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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 26-0023

This file contains the following documents in the order listed:

1) Approval Letter
2) Form CMS-179
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 14, 2026

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

Re: Connecticut State Plan Amendment (SPA) - 26-0023

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0023. This amendment proposes to terminate the optional 1915(i) Connecticut Housing Engagement and Support Services (CHESS) state plan home and community-based services benefit and removes the corresponding non-emergency medical transportation (NEMT) benefit language from the state plan.

We conducted our review of your submittal according to statutory requirements in Social Security Act Section 1915(i), 42 CFR § 42 CFR Part 441 Subpart M and 42 CFR § 440.170(a).

This letter is to inform you that Connecticut's Medicaid SPA Transmittal Number 26-0023 is approved effective August 15, 2026. Enclosed are copies of the Form CMS-179 and approved SPA pages 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,

[redacted]

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

[redacted]

George P. Failla, Jr.
Director, Division of HCBS Operations and Oversight

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 – 0023

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 15, 2026

5. FEDERAL STATUTE/REGULATION CITATION
1915(i) SSA; 42 CFR 441.M; 42 CFR 440.170(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0 ($80,550)
b. FFY 2027 $ 0 ($322,202)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 9(b);
Supp. 4 to Pg. 9(f) of Attachment 3.1-A – Page 2
Attachment 3.1-B, Page 8(b)
Supp. 4 to Pg. 8(e) of Attachment 3.1-B – Page 2
Attachment 4.19-B Pages 43~~48~~
Attachment 3.1-i Pg 80

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Page 9(b)
Supp. 4 to Pg. 9(f) of Attachment 3.1-A – Page 2
Attachment 3.1-B, Page 8(b)
Supp. 4 to Pg. 8(e) of Attachment 3.1-B – Page 2
~~Attachment 3.1-i Pgs 80-132 and Attach 4.19-B Pgs 43-46~~
Attachment 3.1-i Pgs 81-132 and Attacment 4.19-B Pgs 44-46

9. SUBJECT OF AMENDMENT

This SPA amends the Medicaid State Plan in order to terminate the Connecticut Housing Engagement and Support Services (CHESS) program. The optional 1915(i) state plan home and community-based services benefit pursuant to section 1915(i) of the Social Security Act is terminated effective August 15, 2026. CHESS is also being terminated within NEMT and the ABP.

10. GOVERNOR'S REVIEW *(Check One)*

(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

[redacted]

12. TYPED NAME
Andrea Barton Reeves, JD

13. TITLE
Commissioner, Dept. of Social Services

14. DATE SUBMITTED
June 30, 2026

15. RETURN TO
State of Connecticut
Department of Social Services
55 Farmington Ave., 9th Floor
Hartford CT 10605
Attn: Ginny Mahoney, Medical Policy

FOR CMS USE ONLY

16. DATE RECEIVED
June 30, 2026

17. DATE APPROVED
August 14, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
August 15, 2026

19. SIGNATURE OF APPROVING OFFICIAL [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Mandy L. Strom

21. TITLE OF APPROVING OFFICIAL
Acting Deputy Director, Division of Program Operations

22. REMARKS

7/31/26: State approved pen and ink change to box 6 adding ($80, 550 to 2026 budget impact and $322, 202 to 2027 budget impact)

8/14/26: State approved pen and ink change to box 7 removing --48 and adding Attachment 3.1-i Pg 80 and changes to box 8 removing Attachment 3.1-i Pgs 80-132 and Attach 4.19-B Pgs 43-46 and adding Attachment 3.1-i Pgs 81-132 and Attachment 4.19-B Pgs 44-46

Instructions on Back

STATE/TERRITORY: CONNECTICUT
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

☐ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

☐ (10)(B) comparability

☒ (23) freedom of choice

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

☐ stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other types of transportation provided.)

Other transportation may include: 1) livery services; 2) air and ground ambulance; 3) commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate; 4) mileage reimbursement for transportation provided by beneficiaries, friends or family members, or attendants/companions through one of the Department's home and community based services waiver programs; 5) independent driver providers under the auspices of a transportation network company; and 6) ADA paratransit services.

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous;
(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services; and
(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

☒ Low-income families with children (section 1931)

☒ Deemed AFDC-related eligibles

STATE/TERRITORY: CONNECTICUT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Types of Transportation Provided

The brokerage program offers a variety of modes of transportation, including, but not limited to: public transportation, mileage reimbursement, homemaker-companion agency mileage as allowed in the CT Home Care Program for Elders, taxi/livery, wheelchair accessible taxi/livery, invalid coach (licensed by the State Department of Public Health) air and ground ambulance, commercial air, group or shared ride vehicles, except for beneficiaries who are immunocompromised or for whom this is otherwise not medically appropriate. The program also uses NEMT-specialized Independent Driver-Providers (IDPs) to supplement traditional types of commercial transportation providers. The IDPs shall meet or exceed all requirements for transportation network company providers under state law. The IDPs shall also participate in training that is specific to the transportation needs of Medicaid beneficiaries, such as ADA sensitivity and cultural competency. The IDPs also undergo multistate background checks to ensure safety and the highest level of quality. The broker may also use paratransit programs offered by local ADA paratransit service providers.

STATE/TERRITORY: CONNECTICUT
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

☐ (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

☐ (10)(B) comparability

☒ (23) freedom of choice

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

☐ stretcher car

☒ bus passes

☒ tickets

☒ secured transportation

☒ other transportation (if checked describe below other types of transportation provided.)

Other transportation may include: 1) livery services; 2) air and ground ambulance; 3) commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate; 4) mileage reimbursement for transportation provided by beneficiaries, friends or family members, or attendants/companions through one of the Department's home and community based services waiver programs; 5) independent driver providers under the auspices of a transportation network company; and 6) ADA paratransit services.

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(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous;

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services; and

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following medically needy populations under section 1902(a)10(C):

☒ Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose

STATE/TERRITORY: CONNECTICUT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

Types of Transportation Provided

The brokerage program offers a variety of modes of transportation, including, but not limited to: public transportation, mileage reimbursement, homemaker-companion agency mileage as allowed in the CT Home Care Program for Elders, taxi/livery, wheelchair accessible taxi/livery, invalid coach (licensed by the State Department of Public Health) air and ground ambulance, commercial air, group or shared ride vehicles, except for beneficiaries who are immunocompromised or for whom this is otherwise not medically appropriate. The program also uses NEMT-specialized Independent Driver-Providers (IDPs) to supplement traditional types of commercial transportation providers. The IDPs shall meet or exceed all requirements for transportation network company providers under state law. The IDPs shall also participate in training that is specific to the transportation needs of Medicaid beneficiaries, such as ADA sensitivity and cultural competency. The IDPs also undergo multistate background checks to ensure safety and the highest level of quality. The broker may also use paratransit programs offered by local ADA paratransit service providers.

Connecticut Housing Engagement and Support Services (CHESS) State Plan HCBS Benefit

1915(i) State Plan Home and Community-Based Services Administration and Operation

**NOTE: This section is intentionally left blank and has been deleted effective August 15, 2026 (pages 80 -132).

Reimbursement Methodology for Connecticut Housing Engagement and Support Services (CHESS)
State Plan HCBS Benefit Under Section 1915(i)

~~Methods and Standards for Establishing Payment Rates~~

** NOTE: This section is intentionally left blank and has been deleted effective August 15, 2026 (pages 43 - 46).