

## **Table of Contents**

**State/Territory Name: CT**

**State Plan Amendment (SPA) #: 17-0016**

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



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**Financial Management Group**

Roderick L. Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, CT 06105-3730

SEP 04 2018

RE: Connecticut 17-0016

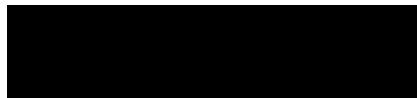
Dear Commissioner Bremby:

We have reviewed the proposed amendment to Attachment 4.19-D, of your Medicaid State Plan submitted under transmittal number (TN) 17-0016. This amendment revises the reimbursement for intermediate care facility for individuals with intellectual disabilities (ICF/IID) services. Specifically it, freezes the rates for private ICF/IIDs for the state fiscal years ending June 30, 2018, and June 30, 2019, 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, 2016 and September 30, 2017.

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 17-0016 is approved effective July 1, 2017. 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

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

1. TRANSMITTAL NUMBER:  
17-0016

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, 2017

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 42 CFR 447.253(a) and (b)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$138,500 (savings)  
b. FFY 2018 \$834,400 (savings)

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, 2017, 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, 2018, and June 30, 2019, 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, 2016 and September 30, 2017.

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:

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

13. TYPED NAME: Roderick L. Bremby

Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED: September 28, 2017

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

SEP 04 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

22. TITLE: Director, FMEG

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)**

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, if the commissioner provides, within available appropriations, 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 if the Commissioner of the Department of Social Services provides, within available appropriations, 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.

TN # 17-0016  
Supersedes  
TN # 15-033

Approval Date SEP 04 2018

Effective Date 7/1/2017