

## **Table of Contents**

**State/Territory Name: CT**

**State Plan Amendment (SPA) : 22-0030**

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



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**Financial Management Group**

May 18, 2023

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

RE: Connecticut 22-0030

Dear Commissioner Gifford:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0030. Effective July 1, 2022, this amendment proposes rate increases for privately owned and operated intermediate care facility for individuals with intellectual disabled (ICF/IID) services. Specifically, it provides for applicable fair rent increases, and a rate increase of 4.5% to support wage and benefit enhancements. The amendment also establishes a \$501.00 per day minimum rate for eligible providers.

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 22-0030 is approved effective July 1, 2022. 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](mailto: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 & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 3 0

2. STATE

CT3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act Section 1905(a)(15); 42 CFR 440.150 and 447.253(a) and (b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 427,073b. FFY 2023 \$ 2,135,363

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Page 64(e)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-D, Page 64(e)

9. SUBJECT OF AMENDMENT

This SPA implements the following changes in effect during State Fiscal Year (SFY) 2023: 1. Fair rent increases for documented fair rate additions. 2. To pay for cost of wage and benefit enhancements, rate increase of 4.5%. 3. \$501.00 per day minimum rate for all private ICF/IIDs that were below this level after application of the other increases applicable to each ICF/IID.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Deidre S. Gifford, MD, MPH

13. TITLE

Commissioner

14. DATE SUBMITTED

September 29, 2022

15. RETURN TO

State of Connecticut

Department of Social Services

55 Farmington Avenue – 9th floor

Hartford, CT 06105

Attention: Ginny Mahoney

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 30, 2022

17. DATE APPROVED

May 18, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. 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)**

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For the fiscal year ending June 30, 2022, except as otherwise provided below, rates shall not exceed those in effect for the fiscal year ending June 30, 2021, except pro rata fair rent increases will be provided to facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2020, that are not otherwise included in rates issued.

For the fiscal year ending June 30, 2022, fair rent increases will be provided to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need.

For the fiscal year ending June 30, 2022, rates are increased by 4.30% for the purpose of wage and benefit enhancements for employees of ICF/IID. Facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries will be subject to a rate decrease in the same amount as the rate increase retroactive to the date of that rate increase.

For the fiscal year ending June 30, 2023, except as otherwise provided below, rates shall not exceed those in effect for the fiscal year ending June 30, 2022, except pro rata fair rent increases will be provided to facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2021, that are not otherwise included in rates issued.

For the fiscal year ending June 30, 2023, fair rent increases will be provided to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need.

For the fiscal year ending June 30, 2023, rates are increased by 4.5% for the purpose of wage and benefit enhancements for employees of ICF/IID. Facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide increases in employee salaries will be subject to a rate decrease in the same amount as the rate increase retroactive to the date of that rate increase.

For fiscal year ending June 30, 2023, the minimum per diem, per bed rate for each private ICF/IID increases to \$501. Any private ICF/IID with a rate below such amount will be increased to that rate.