

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**

October 29, 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. 13-007, submitted to my office on March 26, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 4.19B in order to decrease reimbursement for non-emergency ambulance services.

This SPA has been approved effective January 1, 2013, 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](mailto:Marie.Montemagno@cms.hss.gov)

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Kate McEvoy, Associate Director of Medical Administration - Health Services and Supports

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

1. TRANSMITTAL NUMBER:  
13-007

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  
01/01/2013

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 \$163,000 (savings)  
b. FFY 2014 \$223,000 (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 PAGE NUMBER OF THE SUPERSEDED PLAN  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 13-007, the Connecticut Department of Social Services proposes to amend the Connecticut Medicaid State Plan Attachment 4.19B in order to decrease reimbursement for non-emergency ambulance services effective January 1, 2013. This change is expected to result in estimated federal savings of \$163,000 in FFY13 and \$223,000 in FFY14.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Roderick L. D'Amico

14. TITLE: Commissioner, Department of Social Services

15. DATE SUBMITTED:  
March 26, 2013

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: March 26, 2013

18. DATE APPROVED: October 29, 2013

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

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

**A. Transportation**

(1) Ambulance - All rates are published at [www.ctdssmap.com](http://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 January 1, 2013 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.

**OFFICIAL**

TN # 13-007

Approval Date 10/29/13 \_\_\_\_\_

Effective Date 01/01/2013

Supersedes

TN # 12-028