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State/Territory Name: Connecticut

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

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

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CMS-10434 OMB 0938-1188

Package Information

Package ID	CT2020MS0002O	Submission Type	Official
Program Name	N/A	State	CT
SPA ID	CT-21-0001-A	Region	Boston, MA
Version Number	3	Package Status	Approved
Submitted By	Joel Norwood	Submission Date	12/16/2020
Package Disposition		Approval Date	8/16/2021 1:38 PM EDT
Priority Code	P2		

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

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	8/16/2021	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
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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	8/16/2021	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 | CT2020MS00020 | CT-21-0001-A

Package Header

Package ID CT2020MS00020
Submission Type Official
Approval Date 8/16/2021
Superseded SPA ID N/A

SPA ID CT-21-0001-A
Initial Submission Date 12/16/2020
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

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

Package Header

Package ID	CT2020MS00020	SPA ID	CT-21-0001-A
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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

Package Header

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
7/22/2020	<p>The state emailed the Indian Health Program representatives for the two federally-recognized Indian tribes in Connecticut, the Mashantucket Pequot Tribal Nation and the Mohegan Tribe (who are the same as the representatives for the tribes, referenced below).</p> <p>This SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations because this SPA has the same effect on all eligible individuals statewide regardless of whether they are members of an Indian tribe or receive services from an Indian Health Program. The state's approved tribal consultation SPA requires notice for all SPAs, regardless of their likely impact. However, the only way to include the tribal consultation information and documentation in MACPro is to select Yes to that question above, which was indicated for the limited purpose of being able to include these responses and documentation.</p>

- All Urban Indian Organizations


States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
7/22/2020	<p>The state emailed the representatives for the two federally-recognized Indian tribes in Connecticut, the Mashantucket Pequot Tribal Nation and the Mohegan Tribe (who are the same as the representatives for the Indian Health Programs, referenced above).</p> <p>This SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations because this SPA has the same effect on all eligible individuals statewide regardless of whether they are members of an Indian tribe or receive services from an Indian Health Program. The state's approved tribal consultation SPA requires notice for all SPAs, regardless of their likely impact. However, the only way to include the tribal consultation information and documentation in MACPro is to select Yes to that question above, which was indicated for the limited purpose of being able to include these responses and documentation.</p>

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload

documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
SPA CT-20-0018-A - CHES Eligibility - Tribal Notices - 07-22-20	8/3/2020 10:52 AM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

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.

This view was generated on 8/16/2021 1:59 PM EDT