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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 13-043**

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**

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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. 13-043 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 Personal Needs Allowance component for Medicaid beneficiaries eligible for State Supplement Awards. This change is 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: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:  
13-043

2. STATE: Connecticut

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

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
7-01-2013

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) (ii) (XI) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 \$33,167  
b. FFY 2014 \$132,170

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum pages 1 & 2 to Supplement 6 to Attachment 2.6-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

Addendum pages 1 & 2 to Supplement 6 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT: Effective 7/1/13, due to a 2.1 % COLA, Connecticut increased the (PNA) for State Supplement Awards.

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:  
Comments, if any, to follow.

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 06106-5033  
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:  
The State and CMS agreed to the following pen and ink changes to the Form 179, Boxes 8 and 9:  
- Removed Supplement 6 to Attachment 2.6-A  
- Removed Addendum page 3 to Supplement 6 to Attachment 2.6-A  
These pages did not have to be revised in this SPA.

State Connecticut

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$29.51 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standards of assistance for domiciliary living arrangements are \$1,908.30 for an individual, \$4,038.30 for a couple with one eligible member, and \$3,816.60 for a couple with two eligible members.

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These limits are the maximum standards, except in unusual circumstances where certain special needs are included in the need standard. These special needs are generally authorized on a non-recurrent basis. The eligibility requirements and limitations of the special needs are set forth in detail in the Uniform Policy Manual, Chapter 4525.

The following special needs have fixed amounts:

Meals on Wheels	\$4.43 per diem (1) meal per day \$8.09 per diem (2) meals per day
Purchase of Essential Clothing; Purchase, Repair or Replacement of Essential Household Items	As described in Chapter 4500, Appendix I of the Uniform Policy Manual
Restaurant and Congregate Meals	\$36.20 per mo. per person residing in permanent housing in the community  \$7.80 per day per person residing in emergency housing
Security Deposit - Heating Service	Amount charged to the person up to a maximum of \$200.00 for equipment only
Telephone Installation	Standard residential line service connection charge; one-time product charge for telephone rental up to a maximum of \$5.00; cost of labor up to a maximum of \$23.00; cost of one telephone jack, up to a maximum of \$4.00
Therapeutic Diet	\$36.20 per month per person

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TN No. 13-043  
Supersedes  
TN No. 13-017

Approval Date 11/12/13

Effective Date 7-1-13



State CT

Net Income Level Maximums Standards of Assistance Optional State Supplement		
<u>Living Arrangement</u>	<u>Individual</u>	<u>Couple</u>
Independent		
Level 1	\$567.55	n/a
Level 2	\$368.57	\$737.14
New Horizons		
Unshared	\$1,816.00	N/A
Shared with unrelated person	\$1,748.10	N/A
Shared with related person	\$1,816.00	\$3,946.00, one eligible member
		\$3,632.00, two eligible members
Domiciliary	\$1,908.30	\$4,038.30, one eligible member
		\$3,816.60, two eligible members

For independent living arrangements, the standard of assistance includes a fixed amount for personal needs of \$167.55 for a single person, \$168.57 for a married person living with his or her spouse and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up to the specific maximums of \$400.00 for Level 1 and \$200.00 for Level 2.

For the New Horizons living arrangement, the standard of assistance includes a fixed amount for personal needs of \$133.14, and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standards of assistance for the New Horizons living arrangement are \$1,816.00, for an individual living alone or with a related person, \$1,748.10 for an individual living with an unrelated person, \$3,946.00 for a couple with one eligible member, and \$3,632.00 for a couple with two eligible members.

TN# 13-043  
Supersedes  
TN# 13-017

Approval Date 11/12/13

Effective Date 7-1-13