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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 26-0022

This file contains the following documents in the order listed:

CT - Submission Package - CT2026MS0002O - (CT-26-0022) - Eligibility

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

August 14, 2026

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

Re: Approval of State Plan Amendment CT-26-0022

Dear Andrea Barton Reeves,

On June 29, 2026, the Centers for Medicare & Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-26-0022, in which the state proposed to terminate the optional eligibility group of "Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers," effective August 15, 2026. This action eliminates the Connecticut Housing Engagement and Support Services (CHESS) state plan home and community-based services group.

We approve Connecticut State Plan Amendment (SPA) CT-26-0022 with an effective date of August 15, 2026.

If you have any questions regarding this amendment, please contact Marie DiMartino at (617) 565-9157 or marie.dimartino@cms.hhs.gov.

Sincerely,

Mandy L. Strom

Acting Deputy, Division of Program Operations

Center for Medicaid & CHIP Services

CT - Submission Package - CT2026MS0002O - (CT-26-0022) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2026MS0002O | CT-26-0022

CMS-10434 OMB 0938-1188

Package Header

Package ID CT2026MS0002O

SPA ID CT-26-0022

Submission Type Official

Initial Submission Date 6/29/2026

Approval Date 08/14/2026

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Superseded SPA ID N/A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 | CT2026MS0002O | CT-26-0022

Package Header

Package ID CT2026MS0002O
SPA ID CT-26-0022
Submission Type Official
Initial Submission Date 6/29/2026
Approval Date 08/14/2026
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID CT-26-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	8/15/2026	CT-26-0004
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	8/15/2026	CT-26-0004

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2026MS0002O | CT-26-0022

Package Header

Package ID CT2026MS0002O
SPA ID CT-26-0022
Submission Type Official
Initial Submission Date 6/29/2026
Approval Date 08/14/2026
Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to eliminate the optional eligibility group for Connecticut Housing Engagement and Support Services (CHESS) state plan home and community-based services on August 15, 2026.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$0
Second	2027	$0

Federal Statute / Regulation Citation

Section 1915(i) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA 26-0022 Termination of CHESS	6/29/2026 11:11 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2026MS0002O | CT-26-0022

Package Header

Package ID	CT2026MS0002O	**SPA ID**	CT-26-0022
Submission Type	Official	**Initial Submission Date**	6/29/2026
Approval Date	08/14/2026	**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.

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CT - Submission Package - CT2026MS0002O - (CT-26-0022) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2026MS0002O | CT-26-0022

CMS-10434 OMB 0938-1188

Package Header

Package ID CT2026MS0002O
SPA ID CT-26-0022
Submission Type Official
Initial Submission Date 6/29/2026
Approval Date 08/14/2026
Effective Date 8/15/2026
Superseded SPA ID CT-26-0004
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		☐	☐	●	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2026MS0002O | CT-26-0022

Package Header

Package ID	CT2026MS0002O	**SPA ID**	CT-26-0022
Submission Type	Official	**Initial Submission Date**	6/29/2026
Approval Date	08/14/2026	**Effective Date**	8/15/2026
Superseded SPA ID	CT-26-0004		
	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 | CT2026MS0002O | CT-26-0022

Package Header

Package ID	CT2026MS0002O	**SPA ID**	CT-26-0022
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Superseded SPA ID	CT-26-0004		
	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:

- Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

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CT - Submission Package - CT2026MS0002O - (CT-26-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers

MEDICAID | Medicaid State Plan | Eligibility | CT2026MS0002O | CT-26-0022

Individuals receiving section 1915(i) state plan home and community-based services who are otherwise eligible for 1915 HCBS waivers.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CT2026MS0002O	**SPA ID**	CT-26-0022
Submission Type	Official	**Initial Submission Date**	6/29/2026
Approval Date	08/14/2026	**Effective Date**	8/15/2026
Superseded SPA ID	CT-26-0004 User-Entered		

Group No Longer Covered

Covered Through	8/14/2026	**Terminated As Of**	8/15/2026

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