

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **Acute Care Hospitals – Reimbursement for Treatment of Gender Dysphoria (SPA 16-0026)**

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.

#### **Changes to Medicaid State Plan**

Effective on or after August 1, 2016, SPA 16-0026 will amend attachment 4.19-A of the Medicaid State Plan to reimburse hospitals for services provided to treat gender dysphoria separately from the inpatient All Patient Refined Diagnosis Related Group (APR-DRG) payment. This change will update the reimbursement policy under Attachment 4.19-A and is necessary to provide more comprehensive reimbursement and improve access to these services, which are already covered under approved SPA 15-007.

#### **Fiscal Information**

Because the fiscal estimates are still being developed, DSS estimates that this SPA will increase annual aggregate expenditures in amounts to be determined in Federal Fiscal Years 2016 and 2017.

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

The proposed SPA is posted on the DSS web site at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office and upon request from DSS.

To request a copy of the SPA or to send comments about the SPA, please email: [christopher.lavigne@ct.gov](mailto:christopher.lavigne@ct.gov) or write to: Christopher A. Lavigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812). Please reference: SPA 16-0026, Acute Care Hospitals – Reimbursement for Treatment of Gender Dysphoria.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than July 28, 2016.

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

3. Child and Adolescent Rapid Emergency Stabilization Services (CARES) per diem rate  
Effective January 1, 2015, the per diem rate for intermediate Child and Adolescent Rapid Emergency Stabilization Services (CARES) provided in a designated general hospital unit with an approved Certificate of Need that specifically provides for the operation of a CARES unit for such services shall be:

Days 1-3:      \$1,152.34 per diem

Such per diem rates are inclusive of all hospital service fees. Payment shall be limited to 3 days, except that for those children authorized by the Department for admission to the Connecticut state operated psychiatric residential treatment facility or to a specialized out-of-state residential or hospital facility, payment shall be permitted beyond the 3-day limit at \$1,152.34 per day. The Department may otherwise authorize payment beyond the 3-day limit on an exception basis.

4. Intermediate duration acute psychiatric care for adults per diem rates

Effective January 1, 2015, per diem rates for intermediate duration acute psychiatric care provided in a designated general hospital unit certified by the state Department of Mental Health and Addiction Services for such services shall be:

Days 1-29:      \$877.34  
Days 30+:      \$802.34

Such per diem rates are inclusive of all hospital service fees. Payment shall continue as long as placement in this level of care is appropriate. Inpatient stays that include transfer to intermediate duration acute psychiatric care beds from other inpatient psychiatric beds within a hospital shall be paid based on the intermediate duration psychiatric care rate schedule for all days.

5. Connecticut Hospice

Effective January 1, 2015, the per diem rate for inpatient services provided by Connecticut Hospice shall be \$650.00. The per diem rate is inclusive of all hospital service fees and hospital-based professional services.

6. Inpatient Hospital Reimbursement for Treatment of Gender Identity Dysphoria Services

The current fee schedule was set as of August 1, 2016 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.