

NOTICES OF CONNECTICUT STATE AGENCIES

NOTICE OF PUBLIC HEARING ON TOWING AND STORAGE RATES FOR NONCONSENSUAL TOWING AND TRANSPORTING OF MOTOR VEHICLES

On October 10, 2017, the Towing and Recovery Professionals of Connecticut, Inc. (“TRPC” or “Petitioner”) filed with the Department of Motor Vehicles (“Department”) a Petition for the Consideration of Established Rates and Charges for the Nonconsensual Towing and Transporting of Motor Vehicles (“Petition”), in accordance with section 14-66 of the Connecticut General Statutes (“C.G.S.”). The Petitioner is requesting an increase in the Department’s established rates and charges for nonconsensual towing and transporting, as well as for the storage of towed motor vehicles.

As required by C.G.S. section 14-66, the Department will hold a public hearing to receive testimony, evidence and public comment regarding TRPC’s Petition. The public hearing will be held on **Wednesday, December 6, 2017 from 9 a.m. until 5 p.m.** in Room 2A of the Legislative Office Building, 300 Capitol Avenue, Hartford, CT. If necessary, the hearing will continue at the same time on consecutive days.

The Petition and supporting material will be posted on the Department’s website at <http://ct.gov/dmv/TowRateHearing>. Any interested person may submit, in advance of the hearing, material they want the hearing officer to consider when determining whether the rates for nonconsensual towing, transporting and storage should be amended. The material submitted should address one or more of the factors to be considered by the hearing officer designated by the Commissioner of Motor Vehicles, as set forth in C.G.S. section 14-66(a), or pertain to sections 14-63-34, et seq. of the Regulations of Connecticut State Agencies.

The deadline for submitting written material to the hearing officer is **4:30 p.m. on Monday, December 4, 2017**. All material will be made available to the public on the Department’s website as it is received, at the link indicated above. Any person who intends to present expert testimony at the hearing or has multiple witnesses must make advance arrangements by the deadline date so that sufficient time can be allotted following the Petitioner’s presentation of its case. Other interested persons who want to give oral testimony at the hearing in support of or against the Petition or any posted material may sign up on the first day of the hearing, and will be allotted up to ten (10) minutes. The hearing will be conducted in accordance with the C.G.S. section 4-176 et seq.

All requests, hearing materials and questions should be directed to Sharon Geanuracos, Department of Motor Vehicles Legal Director. The preferred method of communication is by e-mail at Sharon.geanuracos@ct.gov. To send material by mail or to deliver in person, the address is Department of Motor Vehicles, Legal Services Division, 60 State St., Wethersfield, CT 06161.

DEPARTMENT OF SOCIAL SERVICES

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 17-AG: Increase to Enhanced Primary Care Provider Payments**

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.

Changes to Medicaid State Plan

Effective on or after December 1, 2017, SPA 17-AG will amend Attachment 4.19-B of the Medicaid State Plan to reimburse at 95% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program. These payments apply to specific primary care services described in the Medicaid State Plan and as identified in Provider Bulletin 2014-75 and which can be accessed by going to <http://www.ctdssmap.com>; go to “Information,” then to “Publications”.

This SPA is being implemented in order to conform to the increased funding level for primary care provider services included in the final state budget for state fiscal years (SFY) 2018 and 2019 that was approved by the General Assembly in Public Act 17-2 of the June 2017 Special Session. This SPA increases the methodology from the previous level, which reimbursed at 90% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program.

Fiscal Impact

Based on available information, DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$6.4 million in state fiscal year (SFY) 2018 and \$13.1 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 17-AG: Increase to Enhanced Primary Care Provider Payments”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than December 13, 2017.

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 18-0001: Inpatient Hospital Payments – Rate Increase and Mid-Sized Hospital Supplemental Payments

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).

Changes to Medicaid State Plan

Effective on or after January 1, 2018, as described below, SPA 18-0001 will amend Attachment 4.19-A of the Medicaid State Plan in accordance with section 17b-239e of the Connecticut General Statutes, as amended by section 618 of Public Act 17-2 of the June special session and as further amended by section 11 of 2017 Senate Bill 1503 and also in accordance with subsection (i) of section 17b-239 of the Connecticut General Statutes, as amended by section 619 of Public Act 17-2 of the June special session and as further amended by section 12 of 2017 Senate Bill 1503. This SPA implements a Medicaid inpatient hospital rate increase and supplemental payments to specified mid-sized hospitals.

Specifically, the diagnosis-related group (DRG) base rate for privately operated general acute care hospitals will increase by 31.65%, which is estimated to increase aggregate rate payments by approximately \$58 million for state fiscal year (SFY) 2018 and \$140 million for SFY 2019. Mid-sized hospital supplemental payments will total \$65 million each year for SFYs 2018 and 2019. Qualifying hospitals are acute care general hospitals that, as reported in each hospital's Federal Fiscal Year (FFY) 2016 filing with the Department of Public Health, Office of Health Care Access (OHCA), have: (1) staffed beds of not less than 150 but not more than 300 and (2) Medicaid gross revenue of not less than 6% but not more than 18% of total revenue. Payments will be calculated using each hospital's pro rata share of Medicaid inpatient revenue, subject to a cap of \$14.5 million, of all eligible hospitals in the aggregate as reported in each hospital's FFY 2016 filing with OHCA.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$123.3 million in SFY 2018 and \$205.0 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "Medicaid State Plan Amendments". The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 18-0001: Inpatient Hospital Payments – Rate Increase and Mid-Sized Hospital Supplemental Payments".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than December 28, 2017.

Department of Social Services

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 18-0002: Outpatient Hospital Payments – Rate
Increase and Supplemental Payments**

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).

Changes to Medicaid State Plan

Effective on or after January 1, 2018, SPA 18-0002 will amend Attachment 4.19-B of the Medicaid State Plan in accordance with section 17b-239e of the Connecticut General Statutes, as amended by section 618 of Public Act 17-2 of the June special session and as further amended by section 11 of 2017 Senate Bill 1503 and also in accordance with subsection (i) of section 17b-239 of the Connecticut General Statutes, as amended by section 619 of Public Act 17-2 of the June special session and as further amended by section 12 of 2017 Senate Bill 1503. This SPA implements a Medicaid rate increase and supplemental payments to specified hospitals.

Specifically, the ambulatory payment classification (APC) conversion factor for outpatient hospital services provided by acute care general hospitals will increase by 6.5%, an estimated annual increase of approximately \$35 million. In addition, an outpatient hospital supplemental pool will be implemented for certain hospitals as described in the SPA in the amount of \$85 million for state fiscal year (SFY) 2018 and \$65 million for SFY 2019. Hospitals eligible for supplemental payments under this section are short-term general acute care hospitals other than short-term children's general hospitals and short-term acute care hospitals operated exclusively by the State, other than a short-term acute care hospital operated by the State as a receiver. Each eligible hospital's share of the supplemental payment pool shall be equal to that hospital's pro rata share of the total Medicaid outpatient revenues of all eligible hospitals in the aggregate as reported in each hospital's Federal Fiscal Year 2016 filing with the Department of Public Health, Office of Health Care Access (OHCA).

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$100 million in SFY 2018 and \$100 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "Medicaid State Plan Amendments". The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 18-0002: Outpatient Hospital Payments – Rate Increase and Supplemental Payments".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than December 28, 2017.
