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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 14-0034

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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 12, 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. 14-0034 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 Personal Needs Allowance component of a beneficiary's State Supplement Award due to the 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 14-034	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: 1902 (a) (10) (A) (ii) (XI) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> TBD 23,254 b. FFY <u>2015</u> TBD 92,443
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A

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: /s/	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: 12/12/14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14	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 the state to the federal budget impact above in Box 7.

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	\$570.06	N/A
Level 2	\$370.06	\$742.20
New Horizons		
Unshared	\$1,838.00	N/A
Shared with unrelated person	\$1,770.10	N/A
Shared with related person	\$1,838.00	\$4001.00, one eligible member
		\$3,676.00, two eligible members
Domiciliary	\$1,930.30	\$4,093.30, one eligible member
		\$3,860.60, two eligible members

For independent living arrangements, the standard of assistance includes a fixed amount for personal needs of \$170.06 for a single person, \$171.10 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 \$135.14, 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 \$1,838.00, for an individual living alone or with a related person, \$1,770.10 for an individual living with an unrelated person, \$4001.00 for a couple with one eligible member, and \$3,676.00 for a couple with two eligible members.

TN No. 14-034
 Supersedes
 TN No. 14-019

Approval Date 12-12-14

Effective Date 7-1-14

State CT

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$29.95, 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 \$1,930.30 for an individual, \$4093.30 for a couple with one eligible member, and \$3,860.60 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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TN No. 14-019

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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 \$1,838.00 for an individual living alone or with a related person, \$1,770.10 for an individual living with an unrelated person, \$4001.00 for a couple with one eligible member, and \$3,676.00 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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TN No. 14-019

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