## **Table of Contents**

State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0033

This file contains the following documents in the order listed:

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

## 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

December 15, 2022

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

Re: Connecticut State Plan Amendment (SPA) 22-0033

Dear Commissioner Gifford:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0033. This amendment looks to increase the minimum Community Spouse Protected Amount for institutionalized individuals. Specifically, the minimum amount of assets a community spouse can retain is increasing from \$27,480 to \$50,000.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing section 1924. This letter is to inform you that Connecticut's Medicaid SPA Transmittal Number 22-0033 was approved on December 15, 2022, with an effective date of July 1, 2022.

Enclosed is a copy of the approved CMS-179 summary page and approved SPA page to be incorporated into the Connecticut State Plan.

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

Sincerely,

James G. Scott, Director Division of Program Operations

## Enclosures

cc: Joel Norwood Deborah Alexson Abigail Cotto Candace Madison Ginny Mahoney Dana Robinson-Rush

	1. TRANSMITTAL NUMBER 2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	2 2 — 0 0 3 3 CT		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2022		
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a) 17 of the Social Security Act Section 1924 of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 1,443,493 b. FFY 2023 \$ 4,852,243		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.6-A Page 26a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 2.6-A Page 26a		
9. SUBJECT OF AMENDMENT Increase to Minimum Community Spouse Protected Amount (CSPA)	)		
10. 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:		
11 SIGNATURE OF STATE AGENCY OFFICIAL 15  12. TYPED NAME	S. RETURN TO		
Deidre S. Gifford  13. TITLE  Commissioner			
14. DATE SUBMITTED 9/29/2022	E ONLY		
FOR CMS USE ONLY			
3/30/2022	17. DATE APPROVED  12/15/2022		
18. EFFECTIVE DATE OF APPROVED MATERIAL 19 07/01/2022	), SIGNATI IRE OF APPROVING OFFICIAL		
20. TYPED NAME OF APPROVING OFFICIAL 21	21. TITLE OF APPROVING OFFICIAL		
James G. Scott	Director Division of Program Operations		
22. REMARKS  Pen and ink change to CMS 179 box 5 changing cital 1902(a)(17) approved by the state	tion to Section 1924 of the Social Security Act" rather than section		

## ATTACHMENT 2.6-A Page 26a

State: CONNECTICUT

Citation		15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.  When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:	
1924 of the	Act 15		
		the maximum standard per the minimum standard per X \$50,000 a standard that is an amou maximum.	rmitted by law; or
TN No Supersedes TN No	22-0033 11-026	Approval Date 12/15/22	Effective Date7/1/22