

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

September 16, 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. 11-015 with an effective date of July 1, 2011, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to decrease the personal needs allowance for residents of long-term care facilities who receive Medicaid. The decrease for individuals will be from \$69.00 to \$60.00; the decrease for couples will be from \$138.00 to \$120.00.

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

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 11-015 | 2. STATE: CT |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE 07/01/11 | |

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)

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|---|---|
| FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ 0 b. FFY <u>2013</u> \$ 0 |
| PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, page 4a | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable) Attachment 2.6-A, page 4a |

1. SUBJECT OF AMENDMENT: Post-eligibility treatment of income.

1. 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

| | |
|--|--|
| 2. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Stephen Markoski |
| 3. TYPED NAME: Claudette J. Beaulieu | |
| 4. TITLE: Deputy Commissioner | |
| 5. DATE SUBMITTED: July 18, 2011 | |

FOR REGIONAL OFFICE USE ONLY

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|---|---|
| 7. DATE RECEIVED: 7/25/11 | 18. DATE APPROVED: 9/16/11 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 9. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/11 | 20. SIGNATURE OF REGIONAL ADMINISTRATOR: |
| 1. TYPED NAME: Richard R. McGreal | 22. TITLE: Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office |
| 3. REMARKS: | |

State: CONNECTICUT

| Citation | Condition or Requirement |
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| 1924 of the Act 435.725 435.733 | 2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care. |
|---------------------------------------|--|

Personal Needs Allowance (PNA) of not less than \$30
For Individuals and \$60 For Couples For All
Institutionalized Persons.

a. Aged, blind, disabled:

| | |
|-------------|------------------|
| Individuals | \$ <u>60.00</u> |
| Couples | \$ <u>120.00</u> |

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met, and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

| | |
|----------|-----------------|
| Children | \$ <u>60.00</u> |
| Adults | \$ <u>60.00</u> |

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met, and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A.
\$ 60.00