



**Connecticut Medical Assistance Program**  
Policy Transmittal 2014-05

PB 2014-12  
March 2014

Roderick L. Bremby, Commissioner

Effective Date: February 18, 2014  
Contact: C. LaVigne @ 860-424-5719

**TO: Nursing Facilities, ICF/IID (formerly ICF/MR)**

**RE: Amended Pages to Annual Report of Long-Term Care Facility**

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This notice is being sent to clarify the Department's procedures on submitting amended cost report pages. In an effort to emphasize accuracy and integrity of the timely submitted *Annual Report of Long-Term Care Facility cost reports*, the Department will apply the following policy regarding amended cost report pages:

- Amended pages to the cost report year ending 9/30/2013 must be submitted by 7/1/2014 in order for the Department to consider them. The Department may authorize exceptions to this policy for cause.
- For cost reports prior to the cost report year ending 9/30/2013, effective immediately, amended pages will no longer be accepted, processed, filed or reviewed by DSS Office of Reimbursement or its current contractor, Myers and Stauffer, LLC.
- Exceptions to this policy may be made on a case-by-case basis when amended pages are related to overstated costs that require amendment under the terms of the False Claims Act, or if such amended pages are needed to correct a material misstatement of the provider's rate.

If there are any questions, please contact Christopher LaVigne, Director Reimbursement and Certificate of Need, at 860 424-5719.

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**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

**Responsible Unit:** DSS, Reimbursement and Certificate of Need.