

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



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

August 2, 2013

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.12-028, submitted December 27, 2012 proposing to modify the Connecticut State Plan attachment 4.19B pages to decrease reimbursement for air ambulance services.

This SPA has been approved effective December 1st, 2012, as requested by the State.

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

- Attachment 4.19-B, 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: Kate McEvoy, Esq. Interim Director of the Division of Health Services

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

1. TRANSMITTAL NUMBER:
12-028

2. STATE: CT

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

TO: REGIONAL ADMINISTRATOR
CMS/CSMO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
12/01/2012

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:

42 C.F.R. § 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$200,000 (savings)
b. FFY 2014 \$300,000 (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B, page 20

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Attachment 4.19B, page 20

10. SUBJECT OF AMENDMENT: Under state plan amendment 12-028, the Department of Social Services proposes to amend Attachment 4.19B of the Connecticut Medicaid State Plan. Effective December 1, 2012, the Medicaid agency is making a change in order to decrease reimbursement for air ambulance services.

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:

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner, Department of Social Services

15. DATE SUBMITTED:
December 27, 2012

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-27-12

18. DATE APPROVED: 8-2-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12-1-12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, DMCH

23. REMARKS:

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. Transportation

(1) Ambulance - All rates are published at www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the “Transportation” subcategory listed below. Rates for these services are the same for both governmental and private providers

(a) Fees for emergency medical transportation were set as of July 1, 2011 and are effective for services provided on or after that date. Select the Transportation – Basic/Advanced fee schedule.

(b) Fees for non-emergency ambulance services were set as of April 1, 2009 and are effective for services provided on or after that date. Select the Transportation – Basic/Advanced fee schedule.

(c) Fees for emergency conventional air ambulance services (rotary wing) were set as of December 1, 2012 and are effective for services provided on or after that date. Select the Transportation – Critical Helicopter fee schedule.

(2) Non-Emergency Medical Transportation (NEMT)

The payment methodology for this service is described in Attachments 3.1-A and 3.1-B.