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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0033**

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# CT - Submission Package - CT2021MS0002O - (CT-21-0033) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	CT2021MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	CT
<b>SPA ID</b>	CT-21-0033	<b>Region</b>	Boston, MA
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Marjori Kapsis	<b>Submission Date</b>	9/30/2021
<b>Package Disposition</b>		<b>Approval Date</b>	12/22/2021 1:41 PM EST
<b>Priority Code</b>	P2		
<b>Lead Division</b>	DMEP		

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

December 22, 2021

Deidre Gifford  
Commissioner  
DSS  
55 Farmington Avenue  
Hartford, CT 06105

Re: Approval of State Plan Amendment CT-21-0033

Dear Deidre Gifford,

On September 30, 2021, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-21-0033 which proposed to amend Connecticut's Medically Needy Income Levels and the income standards for Connecticut's optional state supplement program.

We approve Connecticut State Plan Amendment (SPA) CT-21-0033 with an effective date(s) of July 1, 2021.

Reviewable Unit	Effective Date
Medically Needy Income Level	July 01, 2021
Optional Eligibility Groups	August 16, 2021
Optional State Supplement Beneficiaries	July 01, 2021

If you have any questions regarding this amendment, please contact Marie DiMartino at [marie.dimartino@cms.hhs.gov](mailto:marie.dimartino@cms.hhs.gov)

Sincerely,

[Redacted Signature]  
Division of Program Operations  
Center for Medicaid & CHIP Services

## Medicaid State Plan Eligibility

### Income/Resource Standards

#### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

#### Package Header

<b>Package ID</b>	CT2021MS00020	<b>SPA ID</b>	CT-21-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/30/2021
<b>Approval Date</b>	12/22/2021	<b>Effective Date</b>	7/1/2021
<b>Superseded SPA ID</b>	CT-14-0033		
	User-Entered		

#### A. Income Level Used

- The state employs a single income level for the medically needy, subject to the condition described in A 3.
- The income level varies based on differences between shelter costs in urban and rural areas.

- Yes  
 No

The areas in which the level varies are:

Name of area:	Description:
Region A	<p>The State of Connecticut is divided into three geographic regions on the basis of a similarity in the cost of housing. Separate standards of need are established for each state region.</p> <p>Region A breakdown of the state is as follows:</p> <ul style="list-style-type: none"> <li>Bethel</li> <li>Bridgewater</li> <li>Brookfield</li> <li>Danbury</li> <li>Darien</li> <li>Greenwich</li> <li>New Canaan</li> <li>New Fairfield</li> <li>New Milford</li> <li>Newtown</li> <li>Norwalk</li> <li>Redding</li> <li>Ridgefield</li> <li>Roxbury</li> <li>Sherman</li> <li>Stamford</li> <li>Washington</li> <li>Weston</li> <li>Westport</li> <li>Wilton</li> </ul>
Region B	<p>The State of Connecticut is divided into three geographic regions on the basis of a similarity in the cost of housing. Separate standards of need are established for each state region. Region B breakdown of the state is as follows:</p> <ul style="list-style-type: none"> <li>Andover</li> <li>Ashford</li> <li>Avon</li> <li>Berlin</li> <li>Bethany</li> <li>Bloomfield</li> <li>Bolton</li> <li>Bozrah</li> <li>Branford</li> <li>Bridgeport</li> <li>Bristol</li> <li>Brooklyn</li> <li>Burlington</li> <li>Canterbury</li> <li>Canton</li> <li>Chaplin</li> <li>Chester</li> <li>Clinton</li> <li>Colchester</li> <li>Columbia</li> <li>Coventry</li> <li>Cromwell</li> <li>Deep River</li> <li>Durham</li> <li>Eastford</li> <li>East Granby</li> <li>East Haddam</li> <li>East Hampton</li> <li>East Hartford</li> <li>East Haven</li> <li>East Lyme</li> <li>Easton</li> <li>East Windsor</li> <li>Ellington</li> <li>Enfield</li> <li>Essex</li> <li>Fairfield</li> <li>Farmington</li> <li>Franklin</li> </ul>

Name of area:	Description:
	Glastonbury
	Granby
	Griswold
	Groton
	Guilford
	Haddam
	Hamden
	Hampton
	Hartford
	Hebron
	Killingly
	Killingworth
	Lebanon
	Ledyard
	Lisbon
	Lyme
	Madison
	Manchester
	Mansfield
	Marlborough
	Meriden
	Middlefield
	Middletown
	Milford
	Monroe
	Montville
	New Britain
	New Haven
	New London
	Newington
	North Branford
	North Haven
	North Stonington
	Norwich
	Old Lyme
	Old Saybrook
	Orange
	Plainfield
	Plainville
	Plymouth
	Pomfret
	Portland
	Preston
	Putnam
	Rocky Hill
	Salem
	Scotland
	Shelton
	Simsbury
	Somers
	South Windsor
	Southington
	Sprague
	Stafford
	Sterling
	Stonington
	Stratford
	Suffield
	Thompson
	Tolland
	Trumbull
	Union
	Vernon
	Voluntown
	Wallingford
	Waterford
	West Hartford
	West Haven
	Westbrook
	Wethersfield
	Willington
	Windham
	Windsor
	Windsor Locks

Name of area:	Description: Woodbridge Woodstock
Region C	<p>The State of Connecticut is divided into three geographic regions on the basis of a similarity in the cost of housing. Separate standards of need are established for each state region. Region C breakdown of the state is as follows:</p> <p>Ansonia Barkhamsted Beacon Falls Bethlehem Canaan Cheshire Colebrook Cornwall Derby Goshen Hartland Harwinton Kent Litchfield Middlebury Morris Naugatuck New Hartford Norfolk North Canaan Oxford Prospect Salisbury Seymour Sharon Southbury Thomaston Torrington Warren Waterbury Watertown Winchester Wolcott Woodbury</p>

3. The state has a separate income level for the individuals who are age 65 or older, or who have blindness or a disability.

- Yes
- No

4. The level used is:

**Region A**

Household size	Standard
1	\$643.00
2	\$818.00
3	\$1013.00
4	\$1183.00
5	\$1333.00
6	\$1492.00
7	\$1658.00
8	\$1823.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

**Incremental Amount:**

\$122.98

The dollar amounts increase automatically each year

- Yes
- No

Household size	Standard
9	\$1956.00
10	\$2139.00
11	\$2224.00
12	\$2414.00
13	\$2472.00
14	\$2646.00
15	\$2794.00
16	\$2877.00
17	\$3002.00
18	\$3126.00
19	\$3249.00
20	\$3373.00

**Region B**

Household size	Standard
1	\$532.00
2	\$708.00
3	\$866.00
4	\$1018.00
5	\$1165.00
6	\$1318.00
7	\$1489.00
8	\$1645.00
9	\$1779.00
10	\$1945.00
11	\$2030.00
12	\$2222.00
13	\$2309.00
14	\$2451.00
15	\$2603.00
16	\$2686.00
17	\$2808.00
18	\$2933.00
19	\$3053.00
20	\$3180.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

**Incremental Amount:**  
\$124.41

The dollar amounts increase automatically each year

- Yes
- No

**Region C**

Household size	Standard
1	\$532.00
2	\$708.00
3	\$855.00
4	\$993.00
5	\$1131.00
6	\$1284.00
7	\$1442.00
8	\$1597.00
9	\$1732.00
10	\$1931.00
11	\$2006.00
12	\$2201.00
13	\$2261.00
14	\$2432.00
15	\$2585.00
16	\$2666.00
17	\$2790.00
18	\$2914.00
19	\$3037.00
20	\$3162.00

The state uses an additional incremental amount for larger household sizes.

Yes

No

**Incremental Amount:**

\$121.55

The dollar amounts increase automatically each year

Yes

No



## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

### Package Header

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<b>Superseded SPA ID</b>	CT-14-0033		
	User-Entered		

### B. Basis for Income Level

#### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

#### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

## Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

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	User-Entered		

### C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

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<b>Superseded SPA ID</b>	CT-21-0001-A, CT-21-003		
	User-Entered		

### 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 <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
Individuals Eligible for but Not Receiving Cash Assistance		<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 
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

### Package Header

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<b>Superseded SPA ID</b>	CT-21-0001-A, CT-21-003 User-Entered		

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

### Package Header

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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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS0002O | CT-21-0033

Individuals who receive an optional state supplementary payment.

#### Package Header

<b>Package ID</b>	CT2021MS0002O	<b>SPA ID</b>	CT-21-0033
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	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
  - a. SSI
  - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

### Package Header

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	System-Derived		

### B. Individuals Covered

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

- Yes
- No



## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

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	System-Derived		

### C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

### Package Header

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### D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

- a. Varies by political subdivision.
  - Yes
  - No
- b. Varies by payment classification.
  - Yes
  - No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Independent Living (Level 1)	For independent living arrangements (Level 1), the Standard of Assistance includes a fixed amount for personal needs of \$172.44 for a single person and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up the specific maximum of \$400.00 for a single individual living alone. There is a no income standard for a couple as Level 1 indicates living alone. System would not allow entry of 0.00

<b>Individual</b>	<b>Couple</b>
\$572.44	\$0.01
<b>Name of Classification</b>	<b>Description:</b>
New Horizon shared w/related person/one eligible	For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$137.03 and an allowance for the charge to the individual

for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2,020 for an individual living alone or with a related person and \$4,402 for a couple with one eligible member.

**Individual**

\$2020.00

**Name of Classification**

Independent Living (Level 2)

**Couple**

\$4402.00

**Description:**

For independent living arrangements (Level 2), the Standard of Assistance includes a fixed amount for personal needs of \$172.44 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 the specific maximum of \$200.00

**Individual**

\$372.44

**Name of Classification**

Domiciliary with one eligible member

**Couple**

\$744.88

**Description:**

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$30.36 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standard of assistance for domiciliary living arrangements is \$2112.30 for an individual and \$4494.30 for a couple with one eligible member.

**Individual**

\$2112.30

**Name of Classification**

Domiciliary with two eligible members

**Couple**

\$4494.30

**Description:**

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$30.36 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standard of assistance for domiciliary living arrangements is \$2112.30 for an individual and \$4224.60 for a couple with one eligible member.

**Individual**

\$2112.30

**Name of Classification**

New Horizon (shared with unrelated person)

**Couple**

\$4224.60

**Description:**

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$137.03 and an allowance for the charge to the individual

for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$1952.10 for an individual living with an unrelated person. There is no income standard for a couple as shared with an unrelated person indicates not married. System would not allow entry of \$0.00

**Individual**

\$1952.10

**Name of Classification**

New Horizons (unshared)

**Couple**

\$0.01

**Description:**

For the New Horizons living arrangement (unshared), the Standard of Assistance includes a fixed amount for personal needs of \$137.03 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2020 for an individual living alone. There is no income standard for a couple as unshared indicates living alone. System would not allow entry of \$0.00

**Individual**

\$2020.00

**Name of Classification**

New Horizon shared w/related person/two eligible

**Couple**

\$0.01

**Description:**

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$137.03 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2020.00 for an individual living with a related person and \$4040.00 for a couple with 2 eligible members.

**Individual**

\$2020.00

**Couple**

\$4040.00

## Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2021MS00020 | CT-21-0033

### Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/30/2021
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### E. Additional Information (optional)

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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