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State/Territory Name: CT

State Plan Amendment (SPA): 23-0007

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

June 15, 2023

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

RE: Connecticut 23-0007

Dear Commissioner Gifford:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0007. Effective January 1, 2023, this amendment increases the per diem rate for private Psychiatric Residential Treatment Facilities (PRTFs) to \$792.46 for additional costs of adding director of nursing staffing to improve the quality and oversight of services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 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 23-0007 is approved effective January 1, 2023. 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,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 7

2. STATE

CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(16) of the Social Security Act and 42 CFR 440.160

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 707,045
b. FFY 2024 \$ 1,088,334

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, Pages 28(a), (b), and (c)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A, Pages 28(a),(b) and (c)

9. SUBJECT OF AMENDMENT

This SPA increases the per diem rate for private PRTFs to \$792.46. This rate increase reflects the additional costs of each private PRTF adding director of nursing staffing, in which the director of nursing is on-site or available twenty-four hours per day, seven days per week in order to improve the quality and oversight of services provided by the PRTF.

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

[Redacted Signature]

12. TYPED NAME

Andrea Barton Reeves, J.D.

13. TITLE

Commissioner

14. DATE SUBMITTED

March 30, 2023

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

March 30, 2023

17. DATE APPROVED

June 15, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

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

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- a.5. National Forecasts for Consumer Price Indexes as provided on line titled All Items-Urban(CUS0NS) from Table 5 of the IHS Healthcare Cost Review for Individual Price Indexes. A projected increase or decrease in the consumer price index for urban consumers was calculated for the twenty-four months between the mid-point of the cost period and the mid-point of the rate year.
- a.6. Private providers' budget forecasts and financial statements.
- b. The PRTF statewide per diem rate is determined to reimburse for the following categories:
- b.1. Child maintenance services including 24 hour care, room and board, and administrative services. Costs of child maintenance services including facility personnel, food and occupancy expenses (janitorial, maintenance, rent, property taxes, etc.) are reported on the Annual PRTF Cost Report (item a.1).
- b.2. Medical services including psychiatric, medical and ancillary services not limited to therapeutic services provided by PRTF staff; active treatment services including, but not limited to, individual, group and family therapy; routine diagnostic testing and assessment, case management, and discharge planning provided in and by the PRTF. Costs of medical services are reported on the Annual PRTF Cost Report (item a.1.).
- b.3. Registered Nurse (RN) staffing on-site 24 hours per day, 7 days per week (24/7 coverage). Costs of RN staffing are determined using three full-time equivalent (FTE) salaries with benefits; training and on-going education; and an additional amount to assure a 24/7 coverage during vacations and other leave times.
- b.4. Director of Nursing staffing on-site or available 24 hours per day, 7 days per week (24/7 coverage). Cost of full-time staffing are determined using three full-time equivalents (FTE) salaries with benefits; training and on-going education; and an additional amount to assure a 24/7 coverage during vacations and other leave times. Position assumes at a minimum a licensed register nurse.

c. Provider Reimbursement

The PRTF statewide per diem rate is payment in full for costs associated with daily care, administrative services, and room and board as described above in section b.

Services not otherwise included in the PRTF rate when these services are reflected in the youth's plan of care may be billed directly to Medicaid by providers delivering these services. Except as otherwise noted in the plan, payment for necessary services not included in the PRTF statewide per diem rate is based on state-developed fee schedule rates, as applicable, and as referenced in the other applicable reimbursement sections of the Medicaid State Plan and effective on the date set forth in each applicable section.

TN # 23-0007

Approval Date June 15, 2023

Effective Date 01/01/2023

Supersedes

TN # 19-0015

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

PRTF statewide per diem payments will be made to a PRTF provider for no more than three (3) patient days per youth for reserving a bed while the youth is temporarily absent for a therapeutic home visit (THV).

Pursuant to 42 C.F.R. § 431.52, PRTF services shall be provided in an out-of-state setting if medically necessary and no suitable treatment option is found in Connecticut. Payments will be made to out-of state private PRTF providers for the delivery of PRTF services at the approved Medicaid State Plan rate paid to such provider by the Medicaid program in the state in which the provider is located. If such a rate does not exist, PRTF statewide per diem payments will be made by the department at the PRTF statewide per diem rate listed in item d. below to out-of state providers for the PRTF services furnished to Connecticut clients while they are out-of-state.

d. Payment Rates

The PRTF statewide per diem rate effective January 1, 2023 is \$792.46 per day.

e. Quality Standards for Increased Rate

As a condition for payment, each PRTF must document compliance with the following elements to the Department of Social Services no later than September 1, 2019 (with a report due to DSS no later than October 1, 2019) and updated reports documenting ongoing compliance due to DSS no later than October 1, 2023 and each October 1 thereafter, of the following:

1. Evidence Based Treatment: PRTFs must document the specific evidence-based treatments being delivered and the plan to ensure staff are trained in the model(s).
2. Therapeutic Recreation: PRTFs must describe the type and expected frequency of therapeutic recreation activities in their compliance report.
3. Family Therapy: Family therapy is a required component of the PRTF services. PRTFs must demonstrate that family therapy is a component of treatment plans and is occurring on a regular basis for every child. Family therapy may include any person that the child and the provider deem to be a healthy and caring individual in the child's life and one that will participate in the child's progress upon discharge from the PRTF.

TN # 23-0007

Approval Date June 15, 2023

Effective Date 01/01/2023

Supersedes

TN # 21-0039

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

4. Transition Care Coordination: The discharge planning process must be considered from the very earliest point of admission to a PRTF level of care. This staff person will conduct home visits and maintain contact with the family/caregiver and child post discharge from the PRTF for up to sixty (60) days to increase the likelihood of a successful transition. PRTFs will be required to identify a Transition Care Coordinator that will fulfill this role and document the hours per week in this role.
5. Quality Management: In order to maintain and sustain quality clinical programming and individualized treatment planning for children, PRTFs must institute and maintain a formal Quality Management Plan. The Quality Management Plan must include, but is not limited to hiring processes that attract the most qualified and diverse individuals, ensure that staff and administration are trained and receive ongoing training in the following areas:
 - a. Individualized treatment plans using the principles of the Wellness Recovery Action Plan.
 - b. Individualized clinical interventions
 - c. Individualized family interventions
 - d. Individualized discharge plans that must include crisis prevention plans
 - e. Supervision of clinical and non-clinical staff
 - f. Clinical de-escalation
 - g. Critical incidents/Adverse incidents (identifying, documenting, debriefing, reporting)
 - h. Documentation of clinical records
6. DSS may require additional documentation and reporting from each PRTF as necessary to ensure compliance with the requirements in this section, including regular reports and other documentation. After receiving and analyzing information regarding these PRTF services, DSS may implement additional quality standards and a value-based payment methodology by submitting one or more Medicaid State Plan Amendments.

TN # 23-0007Approval Date June 15, 2023Effective Date 01/01/2023

Supersedes

TN # 19-0015