

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

October 20, 2011

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-014 with an effective date of July 1, 2011, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to increase the income disregard in the Medicare Savings Programs to a change in State law. The Medicare Savings Programs consist of the Qualified Medicare Beneficiary (QMB) coverage group, the Specified Low Income Medicare Beneficiary (SLMB) coverage group and the Qualifying Individuals (QI) coverage group.

The existing income disregards are between 100% of the Federal Poverty Level (FPL) and 197% FPL for the QMB group, between 120% FPL and 217% FPL for the SLMB group and between 135% and 232% FPL for the QI coverage group.

The new income disregards will be between 100% of the Federal Poverty Level (FPL) and 214% FPL for the QMB group, between 120% FPL and 234% FPL for the SLMB group and between 135% and 249% FPL for the QI coverage group.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:

Mark Schaefer, Director, Medical Care Administration
Marc Shok, Adult Services Program Manager
Stephen Markoski, Public Assistance Consultant

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-014	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/11

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	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ TBD b. FFY 2013 \$ TBD
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 ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Stephen Markoski
13. TYPED NAME: Claudette J. Beaulieu	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: July 18, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 7/25/11	18. DATE APPROVED: 10/20/11
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/11	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: CMS and the Connecticut Department of Social Services agreed by e-mail to the following changes to this SPA:
Under the Statutory Citation in Box 6 of the Form CMS-179, lowercase "e" was changed to uppercase "E."

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CONNECTICUT

METHODOLOGIES FOR TREATMENT OF INCOME THAT ARE LESS RESTRICTIVE THAN THOSE OF THE AFDC OR SSI PROGRAMS PURSUANT TO SECTION 1902 (r) (2) OF THE ACT.

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Section 1902 (f) State

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Non-Section 1902 (f) State

For Qualified Medicare Beneficiaries (QMB) 1902(a)(10)(E)(i) and 1905(p)(1), disregard income in the amount of the difference between 100% of the Federal Poverty Level and 214% of the Federal Poverty Level.

For Specified Low Income Beneficiaries (SLMB) 1902(a)(10)(E)(iii), disregard income in the amount of the difference between 120% of the Federal Poverty Level and 234% of the Federal Poverty Level.

For Qualifying Individuals (QI) 1902(a)(10)(E)(iv), disregard income in the amount of the difference between 135% of the Federal Poverty Level and 249% of the Federal Poverty Level.

TN No. 11-014

Approval Date 10/20/11

Effective Date 7-1-11

Supersedes

TN No. 09-024