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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 25-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

April 8, 2025

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 25-0008

Dear Ms. Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment extends coverage to members residing in a broader geographic area that qualify for Target Case Management (TCM) benefits for Integrated Care for Kids (InCK) in New Haven, Connecticut.

We conducted our review of your submittal according to statutory requirements in Social Security Act Sections 1905(a)(19), 1915(g) and 42 CFR 440.169 and 441.18. This letter informs you that Connecticut's Medicaid SPA TN 25-0008 was approved on April 8, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and the 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,

A solid black rectangular box used to redact the signature of Ruth A. Hughes.

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

Enclosures

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

1. TRANSMITTAL NUMBER 2 5 - 0 0 0 8		2. STATE CT
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI		
4. PROPOSED EFFECTIVE DATE January 1, 2025		
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1905(a)(19) and 1915(g) and 42 CFR 440.189 and 441.18		
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 0 b. FFY 2026 \$ 0		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1-A(4), Page 1		
9. SUBJECT OF AMENDMENT Extends coverage to member's residing in a broader geographic area in New Haven that qualify for Targeted Case Management (TCM) benefit for Integrated Care for Kids (InCK) in New Haven, Connecticut. The target group is individuals under age 21 and those who are pregnant or up to twelve months postpartum residing in zip codes 06510 through 06513, 06515, and 06519.		
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
15. RETURN TO State of Connecticut Department of Social Service 55 Farmington Avenue, 9th Floor Hartford, CT 06105 Attention: Ginny Mahoney		
12. TYPED NAME Andrea Barton Reeves, J.D.		
13. TITLE Commissioner		
14. DATE SUBMITTED March 28, 2025		
16. DATE RECEIVED March 28, 2025		
17. DATE APPROVED April 8, 2025		
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025		
19. SIGNATURE [Redacted]		
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes		
21. TITLE OF APPROVING OFFICIAL On Behalf of Courtney Miller, MCOG Director		
22. REMARKS		

State Plan under Title XIX of the Social Security Act
State/Territory: Connecticut

TARGETED CASE MANAGEMENT SERVICES
For Integrated Care for Kids (InCK) Participants in New Haven

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group for the Integrated Care for Kids (InCK) Model in New Haven is all children under age 21 and individuals who are pregnant or up to twelve months post-partum.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

 Entire State

X Only in the following geographic areas: All zip codes in New Haven, CT.

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

 Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

TN # 25-0008

Supersedes

TN # 23-0001

Approval Date: 04/08/2025

Effective Date: 01/01/2025