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State/Territory Name: CT

State Plan Amendment (SPA) #: 23-0013

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

September 18, 2023

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

RE: Connecticut 23-0013

Dear Commissioner Gifford:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0013. Effective from June 14, 2023, through June 30, 2023, this amendment proposes a one-time supplemental payment to privately operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) from a total supplemental payment pool amount of \$5.6 million.

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 23-0013 is approved effective June 14, 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 1 3 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
June 14, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Section 1905(a)(15); 42 CFR 440.150 and 447.253(a) and (b)

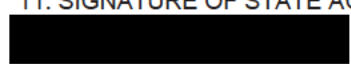
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 3,080,000
b. FFY 2024 \$ 0

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
One-time supplemental payment to privately operated ICF/IIDs for wage enhancements and related benefits for employees providing services to ICF/IID residents on Medicaid. Total pool of \$5.6 million is allocated to each facility based on its proportion of Medicaid expenditures for dates of service 7/1/22-12/31/22, only for ICF/IIDs expected to have residents as of 6/30/23.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Andrea Barton Reeves, J.D.

13. TITLE
Commissioner

14. DATE SUBMITTED
June 28, 2023

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

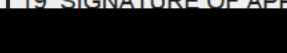
FOR CMS USE ONLY

16. DATE RECEIVED
June 28, 2023

17. DATE APPROVED
September 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 14, 2023

19. SIGNATURE OF 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)

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.

For the period of June 14, 2023 through June 30, 2023, the department shall make a one-time supplemental payment to each privately operated ICF/IID out of a total supplemental payment pool amount of \$5.6 million for the purpose of providing wage enhancements and related benefits for ICF/IID employees who provide services for Medicaid members who are residents of the ICF/IID. Funding for each facility's payment out of that payment pool will be allocated to each facility based on the proportional Medicaid payments to each facility out of total Medicaid payments to eligible privately-operated ICF/IIDs for dates of service from July 1, 2022 through December 31, 2022. Only facilities with residents expected to be living in the facility as of June 30, 2023 will be eligible to receive payment.

TN # 23-0013

Supersedes

TN # 22-0030

Approval Date September 18, 2023 Effective Date 06/14/2023