

## Table of Contents

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0029**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

**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

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October 20, 2021

Dr. Deidre Gifford, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0029

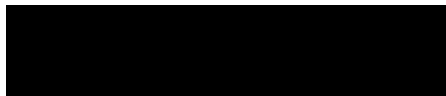
Dear Commissioner Gifford:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0029. Effective July 1, 2021, this amendment proposes to amend Attachment 2.6A of the Medicaid State Plan to increase the personal needs allowance from \$60 to \$75 for residents of long-term care facilities who are enrolled in Medicaid.

We conducted our review of your submittal according to statutory requirements in 42 CFR 435.725 and 435.733. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 21-0029 was approved October 19, 2021 and effective July 1, 2021.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER:  
21-0029

2. STATE: CT

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

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

4. PROPOSED EFFECTIVE DATE:  
July 1, 2021

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 1924 of the Social Security Act and 42 CFR  
435.725 and 435.733

7. FEDERAL BUDGET IMPACT:  
a. FFY 2021 \$180,000  
b. FFY 2022 \$1,100,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

Attachment 2.6-A, Page 4a

10. SUBJECT OF AMENDMENT: This SPA amends Attachment 2.6-A of the Medicaid State Plan to increase the monthly personal needs allowance from \$60 to \$75 for residents of long-term care facilities who are enrolled in Medicaid.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Deidre S. Gifford, MD, MPH

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 30, 2021

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/30/21

18. DATE APPROVED: 10/19/21

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/21

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: Director  
Division of Program Operations

23. REMARKS:

State: CONNECTICUT

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Citation	Condition or Requirement															
1924 of the Act 435.725 435.733	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care.</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled:</p> <table><tr><td>Individuals</td><td>\$</td><td><u>75.00</u></td></tr><tr><td>Couples</td><td>\$</td><td><u>150.00</u></td></tr></table> <p>For the following persons with greater need:</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need: describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met. and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related:</p> <table><tr><td>Children</td><td>\$</td><td><u>75.00</u></td></tr><tr><td>Adults</td><td>\$</td><td><u>75.00</u></td></tr></table> <p>For the following persons with greater need:</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above: lists the criteria to be met. and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A.</p> <table><tr><td></td><td>\$</td><td><u>75.00</u></td></tr></table>	Individuals	\$	<u>75.00</u>	Couples	\$	<u>150.00</u>	Children	\$	<u>75.00</u>	Adults	\$	<u>75.00</u>		\$	<u>75.00</u>
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