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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 2, 2020

Ms. Deidre Gifford
Commissioner, Department of Social Services
55 Farmington Ave. – 9th Floor,
Hartford, CT 06105-3730

Dear Ms. Gifford,

On March 5, 2020, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-20-0010 to update the State's Asset Verification System (AVS) reflecting the State's decision to go from using a contractor to build the system to joining a consortium to develop an Asset Verification System.

We approve Connecticut State Plan Amendment (SPA) CT-20-0010 on March 29, 2020 with an effective date of February 3, 2020 as requested by the State.

Enclosed is a copy of the following approved State plan page:

- Supplement 16 to Attachment 2.6A, Page(s) 1-3

If you have any questions regarding this matter you may contact Marie DiMartino at (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov.

Sincerely,

/S/

James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER:
20-0010

2. STATE: CT

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
2-3-20

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 1940, subsection 1903(i)(24) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$193,804
b. FFY 2021 \$308,099

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 16 to Attachment 2.6A Page 1-3

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Supplement 16 to Attachment 2.6A, Page 1-3

10. SUBJECT OF AMENDMENT: Asset Verification System

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: Kathleen Brennan

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
February 19, 2020

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 5, 2020

18. DATE APPROVED: March 29, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
February 3, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME: James G. Scott

22. TITLE: Director
Division of Program Operations

23. REMARKS:

OFFICIAL

SUPPLEMENT 16 TO ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

ASSET VERIFICATION SYSTEM

- 1940(a)
1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FI that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years.

TN No. 20-0010
Supersedes
TN No. 10-007

Approval Date 03/29/2020

Effective Date 02/3/20

OFFICIAL

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

ASSET VERIFICATION SYSTEM

2. System Development

- A. The Agency itself will develop an AVS.

In 3 below, describe how the system will meet the requirements in Section 1.

- B. The Agency will hire the following contractor to build and maintain an AVS.

In 3 below, identify the contractor, if known, and describe how the system will meet the requirements in Section 1.

- X C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, identify the contractor, if known, who will build and maintain the consortium's AVS, and how the system will meet the requirements in Section 1.

- D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the system will meet the requirements in Section 1.

- E. Other alternative not included in A. - D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

TN No. 20-0010
Supersedes
TN No. 10-007

Approval Date 03/29/20 __ __

Effective Date 02/03/20

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SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation description and other information requested for the implementation approach checked in Section 2.

The Agency is joining the NESCSO consortium. The following states are part of the NESCSO consortium: Connecticut, Vermont, Rhode Island, Arizona, Nebraska, Minnesota, and Hawaii (contract development in progress). Public Consulting Group (PCG) is the contractor who will build and will maintain the consortium's AVS.

The AVS system requirements will meet the standards as outlined in Supplement 16 to Attachment 2.6-A, page 1.

TN No. 20-0010
Supersedes
TN No. 10-007

Approval Date 03/29/2020

Effective Date 02/03/2020