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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

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

TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER: 13-045	2. STATE: CT
OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XI SOCIAL SECURITY ACT (MEDICAID)	X OF THE
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 B	BE CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI	OMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	250
Section 1931of the Social Security Act 42 CFR 435.1007,1902(a)(10)(C)	a. FFY 2013 \$ 11,5 b. FFY 2014 \$ 47,6	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED SECTION OR ATTACHMENT (If applicated)	
Supplement 12 to Attachment 2.6-A. pages 1-2. Supplement 1 to Attachment 2.6-A. pages 8-9(j)	Supplement 12 to Attachment 2.6-A. pages Supplement 1 to Attachment 2.6-A. Pages	
10. SUBJECT OF AMENDMENT: Eligibility under Section 1931 of the	e Social Security Act: MNIL Updates for 2013	
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: Comments, if any, to follow.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/	16. RETURN TO:	
13. TYPED NAME:	State of Connecticut Department of Social Services	
Claudette J. Beaulieu	25 Sigourncy Street Hartford, CT 06106-5033	
14. TITLE: Deputy Commissioner	Attention: Vanessa Soares Bowden,	
15. DATE SUBMITTED: September 23, 2013	Public Assistance Consultant	
FOR REGION	NAL OFFICE USE ONLY	
17. DATE RECEIVED: 9/26/13	18. DATE APPROVED: 4/18/14	
PLAN APPROVE	D – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/13	20. SIGNATURE OF REGIONAL OFFICIA /S/	
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Health Operations, Boston Regional Administrator	r, Division of Medicaid and Children's anal Office
23. REMARKS: The state and CMS agreed to the f	following pen and ink changes: Add	ded 1902(a)(10)(C)
to Box 6, and updated the FFY am	ounts in Box 7.	
FORM CMS-179 (07/92)		, 6



Supplement 1 to Attachment 2.6-A Page 8

State:	e:CONNECTICUT						
		INCOM	E ELIGIE	BILITY LEV	ELS (Continu	ued)	
D. MEDICA	ALLY NEE	DY					
X_ Applicable to all groups				cified belo me levels			
Re	gion A						
(1)	(2)			(3)	(4)		(5)
Family size	Net incom protected maintenar mon	for nce for	Amount by which column (2) exceeds limits specified in 42 CFR 435.10071		Net incorfor persoliving in rural area	ons	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹
	an only an and rura	al					
1		623.48	\$		\$		\$
2		793.65	\$		\$		\$
3		983.84	\$		\$		\$
5		148.29	\$		\$		\$
For each	or each \$ \$ dditional person			\$		\$	
behalf of in	dividual wl	nose inco	ome exce	g from its cleeds these I			
TN No. 13 Supersede TA No. 08	S	Approva	al Date		Effectiv	e Date	7-1-13



Supplement 1 to Attachment 2.6-A Page 9

State:	C	ONNECTICUT		
	INCOM	E ELIGIBILITY LEVE	ELS (Continued)	
D. MEDICA	LLY NEEDY			
X	Applicable to all g	Applicable to all gro those specified belo group income levels listed on attached p	w. Excepted are also	
Reg	gion A (continue	ed)		
(1)	(2)	(3)	(4)	(5)
size	Net income level protected for maintenance for months	Amount by which column (2) exceeds limits specified in 42 CFR 435.10071	Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.10071
	an only an and rural			
6	\$1,448.59	\$	\$	\$
7	\$1,610.18	\$	\$	\$
8	\$1,770.34	\$	\$	\$
9	\$1,900.47	\$	\$	\$
10 For each additional padd:	\$2,077.79 \$ person	\$	\$	\$
	ndividual whose ind 3-045 Approves	or excluding from its come exceeds these val Date 4/18/14	claim for FFP paymen limits. Effective Date	



Supplement 1 to Attachment 2.6-A Page 9 (a)

State:	CONNECTICUT						
	INCOM	E ELIGIBILITY LEV	ELS (Continued)				
D. MEDICAL	LY NEEDY						
X/	Applicable to all g	roups	Applicable to all gro those specified belo group income levels listed on attached p	w. Excepted s are also			
Regi	ion A (continue	ed)					
(1)	(2)	(3)	(4)	(5)			
size p	Net income level protected for maintenance for months Met income level column (2) exceeds limits specified in 42 CFR 435.10071		Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹			
X 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 peadd:	dditional person		\$	\$			
	fividual whose inc	r excluding from its of come exceeds these along the second state al	claim for FFP payment limits. Effective Date _				



Supplement 1 to Attachment 2.6-A Page 9 (b)

State:		С	ONNECTICUT			
		INCOM	E ELIGIBILITY	LEVELS (Conti	nued)	
D. MEDIC	ALLY NEED	Υ				
X_ Applicable to all groups.			those spe group inc	le to all grou ecified below come levels attached pa	w. Excepted are also	
Re	egion A (co	ntinue	d)			
(1)	(2)		(3)	(4	1)	(5)
Family size	Net income protected for maintenan monte	or ce for	Amount by who column (2) exceeds limits specified in 42 CFR 435.10071	for pers living in rural ar		Amount by which column (4) exceeds limits specified in 42 CFR 435.10071
	oan only oan and rura	ľ				
16	\$2,	795.65	\$	\$		\$
17	\$2,	915.77	\$	\$		\$
18		037.32	\$	\$		\$
19		156.01	\$	\$		\$
20	\$3,	277.56	\$	\$		\$
For each additional person add: \$ 121.55 \$		\$		\$		
TN NoSupersec	individual w 13-045 des	hose inc	r excluding fron come exceeds the val Date4/18	nese limits.	FP payment	



Supplement 1 to Attachment 2.6-A Page 9 (c)

State:	ate:CONNECTICUT					
	INCOM	E ELIGIBILITY LEVE	ELS (Continued)			
D. MEDICAL	LLY NEEDY					
			Applicable to all gro those specified belo group income levels listed on attached pa	w. Excepted are also		
Reg	ion B					
(1)	(2)	(3)	(4)	(5)		
size p	Net income level protected for maintenance for months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.10071		
	n only n and rural		·			
1	\$ 516.23	\$	\$	\$		
2	\$ 686.40	\$	\$	\$		
3	\$ 840.84	\$	\$	\$		
5	\$ 988.13 \$1,131.13	\$	\$	\$		
For each additional p	\$	\$	\$	\$		
TN No. 13 Supersede	dividual whose ind -045 Approv	or excluding from its come exceeds these val Date 4/18/14	claim for FFP paymen limits. Effective Date			



Supplement 1 to Attachment 2.6-A Page 9 (d)

State:	(CONNECTICUT		
	INCOM	IE ELIGIBILITY LEV	/ELS (Continued)	
D. MEDICA	LLY NEEDY			
X	X Applicable to all groups.			oups except ow. Excepted s are also page 3.
Reg	ion B (continue	ed)		
(1)	(2)	(3)	(4)	(5)
size	Net income level protected for maintenance for months	Amount by which column (2) exceeds limits specified in 42 CFR 435.10071	Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹
	n only n 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 padd:	\$ person	\$	\$	\$
	dividual whose in 3-045 Appro	or excluding from its come exceeds these val Date4/18/14		



Supplement 1 to Attachment 2.6-A Page 9 (e)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	CC	ONNECTICUT		
	INCOM	E ELIGIBILITY LEVE	ELS (Continued)	
D. MEDICALLY	NEEDY			
X App	icable to all g	roups	Applicable to all grothose specified belogroup income levels listed on attached page 2.5.	w. Excepted are also
Region	B (continue	ed)		
(1)	(2)	(3)	(4)	(5)
size prote main	Net income level protected for maintenance for months months Net income level column (2) exceeds limits specified in 42 CFR 435.1007 ¹		Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹
Urban onl				
11	\$1,970.54	\$	\$	\$
12	\$2,159.30	\$	\$	\$
13	\$2,243.67	\$	\$	\$
14	\$2,380.95	\$	\$	\$
15	\$2,528.24	\$	\$	\$
For each additional perso add:	or each \$ \$ dditional person		\$	\$
	ual whose inc	er excluding from its classification of the come exceeds these I and the come exceeds these I are also also also also also also also also		

TA No. 08-012



Supplement 1 to Attachment 2.6-A Page 9 (f)

State:	CONNECTICUT					
	INCOM	E ELIGIBILITY LEVI	ELS (Continued)			
D. MEDICAL	LY NEEDY					
X_ Applicable to all groups.			Applicable to all gro those specified belo group income levels listed on attached p	w. Excepted are also		
Regi	ion B (continue	ed)				
(1)	(2)	(3)	(4)	(5)		
size p	let income level rotected for naintenance for months	Amount by which column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.10071		
X Urbar	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 peadd:	dditional person		\$	\$		
	dividual whose inc	or excluding from its of come exceeds these 4/18/14 yal Date	claim for FFP paymen limits. Effective Date			



Supplement 1 to Attachment 2.6-A Page 9 (g)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	CONNECTICUT					
	INCOM	E ELIGIBILITY LEVE	ELS (Continued)			
D. MEDICALLY	NEEDY					
X_ 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)		
size prot	income level ected for ntenance for _ months	Amount by which column (2) exceeds limits specified in 42 CFR 435.10071	Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.10071		
X Urban a	nd rural					
1	\$ 516.23	\$	\$	\$		
2	\$ 686.40	\$	\$	\$		
3	\$ 829.40	\$	\$	\$		
4	\$ 963.82	\$	\$	\$		
For each additional pers add:	dditional person		\$	\$		
	dual whose inc	or excluding from its come exceeds these val Date 4/18/14	laim for FFP paymen limits. Effective Date _			

TA No. 08-012



Supplement 1 to Attachment 2.6-A Page 9 (h)

State:	ate: CONNECTICUT						
	INCOM	ME ELIGIE	BILITY LEVE	ELS (Continued)			
D. MEDICAL	LY NEEDY						
X/	Applicable to all	groups.	-	Applicable to all g those specified b group income lev listed on attached	elow. Excepted rels are also		
Regi	ion C (continu	ed)					
(1)	(2)		(3)	(4)	(5)		
size p	Net income level protected for maintenance for months pecified in 42 CFR 435.1007 ¹		(2) s limits ed in	Net income lever for persons living in rural areas formonths	column (4) exceeds limits specified in		
Urbar	n only n 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 padd:	or each \$ \$ dditional person			\$	\$		
	dividual whose in -045 Appros			claim for FFP paym limits. Effective Da			



Supplement 1 to Attachment 2.6-A Page 9 (i)

State:		CC	NNECTIO	CUT		transcensor som der inn research	
		INCOM	E ELIGIBI	LITY LEVE	LS (Conti	nued)	
D. MEDICA	LLY NE	EEDY					
X_ Applicable to all groups.				those spe group inc			
Reg	gion C	(continue	ed)				
(1)		(2)	(3)	(4	1)	(5)
size	protected for comaintenance for example months significant example.		column exceeds specified 42 CFR	Amount by which column (2) exceeds limits specified in 42 CFR 435.10071		ome level sons neas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.10071
	an only an and r	rural					
11		\$1,950.52	\$		\$		\$
12		\$2,139.28	\$		\$		\$
13	-	\$2,196.48	\$		\$		\$
14		\$2,365.22	\$		\$		\$
15		\$2,512.51	\$		\$		\$
For each additional padd:	additional person			\$		\$	
TN No. 13 Supersede	ndividua 3-045 es	al whose inc	or excludin come exce	g from its of eds these	limits.	P paymen	ts made on 7-1-13



Supplement 1 to Attachment 2.6-A Page 9 (j)

State:	CONNECTICUT				
	INCO	ME ELIGIBILITY LE	VELS (Continued)		
D. MEDIC	ALLY NEEDY				
X Applicable to all groups.			Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.		
Re	gion C (continu	ied)			
(1)	(2)	(3)	(4)	(5)	
Family size	Net income level protected for column (2) exceeds limits specified in 42 CFR 435.10071		Net income level for persons living in rural areas formonths.	Amount by which column (4) exceeds limits specified in 42 CFR 435.10071	
	an only an and rural				
16	\$2,589.73		\$	\$	
17	\$2,711.28		\$	\$	
18	\$2,831.40	The second section is the second seco	\$	\$	
19	\$2,951.52 \$3,071.64		\$	\$	
For each additional add:			\$	\$	
	3-045 Approles	for excluding from its ncome exceeds thes oval Date4/18/14			



Attachment 2.6-A Supplement 12 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT CONNECTICUT State: 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; X Pregnant women with no other eligible children. X 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: X 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. Approval Date 4/18/14 Effective Date: 7-1-13 TN No.: 13-045

Supersedes TN No.: 08-012



Attachment 2.6-A Supplement 12 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	CONNECTICUT
--------	-------------

ELIGIBILITY UNDER 1931 OF THE ACT

ASSISTANCE	REGIO	N - A	REGIO	<u>N - B</u>	REGIO	<u>V - C</u>
UNIT SIZE	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
Supersedes TN No.:	08-012			