

**DEPARTMENT OF SOCIAL SERVICES
NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN**

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

BEHAVIORAL HEALTH - ASO TRANSITIONAL PAYMENTS (SPA 13-011)

Revisions to Attachment 4.19-A (SPA 13-011)

The Department will amend its inpatient hospital reimbursement methodology to eliminate a child psychiatric hospital performance pool of \$934,000, which had been established through SPA 12-002.

The final fiscal impact for SFY 2013 and SFY 2014 has not yet been determined, although a savings is projected.

ADDITIONAL INFORMATION

(for all proposed State Plan Amendments described in this Notice)

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 DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then to "Updates".

Written, phone, and e-mail requests should be directed to: Patricia McCooley, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033 (phone: 860-424-4873, Fax: 860-424-5799, E-mail: patricia.mccooley@ct.gov.) Please reference the relevant SPA number(s).

Members of the public may also submit written comments on the SPAs, by mail or email. Written comments must be submitted by January 15, 2013. Please reference the relevant SPA number(s).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Connecticut

~~Effective January 1, 2012, supplemental reimbursement for general acute care hospitals with a child/adolescent psychiatric unit and private psychiatric hospitals shall be made on a one time lump sum basis.~~

~~(a) A supplemental payment will be made to in-state general and psychiatric hospital providers of child psychiatric inpatient services. One time supplemental payments to eligible providers shall be made from a pool of funds in the amount of \$934,000. 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 for CY 2011.~~

~~Effective January 1, 2012, supplemental reimbursement for general acute care hospitals with a child/adolescent psychiatric unit and private psychiatric hospitals shall be made annually as follows:~~

~~(a) Supplemental payments to in-state general and psychiatric hospital providers of psychiatric inpatient services shall be paid from a pool of funds of \$934,000 per year to hospitals that meet performance initiative measures approved by the Department. The initial performance period shall be calendar year 2012 with payments made in the quarter ending June 30th of the following year. Payments shall continue to be paid to hospitals based on their measured performance during the preceding calendar year. Performance data will be calculated using authorization data from the Administrative Service Organization and/or claims data.~~

~~(b) The participating hospitals shall be awarded a share of the performance fund based on:~~

- ~~— Goal 1: Ability to further reduce or maintain already efficient lengths of stay during the performance period (2 points)~~
- ~~— Goal 2: Reduce or maintain already satisfactory 7 and 30-day re-admission rates (1 point)~~
- ~~— Goal 3: Incorporate Wellness and Recovery Planning (1 point)~~

~~(c) To calculate each hospital's performance payment, a hospital's points are summed and multiplied by the number of discharges for the hospital during the performance period. This product weights the amount they earn by discharge volume. Each hospital's payout percentage is its product divided by the sum of all the hospitals' products. Each hospital's performance payment will be the payout percentage multiplied by the total available fund of \$934,000.~~

Formatted: Indent: Left: 1"

Formatted: Indent: Left: 1.5"

Formatted: Indent: Left: 1.5", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.75" + Tab after: 2" + Indent at: 2"

Formatted: Indent: Left: 1.5"

Formatted: Indent: Left: 1.5", Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.75" + Tab after: 2" + Indent at: 2"

Formatted: Indent: Left: 1.5"