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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: CT 13-018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



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

June 19, 2013

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. 13-018 with an effective date of March 1, 2013, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to change the income disregards for the Medicare Savings Program (MSP). This program consists of the Qualified Medicare Beneficiary (QMB) coverage group, the Specified Low Income Medicare Beneficiary (SLMB) coverage group, and the Qualified Individuals (QI) coverage group.

The new income disregards will be between 100% of the Federal Poverty Level (FPL) and 211% FPL for the QMB group, between 120% FPL and 231% FPL for the SLMB group, and between 135% FPL and 246% FPL for the QI 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:

Claudette J. Beaulieu, Deputy Commissioner
Marc Shok, Adult Services Program Manager
Vanessa Soares Bowden, Public Assistance Consultant

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

1. TRANSMITTAL NUMBER:
13-018

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
03/01/13

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 2013 \$ 0
b. FFY 2014 \$ 0

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:
/s/

13. TYPED NAME:
Claude J. Beaulieu

14. TITLE:
Deputy Commissioner

15. DATE SUBMITTED:
March 20, 2013

16. RETURN TO:

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

Attention: Vanessa Soares Bowden

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/26/13

18. DATE APPROVED: 6/19/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
3/1/13

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:

In an email dated 6/12/13, the State and CMS agreed to the following pen and ink changes to Box 7 of the
Form 179: Changed the federal fiscal years from 2014/2015 to 2013/2014.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CONNECTICUT

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

☒

Section 1902 (f) State

☐

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 211% of the Federal Poverty Level.

For Specified Low Income Medicare Beneficiaries (SLMB) 1902(a)(10)(E)(iii), disregard income in the amount of the difference between 120% of the Federal Poverty Level and 231% of the Federal Poverty Level.

For Additional Low Income Medicare Beneficiaries (ALMB) 1902(a)(10)(E)(iv), disregard income in the amount of the difference between 135% of the Federal Poverty Level and 246% of the Federal Poverty Level.

TN No. 13-018

Approval Date 6-19-13

Effective Date 3-1-13

Supersedes

TN No. 12-017