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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0026

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

December 15, 2021

Deidre S. Gifford, Commissioner
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, CT 06105-3730

RE: Connecticut 21-0026

Dear Commissioner Gifford:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0026. Effective July 1, 2021, this amendment implements nursing facility rate increases for state fiscal years 2022 and 2023.

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 21-0026 is approved effective July 1, 2021. 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 used to redact the signature of the Director.

Rory Howe
Director

Enclosures

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
21-0026

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:
July 1, 2021

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(a) and 447.253 (a) and (b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 \$16.4 million
b. FFY 2022 \$34.4 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D, Page 59(c)(2) ~~and (3)~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective July 1, 2021, this SPA amends Attachment 4.19-D of the Medicaid State Plan to implement several categories of nursing facility rate increases, each of which is detailed in the cover letter and plan pages for this SPA, including the dates in which each increase is in effect and the amounts and criteria for each category of rate increase.

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: Deidre S. Gifford, MD, MPH

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 30, 2021

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, 2021

18. DATE APPROVED:
December 15, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Rory Howe

22. TITLE: Director, Financial Management Group

23. REMARKS: Pen and ink changes in box 8 per state request

State: Connecticut
Methods and Standards for Establishing Payment Rates for Nursing Facilities

1. Nursing home rates increase by 4.5% for State Fiscal Year (SFY) 2022 (*i.e.*, the SFY ending June 30, 2022) and by another 4.5% for SFY 2023 to pay for the costs of employee wage enhancements. This rate increase applies to the base rate in effect on June 30, 2021 and does not compound any other rate increases effective July 1, 2021. If a facility receives a rate increase but does not enhance employee wages, the rate will decrease by the same amount as the rate increase retroactive to the date of that rate increase.
2. Effective from July 1, 2021 through March 31, 2022, nursing home rates will temporarily increase by 10%. This rate increase applies to the base rate in effect on June 30, 2021 and does not compound any other rate increases effective July 1, 2021.
3. Within a total pool of \$5 million for each of SFY 2022 and SFY 2023, the state pays a targeted rate increase, which is paid as part of and at the same time as the per diem rate, to nursing homes to the extent necessary to enable implementation of a minimum social work staff requirement in nursing homes of one full-time social worker per sixty residents for nursing homes that are not currently providing such staffing. This rate increase does not apply to nursing homes already providing such staffing. For each nursing home that applies for and is approved for this rate increase, the state will calculate the specific rate increase amount as the allowable documented costs for increasing the staffing necessary to comply with the minimum staffing threshold detailed in this paragraph, specifically the documented allowable wages, fringe, and benefits to hire additional staff and/or increase the hours of existing staff to the extent necessary to meet this staffing requirement. If the approved requests exceed the total allocated pool amount noted immediately above, then the state will allocate the rate increase pro rata among the nursing homes approved for this rate increase.
4. Within a total pool of \$1 million in each of SFY 2022 and SFY 2023, the state pays a targeted rate increase, which is paid as part of and at the same time as the per diem rate, to nursing homes to the extent necessary to enable implementation of a minimum staffing level requirement for nursing homes of at least three hours of direct care per resident per day for nursing homes that are not currently providing such staffing. This rate increase does not apply to nursing homes already providing such staffing. For each nursing home that applies for and is approved for this rate increase, the state will calculate the specific rate increase amount as the allowable documented costs for increasing the staffing necessary to comply with the minimum staffing threshold detailed in this paragraph, specifically the documented allowable wages, fringe, and benefits to hire additional staff and/or increase the hours of existing staff to the extent necessary to meet this staffing requirement. If the approved requests exceed the total allocated pool amount noted immediately above, then the state will allocate the rate increase pro rata among the nursing homes approved for this rate increase.

TN # 21-0026
Supersedes
TN # NEW

Approval Date 12/15/2021 Effective Date 07/01/2021