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State/Territory Name: CT

State Plan Amendment (SPA) #:19-0008

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



Financial Management Group

June 05, 2019

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

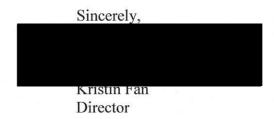
RE: Connecticut 19-0008

Dear Commissioner Bremby:

We have reviewed the proposed amendment to Attachment 4.19-D, of your Medicaid State Plan submitted under transmittal number (TN) 19-0008. Effective January 1, 2019, this amendment provides for a rate increase for private Intermediate Care Facility for the Intellectually Disabled (ICF-IID) facilities to cover costs related increases in employee wages.

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 19-0008 is approved effective January 1, 2019. 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.



23. REMARKS:

FORM HCFA-179 (07-92)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: L 19-0008	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 TYPE OF STATE PLAN MATERIAL (Charles Organical)	4. PROPOSED EFFECTIVE DATE: January 1, 2019	
5. TYPE OF STATE PLAN MATERIAL (Check One):		
		_ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (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 2019 \$1 million (costs) b. FFY 2020 \$1.5 million (costs)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHME	NT: 9. PAGE NUMBER OF THE SUPERSEDED ATTACHMENT (If applicable)	PLAN SECTION OR
Attachment 4.19-D, Page 64d	(NEW)	
not more than \$30 per hour. The state is implementing the which is specified in the plan page. The state calculated implement the employee wage increase. 11. GOVERNOR'S REVIEW (Check One):		
X GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITI	_OTHER, AS SPECIFIED:	
13. TYPED NAME: Roderick L. Bremby	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue- 9 th Floor Hartford, CT 06105	
14. TITLE: Commissioner	Attention: Ginny Mahoney	
15. DATE SUBMITTED: March 28, 2019		
FOR REGI	ONAL OFFICE USE ONLY	PF MARKET 1
17. DATE RECEIVED:	18. DATE APPROVED:	5 2019
PLAN APPRO	VED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICE	AL:
21. TYPED NAME: Vini Chin Cain	22. TITLE: 1 > 0.00 A	

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)

Effective January 1, 2019, each private ICF/IID shall receive the following rate add-on in addition to the applicable Medicaid rate for the ICF/IID specified in Attachment 4.19-D of the Medicaid State Plan. This Medicaid rate add-on provides funding for the ICF/IID to increase the minimum wage of employees to not less than fourteen dollars and seventy-five cents per hour and provide a wage increase of up to five per cent to employees who earn not less than fourteen dollars and seventy-six cents per hour and not more than thirty dollars per hour.

	Per Diem Add
Facility Name	<u>On</u>
ABD	\$19.97
Abilis	\$29.61
Alternatives	\$50.47
Benhaven	\$10.47
CÏB	\$18.17
CRI	\$19.20
IPP	\$32.54
LARC	\$6.33
Marrakech	\$45.55
Pathfinders Assoc.	\$9.76
Thornfield Hall, Inc.	\$10.01
Whole Life, Inc.	\$15.17

Approval Date JUN 0 5 2019

Effective Date 01/01/2019