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**State/Territory Name: CT**

**State Plan Amendment (SPA) #: 19-0023**

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 & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

December 10, 2019

Kathleen Brennan, Deputy Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, CT 06105-3730

RE: Connecticut 19-0023

Dear Deputy Commissioner Brennan:

We have reviewed the proposed amendment to Attachment 4.19-D, of your Medicaid State Plan submitted under transmittal number (TN) 19-0023. Effective July 1, 2019 this amendment freeze rates for private Intermediate Care Facilities for the Intellectually Disabled (ICF/IIDs) for fiscal years 2020 and 2021 except for pro rata fair rent increases for qualified facilities.

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 19-0023 is approved effective July 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

cc:  
Avery Stahlecker  
Novena James-Hailey

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

1. TRANSMITTAL NUMBER:  
19-0023

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:  
July 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 447.253(a) and (b)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2019: \$(147,000)  
b. FFY 2020: \$(879,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 64c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

Attachment 4.19-D, Page 64c

10. SUBJECT OF AMENDMENT: Effective July 1, 2019, 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, 2020, and June 30, 2021, 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, 2018 and September 30, 2019. The Department estimates that the rate freeze described above, while also incorporating normal allowable fair rent pass-through adjustments, is estimated to reduce federal expenditures by approximately \$147,000 in Federal Fiscal Year (FFY) 2019 and \$879,000 in FFY 2020.

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:

16. RETURN TO:

13. TYPED NAME: Kathleen M. Brennan

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

14. TITLE: Deputy Commissioner

Attention: Ginny Mahoney

15. DATE SUBMITTED: September 30, 2019

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

DEC 10 2019

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

Director, FMS

23. REMARKS:

FORM CMS-179 (07-92)

**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)**

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, 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, and not otherwise included in rates issued.

For the fiscal years ending June 30, 2018 and June 30, 2019, private ICF/IID rates shall remain unchanged, except for pro rata fair rent increases for private ICF/IIDs which have undergone a material change in circumstances related to fair rent additions placed in service in cost report years ending September 30, 2016 and September 30, 2017 for fiscal years ending June 30, 2018 and June 30, 2019 respectively.

For the fiscal years ending June 30, 2020 and June 30, 2021, private ICF/IID rates shall remain unchanged, except for pro rata fair rent increases for private ICF/IIDs which have undergone a material change in circumstances related to fair rent additions placed in service in cost report years ending September 30, 2018 and September 30, 2019 for fiscal years ending June 30, 2020 and June 30, 2021 respectively.

TN # 19-0023

Supersedes

TN # 17-0016

Approval Date **DEC 10 2019**

Effective Date 07/01/2019