

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

Roderick L. Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033

**MAY 26 2016**

RE: Connecticut 15-0042

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachment 4.19-A, of your Medicaid State plan submitted under transmittal number (TN) 15-0042. This amendment implements supplemental payments to eligible short-term general acute care hospitals in the amount of \$14.1 million.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 15-0042 is approved effective December 1, 2015. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,

A handwritten signature in black ink that reads "Kristin Fan". The signature is written in a cursive, flowing style.

Kristin Fan  
Director

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
15-042

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:  
December 1, 2015

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1905(a)(1) of the Social Security Act and  
42 CFR 440.10 and 447.253(a), (b), and (c)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016      \$9.6 million (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19A Page 1(xi)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
NEW

10. SUBJECT OF AMENDMENT: Effective December 1, 2015, SPA 15-042 amends Attachment 4.19-A of the Medicaid State Plan in order to implement the enacted budget and make inpatient supplemental payments to short-term general acute care hospitals that have 180 or fewer licensed beds and are not merged or affiliated with any other hospital, as detailed in the SPA.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut  
Department of Social Services  
55 Farmington Avenue - 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:  
December 29, 2015

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED: MAY 26 2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
DEC 01 2015

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Kush Fa*

21. TYPED NAME: *Kristin Fan*

22. TITLE: *Director, FMG*

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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**(2a) Supplemental Reimbursement to Small Independent Hospitals for Inpatient Hospital Services.**

Supplemental payments to eligible hospitals shall be made from a pool of funds in the amount of \$14.1 million for the state fiscal year ending June 30, 2016. The payments shall be made quarterly in accordance with the following paragraphs:

- (a) Hospitals eligible for supplemental payments under this section are short-term general acute care hospitals that have 180 or fewer licensed beds and are independent and are not affiliated with any other hospital or hospital system that includes two or more hospitals, as defined in item (c). Hospital affiliations shall be based on the Department of Public Health, Office of Health Care Access (OHCA), as documented through its Certificate of Need process.
- (b) Each eligible hospital's share of the supplemental payment pool shall be equal to that hospital's pro rata share of the total Medicaid inpatient revenues of all eligible hospitals in the aggregate as reported in each hospital's Federal Fiscal Year 2014 filing with OHCA.
- (c) A hospital shall become ineligible for supplemental payments beginning with the quarter following either: (i) the closing date of the completion of a merger or formal affiliation (*i.e.*, a formal affiliation in which the hospital controls, is controlled by, or operates under common control, directly or indirectly) with another hospital or hospital system that includes at least one other hospital, as determined based on OHCA's Certificate of Need process or (ii) the effective date of an increase in licensed beds to greater than 180 beds. A hospital that becomes ineligible shall remain ineligible for supplemental payments for calendar quarters after it became ineligible. Any remaining funds due to one or more hospitals becoming ineligible shall not be distributed to any other hospitals.