

## **DEPARTMENT OF SOCIAL SERVICES**

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

#### **Inpatient Supplemental Payments to Acute Care Hospitals (SPA 15-042)**

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

#### **Changes to Medicaid State Plan**

Effective on or after September 1, 2015, in accordance with section 382 of Public Act 15-5 of the June 2015 Special Session, SPA 15-042 implements a supplemental inpatient payment pool for certain acute care hospitals. The total supplemental payment pool will not exceed \$14.84 million per state fiscal year.

#### **Fiscal Information**

Based on the information that is available at this time, it is estimated that this SPA will increase annual aggregate expenditures by approximately \$14.84 million in State Fiscal Year 2016 and \$14.84 million in State Fiscal Year 2017.

#### **Information on Obtaining SPA Language and Submitting Comments**

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS field office and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then to "Updates".

Written, phone, and email requests should be directed to Christopher A. Lavigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105, Phone: 860-424-5719, Fax: 860-424-4812, Email: [christopher.lavigne@ct.gov](mailto:christopher.lavigne@ct.gov). Please reference: SPA 15-042, Inpatient Supplemental Payments to Acute Care Hospitals. Written comments may be submitted in the same manner as requests no later than August 28, 2015.

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

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**(2a) Supplemental Reimbursement to Small Independent Hospitals for Inpatient Hospital Services.**

Supplemental payments to eligible hospitals shall be made from a pool of funds in the amount of \$14.8 million annually for the state fiscal year ending June 30, 2016 and for the state fiscal year ending June 30, 2017. The payments shall be made periodically throughout each state fiscal year.

- (a) Hospitals eligible for supplemental payments under this section are short-term general acute care hospitals that have 180 or fewer licensed beds and are not merged or affiliated with any other hospital as determined by the Department of Public Health, Office of Health Care Access (OHCA) through its Certificate of Need process. Eligibility shall be reevaluated quarterly. A hospital becomes ineligible for payment beginning with the quarter following completion of a merger or affiliation with another hospital or an increase in licensed beds to greater than 180 beds.
- (b) Each eligible hospital's share of the supplemental payment pool shall be equal to that hospital's pro rata share of the total Medicaid inpatient revenues of all eligible hospitals in the aggregate as reported in each hospital's Federal Fiscal Year 2013 filing with OHCA. If a hospital becomes ineligible for these supplemental payments as described in paragraph (a) above, its allocated funds shall lapse and shall not be distributed to any other hospitals.