medicare or the Children's Health Insurance Program, with incomes at or below 55 percent of the Federal Poverty Level (with an additional 12% income disregard for shelter costs in Region A-primarily Fairfield County). Individuals who are pregnant or who receive SSI are ineligible for LIA.

These changes will preserve Connecticut's commitment to coverage for the most needy low-income adults and provide manageable program growth and expenses from October 1, 2012 through December 2013, when the Affordable Care Act will expand Medicaid to this population in 2014.

In order to achieve this end, DSS proposes to implement a new Medicaid Section 1115 Demonstration coverage group to replace the current Medicaid State Plan LIA coverage group that was approved effective April 1, 2010. The Medicaid LIA demonstration waiver will retain the same eligibility requirements with the following exceptions. Effective October 1, 2012, DSS proposes to:

- Implement an asset (resource) test of \$10,000 for all new and current LIA participants. Currently, there is no asset test for LIA eligibility; and

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Chairman Bruce S. Bozsum

June 12, 2012

Page 2

- Count parental income and assets for those individuals ages 19-25 living with a parent or claimed as a dependent on a parent's tax return.

Individuals receiving coverage under the Medicaid LIA 1115 Demonstration will continue to receive the Medicaid benefit package, with the exception of coverage for nursing facility stays. Coverage under the LIA demonstration will be limited to 90-days per admission and individuals in need of longer-term nursing facility stays will be encouraged to apply for Medicaid coverage under other eligibility groups that qualify for long-term care.

If you or any of your staff would like to meet to discuss the application, please let me know. Members of my staff consult regularly on issues related to our medical assistance programs with Connie Hilbert and Carrie Janus of your Health and Human Services Department. If you have any questions concerning the application, please contact Mark Schaefer, Ph.D., Director, Medical Care Administration at (860) 424-5067.

Sincerely,



Roderick L. Brennan
Commissioner

RLB

cc: Connie Hilbert, Executive Director of Health & Human Services, Mohegan Tribe
Carrie Janus, CHS Managed, Mohegan Tribe
Kathleen Brennan, Deputy Commissioner, DSS
Claudette Beaulieu, Deputy Commissioner, DSS
Marc Shok, Director, Adult Services
Mark Schaefer, Director, Medical Care Administration
Robert Zavoski, M.D., Medical Director
Patricia McCooey, Staff Attorney, DSS

(P)



RECEIVED
State of Connecticut

JUL 18 2012

Dept. of Social Services
Commissioner's Office

July 12, 2012

Roderick L. Bremby
Commissioner
State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

Dear Commissioner Bremby:

The Mohegan Tribe would like to provide comment on your June 12, 2012, letter informing the Tribe of Connecticut's proposed waiver application to the Centers for Medicare and Medicaid Services requesting changes within the Medicaid Low Income Adult (MLIA) program.

With regard to two of the proposed changes - the institution of an asset test and the inclusion of parental income, we offer the following:

- The Tribe is concerned that with the establishment of a \$10,000 asset test, even with the exclusion of home property and one motor vehicle, its members who might have otherwise qualified may no longer qualify.
- The changes proposed in the 1115 waiver will impede access to healthcare coverage for a vulnerable population who has already realized many challenging barriers to care.

We appreciate the opportunity to consult with you and look forward to continued updates on the status of the waiver application.

Sincerely,

Bruce S. Bozsum
Chairman
Mohegan Tribal Council

Cc: Robert Zavoski, M.D., Medical Director
Patricia McCooley, Staff Attorney, DSS

THE MOHEGAN TRIBE

K:\Health and Human Services Dept\Admin - HIS\Response Ltr to CT Changes to Medicaid Low-Income Adult Program.docx

13 Crow Hill Road • Uncasville, CT 06382 • Telephone (860) 862-6100

McCooley, Patricia E.

From: McCooley, Patricia E.
Sent: Wednesday, June 13, 2012 1:41 PM
To: 'hbromley@mptn-nsn.gov'; 'bpoirier@mptn-nsn.gov'
Cc: Brennan, Kathleen M.; Beaulieu, Claudette J.; Shok, Marc C.; Schaefer, Mark C.; Zavoski, Robert W.; Wolf, Marcea G.; Kolreg, Sallie; Love, Debra R.; Hyman, Phyllis E.
Subject: Medicaid 1115 Demonstration Waiver [not-secure]
Attachments: mashantucket tribal medicaid 1115 demonstr waiver.pdf; 1115waiverNew.pdf

Good afternoon -

On behalf of Commissioner Bremby, attached please find his letter to Chairman Butler concerning a Medicaid 1115 waiver application. A pdf of the draft application is also attached.

Thank you,

Trish McCooley

Trish McCooley
Staff Attorney
Office of Legal Counsel, Regulations and
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June 12, 2012

Rodney A. Butler
Mashantucket Pequot Tribal Nation
2 Matts Path
PO Box 3060
Mashantucket, CT 06338-3060
1-860-396-6100

RE: Medicaid 1115 Demonstration Waiver

Dear Chairman Butler:

I am writing to inform you of a potential change to one of our Medicaid eligibility groups. Connecticut will be seeking a federal waiver under Section 1115 of the Social Security Act to make changes to the Medicaid coverage group for Low-Income Adults that was created under the Affordable Care Act. A copy of our proposed waiver application is attached for your consideration. We will be submitting the waiver to the federal Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services on or before August 13, 2012. We are fulfilling the federal requirement to consult with the Mashantucket Tribal Nation, as a federally-recognized tribe in Connecticut, and would welcome your comments and input.

Connecticut intends to make changes to its Medicaid (LIA) program in order to keep up with the unanticipated expenditure demands related to the program's continued growth. The LIA program currently provides coverage to 77,798 low-income adult residents of Connecticut ages 19-64, ineligible for coverage under Medicare or the Children's Health Insurance Program, with incomes at or below 55 percent of the Federal Poverty Level (with an additional 12% income disregard for shelter costs in Region A-primarily Fairfield County). Individuals who are pregnant or who receive SSI are ineligible for LIA.

These changes will preserve Connecticut's commitment to coverage for the most needy low-income adults and provide manageable program growth and expenses from October 1, 2012 through December 2013, when the Affordable Care Act will expand Medicaid to this population in 2014.

Chairman Rodney A. Butler
 June 12, 2012
 Page 2

In order to achieve this end, DSS proposes to implement a new Medicaid Section 1115 Demonstration coverage group to replace the current Medicaid State Plan LIA coverage group that was approved effective April 1, 2010. The Medicaid LIA demonstration waiver will retain the same eligibility requirements with the following exceptions. Effective October 1, 2012, DSS proposes to:

- Implement an asset (resource) test of \$10,000 for all new and current LIA participants. Currently, there is no asset test for LIA eligibility; and
- Count parental income and assets for those individuals ages 19-25 living with a parent or claimed as a dependent on a parent's tax return.

Individuals receiving coverage under the Medicaid LIA 1115 Demonstration will continue to receive the Medicaid benefit package, with the exception of coverage for nursing facility stays. Coverage under the LIA demonstration will be limited to 90-days per admission and individuals in need of longer-term nursing facility stays will be encouraged to apply for Medicaid coverage under other eligibility groups that qualify for long-term care.

If you or any of your staff would like to meet to discuss the application, please let me know. Also, please be advised that members of my staff consult on issues related to our medical assistance programs with Barbara Poirier of your Health and Human Services Department. If you have any questions concerning the application, please contact Mark Schaefer, Ph.D., Director, Medical Care Administration at (860) 424-5067.

Sincerely,



Roderick L. Brennan
 Commissioner

RLB

cc: Barbara J. Poirier, Director, Tribal Health Services, Mashantucket Pequot Tribal Nation
 Kathleen Brennan, Deputy Commissioner, DSS
 Claudette Beaulieu, Deputy Commissioner, DSS
 Marc Shok, Director, Adult Services
 Mark Schaefer, Director, Medical Care Administration
 Robert Zavoski, M.D., Medical Director
 Patricia McCooley, Staff Attorney, DSS

McCooley, Patricia E.

From: Puckett, Olivia [mailto:Olivia.Puckett@cga.ct.gov]
Sent: Friday, June 15, 2012 4:10 PM
To: Mgeertsma@STMH.org; s.amdur@snet.net; acole@staywellhealth.org; gagliardi@chc1.com; annette.buckley@ctunitedway.org; Wolf, Barbara; Beaulieu, Claudette J.; BDavis@hrsa.gov; Bocaccino, Maryellen; Bremby, Roderick L.; carol.trapp@acs-inc.com; BCheney@wcmh.org; csavold@benecare.com.; Cbianchi@staywellhealth.org; Cohen, Robin; Colangelo, Steven A.; CGeib@hrsa.gov; Harrington, Colleen; Weizenbaum, David B; Dearborn, David S.; debaprn@aol.com; Evans Starr, Julia; Dileo, Paul; donald_langer@uhc.com; Balaski, Donna; Dowd, Judith; Andrews@cthealthpolicy.org; Dudley, Evelyn A.; Ferron-Poole, Astread O.; rosa.ficocelli@ct.gov.; Foley, Anne; gdigioia@chnct.org; Ganesan, Uma; latinoexpo@snet.net; Dorysblue@sbcglobal.net; Halsey, William; Hutchinson, Jennifer L; Gott, Jason T.; Milstein, Jeanne; Jwalter@rushford.org; KYacavone@swchc.org; Sinko, Kelly; Kolreg, Sallie; jacqueline.kozin@PO.STATE.CT.US; Franklin, Marie A; Keenan, Mark; Schaefer, Mark C.; Kmartin@griffinhealth.org; mmilkovic@benecare.com; malee@ctkidslink.org; McEvoy, Kate; McGuire, Susan R.; Marie.Montemagno@CMS.hhs.gov; mmorelli@canpfa.org; Mary.Moriarty@cms.hhs.gov; cocallahan@midhosp.org; Rehmer, Pat; paula.armbruster@aya.yale.edu; Silverman, Phyllis; Coleman-Mitchell, Renee; Rep. Abercrombie, Catherine; zRepresentative Craig Miner; Rep. Ritter, Elizabeth; zRepresentative Lile Gibbons; Rep. Schofield, Linda; Rep. Cook, Michelle; Rep. Villano, Peter; Rep. Johnson, Susan; Rep. Walker, Toni; Vnardello@aol.com; bgrubbs@ccahelping.org; Spencer, Richard; Zavoski, Robert W.; aselinger@ProHealthMD.com; Sen. Musto, Anthony; Sen. Gerratana, Terry; Sen. Kane, Rob; Smith, Carol R; Soulsby, Joan; Steve.Mackinnon@ACS-INC.COM; Skelly@chnct.org; Treiss, Carolyn; Veltri, Victoria; Jesse@ctschoolhealth.org; wodatch@CAHCH.org; Wolf, Marcea G.; WOLMAN, FREDERICKA; THOMAS.WOODRUFF@PO.STATE.CT.US; kpajor@beechwoodrehab.net; Norwood, Joel C.; s.amdur@snet.net; gagliardi@chc1.com; McFarlane, Carole B.; CBianchi@staywellhealth.org; debaprn@aol.com; Dorysblue@sbcglobal.net; Kane, Brittany; slanger@ctkidslink.org.; Silverman, Phyllis; Rep. Ritter, Elizabeth; Rep. Cook, Michelle; Rep. Tercyak, Peter; Rep. Villano, Peter; Rep. Johnson, Susan; Rep. Walker, Toni; VNardello@aol.com; Rep. Nardello, Vickie; Sen. Gerratana, Terry; Sen. Harp, Toni; Smith, Maureen; Jwalter@rushford.org; McDermott, Gaia; ACort@ynhcmg.org; publicpolicy@namict.org; agoduti@ccpa-inc.org; ann.hogan@ynhh.org; annette.buckley@ctunitedway.org; Cournoyer@chime.org; bweeks@TheKowalskiGroup.com; creasel@gmail.com; alevinbecker@ctmirror.org; Henry, Beverley; abeyus@chcact.org; Bocaccino, Maryellen; david.bordonaro@mcleancare.org; kbb@stateside.com; Buckley, Melissa; WAMUO, CHERYL; Chillington, Yulia; christine.cappiello@anthem.com; lclark@rc.com; ccatrone@cmhacc.org; corinavendetto@sbcglobal.net; dwhite@ctstransit.com; dcrane@genhealth.org; KDemers@DayKimball.org; dconsiglio@chnct.org; Avery, Dominique; edie61066@hotmail.com; ehackett@villageforchildren.org.; elisa.jacobs@cms.hhs.gov; Garcia, Erica L.; Eclark@ccpa-inc.org; ebarnum@chcact.org; bfairbairn@newsamaritancorp.org; jfay@vna-commh.org; bfb.wws@cox.net; Gary.Smart@YNHH.org; bgauthier@hebrewhealthcare.org; egemski@murthalaw.com; GBass@ghla.org; Equaljustice1966@aol.com; hfeltonreid@rc.com; Carrie.Hart@chshartford.org; hteed@ccpa-inc.org; Hoyt@cahch.org; jhughes@HughesandCronin.com; jmcnichol@larcc.org; jbell@ctkidslink.org; JMcNichol@larcc.org; jsicklic@kidscounsel.org; jwaskiel@stfranciscare.org; jcronin@hughesandcronin.com; Bernier, Jennifer; jesse@ctschoolhealth.org; joan_a_morgan@UHC.com; joann@cfapress.org; KelseyEWilson@gmail.com; KPrzybysz@aol.com; Dowty, Kristin; ct.lobbyist@gmail.com; Honigfeld@uhc.edu; lrusso@wheelerclinic.org; Barrera, Laura Victoria; Cook, Lawrence; lserota@benecare.com; Vander Baan, Lee R.; Lori.Szczygiel@valueoptions.com; lorraine.furbush@ynhh.org; malloyj@oddfellowsct.com; jmangene@HillHealthCenter.com; Franklin, Marie A; Macyr@chnct.org; smcpherson@masonicare.org; meyers@adp.uhc.edu; dmiller@chnct.org; monette@cthealth.org; mmorelli@canpfa.org; pmorse@ctbaptisthomes.org; griffin@lobbyct.com; Dube, Nicole; knystrom@newenglandhomecare.com; akeefe@ct.metrocast.net; hpaek4kids@gmail.com; Passaro, Cara; JPerkins@CONNECTICARE.com; Pandl114@aol.com; Pope, Michelle; Weiser, Rebecca (Rivka); RMHoffmann@dhs.ri.gov; RobinH@logisticare.com; O'Connor, Rod; shaipin@rc.com; SToubman@nhlegal.org; SCohen@Wheelerclinic.org; siwaniec@ctstransit.com; SParker-McKernan@larcc.org; saul.spigel@po.state.ct.us; Scalettar, Ellen; slanger@ctkidslink.org; elizabeth.shorrock@boehringer-ingelheim.com; Barrett, Tanya; Edelstein, Terry; Rugens, Theresa N.; waldent@ctseniorcare.org; Puckett, Olivia; Deborah; aabissonnette@hotmail.com; pbelval@umh.org; mbloom@romesmithlutz.com; bweeks@thekowalski.com; Cole, Molly; dpolun@chcact.org; howard.mark1@comcast.net; bfb.wws@cox.net; bfiochetta@mchct.org; pgilland@churchhomes.org;

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Subject: MAPOC Waiver 1115 LIA Public Hearing

There will be a Council on Medical Assistance Program Oversight Public Hearing on Waiver 1115 LIA on Tuesday June 26, 2012 at 10:00 AM in LOB ROOM 1D.

The document attached is the draft waiver application.

1115 DEMONSTRATION DRAFT WAIVER APPLICATION
TO THE CENTERS FOR MEDICARE & MEDICAID SERVICES
MEDICAID LOW-INCOME ADULT COVERAGE DEMONSTRATION

Sign Up Details to follow.

Warmest regards,

Olivia Puckett

Legislative Staff: Council on Medical Assistance Program Oversight
Legislative Office Building Room 3000

Hartford, CT 06106

(P) 860-240-0321

(F) 860-240-0023

<http://www.cga.ct.gov/ph/medicaid/>

olivia.puckett@cga.ct.gov

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McCooley, Patricia E.

Subject:

FW: LIA Waiver [not-secure]

From: Kaplan, David [<mailto:David.Kaplan@cga.ct.gov>]

Sent: Monday, June 18, 2012 2:23 PM

To: Cormack, Marilyn ; Dileo, Paul; Larcen, Stephen, Gov. hospital appointment; Rep. Christopher Lyddy, Chair; Acker, Paul; ANDERSSON, KAREN; BERKOWITZ, LOIS; Calvert, Rick, SE CT Child OP; Carboni, Sandy for S. Larcen; Carrier, Kathleen Families United, CC, DCF SC; Charles Herrick, MD; Creel, Teddi L.; Deasy, Thomas; DelBianco, Doreen; Dillon, Rep. Patricia; DiPietro, Terri Middlesex Hosp.; Dowd, Judith; Drescher, Howard; Dudley, Evelyn A.; Eason, George; Fleming, Ronald ADRC, Inc.; Foley-Geib, Catherine, Judicial ; Franks, Robert; Gammon, Davis MD; Gates, Heather Sen Kissel designee; Gibber, Hal, Favor; Gibbons, Rep. Lile; Girelli, Steven, Ph.D Klingberg; Gott, Jason T.; Grivois, Lorna Families United Family rep.; Halsey, William; Hamilton, Robin, General Manager Logisticare; Hanna, Nora, MD IOL; Hardy, Margaret St. Vincent's Hosp.; Harrington, Colleen; Henry, Beverly Adm. PHC; Hopes, Daisy, DMHAS Comm. Rehmer; Hutchinson, Jennifer L; Kramer, Mickey; Langer, Sharon Sen. Williams designee; Lim, Sabina, MD, YNHH; Lock, Linda for G. Rodriguez; Mackey, Jocelyn; Meyers, Judith, CHDI; Mezzy, Randi ; Nystrom, Kimberly New England Homecare; Oakes, Deborah, CHNCT Dir. Care Management; Orsini, Sue for T. King; Peggy Delewski for Dr. Herrick; Perlstein, Sherry, Rep. Gibbons designee; Phenix, Kelly, Rep. Donovan's designee; Pointer, Robin for M. Schaefer; Quin, J uhc; Rehmer, Pat; Rep. Toni Walker, Chair, Approp. Comm.; Rep. Craig Miner, RM, Approp Comm.; Rep. Elizabeth Ritter, Chair PH Comm.; Rodriguez, Galo, CEO Village for Children & Families; Salabarría, Javier, MD Rep Perillo designee; Santa, Maria; Schaefer, Mark C.; Sen. Robert Kane, RM HS Comm.; Sherman, Kimberly CHNCT; Smith, Carol R; Smith, Maureen; Spencer, Richard; Sullivan-Wiley, Janine , Sen. Kane's designee; Szczygiel, Lori CEO CT VOI BHP; Treiss, Carolyn; Walkama, Susan, Wheeler Clinic Adult OP; Walter, Jeffrey, Chair; Welch, Rachel OFA; White-Fresse, Jesse, Ex. Dir. SBHC Assoc.; Wilson, Berford, Parent ; Wolf, Marcea G.; Woods, Leslie; Woodsby, Alicia ; Zuckerman, Steven; DiLoreto, Joanna CCPA; Lawson, Gail, Sound Community Services; Lidz, Christine Bridges, Milford; Murtagh Roberta cnvhel; Allison Keefe ; Amy O'Connor, Policy Assistant, NAMICT; Andrews, L Ct nonprofits; Ann Hogan, YNHH G Rel.; Anthony Del Mastro, Children's CenterHamden; barbara sheldon family Advocate; Beauregard, Kim , Intercommunity, Inc; Becker, Alevin Ct Mirror; Beth Klink, YNHHH; Bilangi, Richard ct counseling Center; Bissell, M APT Foundation; Boyer, Katie B. Stateside; Carol Powers ABHCT; Cheryl Burack, Ex. Dir, Coord. Council Children in Crisis; Cohen, Sandra Dir. Quality -Wheeler Clinic; Connie Catrone, CMHC; Cook, R Harbor Health Services; Cynthia Nereo-Pearson, Child&Family, Esex; Duffy Cichowski; Edward Hackett, Village for children; Elizabeth Collins; elizabeth.shorrock, Boehringer-Ingelheim; Garcia, Erica L.; Faris, Susan VNA; Fay, Janine VNA; Gary Steck, Waterbury CGC; Gina Hoff, Cust.Service Mgr, Wheeler; Hilary Felton-Reid, R&C; Jean Adnopez, YCSC; Jean M. Cronin; Jill Benson, Community Health Resources; Jon Clemens ct non profits; Joyce Cunbar, Family Advocate, MHA of CT; JORDAN, JUDI; Ken Przybysz; Linda Russo, Wheeler Clinic MC, UM; Manning, dianne United Services; Marie Mormile-Mehler CMHACC; Marjorie Brault, adm asst. CHA; Mary Gratton, Hartford Hosp.; Matthews, Sheila Able Child; McGovern, B Keystone House, Norwalk; Mckee, Sr. Patricia, Mercy Housing; Murray, Wendy Harbor health services; Nadeau, Allyson Valueoptions; Naida Arcenas, APRN, DCF; Nancy Navarretta; O'Neill, Mary Anne CCPA; Oros, Joseph, Boehringer Ingelheim Pharmaceuticals; Palermcrae, C APT Foundation; Parker, Colleen Ct non- profits; Randolph, L APT Foundation; S. Godfrey, New Britain Hospital; Sara Frankel; Schiessl, Carl CHA; Scott, S Harbor health services; Sheldon Toubman, NH LA; Simon, Barry Gilead CS; Stewart Greenbaum, Norwalk CGC; Sullivan, Brian, Esq.; Susan Halpin, R & C, lobbyist; Teed, Hillary, Publ Health Policy CCPA; Edelstein, Terry; Veltri, Victoria; Weeks, Brad, The Kowalski Group; Wright, Juanita Hill IHealth Center; Zito, Cathy, Magellan health

Cc: Abraham, Robin, NEHC; Amdur, Sheila; Anderson Diaz, Teodoro; Chin, Alyse; Clark, Logan ; Coogan, Susan; Cook, Roberta; Cormack, Marilyn; Deck, Letha; DiPietro, Terri; Donahue, Erin; Fissel, Michaela; Galambos, Kate; Gallagher, Jennifer; Gamelin, Yvonne; Gridley, Elizabeth; Hernandez, Juan; Herrick, Charles; Hutchinson, Jennifer L; Incerti, Victor; Kaplan, David; Kasdan, Barry; Kearney, Colleen; King, Tom; Klein, David; Klink, Beth; Kolstad, Lisa; Liberti-Poeta, Victoria; Mastrianni, Linda; Michaelson, Diane; Mitchell, Cyrece; Moore, Steven; Nescott, Mary; O'Hagan-Lynch, Margaret; Patota, Michael; Patrick, Nancy; Phelan, Ann; Pisciotta, James; Polun, Debra; Reid, Howard; Siemianowski, James; Spinner, Kira; Struzinski, Debra; Turi, Sue; Ulm, Kathy; Vanderheide, Laurie; Walkama, Susan; Williamson, Deena; Woodsby, Alicia; Wyzik, Philip F; Iwaniec, Sandy, Coordinated Transportation Solutions, Inc; Keefe, Allison chshartford; Anderson, Robyn ABHCT; Benoit, Helen Wheeler Clinic; Blei, Judy ; Bragg, Cheri - KTP Coordinator, Keep

the Promis, Namict; Buckley-Bates, Karen; Burr, Thomas Namict; Chase, Michelle Family Advocate; Chillington, Yulia; Cole, Molly UCHC; Colvin, Kevin Valueoptions; Cyr, Mary Ann CHNCT; DiGioia, Gail CHNCT; Evertson, Karen; Fannon, Eileen, Logisticare; Fiore, Maureen; Fletcher, Barbara DSS; Geertsma, Alex MD; Gianquinto, Matt; Halarewicz, Agnes CTBHP/VO; Hammond, Elizabeth; Henry, Brenetta; Honigfeld, Lisa CHDI; Huntoon, Tiffany CHNCT; GEORGE, JAMES; Kelly, Sylvia CHNCT; Kurban, Marlene ABH; Langer, Sharon CTVoices Co-Chair; Lee, Mary Alice CTVoices; Liébel, Brian AETNA BH; MacDonald, James Aetna; mangasarova, E Aetna; Martocchio, Family rep; Mathis, Ellen; Mayo, Sabra Family rep.; McMellon, James: Logisticare Transportation; Miller, Martha; Nardini, Candice VOI; PIZZUT, B Hartford Hosp; Porteus, Sandy, FS Waterbury; Quinn, Sandra CTBHP/VO Dir. of UM; Robinson, Jennifer, CTBHP/VO; Sabo, Janet AETNA; Savold, Chris, BeneCare; Schaefer, Mark C.; Snyder, Kathleen 1st Transit; Spencer, Richard; Steven Kant, CTBHP; Strigler, Donna CTS Transportation; Taylor, Amy; Tomer, Muriel ct-behavioral-outreach; Tournas, Michelle; Vander Baan, Lee R.; WAMUO, CHERYL; Ward-Zimmerman, Barbara; White, David CTS Transportation; Williams, Michael ABHCT; Williams, Shawn Aetna; Wilson, Dr. Sweets Child BH Catholic Chairities; WOLMAN, FREDERICKA; Woods, Kristin AmeriChoice; Zavoski, Robert W.; A. Caplin; Alvarez, Annie; Ann Turkington; Blair Maclachlan; C. Kravitz; Charles Hatheway; Cheryl Entwisle; Christine Dauser; D. Dorman; D. McGrath; Denise Keane; E. Nester; E. Rodriguez; Florence Griffin; Fredyne Pell; H. Finateri; hoyt@cahch.org; J. Gleckle; J. Goodwin; J. Iseminger; J. Olender; J. Osborne; J. Riker; J. Sullivan; Jeffrey Batulevitz; Jennifer Kurowski; Jennifer Pease; John Hamilton; Joseph F. Marafito; Joseph Sullivan; Kyra Lorde; L. Ladden; L. Valentine; Linda D. Roderick; Linda Guillorn; Linda Mastrianni; M. Dimenstein; M. Painter; M. Rios; MaryAnn Berube; Michael Weiner; N. Belisle; N. Cumming; N. Scibelli; P. L. Walker; P. Maloney; Paul Iadorola; R. Gorman; Regina Moller; Rob Caporaso; S. O'Connell; MCWILLIAMS, SCOTT; Stephanie Licsak; Creel, Teddi L.; Timothy Odaynik; Tom Narducci; U. Bhan; Valerie Williams; W. Young; ANDERSSON, KAREN; Andrade, Angela; Barnes, Helen; Bellenoit, Jamie; Halsey, William; Bory, Chris; Carmarca, Arlene; Casey, Mary; Chin, Alyse; Colocchia, Ellen; Contrastano, Dorothy; Cretaro, Ron; Del Mastro, Anthony; Farrell, Jacquelyn; Harmon, Angie; Jennings, Irvin; Jennings, Irvin; Kane, Marcy; Kania, Bill; Kramer, Mickey; Lockery, Sarah; Lyga, Dan; MCKEAGNEY, ROBERT; Moore, Steven; ore@valueoptions.com; Navarretta, Nancy; Nelson, Kim; Neveski, Joan; PLANT, ROBERT; Ringer, Lynne; Schiessl, Kathy; Ulm, Kathy; Wilcox, Brenda

Subject: FW: LIA Waiver [not-secure]

Importance: High

FYI - Please Read the message below. If you have any comments an/or questions, please contact Patricia McCooey, Staff Attorney at DSS. Thank you.

Sincerely,

David Kaplan

Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000

Hartford, CT 06106

860-240-0346

Info Line 860-240-8329

(F) 860-240-5306

david.kaplan@cga.ct.gov

From: McCooey, Patricia E. [<mailto:Patricia.McCooey@ct.gov>]

Sent: Monday, June 18, 2012 2:05 PM

To: Kaplan, David

Cc: Puckett, Olivia; Treiss, Carolyn

Subject: LIA Waiver [not-secure]

Importance: High

David - Good afternoon. I am writing to request your assistance with the 1115 Medicaid waiver that the Department of Social Services will be submitting to the Centers for Medicare & Medicaid Services. A copy of a public notice concerning the waiver demonstration and the actual waiver application are attached. I would like you to send the attached to the email list of Behavioral Health Partnership Oversight Committee members and any committee/subcommittee lists.

Also, although the public notice period in the newspaper was June 13, 2012 to July 13, 2012, it would be helpful for you to note that the Department will also accept comments until July 18, 2012, or 30 days from the date of your sending the email (whichever is later).

If you could also copy me on the email or forward a copy, I would greatly appreciate it.

If you have any questions, please let me know.

Thank you very much for your assistance.

Trish McCooley

Trish McCooley
Staff Attorney
Office of Legal Counsel, Regulations and
Administrative Hearings
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MEDICAID FOR LOW-INCOME ADULTS

PROPOSED NEW MEDICAID 1115 DEMONSTRATION WAIVER APPLICATION FOR PUBLIC COMMENT

The State of Connecticut Department of Social Services (DSS) proposes to submit a new application for a Medicaid Section 1115 Demonstration Waiver to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Connecticut intends to make changes to its Medicaid for Low-Income Adults (LIA) program in order to keep up with the unanticipated expenditure demands of the current program's growth. The LIA program currently provides coverage to 77,798 low-income adult residents of Connecticut ages 19-64, ineligible for coverage under Medicare or the Children's Health Insurance Program, with incomes at or below 55 percent of the Federal Poverty Level (with an additional 12% income disregard for shelter costs in Region A—primarily Fairfield County). Individuals who are pregnant or who receive SSI are ineligible for LIA.

These changes will preserve Connecticut's commitment to coverage for the most needy low-income adults and provide manageable program growth and expenses from October 1, 2012 through December 2013, when the Affordable Care Act will expand Medicaid to this population in 2014.

Pursuant to the provisions of 42 CFR § 431.408, DSS is providing a public notice and comment period concerning the application from June 13, 2012 through July 12, 2012. Please see the Public Comment and Public Hearings sections, below, for information how to provide input on the application.

Also, state law requires a public comment period concerning Medicaid waivers and demonstrations. Please see the Public Comment section below for additional information on the public hearing that will be held pursuant to Connecticut General Statutes Section 17b-8.

Demonstration Description and Eligibility

DSS proposes to implement a new Medicaid Section 1115 Demonstration coverage group to replace the current Medicaid State Plan LIA coverage group that was approved effective April 1, 2010 and replaced the previous State-only funded SAGA medical assistance program. The Medicaid LIA demonstration waiver will retain the same eligibility requirements that currently apply to the Medicaid State Plan LIA coverage group with the following exceptions. Effective October 1, 2012, DSS proposes to:

- Implement an asset (resource) test of \$10,000 for all new and current LIA participants. Currently, there is no asset test for LIA eligibility; and
- Count parental income and assets for those individuals ages 19-25 living with a parent or claimed as a dependent on a parent's tax return.

June 18, 2012

Demonstration Benefits and Delivery System

Individuals receiving coverage under the Medicaid LIA 1115 Demonstration will continue to receive the Medicaid benefit package, with the exception of coverage for nursing facility stays. Coverage under the LIA demonstration will be limited to 90 days per admission and individuals in need of longer-term nursing facility stays will be encouraged to apply for Medicaid coverage under other eligibility groups that qualify for long-term care.

Medicaid LIA 1115 Demonstration participants will receive services through the existing Medicaid delivery system and provider network at the Medicaid state plan reimbursement rates.

There will continue to be no cost-sharing requirements for participants in the Medicaid LIA 1115 Demonstration.

Estimated Impact on Expenditures and Enrollment

DSS estimates that savings from the initiative will be approximately \$52 million in SFY13. In addition, DSS estimates that during SFY13, 15,000 to 20,000 LIA participants will lose eligibility as a result of the proposed changes.

Demonstration Evaluation

DSS proposes to use the Medicaid LIA Demonstration experience to better understand the cost and utilization patterns of the Medicaid expansion population in 2014, and to better understand the reasons and extent to which families with dependents under age 26 seek coverage under Medicaid as an alternative to continued parental coverage available under the Affordable Care Act.

Federal Authority Requested

DSS will request that CMS provide expenditure authority under section 1115(a)(2) of the Social Security Act in order for Connecticut to cover individuals under the Medicaid LIA Demonstration.

ADDITIONAL INFORMATION:

Information on Obtaining Section 1115 Waiver Draft Application

Copies of the application may also be requested by mail or email from Mark Schaefer, Ph.D. Director, Medical Care Administration, DSS, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5067, Fax: 860-424-5114, Email: LIA1115.dss@ct.gov.)

DSS wishes to make reasonable accommodations for persons with disabilities throughout this public comment process. You may contact DSS at the addresses above if you need this notice or

June 18, 2012

other demonstration materials in an alternative accessible format or need any other accommodations that will allow you to participate in this process.

For additional questions concerning the public process, please contact (860) 424-4873.

Electronic Mailing List

If you wish to register to receive emails related to future actions on this waiver, please send an email request to: LIA1115.dss@ct.gov.

Public Comments

DSS will accept comments on the waiver application for a 30-day period starting June 13, 2012 through and including July 13, 2012. Comments may be sent to: Mark Schaefer, Ph.D., Director, Medical Care Administration, DSS, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5067, Fax: 860-424-5114, Email: LIA1115.dss@ct.gov.)

Public Hearings

There will be two public hearings on the waiver: 1) Council on Medical Assistance Program Oversight Public Hearing, June 26, 2012, 10:00 a.m., Legislative Office Building, 300 Capitol Avenue, Hartford, CT, Room 1-D. For further information: www.cga.ct.gov; and 2) DSS Hearing – June 28, 2012, 10:00 a.m., New Haven Free Public Library - Courtland S. Wilson Branch, 303 Washington Avenue New Haven, CT 06519, (203) 946-2228.

Members of the public are invited to attend and present their views on the application at either of these hearings.

State Legislative Hearing

The Appropriations Committee and Human Services Committee of the Connecticut General Assembly will also hold a hearing on the demonstration application on July 24, 2012 at 10:00 a.m., Legislative Office Building, 300 Capitol Avenue, Hartford, CT, in accordance with the provisions of Conn. Gen. Stat. Sec. 17b-8(a), as amended by Section 144 of Public Act 11-144. Additional information concerning this hearing will be available on the Connecticut General Assembly website, www.cga.ct.gov. This hearing will also be announced in the July 3, 2012 Connecticut Law Journal.

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

**SECTION 1115 DEMONSTRATION DRAFT WAIVER APPLICATION
TO THE
CENTERS FOR MEDICARE & MEDICAID SERVICES
MEDICAID LOW-INCOME ADULT COVERAGE DEMONSTRATION**

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- VIII. Demonstration Hypothesis and Evaluation Parameters
- IX. Waiver and Expenditure Authorities Requested

Connecticut Department of Social Services
Section 1115 Demonstration Authority Request for Medicaid Low-Income Adult (LIA)
Coverage Demonstration
DRAFT

A Sustainable Approach to Providing Medicaid Coverage to
Low-Income Adults in the State of Connecticut

I. INTRODUCTION

The State of Connecticut (Connecticut/State) has led the nation in providing coverage to the uninsured. The effort undertaken to serve individuals through the Medicaid for Low-Income Adults (LIA) program effective April 1, 2010 reflects our long commitment to ensuring that our citizens have access to quality health care. While the program has been exceptionally successful in providing coverage, its growth has spurred the need to seek a more targeted program, sustaining services for those with the most significant need and few alternatives for coverage.

II. BACKGROUND

Connecticut has long demonstrated its commitment to health care coverage for its most vulnerable citizens. For several decades, the State and its municipalities administered a general assistance program to provide medical assistance to low-income uninsured adults. In 1998, the legislature established the State Administered General Assistance (SAGA) program, which transferred all administrative and financial responsibility for the general assistance program to the State. On June 21, 2010 Connecticut became the first state in the nation to gain approval from the federal government to expand Medicaid coverage to an estimated 45,000 individuals under Section 2001 of the Affordable Care Act (ACA). This new Medicaid LIA program included individuals who were previously enrolled in a more limited benefit package under SAGA. The conversion provided long-term care/skilled nursing facility services and home health care benefits to this population, provided greater access to non-emergency medical transportation, and expanded the provider network available to participants. Although income eligibility remained unchanged at 56% of the federal poverty level (FPL) (with an additional 12% income disregard for shelter costs in Region A/Fairfield County), the SAGA asset limit of \$1,000 was eliminated to comply with federal requirements. (Note: The FPL limit was updated in 2012 to 55% of the FPL.)

The Medicaid expansion for low-income adults has resulted in significant unbudgeted costs. Since the program's expansion, the State has been grappling with the unanticipated consequences of escalating caseloads and the resultant costs. Elimination

of the asset test, poor economic conditions, as well as inclusion of populations who did not formerly qualify for SAGA, created an unanticipated level of caseload growth, increasing by 67% from 46,156 clients in June 2010 to 77,015 clients in April 2012. The June 2012 caseload is 77,798. In State fiscal year (FY) 2011, Connecticut spent \$575.6 million; in FY 09, the year prior to the expansion, expenditures were \$265.6 million. This increased caseload created significant state FY 11 shortfalls in the funding that supports Medicaid LIA services, with shortfalls totaling \$160 million. Last year when the FY 12 and FY 13 budget was being developed, the projected FY 11 shortfall (at that time, projected at \$139 million), was trended forward into the estimates for FY 12 and FY 13. Yet, despite this, the current caseload level of more than 77,000 was not projected to be reached until November 2013. Even with the annualization of prior year shortfalls, the higher caseloads are causing another projected shortfall in FY 12 of approximately \$50 million for the Medicaid LIA program. In the last six months, caseload has increased 5% and it is expected to continue to grow in the foreseeable future.

The Connecticut Department of Social Services (DSS) has undertaken major investments in resources to support improvements in care and service delivery for Medicaid populations, including the LIA population. These initiatives are intended to support the transformation of the service delivery system and the data available to participants in that system to continuously drive better performance. At the same time, DSS is pursuing a number of access, quality and cost-containment efforts that are intended to reduce the rate of program growth. Examples of these initiatives include:

- The establishment of a single statewide medical administrative services organization (ASO) to undertake customer service, utilization management, intensive care management and quality management for LIA and other medical assistance populations. There will be a special focus on health risk stratification and health data analytics to improve population health management and support targeted intensive care management. Other data analytics will support provider profiling and pay for performance initiatives;
- The Connecticut Person-Centered Medical Home (PCMH) initiative supported by the contracted medical ASO with performance measures and incentives; and
- The Connecticut Behavioral Health Partnership (BHP), a joint initiative with the Departments of Children and Families and Mental Health and Addiction Services to establish an integrated system for the management of behavioral health services for Medicaid, including Medicaid LIA, members.

Despite these efforts, given current budgetary conditions, Connecticut estimates that caseload growth in the Medicaid LIA program has created an expansion program that has become financially unsustainable through the end of 2013 when 100% federal funding is expected to be available to cover the costs of these individuals in 2014.

III. DEMONSTRATION PROPOSAL: DESCRIPTION, GOALS AND OBJECTIVES

Connecticut must make changes to the Medicaid LIA program in order to keep up with the expenditure demands of program growth. To date, such growth is well beyond the level that had been budgeted and, in the absence of such changes, will jeopardize the State's ability to provide coverage to its most needy citizens. Effective October 1, 2012 through December 31, 2013, or whenever coverage becomes available to demonstration participants as "newly eligibles" under ACA, Connecticut proposes to implement a new coverage group under Section 1115 demonstration authority that will replace the current state plan Medicaid LIA coverage group authorized under Section 1902(k)(2) of the Social Security Act. As noted above, there are currently 77,798 Connecticut residents receiving medical assistance under this program.

While the Governor and legislature are committed to serving the state's neediest citizens, they are opposed to spending scarce resources on individuals who could otherwise pay for their coverage. As of December 2011, LIA expenditures for those under the age of 21 have grown to 4.3% of total expenditures with expenditures in the first six months of this fiscal year totaling \$12.5 million. The caseload for this age group has increased from 0.1% in June 2010 to 8.2% of the total caseload (or 6,114 cases) in December 2011 and is expected to continue to climb as more parents with college-age children become aware of the availability of LIA coverage. This demonstration proposal reflects the State's position that families who can cover dependent children, including young adult children, on their private insurance should do so. Households with sufficient financial resources should not be receiving publicly subsidized medical assistance.

To this end, under the demonstration, Connecticut is proposing to:

- Institute an asset (resource) test on all participants. The DSS will implement a \$10,000 asset test (excluding home property and one motor vehicle) on current LIA participants as well as all new applicants;
- Count parental income and assets for individuals under age 26 who either live with parents or are claimed as a dependent on a parent's income tax return; and
- Limit the nursing facility benefit to 90 days per admission, unless the LIA client meets the eligibility requirements for regular ABD Medicaid rules, including the Medicaid asset/resource test.

The goals of this demonstration are:

- Preservation of Connecticut's commitment to coverage for the most needy low-income, adult residents in need of health care services in preparation for the expansion of Medicaid under ACA in 2014;
- Continued reliable access to affordable, quality health care services for Connecticut's most needy citizens;
- Coordination of health care services for demonstration participants through the implementation of person-centered medical homes; and
- Manageable program growth and expenses through 2013;

These components are all linked in mission -- to preserve Connecticut's commitment to providing quality health care coverage to the State's most vulnerable low-income adults in a manner that is financially sustainable.

IV. DEMONSTRATION ELIGIBILITY

Under the demonstration, an individual will be eligible for coverage if he or she meets the following eligibility requirements currently in place under the approved Medicaid state plan coverage group for LIA:

- Individuals ages 19 through 64;
- Not pregnant;
- Ineligible for coverage under Medicare or the Children's Health Insurance Program (CHIP);
- Residents of Connecticut;
- U.S. citizens or eligible non-citizens; and
- Not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Social Security Act.

Under the demonstration, Connecticut intends to institute an asset test. While there has been no asset test for LIA clients since the State converted its SAGA program to the Medicaid state plan coverage group for LIA in April 2010, the proposed asset limit of \$10,000 (excluding home property and one motor vehicle) will be higher than the \$1,000 asset limit previously in place under SAGA. Targeting resources towards the State's neediest populations will contribute toward the financial sustainability of the program between when the demonstration is approved and 2014 when LIA participants are expected to be covered under the Medicaid expansion authorized under ACA.

Connecticut also intends to count parental income for those individuals ages 19-25 who are living with a parent or are claimed as a dependent on a parent's tax return. Although ACA provided parents the opportunity to cover children under their health

insurance up to age 26, due to the difficult economy, Connecticut is concerned that more families are shifting coverage for their children to LIA because family income is not counted.

Connecticut does not intend to implement additional changes to eligibility criteria for LIA clients under the demonstration. Income eligibility under the demonstration will continue to be set at or below 55% of the FPL and, except as noted above, the methodology for determining this income will continue as is currently established for LIA in the Medicaid state plan and described in Attachment A. Except as noted below with respect to self-attestations and verifications at redeterminations for the current LIA participants transitioning to eligibility under the demonstration, individuals will apply for eligibility under LIA much as they do today under the existing Medicaid program. Individuals must, however, apply for Medicaid LIA directly with DSS using the application forms used for the aged, blind and disabled Medicaid populations and will no longer be able to apply with the DSS enrollment broker using the HUSKY/Charter Oak application form.

Transition from Medicaid LIA to the Demonstration

All demonstration participants will be reviewed under the new demonstration eligibility criteria. Connecticut intends to implement this transition as follows:

In June 2012, DSS will send a letter to all LIA recipients notifying them of the proposed income, asset and nursing facility benefit changes and the State's intention to seek an 1115 waiver for this program. This will allow individuals who may have higher income and assets under the demonstration rules time to obtain alternative insurance coverage, including coverage under the Charter Oak Program, and assure as little client disruption as possible.

New Applicants

DSS will begin notifying the public about the proposed changes to the LIA program and requesting information on applicants' assets and parental income/assets (if applicable). Beginning October 1, 2012 (or immediately upon approval of the demonstration), all new applications will be reviewed under the demonstration eligibility criteria. New applicants must provide income and asset information, including parental income and asset information (if applicable), in order to be determined eligible for the demonstration.

LIA Applications in Process

For individuals whose applications are in process, DSS intends to begin collecting income and asset information and notifying clients of the potential change in the program. DSS will also assist in finding alternatives for insurance coverage so as to assure as little client disruption as possible.

Current Medicaid LIA Participants

DSS will not apply the changes sought through the demonstration to current LIA participants until October 1, 2012 or upon federal approval. As noted above, LIA participants will be provided advance notice of the changes DSS is seeking through the demonstration and an opportunity to demonstrate continued eligibility under the demonstration based on self-declaration of income and assets or verification of income and assets if DSS is conducting a redetermination of eligibility.

Beginning in July 2012, LIA participants who are currently undergoing a redetermination of eligibility, as well as participants who are due to be redetermined within the next two months, will be asked to provide verification of their assets and parental income/assets (if applicable). Additionally in July, current LIA participants who are not due for a redetermination in the next two months will be mailed information confirming the eligibility changes and benefit changes, and a self-attestation form.

The deadline for completion and return of the self-attestation form or redetermination verifications to the State's contractor will be July 31, 2012. The contractor will track the clients who were mailed the information, those who returned the self-attestation form or redetermination verifications and those who did not return the self-attestation form or redetermination verifications. During August, the contractor will attempt to contact LIA participants who did not return the self-attestation or redetermination verifications, urge them to do so or apply for the Charter Oak program if ineligible.

The contractor will refer all self-attestation forms and redetermination verifications to DSS. If DSS determines a client to be ineligible based on the income and asset information provided by the client, DSS will provide notice to the client and the contractor will notify ineligible clients of the availability of coverage through the State's Charter Oak Program.

Clients who meet the new program requirements based on self-attestation or redetermination verifications will remain eligible for coverage under the Medicaid LIA program (subject to the new nursing facility benefit limit described below in "Demonstration Benefits.") Clients who remain eligible based on their self-attestation will, however, be required to verify the new eligibility requirements at the time of their next scheduled redetermination.

As noted above, for Medicaid LIA recipients that do not return the self-attestation form or redetermination verifications by July 31, 2012, a second attempt will be made by the contractor to contact these clients by mail and/or phone. Upon contact, the changes to the Medicaid LIA program will be reiterated to the clients and the need to provide the self-attestation form or redetermination verifications. It also will be explained that failure to return the form will result in loss of benefits. Clients will be given until August 20, 2012 to return the form to the contractor.

The contractor will provide DSS with a list of clients who do not respond by August 20, 2012. DSS will discontinue Medicaid LIA assistance for these clients effective September 30, 2012 (assuming October 1, 2012 federal approval). These clients will be able to request hearings to maintain medical benefits pending the outcome of the hearing.

Again, however, DSS will not take any formal "action" on applications or redeterminations unless and until the demonstration application receives CMS approval.

V. DEMONSTRATION BENEFITS

Connecticut currently provides the approved state plan Medicaid benefit package to the LIA population. Under the demonstration, Connecticut will continue to provide the Medicaid state plan benefit package to the LIA population, with the exception of coverage for nursing facility stays. Payment for nursing facility stays under the demonstration will be limited to 90-days per admission.

This benefit limit is being implemented to introduce a level of parity between regular Medicaid and LIA. Under the current state plan benefit package for LIA participants, individuals have access to long-term nursing facility benefits without having to spend-down assets to levels necessary for eligibility for non-LIA Medicaid populations. Any LIA participants who appear to have long-term care needs (including individuals approaching the 90-day limit) will be encouraged to apply under Medicaid ABD eligibility in order to provide continuity of coverage.

Enrollment in the demonstration benefit package will be mandatory for all demonstration participants.

Cost-sharing

There will be no cost-sharing requirement under the demonstration for LIA participants.

VI. DEMONSTRATION DELIVERY SYSTEM

Medicaid LIA demonstration participants will receive services through the existing Medicaid delivery system and provider network at the Medicaid state plan reimbursement rates, as they do today under the state plan coverage group. There will be no difference in delivery system. Demonstration participants will be included in the new initiatives that are being introduced in Connecticut's Medicaid program, including the new PCMH initiative, the Connecticut Behavioral Health Partnership, and the medical ASO initiative to manage medical benefits. These initiatives do not require additional federal authorities or waivers for Medicaid state plan populations, therefore Connecticut does not anticipate the need for additional authority under this demonstration for those initiatives.

VII. ESTIMATED IMPACT ON EXPENDITURES AND ENROLLMENT

DSS estimates that savings from the initiative will be approximately \$52 million in SFY 13. In addition, DSS estimates that 15,000 to 20,000 LIA participants will lose eligibility as a result of the proposed changes during SFY 13.

VIII. DEMONSTRATION HYPOTHESIS AND EVALUATION PARAMETERS

DSS proposes to use the demonstration experience to better understand the reasons and extent to which families with dependents under age 26 seek coverage under Medicaid as an alternative to continued parental coverage available under ACA. As noted earlier, Connecticut believes that families with college-age children are shifting coverage from private coverage to Medicaid LIA because family income and assets are not counted under current rules.

DSS also proposes to gather demonstration cost and utilization experience in order to better understand the costs and utilizations patterns of the Medicaid expansion population in 2014 and compare to those of current Medicaid state plan populations.

IX. WAIVER AND EXPENDITURE AUTHORITIES REQUESTED

Connecticut requests expenditure authority under section 1115(a)(2) for expenditures for health care-related costs for non-pregnant adults ages 19 through 64 who are not otherwise eligible under Medicare or CHIP, not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Social Security Act, are residents of Connecticut, are citizens or eligible aliens, have limited assets and who have income at or below 55% of the FPL in accordance with Attachment A and the changes proposed under this demonstration, including parental income and assets for individuals under age 26 who live with their parents or are claimed as a dependent on a parent's federal income tax return.

Attachment A

OFFICIAL

Revision:

ATTACHMENT 2.2-A
Page 9b4

State: CONNECTICUT

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

In determining whether an individual's income is at or below the State's income standard for this group, the State will use the following methodology:

- The income rules of the SSI program.
- The income rules of the SSI program, and the following less restrictive income disregards and exclusions than are used by SSI.
- A methodology based on rules other than those of the SSI program. The methodology the State will use is described below.
 - Disregard an additional 12% of FPL as a high shelter deduction for individuals in Region A as described in Supplement 1 to Attachment 2.6-A.
 - Disregard \$150 of monthly earned income.
 - Disregard all income for the three month period that begins with the first month that the individual would otherwise become ineligible solely due to an increase in earned income.
 - Deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party.

TN No. 10-009 Approval Date 6/21/10 Effective Date 4-1-10
 Supersedes _____
 TN No. NEW

McCooey, Patricia E.

From: Puckett, Olivia <Olivia.Puckett@cga.ct.gov>
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Cc:**Subject:****Attachments:**

LIA Waiver Notice and Application
CT LIA DSS WEBSITE NOTICE 6 18 12 (2).doc; Connecticut_DSS_1115_DRAFT Application FINAL 6 12 12.doc

Importance:

High

Good Morning,

The CT Department of Social Services LIA 1115 Medicaid Waiver Draft Application and Notice are attached.

The Council on Medical Assistance Program Oversight will be hosting a public hearing for the 1115 Medicaid Waiver Draft Application on June 26, 2012 at 10:00 AM in LOB Room 1D.

The Department of Social Services will also accept comments until July 18, 2012 and 30 days after today June 19, 2012.

Sign-up information to follow.

Thank you.

Warmest regards,

Olivia Puckett

Legislative Staff: Council on Medical Assistance Program Oversight
Legislative Office Building Room 3000
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CITY OF WEST HAVEN BOARD OF EDUCATION

BAILEY MIDDLE SCHOOL INTERIOR ALTERATIONS

INVITATION TO BID

The West Haven Board of Education will receive sealed bids, in duplicate, for the project entitled "Bailey Middle School Interior Alterations, 108 Heritage Lane, West Haven, Connecticut", on Thursday, June 28, 2012 until 2:00 p.m. at the West Haven Board of Education Offices, 25 Ogden Street, West Haven, CT 06516. Envelopes shall be marked BID on the front lower left corner. Bid submissions in fax or electronic form will NOT be accepted.

Bids will be received for furnishing all labor, materials, tools, and equipment necessary to construct, equip and finish the above project, in accordance with the documents prepared by Baybrook Remodeling, Inc.

Copies of the Construction Documents and the Project Specifications Manual dated June 4, 2012, may be obtained at the cost of printing (non-refundable) by contacting Dianna, 25 Ogden Street, West Haven, CT 06516. Questions may be submitted, via electronic mail, to the attention of Ken Carney, Chairman, Building Oversight Committee, ken@baybrookremodeling.com, at least four (4) business days prior to the bid date. No responses to requests will be honored by telephone or fax.

A mandatory pre-bid meeting will be held at the project site on Thursday, June 14, 2012 at 2:30pm. Interested bidders are required to attend.

Each bidder must deposit with their bid, a bid security in the amount of \$5,000 to the State bid and subject to the conditions provided in the Instructions to Bidders and the Bid Form.

The Successful Bidder, if selected, will be required to furnish proof that a Performance and Payment Bond can be secured in the amount of 100% of the Contract Amount. Surety companies providing performance and payment bonds must be approved as members on Government contract pursuant to U.S. Treasury Circular No. 578, published annually in the Federal Register.

The Contractor shall procure at their own expense Workmen's Compensation, Comprehensive General Liability, Automobile Liability and other insurance. All coverage and limits as indicated in the Specifications, Certificates of Insurance with the above coverage must be submitted before starting work on the project. Thirty (30) days notice is required before cancellation.

The West Haven Board of Education reserves the right to reject any or all bids or to waive any irregularities in the bidding. No bid shall be withdrawn for a period of ninety (90) days subsequent to the opening of bids without the consent of the West Haven Board of Education.

Dated: June 4, 2012

Neil C. Cavalhano
Superintendent
of Schools
West Haven
Board of Education
2500127

NOTICE OF PUBLIC HEARING

NEW HAVEN SOLID WASTE AND RECYCLING AUTHORITY

The New Haven Solid Waste and Recycling Authority (NHSWRA) will hold a public hearing on June 14, 2012, at 2:00 p.m. for the purpose of holding a public hearing regarding the adoption of an Amendment to the Fiscal Year 2012-2013, in accordance with Section 6.4 of the Statute of the NHSWRA, 2000162.

NOTICE TO CREDITORS
ESTATE OF: CHINA WONG

The Hon. Mark J. DeGennaro, Judge of the Court of Probate, West Haven Probate District, by decree dated April 30, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to properly present any such claim may result in the loss of rights to recover on such claim.

Sally G. Sweeney, Assistant Clerk

The fiduciary is:
Su Hwang
of Andrew M. Aronoff, Esquire
591 Thompson Ave.
East Haven, CT 06512
2500187

At Your Service
A GUIDE TO LOCAL BUSINESSES & SERVICES

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NOTICE TO CREDITORS
ESTATE OF: JEANNE M. MALLAGIAN

The Hon. Salvatore L. DiGirolamo, Judge of the Court of Probate, Hamden-Bethany Probate District, by decree dated May 30, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to properly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Doud, Clerk

The fiduciary is:
GAIL J. JARVIS
of Paul H. Bergerman, Esq.
578 Whitney Avenue
P.O. Box 18184
Hamden, CT 06518
2500188

NOTICE TO CREDITORS
ESTATE OF: MARY GUTHRIE

The Hon. Salvatore L. DiGirolamo, Judge of the Court of Probate, Hamden-Bethany Probate District, by decree dated May 16, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to properly present any such claim may result in the loss of rights to recover on such claim.

Valerie A. Doud, Clerk

The fiduciary is:
Michael J. Guthrie
68 Hean Lane
Hamden, CT 06514
2492644

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Notice of Proposed New Medicaid 1115 Demonstration Waiver Application for Public Comment

The State of Connecticut Department of Social Services (DSS) proposes to submit a new application for the Medicaid Section 1115 Demonstration Waiver to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Connecticut intends to make changes to its Medicaid for Low-income Adults (LIA) program in order to keep up with the unanticipated expenditure demands of the current program's growth. The LIA program currently provides coverage to 77,798 low-income adult residents of the State who are 19-64, ineligible for coverage under Medicaid, Medicare or the Children's Health Insurance Program, with incomes at or below 65 percent of the Federal Poverty Level (with an additional 1% income disregard for shelter costs in Region A primary family counties). Individuals who are pregnant or who receive SSI are ineligible for LIA.

These changes will preserve Connecticut's commitment to coverage for the most needy low-income adults and provide manageable program growth and expansion from October 1, 2012 through December 2013, when the Affordable Care Act will expand Medicaid to this population in 2014.

Demonstration Description and Eligibility

DSS proposes to implement a new Medicaid Section 1115 Demonstration coverage group to replace the current Medicaid State Plan LIA coverage group that was approved effective April 1, 2010 and replaced the previous State-only Limited SAGA medical assistance program. The Medicaid LIA demonstration waiver will retain the same eligibility requirements that currently govern the Medicaid State Plan LIA coverage group with the following exceptions. Effective October 1, 2012, DSS proposes to:

- Implement an asset (resources) test of \$10,000 for all new and current LIA participants. Currently, there is no asset test for LIA eligibility; and
- Cover parental income and assets for those individuals ages 19-25 living with a parent or guardian as a dependent on a parent's tax return.

Effective October 1, 2012, all new applicants will be subject to the Medicaid LIA Demonstration criteria and required to provide to DSS income and asset information, including parental information if applicable.

Demonstration Benefits and Delivery System

Individuals receiving coverage under the Medicaid LIA 1115 Demonstration will continue to receive the Medicaid benefit package, with the exception of coverage for nursing facility stays. Coverage under the LIA demonstration will be limited to 90-days per admission and individuals under other eligibility groups that qualify for long-term care.

Medicaid LIA 1115 Demonstration participants will receive services through the existing Medicaid delivery system and provider network of the Medicaid state plan reimbursement rates.

There will continue to be no cost-sharing requirements for participants in the Medicaid LIA 1115 Demonstration.

Estimated Impact on Expenditures and Enrollment

DSS estimates that savings from the initiative will be approximately \$52 million in SFY13. In addition, DSS estimates that 15,000 to 20,000 LIA participants will lose eligibility as a result of the proposed changes during SFY14.

Demonstration Evaluation

DSS proposes to use the Medicaid LIA Demonstration experience to better understand the cost and utilization patterns of the Medicaid expansion population in 2014, and to better understand the reasons and extent to which limits on who is eligible under age 26 seek coverage under Medicaid as an alternative to continued parental coverage available under the Affordable Care Act.

Federal Authority Requested

DSS will request that CMS provide expenditure authority under section 1115(b)(2) of the Social Security Act in order for Connecticut to cover individuals under the Medicaid LIA Demonstration.

ADDITIONAL INFORMATION:

Information on Obtaining Section 1115 Waiver Draft Application and Submission of Comment

DSS will accept comments on the waiver application for a 30 day period, starting on June 19, 2012 through and including July 19, 2012. Comments may be sent to: Mark Schaefer, Ph.D., Director, Medical Care Administration, DSS, 25 Shennock Street, Hartford, CT 06106-6003 (Phone: 860-262-5927, Fax: 860-424-5114, E-mail: LIA1115dss@ct.gov).

Requests for copies of the application may also be directed to the postal and e-mail addresses above.

Additional information and a copy of the complete application may also be viewed on the DSS website: <http://www.ct.gov/dss/1115>.

DSS wishes to make reasonable accommodations for persons with disabilities throughout the public comment process. You may contact DSS at the addresses or numbers above if you need this notice or materials in an alternative accessible format or need any other accommodations that will allow you to participate in this process.

Public Hearings

There will be two public hearings on the waiver: 1) Council on Medical Assistance Program Oversight Public Hearing, Legislative Office Building, Room 26, 2012, 10:00 a.m., Legislative Office Building, 300 Capitol Avenue, Hartford, CT; Room 1-D For Further Information: www.ct.gov/dss; and 2) DSS Hearing - June 29, 2012, 10:00 a.m., New Haven Free Public Library - Guilford S. Wilson Branch, 303 Washington Avenue, New Haven, CT 06510 (203) 845-2200.

Members of the public are invited to attend and present their views on the application at either of these hearings.

NOTICE TO CREDITORS
ESTATE OF: JEANNE M. MALLAGIAN

The Hon. Salvatore L. DiGirolamo, Judge of the Court of Probate, Hamden-Bethany Probate District, by decree dated May 30, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to properly present any such claim may result in the loss of rights to recover on such claim.

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GAIL J. JARVIS
of Paul H. Bergerman, Esq.
578 Whitney Avenue
P.O. Box 18184
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NOTICE TO CREDITORS
ESTATE OF: MARY GUTHRIE

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Valerie A. Doud, Clerk

The fiduciary is:
Michael J. Guthrie
68 Hean Lane
Hamden, CT 06514
2492644

NOTICE TO CREDITORS
ESTATE OF: MARY GUTHRIE

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Valerie A. Doud, Clerk

The fiduciary is:
Michael J. Guthrie
68 Hean Lane
Hamden, CT 06514
2492644

STATE OF CONNECTICUT

RETURN DATE: JULY 3, 2012

SUPERIOR COURT
JUDICIAL DISTRICT OF NEW HAVEN
AT NEW HAVEN

THE WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF DOROTHY V. URLING AKA DOROTHY WOLF, AT

MAY 14, 2012

NOTICE TO THE WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF DOROTHY V. URLING AKA DOROTHY WOLF, AND ALL UNKNOWN PERSONS, CLAIMING OR WHO MAY CLAIM ANY RIGHTS, INTEREST OR ESTATE IN OR ON ENCUMBRANCE UPON THE PROPERTY DESCRIBED IN THE COMPLAINT, ADVISE TO THE PLAINTIFF WHETHER SUCH CLAIM OR INTEREST IS CLAIMED OR CONTINGENT.

The Plaintiff has named as a Defendant, THE WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF DOROTHY V. URLING AKA DOROTHY WOLF, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or on or encumbrance upon the property described in this Complaint, whether or not such claim or possible claim can be vested or contingent. If such claim or possible claim can be vested or contingent, it is being brought to the above-named Court seeking a declaration of the meretricious upon services known as 1025 WOLF HILL ROAD, CHESTER, CT 06510.

The Plaintiff has represented to the said Court, by means of an affidavit sworn to the Complaint, that, despite all reasonable efforts to ascertain such information it has been unable to determine the identity and whereabouts of THE WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF DOROTHY V. URLING AKA DOROTHY WOLF, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or on or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether such claim or possible claim can be vested or contingent, if not living.

Now, therefore, it is hereby ORDERED that notice of the institution of this action be given to said THE WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF DOROTHY V. URLING AKA DOROTHY WOLF, and all unknown persons, claiming or who may claim, any rights, title, interest or estate in or on or encumbrance upon the property described in this Complaint, adverse to the Plaintiff, whether or not such claim or possible claim can be vested or contingent, by such proper officer causing a true and attested copy of this Order of Notice to be published in THE NEW HAVEN REGISTER, once a week for two (2) consecutive weeks, commencing on or before June 13, 2012 and that return of such service be made to this Court.

BY THE COURT
Dr. (Judge) Zaslav
J. Garfield, Asst. Clerk
42-22012

A TRUE COPY
ATTEST:
JOHN F. FIORILLO
CONNECTICUT STATE MARSHAL
HARTFORD COUNTY

LEGAL NOTICE

Notice is hereby given that on 06/12/2012 at 10:00 AM at the Storage Depot LLC, 183 Washington Ave., in the City of New Haven, State of CT the undersigned, The Storage Depot LLC will sell at Public Sale by competitive bidding, the personal property hereinafter listed and the undersigned by:

Jan Harris
Care Counselor
104 Bikesdale Ave.
North Haven, CT - 06473
Space # 7
Description
Furniture, Washers/Dryer, Household Items.

NOTICE

Notice is hereby given of the Annual Stock Meeting of the Plymouth Colony Corporation, which will be held on Wednesday, June 20, 2012, 7:00 p.m. at the Plymouth Colony Clubhouse. The reason for this meeting is to approve the 2012-2013 budget.

NOTICE TO CREDITORS
ESTATE OF: MARY GUTHRIE

The Hon. Salvatore L. DiGirolamo, Judge of the Court of Probate, Hamden-Bethany Probate District, by decree dated May 16, 2012, ordered that all claims must be presented to the fiduciary at the address below. Failure to properly present any such claim may result in the loss of rights to recover on such claim.

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The fiduciary is:
Michael J. Guthrie
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Hamden, CT 06514
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Sheltonville City Classifieds.

PUBLIC NOTICES



THE CITY OF STAMFORD INITIATION TO BID

The City of Stamford will receive sealed Request for Proposals (RFP) and competitive bids for the following projects...

Request for Bid No. S-2277, SURVEY AND INSTALL LEAD PROGRAM (MSE) ACCESS FACILITY

Request for Bid No. S-2277, PUBLIC STATION REPLACEMENT AT THE WASHBURN FACILITY

Request for Bid No. S-2278, CITYSIDE SIDEWALK PAVING AND REPAIR

Notice of Proposed New Standard 1115 Demonstration Water

Application for Public Comment

The State of Connecticut Department of Social Services (DSS) proposes to revise the Code of Regulations for the 1115 Demonstration...

Connecticut intends to make changes to the Medicaid for Low-Income Adults (LIA) program...

These changes will prevent Connecticut's commitment to coverage for the most needy low-income adults...

Connecticut proposes to implement a new Medicaid Section 1115 Demonstration project...

Effective October 1, 2012, all new applicants will be subject to the Medicaid and LIA Demonstration criteria...

Individuals receiving coverage under the Medicaid LIA 1115 Demonstration will continue to receive that coverage...

Medicaid LIA 1115 Demonstration participants will receive coverage through the existing Medicaid delivery system...

There will continue to be no cost-sharing requirements for participants in the Medicaid LIA 1115 Demonstration...

Additional information and a copy of the complete application may also be viewed on the DSS website...

DSS will require that CMS provide appropriate authority under section 1106(b)(7) of the Social Security Act...

PUBLIC NOTICES

Wetzel's Vehicle Facility, Inc. Wetzel's Vehicle Facility, Inc. is located at 270 Park Street, Stamford, Connecticut...

Wetzel's Vehicle Facility, Inc. is located at 270 Park Street, Stamford, Connecticut. The facility is currently closed for business...

GENERAL HELP WANTED

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MERCHANDISE FOR SALE

DECO Open Floor Mats... KAYAK... LARGE CAT BOX...

LEAF BLOWER... LEAF BLOWER... MATTERS & DODGING...

MEDIA CENTER... MEDIA CENTER... MEDIA CENTER...

MECHANICAL... MECHANICAL... MECHANICAL...

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MERCHANDISE FOR SALE

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Public notices and advertisements on the left side of the page.

Public notices and advertisements in the middle section of the page.

Public notices and advertisements in the middle-right section of the page.

Public notices and advertisements on the right side of the page.

Lost & found

LOST Electrolux Shampooer attachments in black case, vic. of Andrew Ave School, Naugatuck. Call 203-729-9021; 203-232-7603

LOST female cat, brown and tan Tabby, green eyes, "cubby" Hartley Ave, Beach Rd area, Wolcott. 203-879-9201

LOST small black dog, female, with green collar. Lost at West Main Street, CVS Plaza area. Call 203-756-2118



LOST YOUR PET? Let a picture make it easier to identify your little loved one. To place your lost pet picture ad call 203-574-3616 or place your ad online @ www.rep-am.com

Special notices

ADVERTISERS

Please read your ad on the first day it appears and report any errors in time for the next insertion. The Republican-American is responsible for only one incorrect insertion for any advertisement and then only to the extent of a "make good" insertion. Errors which do not lessen the value of the advertisement will not be corrected by "make good" insertions.

ANNOUNCEMENT

For the benefit of reader understanding, this newspaper does not accept abbreviations for any words except English standard and industry standard abbreviations.

We will not automatically abbreviate and when requested to do so, will follow only standard abbreviations.

HAVE OBSESSIVE-COMPULSIVE DISORDER? Willing to do brain scans or a medication study? Pays up to \$400 (HIC614,2100) Call Yale OCD Research Clinic: 203-974-7523

Advertisement for Classified ads with the text: 'If you're trying to BUY, SELL or FIND anything... CLASSIFIED has the solution!' and a graphic of a newspaper.

Legals/ Public Notices

Invitation to Bid Grounds-Care Bid

Regional School District #16 seeks bids for Grounds Care for three schools located in Prospect and two schools located in Beacon Falls CT. Bidders may bid one town or submit a combined bid for both towns.

There will be a mandatory pre-bid meeting at 10am on June 13th starting at Woodland High School that all bidding contractors must sign in to bid on the grounds care.

Invitation to Bid Ground Care - Athletic Fields Bid

Regional School District #16 seeks bids for Athletic Fields for Woodland Regional High School located in Prospect, CT

There will be a mandatory pre-bid meeting at 10am on June 13th starting at Woodland High School that all bidding contractors must sign in to bid on the grounds care.

Bid specifications are available through Dave Langdon (203) 758-6671, at Region #16, 207 New Haven Road, Prospect, CT 06712.

Submit sealed bid marked "Grounds Care" or "Athletic Care Bid" must be received at the District Office by 12:00 noon Friday, June 22, 2012 R-A June 12, 2012

INVITATION TO BID Town of Roxbury Connecticut

South Street Paving Project

The Town of Roxbury is seeking sealed bids for a 2.1-mile paving project on South Street from the intersection of Wellers Bridge Road to Apple Lane and from the intersection of River Road to the Southbury Town Line. The scope of work will include reclaiming of existing pavement; adding, where needed, and compacting of base material; paving; and repairing disturbed shoulders.

Bid package can be found on the Town's website, www.roxburyct.com; faxed or picked up at the First Selectman's Office (860) 354-9938.

Bids will be received at 3:00 p.m. on Friday, June 22, 2012, at which time they will be publicly opened and read. Proposals should be in a sealed envelope and plainly marked "SOUTH STREET PAVING" and addressed to:

First Selectman's Office Roxbury Town Hall 29 North Street P.O. Box 203 Roxbury, CT 06783

The Town of Roxbury will select a company based on qualifications and pricing as well as start date. The bid will not be selected on pricing alone.

The Town of Roxbury reserves the right to accept or reject any and all bids; to waive any defects, irregularities, or informalities; to divide the award or to accept any bid deemed in the best interest of the Town of Roxbury.

The Town of Roxbury is an Equal Opportunity/Affirmative Action Employer.

Legals/ Public Notices

LEGAL NOTICE TOWN OF SHARON, CT

The Town of Sharon will accept bids for Revaluation of all Real Estate effective for the Grant List of October 1, 2013 in accordance with the Town specifications.

Specifications and bid documents are available at the Selectmen's Office, Sharon Town Hall, 63 Main Street, PO Box 385, Sharon, CT 06063. Tel. 860-364-5789.

Sealed bids for said local revaluation will be accepted at the Selectmen's Office, Sharon Town Hall, 63 Main Street no later than July 11, 2012 at 1:30 pm, at which time sealed bids will be opened and read.

The Town of Sharon reserves the right to reject any and all bids, to waive minor irregularities in the bidding, and to select other than the lowest bid if deemed in the best interest of the Town.

The Town of Sharon is an Equal Opportunity/Affirmative Action Employer.

Questions may be directed to the Assessor's Office 9:00am to 12:00 noon and 1:00pm to 4:00pm Mondays, Wednesdays and Thursdays. Tel. 860-364-0205.

Sharon Board of Selectmen

Robert Loucks, First Selectman R-A June 12, 2012

Oxford Public Schools 1 Great Hill Road Oxford, CT 06478 Request for Proposal Laptops and Carts

The Oxford Public Schools is seeking proposals for Laptops and Carts for the system. Details of the RFP may be accessed on the main page of the system's web site www.oxfordpublicschools.org under News & Announcements.

Proposals must be received no later than 3:00 PM Tuesday, June 19, 2012 and can be either emailed to Rosemary Hanson, Director of Finance: hansonr@oxfordpublicschools.org or delivered to the Oxford Public Schools, 1 Great Hill Road, Oxford, CT 06478, attention Rosemary Hanson, Director of Finance. R-A June 12, 2012

Advertisement for Republican American Classifieds with a circular logo and the text: 'To Place Your Classified Ad, Call Us Direct If You're Looking to...'

Legals/ Public Notices

NOTICE OF RE-BID

Painted Pavement Markings Watertown Public Works Department

Sealed bids are invited and will be received by the Purchasing Agent of the Town of Watertown at the office of the Purchasing Agent, Town Hall Annex, 424 Main Street, Watertown, Connecticut, until 11:00 a.m., Tuesday, June 26, 2012 at which time and place they will be publicly opened and read aloud for furnishing centerline striping and related traffic control pavement markings to the Town of Watertown.

The Information for Bidders, Form of Bid, Specifications and other contract documents may be obtained or examined at the office of the Purchasing Agent, Town Hall Annex, 424 Main Street, Watertown, Connecticut 06795 or by accessing the Town of Watertown's website at: http://www.watertownct.org. Proposals must be submitted on the forms provided and in a sealed envelope plainly marked "Re-Bid - Painted Pavement Markings".

To receive consideration bids must be in the hands of the Purchasing Agent or his authorized representative no later than the day and hour mentioned above.

The Purchasing Agent reserves the right to accept or reject any or all bids; to waive any informality; or to accept any bid deemed in the best interests of the Town of Watertown.

The Town of Watertown reserves the right to take into account the residency of bidders within the Town of Watertown and/or the location of the bidder's business within the Town of Watertown in awarding this bid.

All bids will be considered valid for a period of sixty (60) days.

Carol Z. Roman Purchasing Agent Town of Watertown R-A June 12, 2012

Advertisement for 'BUY IT. SELL IT. FIND IT.' featuring a house image and the text: 'See For Yourself In Sunday's HOME Real Estate'.

Legals/ Public Notices

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Federal Authority Requested

DSS will request that CMS provide expenditure authority under section 1115(a)(2) of the Social Security Act in order for Connecticut to cover individuals under the Medicaid LIA Demonstration.

ADDITIONAL INFORMATION:

Information on Obtaining Section 1115 Waiver Draft Application and Submission of Comments DSS will accept comments on the waiver application for a 30 day period, starting on June 13, 2012 through and including July 13, 2012. Comments may be sent to: Mark Schaefer, Ph.D., Director, Medical Care Administration, DSS, 25 Seymour Street, Hartford, CT 06105-5033 (Phone: 860-424-5067, Fax: 860-424-5114, E-mail: LIA115dss@ct.gov).

Requests for copies of the application may also be directed to the postal and e-mail addresses above.

Additional information and a copy of the complete application may also be viewed on the DSS website: http://www.ct.gov/dss/1115.

DSS wishes to make reasonable accommodations for persons with disabilities throughout this public comment process. You may contact DSS at the addresses or numbers above if you need this notice or materials in an alternative accessible format or need any other accommodations that will allow you to participate in this process.

Public Hearings

There will be two public hearings on the waiver: 1) Council on Medical Assistance Program Oversight Public Hearing, Legislative Office Building, June 26, 2012, 10:00 a.m., Legislative Office Building, 300 Capitol Avenue, Hartford, CT, Room 1-D. For further information: www.cga.ct.gov; and 2) DSS Hearing - June 28, 2012, 10:00 a.m., New Haven Free Public Library - Courtyard S. Wilson Branch, 303 Washington Avenue, New Haven, CT 06519 (203) 946-2228.

Invoice

Invoice No. 21067-117738 JUN 21 AM 11:30

Date: June 19, 2012

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STATE OF CT.
DEPT. OF SOCIAL SERVICES

GRAYSTONE GROUP
ADVERTISING

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Bridgeport, CT 06604
Tel: 203.549.0060

Accounting Fax: 203.549.0065
Email: AccountingDept@GraystoneAdv.com
Federal ID# 06-1422266

CT Dept. of Social Services
Attn: Deborah McMullen
25 Sigourney St.
Hartford, CT 06106-5032

Order No: PO # DSSM1-0000042977

Blanket Order No:

Contact: Deborah McMullen

Job No: 21067

Ad Title: Notice of Proposed New Medicaid 1115 Demonstration Waiver

	Insert Date	Size	Description	Amount	
CT Post	6/12/2012	2 x 119	In Column	\$	1,285.20
			Web	+\$	10.00
			1.00% Legal Discount (Gross)	+\$	-12.85
			13.00% Admin Fee	+\$	166.71
			Ad Subtotal		\$1,449.05
Hartford Courant	6/12/2012	2 x 8.5	In Column	\$	1,063.35
			1.00% Legal Discount (Gross)	+\$	-10.63
			13.00% Admin Fee	+\$	136.85
			Ad Subtotal		\$1,189.57
New Haven	6/12/2012	3 x 110	In Column	\$	2,145.00
			1.00% Legal Discount (Gross)	+\$	-21.45
			13.00% Admin Fee	+\$	276.06
			Ad Subtotal		\$2,399.61
Stamford Advocate & Greenwich Times	6/12/2012	2 x 121	In Column	\$	621.94
			Mand Web	+\$	20.00
			1.00% Legal Discount (Gross)	+\$	-6.22

			13.00% Admin Fee	+	\$	82.64	
							Ad Subtotal
							\$718.36
Waterbury Republican	6/12/2012	2 x 106.1	In Column		\$	492.63	
			1.00% Discount (Gross)	+	\$	-4.93	
			13.00% Admin Fee	+	\$	63.40	
							Ad Subtotal
							\$551.10
						INVOICE TOTAL	\$6,307.70
Payment Terms: Strictly 30 days. Due Date: 7/19/2012							
Finance Charges of 1.50% per month if not paid within terms						Amount Due if paid after due date:	\$6,402.32

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content Page

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Page was created:
6/6/2012
Create a New Page...

Title ::
Changes to Medicaid for Low-Income A

Hide Title

Teaser ::
The State of Connecticut Department of Social Services proposes to submit a new

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Attachment ::

Location ::
Category Highlights

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Keywords ::
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dss Library File Info

Name: 1115waiverNew.pdf
Path: E:\inetpub\wwwroot\Dsf2202\lib\dss\PDFs\1115waiverNew.pdf
Type: PDF File
Attributes: Archive
Created: 6/12/2012 12:52:54 PM
Accessed: 6/12/2012 12:52:54 PM
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The Absolute and Relative Reference links only work if the file manager was accessed from the *Insert File* or *Insert Image* functions in the DHTML Editor.

ADMINISTRATIVE REGULATIONS

Regulations and notices published herein, pursuant to General Statutes Sections 4-168 and 4-173, are printed exactly as submitted by the forwarding agencies. These, being official documents submitted by the responsible agencies, are consequently not subject to editing by the Commission on Official Legal Publications.

A cumulative list of effective amendments to the Regulations of Connecticut State Agencies may be found in the Connecticut Law Journal dated July 3, 2012.

OFFICE OF POLICY AND MANAGEMENT

Notice of Public Hearing

In accordance with Section 16a-28 of the Connecticut General Statutes, notice is hereby given that the Office of Policy and Management (OPM), in cooperation with the Regional Planning Organizations, shall hold public hearings on the revised *Draft 2013-2018 Conservation and Development Policies: A Plan for Connecticut (Draft Plan)*, which was published on April 30, 2012. A link to the *Draft Plan*, along with a listing of regional public hearing dates, times and locations, can be found on OPM's website: <http://www.ct.gov/opm/cdplan>.

All interested persons are invited to express their views on the *Draft Plan*, either verbally or in writing, at any of the public hearings. In addition, written comments on the *Draft Plan* will be accepted at any time up to the close of business (5:00 PM) on October 5, 2012. Written comments may be mailed, faxed, or e-mailed to:

Name: Daniel Morley
 Agency: Office of Policy and Management
 Address: 450 Capitol Avenue, MS #54ORG
 Hartford, CT 06106-1379
 Fax: 860-418-6486
 E-Mail: Daniel.Morley@ct.gov

All public comments received shall be considered part of the public record, and OPM will publish a formal response to such comments on its website approximately one month after the close of the public comment period.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Section 1115 Demonstration Waiver Making Changes to the Medicaid Coverage Group for Low-Income Adults

In accordance with Connecticut General Statutes Section 17b-8, as amended by Section 144 of Public Act 11-44, the State Department of Social Services hereby gives notice of its intent to submit a demonstration waiver request to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services. This waiver will make certain changes to the eligibility and

coverage requirements for the Medicaid Low-Income Adults Coverage Group. The waiver will be submitted under the authority of section 1115 of the Social Security Act.

Background

Effective April 2010, the Department of Social Services added a new Medicaid group for low-income adults, as permitted under Section 2001 of the Affordable Care Act, P.L. 111-149. This was intended to expand access to quality health care to very low income individuals. This expansion provided coverage to approximately 45,000 individuals, many of whom had been enrolled in a more limited benefit package under the state-funded State Administered General Assistance Program. The program has grown significantly since its creation.

Proposed Changes and Purpose of the Waiver

DSS proposes to implement a new Medicaid Section 1115 Demonstration coverage group to replace the current Medicaid State Plan LIA coverage group that was approved effective April 1, 2010 and replaced the previous State-only funded SAGA medical assistance program. The Medicaid LIA demonstration waiver will retain the same eligibility requirements and coverage that currently apply to the Medicaid State Plan LIA coverage group with the following exceptions. Effective on or after October 1, 2012, DSS proposes to:

- Implement an asset (resource) test of \$10,000 for all new and current LIA participants. Currently, there is no asset test for LIA eligibility;
- Count parental income and assets for those individuals ages 19-25 living with a parent or claimed as a dependent on a parent's tax return;
- Modify coverage for nursing facility stays. Individuals receiving coverage under the Medicaid LIA 1115 Demonstration will continue to receive the Medicaid benefit package, with the exception of coverage for nursing facility stays. Coverage under the LIA demonstration will be limited to 90-days per admission and individuals in need of longer-term nursing facility stays will be encouraged to apply for Medicaid coverage under other eligibility groups that qualify for long-term care.

Public Hearing

The Department has held two public hearings on the application, in accordance with federal public notice requirements. Connecticut law also provides an opportunity for the public to present their views on the application at a legislative public hearing. The Appropriations Committee and Human Services Committees of the Connecticut General Assembly, which have cognizance over the Department of Social Services, will hold a hearing on the demonstration application on July 24, 2012 at 10 a.m., at the Legislative Office Building, 300 Capitol Avenue, Hartford, CT 06106. This hearing is being held in accordance with the provisions of Conn. Gen. Stat. Sec. 17b-8(a), as amended by Section 144 of Public Act 11-44. Additional information concerning this hearing may be obtained on the Connecticut General Assembly website, www.cga.ct.gov.

Additional Information

Copies available

A copy of the demonstration application is available at no cost upon request. Copies of the application may be requested by mail or email from Mark Schaefer,

Ph.D. Director, Medical Care Administration, DSS, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5067, Fax: 860-424-5114, Email: LIA1115.dss@ct.gov.) You may also view the application on the Department's website: <http://www.ct.gov/dss/1115>.

Electronic Mailing List

If you wish to register to receive emails related to future actions on this waiver, please send an email request to: LIA1115.dss@ct.gov.

Public comments

The statute requires a 15-day comment period prior to the committees of cognizance hearing. Written comments in advance of the hearing may be sent to: Mark Schaefer, Director, Medical Care Administration, DSS, Medical Care Administration, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5067, Fax: 860-424-5114, Email: LIA1115.dss@ct.gov.)

All comments must be received by DSS no later than July 18, 2012.

DEPARTMENT OF SOCIAL SERVICES

Individual and Family Grant Program

Section 17b-10-1, the Uniform Policy Manual, is amended.

The text of these regulations will not be published herein in accordance with the provisions of Section 4-173 of the Connecticut General Statutes. Copies of this regulation are available at the Department of Social Services. Interested members of the public may obtain a copy by writing to Office of Legal Counsel, Regulations and Administrative Hearings, Department of Social Services, 25 Sigourney St., Hartford, CT 06106.

Be it known that the foregoing regulations are repealed by the aforesaid agency pursuant to Sec. 17b-13 of the General Statutes, as amended by Public Act No. 11-29 of the Public Acts, of the notice of the proposal to repeal such regulations.

Wherefore, the foregoing regulations are hereby repealed, effective when filed with the Secretary of the State.

In Witness Whereof: October 25, 2011, Claudette Bealieu, Deputy Commissioner.

Approved by the Attorney General as to legal sufficiency in accordance with Sec. 4-169, as amended, Connecticut General Statutes: November 7, 2011.

Approved by the Legislative Regulation Review Committee in accordance with Sec. 4-170, as amended, of the General Statutes: May 22, 2012.

Two certified copies received and filed, and one such copy forwarded to the Commission on Official Legal Publications in accordance with Sec. 4-172, as amended, of the General Statutes, Secretary of the State: June 5, 2012.
