

Table of Contents (Cover Page) for one PDF to post on Medicaid.gov

Sample Template is below this line. Do not print the wording above this line.

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: CT 12-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

March 5, 2012

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. 12-003 with an effective date of January 1, 2012, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to increase the standards for the optional State supplementary payment program by an amount equal to the SSI cost of living increase proposed by the Social Security Administration.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act, as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. This SPA was also reviewed in conjunction with provisions of the Affordable Care Act, Public Law 111-148.

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:

Claudette J. Beaulieu, Deputy Commissioner
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: 12-003	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 1-1-12	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		


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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 (a) (10) (A) (ii) (XI) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 b. FFY 2013 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A: Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Supplement 6 to Attachment 2.6-A: Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT: Standards for Optional State Supplementary Payments.

11. GOVERNOR'S REVIEW (Check One):

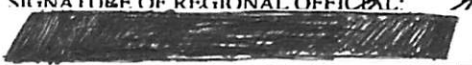
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER AS SPECIFIED: Comments, if any, to follow.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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. Beaujeu	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: January 6, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 1/6/12	18. DATE APPROVED: 3/5/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/12	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:	

State CT

Standards for Optional State Supplementary Payments

1 Payment Category (Reasonable Classification)	2 Administered by Federal State		3 Income Level Gross person couple		4 Income Level Net person couple		5 Income Disregards Employed		
For Aged, Blind or Disabled: Independent Level 1 Independent Level 2 New Horizons Domiciliary		X	300% of FBR	2x300% of FBR	See Addendum to Supplement 6, Attachment 2.6-A	Same disregards as SSI Additional disregards: <u>Earned Income</u> Blind \$20.00 Disabled - <u>Unearned Income</u> (Aged, Blind, Disabled) Independent and New Horizons Not sharing \$282.00 Sharing with unrelated person \$349.90 Sharing with related person \$282.00 Domiciliary \$189.70	Individual \$20.00 - \$282.00 \$349.90 \$282.00 \$189.70	Couple* \$105.00 \$65.00 - - \$584.00 \$399.40	
*If both members of the couple are eligible Note: Income-in-kind is counted in the gross income test, but disregarded (except when provided for the performance of services) in determining benefit amount.									

TN# 12-003
Supersedes
TN# 09-001

Approval Date 3-5-12

Effective Date 1-1-12

State CT

Net Income Level Maximums
 Standards of Assistance
 Optional State Supplement

<u>Living Arrangement</u>	<u>Individual</u>	<u>Couple</u>
Independent		
Level 1	\$564.10	N/A
Level 2	\$365.10	\$730.20
New Horizons		
Unshared	\$1,792.00	N/A
Shared with unrelated person	\$1,724.10	N/A
Shared with related person	\$1,792.00	\$3,886.00, one eligible member
		\$3,584.00, two eligible members
Domiciliary	\$1,884.30	\$3,978.30, one eligible member
		\$3,768.60, two eligible members

For independent living arrangements, the standard of assistance includes a fixed amount for personal needs of \$164.10 for a single person, \$165.10 for a married person living with his or her spouse and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up to the specific maximums of \$400.00 for Level 1 and \$200.00 for Level 2.

For the New Horizons living arrangement, the standard of assistance includes a fixed amount for personal needs of \$130.40, and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standards of assistance for the New Horizons living arrangement are \$1,792.00, for an individual living alone or with a related person, \$1,724.10 for an individual living with an unrelated person, \$3,886.00 for a couple with one eligible member, and \$3,584.00 for a couple with two eligible members.

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For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$28.90, and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standards of assistance for domiciliary living arrangements are \$1,884.30 for an individual, \$3,978.30 for a couple with one eligible member, and \$3,768.60 for a couple with two eligible members.

These limits are the maximum standards, except in unusual circumstances where certain special needs are included in the need standard. These special needs are generally authorized on a non-recurrent basis. The eligibility requirements and limitations of the special needs are set forth in detail in the Uniform Policy Manual, Chapter 4525.

The following special needs have fixed amounts:

Meals on Wheels	\$4.43 per diem (1) meal per day \$8.09 per diem (2) meals per day
Purchase of Essential Clothing; Purchase, Repair or Replacement of Essential Household Items	As described in Chapter 4500, Appendix I of the Uniform Policy Manual
Restaurant and Congregate Meals	\$36.20 per mo. per person residing in permanent housing in the community \$7.80 per day per person residing in emergency housing
Security Deposit - Heating Service	Amount charged to the person up to a maximum of \$200.00 for equipment only
Telephone Installation	Standard residential line service connection charge; one-time product charge for telephone rental up to a maximum of \$5.00; cost of labor up to a maximum of \$23.00; cost of one telephone jack, up to a maximum of \$4.00
Therapeutic Diet	\$36.20 per month per person

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The following special needs are included in the assistance standard as needed for individuals whose gross income does not exceed the limit, up to the allowable maximum standards of assistance based on living arrangement. The maximum standards of assistance, including the special needs component are \$1,792.00 for an individual living alone or with a related person, \$1,724.10 for an individual living with an unrelated person, \$3,886.00 for a couple with one eligible member, and \$3,584.00 for a couple with two eligible members:

Emergency Housing	As described in Chapter 4500, Index 4525.05 page 3 of the Uniform Policy Manual.
Moving Expenses	As described in Chapter 4500, Index 4525.15 page 2 of the Uniform Policy Manual.
Refuse Collection Fee	As described in Chapter 4500, Index 4525.30 of the Uniform Policy Manual.
Storage Charges	As described in Chapter 4500, Index 4525.50 of the Uniform Policy Manual.

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