

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 23-AG: Chronic Disease Hospitals – Supplemental Payment

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). Public comment information is at the bottom of this document.

Proposed Changes to Medicaid State Plan

Effective on or after September 1, 2023, this SPA will amend Attachment 4.19-A of the Medicaid State Plan to make a one-time supplemental payment of \$1.2 million to free-standing licensed chronic disease hospitals, as defined in section 19a-550 of the Connecticut General Statutes, with Medicaid inpatient utilization exceeding 50% for State Fiscal Year (SFY) 2022. The purpose of this SPA is to support continued access and quality for these services.

Estimated Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by \$1,200,000 in State Fiscal Year (SFY) 2024.

Obtaining SPA Language and Submitting Comments

This proposed SPA is posted on the DSS web site 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). When feasible and relevant, the versions of the SPA pages posted to that webpage include track changes indicating this SPA's proposed changes to the current version of the Medicaid State Plan.

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: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "SPA 23-AG: Chronic Disease Hospitals – Supplemental Payment".

Anyone may send DSS written comments about the SPA. **Written comments must be received by DSS at the above contact information no later than September 21, 2023.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

Supplemental Payment for Free-Standing Chronic Disease Hospitals

Effective September 1, 2023, a one-time supplemental payment of \$1,200,000 will be made to each free-standing chronic disease hospital with Medicaid inpatient utilization exceeding 50% for State Fiscal Year (SFY) 2022.

TN # 23-AG
Supersedes
TN # NEW

Approval Date _____

Effective Date 09/01/2023