## **Table of Contents**

**State/Territory Name: CT** 

State Plan Amendment (SPA) #: 18-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



## Financial Management Group

Roderick L. Bremby, Commissioner Department of Social Services 55 Farmington Avenue 9<sup>th</sup> Floor Hartford, CT 06105

AUG 28 2018

RE: Connecticut 18-0022

Dear Commissioner Bremby:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 18-0022. Effective from April 1, 2018 through June 30, 2018, this amendment proposes to implement a one-time supplemental payment of \$250,000 for private inpatient hospital psychiatric services provided to children under age eighteen.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 18-0022 is approved effective April 1, 2018. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Kristin Fan,
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 18-0022	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR  CENTERS FOR MEDICARE AND MEDICAID SERVICES  DEPARTMENT OF HEALTH AND HUMAN SERVICES  TYPE OF STATE PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE: April 1, 2018	
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X_AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(1) of the Social Security Act and 42 CFR 440.10 and 447.253(a), (b), and (c)	7. FEDERAL BUDGET IMPACT: FFY 2018 \$125,000 FFY 2019 \$0	,
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 32c	PAGE NUMBER OF THE SUPERSEDED P     ATTACHMENT (If applicable)     New	LAN SECTION OR
10. SUBJECT OF AMENDMENT: Effective April 1, 2018 through June 30, 2018, this SPA amends Attachment 4.19-A of the Medicaid State Plan to implement a one-time supplemental payment of \$250,000 for inpatient hospital services provided to children under age eighteen at any private psychiatric hospital in Connecticut, which is currently only Natchaug Hospital.		
11. GOVERNOR'S REVIEW (Check One):		
X GOVERNOR'S OFFICE REPORTED NO COMMENT _COMMENTS OF GOVERNOR'S OFFICE ENCLOSED _NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	_OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: ROBERCK L. Bremby	State of Connecticut Department of Social Services	
14. TITLE: Commissioner	55 Farmington Avenue, 9th floor Hartford, CT 06105	
15. DATE SUBMITTED: June 28, 2018	Attention: Ginny Mahoney	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	JG 28 2018
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 0 1 2018	20. SIGNATURE OF REGIONAL OFFICIAL	a),
21. TYPED NAME: Kristin Fan	22. THE DIPLETON FMCO	
23. REMARKS:		
FORM HCFA-179 (07-92)		

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State Connecticut

(4a) Supplemental Payments for Private Psychiatric Hospitals for Individuals under 22 and over 64 years of age

Effective April 1, 2018, a one-time \$250,000 supplemental payment shall be made for inpatient hospital services provided to children under age eighteen at any private psychiatric hospital in Connecticut, which is currently only Natchaug Hospital. Payment is for the period from April 1, 2018 through June 30, 2018.

Approval Date \_\_\_ 2 8 2018

TN# <u>18-0022</u> Supersedes TN# <u>NEW</u>