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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.

Sincerely,



Kristin Fan
Director

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
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

4. PROPOSED EFFECTIVE DATE:
January 1, 2019

5. TYPE OF STATE PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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 2019 \$1 million (costs)
b. FFY 2020 \$1.5 million (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 64d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)

(NEW)

10. SUBJECT OF AMENDMENT: Effective January 1, 2019, SPA 19-0008 amends Attachment 4.19-D of the Medicaid State Plan to provide privately-operated intermediate care facilities for individuals with intellectual disabilities (ICF/IID) with a Medicaid rate increase to cover costs related to increases in employee wages. The specific wage increase is for a minimum wage for the ICF/IID of not less than \$14.75 per hour and up to a 5% wage increase to employees who earn not less than \$14.76 per hour but not more than \$30 per hour. The state is implementing this increase through a per diem rate add-on for each affected facility, which is specified in the plan page. The state calculated each rate add-on based on the costs necessary for each facility to implement the employee wage increase.

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.



13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: March 28, 2019

16. RETURN TO:
State of Connecticut
Department of Social Services
55 Farmington Avenue- 9th Floor
Hartford, CT 06105

Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JUN 05 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN 01 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

22. TITLE: Director, FMG

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)**

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.

<u>Facility Name</u>	<u>Per Diem Add On</u>
ABD	\$19.97
Abilis	\$29.61
Alternatives	\$50.47
Benhaven	\$10.47
CIB	\$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

TN # 19-0008
Supersedes
TN # NEW

Approval Date JUN 05 2019

Effective Date 01/01/2019