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State/Territory Name: CT

State Plan Amendment (SPA): CT-24-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 19, 2024

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue, 5th Floor
Hartford, CT 06105-3730

RE: TN 24-0013

Dear Commissioner Reeves:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Connecticut's state plan amendment (SPA) to Attachment 4.19-B of 24-0013, which was submitted to CMS on June 28, 2024. This plan amendment implements a one-time supplemental payment for in-state Federally Qualified Health Centers (FQHCs).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 12, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.


Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 3</u> | 2. STATE <u>CT</u> |
| | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE June 12, 2024 | |
| 5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1905(2)(C) and 1905bb | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>16,000,000</u> b. FFY <u>2025</u> \$ <u>0</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Addendum page 5e to Attachment 4.19-B, Pg 1 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) (NEW) | |

9. SUBJECT OF AMENDMENT
The one-time supplemental payments will provide stabilization funding to in-state FQHCs. These one-time stabilization payments of \$1,882,352.94 will be distributed to each of the 17 in-state FQHCs from a total pool of \$32,000,000.


10. 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:

| | |
|---|--|
| 11. SIGNATURE  | 15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney |
| 12. TYPED NAME Andrea Barton Reeves, J.D. | |
| 13. TITLE Commissioner | |
| 14. DATE SUBMITTED June 28, 2024 | |

FOR CMS USE ONLY

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| 16. DATE RECEIVED 06/28/2024 | 17. DATE APPROVED September 19, 2024 |
|--|--|

PLAN APPROVED - ONE COPY ATTACHED

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|---|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL 06/12/2024 | 19. SIGNATURE OF APPROVING OFFICIAL  |
| 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion | 21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review |

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

One-Time Supplemental Payment

Effective June 12, 2024, a one-time supplemental payment shall be made to in-state Federally Qualified Health Centers (FQHCs) for services provided to Medicaid members. The one-time payment provides stabilization funding to in-state FQHCs. Payments will be equally distributed to each of the seventeen in-state FQHCs from a total pool of \$32,000,000.00. Each health center will receive a one-time payment of \$1,882,352.94 by June 30th, 2024. Payment is for services provided during the state fiscal year ending June 30, 2024.

TN # 24-0013

Approval Date 09/19/2024

Effective Date 06/12/2024

Supersedes

TN # NEW