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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
John F. Kennedy Federal Building  
Boston, Massachusetts 02203



## **Boston Regional Operations Group**

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November 13, 2019

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

Dear Commissioner Gifford:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 19-0025, submitted to my office on September 30, 2019 and approved on November 13, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the effective date of the fee schedule for Community First Choice Services (under section 1915(k) of the Social Security Act) in order to implement a ten percent (10%) rate increase for home-delivered meals.

This SPA's approval is effective July 1, 2019, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B, Pages 27

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Francis T. McCullough  
Director  
Division of Medicaid Field Operations  
East (Boston)  
Regional Operations Group  
Center for Medicaid and CHIP Services

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

1. TRANSMITTAL NUMBER:  
19-0025

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 1915(k) of the Social Security Act and  
42 CFR 441, Subpart K

7. FEDERAL BUDGET IMPACT:  
a. FFY 2019 \$1,000  
b. FFY 2020 \$8,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 27

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

Attachment 4.19-B, Page 27

10. SUBJECT OF AMENDMENT: Effective July 1, 2019, this SPA amends Attachment 4.19-B of the Medicaid State Plan to update the effective date of the fee schedule for Community First Choice Services (under section 1915(k) of the Social Security Act) in order to implement a ten percent (10%) rate increase for home-delivered meals.

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:

/S/ 

13.

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED: September 26, 2019

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30 2019

18. DATE APPROVED: November 13 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

Francis T. McCullough

22. TITLE: Director

Division of Medicaid Field Operations-East

23. REMARKS:

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

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**Community First Choice State Plan Option  
Pursuant to Section 1915(k) of the Social Security Act**

The payment methodology described below applies to all services and supports provided under Connecticut's Community First Choice (CFC) State Plan Option pursuant to section 1915(k) of the Social Security Act, as described in and provided in accordance with Attachment 3.1-K of the Medicaid State Plan.

Except as otherwise provided below, CFC services are paid pursuant to the current fee schedule for CFC, which was set as of July 1, 2019, and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule. Medicaid payment under CFC does not include payment for room and board.

Payments are made by the Medicaid agency directly to the providers of State plan services or to the Fiscal Intermediary to disperse payments. Payments for all State plan services are made through the State's Medicaid Management Information System (MMIS).

As set forth on the fee schedule referenced above, the following CFC services are reimbursed as described below:

**Attendant Care:** Attendant care rates are billed under five distinct payment methodologies, each of which is based on the plan of care and the specific circumstances of the services provided, as follows:

1. Hourly Rate: When care is provided over a period of time which is neither live-in care for a continuous twenty-four hour period, nor a 12-hour overnight shift, a quarter-hour rate is used.
2. Per Diem Rate: When care is provided for a continuous twenty four hour period by a live-in attendant, a per diem rate is billed, which assumes that the attendant receives at least eight hours of sleep, at least five of which is uninterrupted.
3. Pro-Rated Per Diem Rate: When the 24 hour shift is not completed; services are billed at a pro-rated per-diem rate.
4. Overnight Rate: When care is provided overnight for a twelve-hour period, services are billed under an overnight rate, which assumes that the attendant sleeps for half of the hours.

TN # 19-0025  
Supersedes  
TN # 15-012

Approval Date 11/13/19\_\_\_\_\_

Effective Date 07/01/2019