

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

1. TRANSMITTAL NUMBER:  
12-017

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)(E)(i) and 1905(p)(1) of the Social Security Act  
Section 1902(a)(10)(E)(iii) of the Social Security Act  
Section 1902(a)(10)(E)(iv) of the Social Security Act  
Section 1902(r)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 \$ 5,800  
b. FFY 2014 \$ 5,800

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8A to Attachment 2.6-A, page 9

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

Supplement 8a to Attachment 2.6-A, page 9

10. SUBJECT OF AMENDMENT: Methodologies for treatment of income that is less restrictive than those of the AFDC and SSI programs.

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: Tiffany Gangi

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/30/12

18. DATE APPROVED: 6/28/12

**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:

- The State agreed to the following pen and ink changes to the Form 179 in an email dated 6/1/12:
- Box 6: Change the lowercase "e" to uppercase "E" in each of the citations; and added 1902(r)(2) of the Social Security Act
  - Box 7: Change the Federal Budget Impact from TBD to \$5,800