

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, M/S S3-14-28  
Baltimore, MD 21244-1850



**Center for Medicaid and CHIP Services (CMCS)**

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**APR 19 2013**

Roderick L. Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033

RE: TN 12-020

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-020. This amendment proposes to amend the reimbursement methodologies for private intermediate care facilities for the mentally retarded (ICF/MR) services. Specifically: it eliminates the current rate freeze; applies a 2% rate increase; and removes property costs related to the discharge of the facility's mortgage.

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 Subpart C. The Medicaid State plan amendment 12-020 is approved effective July 1, 2012. 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,  
/s/

Cindy Mann  
Director, CMCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 12-020	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 7/1/2012
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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: 42 CFR 440.150 42 CFR 447.253(a) and (b)	7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$ 240,000 savings b. FFY 2013      \$ 710,000 savings
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, page 64	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19D, page 64
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10. SUBJECT OF AMENDMENT:  
Removal of Rate Freeze for FFY 2013 and Property Cost Rebased for Privately-Operated ICF/MR.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCL  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
*/s/ Deputy Commissioner for*  
TYPED NAME: Roderick L. Bremby  
14. TITLE: Commissioner  
15. DATE SUBMITTED:  
September 28, 2012

16. RETURN TO:  
State of Connecticut  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Ginny Mahoney, Medical Policy

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: APR 19, 2013
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. TYPED NAME:	22. TITLE:

23. REMARKS:

State of Connecticut

Methods and Standards for Establishing Payment Rates for Privately-Operated Intermediate Care Facilities for the Mentally Retarded

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would have been issued a lower rate effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. For the fiscal year ending June 30, 2007, rates in effect for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the fiscal year ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. Effective October 1, 2006, no facility shall receive a rate that is more than three per cent greater than the rate in effect for the facility on September 30, 2006, except for any facility that would have been issued a lower rate effective October 1, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2006. For fiscal year ending June 30, 2008, each facility shall receive a rate that is two and nine-tenths per cent greater than the rate in effect for the period ending June 30, 2007, except for any facility that would have been issued a lower rate effective July 1, 2007, than for the rate period ending June 30, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, rates in effect for the period ending June 30, 2008 shall remain in effect until June 30, 2009, except for any facility that would have been issued a lower rate effective July 1, 2008, than for the rate period ending June 30, 2008, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2008. For the fiscal years ending June 30, 2010, June 30, 2011, and June 30, 2012 ~~and June 30, 2013~~, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, ~~2013~~2012, except any facility that would have been issued a lower rate for the fiscal years ending June 30, 2010, June 30, 2011, and June 30, 2012 ~~or June 30, 2013~~, due to interim rate status or agreement with the department, shall be issued such lower rate. Notwithstanding the provisions of this section, for the fiscal year ending June 30, 2012, the Commissioner of Social Services shall provide each facility a rate increase six and eighty-five hundredths of a per cent greater than the rate in effect for the period ending June 30, 2011. Notwithstanding the provisions of this section, for the fiscal year ending June 30, 2013, (A) the base per diem reimbursement rate shall be based upon allowable costs as reported in the facility's 2011 cost report. (B) any facility that would have been issued a lower rate for the fiscal years ending June 30, 2013, due to interim rate status or agreement with the department, shall be issued such lower rate. (BC) any facility that has a significant decrease in land and building costs shall receive a reduced rate to reflect the reduction in land and building costs and (CD) the Commissioner of Social Services shall within available appropriations, provide each facility a rate increase two per cent greater than the rate in effect for the period ending June 30, 2012. Rates for private ICF/MR services were set as of ~~April 5, 2013~~July 1, 2012 and are effective for services provided on or after that date. All rates are published on the Department of Social Services website <http://www.ct.gov/dss/lib/dss/pdfs/ratesetting/privateicfrates.pdf> as of April 5, 2013.

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TN # 12-020

Supersedes

TN # 11-011-A

Approval Date **APR 19 2013**

Effective Date 7/1/12

TN # 11-011-A  
Supersedes  
TN # New

Approval Date APR 19 2013

Effective Date 7/1/11

State of Connecticut

**Methods and Standards for Establishing Payment Rates for Privately-Operated Intermediate Care Facilities for the Mentally Retarded**

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would have been issued a lower rate effective October 1, 2005, than for the fiscal year ending June 30, 2005, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2005. For the fiscal year ending June 30, 2007, rates in effect for the period ending June 30, 2006, shall remain in effect until September 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the fiscal year ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. Effective October 1, 2006, no facility shall receive a rate that is more than three per cent greater than the rate in effect for the facility on September 30, 2006, except for any facility that would have been issued a lower rate effective October 1, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective October 1, 2006. For fiscal year ending June 30, 2008, each facility shall receive a rate that is two and nine-tenths per cent greater than the rate in effect for the period ending June 30, 2007, except for any facility that would have been issued a lower rate effective July 1, 2007, than for the rate period ending June 30, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, rates in effect for the period ending June 30, 2008 shall remain in effect until June 30, 2009, except for any facility that would have been issued a lower rate effective July 1, 2008, than for the rate period ending June 30, 2008, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2008. For the fiscal years ending June 30, 2010, June 30, 2011, and June 30, 2012, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2012, except any facility that would have been issued a lower rate for the fiscal years ending June 30, 2010, June 30, 2011, and June 30, 2012, due to interim rate status or agreement with the department, shall be issued such lower rate.

Notwithstanding the provisions of this section, for the fiscal year ending June 30, 2012, the Commissioner of Social Services shall, provide each facility a rate increase six and eighty-five hundredths of a per cent greater than the rate in effect for the period ending June 30, 2011.

Notwithstanding the provisions of this section, for the fiscal year ending June 30, 2013, (A) the base per diem reimbursement rate shall be based upon allowable costs as reported in the facility's 2011 cost report, (B) any facility that would have been issued a lower rate for the fiscal years ending June 30, 2013, due to interim rate status or agreement with the department, shall be issued such lower rate, (C) any facility that has a significant decrease in land and building costs shall receive a reduced rate to reflect the reduction in land and building costs and (D) the

Commissioner of Social Services shall provide each facility a rate increase two per cent greater than the rate in effect for the period ending June 30, 2012. Rates for private ICF/MR services were set as of July 1, 2012 and are effective for services provided on or after that date. All rates are published on the Department of Social Services website

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TN # 12-020

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Approval Date APR 19 2013

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