

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

July 31, 2020

Dr. Deidre Gifford, MD  
Commissioner, Department of Social Services  
55 Farmington Ave. – 9th Floor,  
Hartford, CT 06105-3730

Dear Commissioner Gifford,

On June 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received Connecticut State Plan Amendment (SPA) CT-20-0017 to update Attachment 3.1A/B of the Medicaid State Plan to increase the allowable units to eight hours per day with additional hours available with prior authorization for individual day program services provided to individuals residing in Medicaid-certified nursing facilities who are 21 years of age or older and have been found through the Preadmission Screening and Resident Review (PASSR) process to need such services.

We approve Connecticut State Plan Amendment (SPA) CT-20-0017 on July 16, 2020 with an effective date of April 1, 2020 as requested by the State.

Enclosed is a copy of the following approved State plan page:

- Addendum page 1(g) to Attachment 3.1-A
- Addendum page 1(g) to Attachment 3.1-B

If you have any questions regarding this matter you may contact Marie DiMartino at (978) 330-8063 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

/S/

James G. Scott, Director  
Division of Program Operations

|   |  |   |              |
|---|--|---|--------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL<br/>OF STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>  |  | 1. TRANSMITTAL NUMBER:<br>20-0017   | 2. STATE: CT |
|   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |              |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE:<br>April 1, 2020  |              |
| 5. TYPE OF STATE PLAN MATERIAL (Check One):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT  |  |   |              |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)   |  |   |              |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>Sections 1905(a)(4)(A) and 1919 of the Social Security Act and 42 CFR 440.40(a), 440.155, and 483.120  |  | 7. FEDERAL BUDGET IMPACT:<br>FFY 2020      \$6,000<br>FFY 2021      \$14,000  |              |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Addendum Page 1(g) to Attachments 3.1-A and 3.1-B  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)<br>Addendum Page 1(g) to Attachments 3.1-A and 3.1-B                                  |              |
| 10. SUBJECT OF AMENDMENT: Effective April 1, 2020, this SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to increase the allowable units for individual day program services provided to individuals residing in a Medicaid-certified nursing facility who are 21 years of age or older and have been found through the Preadmission Screening and Resident Review (PASRR) process to need such services. Specifically, the daily limit for individual day program services is increased to eight hours per day. As provided in the approved state plan, additional hours may be approved by prior authorization based on individual need. |  |   |              |
| 11. GOVERNOR'S REVIEW (Check One):<br><br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |  |   |              |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br>/s/  |  | 16. RETURN TO:<br><br>State of Connecticut<br>Department of Social Services<br>55 Farmington Avenue – 9th floor<br>Hartford, CT 06105<br>Attention: Ginny Mahoney |              |
| 13. TYPED NAME: Deidre S. Gifford   |  |   |              |
| 14. TITLE: Commissioner   |  |   |              |
| 15. DATE SUBMITTED:<br>June 30, 2020  |  |   |              |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |   |              |
| 17. DATE RECEIVED: <b>June 30 2020</b>  |  | 18. DATE APPROVED: <b>July 16, 2020</b>   |              |
| PLAN APPROVED – ONE COPY ATTACHED   |  |   |              |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>April 1 2020</b>   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><br>/s/  |              |
| 21. TYPED NAME: <b>James G. Scott</b>   |  | 22. TITLE: <b>Director, Medicaid &amp; CHIP<br/>Operations Group</b>  |              |
| 23. REMARKS:  |  |   |              |

**State: CONNECTICUT**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**

**CATEGORICALLY NEEDY GROUP(S): ALL**

---

1. Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan;
  2. Have the ability to participate as a member of the circle if requested by the individual; and
  3. Demonstrate understanding of Person Centered Planning
- C. Limitations: Service only provided by an enrolled provider in a community based program. Group day services are limited to no more than 6 hours per day. Individual day services are limited to no more than 8 hours per day. Additional hours may be approved via the prior authorization process based on individual needs.
- I. Habilitative behavior support and consultation
- A. Habilitative behavior support and consultation includes the development and implementation of individualized strategies for helping an individual effectively relate to caregivers and other people in the individual's life; and direct interventions with the individual to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the individual's ability to remain in the community;
  - B. Clinical and therapeutic services that are not otherwise covered by the Medicaid State Plan and are necessary to improve the individual's independence and inclusion in their community;
  - C. Professional clinical services include:
    1. Assess and evaluate the behavioral and clinical need(s);
    2. Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual's natural environments;

TN # 20-0017  
Supersedes  
TN # 19-0009

Approval Date 07/16/2020

Effective Date 04/01/2020

**State: CONNECTICUT**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL**

---

4. Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan;
  5. Have the ability to participate as a member of the circle if requested by the individual; and
  6. Demonstrate understanding of Person Centered Planning
- C. Limitations: Service only provided by an enrolled provider in a community based program. Group day services are limited to no more than 6 hours per day. Individual day services are limited to no more than 8 hours per day. Additional hours may be approved via the prior authorization process based on individual needs.

II. Habilitative behavior support and consultation

- D. Habilitative behavior support and consultation includes the development and implementation of individualized strategies for helping an individual effectively relate to caregivers and other people in the individual's life; and direct interventions with the individual to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the individual's ability to remain in the community;
- E. Clinical and therapeutic services that are not otherwise covered by the Medicaid State Plan and are necessary to improve the individual's independence and inclusion in their community;
- F. Professional clinical services include:
3. Assess and evaluate the behavioral and clinical need(s);
  4. Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual's natural environments;

TN # 20-0017  
Supersedes  
TN # 19-0009

Approval Date 07/16/2020

Effective Date 04/01/2020