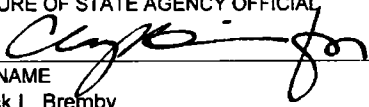
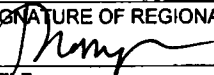


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 11-007	2. STATE CT
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2011	
		5. TYPE OF PLAN MATERIAL (Check One)  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. § 1396d(a)(14) and 42 U.S.C. § 1396d(a)(16)		7. FEDERAL BUDGET IMPACT a. FFY 2011 <del>\$1.7M</del> <del>\$2,000,000.00</del> b. FFY 2012 <del>\$9.9M</del> <del>\$12,300,000.00</del>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 28, 29, 30, 31, 32, 33, 34 and 35 to Attachment 4.19A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) (NEW)	
10. SUBJECT OF AMENDMENT The Department of Social Services is proposing to revise Attachments 4.19A of the Connecticut Medicaid State Plan effective July 1, 2011 in order to describe payment methodology for psychiatric inpatient services for individual under 22 or over 64 years of age. This amendment is expected to result in estimated costs of <del>\$2</del> <sup>1.1</sup> million in FFY11 and <del>\$12.3</del> <sup>9.9</sup> million in FFY12.			
11. GOVERNOR'S REVIEW (Check One)  <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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 March 8, 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED		18. DATE APPROVED <b>NOV 17 2011</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>JUL - 1 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Penny Thompson</b>		22. TITLE <b>Deputy Director, CMCS</b>	
23. REMARKS Blocks 7 and 10 reflect updated estimates using more recent data.			