

Table of Contents

State/Territory Name: CT

State Plan Amendment (SPA): CT-24-0022

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Financial Management Group

December 17, 2024

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

RE: TN 24-0022

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 24-0022, which was submitted to CMS on September 30, 2024. This plan amendment makes changes to the reimbursement rates for ambulance providers.

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 July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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,

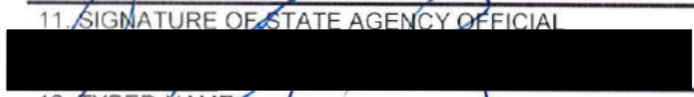
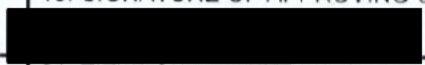


Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 2 2</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 <u>July 1, 2024</u>
5. FEDERAL STATUTE/REGULATION CITATION <u>Social Security Act Sections 1905(a)(6) and 42 CFR 440.170</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>1,955,172</u> b. FFY <u>2025</u> \$ <u>11,819,017</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Pg 20</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Pg 20</u>
9. SUBJECT OF AMENDMENT <u>1. Changes to the reimbursement rates for ambulance providers. This SPA increases the rates to several ambulance transportation procedure codes, including code 4701Y, under the transportation (basic/advanced) fee schedule.</u>		
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:		
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
12. TYPED NAME <u>Andrea Barton Reeves, J.D.</u>		
13. TITLE <u>Commissioner</u>		
14. DATE SUBMITTED <u>September 30, 2024</u>		
FOR CMS USE ONLY		
16. DATE RECEIVED <u>09/30/2024</u>		17. DATE APPROVED <u>December 17, 2024</u>
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u>		19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>		
21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>		
22. REMARKS		

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

30. 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. Except as otherwise noted in the plan, state-developed fee schedule 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, 2024 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 July 1, 2024 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. Fees for emergency conventional air ambulance services (fixed wing) are manually priced. Select the “Transportation – Air Ambulance” fee schedule.
- (2) Non-Emergency Medical Transportation (NEMT)

The broker is reimbursed as described in Attachments 3.1-A and 3.1-B.

TN # 24-0022
Supersedes
TN # 21-0024

Approval Date December 17, 2024 Effective Date 07/01/2024