

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
12-016

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
03/01/12

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:

Section 1902(a)(10)(A)(i)(VIII) and 1902(k)(2)

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$ TBD
b. FFY 2014 \$ TBD

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 9b3

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 2.2-A, page 9b3

10. SUBJECT OF AMENDMENT: Extend Medicaid coverage to low income individuals under the Patient Protection and Affordable Care Act.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Claudette J. Beaulieu

14. TITLE:

Deputy Commissioner

15. DATE SUBMITTED:

March 30, 2012

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

Attention: James W. Starr

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/30/12

18. DATE APPROVED: 6/26/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

3/1/12

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: