

DEPARTMENT OF SOCIAL SERVICES

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT

PAYMENTS TO CHRONIC DISEASE HOSPITALS (SPA # 13-046)

The State of Connecticut Department of Social Services (the “Department”) proposes to submit a Medicaid State Plan Amendment (SPA) 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 November 1, 2013, the proposed SPA will revise the rate language for freestanding chronic disease hospitals. Specifically, the freestanding chronic disease hospital rate section will be updated to reflect changes since the section was last updated in 1987. Rates are not being changed. However, obsolete language is being removed and replaced with the actual per diem rate for each applicable chronic disease hospital.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

There is no fiscal impact associated with this change.

Additional Information

In accordance with federal requirements governing the Medicaid program, upon request, the Department will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the Department’s regional offices and on the Department’s web site: <http://www.ct.gov/dss>. Go to “Publications” and then to “Updates”.

Written, phone, and e-mail requests should be directed to Christopher A. LaVigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5719, Fax: 860-424-4812, E-mail: christopher.lavigne@ct.gov). Please reference the relevant SPA number (*e.g.*, SPA 13-046, Payments to Freestanding Chronic Disease Hospitals).

Members of the public may also submit written comments on the SPA, by mail, fax, or email. Written comments must be received by the Department at the above contact information no later than October 9, 2013.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(3) Payment for Free-Standing Chronic Disease Hospitals

Effective November 1, 2013, per diem payments to freestanding chronic disease hospitals shall be:

Gaylord Hospital	\$914.32
Hospital for Special Care	\$1,112.35
Mount Sinai Rehabilitation Hospital	\$898.18

Such per diem rates are inclusive of all hospital service fees and hospital-based professional services.

TN # 13-046
Supersedes
TN #87-62

Approval Date _____

Effective Date 11/01/13

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

(4) Disproportionate Share Payment Adjustment

This section will define the criteria for deeming hospital's eligible for the disproportionate share payment adjustment and will further define the payment adjustment to be made to the hospitals that qualify.

A. Minimum Requirement

1. In order to qualify as a disproportionate share hospital the criteria stated and defined in Sections 1923(b)(1), 1923(b)(2) or 1923(b)(3) of the Social Security Act must be met; and
2. The hospital must have at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget), the term "obstetrician" includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures.

TN #13-046
Supersedes
TN #11-012

Approval Date _____

Effective Date 11/01/13