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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0017**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) CMS-179
- 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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August 18, 2021

Dr. Deidre Gifford, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0017

Dear Commissioner Gifford:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Connecticut Medicaid state plan, as submitted under transmittal number (TN) 21-0017. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

CMS conducted a review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 21-0017 is approved effective April 28, 2021. Please note the state also rescinds the election within item E.4.e of section 7.4-A of the state plan, which provided that only one random moment time study (RMTS) will be conducted in Private Non-Medical Institutions (PNMIs) for adults effective May 21, 2021.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Marie DiMartino at 978-330-8063 or by email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov) if you have any questions about this approval.

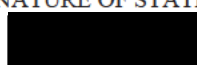

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2021.08.18  
09:53:21 -04'00'

Alissa Mooney DeBoy

On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid & CHIP Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: 21-0017	2. STATE: CT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE: April 28, 2021	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1135 and 1905(a) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 7.4-B, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) New		
10. SUBJECT OF AMENDMENT: This SPA rescinds the following flexibilities that were previously approved by CMS in Coronavirus Disease 2019 (COVID-19) Medicaid Disaster Relief SPA CT-20-0015 effective from March 1, 2020 through the end of the federal public health emergency declaration for COVID-19: (1) effective April 28, 2021, this SPA rescinds the flexibility that removed the limit on the number of home and hospital bed leave days for which an ICF/IID can be paid in order to reserve the beds for when the individuals are able to return to the ICF/IID, which results in restoring the standard limit set forth in Attachment 4.19-D of the Medicaid State Plan and (2) effective May 21, 2021, this SPA rescinds the flexibility that allowed private non-medical institutions (PNMIs) for adults to conduct only one random-moment time study (RMTS), which restores the standard requirement set forth in Attachment 4.19-B of the Medicaid State Plan.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:   <div style="font-size: small; margin-left: 100px;">                     Digitally signed by Deidre S. Gifford, MD, MPH                      DN: cn=Deidre S. Gifford, MD, MPH, o=Connecticut Department                      of Social Services, ou, email=deidre.gifford@ct.gov, c=US                      Date: 2021.06.24 11:23:53 -0400                 </div>	16. RETURN TO:  State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney		
13. TYPED NAME: Deidre S. Gifford, MD, MPH			
14. TITLE: Commissioner			
15. DATE SUBMITTED: June 24, 2021			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: June 24, 2021	18. DATE APPROVED: August 18, 2021		
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  April 28, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:  Alissa M. Deboy  -S <div style="font-size: x-small; margin-left: 100px;">                     Digitally signed by Alissa M. Deboy -S                      Date: 2021.08.18 09:53:49 -0400                 </div>		
21. TYPED NAME: Alissa Mooney DeBoy On Behalf of Anne Marie Costello	22. TITLE: Deputy Director, Center for Medicaid and CHIP Services		
23. REMARKS:			

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

**Section 7 – General Provisions**

**7.4-B. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency**

1. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Bed Leave Days: Effective April 28, 2021, the state rescinds the election at item E.4.c of section 7.4-A (approved on August 13, 2020 in SPA CT-20-0015) of the state plan, which provided that individuals residing at the ICF/IID may exceed the standard limit home and hospital leave days and that the state would pay the ICF/IID for those days without limit during the public health emergency.
2. Semi-Annual Time Studies for Private Non-Medical Institutions (PNMIs) for Adults: Effective May 21, 2021, the state rescinds the election within item E.4.e of section 7.4-A (approved on August 13, 2020 in SPA CT-20-0015) of the state plan, which provided that only one random moment time study (RMTS) will be conducted in PNMIs for adults (where two time studies are otherwise required each state fiscal year). In all other respects, the other elections within item E.4.e of section 7.4-A remain in effect.

TN: 21-0017

Supersedes: NEW

Effective Date: April 28, 2021

Approval Date: 8/18/2021