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State/Territory Name: CT

State Plan Amendment (SPA) #: 21-0001-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

CT - Submission Package - CT2020MS0002O - (CT-21-0001-A) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 335
Kansas City, MO 64106



Center for Medicaid & CHIP Services

August 16, 2021

Deidre Gifford
Commissioner
DSS
55 Farmington Avenue
Hartford, CT 06105

Re: Approval of State Plan Amendment CT-21-0001-A

Dear Deidre Gifford,

On December 16, 2020, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-21-0001-A to add the optional eligibility group of individuals who are eligible for state plan home and community-based services (HCBS) and meet the requirements for an approved section 1915(c) waiver (as described in 42 C.F.R. 435.219(b)). This SPA is will offer a Medicaid eligibility pathway to certain individuals who meet the coverage requirements for the Connecticut Housing Engagement and Support Services (CHESS) Initiative State Plan Home and Community-Based Services Benefit Pursuant to Section 1915(i) of the Social Security Act.

We approve Connecticut State Plan Amendment (SPA) CT-21-0001-A with an effective date(s) of August 16, 2021. August 16, 2021.

If you have any questions regarding this amendment, please contact Marie DiMartino at marie.dimartino@cms.hhs.gov

Sincerely,

James G. Scott, Director

Division of Program Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0002O | CT-21-0001-A

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2020MS0002O	SPA ID	CT-21-0001-A
Submission Type	Official	Initial Submission Date	12/16/2020
Approval Date	08/16/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Connecticut

Medicaid Agency Name: DSS

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS00020 | CT-21-0001-A

Package Header

Package ID	CT2020MS00020	SPA ID	CT-21-0001-A
Submission Type	Official	Initial Submission Date	12/16/2020
Approval Date	08/16/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID CT-21-0001-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	8/16/2021	CT-20-0003
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	8/16/2021	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS00020 | CT-21-0001-A

Package Header

Package ID	CT2020MS00020	SPA ID	CT-21-0001-A
Submission Type	Official	Initial Submission Date	12/16/2020
Approval Date	08/16/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA makes only the following change to the Medicaid State Plan: Effective August 16, 2021, it adds the optional eligibility group of covering individuals who receive state plan home and community-based services (HCBS) if they are eligible for section 1915(c) waiver services but do not otherwise receive 1915(c) waiver services. The purpose of this SPA is to enable this eligibility category to be available to participants in the state's Connecticut Housing Engagement and Support Services (CHESS) Initiative State Plan Home and Community-Based Services Benefit Pursuant to Section 1915(i) of the Social Security Act. CHESS is being added to the Medicaid State Plan through pending SPA CT-21-0001, which, effective August 16, 2021, amends Attachments 3.1-i and 4.19-B of the Medicaid State Plan to establish the CHESS program. Additional details about CHESS are detailed in the SPA CT-21-0001 package and plan pages.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

Section 1915(i) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0002O | CT-21-0001-A

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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0002O | CT-21-0001-A

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	CT-20-0003		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes
 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Coverage				

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS00020 | CT-21-0001-A

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Superseded SPA ID	CT-20-0003		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0002O | CT-21-0001-A

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0002O | CT-21-0001-A

Individuals receiving section 1915(i) state plan home and community-based services who are otherwise eligible for 1915 HCBS waivers.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	NEW		
	User-Entered		

The state covers the optional Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers eligibility group in accordance with the following provisions:

- Individuals who are eligible under other eligibility groups receive section 1915(i) home and community-based services under the state plan.

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are eligible for home and community-based services under an existing 1915 waiver or 1115 demonstration, even if they are not receiving services under such waivers or demonstrations.
2. Have income that does not exceed 300% of the supplemental security income (SSI) federal benefit rate (FBR).
3. Will receive at least one state plan home and community-based service as defined at 42 CFR 440.182.

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS00020 | CT-21-0001-A

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	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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C. Financial Methodologies

The income and resource methodologies that would be used to determine eligibility for individuals under the special income level group described in 42 C.F.R. §435.236 are used to determine eligibility for this group.

D. Income Standard Used

The state applies the income standard used to determine eligibility for the relevant 1915 waiver or 1115 demonstration under which the individual is eligible, up to a maximum of 300% of the SSI FBR.

E. Resource Standard Used

The resource standard used for this group is the resource standard used to determine eligibility for the relevant 1915 waiver or 1115 demonstration under which the individual is eligible.

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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F. Additional Information (optional)

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