

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

October 20, 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. 11-026 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 amount of resources that a spouse of an institutionalized individual can retain, known as the Community Spouse Protected Amount (CSPA).

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: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-026	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/11	

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: Section 1902 (a) 17 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ TBD b. FFY <u>2013</u> \$ TBD
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, page 26a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 2.6-A, page 26a

10. SUBJECT OF AMENDMENT: **Decrease in the Community Spouse Resource Standard**

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: Stephen Markoski
13. TYPED NAME: Claudette J. Beaulieu	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: July 18, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 7/25/11	18. DATE APPROVED: 10/20/11
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/11	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: CMS and the Connecticut Department of Social Services agreed by e-mail to the following changes to this SPA:
Box-10 (Subject of Amendment) is "Decrease in the Community Spouse Resource Standard" instead of "Post-eligibility treatment of income."

State: CONNECTICUT

Citation

Condition or Requirement

1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

 the maximum standard permitted by law;

 X the minimum standard permitted by law; or

 \$ a standard that is an amount between the minimum and the maximum.

TN No. 11-026

Approval Date 10/20/11

Effective Date 7-1-11

Supersedes

TN No. 10-014