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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

March 22, 2012

Roderick Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 11-023, submitted to my office on July 29, 2011. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan to revise its rate setting methodologies for emergency ambulance services. This change was mandated by the State legislation, Public Act 11-61, Section 125. This SPA has been approved effective July 1st, 2011, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19B, Page 20

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

S

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 11-023	2. STATE CT
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 07/01/2011	

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

5. TYPE OF 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)

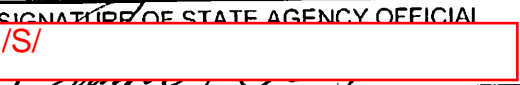
6. FEDERAL STATUTE/REGULATION CITATION Sec. 1905(a)(6) of the Social Security Act and 42 CFR 440.170	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$ -87,000.00 b. FFY 2012 \$ -929,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 20	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 20

10. SUBJECT OF AMENDMENT

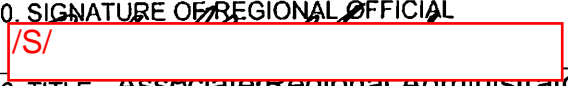
The Department of Social Services is proposing to revise its Medicaid State Plan effective July 1, 2011, in order to revise its rate setting methodologies for emergency ambulance services. This change is mandated by state legislation, Public Act 11-61, Section 125. The reduction will not exceed ten percent of the rates in effect on December 31, 2010 and will result in savings to the federal government.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME Roderick L. Bremby	
14. TITLE Commissioner	
15. DATE SUBMITTED July 29, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED July 29, 2011	18. DATE APPROVED March 22, 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator Director of Medicaid & Children's Health Operations

23. REMARKS

ATTACHMENT 4.19-B
Page 20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

24. Methods and Standards for Establishing Rates – Other types of Care

A(1) Transportation. Fees for emergency medical transportation services were set as of July 1, 2011 and are effective for services provided on or after that date. Fees for nonemergency ambulance services were set as of April 1, 2009 and are effective for services on or after that date. All rates are published at www.ctdssmap.com.

A(2) Brokered Transportation. The Department on a monthly schedule will:

- a. Pay the brokers a capitation payment during the month following the month of service. The capitation payment will be based on a negotiated per-person rate for approved non-emergency medical transportation. The capitated rate will reflect the results of the competitive RFP in conjunction with the Department's estimate of the monthly enrollment. The Department will calculate the capitation payment to the broker based on the membership reflected in the broker's service region as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Outside of the capitation, pay the brokers for actual trips provided to "pending" clients and those eligible Medicaid clients who became eligible during the month of service and received transportation service during the month. The rate of payment for these clients shall be the actual cost paid to the NEMT provider.
- c. Outside of the capitation, reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending" clients and newly added Medicaid clients and air transports shall be made on the basis of an invoice for actual transportation costs.
- d. Adjust payments for errors in the data file that result in the addition of clients who should not have been included in the data files, such as the names of deceased clients.