

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #:13-045**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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



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

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April 18, 2014

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. 13-045 with an effective date of July 1, 2013, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to increase the Medically Needy Income Limits as a result of a 2.1% Cost of Living Adjustment

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:

Raymond Singleton, Jr., Deputy Commissioner  
Marc Shok, Adult Services Program Manager  
Vanessa Soares Bowden, Public Assistance Consultant

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 13-045	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 07/01/13	

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 1931 of the Social Security Act 42 CFR 435.1007, 1902(a)(10)(C)	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <b>11,950</b> b. FFY <u>2014</u> \$ <b>47,083</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 12 to Attachment 2.6-A. pages 1-2. Supplement 1 to Attachment 2.6-A. pages 8-9(j)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)  Supplement 12 to Attachment 2.6-A. pages 1-2. Supplement 1 to Attachment 2.6-A. Pages 8-9(j)

10. SUBJECT OF AMENDMENT: Eligibility under Section 1931 of the Social Security Act: MNIL Updates for 2013

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Comments, if any, to follow.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/	16. RETURN TO:  State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033  Attention: Vanessa Soares Bowden, Public Assistance Consultant
13. TYPED NAME: Claudette J. Beaulieu	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: September 23, 2013	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/26/13	18. DATE APPROVED: 4/18/14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/13	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: The state and CMS agreed to the following pen and ink changes: Added 1902(a)(10)(C) to Box 6, and updated the FFY amounts in Box 7.

# OFFICIAL

Supplement 1 to Attachment 2.6-A  
Page 8

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

### INCOME ELIGIBILITY LEVELS (Continued)

#### D. MEDICALLY NEEDY

Applicable to all groups.       Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

#### Region A

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

1	\$ 623.48	\$	\$	\$
2	\$ 793.65	\$	\$	\$
3	\$ 983.84	\$	\$	\$
4	\$1,148.29	\$	\$	\$
5	\$1,294.15	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045  
Supersedes  
TA No. 08-012

Approval Date 4/18/14      Effective Date 7-1-13

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region A (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

6	\$1,448.59	\$	\$	\$
7	\$1,610.18	\$	\$	\$
8	\$1,770.34	\$	\$	\$
9	\$1,900.47	\$	\$	\$
10	\$2,077.79	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

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Approval Date 4/18/14 Effective Date 7-1-13

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region A (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

11	\$2,159.30	\$	\$	\$
12	\$2,345.20	\$	\$	\$
13	\$2,402.40	\$	\$	\$
14	\$2,569.71	\$	\$	\$
15	\$2,715.57	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045 Approval Date 4/18/14 Effective Date 7-1-13  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region A (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

16	\$2,795.65	\$	\$	\$
17	\$2,915.77	\$	\$	\$
18	\$3,037.32	\$	\$	\$
19	\$3,156.01	\$	\$	\$
20	\$3,277.56	\$	\$	\$
For each additional person add:	\$ 121.55	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

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Supersedes  
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Approval Date 4/18/14 Effective Date 7-1-13

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region B**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

1	\$ 516.23	\$	\$	\$
2	\$ 686.40	\$	\$	\$
3	\$ 840.84	\$	\$	\$
4	\$ 988.13	\$	\$	\$
5	\$1,131.13	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045  
Supersedes  
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Approval Date 4/18/14 Effective Date 7-1-13



**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region B (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

6	\$1,279.85	\$	\$	\$
7	\$1,445.73	\$	\$	\$
8	\$1,597.31	\$	\$	\$
9	\$1,728.87	\$	\$	\$
10	\$1,889.03	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045  
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Approval Date 4/18/14 Effective Date 7-1-13

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.       Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region B (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

11	\$1,970.54	\$	\$	\$
12	\$2,159.30	\$	\$	\$
13	\$2,243.67	\$	\$	\$
14	\$2,380.95	\$	\$	\$
15	\$2,528.24	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

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**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region B (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

16	\$2,609.75	\$	\$	\$
17	\$2,728.44	\$	\$	\$
18	\$2,849.99	\$	\$	\$
19	\$2,967.25	\$	\$	\$
20	\$3,090.23	\$	\$	\$
For each additional person add:	\$ 122.98	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045  
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**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region C**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

1	\$ 516.23	\$	\$	\$
2	\$ 686.40	\$	\$	\$
3	\$ 829.40	\$	\$	\$
4	\$ 963.82	\$	\$	\$
5	\$1,096.81	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045  
Supersedes  
TA No. 08-012

Approval Date 4/18/14 Effective Date 7-1-13

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region C (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

6	\$1,246.96	\$	\$	\$
7	\$1,399.97	\$	\$	\$
8	\$1,550.12	\$	\$	\$
9	\$1,681.68	\$	\$	\$
10	\$1,873.30	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045 Approval Date 4/18/14 Effective Date 7-1-13  
Supersedes  
TA No. 08-012

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region C (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

11	\$1,950.52	\$	\$	\$
12	\$2,139.28	\$	\$	\$
13	\$2,196.48	\$	\$	\$
14	\$2,365.22	\$	\$	\$
15	\$2,512.51	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045  
Supersedes  
TA No. 08-012

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.  Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.

**Region C (continued)**

(1)	(2)	(3)	(4)	(5)
Family size	Net income level protected for maintenance for _____ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net income level for persons living in rural areas for _____ months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>

Urban only

Urban and rural

16	\$2,589.73	\$	\$	\$
17	\$2,711.28	\$	\$	\$
18	\$2,831.40	\$	\$	\$
19	\$2,951.52	\$	\$	\$
20	\$3,071.64	\$	\$	\$
For each additional person add:	\$ 120.12	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individual whose income exceeds these limits.

TN No. 13-045 Approval Date 4/18/14 Effective Date 7-1-13  
Supersedes  
TA No. 08-012

**OFFICIAL**

Attachment 2.6-A  
Supplement 12  
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

ELIGIBILITY UNDER 1931 OF THE ACT

The State covers low-income families under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

Pregnant women with no other eligible children.

AFDC children age 18 who are full time students in a secondary school or in the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodology in effect as of July 16, 1996 without modification.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

The agency applies lower income standards than those in effect as of May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

Effective July 1, 2013 the agency increased the income standard. The new income standard is 16.4% (rounded up to the next whole dollar) more than the standard in effect as of July 16, 1996. The CPI-U increase since that date was 48.8%. The increase in CPI-U was calculated using the CPI- U reported by the U.S. Department of Labor, Bureau of Labor Statistics for July 1996 compared to the same standard for July 2013.

TN No.: 13-045 Approval Date 4/18/14 Effective Date: 7-1-13

Supersedes

TN No.: 08-012



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

ELIGIBILITY UNDER 1931 OF THE ACT

ASSISTANCE UNIT SIZE	REGION - A		REGION - B		REGION - C	
	7-16-96	NEW	7-16-96	NEW	7-16-96	NEW
1	\$ 402	\$ 468	\$ 333	\$ 388	\$ 333	\$ 388
2	\$ 513	\$ 598	\$ 443	\$ 516	\$ 443	\$ 516
3	\$ 636	\$ 741	\$ 543	\$ 633	\$ 536	\$ 624
4	\$ 741	\$ 863	\$ 639	\$ 744	\$ 622	\$ 725
5	\$ 835	\$ 972	\$ 731	\$ 851	\$ 708	\$ 825
6	\$ 935	\$1,089	\$ 827	\$ 963	\$ 805	\$ 938
7	\$1,040	\$1,211	\$ 933	\$1,087	\$ 904	\$1,053
8	\$1,143	\$1,331	\$1,031	\$1,201	\$1,001	\$1,166
9	\$1,228	\$1,430	\$1,116	\$1,300	\$1,086	\$1,265
10	\$1,341	\$1,561	\$1,220	\$1,421	\$1,209	\$1,408
11	\$1,394	\$1,623	\$1,272	\$1,481	\$1,260	\$1,467
12	\$1,514	\$1,763	\$1,394	\$1,623	\$1,381	\$1,608
13	\$1,550	\$1,805	\$1,449	\$1,687	\$1,418	\$1,651
14	\$1,659	\$1,932	\$1,538	\$1,791	\$1,527	\$1,778
15	\$1,753	\$2,041	\$1,633	\$1,901	\$1,622	\$1,889
16	\$1,805	\$2,102	\$1,684	\$1,961	\$1,672	\$1,947
17	\$1,883	\$2,192	\$1,762	\$2,051	\$1,750	\$2,038
18	\$1,960	\$2,282	\$1,840	\$2,142	\$1,828	\$2,128
19	\$2,038	\$2,373	\$1,916	\$2,231	\$1,906	\$2,219
20	\$2,116	\$2,464	\$1,995	\$2,323	\$1,984	\$2,310

       The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

  X   The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Income Methodologies

Child Support: The first \$100 per month of current child support income received by the family is disregarded whether paid directly to the family or through the department. All other current child support income is counted in determining eligibility.

TN No.: 13-045 Approval Date 4/18/14 Effective Date: 7-1-13

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TN No.: 08-012