

## 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)

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##### **SPA 22-0002: Targeted Case Management (TCM) for Integrated Care for Kids (InCK) in New Haven**

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 July 1, 2022, this SPA will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan in order to establish a new Targeted Case Management (TCM) target group for children under age twenty-one and women who are pregnant or up to twelve months post-partum who reside in New Haven, Connecticut. Eligible individuals in the target group will be assessed to determine the appropriate level of need for each person into one of three tiers of Service Integration Level (SIL), which measures the degree to which each person has been determined to need TCM services. SIL Tier 1 reflects a low intensity of need and those members will not receive TCM services. SIL Tier 2 is reflects a moderate intensity of need and those members will receive moderate intensity of TCM services. SIL Tier 3 reflects a significant intensity of need and those members will receive more intensive TCM services. Based on available data, eligible individuals will be preliminarily attributed to TCM InCK providers and, where possible based on available data, assigned a preliminary SIL level for each calendar year.

All TCM InCK services are voluntary. Each Medicaid member can choose their TCM InCK provider and can opt out of TCM InCK or change TCM InCK providers at any time. TCM InCK will not duplicate or modify existing Medicaid covered services and members will continue to have access to the standard Medicaid benefit. TCM InCK providers must serve the New Haven area and have care coordinators and care coordinator supervisors on staff who meet the applicable qualifications.

TCM InCK providers will be paid a per member per month (PMPM) amount, which will be calculated by dividing a total annual amount of \$7 million (reduced by the amount to be projected to be paid for outreach and assessment PMPM payments, described below) by the number of estimated attributed eligible TCM InCK member-months and allocating the amounts so that the payment for SIL Tier 3 is significantly higher than the payment level for SIL Tier 2. Before a TCM InCK provider has assessed an individual to confirm that the person is either SIL Tier 2 or SIL Tier 3, for each applicable month, the TCM InCK provider provides outreach and assessment services to all attributed individuals across all SIL Tier levels to confirm each individual's SIL tier level. The outreach and assessment PMPM is anticipated to be a PMPM payment amount equivalent to 80% of the PMPM amount for SIL Tier 2 for all attributed members for each provider. Those outreach and assessment payments will be available no longer than six months after the individuals

were first attributed to the TCM InCK provider. All of these methodologies are subject to change based on additional analysis and stakeholder engagement. DSS anticipates that, effective on or after January 1, 2023, an alternative payment methodology (APM) will be implemented for TCM InCK where providers will be required to complete additional reporting in order to receive the full level of PMPM payments. DSS anticipates that effective on or after January 1, 2024, the APM will be enhanced so that a specified percentage of the PMPM payments will be withheld to be allocated based on TCM InCK providers' performance on quality measures that will be designed.

The purpose of this SPA is to improve care coordination and improve physical and behavioral health outcomes for the target population specified above, consistent with the state's federal InCK grant with the Center for Medicare and Medicaid Innovation (CMMI) within CMS. The City of New Haven was selected as Connecticut's pilot location for the InCK program after a competitive selection process was initiated and completed by DSS. In March 2019, DSS selected Clifford Beers Clinic in New Haven as the Local Lead Organization for Connecticut's application to CMMI for the state's participation in the federal InCK grant program. In December 2019, CMS announced that it approved Connecticut's InCK application. DSS and Clifford Beers Clinic, together with various state agency and non-governmental stakeholders, have been working to develop an InCK proposal to improve the lives of children in New Haven.

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$7 million in State Fiscal Year (SFY) 2023 and \$7 million in SFY 2024.

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

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "SPA 22-0001: TCM for InCK in New Haven."

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 27, 2021.

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**Connecticut Housing Finance Authority**

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**Notice of Intent to Amend Procedures**

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In accordance with Section 1-121 of the Connecticut General Statutes, NOTICE IS HEREBY GIVEN that the Connecticut Housing Finance Authority proposes to amend Procedures:

**Statement of Purpose:**

To amend the Procedures of the Authority, specifically section III(E) Single Family Housing, Emergency Mortgage Assistance Payment Program, as described below.

**Summary of Proposed Procedures Change:**

The Emergency Mortgage Assistance Payment Program Procedures are being amended in accordance with the Public Act 21-101 to provide emergency lien assistance and to otherwise expand certain existing provisions.

Copies of the proposed Procedures (III(E) Single Family Housing, Emergency Mortgage Assistance Payment Program) may be obtained by visiting [www.chfa.org](http://www.chfa.org). All interested persons may submit written data, views and arguments in connection with the above-stated proposed Procedures by email to [PublicComment@chfa.org](mailto:PublicComment@chfa.org) or by mail to attention Kelly Ryder, Connecticut Housing Finance Authority, 999 West Street, Rocky Hill, CT 06067 no later than 30 days after the publication of this notice.

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