

## **Table of Contents**

**State/Territory Name: CT**

**State Plan Amendment (SPA) #: 19-0015**

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



---

**Financial Management Group**

September 11, 2019

Kathleen M. Brennan, Commissioner  
Department of Social Services  
55 Farmington Avenue 9<sup>th</sup> Floor  
Hartford, CT 06105

RE: Connecticut 19-0015

Dear Commissioner Brennan:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 19-0015. Effective May 1, 2019, this amendment implements a rate increase for privately operated PRTFs to expand access to medically necessary services and to improve the quality of those services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 19-0015 is approved effective May 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,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan  
Director

cc:

Avery Stahlecker  
Novena James-Hailey

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

I. TRANSMITTAL NUMBER:  
19-0015

2. STATE: CT

II. 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

III. PROPOSED EFFECTIVE DATE:  
05/01/2019

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)(16) of the Social Security Act and  
42 CFR 440.160 and 42 CFR 441, Subpart D

7. FEDERAL BUDGET IMPACT:  
a. FFY 2019 \$353,000  
b. FFY 2020 \$1.1 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-A, Pages 28, 28a and 28(b)  
Attachment 4.19-A, Page 28(c)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (if applicable)  
Attachment 4.19-A, Pages 28, 28a and 28(b)  
New

10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-A of the Medicaid State Plan to implement a rate increase to the per diem rate for privately operated PRTFs. This SPA also adds language summarizing the federal requirement that each individual receiving PRTF services must have access to medically necessary EPSDT services, regardless of whether they are provided by the PRTF.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Kathleen M. Brennan

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:  
June 28, 2019

16. RETURN TO:

State of Connecticut  
Department of Social Services - 9<sup>th</sup> floor  
55 Farmington Avenue  
Hartford, CT 06105

Attention: Ginny Mahoney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

SEP 11 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
MAY 01 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

22. TITLE: Director, FIUG

23. REMARKS: Pen and ink change for the proposed effective date in box III per state request.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Connecticut

16. Methods for Establishing Payment Rates for Psychiatric Inpatient Services for Individuals Under 22 or Over 64 Years of Age

1) Private Psychiatric Residential Treatment Facilities (PRTFs) for individuals under age 22.

The PRTF statewide per diem rate is a prospective payment model for 24-hour treatment delivered to Medicaid beneficiaries under age 22 receiving services within a PRTF. The PRTF per diem payment is for routine diagnostic testing and for active treatment prescribed on youth's plan of care delivered in and by a PRTF. In accordance with section 1905(a)(16) of the Social Security Act, as amended by section 12005 of the 21st Century Cures Act, each individual receiving PRTF services must have access to any medically necessary early and periodic screening, diagnostic and treatment (EPSDT) services, regardless of whether those EPSDT services are provided by the PRTF. Such medically necessary EPSDT services, not otherwise included in the PRTF rate when those services are reflected in the youth's plan of care may be billed directly to Medicaid and will be reimbursed based on the applicable payment methodology for the provider as described in Attachment 4.19-B of the Medicaid State Plan (and the PRTF may provide such EPSDT services directly or the PRTF may make arrangements for another provider to deliver such EPSDT services if they are outside the scope of services provided by the PRTF). Such services for which Medicaid providers may be reimbursed directly include medically necessary services and/or supplies, including, but not limited to, dental, vision, diagnostic/radiology, prescribed medications; and diagnostic testing and assessments for the issues listed below that are critical to appropriate discharge planning: medical conditions, oral/dental conditions, autism spectrum disorder, intellectual disability, developmental disability, and substance use disorder.

Payment rates do not include costs of providing any non-coverable services or educational services, case management and rehabilitation planning services provided by an entity other than the PRTF to support transition back to the community. Payment may not be duplicative of services for which payment is included in the PRTF's per diem rate.

a. The sources used to develop the PRTF statewide per diem rate include:

- a.1. Annual PRTF Cost Reports (cost reports) and utilization data from private providers of PRTF services in Connecticut. The cost reports utilized by providers were developed by the Department of Social Services (department). The department adhered to Publication 15, Provider Reimbursement Manual.
- a.2. Subject matter expertise with broad cost reporting experience.
- a.3. Subject matter expertise with developing mental health payment models.
- a.4. Direct service providers' compensation benchmarking statewide data from the Connecticut Department of Labor.

TN # 19-0015

Approval Date SEP 11 2019

Effective Date 05/01/2019

Supersedes

TN # 14-0029

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Connecticut

---

- a.5. National Forecasts for Consumer Price Indexes as provided on line titled All Items-Urban (CUS0NS) from Table 5 of the IHS Healthcare Cost Review for Individual Price Indexes. A projected increase or decrease in the consumer price index for urban consumers was calculated for the twenty-four months between the mid-point of the cost period and the mid-point of the rate year.
- a.6. Private providers' budget forecasts and financial statements.
- b. The PRTF statewide per diem rate is determined to reimburse for the following three categories:
- b.1. Child maintenance services including 24-hour care, room and board, and administrative services. Costs of child maintenance services including facility personnel, food and occupancy expenses (janitorial, maintenance, rent, property taxes, etc.) are reported on the Annual PRTF Cost Report (item a.1).
- b.2. Medical services including psychiatric, medical and ancillary services not limited to therapeutic services provided by PRTF staff; active treatment services including, but not limited to, individual, group and family therapy; routine diagnostic testing and assessment, case management, and discharge planning provided in and by the PRTF. Costs of medical services are reported on the Annual PRTF Cost Report (item a.1.).
- b.3. Registered Nurse (RN) staffing on-site 24 hours per day, 7 days per week (24/7 coverage). Costs of RN staffing are determined using three full-time equivalent (FTE) salaries with benefits; training and ongoing education; and an additional amount to assure 24/7 coverage during vacations and other leave times.

c. Provider Reimbursement

The PRTF statewide per diem rate shall be payment in full for costs associated with daily care, administrative services, and room and board as described above in section b.

Services not otherwise included in the PRTF rate when these services are reflected in the youth's plan of care may be billed directly to Medicaid by providers delivering these services. Except as otherwise noted in the plan, payment for necessary services not included in the PRTF statewide per diem rate is based on state-developed fee schedule rates, as applicable. Rates effective May 1, 2019 are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider", then select "Provider Fee Schedule Download".

PRTF statewide per diem payments will be made to a PRTF provider for no more than three (3) patient days per youth for reserving a bed while the youth is temporarily absent for a therapeutic home visit (THV).

TN # 19-0015  
Supersedes  
TN # 14-0029

Approval Date SEP 11 2019

Effective Date 05/01/2019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Connecticut

---

Pursuant to 42 C.F.R. § 431.52, PRTF services shall be provided in an out-of-state setting if medically necessary and no suitable treatment option is found in Connecticut. Payments will be made to out-of state private PRTF providers for the delivery of PRTF services at the approved Medicaid State Plan rate paid to such provider by the Medicaid program in the state in which the provider is located. If such a rate does not exist, PRTF statewide per diem payments will be made by the department at the PRTF statewide per diem rate listed in item d. below to out-of state providers for the PRTF services furnished to Connecticut clients while they are out-of-state.

d. Payment Rates

The PRTF statewide per diem rate effective May 1, 2019 is \$610.00 per day.

e. Quality Standards for Increased Rate

As a condition for the payment amount detailed above, each PRTF must (1) ensure compliance with the following elements no later than September 1, 2019 and on an ongoing basis thereafter, and (2) provide the Department of Social Services with a report documenting these elements no later than October 1, 2019. If the PRTF fails to submit this report and/or the report fails to document compliance with all of these elements, then, effective on and after May 1, 2019 the per diem rate for the provider will revert to the rate in effect as of April 30, 2019. At any time, the Department may verify the PRTF's compliance through audits and other reviews. The required elements are as follows:

1. Evidence-Based Treatment: PRTFs must document the specific evidence-based treatments being delivered and the plan to ensure staff are trained in the model(s).
2. Therapeutic Recreation: PRTFs must describe the type and expected frequency of therapeutic recreation activities in their compliance report.
3. Family Therapy: PRTFs must demonstrate that family therapy is a component of all treatment plans and is occurring on a regular basis for every child. Family therapy may include any person that the child and the provider deem to be a healthy and caring individual in the child's life and one that will participate in the child's progress upon discharge from the PRTF.
4. Transition Care Coordination: The discharge planning process must be considered from the very earliest point of admission to a PRTF. PRTFs will be required to have Transition Care Coordinators conduct home visits and maintain contact with the family/caregiver and child post discharge from the PRTF for up to sixty (60) days to increase the likelihood of a successful transition. PRTFs will be required to identify a Transition Care Coordinator that will fulfill this role and document the hours per week in this role.

TN # 19-0015  
Supersedes  
TN # 14-0029

Approval Date SEP 11 2019

Effective Date 05/01/2019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Connecticut

---

5. Quality Management: In order to maintain and sustain quality clinical programming and individualized treatment planning for children, PRTFs must institute a formal Quality Management plan. The Quality Management plan must include, but is not limited to, hiring processes that attract the most qualified and diverse individuals, ensure that staff and administration are trained and receive ongoing training in the following areas:
- a. Individualized treatment plans using the principles of the Wellness Recovery Action Plan.
  - b. Individualized clinical interventions
  - c. Individualized family interventions
  - d. Individualized discharge plans that must include crisis prevention plans
  - e. Supervision of clinical and non-clinical staff
  - f. Clinical de-escalation
  - g. Critical incidents/Adverse incidents, including identifying, documenting, debriefing, and reporting
  - h. Documentation of clinical outcomes.

TN # 19-0015  
Supersedes  
TN # NEW

Approval Date SEP 11 2019

Effective Date 05/01/2019