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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 25-0037

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 - CT2025MS0005O - (CT-25-0037) - Eligibility

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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

December 17, 2025

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

Re: Approval of State Plan Amendment CT-25-0037

Dear Commissioner Reeves,

On September 29, 2025, the Centers for Medicare & Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-25-0037, in which the state proposed to disregard VA-administered non-service-connected pension benefits and Housebound pension benefits that are granted to a veteran or the surviving spouse of such veteran when determining income eligibility for the Medicare Savings Program eligibility groups.

We approve Connecticut State Plan Amendment (SPA) CT-25-0037 with an effective date of July 01, 2025.

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

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

CT - Submission Package - CT2025MS0005O - (CT-25-0037) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0005O	SPA ID	CT-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/17/2025	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Superseded SPA ID	N/A		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

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

Package Header

Package ID	CT2025MS0005O	SPA ID	CT-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID CT-25-0037

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2025	CT-24-0025
Qualified Medicare Beneficiaries	7/1/2025	CT 4-10,9-15,12-23,13-18
Specified Low Income Medicare Beneficiaries	7/1/2025	CT 4-10, 9-15,12-23,13-18
Qualifying Individuals	7/1/2025	CT 4-10, 9-15,12-23,13-18

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037

Package Header

Package ID	CT2025MS00050	SPA ID	CT-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Effective 7/1/2025, proposed SPA CT-25-0037 amends CT's approved Title XIX State plan to disregard VA-administered non-service-connected pension benefits and Housebound pension benefits that are granted to a veteran or the surviving spouse of such veteran when determining income eligibility for the Medicare Savings Program.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$1333
Second	2026	\$8000

Federal Statute / Regulation Citation

42 USC 1396d(p)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA CT-25-0037- Fiscal Impact Statement for VA Pension Disregard MSP	9/29/2025 3:00 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037

Package Header

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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.

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CT - Submission Package - CT2025MS0005O - (CT-25-0037) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0005O	SPA ID	CT-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/17/2025	Effective Date	7/1/2025
Superseded SPA ID	CT-24-0025		
	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 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

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

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037


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 - CT2025MS0005O - (CT-25-0037) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0005O	SPA ID	CT-25-0037
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Approval Date	12/17/2025	Effective Date	7/1/2025
Superseded SPA ID	CT 4-10,9-15,12-23,13-18		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037

Package Header

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Superseded SPA ID	CT 4-10,9-15,12-23,13-18		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- ☒ The difference between one income standard and another is disregarded.
 - ☒ Between the following percentages of the FPL:

FPL 100.00%

and

FPL 211.00%
 - ☐ Between the medically needy income limit and a percentage of the FPL:
 - ☐ Between the SSI Federal Benefit Rate and:
 - ☐ Between other income standards:

- ☒ General income disregard:

Name of disregard:	Description:
Department of Veterans Affairs Administered Veterans Pension and Housebound benefits	Department of Veterans Affairs administered Veterans Pension and Housebound benefits that are granted to a veteran or the surviving spouse of such veteran when determining income eligibility for Medicare Savings Programs will be disregarded.
Connecticut Earned Income Tax Credit	Connecticut will exclude this tax credit.

- ☒ 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.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ All resources are disregarded. No resource test is applied.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

Package Header

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037

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F. Additional Information (optional)

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CT - Submission Package - CT2025MS0005O - (CT-25-0037) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2025MS0005O	SPA ID	CT-25-0037
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Superseded SPA ID	CT 4-10, 9-15,12-23,13-18		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037

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	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

☒ The difference between one income standard and another is disregarded.

- ☒ Between the following percentages of the FPL:

FPL 120.00%

and

FPL 231.00%

- ☐ Between the medically needy income limit and a percentage of the FPL:
- ☐ Between the SSI Federal Benefit Rate and:
- ☐ Between other income standards:

☒ General income disregard:

Name of disregard:	Description:
Department of Veterans Affairs Administered Veterans Pension and Housebound benefits	Department of Veterans Affairs administered Veterans Pension and Housebound benefits that are granted to a veteran or the surviving spouse of such veteran when determining income eligibility for Medicare Savings Programs will be disregarded.
Connecticut Earned Income Tax Credit	Connecticut will exclude this tax.

☒ 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.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

Package Header

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

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F. Additional Information (optional)

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CT - Submission Package - CT2025MS0005O - (CT-25-0037) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS0005O | CT-25-0037

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CT2025MS00050 | CT-25-0037

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- ☒ The difference between one income standard and another is disregarded.
 - ☒ Between the following percentages of the FPL:

FPL 135.00%

and

FPL 246.00%
 - ☐ Between the medically needy income limit and a percentage of the FPL:
 - ☐ Between the SSI Federal Benefit Rate and:
 - ☐ Between other income standards:

- ☒ General income disregard:

Name of disregard:	Description:
Department of Veterans Affairs Administered Veterans Pension and Housebound benefits	Department of Veterans Affairs administered Veterans Pension and Housebound benefits that are granted to a veteran or the surviving spouse of such veteran when determining income eligibility for Medicare Savings Programs will be disregarded.
Connecticut Earned Income Tax Credit	Connecticut will exclude this tax credit.

- ☒ 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.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ All resources are disregarded. No resource test is applied.

Qualifying Individuals

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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

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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.

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