

**NOTICE OF PROPOSED CHANGES TO THE MEDICAID STATE PLAN
PERTAINING TO REIMBURSEMENT FOR PRIVATE PSYCHIATRIC RESIDENTIAL
TREATMENT FACILITIES (PRTF) AND REIMBURSEMENT FOR OTHER CHILD
REHABILITATION SERVICES**

The State Department of Social Services (DSS) proposes to submit an amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services. The State Plan Amendment (SPA) will revise the reimbursement methodology for Private Psychiatric Residential Treatment Facilities (PRTF) for individuals under 22 years of age and for Emergency Mobile Psychiatric Services and Extended Day Treatment Services, effective July 1, 2012.

Changes to Medicaid State Plan

The Department will amend Attachments 4.19A and 4.19B of the State Plan to implement a one-time supplemental Medicaid payment to PRTF providers, Emergency Mobile Psychiatric Services Providers and Extended Day Treatment Providers, effective July 1, 2012. The Department will also make annual performance payments to Private PRTF and EMPS providers. These changes will implement appropriations for payments to providers, on a one-time pro rata basis during the first year and based on performance initiatives during subsequent years.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

It is anticipated that the federal fiscal impact of these changes will be \$190,000 in FFY 2012 and \$97,500 in FFY 2013.

Additional Information

In accordance with federal requirements governing the Medicaid program, the Department will provide upon request copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: www.dss.state.ct.us. Go to “Publications” and then to “Updates”.

Written, phone, and e-mail requests should be directed to William Halsey, MSW, MBA, Director of Behavioral Health, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5077, Fax: 860-424-4812, E-mail: william.halsey@ct.gov, William.halsey.dss@ct.gov). Written comments must be received by the Department no later than July 2, 2012.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

Methods for Establishing Payment Rates for Psychiatric Inpatient Services for Individuals Under 22 or Over 64 Years of Age

- 1) Private Psychiatric Residential Treatment Facilities (PRTF) for individuals under 22 years of age:
 - a. Effective July 1, 2011, the per diem provider specific rates for private PRTFs are as follows:
 1. Boys & Girls Village Inc. rate is set at \$366.27
 - [2. Klingberg Comprehensive Program Services Inc. rate is set at \$354.52]
 3. The Children's Center of Hamden rate is set at \$352.25
 4. The Village for Families and Children Inc. rate is set at \$357.56
 - b. The Department reimburses private PRTFs provider specific negotiated per-diem rates. The negotiated rates include all services related to treating the youth's psychiatric condition provided in and by a PRTF with the exception of medications prescribed during the youth's stay in the PRTF and case management and rehabilitation planning services provided by an entity other than the PRTF to support transition back to the community.
 - c. Effective April 1, 2012, performance initiative payments shall be paid from a pool of funds of \$120,000 per year to PRTFs that meet performance initiative measures approved by the Department. Payments will be made in the quarter ending June 30th for the previous year. Payments shall be paid to PRTF providers based on their measured performance during the preceding calendar year.
 - d. Effective April 1, 2012 a one-time supplemental payment to PRTF providers from a pool of funds in the amount of \$140,000 shall be made. Each eligible PRTF will receive an equal share of the supplemental payment pool. Payments will be made on a lump-sum basis in the quarter ending June 30, 2012.

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

(13) Other diagnostic, screening, preventive and rehabilitative services

(a) Durable Medical Equipment

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of durable medical equipment. The agency's rates were set as of 2/1/2010 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

(b) Rehabilitative Services

(1) Psychiatric Services to children, youth and their families – Negotiated Rate.

(i) Emergency Mobile Psychiatric Services

EMPS are rehabilitation services provided by a DCF certified provider in a home or other community setting to an individual in response to a psychiatric or substance abuse related crisis in order to reduce disability, restore functioning and achieve full community integration and recovery.

Effective April 1, 2012, performance initiative payments to providers of Emergency Mobile Psychiatric Services (EMPS) shall be paid from a pool of funds of \$75,000 per year to EMPS providers that meet performance initiative measures approved by the Department. Payments will be made in the quarter ending June 30th for the previous year. Payments shall be paid to EMPS providers based on their measured performance during the preceding calendar year.

Effective, April 1, 2012, one-time supplemental payments to eligible EMPS providers shall be made from a pool of funds in the amount of \$120,000. Each eligible EMPS' provider will receive an equal share of the supplemental payment pool. Payments will be made on a lump-sum basis in the quarter ending June 30, 2012.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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(ii) Extended Day Treatment (EDT)

EDT is a community-based program licensed by DCF that offers a structured, intensive, therapeutic milieu with integrated clinical treatment services. EDT must provide a minimum of three hours of scheduled, documented programming per day of which at least two and one half hours are therapeutic services. EDT serves individuals with significant functional impairments resulting from a behavioral health condition in order to avert hospitalization or increase the client's level of independent functioning.

Effective, April 1, 2012, one-time supplemental payments to eligible EDT providers shall be made from a pool of funds in the amount of \$120,000. Each eligible EDT provider will receive an equal share of the supplemental payment pool. Payments will be made on a lump-sum basis in the quarter ending June 30, 2012.

- (2) Birth to Three Services – Negotiated Rate.
- (3) 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
- (4) 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.