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State/Territory Name: CT

State Plan Amendment (SPA) #: 25-0030

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



Financial Management Group

April 10, 2026

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

RE: Connecticut 25-0030

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-25-0030, which was submitted to CMS on September 30, 2025. This plan amendment updates the payment methodology for private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services. Specifically, it rebases facility rates for state fiscal year (SFY) 2026, applies a 1.4 percent increase, and eliminates the minimum per-diem rate beginning July 1, 2025.

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, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <u>2 5 - 0 0 3 0</u></p> <p>2. STATE <u>CT</u></p>
<p>TO CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>
<p>5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1905(a)(15) and 42 CFR 440.150</p>	<p>4. PROPOSED EFFECTIVE DATE July 1, 2025</p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Page 64f Attachment 4.19-D, Page 64g (NEW)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2025</u> \$ <u>235 117</u> b FFY <u>2026</u> \$ <u>1,686 678</u></p> <p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D, Page 64f</p>

9. SUBJECT OF AMENDMENT
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 OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney</p>
<p>12. TYPED NAME Peter B. Hadler, J.D.</p>	
<p>13. TITLE Deputy Commissioner</p>	
<p>14. DATE SUBMITTED September 30, 2025</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED September 30, 2025</p>	<p>17. DATE APPROVED</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED July 1, 2025</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>MATERIAL 20. TYPED NAME OF APPROVING OFFICIAL Rory Howe</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group</p>

22. REMARKS

Pen and ink changes in box #7 per state revisions

**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 increase 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. Effective July 1, 2025, there shall be no minimum per diem, per bed rate and rates shall be determined under the approved cost-based methodology described in Attachment 4.19-D.

For the fiscal year ending June 30, 2026, rates shall be based upon 2024 cost report filings adjusted to reflect any rate increases provided after the cost report year ending June 30, 2024 as determined using the cost-based methodology described in Attachment 4.19-D pages 63 through 63k (TN 13-028) including allowable cost components, cost center limits, occupancy standards, efficiency adjustments, and desk review and audit processes. Rates may be established on an interim basis and are subject to reconciliation to final audited costs in accordance with these provisions. After a facility-specific rate is determined, a uniform 1.4% increase over the calculated rate shall be applied. A facility may receive a rate that is less than the rate in effect for the fiscal year ending June 30, 2025, due to interim rate status or resulting from a lower rate as determined in accordance with approved cost-based methodology described in Attachment 4.19-D.

TN # 25-0030
Supersedes
TN # 24-0019

Approval Date April 10, 2026

Effective Date 07/01/2025