

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 19-AJ: Reimbursement for Individuals in a Disaster Struck Nursing Facility

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 November 1, 2019, SPA 19-AJ will amend Attachment 4.19-D of the Medicaid State Plan to update the payment rates for nursing facility residents to provide for reimbursement when a resident of a Disaster Struck Nursing Facility must be temporarily evacuated to another facility due to a disaster for a period of up to thirty (30) days, as detailed in the SPA. The nursing facility accepting the temporary resident will be reimbursed at the same rate as the Disaster Struck Nursing Facility. The Disaster Struck Nursing Facility must enter into a contract with the facility accepting the temporary resident.

Fiscal Impact

DSS estimates that this SPA will have a nominal impact on annual aggregate expenditures in State Fiscal Year (SFY) 2020 and SFY 2021.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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 or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “Reimbursement for Individuals in a Disaster Struck Nursing Facility”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than October 24, 2019.

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

Payment Rates for Specialized Add-On Services for Nursing Facility Residents

Reimbursement for Individuals in a Disaster Struck Nursing Facility

Reimbursement to a Disaster Struck Nursing Facility for individuals that must be temporarily evacuated to another facility (Resident Accepting Nursing Facility) may continue for up to 30 days after the disaster event. Reimbursement will be the same as if the individual was residing in the Disaster Struck Facility. No other reimbursement will be made to either the Disaster Struck Nursing Facility or the Resident Accepting Facility. The Disaster Struck Nursing Facility must meet the following conditions.

- a. The Disaster Struck Nursing Facility must have a contract with the Resident Accepting Nursing Facility. The contract must (i) include terms of reimbursement and mechanisms to resolve any contract disputes, (ii) protocols for sharing care and treatment information between the two facilities and (iii) requirements that both facilities meet all conditions of Medicaid participation determined by the Connecticut Department of Social Services. The CT Long-Term Mutual Aid Plan Memorandum of Understanding is an acceptable contract.
- b. The Disaster Struck Facility must notify Department of Social Services of the disaster event, maintain records of evacuated individuals with names, dates and destinations of evacuated residents and update DSS on the status of the repairs.
- c. The Disaster Struck Facility must determine within 15 days of the event whether individuals will be able to return to the facility within 30 days of the disaster event. If the Disaster Struck Facility determines that it is not able to reopen within 30 days, it must discharge the individuals and work with them to choose admission to other facilities or alternative placements. Nothing shall preclude an individual from asking to be discharged and admitted to another facility or alternative placement. Reimbursement to the Disaster Struck Facility shall cease when an individual is discharged.

TN: 19-AJ
Supersedes
TN # NEW

Approval Date _____

Effective Date 11-01-2019