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State/Territory Name: CT

State Plan Amendment (SPA): CT-26-0019

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

September 3, 2026

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

RE: TN 26-0019

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 26-0019, which was submitted to CMS on June 30, 2026. This plan amendment updates the effective date and fee schedule language for freestanding birthing centers.

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 May 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

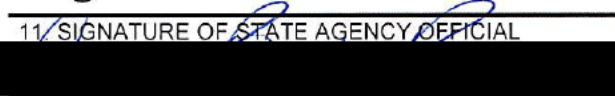
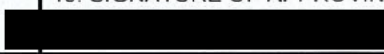
If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 6 — 0 0 1 9</u>	2. STATE <u>CT</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2026	
5. FEDERAL STATUTE/REGULATION CITATION Section 2301 of the Patient Protection and Affordable Care Act. Codified at 42 U.S.C. §§ 1396d(a)(28) and 1396d(l)(3)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>94,844</u> b. FFY <u>2027</u> \$ <u>297,607</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 4.19-B, Pg 21		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attach. 4.19-B, Pg 21	
9. SUBJECT OF AMENDMENT To increase the reimbursement for services provided in freestanding birthing centers. The rate increase is being implemented to ensure that freestanding birthing centers can continue to provide high-quality care while maintaining a cost-effective approach to maternity services.			
10. 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:			
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 Andrea Barton Reeves, JD.			
13. TITLE Commissioner			
14. DATE SUBMITTED June 23, 2026			
FOR CMS USE ONLY			
16. DATE RECEIVED 06/30/2026		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 05/01/2026		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

METHODS AND STANDARDS FOR ESTABLISHING RATES

28. Freestanding Birth Center

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private freestanding birth center providers. The agency's fee schedule rates were set as of May 1, 2026, and are effective for services on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

Payment to the freestanding birth center excludes all services provided by licensed practitioners. The Department will reimburse licensed practitioners for services in accordance with the reimbursement methodology applicable to the licensed practitioner's provider type.

TN # 26-0019
Supersedes
TN # 12-013

Approval Date September 3, 2026

Effective Date: 5/1/2026