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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 24-0025**

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 - CT2024MS0006O - (CT-24-0025) - 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 Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

March 14, 2025

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

Re: Approval of State Plan Amendment CT-24-0025

Dear Commissioner Reeves,

On December 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-24-0025, in which the state proposed to reduce the income standard for the parents and caretaker relatives eligibility group from 155 percent of the federal poverty level to 133 percent of the federal poverty level.

We approve Connecticut State Plan Amendment (SPA) CT-24-0025 with an effective date(s) of October 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

# CT - Submission Package - CT2024MS0006O - (CT-24-0025) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

CMS-10434 OMB 0938-1188

### Package Header

Package ID	CT2024MS0006O	SPA ID	CT-24-0025
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

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

- ☒ Slate Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

Package Header

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Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID CT-24-0025

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	10/1/2024	CT-23-0009
Parents and Other Caretaker Relatives	10/1/2024	CT-19-0028

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

Package Header

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Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

**Summary Description Including Goals and Objectives** SPA CT-24-0025 will amend CT's approved Title XIX State plan to reduce the income standard for the eligibility group HUSKY A Parents and Caretakers from 155% to 133% of the Federal Poverty Level (FPL) effective 10/1/2024. Including the 5% income disregard, this effectively changes the income limit from 160% to 138% of the FPL. This SPA is required in order to implement the reduction, as mandated by Public Act 24-81.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$-3024849
Second	2026	\$-30413490

Federal Statute / Regulation Citation

Public Act 24-81/ 42 CFR 435.110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Fiscal Impact Statement HUSKY A Decrease CT-24-0025	11/8/2024 3:09 PM EST	

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

## Package Header

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## 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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CT - Submission Package - CT2024MS0006O - (CT-24-0025) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2024MS0006O	SPA ID	CT-24-0025
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	03/14/2025	Effective Date	10/1/2024
Superseded SPA ID	CT-23-0009		
	System-Derived		

Mandatory Coverage




A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 ?
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



Package Header

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	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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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# CT - Submission Package - CT2024MS0006O - (CT-24-0025) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

Package ID	CT2024MS0006O	SPA ID	CT-24-0025
Submission Type	Official	Initial Submission Date	12/27/2024
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Superseded SPA ID	CT-19-0028		
	System-Derived		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

#### A. Characteristics

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

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- ☒ a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- ☒ b. Options relating to the definition of caretaker relative:

☐ i. The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

☒ ii. The definition of caretaker relative includes other relatives of the child based on blood (including those of halfblood), adoption or marriage.

Description of other relatives:

great grandparent, great great grandparent  
great aunt or uncle, great great aunt or uncle  
half siblings  
half siblings of either parents (equivalent of aunt or uncle)  
Legal guardian  
Individual who has applied for legal guardianship  
Partners in same-sex civil unions established in states that recognize civil unions

☐ iii. The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.
- ☒ c. Options relating to the definition of dependent child:

☒ i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☐ ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

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	System-Derived		

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

- ☒ Yes
- ☐ No

2. The state uses the following income standard for this group:

FPL 133.00%

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

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	System-Derived		

D. Basis for Income Standard

1. Minimum Income Standard

- a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.
- ☒ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.
- b. The state's maximum income standard for this eligibility group is:
- ☐ i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
  - ☐ ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
  - ☒ iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
  - ☐ iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- c. The amount of the maximum income standard is:
- ☒ i. A percentage of the federal poverty level: 198.00%
  - ☐ ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
  - ☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
  - ☐ iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
  - ☐ v. Other dollar amount

# Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CT2024MS0006O | CT-24-0025

## Package Header

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## E. Additional Information (optional)

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