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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 19-0032

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 & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

March 9, 2020

Kathleen Brennan, Deputy Commissioner
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, CT 06105-3730

Reference: TN 19-0032

Dear Deputy Commissioner Brennan:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0032. This amendment proposes to update the payment rates for nursing facility residents to provide for reimbursement when a resident of a Disaster Struck Nursing Facility must be temporarily evacuated to another facility due to a disaster for a period of up to thirty (30) days.

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.

This is to inform you that Medicaid State plan amendment TN 19-0032 is approved effective November 1, 2019. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

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

1. TRANSMITTAL NUMBER:
19-0032

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:
November 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:
Sections 1905(a)(4) and 1919 of the Social Security Act
and 42 CFR 440.40, 440.155, and 483.120

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$0
b. FFY 2020 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D, Page 62(b)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective November 1, 2019, this SPA amends Attachment 4.19-D of the Medicaid State Plan to update the payment rates for nursing facility residents to provide for reimbursement when a resident of a Disaster Struck Nursing Facility must be temporarily evacuated to another facility due to a disaster for a period of up to thirty (30) days, as detailed in the SPA.

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:

13. TYPED NAME: Kathleen M. Brennan

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

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
December 30, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: March 9, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Kristin Fan

22. TITLE:
Director, FMG

23. REMARKS:

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

Reimbursement for Individuals in a Disaster Struck Nursing Facility

Reimbursement to a Disaster Struck Nursing Facility for individuals that must be temporarily evacuated to another facility (Resident Accepting Nursing Facility) may continue for up to 30 days after the disaster event. Reimbursement will be the same as if the individual was residing in the Disaster Struck Nursing Facility. No other reimbursement will be made to either the Disaster Struck Nursing Facility or the Resident Accepting Nursing Facility. The Disaster Struck Nursing Facility must meet the following conditions.

- a. The Disaster Struck Nursing Facility must have a contract with the Resident Accepting Nursing Facility. The contract must (i) include terms of reimbursement and mechanisms to resolve any contract disputes, (ii) protocols for sharing care and treatment information between the two facilities, and (iii) requirements that both facilities meet all conditions of Medicaid participation determined by the Connecticut Department of Social Services. The CT Long-Term Mutual Aid Plan Memorandum of Understanding is an acceptable contract.
- b. The Disaster Struck Nursing Facility must notify the Department of Social Services of the disaster event, maintain records of evacuated individuals with names, dates and destinations of evacuated residents and update DSS on the status of the repairs.
- c. The Disaster Struck Nursing Facility must determine within 15 days of the event whether individuals will be able to return to the facility within 30 days of the disaster event. If the Disaster Struck Nursing Facility determines that it is not able to reopen within 30 days, it must discharge the individuals and work with them to choose admission to other facilities or alternative placements. Nothing shall preclude an individual from asking to be discharged and admitted to another facility or alternative placement. Reimbursement to the Disaster Struck Nursing Facility shall cease when an individual is discharged.