

Table of Contents

State/Territory Name: CT

State Plan Amendment (SPA) #: 14-020

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

FEB 06 2015

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

RE: Connecticut 14-020

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachments 4.19-D, of your Medicaid State plan submitted under transmittal number (TN) 14-020. This amendment proposes to revise the reimbursement methodology for privately owned and operated intermediate care facilities for the intellectually disabled. Specifically it provides for: a 1.12% rate increase except for any facility that would have been issued a lower rate due to interim rate status or agreement with the state Medicaid agency shall be issued such lower rate; clarification that fair rent allowance for July 1, 2013 through June 30, 2014 is not subject to rate adjustments; and one-time supplemental payments for the service period May 1, 2014 through June 30, 2014 to each facility for facility-specific amounts listed in the State Plan.

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 14-020 is approved effective May 1, 2014. 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,

Timothy Hill
Director

A handwritten signature in black ink, appearing to be 'Timothy Hill', written over a horizontal line.

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

1. TRANSMITTAL NUMBER:
14-020

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:
May 1, 2014

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 2014 \$ 386,000
b. FFY 2015 \$ 393,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D Page 64
Attachment 4.19D Pages 64a, 64b, and 64c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19D Page 64
New

10. SUBJECT OF AMENDMENT: Effective May 1, 2014, this SPA proposes to modify Attachment 4.19D of the Medicaid State Plan to reimburse services rendered by Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs). For the period from May 1, 2014 through June 30, 2015, this SPA includes a 1.12 percent rate increase, except for any facility that would have been issued a lower rate due to interim rate status or agreement. The SPA clarifies that the fair rental allowance for July 1, 2013 through June 30, 2014 is not subject to rate adjustments. Finally, for the period of May 1, 2014 through June 30, 2014, this SPA implements one-time supplemental payments to private ICF/IIDs in listed facility-specific amounts.

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: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: June 26, 2014

16. RETURN TO:

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

Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

FEB 06 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
MAY 01 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

22. TITLE: Deputy Director, FMC

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)**

XII. State Fiscal Year 2014 and 2015 Reimbursement Changes

A. Intermediate Care Facilities for Individuals with Intellectual Disabilities

For the period of July 1, 2013 through August 30, 2013, rates in effect for the period ending June 30, 2013 shall remain in effect, except for any facility that would have been issued a lower rate due to interim rate status or agreement with the department shall be issued such lower rate. For the period of July 1, 2013 through August 30, 2014, the fair rental allowance will be adjusted to reflect fair rent additions that were placed into service during the 2012 cost report year and certified in the 2012 cost report year. For the period of September 1, 2013 through April 30, 2014, the Commissioner of Social Services shall implement a 2.0 per cent rate decrease, except for any facility that would have been issued a lower rate due to interim rate status or agreement with the department shall be issued such lower rate. The fair rental adjustment for fair rent additions that were placed into service during the cost report year 2012 and certified in the 2012 cost report year shall not be subject to the rate adjustments defined in this section. For the period of May 1, 2014 through June 30, 2015, the Commissioner of Social Services shall implement a 1.12 per cent rate increase, except for any facility that would have been issued a lower rate due to interim rate status or agreement with the department shall be issued such lower rate. The fair rental adjustment for fair rent additions that were placed into service during the cost report year 2012 and certified in the 2012 cost report year shall not be subject to the rate adjustments defined in this section. For the period of July 1, 2014 through June 30, 2015, the fair rental allowance shall be adjusted to reflect fair rent additions placed into service during the cost report year 2013 and reflected in the facility's 2013 certified cost report.

For the period of May 1, 2014 through June 30, 2014, the department shall make one-time supplemental payments to each facility in the facility-specific amounts listed below.

**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
ABD-Beckerle Dr. Group Home	\$6,490
ABD-Deer Hill Dr.	\$7,509
ABD-Dodgingtown Rd.	\$7,985
ABD-Dorset	\$6,876
ABD-Greenview Rd.	\$4,709
ABD-Lanesville Rd.	\$6,711
ABD-Longmeadow	\$6,994
ABD-Maple Ave.	\$5,983
ABD-Mountainville Rd	\$8,426
ABD-North Pleasant Rise	\$6,810
ABD-Old Hawleyville	\$6,235
ABD-Pound Sweet Rd.	\$6,788
ABD-Ridge Rd.	\$6,427
ABD-Ritch Rd.	\$6,672
ABD-Saw Mill Rd.	\$8,500
ABD-Squire Court	\$7,189
ABD-Sweetcake Mt.	\$5,275
ABD-Valleyview	\$5,985
ABD-West St.	\$5,592
ABD-Whippoorwill	\$6,652
Abilis-Cross Ridge Drive	\$7,525
Abilis-Little Hill	\$7,755
Alternatives, Inc-Fieldstone Terrace	\$7,596
Alternatives, Inc-Genoa Street	\$7,700
Alternatives, Inc-Lakeside	\$8,055
Benhaven-Rosenberg House	\$7,150
Caring Community-Tryon Street	\$5,952

TN # 14-020
Supersedes
TN # New

Approval Date **FEB 06 2013**

Effective Date 5/1/2014

**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
CIB-Bruns Road	\$7,056
CIB-Burnham Road	\$5,742
CIB-Carolyn John	\$7,246
CIB-Carriage House	\$7,787
CIB-Cloverdale	\$10,141
CIB-Duncaster	\$6,389
CIB-Enfield GH	\$6,558
CIB-Evans Drive	\$8,276
CIB-Farmington GH	\$7,464
CIB-George St.	\$7,392
CIB-Hayes Road	\$6,442
CIB-Moose Hill Rd.	\$8,563
CIB-Pisgah Rd	\$8,781
CIB-Prospect Street	\$6,687
CIB-Rob Edward	\$6,955
CIB-Watertown Group Home	\$11,757
CRI - Boyd Street	\$8,630
CRI - Edward Avenue	\$7,961
CRI-Erica Lane	\$6,523
CRI-Farmington Avenue	\$6,919
CRI-Honey Hill	\$6,675
CRI-Lydale Place	\$7,552
CRI-Mohawk Road	\$5,715
CRI-Plainville Avenue Group Home	\$5,480
CRI-Royal Oak	\$7,439
CRI-Spencer Hill Road	\$8,892
IPP-Amity Rd.	\$8,115
IPP-Janet Dr.	\$8,711
IPP-Maple St.	\$7,994
IPP-Ridge Rd,	\$7,469
IPP-Scrub Oak ICF/MR	\$7,851

TN # 14-020
Supersedes
TN # New

Approval Date FEB 06 2013

Effective Date 5/1/2014

**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

TN # 14-020
Supersedes
TN # New

Approval Date FEB 06 2015

Effective Date 5/1/2014