

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

May 31, 2011

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-008 with an effective date of March 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State plan to increase the Federal poverty guidelines (FPGs) for various poverty level groups to reflect the increase in the FPGs as published in the Federal Register (FR) on January 20, 2011.

Beginning with this SPA, we changed how we process the annual Federal Poverty Level (FPL) updates. States are no longer required to include tables with the actual dollar amounts in the plan pages. State plan pages that only include the applicable percentages of the FPL for each eligibility group is sufficient. There will be no need to submit SPAs every year thereafter unless the FPL percentage changes for an eligibility group. Although we will not be requiring States to submit SPAs every year after 2011, we will continue to review the FPL amounts that have been calculated by each State. We will ask the States to verify these amounts shortly after the guidelines are published by the U.S. Department of Health and Human Services. We also took this opportunity to delete State plan pages for poverty level groups that are no longer applicable. All the changes to this SPA that were agreed upon by CMS and your Department are noted in Section 23 (Remarks) on the Form 179.

We reviewed this SPA for compliance with §1902(a)(73) of the Act as added by §5006(e) of the Recovery Act, Public Law 111-5. We have determined that tribal consultation is not mandatory for this SPA because this is a federally mandated change. Although tribal consultation is not mandatory, we ask that your Department inform the federally recognized tribes in your state of the changes brought forth by the approval of this SPA.

Page 2 – Roderick L. Bremby, Commissioner

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:

Mark Schaefer, Director, Medical Care Administration
Marc Shok, Adult Services Program Manager
Stephen Markoski, Public Assistance Consultant

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 11-008	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 3-1-11
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5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: §1902(a)(10)(A)(i)(IV); §1902(a)(10)(A)(i)(VI); §1902(a)(10)(A)(i)(VII); §1902(a)(10)(E)(i); §1902(a)(10)(A)(ii)(IX) and §1902(l)(A) of the Social Security Act.	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A, pages 1, 2, 2a, 3,3b,3c,6, and 7 Attachment 2.2-A, page 21	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Supplement 1 to Attachment 2.6-A, pages 1, 2, 2a, 3,3b,3c,6, and 7 Attachment 2.2-A, page 21
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10. SUBJECT OF AMENDMENT: Federal poverty guidelines.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Steve Markoski
13. TYPED NAME: Claudette J. Beaulieu	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: March 30, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/30/2011	18. DATE APPROVED: 5/31/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/01/2011	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Richard McGreal	22. TITLE: Associate Regional Commissioner, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: The State agreed to the following changes to this SPA:

1. FPL tables removed from Supplement 1 to Attachment 2.6-A, pages 1 (#2 Pregnant Women and Infants), 2, 2a, 3.
2. Deleted the text in Supplement 1 to Attachment 2.6-A, page 6 because this QMB page is not applicable.
3. Deleted the text in Supplement 1 to Attachment 2.6-A, page 7 because these QMB figures are already specified elsewhere in the State Plan under Attachment 2.2-A, page 9b.
4. Deleted the text in Supplement 1 to Attachment 2.6-A, pages 3b and 3c because these optional eligibility groups are no longer applicable; these children are being covered under a mandatory group in Supplement 1 to Attachment 2.6-A, pages 2 and 2a.
5. Deleted the text in Attachment 2.2-A, page 21 because this optional group is no longer applicable since these children are now a mandatory group covered under Attachment 2.2-A, page 4a.
6. Form 179: Changed Box 7 to say \$0 instead of TBD and added FFY values; Updated Boxes 8 and 9 to reflect all of the changes described in items 1 - 5 above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS

OFFICIAL

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
<u>Region A</u>			
1	\$552.00	\$402.00	\$402.00
2	704.00	513.00	513.00
3	872.00	636.00	636.00
4	1016.00	741.00	741.00
5	1145.00	835.00	835.00
<u>Region B</u>			
1	\$457.00	\$333.00	\$333.00
2	607.00	443.00	443.00
3	745.00	543.00	543.00
4	876.00	639.00	639.00
5	1002.00	731.00	731.00
<u>Region C</u>			
1	\$457.00	\$333.00	\$333.00
2	607.00	443.00	443.00
3	735.00	536.00	536.00
4	853.00	622.00	622.00
5	971.00	708.00	708.00

(The State pays 73% of the standard of need to a family with no income)

2. Pregnant Women and Infants under Section 1902 (a) (10) (A) (i) (IV) of the Act: Effective March 1, 2011, based on the following percent of the official Federal income poverty level.

133 percent

185 percent (no more than 185 percent)
(specify)

TN No. 11-008
Supersedes
TN No. 09-004

Approval Date 5/31/11

Effective Date 3-1-11

OFFICIAL

Supplement 1 to Attachment 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (continued)

3. Children under Section 1902 (a) (10) (A) (i) (VI) of the Act who have attained age 1 but have not attained age 6: Effective March 1, 2011, based on 133 percent of the official Federal income poverty level.

TN No. 11-008 Approval Date 5/31/11 Effective Date 3-1-11
Supersedes
TN No. 09-004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

4. Children under Section 1902 (a) (10) (A) (i) (VII) of the Act who have attained age 6 but have not attained age 19: Effective March 1, 2011, based on 100 percent of the official Federal income poverty level.

TN No. 11-008 Approval Date 5/31/11 Effective Date 3-1-11
Supersedes
TN No. 09-004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL.

1. Pregnant Women and Infants*

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of Sections 1902 (a) (10) (A) (ii) (IX) and 1902 (I) (2) of the Act are as follows: Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

* Only pregnant women are eligible under Section 1902 (a) (10) (A) (ii) (IX) of the Social Security Act, based on a disregard specified in Supplement 8a to Attachment 2.6-A of net countable family income between 185 percent and 250 percent of the Federal poverty level.

TN No. 11-008
Supersedes
TN No. 09-004

Approval Date 5/31/11

Effective Date 3-1-11

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 3b
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

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TN No. 11-008
Supersedes
TN No. 08-005

Approval Date: 5/31/11

Effective Date: 3/1/11

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT I TO ATTACHMENT 2.6-A
Page 3c
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

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TN No. 11-008
Supersedes
TN No. 08-005

Approval Date: 5/31/11

Effective Date: 3/1/11

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-FM-91-4 (RPD)
AUGUST 1991

SUPPLEMENT TO REGULATION 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)
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TN No. 11-008 Approval Date 5/31/11 Effective Date 3/1/11
Supersedes
TN No. 91-15 HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

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Revision: HCFA-PM-81-4 (BPD)
August 1991

ATTACHMENT 2.2-A
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OMB No.: 9888-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

Agency*	Citation(s)	Groups Covered
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TN No. 11-008
Supervisor
TN No. 08-005
HCFA ID: 7985E

Approval Date: 5/31/11

Effective Date: 3/1/11