

## **Table of Contents**

**State/Territory Name: CT**

**State Plan Amendment (SPA) #: 15-0033**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**DEC 15 2015**

Roderick L. Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, CT 06105-3730

RE: Connecticut 15-0033

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachment 4.19-D, of your Medicaid State Plan submitted under transmittal number (TN) 15-0033. This amendment revises the reimbursement for intermediate care facility for individuals with intellectual disabilities (ICF/IID) services. Specifically it, freezes the rates for private ICF/IIDs for the state fiscal years ending June 30, 2016, and June 30, 2017, except for rates related to fair rent additions in cost report years ending September 30, 2014 and September 30, 2015.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 15-0033 is approved effective July 1, 2015. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Kristin Fan  
Director

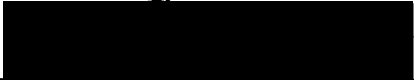
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>15-033</b>	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>July 1, 2015</b>	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(15) of the Social Security Act and 42 CFR 440.150 and 42 CFR 447.253(a) and (b)	7. FEDERAL BUDGET IMPACT: a. FFY 2015    \$140,520 (savings) b. FFY 2016    \$846,724 (savings)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-D, Pages 64 and 64c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable)  Attachment 4.19-D, Pages 64 and 64c

10. SUBJECT OF AMENDMENT: Effective July 1, 2015, this SPA modifies Attachment 4.19-D of the Medicaid State Plan to freeze the rates for private intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) for the state fiscal years ending June 30, 2016, and June 30, 2017, except for pro rata fair rent increases for facilities which have undergone a material change in circumstances related to fair rent additions placed in service in cost report years ending September 30, 2014 and September 30, 2015.

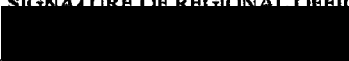
11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  State of Connecticut Department of Social Services 55 Farmington Avenue- 9 <sup>th</sup> Floor Hartford, CT 06105  Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: September 29, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: <b>DEC 15 2015</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL 01 2015</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <i>Kristin Fan</i>	22. TITLE: <i>Director, FMC</i>
23. REMARKS:	

**State Plan under Title XIX of the Social Security Act  
State of Connecticut  
Methods for Establishing Payment Rates – Intermediate Care Facilities for  
Individuals with Intellectual Disabilities (ICF/IID)**

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**XII. State Fiscal Year 2014 through 2017 Reimbursement Changes**

**A. Intermediate Care Facilities for Individuals with Intellectual Disabilities**

For the period of July 1, 2013 through August 30, 2013, rates in effect for the period ending June 30, 2013 shall remain in effect, except for any facility that would have been issued a lower rate due to interim rate status or agreement with the department shall be issued such lower rate. For the period of July 1, 2013 through August 30, 2014, the fair rental allowance will be adjusted to reflect fair rent additions that were placed into service during the 2012 cost report year and certified in the 2012 cost report year. For the period of September 1, 2013 through April 30, 2014, the Commissioner of Social Services shall implement a 2.0 per cent rate decrease, except for any facility that would have been issued a lower rate due to interim rate status or agreement with the department shall be issued such lower rate. The fair rental adjustment for fair rent additions that were placed into service during the cost report year 2012 and certified in the 2012 cost report year shall not be subject to the rate adjustments defined in this section. For the period of May 1, 2014 through June 30, 2015, the Commissioner of Social Services shall implement a 1.12 per cent rate increase, except for any facility that would have been issued a lower rate due to interim rate status or agreement with the department shall be issued such lower rate. The fair rental adjustment for fair rent additions that were placed into service during the cost report year 2012 and certified in the 2012 cost report year shall not be subject to the rate adjustments defined in this section. For the period of July 1, 2014 through June 30, 2015, the fair rental allowance shall be adjusted to reflect fair rent additions placed into service during the cost report year 2013 and reflected in the facility's 2013 certified cost report.

For the period of May 1, 2014 through June 30, 2014, the department shall make one-time supplemental payments to each facility in the facility-specific amounts listed below.

TN # 15-033  
Supersedes  
TN # 14-020

Approval Date DEC 15 2015

Effective Date 7/1/2015

**State Plan under Title XIX of the Social Security Act  
State of Connecticut  
Methods for Establishing Payment Rates – Intermediate Care Facilities for  
Individuals with Intellectual Disabilities (ICF/IID)**

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Facility Name	SFY 2014 Supplemental Payment
LARC - Bertoli Drive	\$5,351
Marrakech-Clinton Harbor	\$24,933
Marrakech-Englewood	\$5,581
Marrakech-Lyda	\$5,223
Marrakech-Wildwood Terrace	\$5,956
Pathfinders Assoc.-Bellevue Dr.	\$3,248
Pathfinders Assoc.-Franklin Street ICF/MR	\$3,191
Pathfinders Assoc.-Newman Home	\$3,130
RMS-Coppermill Road	\$6,009
RMS-Two Stone Drive	\$6,587
Thornfield Hall, Inc.	\$8,711
Tri-County ARC-Dunn Hill Rd.	\$5,743
Tri-County ARC-High Street	\$5,074

For the fiscal years ending June 30, 2016, and June 30, 2017, rates shall not exceed those in effect for the period ending June 30, 2015 except the rate paid to a facility may be higher than the rate paid to the facility for the period ending June 30, 2015, pro rata fair rent increases for facilities which have undergone a material change in circumstances related to fair rent additions placed in service in cost report years ending September 30, 2014 and September 30, 2015, and not otherwise included in rates issued.

TN # 15-033  
Supersedes  
TN # 14-020

Approval Date DEC 15 2015

Effective Date 7/1/2015