

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 13-019

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. 13-019 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 update the income eligibility standards for the Low Income Adults eligibility group described under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act, as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. This SPA was also reviewed in conjunction with provisions of the Affordable Care Act, Public Law 111-148.

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: 13-019 | 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)(A)(i)(VIII) and 1902(k)(2) | 7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0 |
| 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 ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/ | 16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Vanessa Soares Bowden |
| 13. TYPED NAME: Claudette J. Beaulieu | |
| 14. TITLE: Deputy Commissioner | |
| 15. DATE SUBMITTED: March 20, 2013 | |

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
- updated the FFY values from TBD to \$0.

Revision:

ATTACHMENT 2.2-A

Page 9b3

State: CONNECTICUT

| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

A. Mandatory Coverage – Categorically Needy and Other
Required Special Groups (Continued)

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

29. State Option to Provide Coverage to
the Lowest Income Population the Becomes
Mandatory in 2014.

Individuals who are under 65 years of age, not
pregnant, not entitled to, or enrolled for, benefits
under Part A of title XVIII, or enrolled for benefits
under Part B of title XVIII, and not described in
1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII)
of the Act.

 X The agency elects to make individuals described
above eligible under the early option set forth in
section 1902(k)(2) of the Act. The effective date
for coverage of this group under the early option is
April 1, 2010 (cannot be earlier than April 1, 2010).

The Income Standard applicable to individuals
eligible under this early option is 53% of FPL
(cannot exceed 133 percent of FPL).

NOTE: No resource test is applicable to this group.

| | | |
|----------------------|------------------------------|--------------------------------|
| TN No. <u>13-019</u> | Approval Date <u>6-19-13</u> | Effective Date <u>3-1-2013</u> |
|----------------------|------------------------------|--------------------------------|

Supersedes
TN No. 12-016