

## NOTICES OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF SOCIAL SERVICES

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#### Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 18-AA: Physician Supplemental Payments for the University of Connecticut's Physician Group

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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 October 1, 2018, SPA 18-AA will amend Attachment 4.19-B of the Medicaid State Plan to change the method of making supplemental payments to the University of Connecticut (UConn) Health Center's physician group (which is the state-owned physician group that is affiliated with an academic medical center) for physicians' services provided to Medicaid members. The supplemental payment is currently based on the difference between the Medicare and the Medicaid rates for Medicaid physicians' services. This SPA proposes to calculate the supplemental payment based on the difference between the Medicaid rate and the Medicare equivalent of the average commercial rate (ACR).

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$4.6 million in State Fiscal Year (SFY) 2019 and \$9.3 million in SFY 2020.

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

This SPA is posted on the DSS website at the following 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, at 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: [christopher.lavigne@ct.gov](mailto:christopher.lavigne@ct.gov) or write to: Christopher A. Lavigne, Department of Social Services, Office of Reimbursement & Certificate of Need, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812). Please reference: "SPA 18-AA: Supplemental Payments for the University of Connecticut's Physician Group".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 9, 2018.

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**DEPARTMENT OF SOCIAL SERVICES**

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**Notice of Proposed Medicaid State Plan Amendment (SPA)  
SPA 18-AB: Nursing Facility Reimbursement**

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

**Changes to Medicaid State Plan**

Effective on or after November 1, 2018, SPA 18-AB will amend Attachment 4.19-D of the Medicaid State Plan to provide Chronic and Convalescent Nursing Home (CCNH) and Rest Home with Nursing Supervision (RHNS) nursing homes a 2% Medicaid rate increase. The increase is specifically intended to support a permanent increase of no less than 2% in aggregate to the compensation of employees working at the nursing home. Funding from this 2% rate increase program should be used for the following purposes: increases to employee wages or salaries, increases to the health/dental benefit or retirement plans and/or a combination of all three. After the implementation of an overall 2% increase to the compensation of employees, the balance may be utilized to address critical operational needs. Specific non-eligible uses include increases in management fees, rent, ownership compensation, and related party contractors.

**Fiscal Impact**

Based on estimates utilizing the most recent information that is available at this time, this SPA is anticipated to increase annual aggregate Medicaid expenditures by approximately \$15.9 million in State Fiscal Year (SFY) 2019 and \$27.3 million in SFY 2020.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS website at the following 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, at 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: [christoper.lavigne@ct.gov](mailto:christoper.lavigne@ct.gov) or write to: Christopher LaVigne, Office of Certificate of Need and Rate Setting, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3730 (Phone: 860-424-5719, Fax: 860-424-4812). Please reference “SPA 18-AB: Nursing Facility Reimbursement”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 25, 2018.

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