

Center for Medicaid and CHIP Services (CMCS)

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

NOV 17 2011

RE: TN 11-007

Dear Mr. Starkowski:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-007. This amendment adds methods and standards for establishing reimbursement rates for psychiatric residential treatment facility (PRTF) services and inpatient psychiatric hospital services for individuals under 22 and over 65 years of age.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 11-007 is approved effective July 1, 2011. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Cindy Mann
Director, CMCS

Enclosures:

cc: Mark Schaefer, Acting Director, DSS

bcc: Richard McGreal, ARA, CMS Region I
William Johnson, Region I
Irvin Rich, Region I
Mark Cooley, CMS NIRT
Official SPA File