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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 24-0006**

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 - CT2024MS0002O - (CT-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 17, 2024

Andrea Barton Reeves  
Commissioner  
DSS  
55 Farmington Avenue  
Hartford, CT 06105

Re: Approval of State Plan Amendment CT-24-0006

Dear Commissioner Reeves,

On March 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-24-0006, in which the state proposed to increase its Medically Needy Income Level (MNIL).

We approve Connecticut State Plan Amendment (SPA) CT-24-0006 with an effective date(s) of March 01, 2024.

If you have any questions regarding this amendment, please contact Marie DiMartino at [marie.dimartino@cms.hhs.gov](mailto:marie.dimartino@cms.hhs.gov)

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

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0002O | CT-24-0006

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	CT2024MS0002O	<b>SPA ID</b>	CT-24-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/27/2024
<b>Approval Date</b>	05/17/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

<b>State/Territory Name:</b>	Connecticut	<b>Medicaid Agency Name:</b>	DSS
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### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS00020 | CT-24-0006

## Package Header

<b>Package ID</b> CT2024MS00020	<b>SPA ID</b> CT-24-0006
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/27/2024
<b>Approval Date</b> 05/17/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

## SPA ID and Effective Date

**SPA ID** CT-24-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	3/1/2024	CT-24-0003

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS00020 | CT-24-0006

### Package Header

<b>Package ID</b>	CT2024MS00020	<b>SPA ID</b>	CT-24-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/27/2024
<b>Approval Date</b>	05/17/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The Department of Social Services (DSS) plans to submit the following Medicaid State Plan Amendment (SPA) to the U.S. Centers for Medicare & Medicaid Services (CMS). Proposed SPA CT-24-0006 will amend CT's approved Title XIX State plan to increase the Medically Needy Income Limit as a result of an increase in the TFA Standard of Need on which it is based.

Medically Needy Income Limits (MNIL) Update: This SPA will change the medically needy income limits.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$13100
Second	2025	\$157203

#### Federal Statute / Regulation Citation

Medicaid Eligibility 17b-261

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">Fiscal Impact Statement CT-24-0006 MNIL Increases</a>	3/14/2024 11:15 AM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS00020 | CT-24-0006

### Package Header

<b>Package ID</b>	CT2024MS00020	<b>SPA ID</b>	CT-24-0006
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<b>Approval Date</b>	05/17/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | CT2024MS0002O | CT-24-0006

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	CT2024MS0002O	<b>SPA ID</b>	CT-24-0006
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<b>Approval Date</b>	05/17/2024	<b>Effective Date</b>	<u>3/1/2024</u>
<b>Superseded SPA ID</b>	CT-24-0003		
	User-Entered		

### 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	\$723.00
2	\$980.00
3	\$1237.00
4	\$1493.00
5	\$1752.00
6	\$2010.00
7	\$2267.00
8	\$2524.00
9	\$2782.00
10	\$3039.00
11	\$3297.00
12	\$3554.00
13	\$3811.00
14	\$4069.00

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

- Yes
- No

**Incremental Amount:**

\$258.00

**The dollar amounts increase automatically each year**

- Yes
- No

**The basis of the increase is:**

- CPI-U
- Other basis

**The annual increase occurs in the month and day indicated:**

Every 1 of March

Household size	Standard
15	\$4326.00
16	\$4582.00
17	\$4841.00
18	\$5098.00
19	\$5356.00
20	\$5613.00



# Medically Needy Income Level

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	User-Entered		

## 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

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	User-Entered		

## C. Additional Information (optional)

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