

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 14-0033**

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**

---

December 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. 14-0033 with an effective date of July 1, 2014, 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 1.5% 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  
Frances Kula, Public Assistance Consultant

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 14-033	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 07/01/2014	

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:  42CFR 435.1007. 1902 (a)(10)(c), 1902 (a)(10)(A) (i)(IV)	7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> <del>TBD</del> \$5,878.00 b. FFY <u>2015</u> <del>TBD</del> \$22,676.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 1 to Attachment 2.6-A. pages 8-9(j)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)  Supplement 1 to Attachment 2.6-A. pages 8-9(j)

10. SUBJECT OF AMENDMENT: Effective 7/1/14, due to 1.5 % cost of living adjustment, Connecticut increased the PNA for State Supplement Awards

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:  <i>/s/ Kathy Brennan</i>	16. RETURN TO:  State of Connecticut Department of Social Services 55 Farmington Ave. Hartford, CT 06105-3725  Attention: Marc Shok
13. TYPED NAME: Kathy Brennan	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: September 26, 2014	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/29/14	18. DATE APPROVED: 12/18/14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/ Richard R. McGreal</i>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: Pen and ink changes were made by the state to the federal budget impact above in Box 7.

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	\$ 633.49	\$	\$	\$
2	\$ 805.09	\$	\$	\$
3	\$ 998.14	\$	\$	\$
4	\$1,165.45	\$	\$	\$
5	\$1,314.17	\$	\$	\$
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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDED

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	\$1,470.04	\$	\$	\$
7	\$1,634.49	\$	\$	\$
8	\$1,797.51	\$	\$	\$
9	\$1,929.07	\$	\$	\$
10	\$2,109.25	\$	\$	\$
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.

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	\$2,192.19	\$	\$	\$
12	\$2,380.95	\$	\$	\$
13	\$2,438.15	\$	\$	\$
14	\$2,608.32	\$	\$	\$
15	\$2,755.61	\$	\$	\$
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.

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	\$2,837.12	\$	\$	\$
17	\$2,960.10	\$	\$	\$
18	\$3,083.09	\$	\$	\$
19	\$3,203.20	\$	\$	\$
20	\$3,326.18	\$	\$	\$
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.

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	\$ 523.38	\$	\$	\$
2	\$ 696.41	\$	\$	\$
3	\$ 853.71	\$	\$	\$
4	\$1,002.43	\$	\$	\$
5	\$1,148.29	\$	\$	\$
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.



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	\$1,298.44	\$	\$	\$
7	\$1,467.18	\$	\$	\$
8	\$1,621.62	\$	\$	\$
9	\$1,754.61	\$	\$	\$
10	\$1917.63	\$	\$	\$
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.

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	\$2,000.57	\$	\$	\$
12	\$2,192.19	\$	\$	\$
13	\$2,277.99	\$	\$	\$
14	\$2,416.70	\$	\$	\$
15	\$2,566.85	\$	\$	\$
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.

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	\$2,648.36	\$	\$	\$
17	\$2,769.91	\$	\$	\$
18	\$2,892.89	\$	\$	\$
19	\$3,011.58	\$	\$	\$
20	\$3,135.99	\$	\$	\$
For each additional person add:	\$ 124.41	\$	\$	\$

<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.

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	\$ 523.38	\$	\$	\$
2	\$ 696.41	\$	\$	\$
3	\$ 842.27	\$	\$	\$
4	\$ 978.12	\$	\$	\$
5	\$1,113.97	\$	\$	\$
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.

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	\$1,265.55	\$	\$	\$
7	\$1,421.42	\$	\$	\$
8	\$1,573.00	\$	\$	\$
9	\$1,707.42	\$	\$	\$
10	\$1,901.90	\$	\$	\$
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.

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	\$1,979.12	\$	\$	\$
12	\$2,170.74	\$	\$	\$
13	\$2,229.37	\$	\$	\$
14	\$2,400.97	\$	\$	\$
15	\$2,549.69	\$	\$	\$
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.

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	\$2,628.34	\$	\$	\$
17	\$2,751.32	\$	\$	\$
18	\$2,874.30	\$	\$	\$
19	\$2995.85	\$	\$	\$
20	\$3,117.40	\$	\$	\$
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.

TN No. 14-033

Approval Date 12/18/14

Effective Date 7-1-14

Supercedes

TN No. 13-045