

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-X: Ambulance Rate Increase

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after July 1, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to increase the rates for emergency and non-emergency ambulance rates by 10% (excluding the mileage rate) and increase the ambulance mileage rates for all emergency and non-emergency transports by \$3.00.

The purpose of this SPA is to comply with section 376 of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Specifically, that bill provides that the Medicaid rates for ambulance services must be increased in the manner and amounts set forth above.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$7.7 million in State Fiscal Year (SFY) 2022 and \$8.4 million in SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “Ambulance Rate Increase.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 14, 2021.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: CONNECTICUT

2930. Methods and Standards for Establishing Rates – Other types of Care

A. Transportation

- (1) Ambulance - All rates are published at www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the “Transportation” subcategory listed below. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.
- (a) Fees for emergency medical transportation were set as of ~~August 1, 2015~~ July 1, 2021 and are effective for services provided on or after that date. Select the “Transportation – Basic/Advanced” fee schedule.
- (b) Fees for non-emergency ambulance services were set as of ~~August 1, 2015~~ July 1, 2021 and are effective for services provided on or after that date. Select the “Transportation – Basic/Advanced” fee schedule.
- (c) Fees for emergency conventional air ambulance services (rotary wing) were set as of December 1, 2012 and are effective for services provided on or after that date. Select the “Transportation – Critical Helicopter” fee schedule. Fees for emergency conventional air ambulance services (fixed wing) are manually priced. Select the “Transportation – Air Ambulance” fee schedule.
- (2) Non-Emergency Medical Transportation (NEMT)

The broker is reimbursed as described in Attachments 3.1-A and 3.1-B.

TN # 21-X

Approval Date _____

Effective Date 07/01/2021

Supersedes

TN # 18-0004