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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 14-022

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 5, 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. 14-022 with an effective date of January 1, 2014, as requested by your Agency. This SPA eliminates estate recovery for the new adult group pursuant to 1902(a)(10)(A)(i)(VIII) for services other than nursing facilities, home and community-based services, and related hospital and prescription drug services.

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:

Raymond Singleton Jr., Deputy Commissioner
Marc Shok, Adult Services Program Manager
Craig Zimmerman, Manager, Division of Resources and Recoveries

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

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

1. TRANSMITTAL NUMBER:
14-022

2. STATE: CT

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

4. PROPOSED EFFECTIVE DATE
1/1/2014

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:
Social Security Act Section 1917(b)(1)(B)

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$375,000
b. FFY 2015 \$610,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
4.17, Page 53a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)
4.17, Page 53a

10. SUBJECT OF AMENDMENT:

Effective January 1, 2014, this SPA proposes to eliminate estate recovery for the new adult group determined to be eligible for Medicaid pursuant to 1902(a)(10)(A)(i)(VIII) of the Social Security Act, age 55 and over for services other than nursing facility services, home and community-based services, and related hospital and prescription drug services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCL
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Comments, if any, to follow

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

16. RETURN TO:

TYPED NAME: Roderick L. Bremby

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

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 31, 2014

Attention: Denise L Stygar, Recoveries & Recovery Division

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/14

18. DATE APPROVED: 6/5/14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14

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:
- updated Box 10 to clarify the subject of the amendment
- updated Box 7 to included the FFY budget amounts

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CONNECTICUT

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

 X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

 X In addition to adjustment or recovery of payments for services listed above, except for individuals determined eligible pursuant to Section 1902(a)(10)(A)(i)(VIII) of the Act, payments are adjusted or recovered for other services under the State Plan as listed below:

All services after age 55 except for Medicare cost sharing as specified in 4.17(b)(3).

TN No. 14-022 Approval Date 6/5/14 Effective Date 1-1-2014
Supersedes
TN No. 10-004