

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 25-0019

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 - CT2025MS0004O - (CT-25-0019) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Transaction Logs](#) [News](#) [Related Actions](#)

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

Center for Medicaid & CHIP Services

September 26, 2025

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

Re: Approval of State Plan Amendment CT-25-0019

Dear Andrea Barton Reeves,

On June 30, 2025, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-25-0019, in which the state proposed to update the income and resource standards for its working disability groups.

We approve Connecticut State Plan Amendment (SPA) CT-25-0019 with an effective date(s) of April 01, 2025.

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

Sincerely,

Nicole McKnight

On Behalf of Courtney Miller, MCOG
Director

Center for Medicaid & CHIP Services

CT - Submission Package - CT2025MS0004O - (CT-25-0019) - Eligibility

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0004O | CT-25-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0004O	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	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Superseded SPA ID	N/A		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 | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID CT-25-0019

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	4/1/2025	CT-25-0012
Work Incentives	4/1/2025	0-4, 6-7 9-15 10-17 12-22
Ticket to Work Basic	4/1/2025	0-4 6-7 9-15 10-17 12-22
Ticket to Work Medical Improvements	4/1/2025	0-4 6-7 9-15 10-17 12-22

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Proposed SPA made changes to the MED-Connect eligibility income and asset limit thresholds effective April 1, 2025.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$141262
Second	2026	\$2643137

Federal Statute / Regulation Citation

Social Security Act sections1902(a)(10)(A)(ii)(XIII), 1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XVI), 1905(v)(1),1905(v)(2), 1916(g), 1902(r)(2). State statute Sec. 64. Section 17b-597. 42 CFR § 435.601, 42 CFR § 436.601.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
SPA 25-0019 MED-Connect Eligibility Changes	4/23/2025 2:24 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	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.

This view was generated on 9/26/2025 12:38 PM EDT

CT - Submission Package - CT2025MS0004O - (CT-25-0019) - Eligibility

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

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0004O | CT-25-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0004O	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	CT-25-0012		
	User-Entered		

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				NEW
Reasonable Classifications of Individuals under Age 21				NEW
Children with Non-IV-E Adoption Assistance				CONVERTED
Independent Foster Care Adolescents				CONVERTED
Optional Targeted Low Income Children				NEW
Individuals above 133% FPL under Age 65				NEW
Individuals Needing Treatment for Breast or Cervical Cancer				NEW
Individuals Eligible for Family Planning Services				CONVERTED
Individuals with Tuberculosis				CONVERTED
Individuals Electing COBRA Continuation Coverage				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				NEW
Individuals Eligible for Cash Except for Institutionalization				NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules				NEW
Optional State Supplement Beneficiaries				APPROVED
Individuals in Institutions Eligible under a Special Income Level				NEW
PACE Participants				NEW
Individuals Receiving Hospice				NEW
Children under Age 19 with a Disability				NEW
Age and Disability-Related Poverty Level				NEW
Work Incentives				APPROVED
Ticket to Work Basic				APPROVED
Ticket to Work Medical Improvements				APPROVED
Family Opportunity Act Children with a Disability				NEW
Individuals Receiving State Plan Home and Community-Based Services				NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers				APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	CT-25-0012		
User-Entered			

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				NEW
Medically Needy Children under Age 18				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				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				NEW
Medically Needy Parents and Other Caretaker Relatives				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				NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	CT-25-0012		
	User-Entered		

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

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.

This view was generated on 9/26/2025 12:40 PM EDT

CT - Submission Package - CT2025MS0004O - (CT-25-0019) - Eligibility

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

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0004O | CT-25-0019

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0004O	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4, 6-7 9-15 10-17 12-22		
	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4, 6-7 9-15 10-17 12-22		
	User-Entered		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

- ☒ a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☒ b. More restrictive requirements than SSI are used in calculating countable income. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- ☐ c. Less restrictive methodologies are used in calculating countable income.
 - ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Connecticut Earned Income Tax Credit	Connecticut will exclude this tax credit when determining eligibility.
Household income disregard	Consider only the individual's income, disregard all other household members' income.
Individual income disregard	Disregard countable individual income between 250% FPL and \$7,084.
Census Bureau	All wages paid by the Census Bureau for temporary employment related to any decennial census activities are excluded.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4, 6-7 9-15 10-17 12-22 User-Entered		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

- ☒ a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☒ b. More restrictive requirements than SSI are used in calculating countable income and/or resources, except that earned income is not counted. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.
- c. Less restrictive methodologies are used in calculating countable income.
 - ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

- ☒ The total amount of unearned income is disregarded.

Description of disregard:

Disregard all unearned income.

- d. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ General resource disregard:

Name of disregard:	Description:
Retirement and Medical Savings accounts	Disregard of all resources held in retirement accounts and medical savings accounts (pursuant to 26 USC 220) designated by the individual or the individual's spouse for the purposes of purchasing goods and services that will increase the employability of such person, subject to the approval of the Commissioner are also excluded.
Employability Accounts	Disregard all employability accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of the Department.
Connecticut Resources Disregard	Disregard countable resources between the SSI resource standard and \$20,000 for an individual and \$30,000 for a couple.

- ☒ The state uses a less restrictive methodology with respect to resources set aside for burial.


- ☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Funds for burial expenses	Disregard \$300 each of the funds set aside for the burial expenses of the individual or the individual's spouse. This is in addition to the \$1,500 excluded pursuant to SSI regulations.

- ☒ The value of a countable life insurance policy is disregarded.

Description of disregard:

Disregard the cash surrender value of life insurance policies when death benefits are assigned to funeral home to fund funeral contract.

 A specified type of resource is disregarded:

Name of resource type:	Description:
Reverse Mortgage	Disregard funds derived from home equity reverse annuity mortgages or other home equity conversion loans, subject to certain conditions.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- ☒ a. The SSI income standard.
- ☐ b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4, 6-7 9-15 10-17 12-22		
	User-Entered		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4, 6-7 9-15 10-17 12-22		
	User-Entered		

E. 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.

This view was generated on 9/26/2025 12:41 PM EDT

CT - Submission Package - CT2025MS0004O - (CT-25-0019) - Eligibility

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

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0004O | CT-25-0019

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0004O	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
User-Entered			

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources.

- ☒ Yes
- ☐ No

Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to any decennial census activities are excluded.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
Connecticut Earned Income Tax Credit	Connecticut will exclude this tax credit when determining eligibility.

- ☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Household income disregard	Consider only the individual's income, disregard all other household members' income.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ General resource disregard:

Name of disregard:	Description:
Retirement and Medical Savings Accounts	Disregard of all resources held in retirement accounts and medical savings accounts (pursuant to 26 USC 220) designated by the individual or the individual's spouse for the purposes of purchasing goods and services that will increase the employability of such person, subject to the approval of the Commissioner are also excluded.
Employability Accounts	Disregard all employability accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of the Department.

- ☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:

Description:

Burial Expenses

Disregard \$300 each of the funds set aside for the burial expenses of the individual or the individual's spouse. This is in addition to the \$1,500 excluded pursuant to SSI regulations.

☒ The value of a countable life insurance policy is disregarded.

Description of disregard:

Disregard the cash surrender value of life insurance policies when death benefits are assigned to funeral home to fund funeral contract.

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Reverse Mortgage

Disregard funds derived from home equity reverse annuity mortgages or other home equity conversion loans, subject to certain conditions.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☒ 4. A dollar amount

Statewide standard

The statewide standard is:

Household size	Standard
1	\$85000.00

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

- ☐ Yes
- ☒ No

The dollar amounts increase automatically each year

- ☐ Yes
- ☒ No

- ☐ 5. Other

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual	\$20000.00
Couple	\$30000.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

F. 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.

This view was generated on 9/26/2025 12:42 PM EDT

CT - Submission Package - CT2025MS0004O - (CT-25-0019) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0004O | CT-25-0019

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0004O	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:

a. Earning at least the minimum wage and working at least 40 hours per month.

b. An alternative definition

Description of criteria: An employed individual is one who is earning at least the minimum wage and working at least 40 hours per month or has gross monthly earnings at least equal to those earned by an Individual who is earning the minimum wage and working 40 hours per month.

5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
User-Entered			

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources.

- ☒ Yes
☐ No

Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to any decennial census activities are excluded.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
Connecticut Earned Income Tax Credit	Connecticut will exclude this tax credit when determining eligibility.

- ☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Household income disregard	Consider only the individual's income, disregard all other household members' income.

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

- ☒ General resource disregard:

Name of disregard:	Description:
Retirement and Medical Savings accounts	Disregard of all resources held in retirement accounts and medical savings accounts (pursuant to 26 USC 220) designated by the individual or the individual's spouse for the purposes of purchasing goods and services that will increase the employability of such person, subject to the approval of the Commissioner are also excluded.
Employability Accounts	Accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of the Department.

- ☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

- ☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:

Description:

Funds for burial expenses

Disregard \$300 each of the funds set aside for the burial expenses of the individual or the individual's spouse. This is in addition to the \$1,500 excluded pursuant to SSI regulations.

☒ The value of a countable life insurance policy is disregarded.

Description of disregard:

Disregard the cash surrender value of life insurance policies when death benefits are assigned to funeral home to fund funeral contract.

☒ A specified type of resource is disregarded:

Name of resource type:

Description:

Reverse Mortgage

Disregard funds derived from home equity reverse annuity mortgages or other home equity conversion loans, subject to certain conditions.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- ☐ 1. No income standard
- ☐ 2. A percentage of the federal poverty level:
- ☐ 3. A percentage of the SSI Federal Benefit Rate:
- ☒ 4. A dollar amount

Statewide standard

The statewide standard is:

Household size	Standard
1	\$85000.00

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

- ☐ Yes ☒ No

The dollar amounts increase automatically each year

- ☐ Yes ☒ No

- ☐ 5. Other

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- ☐ 1. No resource standard
- ☐ 2. SSI resource standard
- ☒ 4. A dollar amount higher than the SSI resource standard

Single Individual	\$20000.00
Couple	\$30000.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00040 | CT-25-0019

Package Header

Package ID	CT2025MS00040	SPA ID	CT-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/26/2025	Effective Date	4/1/2025
Superseded SPA ID	0-4 6-7 9-15 10-17 12-22		
	User-Entered		

F. 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.

This view was generated on 9/26/2025 12:42 PM EDT