

NOTICE OF CONNECTICUT STATE AGENCIES

CONNECTICUT PORT AUTHORITY

Notice of Intent to Adopt an Electronics Use Policy

In accordance with Conn. Gen. Stat. § 1-121, the Connecticut Port Authority (the “Port Authority”) hereby gives notice that it intends to adopt an Electronics Use Policy.

Statement of the substance and purpose of the proposed amendments: The Port Authority intends to adopt an Electronics Use Policy as recommended by the Connecticut Pilot Commission for adoption of written procedures regarding use of mobile telephones, texting and email while engaged in piloting.

A description of the policy is included below.

PROPOSED ELECTRONICS USE POLICY (December 4, 2023)

When used appropriately, mobile telephones, cellular devices or personal hand-held devices can be a useful tool. However, when used inappropriately they can be a dangerous distraction that can lead to marine occurrences.

It is the policy of the Connecticut Port Authority that while providing piloting services, all licensed pilots and registered apprentices shall:

Only communicate by cellular telephone, text or email for navigational, operational, maritime safety, national security, or other professional purposes.

Keep all cellular communications - whether verbal, by text, or by email - to a minimum, both in quantity and duration.

Avoid all other possible distractions while having the conn of a vessel.

The use of mobile telephones, cellular devices, or personal handheld devices for purposes other than noted above is strictly prohibited. Any pilot found to be in violation of this policy will be subject to a review. Any apprentice found to be in violation of this policy will be subject to dismissal from the apprentice training program.

This advisory supersedes any previous advisories regarding the use of mobile telephones, cellular devices, or personal handheld devices.

A copy of the above proposed policy will also be made available on the Port Authority’s website (<https://ctportauthority.com/rfqs-rfps-3/>) under “Public Notices.”

Manner of presenting views: All interested persons are invited to present their views in writing no later than **January 11, 2024**. Comments are to be submitted to the Connecticut Port Authority, Jill Dowling-Moreno either by e-mail to

jill@ctportauthority.com (please put “Public Comment re: Electronics Use Policy” in the subject line) or by postal mail addressed to her at:

Connecticut Port Authority
ATTN: Jill Dowling-Moreno
455 Boston Post Road, Suite 204
Old Saybrook, CT, 06475

DEPARTMENT OF SOCIAL SERVICES

TANF Caseload Reduction Report

Pursuant to federal regulations at 45 CFR § 261.40 et seq., the Connecticut Department of Social Services is seeking public review and comment on the methodology and the case number estimates used in its Temporary Assistance for Needy Families (TANF) Caseload Reduction Report to calculate the state’s TANF Work Participation Rate for Federal Fiscal Year (FFY) 2024.

The federal TANF block grant includes specific performance expectations and requirements to help federal and state government measure program success. All states are required to meet specific work participation rates. Federal law requires work participation rates, which reflect the percentage of families receiving TANF assistance that must be engaged in federally defined work activities.

To ensure that states receive credit for families that have become self-sufficient, Congress created the caseload reduction credit. States must complete form ACF-202, the Caseload Reduction Report, and provide the public with an opportunity to comment on its methodology and estimates. The reduction report provides an analysis of monthly caseload, case closure, and application activity, including activity related to changes in eligibility criteria, to arrive at the estimated impact of eligibility changes on the state’s average assistance caseloads in FFY 2024 (October 1, 2023 – September 30, 2024).

The caseload reduction credit reduces the required work participation rate that a state must meet for a given fiscal year. It reflects the net percentage point reduction in the state’s caseload in the prior fiscal year as compared to the caseload in base year FFY 2005. The Deficit Reduction Act of 2005 recalibrated the base year to be FFY 2005. Thus, the caseload reduction credit for FFY 2024 reduces the state’s work participation rate for that fiscal year based on the caseload decline in the prior year, FFY 2023, compared to FFY 2005.

Statement of Purpose: To solicit public comments on the Caseload Reduction Report in accordance with federal TANF regulations.

Written comments on Connecticut’s Caseload Reduction Report must be received by the Department by December 26, 2023, attention: Daniel Giacomi, Director, Division of Program Oversight & Grant Administration, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105 or by email to Daniel.Giacomi@ct.gov.

A copy of the draft report is available at no cost upon request to the Department, by email to Daniel.Giacomi@ct.gov. The final report will also be available on the web at <http://portal.ct.gov/dss>.

Notice for Public Review and Comment

**STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
(TANF) STATE PLAN FFY 2024 - 2026**

The State of Connecticut Department of Social Services has revised the State Plan for the Temporary Assistance for Needy Families (TANF) program to plan for federal fiscal years 2024 through 2026. Connecticut has made revisions to reflect changes in program funding and program implementation. The Department of Social Services is the agency responsible for the administration and coordination of the TANF program. The TANF Plan 2024-2026 is available for review on the Department of Social Services website: <http://portal.ct.gov/DSS/Economic-Security/State-Plans>

Anyone wishing to comment on the TANF Plan shall have until December 26, 2023 to submit comments. Please direct comments and/or questions to: Dan Giacomi, Director – Division of Program Oversight & Grant Administration at Daniel.Giacomi@ct.gov before December 26, 2023.

The State of Connecticut is hereby consulting with local governments, tribal nations and private sector organizations and giving the opportunity to comment on the plan and the design of the services provided by the program described in this plan, so that services are provided in a manner appropriate to local populations. The department also hereby gives notice and seeks comments from the public at this time and any time it amends its regulations.

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-M: Bundled Payment for Maternity Services

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). Public comment information is at the bottom of this document.

Proposed Changes to Medicaid State Plan

Effective on or after April 1, 2024, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to update the payment methodology for maternity services as set forth below and as described in more detail in the SPA pages and program specification document, both of which will be posted to the DSS webpage listed below. Additional information is also posted to the DSS Maternity Bundle website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/HUSKY-Maternity-Bundle/Details-of-Connecticut-Maternity-Bundle>

Purpose

The purpose of this SPA is to enable implementation of the Maternity Bundle Payment within Connecticut's Medicaid program, which is designed to improve maternal and birth health outcomes and health equity. Improving maternal and birth outcomes is a particular priority for DSS because Connecticut's Medicaid program

covers almost half of the pregnancies and births in the state. This program design incorporates ongoing dialogue with and feedback from providers and other stakeholders.

Overall Scope

This SPA will implement an alternative payment methodology, specifically a bundled payment program, for maternity services. This model is episode-based, in which the episode describes the total amount of care provided to a member during a set timeframe. The maternity bundle episode will include services and care delivered during the perinatal period (prenatal, labor and birth, and postpartum), spanning 280 days before the date of delivery to 90 days after the date of delivery. Maternity providers or provider groups will be designated as the Accountable Provider over the maternity episode, based department's bundle accountability methodology. As detailed below, the Maternity Bundle Payment Program includes two key components: (1) monthly Case Rate payments for certain services included in the maternity bundle episode and (2) incentive payments for Accountable Providers who deliver high-quality, cost-effective services throughout the episode.

Case Rates

This SPA will update the reimbursement methodology for qualifying maternity providers (i.e., qualified licensed physicians, nurse practitioners, physician assistants, and nurse-midwives). Accountable Providers will receive prorated monthly Case Rate payments for office-based services provided during the prenatal and postpartum periods for a subset of services included in the maternity episode.

All claims in the first trimester of pregnancy will be paid fee-for-service (FFS) and will be excluded from the Case Rate. Subsequently, DSS' bundle accountability methodology will be used to determine the Accountable Provider that is responsible for the beneficiary's maternity episode. After bundle accountability is established, the Accountable Provider will initiate receipt of Case Rate payments, as determined by a claim with a trigger code, and all the subsequent claims for services included in the Case Rate will have no separate payment. The Accountable Provider will continue to submit all encounters as \$0-pay claims to document services provided to the beneficiary. Case Rates will be rebased no less than annually, based on updated, historical cost and utilization for services included in the case rate.

In addition, \$2.5 million annually has been appropriated to reimburse maternity Accountable Providers for providing doula services and lactation supports to their attributed members, which are high-value services associated with positive maternal and infant health outcomes.

The Case Rate payment does not change any other reimbursement methodology that is available to nonparticipating providers. Additionally, applicable FFS payments will continue to be made to all participating providers for any Medicaid covered service outside the scope of the maternity Case Rate.

Incentive Payments

As part of the maternity bundled payment accountable providers will have the opportunity to earn upside "incentive payments." At the end of the episode, DSS will conduct a retrospective reconciliation to calculate the incentive payment amount. Accountable Providers can earn incentive payments (upside only) when the actual total cost of care for the maternity episode does not exceed the target price, which is the expected total cost of care for the maternity episode, if they also meet quality performance criteria and comply with under-service prevention requirements. The

provider-specific target price will be based on a blend (a 50/50 ratio) of the statewide average cost for maternity care and the specific provider's historical cost.

The distribution of incentive payments will be adjusted based on the Accountable Provider's quality performance. Providers will receive payment in accordance with their highest earnings between two methodologies, either the overall quality performance in relation to peer performance or the percent improvement over baseline from historical performance. Specifically, incentive payments will be adjusted based on quality performance criteria to incentivize and maintain accountability for high-quality care and maternal and infant health outcomes within the program. Quality performance will be monitored through the program's quality measure slate, currently proposed to be comprised of ten outcomes and process measures. Within the measure slate, there is a subset of pay-for-performance measures, in which financial reimbursement is tied to quality performance outcomes. The remaining subset consist of pay-for-reporting measures, in which financial reimbursement is tied to the submission and reporting of the data related to each applicable quality measure.

Fiscal Impact

Overall, DSS does not anticipate that the implementation of the Maternity Bundle Payment Program will significantly change annual aggregate expenditures, with the exceptions and details noted below.

The implementation of Case Rate payments in general are anticipated to have minimal overall impact on annual aggregate expenditures because the Case Rate payment amount will be based on the provider's historical cost. In addition, as noted above, \$2.5 million annually has been appropriated to reimburse maternity providers for providing doula services and lactation supports.

More generally, by aligning financial and quality performance incentives, DSS anticipates that the Maternity Bundle Payment Program will result in approximately \$850,000 in annual savings compared to projections without the implementation of the bundled payment program by encouraging providers to help reduce unnecessary caesarian sections, adverse maternal events, and avoidable neonatal intensive care unit (NICU) utilization. Based on that projection, that amount is set as a savings target incorporated for purposes of determining eligibility for incentive payments. As noted above, the incentive payments are upside-only, which means that there are no payment reductions or penalties for providers.

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> and which, in addition to the proposed SPA pages, also includes draft Program Specifications and code lists, which contain additional information regarding episode definitions, quality measures, service inclusion and exclusion criteria, and risk adjustment. 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 24-M: Bundled Payment for Maternity Services".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 11, 2024**.
