

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CONNECTICUT

for treatment services will be on a per month per child basis per type of placement. Medicaid equipment will be paid on a per child receiving medical equipment basis by type of placement.

- (2) Psychiatric Services to children, youth and their families – Negotiated Rate.
- (3) Birth to Three Services – Negotiated Rate.
- (4) Private Non-Medical Institutions for rehabilitation of children – Capitated Rate not to exceed the upper limits established in accordance with 42 CFR, Section 447.362.
- (5) Private Non-Medical Institutions for rehabilitation of adults - An overall cost based capitation rate will be set for rehabilitative services provided by private non-profit group homes licensed by the Department of Public Health and certified by the Department of Mental Health and Addiction Services. The Department of Mental Health and Addiction Services certification will help assure that non-licensed mental health direct service staff have the level of education, experience, training, and/or supervision necessary to provide direct rehabilitative services as defined in Attachment 3.1-A. These direct service staff will hold either a bachelor's degree in a behavioral health related specialty or have two years experience in the provision of mental health services. The range of compensation will be consistent with this level of trained staff and individual qualifications.

The capitation rate will be a monthly rate. Facility providers will bill one unit per month for every Medicaid eligible individual. One capitation rate will be established and applied uniformly to all facility providers and to all Medicaid eligible recipients provided with a covered rehabilitative service during the month, whether the recipient was a resident of the facility for an entire month or a portion of the month. The capitation rate will be established based upon annual audited cost reports and semi-annual time studies. The time studies will be conducted for one week, twice each year, and will involve all staff present during the time study week and involved in the provision of rehabilitative services. All facility providers will be required to participate in the time studies to determine the portion of direct care staff time associated with these services.

TN# 03-021
Supersedes
TN# 97-008

Approval Date _____

Effective Date 12/3/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CONNECTICUT

The Department of Mental Health and Addiction Services (DMHAS) contracts with private-non-profit group home facility providers for mental health services July 1 through June 30, consistent with the state fiscal year. There are three mechanisms and points in time when fiscal reports are required for monitoring the contract budget, the 8 Month Interim Fiscal Report, the Annual Financial Report and the facility provider's annual State Single Audit report.

The 8 Month Interim Fiscal Report covers the period July 1 through February 28, and provides a means for the DMHAS to monitor a programs' fiscal status eight months into the contract year. The department reviews the degree to which the contractor's actual income and expenses for each funded program are consistent with the approved budget in the contract. It also provides an opportunity for the contractor to explain any significant variances from the approved budget. The report must be submitted no later than March 30 of the contracted year.

The Annual Financial Report is submitted by September 30 after the close of the previous fiscal contract year. This report provides the detailed final actual income and expense figures by program for the contracted period of July 1 through June 30. This report must agree to the audited financial statements submitted to DMHAS in the State Single Audit (see below). At any time during the year and/or at the end of the fiscal year, when budget variances occur, the private-non-profit providers can submit budget revisions to realign income and/or expenses to reflect actual expenditures.

All recipients of state funds are also subject to the requirements of the State Single Audit ACT (SSAA). Private-non-profit provides are required to undergo a state single audit or program specific audit if the provider expends more than \$100,000 dollars of state funds in the provider's fiscal year. The State Single audit is due to both the Office of Policy and Management and DMHAS six months after the close of the provider's fiscal year. Compliance with federal and state single audit standards is a contract requirement. Any reconciliation of unspent or disallowed funds is determined after the review of this report by the DMHAS audit division.

TN# 03-021
Supersedes
TN# "New"

Approval Date _____

Effective Date 12/3/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CONNECTICUT

A statewide monthly capitation rate shall be established annually for private non-medical institutions for rehabilitation of adults. The state-wide monthly capitation rate will be based upon annual cost reports filed by licensed and certified service providers to include cost allocations based upon semi-annual time studies of facility staff hours related to rehabilitative services. Facility staffing costs including salaries, wages and fringe benefits and any contracted temporary staffing shall be allocated based upon the results of time studies. The percentage of staffing costs allocable to rehabilitative services shall be applied to non-staff facility operating expenses including rent, moveable and non-moveable equipment depreciation, utilities, property taxes and insurance, professional liability insurance, business related telephone expenses, property maintenance and office supplies related to facility based resident activities and records. Costs associated with rehabilitation consultants and therapeutic recreation shall be fully allocable to the service rate. Costs associated with food, restaurant meals, clothing, laundry and non-therapeutic recreation expenses shall not be allocable to capitation rates. Managerial and central/corporate office administrative costs shall be allocated in accordance with Federal cost allocation principles.

Interim rates will be established for the first and second year of service coverage based upon estimated costs. The interim rates will be replaced based upon cost report filings for the period and related payment adjustments will be made accordingly. The prospective rates for subsequent periods will be based upon allowable service costs for the cost period ended twelve months prior to the start of the rate period updated by the projected increase or decrease in the consumer price index for urban consumers for the twenty-four months between the mid-point of the cost period and the mid-point of the rate year.

- (14) The first three pints of blood, when it is not available to the patient from other sources – based on customary charges which are reasonable.
- (15) Any other medical care recognized under State law including ambulance, oxygen, podiatry and skilled nursing home services provide to patients under 21 years of age.
Ambulance service – Fixed Negotiated Fee Schedule
Oxygen- Fixed Negotiated Fee Schedule. Skilled nursing home services provided to individuals under 21 years of age – same as (4) (a) above.
- (16) Inpatient hospital services and skilled nursing home services for individuals 65 years of age or over in an institution for mental diseases. Same as 45 CFR 250.30.

TN# 03-021
Supersedes
TN# “New”

Approval Date _____

Effective Date 12/3/03