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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**

August 8, 2012

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. 11-032, submitted to my office on December 29, 2011. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan in order to increase reimbursement for air ambulance services. This SPA has been approved effective October 1st, 2011, 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: Mark Schaefer, Director, Medical Care Administration

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 11-032	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 10/01/2011	
5. TYPE OF STATE 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		

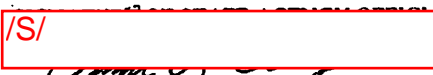
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 440.170	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$250,000 -- costs b. FFY 2013 \$300,000 -- costs
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B, page 20

SUBJECT OF AMENDMENT: Under state plan amendment 11-032, the Department of Social Services proposes to amend Attachment 4.19B of the Connecticut Medicaid State Plan. Effective October 1, 2011, the Medicaid agency is making a change in order to increase reimbursement for air ambulance services.

11. GOVERNOR'S REVIEW (Check One):

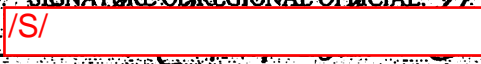
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE: 	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, Department of Social Services	
15. DATE SUBMITTED: December 23, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/23/11	18. DATE APPROVED: 8/8/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations
23. REMARKS:	

ATTACHMENT 4.19-B  
Page 20

## 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(1) Transportation.

Fees for emergency medical transportation and non-emergency ambulance services were set as of April 1, 2009 and are effective for services provided on or after that date. Fees for emergency conventional air ambulance services (rotary wing) were set as of October 1, 2011 and are effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Provider Fee Schedule Download" and select "Critical Helicopter."

A(2) Brokered Transportation. The Department on a monthly schedule will:

- a. Pay the brokers a capitation payment during the month following the month of service. The capitation payment will be based on a negotiated per-person rate for approved non-emergency medical transportation. The capitated rate will reflect the results of the competitive RFP in conjunction with the Department's estimate of the monthly enrollment. The Department will calculate the capitation payment to the broker based on the membership reflected in the broker's service region as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Outside of the capitation, pay the brokers for actual trips provided to "pending" clients and those eligible Medicaid clients who became eligible during the month of service and received transportation service during the month. The rate of payment for these clients shall be the actual cost paid to the NEMT provider.
- c. Outside of the capitation, reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending" clients and newly added Medicaid clients and air transports shall be made on the basis of an invoice for actual transportation costs.
- d. Adjust payments for errors in the data file that result in the addition of clients who should not have been included in the data files, such as the names of deceased clients.

TN # 11-032

Supersedes

TN # 09-002Approval Date 8/8/12 Effective Date 10/01/2011