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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 13-042

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

November 12, 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. 13-042 with an effective date of July 1, 2013, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to increase the Medicaid income limits for the Low Income Adult (LIA) program from 53% to 54% FPL due to a 2.1% COLA increase.

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:
13-042

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE MDI OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
07/01/13

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 \$1,748
b. FFY 2014 \$7,071

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-4, page 9b3

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Attachment 2.2-4, 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:

/s/

13. TYPED NAME:

Claudette J. Beaulieu

14. TITLE:

Deputy Commissioner

15. DATE SUBMITTED:

September 23, 2013

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5053

Attention: Vanessa Soares Bowden,
Public Assistance Consultant

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/26/13

18. DATE APPROVED: 11/12/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/13

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:

Revision:

ATTACHMENT 2.2-A

Page 9b3

State: CONNECTICUT

Agency*	Citation(s)	Groups Covered
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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 54% of FPL
(cannot exceed 133 percent of FPL).

NOTE: No resource test is applicable to this group.

TN No. 13-042

Approval Date 11/12/13

Effective Date 7-1-2013

Supersedes

TN No. 13-019