

CT SPA 20-0003

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CMS-10434 OMB 0938-1188

Package Information

Package ID	CT2020MS0001O	Submission Type	Official
Program Name	N/A	State	CT
SPA ID	CT-20-0003	Region	Boston, MA
Version Number	2	Package Status	Approved
Submitted By	Michael Kiselica	Submission Date	3/31/2020
Package Disposition		Approval Date	6/29/2020 11:02 AM EDT
Priority Code	P2		

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



Center for Medicaid & CHIP Services

June 29, 2020

Dr. Deidre Gifford
 Commissioner
 DSS
 55 Farmington Avenue
 Hartford, CT 06105

Re: Approval of State Plan Amendment CT-20-0003

Dear Dr. Deidre Gifford:

On March 31, 2020, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-20-0003 to update the optional state supplement income standard in accordance with the 2020 SSI COLA increase.

We approve Connecticut State Plan Amendment (SPA) CT-20-0003 on June 29, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created	
No items available		

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

Sincerely,
 James Scott
 Director, Division of Program Operations
 Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

Package Header

Package ID	CT2020MS0001O	SPA ID	CT-20-0003
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/29/2020	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Superseded SPA ID	N/A		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 | CT2020MS0001O | CT-20-0003

Package Header

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Approval Date 6/29/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID CT-20-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	1/1/2020	New
More Restrictive Requirements than SSI under 1902(f) - (209(b) States)	1/1/2020	New
Handling of Excess Income (Spenddown)	1/1/2020	New
Mandatory Eligibility Groups	1/1/2020	CT-19-0028
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability	1/1/2020	New
Optional Eligibility Groups	1/1/2020	CT-18-0003
Optional State Supplement Beneficiaries	1/1/2020	Ct-17-010

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives CT SPA-20-0003--Cost of Living Adjustment (COLA) Increase
 SPA-20-0003 proposes to amend Supplement 6 to Attachment 2.6-A and Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A.
 Effective January 1, 2020, the Department proposes to pass along the increase in Federal SSI benefits and, therefore, will increase the Aged, Blind and Disabled (AABD) unearned income disregard for recipients. AABD recipients who receive a Social Security COLA increase for FY 2020 will be offset by an increase in the AABD unearned disregard. As a result, the AABD recipient's total income (the combined federal Social Security and State Supplement payment) will increase. State Supplement payments will not increase for single individuals. For married couples living together, the increase will be \$3.00 per person per month. Please note: The only changes Connecticut is making through this SPA is to amend Supplement 6 to Attachment 2.6-A and Addendum pages 1-3 to Supplement 6 to Attachment 2.6A. The only language that is being superseded through this SPA are to the pages listed above.

Federal Budget Impact and Statute/Regulation Citation




Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

42 CFR 435.234
 20 CFR 416.2095-416.2099

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
CT SPA 20-0003 Fiscal Note COLA Increase	3/11/2020 9:59 AM EDT	
CT SPA 20-0003 Special Needs	6/26/2020 9:07 AM EDT	
CT SPA 20-0003 Special Needs 2	6/26/2020 9:07 AM EDT	

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/3/2020	Email

- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
3/3/2020	Email


States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
3/3/2020	Email

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created

Name CT SPA 20-0003 Tribal Notification	Date Created 3/12/2020 9:42 AM EDT	
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Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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Superseded SPA ID	New User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive and More Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
- No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
3. The state applies more restrictive financial eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972.
4. The more restrictive requirements are described in More Restrictive Methodologies Under 1902(f).

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

2. In determining financial eligibility for individuals who are age 65 or older or who have blindness or a disability, the state may apply more restrictive requirements for relative responsibility than specified in B.1., but no more restrictive than the requirements under the Medicaid plan in effect on January 1, 1972. These methodologies are described in More Restrictive Methodologies under 1902(f).

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that are no more restrictive than those used under the Medicaid plan on January 1, 1972, and no more liberal than those used in determining eligibility under SSI or an optional state supplement, and
2. Amounts that are at least the same as those that would be deducted in determining eligibility under the eligibility group for individuals in 209 (b) states who are age 65 or older or who have blindness or a disability (described in 42 CFR 435.121).

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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The state applies more restrictive requirements than SSI under the authority of section 1902(f) of the Act, and consistent with 42 CFR 435.121.

A. Use of More Restrictive Requirements

The state applies more restrictive eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972. The state does not apply more restrictive requirements if:

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;
2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or
3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

- 1. Individuals age 65 or older
- 2. Individuals who have blindness
- 3. Individuals who have a disability

C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

- 1. The state uses more restrictive requirements with respect to income.
- 2. The state uses more restrictive requirements with respect to resources.
- 3. The state uses more restrictive requirements with respect to the definition of disability.
- 4. The state uses more restrictive requirements with respect to the definition of blindness.
- 5. The state uses more restrictive requirements with respect to financial responsibility of relatives.
- 6. The state uses other more restrictive requirements.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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D. More Restrictive Requirements with Respect to Income

The following more restrictive requirements are used with respect to income:

- 1. The state uses a lower income standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
- 2. The state uses more restrictive income disregards or exclusions.
- 3. The state uses more restrictive requirements with respect to income from self employment.
- 4. The state uses more restrictive requirements with respect to irregular/infrequent income.
- 5. The state uses other more restrictive requirements with respect to income:

Name of requirement:	Description:
(Section 1902 (f) more restrictive methods and criteria and State Supplement criteria in SSI criteria State without section 1634 agreements and in Section 1902 (f) states. Use to reflect more liberal methods only if you limit to State Supplement recipient	Home Equity Conversion Plans are countable income if there are no repayment agreements. Allowances for Unusual Medical Expenses from Veteran's Administration are countable income.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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E. More Restrictive Requirements with Respect to Resources

The following more restrictive requirements are used with respect to resources:

1. The state uses a lower resource standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.

The resource standard is:

Single Individual \$1600.00

Couple \$2400.00

- 2. The state uses more restrictive requirements with respect to the treatment of real property.
- 3. The state uses more restrictive requirements with respect to the treatment of lump sums.
- 4. The state uses more restrictive requirements with respect to the treatment of personal property.
- 5. The state uses other more restrictive requirements with respect to resources:

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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J. Income Deductions

When applying more restrictive requirements, the state deducts SSI payments received by the individual and state supplement payments that meet the conditions specified in 42 CFR 435.232 and 435.234. The state also allows the following individuals to deduct incurred medical and remedial expenses (spend down) to become categorically eligible under the group for individuals in 209(b) states who are age 65 or over or who have blindness or a disability:

1. SSI beneficiaries and eligible spouses of SSI beneficiaries
2. State supplement recipients or individuals who are eligible for but not receiving a state supplementary payment.
3. Individuals who would be eligible for SSI/SSP but for OASDI COLA increases since April, 1977 (42 CFR 435.135)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

4. Disabled widows and widowers ineligible for SSI due to increase in OASDI (42 CFR 435.137)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

5. Disabled widows and widowers ineligible for SSI due to early receipt of social security (42 CFR 435.138)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

6. Adult children with disabilities (1939(a)(2)(D) and 1634(c) of the Act)

In determining countable income used for the purpose of calculating spend down for this population, the state deducts OASDI benefits, as follows:

- a. All of the OASDI benefits is deducted from income.
- b. Part of the OASDI benefits is deducted from income.
- c. None of the OASDI benefits is deducted from income.

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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K. Additional Information (optional)

Coverage not provided to disabled children under 18

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
 - i. 6 months
 - ii. 5 months
 - iii. 4 months
 - iv. 3 months
 - v. 2 months
 - vi. 1 month
- b. More than one budget period, as described below:

Handling of Excess Income (Spendedown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. Incurred medical and remedial expenses without regard to the age of the expenses.
2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spendedown)

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F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spendedown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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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"/>	NEW
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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>		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 type="radio"/>	
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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 type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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Superseded SPA ID CT-19-0028 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

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

In 209(b) states, individuals who are 65 or older or who have blindness or a disability, who meet more restrictive criteria than used in SSI

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The state covers the mandatory eligibility group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability in accordance with the following provisions:

A. Characteristics

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

1. Be age 65 or older or have blindness or a disability;
2. Meet more restrictive requirements than SSI, as defined by the state in section B;
3. Have income and resources at or below the standard for this group.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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B. Financial Methodologies

- The more restrictive requirements used are described in the More Restrictive Requirements than SSI under 1902(f) RU.
- 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: Wages paid by the Census Bureau for temporary employment related to Census Activities are excluded.

- A specified type of income is disregarded:

Name of income type:	Description:
Connecticut Earned Income Tax Credit	The Department will exclude the Connecticut Earned Tax Credit when determining eligibility.

- Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- 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:
Exclusion of certain assets	\$300.00 each of funds set aside for the burial expense of the individual or the individual's spouse. This in addition to the \$1,500.00 excluded pursuant to SSI regulations.

- A specified type of resource is disregarded:

Name of resource type:	Description:
Funds derived from equity in home property through a reverse annuity mortgage loan	Resources described above are excluded provided: 1) Such funds are held in an

Name of resource type:	Description:
or other home equity conversion loan.	account that does not contain any other funds; and 2) The Medicaid recipient does not transfer such funds to another person for less than fair market value.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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C. Income Standard Used

The income standard for this group is:

- 1. A percentage of the federal poverty level:
- 2. A dollar amount
- 3. Another standard

The standard used is: 300.00%

of SSI limit for an Individual
SSI limit x 2 for couples

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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D. Resource Standard Used

The resource standard for this group is:

Individual: \$1600.00

Couple: \$2400.00

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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System-Derived	

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	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage	?	<input 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 Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

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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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<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 
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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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

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CT2020MS0001O | CT-20-0003

Individuals who receive an optional state supplementary payment.

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	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:
 - a. SSI
 - b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

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	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
- No

b. Varies by payment classification.

- Yes
- No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Independent Living (Level 1)	For independent living arrangements (Level 1), the Standard of Assistance includes a fixed amount for personal needs of \$170.06 for a single person and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up the specific maximum of \$400.00 for a single individual living alone. There is a no income standard for a couple as Level 1 indicates

living alone. System would not allow entry of 0.00

Individual

\$570.06

Name of Classification

Independent Living (Level 2)

Couple

\$0.01

Description:

For independent living arrangements (Level 2), the Standard of Assistance includes a fixed amount for personal needs of \$171.10 for a married person living with his or her spouse and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up the specific maximum of \$200.00

Individual

\$370.06

Name of Classification

New Horizons (unshared)

Couple

\$742.20

Description:

For the New Horizons living arrangement (unshared), the Standard of Assistance includes a fixed amount for personal needs of \$135.14 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$1998.00 for an individual living alone. There is no income standard for a couple as unshared indicates living alone. System would not allow entry of \$0.00

Individual

\$1998.00

Name of Classification

New Horizon (shared with unrelated person)

Couple

\$0.01

Description:

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$135.14 and an allowance for the charge to the individual for shelter set by the

Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$1930.10 for an individual living with an unrelated person. There is no income standard for a couple as shared with an unrelated person indicates not married. System would not allow entry of \$0.00

Individual

\$1930.10

Name of Classification

New Horizon shared w/related person/one eligible

Couple

\$0.01

Description:

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$135.14 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$1998.30 for an individual living alone or with a related person and \$4347.30 for a couple with one eligible member.

Individual

\$1998.00

Name of Classification

New Horizon shared w/related person/two eligible

Couple

\$4347.30

Description:

For the New Horizons living arrangement, the Standard of Assistance includes a fixed amount for personal needs of \$135.14 and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standard of assistance for New Horizon living arrangement is \$1998.00 for an individual living with a related person and \$3996.00 for a couple

with 2 eligible members.

Individual

\$1998.00

Name of Classification

Domiciliary with one eligible member

Couple

\$3996.00

Description:

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$29.95 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standard of assistance for domiciliary living arrangements is \$2090.30 for an individual and \$4439.30 for a couple with one eligible member.

Individual

\$2090.30

Name of Classification

Domiciliary with two eligible members

Couple

\$4439.30

Description:

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$29.95 and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standard of assistance for domiciliary living arrangements is \$2090.30 for an individual and \$4180.60 for a couple with one eligible member.

Individual

\$2090.30

Couple

\$4180.60

Optional State Supplement Beneficiaries

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E. Additional Information (optional)

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