

NOTICE OF CONNECTICUT STATE AGENCIES

CONNECTICUT LOTTERY CORPORATION

Notice of Intent to Adopt Sports Betting Procedures-Prohibited Patron

In accordance with Conn. Gen. Stat. § 1-121, the Connecticut Lottery Corporation (“CLC”) hereby gives notice that it intends to adopt a document entitled Sports Betting Procedures-Prohibited Patron.

Statement of the substance and purpose of the procedures: In accordance with the Regulations of the Department of Consumer Protection concerning Online Casino Gaming, Retail and Online Sports Wagering, Fantasy Contests, Keno and Online Sales of Lottery Tickets, effective February 1, 2022, CLC has established a policy for patrons that are alleged to be prohibited patrons or excluded persons to appeal such determination. A copy of the proposed policy is available on CLC’s website (www.ctlottery.org), “About Us” then “Public Notices.”

Manner of presenting views: All interested persons are invited to present their views in writing no later than November 24, 2022. Comments are to be submitted to CLC’s General Counsel, Melissa Durso, either by e-mail to melissa.durso@ctlottery.org (please put “Public Comment” in the subject line) or by postal mail addressed to her at 777 Brook Street, Rocky Hill, CT 06067-3403.

Melissa Durso
General Counsel

CT PAID FAMILY & MEDICAL LEAVE INSURANCE AUTHORITY

NOTICE OF INTENT TO REVISE ITS CONSOLIDATED POLICIES REGARDING THE ADMINISTRATION OF THE CT PAID LEAVE ACT

In accordance with sections 1-121 and 31-49o of the Connecticut General Statutes, notice is hereby given that the Board of Directors of the Connecticut Paid Family and Medical Leave Insurance Authority (“hereinafter the CT Paid Leave Authority”) intends to adopt the following policy regarding transitions to or from a private plan through which an employer has been approved to provide employees’ paid leave benefits.

To submit written comments regarding the policy, please email erin.choquette@ct.gov, including “Private Plan Transitions” in the subject line. All written comments regarding this policy must be submitted by November 25, 2022.

CTPL-009-PRVP (e) Transition to or from a Private Plan

- (1) *Definitions.* As used in this section:
 - (A) “Plan Transition Date” refers to the first date that:

- (i) An employer's paid leave coverage that was previously provided under a Private Plan begins to be provided under the Public Program; or
- (ii) An employer's paid leave coverage that was previously provided under the Public Program begins to be provided under a Private Plan; or
- (iii) An employer's paid leave coverage that was previously provided under one Private Plan begins to be provided under a separate Private Plan.

For the purposes of *CTPL-009-PRVP*(e) alone, any references to changes in Private Plans, or to new or separate Private Plans, shall refer only to changes that involve a change in the financial liability for the Private Plan (e.g. a change from self-insured to insured, or vice versa, or a change in insurance carriers). Other material changes to the Private Plan shall not be considered to be a new or separate Private Plan, for the purposes of this section.

(B) "Open Paid Leave Claim" refers to an approved request for Paid Leave Compensation for which the first date of such paid leave occurs prior to the Plan Transition Date, and at least one day of such paid leave occurs on or after the Plan Transition Date.

(i) The term shall include:

1. Continuous, Intermittent, and Reduced Schedule leaves;
2. Approved leaves for both current and former employees;
3. Claims for which the decision date for the approval occurs before, on, or after the Plan Transition Date;
4. Any extensions to the approved period for the Open Paid Leave Claim; and
5. Claims for bonding with a newborn child following an Open Paid Leave Claim for a serious health condition related to pregnancy (including recovery from childbirth) if the employee has not returned to work for any period of time between the termination of the serious health condition claim and the start of the bonding claim.

(ii) The term shall not include:

1. Any additional paid leave requests for a reason not related to the Open Paid Leave Claim, even if the original Open Paid Leave Claim has not been terminated;
2. Any paid leave requests for which there are no days prior to the Plan Transition Date approved for Paid Leave Compensation, even if the filing of such request occurs prior to the Plan Transition Date or if days prior to the Plan Transition Date are requested but not approved; nor
3. Any claims for bonding with a newborn child which occur after the Plan Transition Date and which are separated from the Open Paid Leave Claim by any period of time during which the employee returned to work.

(2) *Responsibility of Open Paid Leave Claims.*

(A) If an employer's paid leave coverage is transitioned from the Public Program to a Private Plan, from a Private Plan to the Public Program, or from one Private Plan to another Private Plan, any Open Paid Leave Claims shall continue to be the responsibility of the plan or program that is in effect as of the first date for which paid leave benefits are approved.

(B) If there is an Involuntary Termination of a Private Plan per the Authority's "Revised Policy & Procedures for an Employer to Apply to Use a Private Plan to Meet its Obligations Under the Connecticut Paid Leave Program" § IV.C, the Public Program reserves the right to take responsibility for any or all Open Paid Leave Claims if the Authority determines that such action:

- (i) Is necessary in order to protect the rights of Covered Employees under Conn. Gen. Stat. §§ 31-49e to 31-49t; and
 - (ii) Does not significantly endanger the solvency of the Family and Medical Leave Insurance Trust Fund.
- (C) If the Authority takes such action, it shall notify the employer of the date that the Open Paid Leave Claim shall transfer. The Employer shall cooperate with any reasonable requests that the Authority determines are necessary in order to take over responsibility for the claim(s).
- (D) The Authority shall retain the right to assess any and all penalties indicated in the “Revised Policy & Procedures for an Employer to Apply to Use a Private Plan to Meet its Obligations Under the Connecticut Paid Leave Program” § IV.
- (3) *Concurrent Paid Leave Claims.*
- (A) A Covered Employee shall not receive Paid Leave Compensation concurrently under the Public Program and a Private Plan, nor under two Private Plans, if such paid leave is requested for the same date and time and for the same employer.
- (B) A Covered Employee may receive Paid Leave Compensation for two paid leave requests if such requests are for different periods of time (e.g., one Reduced Schedule paid leave on every Monday and a second Reduced Schedule paid leave on every Friday).
- (C) Employers shall, upon request, provide reasonable information to both the current and previous plans or programs in order to assist with compliance with this policy. Such information shall include, at a minimum, the names of employees with Open Paid Leave Claims or new paid leave claims filed within 12 months of the Plan Transition Date and the dates of such approved paid leaves.
- (4) *Paid Leave Allowance following Plan Transition Date.* The utilization of paid leave under a Private Plan shall not impact the Paid Leave Allowance under the Public Program. The utilization of paid leave under the Public Program or under one Private Plan shall not impact the amount of Paid Leave Allowance under a new Private Plan following the Plan Transition Date.
- (5) *Leaves that begin prior to Plan Transition Date.*
- (A) If the employer is covered by the Public Program following the Plan Transition Date, the Authority shall deny any employee’s or former employee’s paid leave requests that are for periods of leave that occur prior to the Plan Transition Date.
- (B) Subject to the provisions of subsection (3) of this section, if the employer is covered by a Private Plan following the Plan Transition Date, the Private Plan may, but is not required to, deny benefits for the same reason. If the Private Plan will deny such requests, the policy or plan document must include that right.
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DEPARTMENT OF SOCIAL SERVICES**Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 23-0001: 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 January 1, 2023, 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. This TCM target group is children under age twenty-one and individuals who are pregnant or up to twelve months postpartum who reside in zip codes 06510 and 06511. However, in order to facilitate continuity of care, if someone resides in one of those zip codes at the time the person receives a comprehensive assessment or reassessment but later moves to a location outside those zip codes but still within New Haven, Connecticut, that person may continue to receive TCM services for InCK for the remainder of the length of stay specified in the person's care plan and so long as the person continues to 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.

The state pays TCM InCK providers \$201 per-member per month (PMPM) for each attributed member confirmed at SIL 2 and \$443 PMPM for each attributed member confirmed at SIL 3. The state pays the provider the PMPM payments starting on the monthly period that begins on the date that the provider completes the assessment for each eligible individual that confirms the person's SIL. In addition, out of a pool for performance payments equal to 10% of the total monthly service payments made to all InCK providers for dates of service for each calendar year, the state pays performance-based payments to providers that meet the quality performance measures detailed in the SPA pages.

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 \$2,686,063 in State Fiscal Year (SFY) 2023 and \$7,091,207 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "SPA 23-0001: 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 November 9, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-N: Dental Services – Expanding Coverage for Silver Diamine Fluoride

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 November 1, 2022, SPA 22-N will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to expand the coverage and payment for the use of Silver Diamine Fluoride (SDF) to all children and adults enrolled in the HUSKY Health (Medicaid) population who receive dental services. Prior to this SPA, payment for the use of SDF was limited to children under age six with applicable clinical justification. Specifically, this service is paid using Current Dental Terminology (CDT) code D1354 (Interim Caries Arresting Medicament); the rate is \$28.42 per arch and \$1.00 for each tooth, which is the same rate as currently

listed on the dental fee schedule for children. The purpose of this SPA is to expand access to preventive and interceptive dental services for Medicaid members of all ages, thereby improving health and quality of life for members and helping to reduce unnecessary restoration and other services necessary to address tooth decay that may be alleviated through the use of preventive fluoride.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then Accept or Decline the Terms and Conditions and go to the Adult or Children’s Dental Fee Schedule, as applicable.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by \$386,112 in State Fiscal Year (SFY) 2023 and \$681,763 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 22-N: Dental Services – Expanding Coverage for Silver Diamine Fluoride”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than November 9, 2022.
