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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 14-015MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

January 31, 2014

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. 14-015MM1 with an effective date of January 1, 2014, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to cover the new Adult Group as described in Section 42 CFR 435.119 and 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 Marie Montemagno. She can be reached at (617) 565-9157.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:

Raymond Singleton Jr., Deputy Commissioner
Marc Shok, Adult Services Program Manager

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Connecticut

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

CT-14-015

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Affordable Care Act; 42 CFR Part 435

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 770284714.00
Second Year	2015	\$ 1226908712.00

Subject of Amendment

S32 - Individuals Below 133% of FPL

Governor's Office Review

- ☒ Governor's office reported no comment
☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal
☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Marc Shok
Last Revision Date: Jan 22, 2014
Submit Date: Jan 22, 2014

Date Received: 1/22/14

Plan Approved - One Copy Attached

Date Approved: 1/31/14

Effective date of Approved Material: 1/1/14

Signature of Regional Official:

/s/

Typed Name: Richard McGreal

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



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ Under age 19, or

☒ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☐ Under age 20

☒ Under age 21

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No



Medicaid Eligibility

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.