

Form NOD-ICM (Rev. 3/2016)
State of Connecticut
Office of the Secretary of the State

IMPORTANT NOTICE FOR CONNECTICUT STATE AGENCIES

This form should be used only for regulations first noticed *on and after March 23, 2015*.
Please review the instruction page before completing and submitting this form.
Please contact the Secretary of the State's Office at 860-509-6009 if you have any questions.

Notice of Decision

In accordance with the provisions of Section 4-168(e) of the *Connecticut General Statutes*, the **Department of Social Services** hereby gives notice it has decided to move forward with a proposed regulation concerning **Maternity Bundled Payment**.

Notice of Intent to adopt said regulation was posted to the eRegulations System website on **January 16, 2025**. The eRegulations System tracking number assigned to the proposed regulation is **PR2022-002**.

Comments concerning the proposed regulation were received orally or in writing. Therefore, a statement responding to such comments shall be posted to the eRegulations System website.

As required by Section 4-168(e) of the *Connecticut General Statutes*, the final proposed wording of the regulation shall be posted to the eRegulations System website as a separate document.

July 31, 2025

Andrea Barton Reeves, JD
Commissioner, Dept. of Social Services


(signature)