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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 17-010

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 13, 2017

Roderick L. Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 17-010 with an effective date of January 1, 2017, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to increase the unearned income disregard in the optional State supplementary payment program by an amount equal to the SSI cost of living increase for 2017 implemented by the Social Security Administration.

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: Marc Shok, Director, Eligibility Policy and Economic Security, DSS
Frances Kula, Public Assistance Consultant

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

1. TRANSMITTAL NUMBER:
17-010

2. STATE: CT

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

4. PROPOSED EFFECTIVE DATE
1-1-17

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 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A;
Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Supplement 6 to Attachment 2.6-A;
Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT: Standards for Optional State Supplementary Payments.

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:

13. TYPED NAME: Janel Simpson

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
March 25, 2017

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Ave
Hartford, CT 06106-3725
Attention: Frances Kula

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: /s/

18. DATE APPROVED: 6/13/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/17

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 change in Box 7:
- "TBD" was updated to \$0.

State CT

Standards for Optional State Supplementary Payments

1	2		3		4	5		
Payment Category (Reasonable Classification)	Administered by		Income Level Gross		Income Level Net	Income Disregards Employed		
	Federal	State	person	couple	person	couple		
For Aged, Blind or Disabled:		X	300% of FBR	2x300% of FBR	See Addendum to Supplement 6, Attachment 2.6-A		Same disregards as SSI	
Independent							Additional disregards:	Individual
Level 1							<u>Earned Income</u>	Couple*
Level 2							Blind	\$20.00
New Horizons							Disabled	--
Domiciliary							<u>Unearned Income</u>	\$105.00
							(Aged, Blind, Disabled)	\$65.00
							Independent and	
							New Horizons	
							Not sharing	\$319.00
							Sharing with unrelated	--
							person	\$386.90
							Sharing with related	\$319.00
							person	\$658.00
							Domiciliary	\$226.70
								\$473.40
							*If both members of the couple are eligible	
							Note: Income-in-kind is counted in the gross income test, but	
							disregarded (except when provided for the performance of	
							services) in determining benefit amount.	

TN# 17-010
Supersedes
TN# 15-025

Approval Date 6/13/17

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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	\$570.10	N/A
Level 2	\$370.06	\$742.20
New Horizons		
Unshared	\$1,866.00	N/A
Shared with unrelated person	\$1,798.10	N/A
Shared with related person	\$1,866.00	\$4,071.00, one eligible member
		\$3,732.00, two eligible members
Domiciliary	\$1,958.30	\$4,163.30, one eligible member
		\$3,916.60, two eligible members

For independent living arrangements, the standard of assistance includes a fixed amount for personal needs of \$170.06 for a single person, \$171.10 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 \$135.14, 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 \$1,866.00, for an individual living alone or with a related person, \$1,798.10 for an individual living with an unrelated person, \$4,071.00 for a couple with one eligible member, and \$3,732.00 for a couple with two eligible members.

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For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$29.95, 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 \$1,958.30 for an individual, \$4,163.30 for a couple with one eligible member, and \$3,916.60 for a couple with two eligible members.

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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The following special needs are included in the assistance standard as needed for individuals whose gross income does not exceed the limit, up to the allowable maximum standards of assistance based on living arrangement. The maximum standards of assistance, including the special needs component are \$1,866.00 for an individual living alone or with a related person, \$1,798.10 for an individual living with an unrelated person, \$4,071.00 for a couple with one eligible member, and \$3,732.00 for a couple with two eligible members:

Emergency Housing	As described in Chapter 4500, Index 4525.05 page 3 of the Uniform Policy Manual.
Moving Expenses	As described in Chapter 4500, Index 4525.15 page 2 of the Uniform Policy Manual.
Refuse Collection Fee	As described in Chapter 4500, Index 4525.30 of the Uniform Policy Manual.
Storage Charges	As described in Chapter 4500, Index 4525.50 of the Uniform Policy Manual.

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