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State/Territory Name: CT

State Plan Amendment (SPA) #: 24-0018

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 & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

December 16, 2024

Andrea Barton Reeves, JD., Commissioner
Department of Social Services
55 Farmington Avenue, 5th Floor
Hartford, CT 06105-3730

RE: Connecticut 24-0018

Dear Commissioner Reeves,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Connecticut state plan amendment (SPA) to Attachment 4.19-A CT-24-0018, which was submitted to CMS on September 30, 2024. This plan amendment updates the payment methodology for inpatient hospital services. Specifically, it implements a one-time supplemental payment of \$1,200,000 to each private free-standing chronic disease hospital with Medicaid inpatient utilization exceeding 50% for state fiscal year 2023.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or via email at Novena.JamesHailey@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;"> <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>8</u> </div>	2. STATE <div style="text-align: center;"> <u>CT</u> </div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: center;"> <input checked="" type="radio"/> XIX <input type="radio"/> XXI </div>	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(1) of the Social Security Act; 42 CFR 440.10		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;"> July 1, 2024 </div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Pg 2(ii) (NEW)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>600,000</u> b. FFY <u>2025</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT This SPA will implement a one-time supplemental payment of \$1,200,000 to each private free-standing chronic disease hospital with Medicaid inpatient utilization exceeding 50% for State Fiscal Year 2023.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; height: 30px; width: 100%;"></div>		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
12. TYPED NAME Andrea Barton Reeves, J.D.		13. TITLE Commissioner	
14. DATE SUBMITTED September 30, 2024		16. DATE RECEIVED September 30, 2024	
FOR CMS USE ONLY			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024		17. DATE APPROVED December 16, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe		19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; height: 30px; width: 100%;"></div>	
22. REMARKS		21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

Supplemental Payment for Private Free-Standing Chronic Disease Hospitals

On or after July 1, 2024, a one-time supplemental payment of \$1,200,000 will be made to each private free-standing chronic disease hospitals with Medicaid inpatient utilization exceeding 50% for State Fiscal Year (SFY) 2023.

TN # 24-0018

Supersedes

TN # NEWApproval Date December 16, 2024Effective Date 07/01/2024