

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 16, 2024

Andrea Barton Reeves, JD., Commissioner
Department of Social Services
55 Farmington Avenue, 5th Floor
Hartford, CT 06105-3730

RE: Connecticut 24-0019

Dear Commissioner Reeves,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Connecticut state plan amendment (SPA) to Attachment 4.19-D CT-24-0019, which was submitted to CMS on September 30, 2024. This plan amendment updates the payment methodology for private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services. Specifically, it implements a re-base of facility rates based upon SFY 2023 cost report filings, adjusted to reflect rate increases provided after the cost report year ending June 30, 2023.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 9

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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Sections 1905(a)(15) and 42 CFR 440.150

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 31,868

b. FFY 2025 \$ 191,210

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Pg 64f

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-D, Pg 64f

9. SUBJECT OF AMENDMENT

1. Changes to the reimbursement rates for private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs).

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

Andrea Barton Reeves, J.D.

13. TITLE

Commissioner

14. DATE SUBMITTED

September 30, 2024

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, 2024

17. DATE APPROVED
December 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

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: Connecticut
Methods for Establishing Payment Rates – Intermediate Care Facilities for
Individuals with Intellectual Disabilities (ICF/IID)

For the fiscal year ending June 30, 2024, rates shall be based upon 2022 cost report filings, adjusted to reflect any rate increases provided after the cost report year ending June 30, 2022, and with the addition of a two percent adjustment factor and a private provider COLA of 2.55%. No facility shall receive a rate less than the rate in effect for the fiscal year ending June 30, 2023. There shall be no increase to rates based on any inflationary factor for the fiscal year ending June 30, 2024.

For the fiscal year ending June 30, 2024, the minimum per diem, per bed rate shall remain \$501 including all applicable adjustments.

For the fiscal year ending June 30, 2024 and each subsequent fiscal year, the commissioner has the ability to provide pro rata fair rent increases to facilities that have documented fair rent additions placed in service in the cost report years that are not otherwise included in rates issued.

For the fiscal year ending June 30, 2025, rates shall be based upon 2023 cost report filings, adjusted to reflect any rate increases provided after the cost report year ending June 30, 2023. A facility may receive a rate that is less than the rate in effect for the fiscal year ending June 30, 2024. There shall be no increase to rates based on any inflationary factor for the fiscal year ending June 30, 2025.

For the fiscal year ending June 30, 2025, the minimum per diem, per bed rate shall remain at \$501 including all applicable adjustments.

TN # 24-0019
Supersedes
TN # 23-0016

Approval Date December 16, 2024

Effective Date 07/01/2024