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State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

CT - Submission Package - CT2022MS0002O - (CT-22-0031) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 335
Kansas City, MO 64106



Center for Medicaid & CHIP Services

November 18, 2022

Deidre Gifford
Commissioner
DSS
55 Farmington Avenue
Hartford, CT 06105

Re: Approval of State Plan Amendment CT-22-0031

Dear Deidre Gifford,

On September 30, 2022, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-22-0031, which proposed to update Connecticut's medically needy income level, and to confirm certain new income standards and personal needs allowances in its optional state supplement program.

We approve Connecticut State Plan Amendment (SPA) CT-22-0031 with an effective date(s) of July 01, 2022.

If you have any questions regarding this amendment, please contact Marie DiMartino at marie.dimartino@cms.hhs.gov

Sincerely,
James G. Scott, Director
Division of Program Operations
Center for Medicaid & CHIP Services

CT - Submission Package - CT2022MS0002O - (CT-22-0031) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS0002O | CT-22-0031

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2022MS0002O	SPA ID	CT-22-0031
Submission Type	Official	Initial Submission Date	9/30/2022
Approval Date	11/18/2022	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Connecticut

Medicaid Agency Name: DSS

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

Package Header

Package ID CT2022MS00020
Submission Type Official
Approval Date 11/18/2022
Superseded SPA ID N/A

SPA ID CT-22-0031
Initial Submission Date 9/30/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID CT-22-0031

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	7/1/2022	CT-21-0033
Optional Eligibility Groups	7/1/2022	CT-22-0004
Optional State Supplement Beneficiaries	7/1/2022	CT-22-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

Package Header

Package ID	CT2022MS00020	SPA ID	CT-22-0031
Submission Type	Official	Initial Submission Date	9/30/2022
Approval Date	11/18/2022	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Department of Social Services (DSS) submits the following Medicaid State Plan Amendments (SPA) to the U.S. Centers for Medicare & Medicaid Services (CMS).

Proposed SPA 22-0031 Cost of Living Adjustment (COLA) will amend CT's approved Title XIX State plan to increase the Medically Needy Income Limit and the personal needs allowance in the State Supplement program as a result of the 4.7% Cost of Living Adjustment.

The SPA is effective July 1, 2022.

Medically Needy Income Limits (MNIL) Updates: This SPA changes the medically needy income limits to implement the change in state law.

Medicaid Eligibility Adjustment Based on State Supplement COLA changes: This SPA will change how the COLA affects the Medicaid eligibility for individuals who receive State Supplement, by increasing the personal needs allowance (PNA) by the amount of the COLA, using this higher PNA will increase each State Supplement award by the COLA.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

State Supplement 17b-106, Medicaid Eligibility 17b-261

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA 22-0031 Cost of Living Adjustment (COLA)	9/30/2022 11:41 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

Package Header

Package ID	CT2022MS00020	SPA ID	CT-22-0031
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Approval Date	11/18/2022	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS0002O | CT-22-0031

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2022MS0002O	SPA ID	CT-22-0031
Submission Type	Official	Initial Submission Date	9/30/2022
Approval Date	11/18/2022	Effective Date	<u>7/1/2022</u>
Superseded SPA ID	CT-21-0033		
	System-Derived		

A. Income Level Used

- The state employs a single income level for the medically needy, subject to the condition described in A.3.
- The income level varies based on differences between shelter costs in urban and rural areas.
 - Yes
 - No
- The state has a separate income level for the individuals who are age 65 or older, or who have blindness or a disability.
 - Yes
 - No
- The level used is:

Household size	Standard
1	\$653.00
2	\$879.00
3	\$1103.00
4	\$1330.00
5	\$1555.00
6	\$1781.00
7	\$2008.00
8	\$2233.00
9	\$2459.00
10	\$2685.00
11	\$2912.00
12	\$3138.00
13	\$3364.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:
\$226.00

The dollar amounts increase automatically each year

- Yes
- No

Household size	Standard
14	\$3590.00
15	\$3817.00
16	\$4042.00
17	\$4269.00
18	\$4495.00
19	\$4721.00
20	\$4947.00

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

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	System-Derived		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

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Superseded SPA ID	CT-21-0033		
	System-Derived		

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS0002O | CT-22-0031

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID CT-22-0004	
System-Derived	

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















Yes
 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

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	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS0002O | CT-22-0031

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS0002O | CT-22-0031

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

Package Header

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The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
 - a. SSI
 - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2022MS00020 | CT-22-0031

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
 No

b. Varies by payment classification.

- Yes
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification

Independent Living (Level 1)

Description:

For independent living arrangements (Level 1), the Standard of Assistance includes a fixed amount for personal needs of \$180.55 for a single person and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up the specific maximum of \$400.00 for a single individual living alone. There is a no income standard for a couple as Level 1 indicates living alone. System would not allow entry of 0.00

Individual

\$580.55

Couple

\$0.01

Name of Classification

New Horizon shared w/related person/one eligible

Description:

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$143.47 and an allowance for the charge to the individual

for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2,114 for an individual living alone or with a related person and \$4,637 for a couple with one eligible member.

Individual

\$2114.00

Name of Classification

Independent Living (Level 2)

Couple

\$4637.00

Description:

For independent living arrangements (Level 2), the Standard of Assistance includes a fixed amount for personal needs of \$181.65 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 the specific maximum of \$200.00

Individual

\$381.65

Name of Classification

Domiciliary with one eligible member

Couple

\$763.30

Description:

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$31.79 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standard of assistance for domiciliary living arrangements is \$2206.30 for an individual and \$4729.30 for a couple with one eligible member.

Individual

\$2206.30

Name of Classification

Domiciliary with two eligible members

Couple

\$4729.30

Description:

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$31.79 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standard of assistance for domiciliary living arrangements is \$2206.30 for an individual and \$4412.60 for a couple with one eligible member.

Individual

\$2206.30

Name of Classification

New Horizon (shared with unrelated person)

Couple

\$4412.60

Description:

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$143.47 and an allowance for the charge to the individual

for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2046.10 for an individual living with an unrelated person. There is no income standard for a couple as shared with an unrelated person indicates not married. System would not allow entry of \$0.00

Individual

\$2046.10

Name of Classification

New Horizons (unshared)

Couple

\$0.01

Description:

For the New Horizons living arrangement (unshared), the Standard of Assistance includes a fixed amount for personal needs of \$143.47 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2114 for an individual living alone. There is no income standard for a couple as unshared indicates living alone. System would not allow entry of \$0.00

Individual

\$2114.00

Name of Classification

New Horizon shared w/related person/two eligible

Couple

\$0.01

Description:

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$143.47 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$2114.00 for an individual living with a related person and \$4228.00 for a couple with 2 eligible members.

Individual

\$2114.00

Couple

\$4228.00

Optional State Supplement Beneficiaries

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	System-Derived		

E. Additional Information (optional)

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