**DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA** **23-E: Private Psychiatric Residential Treatment Facility (PRTF) Rate Increase**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

**Changes to Medicaid State Plan**

Effective on or after January 1, 2023, SPA 23-E will amend Attachment 4.19-A of the Medicaid State Plan to increase the per diem rate for private PRTFs to $792.46. This rate increase reflects the additional costs of each private PRTF adding director of nursing staffing, in which the director of nursing is on-site or available twenty-four hours per day, seven days per week in order to improve the quality and oversight of services provided by the PRTF.

In order to receive this rate, each PRTF must maintain this director of nursing staffing, in addition to all other applicable requirements, including the quality standards set forth in the Medicaid State Plan. The purpose of this SPA is to improve the quality of and access to the services of private PRTFs and to implement additional funding for PRTFs included in the budget adjustments to the state budget for State Fiscal Year (SFY) 2023 that were enacted by the General Assembly and signed by the Governor.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately $873,974 in State Fiscal Year (SFY) 2023 and $2,160,465 in SFY 2024.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](file:///C:\Users\HolmesN\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\I538MMOL\Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 23-E: Private Psychiatric Residential Treatment Facility (PRTF) Rate Increase”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 26, 2023.

Attachment 4.19-A

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b. The PRTF statewide per diem rate is determined to reimburse for the following four categories:

b.1. Child maintenance services including 24 hour care, room and board, and administrative services. Costs of child maintenance services including facility personnel, food and occupancy expenses (janitorial, maintenance, rent, property taxes, etc.) are reported on the Annual PRTF Cost Report (item a.1).

b.2. Medical services including psychiatric, medical and ancillary services not limited to therapeutic services provided by PRTF staff; active treatment services including, but not limited to, individual, group and family therapy; routine diagnostic testing and assessment, case management, and discharge planning provided in and by the PRTF.

Costs of medical services are reported on the Annual PRTF Cost Report (item a.1.).

b.3. Registered Nurse (RN) staffing on-site 24 hours per day, 7 days per week (24/7 coverage). Costs of RN staffing are determined using three full-time equivalent (FTE) salaries with benefits; training and on-going education; and an additional amount to assure a 24/7 coverage during vacations and other leave times.

b.4. Director of Nursing staffing on-site or available 24 hours per day, 7 days per week (24/7 coverage). Cost of full-time staffing are determined using three full-time equivalents (FTE) salaries with benefits; training and on-going education; and an additional amount to assure a 24/7 coverage during vacations and other leave times. Position assumes at a minimum a licensed register nurse.

c. Provider Reimbursement

The PRTF statewide per diem rate shall is payment in full for costs associated with daily care, administrative services, and room and board as described above in section b.

Services not otherwise included in the PRTF rate when these services are reflected in the youth’s plan of care may be billed directly to Medicaid by providers delivering these services. Except as otherwise noted in the plan, payment for necessary services not included in the PRTF statewide per diem rate is based on state-developed fee schedule rates, as applicable, and as referenced in the other applicable reimbursement sections of the Medicaid State Plan and effective on the date set forth in each applicable section.

TN # 23-E Approval Date \_\_\_\_\_\_\_\_\_\_\_ Effective Date 01/01/2023

Supersedes

TN # 19-0015

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PRTF statewide per diem payments will be made to a PRTF provider for no more than three (3) patient days per youth for reserving a bed while the youth is temporarily absent for a therapeutic home visit (THV).

Pursuant to 42 C.F.R. § 431.52, PRTF services shall be provided in an out-of-state setting if medically necessary and no suitable treatment option is found in Connecticut. Payments will be made to out-of state private PRTF providers for the delivery of PRTF services at the approved Medicaid State Plan rate paid to such provider by the Medicaid program in the state in which the provider is located. If such a rate does not exist, PRTF statewide per diem payments will be made by the department at the PRTF statewide per diem rate listed in item d. below to out-of state providers for the PRTF services furnished to Connecticut clients while they are out-of-state.

d. Payment Rates

The PRTF statewide per diem rate effective January 1, 2023 is $792.46 per day.

e. Quality Standards for Increased Rate

As a condition for payment, each PRTF must document compliance with the following elements to the Department of Social Services no later than September 1, 2019 (with a report due to DSS no later than October 1, 2019) and updated reports documenting ongoing compliance due to DSS no later than October 1, 2023 and each October 1 thereafter, of the following:

1. Evidence Based Treatment: PRTFs must document the specific evidence based treatments being delivered and the plan to ensure staff are trained in the model(s).
2. Therapeutic Recreation: PRTFs must describe the type and expected frequency of therapeutic recreation activities in their compliance report.
3. Family Therapy: Family therapy is a required component of the PRTF services. PRTFs must demonstrate that family therapy is a component of treatment plans and is occurring on a regular basis for every child. Family therapy may include any person that the child and the provider deem to be a healthy and caring individual in the child’s life and one that will participate in the child’s progress upon discharge from the PRTF.

TN # 23-E Approval Date \_\_\_\_\_\_\_\_\_\_\_ Effective Date 01/01/2023

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TN # 21-0039

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1. Transition Care Coordination: The discharge planning process must be considered from the very earliest point of admission to a PRTF level of care. This staff person will conduct home visits and maintain contact with the family/caregiver and child post discharge from the PRTF for up to sixty (60) days to increase the likelihood of a successful transition. PRTFs will be required to identify a Transition Care Coordinator that will fulfill this role and document the hours per week in this role.
2. Quality Management: In order to maintain and sustain quality clinical programming and individualized treatment planning for children, PRTFs must institute and maintain a formal Quality Management Plan. The Quality Management must include, but is not limited to hiring processes that attract the most qualified and diverse individuals, ensure that staff and administration are trained and receive ongoing training in the following areas:
   1. Individualized treatment plans using the principles of the Wellness Recovery Action Plan.
   2. Individualized clinical interventions
   3. Individualized family interventions
   4. Individualized discharge plans that must include crisis prevention plans
   5. Supervision of clinical and non-clinical staff
   6. Clinical de-escalation
   7. Critical incidents/Adverse incident (identifying, documenting, debriefing, reporting)
   8. Documentation of clinical records
3. DSS may require additional documentation and reporting from each PRTF as necessary to ensure compliance with the requirements in this section, including regular reports and other documentation. After receiving and analyzing information regarding these PRTF services, DSS may implement additional quality standards and a value-based payment methodology by submitting one or more Medicaid State Plan Amendments.

TN # 23-E Approval Date \_\_\_\_\_\_\_\_\_\_\_ Effective Date 01/01/2023

Supersedes

TN # 19-0015