

**Table of Contents (Cover Page) for one PDF to post on Medicaid.gov**

**Sample Template is below this line. Do not print the wording above this line.**

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## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: CT 12-013**

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  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

September 21, 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. 12-013, submitted to my office on June 29, 2012. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 3.1A, 3.1B and 4.19B to establish methods and standards for setting payment rates for birth center services and other ambulatory services offered by a birth center and otherwise included in the Medicaid State Plan.

These changes are needed to comply with Section 2301 of the Patient Protection and Affordable Care Act, codified at 42 U.S.C §§ 1396d(a)(28) and 1396d(l)(3), which requires states to provide Medicaid coverage for birth center services and other ambulatory services offered by a birth center and otherwise included in the Medicaid State Plan. This SPA has been approved effective April 1, 2012, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, page 12
- Attachment 3.1B, page 11
- Attachment 4.19B, page 21

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: Kate McEvoy, Associate Director of Medical Administration - Health Services and Supports

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

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
12-013

2. STATE  
CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
04/01/2012

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

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

6. 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)

7. FEDERAL BUDGET IMPACT

a. FFY2012	-	\$20,000 (cost)
b. FFY2013	-	\$40,000 (cost)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1A page 12  
Attachment 3.1B page 11  
Attachment 4.19B page 21 (New)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1A page 12  
Attachment 3.1B page 11  
(New)

10. SUBJECT OF AMENDMENT

The Department of Social Services will amend its Medicaid State Plan effective April 1, 2012. Attachments 3.1-A, 3.1-B and 4.19-B will be amended to establish methods and standards for setting payment rates for birth center services and other ambulatory services offered by a birth center and otherwise included in the Medicaid State Plan. These changes are needed to comply with Section 2301 of the Patient Protection and Affordable Care Act, codified at 42 U.S.C. §§ 1396d(a)(28) and 1396d(l)(3), which requires states to provide Medicaid coverage for birth center services and other ambulatory services offered by a birth center and otherwise included in the Medicaid State Plan. These statutory provisions require payments to licensed clinicians who perform services at a birth center to be excluded from the payments to the birth center. The Department's estimated federal fiscal impact for FFY 2012 and FFY 2013 has not yet been determined.

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 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  
June 29, 2012

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
6/29/12

18. DATE APPROVED  
9/21/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
4/1/12

20. SIGNATURE OF REGIONAL OFFICIAL  


21. TYPED NAME  
Richard R. McGreal

22. TITLE  
Associate Regional Administrator  
Div. of Medicaid & Children's Health Operations

State: CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
CATEGORICALLY NEEDY GROUP(S): ALL**

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**Freestanding Birth Center Services**

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided:  No limitations     With limitations     None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided:  No limitations     With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN # 12-013  
Supersedes  
TN # New

Approval Date 9/21/12

Effective Date: 4/1/2012

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

METHODS AND STANDARDS FOR ESTABLISHING RATES

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**28. Freestanding Birth Center Services**

Fixed fee schedule. The agency's rates were set as of April 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

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.

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