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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

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS OF MEDICARE AND MEDICAID SERVICES	FORM APPROVED OMB NO. 0938-0193				
TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER: 2. STATE: CT 14-033				
OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 B	E CONSIDERED AS NEW PLAN				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
42CFR 435.1007. 1902 (a)(10)(c), 1902 (a)(10)(A) (i)(IV)	a. FFY 2014 TBD \$5,878.00 b. FFY 2015 TBD \$22,676.00				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)				
Supplement 1 to Attachment 2.6-A.pages 8-9(j)	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 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: State of Connecticut				
13. TYPED NAME: Kathy Brennan	Department of Social Services 55 Farmington Ave. Hartford, CT 06105-3725				
14. TITLE: Deputy Commissioner	Attention: Marc Shok				
15. DATE SUBMITTED: September 26, 2014	And the shok				
FOR REGIONA	L OFFICE USE ONLY				
17. DATE RECEIVED: 9/29/14	18. DATE APPROVED: 12/18/14				
PLAN APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14	- ONE COPY ATTACHED 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: Pen and ink changes were made by t FORM CMS-179 (07/92)	the state to the federal budget impact above in Box 7.				



Supplement 1 to Attachment 2.6-A Page 8

State:		CONNECTICUT							
INCOME ELIGIBILITY LEVELS (Continued)									
D. MEDICA	ALLY NI	EEDY							
X Applicable to all groups.				tl g	Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.				
Re	gion A								
(1)		(2)	_	(3)		(4)	(5)		
Family size	Family Net income level Amo size protected for colu maintenance for exce months spec 42 0		ount by which mn (2) eeds limits cified in CFR 1007 ¹		Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹			
Urb	an only								
X Urb	an and	rural							
1		\$ 633.49		\$		\$	\$		
2		\$ 805.09		\$		\$	\$		
3		\$ 998.14		\$		\$	\$		
4		\$1,165.45		\$		\$	\$		
5		\$1,314.17		\$		\$	\$		
For each		\$		\$		\$	\$		
additional add:	person								

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



Supplement 1 to Attachment 2.6-A Page 9

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		CONNECTICUT						
INCOME ELIGIBILITY LEVELS (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.								
Reg	gion A (continued)						
(1)		(2)		(3)		(4)	(5)	
Family size	protect mainte	come level ted for nance for nonths	colui exce spec 42 C	ount by which mn (2) eeds limits cified in CFR 1007 ¹		Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹	
Urban only X 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 add:	person	\$		\$		\$	\$	

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



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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:									
	INCOME ELIGIBILITY LEVELS (Continued)								
D. MEDICALL	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.									
Regio	n A (continued)								
(1)	(2)	(3)	(4)	(5)					
Family Ne size pr	et income level otected for aintenance 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 for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹					
Urban only X 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 pe add:	\$ erson	\$	\$	\$					

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

Effective Date 7-1-14



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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:									
INCOME ELIGIBILITY LEVELS (Continued)									
D. MEDICALLY NEEDY									
<u>X</u> App	icable to all gr	oups	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 Net in size prote main	ncome level cted for tenance 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 for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹					
X Urban an	-								
16	\$2,837.12	\$	\$	\$					
	And in case of the second distance of the sec								
	The second s								
and the second se	\$3,320.10	φ	Ψ	Ψ					
additional perso	n \$ 122.98	\$	\$	\$					
Urban on X Urban an 16 17 18 19 20 For each additional perso	months y d rural \$2,837.12 \$2,960.10 \$3,083.09 \$3,203.20 \$3,326.18	42 CFR 435.1007 ¹ \$ \$ \$ \$ \$ \$	rural areas for months. \$ \$ \$ \$ \$ \$	42 CFR 435.1007 ¹ \$ \$ \$ \$ \$ \$					

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



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

State:		CONNECTICUT								
INCOME ELIGIBILITY LEVELS (Continued)										
D. MEDIC	CALLYN	IEEDY								
X Applicable to all groups. Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.										
R	egion B									
(1)		(2)	(3)		(4)	(5)				
Family size	Net income level protected for maintenance for months		ected for column (2) ntenance for exceeds limits		Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹				
Urban only										
X Urban and rural										
1		\$ 523.38		\$	\$	\$				
2		\$ 696.41		\$	\$	\$				

2	\$ 696.41	\$ \$	\$
3	\$ 853.71	\$ \$	\$
4	\$1,002.43	\$ \$	\$
5	\$1,148.29	\$ \$	\$
For each additional person add:	\$	\$ \$	\$

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



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

State:	CONNECTICUT									
INCOME ELIGIBILITY LEVELS (Continued)										
D. MEDIC	CALLY NEEDY									
<u>X</u> Applicable to all groups. Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.										
R	egion 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 ¹	Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹						
	ban only									
X Ur	ban and rural									
6	\$1,298.44	\$	\$	\$						

6	\$1,298.44	•	3	
7	\$1,467.18	\$	\$	\$
8	\$1,621.62	\$	\$	\$
9	\$1,754.61	\$	\$	\$
10	\$1917.63	\$	\$	\$
For each additional person add:	\$	\$	\$	\$

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



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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		CONNECTICUT							
INCOME ELIGIBILITY LEVELS (Continued)									
D. MEDIC	ALLY NEEI	DY							
X Applicable to all groups. Applicable to all group those specified below group income levels listed on attached pa						elow. els a	Excepted re also		
Re	gion B (cor	ntinued)							
(1)	(2)	1		(3)		(4)		(5)	
Family size	Net incom protected maintenau mor	ne level for nce for	colun exce spec 42 C	unt by which nn (2) eds limits ified in FR 1007 ¹		Net income leve for persons living in rural areas for months.		Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹	
	Urban only X Urban and rural								
11	\$2	2,000.57		\$		\$		\$	
12	\$2	2,192.19		\$		\$		\$	
13	\$2	2,277.99		\$		\$		\$	
14		2,416.70		\$		\$		\$	
15	the second se	2,566.85		\$		\$		\$ \$	
For each additiona add:				\$		\$		Þ	

Effective Date 7-1-14

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	e:CONNECTICUT								
	INCOME ELIGIBILITY LEVELS (Continued)								
D. MEDICA	ALLY NEEDY								
X	_ Applicable to all g	roups	Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.						
Re	gion 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 ¹	Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹					
	Urban only . X Urban and rural								
16	\$2,648.36	\$	\$	\$					
17	\$2,769.91	\$	\$	\$					
18	\$2,892.89		\$	\$					
19	\$3,011.58		\$	\$					
20	\$3,135.99	\$	\$	3					
For each additional add:	l person \$ 124.41	\$	\$	\$					

Effective Date 7-1-14

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



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

State:	С	CONNECTICUT							
INCOME ELIGIBILITY LEVELS (Continued)									
D. MEDICAL	LY NEEDY								
<u> </u>	X Applicable to all groups. Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.								
Regio	on C								
(1)	(2)	(3)	(4)	(5)					
Family N size p m	amily Net income level Am		Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹					
	Urban only X Urban and rural								
1	\$ 523.38	\$	\$	\$					
2	\$ 696.41	\$	\$	\$ \$					
3	\$ 842.27	\$	\$	\$ \$					
4	\$ 978.12	\$	\$	\$					
5	\$1,113.97	\$	\$	\$					
For each additional p add:	\$ erson	\$	•	Ŷ					

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

State:	СС	CONNECTICUT				
INCOME ELIGIBILITY LEVELS (Continued)						
D. MEDICA	LLY NEEDY					
<u>_X</u>	Applicable to all g	roups	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 ¹	Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹		
·	an only an 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 add:	\$ person	\$	\$	\$		

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

State:	CONNECTICUT					
	INCOM	E ELIGIBILITY LEVE	<u>LS</u> (Continued)			
D. MEDIC	ALLY NEEDY					
<u> </u>	_ Applicable to all g	roups	Applicable to all grou those specified below group income levels listed on attached pa	w. Excepted are also		
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 ¹	Net income level for persons living in rural areas for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹		
🗌 Url	ban only					
X Url	ban 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:	\$	\$ \$	\$

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

	CONNECTICUT						
INCOM	E ELIGIBILITY LEVE	ELS (Continued)					
LY NEEDY							
Applicable to all gi	roups	Applicable to all groups except those specified below. Excepted group income levels are also listed on attached page 3.					
Region C (continued)							
(2)	(3)	(4)	(5)				
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 for months.	Amount by which column (4) exceeds limits specified in 42 CFR 435.1007 ¹				
and rural		e	\$				
			\$				
			\$				
		\$	\$				
\$3,117.40	\$	\$	\$				
erson \$ 121.55	\$	\$	\$				
	INCOM LY NEEDY Applicable to all gr on C (continued) (2) let income level rotected for naintenance for months only and rural \$2,628.34 \$2,751.32 \$2,874.30 \$2995.85 \$3,117.40	INCOME ELIGIBILITY LEVE	INCOME ELIGIBILITY LEVELS (Continued) LY NEEDY				

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