

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

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

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March 22, 2013

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. 12-019, submitted to my office on June 29, 2012. This SPA proposes to modify the Connecticut State Plan attachment 3.1A, 3.1B and 3.1D in order to reflect the transition from two brokers to one for its Non-Emergency Medical Transportation (NEMT) program. This SPA has been approved effective April 1st, 2012, as requested by the State.

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

- Attachment 3.1-A, Pages 9a through 9e
- Attachment 3.1-A, Supplement Page 4 to Page 9e (Pages 1 through 12)
- Attachment 3.1-B, Pages 8a through 8e
- Attachment 3.1-B, Supplement Page 4 to Page 8e (Pages 1 through 12)
- Attachment 3.1-D(1), Page 1
- Attachment 3.1-D(2), Page 1
- Attachment 3.1-D(3), Page 3
- Attachment 4.19-B, 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

Enclosures

cc: Kate McEvoy, Esq. Interim Director of the Division of Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED  
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**1. TRANSMITTAL NUMBER:  
12-019

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)TO: NATIONAL INSTITUTIONAL REIMBURSEMENT TEAM  
CMS/CMSO  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
4/1/2012

5. TYPE OF STATE 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 1902(a)(70) of the Social Security Act7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 - No fiscal impact  
b. FFY 2013 - No fiscal impact8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1A pages 9a-9e and 3.1B pages 8a-8e  
Attachment 3.1-A and 3.1-B, supplement 4 to page 8(c), pages 1 - 12  
Attachment 3.1-D (1) pages 1 and 2 and Attachment 3.1-D(2) page 1  
Attachment 4.19B, page 209. PAGE NUMBER OF THE SUPERSEDED PLAN  
Attachment 3.1A pages 9a-9e and 3.1B pages 8a-8e  
Attachment 3.1-A and 3.1-B, supplement 4 to page 8(c), pages 1 - 12  
Attachment 3.1-D (1) pages 1 and 2 and Attachment 3.1-D(2) page 1  
Attachment 4.19B, page 20

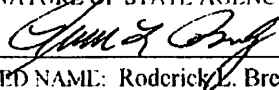
10. SUBJECT OF AMENDMENT: Under state plan amendment 12-019, the Department of Social Services proposes to amend the Connecticut Medicaid State Plan Attachments 3.1-A, 3.1-B, 3.1-D, and 3.1c(1) in order to reflect the transition from two to one brokers for Non-emergency Medical Transportation Services (NEMT). The proposed effective date of this amendment is April 1, 2012. This state plan amendment will not change the methodology by which the Department pays for NEMT. No fiscal impact is expected for FFY12 and FFY13.

11. GOVERNOR'S REVIEW (Check One):

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

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
June 29, 2012

16. RETURN TO:


State of Connecticut  
Department of Social Services - 11<sup>th</sup> floor  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Ginny Mahoney**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: June 29, 2012

18. DATE APPROVED: March 22, 2013

**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
April 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

23. REMARKS: State approved pen and ink change to box 8 and 9 adding additional approved pages

FORM HCFA-179 (07-92)

## STATE/TERRITORY: CONNECTICUT

## AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

24. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

Without limitations

With limitations (Describe limitations in a Supplement to 3.1A either a Supplement or in Attachment 3.1D)

Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

Without limitations

With limitations (Describe limitations in either a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

- ☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

- (1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

(1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

ATTACHMENT 3.1-A  
Page 9b

## STATE/TERRITORY: CONNECTICUT

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(10)(B) comparability

☒ (23) freedom of choice

(2) Transportation services provided will include:

- ☒ wheelchair van
- ☒ taxi
- ☒ stretcher car
- ☒ bus passes
- ☒ tickets
- ☒ secured transportation
- ☒ other transportation (if checked describe below other types of transportation provided.)

Other transportation may include commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate.

☒ (3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- ☒ Low-income families with children (section 1931)
- ☒ Deemed AFDC-related eligibles
- ☒ Poverty-level related pregnant women
- ☒ Poverty-level infants
- ☒ Poverty-level children 1 through 5
- ☒ Poverty-level children 6 - 18

**ATTACHMENT 3.1-A**  
**Page 9c**

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- ☒ Qualified pregnant women AFDC – related
- ☒ Qualified children AFDC -- related
- ☐ IV-E foster care and adoption assistance children
- ☒ TMA recipients (due to employment) (section 1925)
- ☒ TMA recipients (due to child support)
- ☒ SSI recipients
- ☒ Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII  
(very-low income adults who are not otherwise eligible under any other  
mandatory eligibility group)

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☒ Optional poverty-level - related pregnant women
- ☒ Optional poverty-level - related infants
- ☒ Optional targeted low income children
- ☒ Non IV-E children who are under State adoption assistance agreements
- ☒ Non IV-E independent foster care adolescents who were in foster care on  
their 18<sup>th</sup> birthday
- ☒ Individuals who meet income and resource requirements of AFDC or SSI
- ☒ Individuals who would meet the income & resource requirements of AFDC  
if child care costs were paid from earnings rather than by a State agency

Individuals who would be eligible for AFDC if State plan had been as broad  
as allowed under Federal law -- this is an addition

- ☒ Children aged 15-20 who meet AFDC income and resource requirements
- ☒ Individuals who would be eligible for AFDC or SSI if they were not in  
medical institution
- ☒ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits
- ☒ Individuals in special income level group, in a medical institution for at least  
30 consecutive days, with gross income not exceeding 300% of SSI  
standard
- ☒ Individuals receiving home and community based waiver services who would only be  
eligible under State plan if in a medical institution (please note that the broker may only  
provide transportation to and from 1905(a) services).

**ATTACHMENT 3.1-A**  
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under

- ☐ Individuals terminally ill if in a medical institution and will receive hospice care
- ☐ Individuals aged or disabled with income not above 100% FPL
- ☒ Individuals receiving only an optional State supplement in a 209(b) State
- ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☒ Employed medically improved individuals who buy into Medicaid TWWIIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

**(6) Payment Methodology**

**(A) Please describe the methodology used by the State to pay the broker:**

The State will pay the contracted broker the PMPM / risk capitation. The Department will also reimburse the broker for costs related to "Pending Clients" and for costs related to arranging and scheduling commercial air transportation or air ambulance. These costs are not included in the broker's capitated fee and are reimbursed on an invoice arrangement.

**(B) Please describe how the transportation provider will be paid:**

Transportation Provider receives reimbursement from the transportation Broker

**(C) What is the source of the non-Federal share of the transportation payments?**

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State General Fund

**(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.**

**(E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).**



ATTACHMENT 3.1-A  
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(F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.

(7) The broker is a non-governmental entity:

- ☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
- ☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
- ☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
- ☐ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
- ☐ The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation.

(8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

- ☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- ☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- ☐ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

(9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker ( call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

See Supplement 4 to Page 9(e) of Attachment 3.1A

Supplement 4 to page 9(e) of ATTACHMENT 3.1-A  
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**Overview of the Connecticut Non-Emergency Medical Transportation  
Program**

**1. Introduction**

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible under the CTMAP statewide pursuant to Connecticut General Statutes (CGS) §17b-276. The Department has established risk-based contracts with a broker to coordinate the provision of NEMT with transportation providers for qualified Medicaid clients to and from medical services covered under the CTMAP. The broker provides prior authorization for non-emergency ambulance services, but does not authorize or arrange emergency ambulance services that respond to 911 calls.

The broker directly authorizes, arranges, and subcontracts with licensed transportation providers to provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The broker must coordinate the non-emergency medical ground and air transportation of individuals who reside in Connecticut but must receive specialty medical services out-of-state or must return to Connecticut after receiving services in another state. Some individuals require specialty treatment at medical facilities or hospitals in other states when those services are not otherwise available in Connecticut. The Department reimburses the broker for the actual cost of the air transportation (commercial or air ambulance).

**2. Payments**

The Department on a monthly schedule will:

- a. Pay the broker 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 as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Pay the broker 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, outside of the capitation.
- c. 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



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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, outside of the capitation.

- 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. The broker must also pay claims within 45 days from the receipt of the deceased client invoice.

**3. NEMT Network**

The broker is responsible for developing and maintaining a transportation network sufficient to provide the transportation services. The network must include sufficient vehicles to provide transportation to Medicaid-covered services at all times including evenings, weekends, and holidays. In particular, the broker:

- a. Recruits, contracts, and maintains a network of adequate non-emergency medical transportation providers to deliver non-emergency medical transportation to Connecticut Medicaid clients.
- b. Coordinates air travel through a travel agent and in consultation with the Department.
- c. Utilizes modes of transportation appropriate for the medical, physical and intellectual needs of clients and ensures that non-English-speaking clients and disabled individuals with assistance from attendants or service animals will be able to access transportation services.
- d. Negotiates rates through competitive bidding or use of other strategies to ensure that the most appropriate and least-costly transportation is provided.
- e. Provides quarterly data on the network vehicle capacity including number, condition, and mileage of each vehicle by type in the network and on the network driver capacity including number, training, certification, and background checks in a form and format as required by the Department.

The broker is prohibited from:

- a. Owning, in full or in part, an organization participating in the Connecticut Medicaid program as a transportation provider or having an equity in or managing the organization or entity; nor can the broker have any relationship in which the broker could exercise control over the transportation provider.
- b. Contracting with providers who have been terminated from the Connecticut Medicaid program for fraud or abuse or who have been disallowed from Federal or State contracting.

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**4. Subcontracts**

The broker may subcontract for any function except the broker's call center and after hours and backup call center operations. Contract agreements between the broker and transportation providers must clearly identify the performance requirements to achieve the Department's standards and requirements of the NEMT program. The broker is responsible for the performance of the program irrespective of its subcontracts with providers. To that end, the broker is responsible for defining and assuring the operational specifications including regulatory compliance and payment procedures for transportation providers. In addition, the broker is responsible for determining and authorizing the most appropriate and economical mode of transportation for each qualified Medicaid client requesting transportation.

**5. Ride Assignment and Dispatching**

The broker must be able to efficiently assign rides to appropriate transportation providers and to assure that all rides meet promptness and timeliness standards. In addition, the broker must have the capacity to initiate immediate contact with provider dispatchers or other transportation provider personnel to contact and locate drivers and vehicles for emergency and safety needs.

**6. Bus Utilization**

The broker provides public bus transportation whenever it offers the least expensive and appropriate mode of transportation and when clients have the medical, physical and mental ability to utilize the bus. When offering the lowest denomination of passes for bus transportation, the broker must provide the client sufficient information concerning the scheduled route to and from the medical provider, bus stops, and transfer locations.

**7. Non-Emergency Ambulance Utilization**

The broker provides prior authorization for non-emergency ambulance transportation but is not at risk for the cost of non-emergency ambulance transportation. To facilitate the prior authorization function, the broker must establish agreements with sufficient NEMT ambulance companies to provide ambulance services for those clients who may not be appropriately transported in a less expensive mode of transportation. Additionally, the broker must implement business and data exchange requirements, electronic linkages and interactive transaction capabilities that will enable ambulance companies to submit claims for non-emergency ambulance services to the Department's fiscal agent for payment.

**8. Client Outreach - Non-Emergency Medical Transportation Information**

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The broker provides comprehensive non-emergency medical transportation outreach and educational marketing plans and culturally sensitive materials directed at qualified Medicaid clients, healthcare providers, and human service agencies.

**9. Eligibility for Non-Emergency Medical Transportation**

The target population includes qualified Medicaid clients and "pending" clients who require non-emergency medical transportation to and from medical services covered under the CTMAP including services at border hospitals in neighboring states. The majority of these clients will be elderly or disabled persons who reside in the State of Connecticut. A small number of Connecticut Medicaid clients, such as clients of the State of Connecticut Department of Children and Families, reside in another state and receive services in the other state.

**10. Transportation Request Approval Process**

The Request Approval provisions outline the process for reserving, verifying and authorizing NEMT services. All trips must be authorized before they are provided. However, the broker may authorize "complete" round trips to and from the medical provider and multiple trips to the same provider for a continuation of the service for the initial need. Scheduled trips to regularly scheduled dialysis treatments or regularly scheduled methadone treatments are examples of ongoing trips where the broker may approve multiple trips in advance for the same clinical need. The broker must, however, re-evaluate the client's eligibility at the beginning of each month when the multiple trips occur within multiple months.

**a. Reservation Process**

A Medicaid client who requires non-emergency medical transportation to a medical service calls the broker to request non-emergency medical transportation with at least forty-eight-hours notice. The broker is responsible for responding to client requests in a timely manner and for providing timely and appropriate transportation to medically necessary services. The Department will pay for only that non-emergency ambulance transportation that the broker has authorized before the ambulance services are provided.

**b. Document and Verification Process**

The broker must document and record its action and, in some instances, the reasons for its action. Documentation may take the form of an entry in a data system, paper documents and electronically recorded messages or other data. The broker must apply Department approved policies for requiring clients or medical providers to supply documentation including the type of documentation (paper, electronic, recording, etc.). When the broker requires a medical provider to document information to verify closest appropriate provider or to justify a particular mode of transportation, the broker may utilize any of the following legitimate methods depending on the circumstances: (1)a written document with a medical provider's explanation and signature, or (2)a verbal

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statement from a medical provider or the provider's representative. The broker will enter the documentation into its data system appropriately referenced. The method selected for documentation should reflect the least burdensome approach while achieving the needed information.

**c. Transportation Scheduling Process -**

- (1) Least-expensive and appropriate mode of transportation – The broker shall schedule and arrange the least-expensive and appropriate mode of transportation for clients. Whenever appropriate, the broker shall provide bus passes to clients who live near public transportation within urban and metropolitan areas and have no barriers to using bus transportation. The broker may deny non-emergency medical transportation to a client who has his/her own means of transportation and that means of transportation is operable and is available to the client. In the event that the client has an inoperable vehicle or lacks the resources to operate the vehicle, the broker may offer reimbursement for mileage to enable the client to use his/her own vehicle. The broker may also offer to reimburse a family member or a friend for transportation.
- (2) Closest appropriate and available provider – The broker shall arrange non-emergency medical transportation to the closest appropriate provider. For purposes of this requirement, any provider within a fifteen-mile radius from the client's residence must be considered the closest appropriate provider irrespective of the actual distance from the client's residence. The closest-appropriate provider may also be someone located beyond fifteen miles, but whose specialty may not be available within closer proximity to the client's residence. In other instances, no other closer provider may be available within the time required by the client due to the client's health needs. The fifteen-mile radius from the client's residence to and from providers shall not restrict the client on the freedom of choice of medical provider.

In evaluating whether a provider is the closest appropriate provider, the broker provides the client with the name of a provider with the same type and specialty as the provider initially selected by the client. Furthermore, the broker must determine that the alternate provider identified by the broker accepts Medicaid clients and is able to serve the client within a medically appropriate lag time from the date of the initial appointment. If the broker recommends an alternate provider and an alternate schedule, the broker must provide sufficient documentation that the revised schedule or appointment is medically appropriate to meet the client's needs and is acceptable within professional standards of care.

If a request for transportation is for a service provider that provides service as a part of a team where a number of medical providers must act in consort for a serious issue such as an organ transplant, the broker is unable to deny the service irrespective of the distance to the provider. The broker must include a medical professional within its staff to help the broker reasonably assess the availability of providers.

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- (3) Continuity of Care – The broker must assure continuity of care when travel is required to a provider beyond a fifteen-mile radius from a client's residence when the request for transportation to the medical provider is for a condition previously treated by the medical provider.

**11. Resolution of Complaints and Grievances and Notices of Action**

The broker must implement a Department approved complaint and grievance resolution process that includes client access to the broker's internal process and access to the Department's Fair Hearing process.

**a. Internal Process for Grievances**

The broker's internal methodology for resolving qualified Medicaid client's complaints and formal grievances shall include:

- (1) Procedures for registering, responding, and resolving complaints within thirty days
- (2) Documentation of the substance of the complaints or grievances and the actions taken
- (3) Procedures to ensure a resolution of the complaint or grievance
- (4) Aggregation and analysis of complaints and grievances data and use of the data for quality improvement
- (5) An appeal process for grievances.

**b. Notice of Action (NOA) -**

The broker must comply with Department policies and procedures related to Notice of Action and Administrative Hearings.

**c. Appeals –**

If the client requests a Fair Hearing, the broker must prepare a written narrative of the situation for the Fair Hearing Officer. The broker shall submit the summary narrative and related materials to the Department's NEMT program staff for review and approval at least ten days before the scheduled hearing. The broker will mail an approved summary to the client at least five days before the scheduled hearing. The broker will attend the scheduled hearing. The broker's attendance and participation shall be at the minimum employment level of a supervisor or manager.

The Department shall notify the broker of Fair Hearings when the Department requires the broker's attendance. The Department shall retain decision-making authority on authorization of non-emergency medical transportation. The Department's decisions on matters involving the broker's denial of non-emergency medical transportation shall be final and binding and shall not be subject to appeal by the broker.



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**12. Automated Call Distribution System**

The broker must implement and maintain a comprehensive, fully functional, inbound and outbound telephone call system that includes both sufficiently staffed lines and an industry standard Automated Call Distribution (ACD) system to monitor and distribute call volume to staff. The call system must include a disaster backup capability.

**13. Telephone Performance**

The broker must provide sufficient and appropriately trained call center staff to manage calls at all times to fulfill the standards of promptness and quality defined by the Department. Backup and after-hours staff must be fully trained and have access to data. Transactions that take place after hours or by backup staff must be fully recorded in the broker's data system.

**14. Types of Transportation**

The broker must authorize and/or arrange various modes of transportation including: taxi, livery, wheelchair van, train, ambulance, private transportation, or the provision of bus tokens or passes for the use of public transportation. When required, the broker shall coordinate air travel through a travel agent and in consultation with the Department. The Department shall reimburse the broker for costs incurred in coordinating or scheduling air or ground ambulance and commercial air transportation.

**15. Licensure Requirements**

The broker shall assure that its subcontracted non-emergency medical transportation providers, drivers, and vehicles meet licensure or certification requirements and the non-emergency medical transportation requirements established by the State of Connecticut Department of Transportation (DOT) and the State of Connecticut Department of Motor Vehicles (DMV).

The broker shall not pay for non-emergency medical transportation in vehicles that are not appropriately licensed, certified, permitted, or insured or provided by unlicensed drivers. Furthermore, the Department will recover from capitated rate payments, any payments made for individuals transported in such vehicles. The Department also requires the broker to recover any payments to providers who have transported Medicaid clients in such vehicles. The Department's recovery requirement is in addition to any other requirement that the broker has with its transportation providers regarding non-emergency medical transportation in such vehicles.



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**16. Monetary/Performance Sanctions**

The Department will impose the following schedule of performance sanctions when the broker fails to perform according to the contractual standards:

**a. Class A Sanction**

Each time the broker fails to comply with the contracts on an issue warranting a Class A sanction, the broker will receive a strike. The broker will be notified each time a strike is imposed. After the third strike for the same contract provision, a sanction may be imposed. If no specific time is set forth in any such contractual provision, the time is deemed the full contract period.

The Department shall notify the broker in writing at least thirty days in advance of imposing any sanction and will be given an opportunity to meet with the Department to present its position regarding the Department's determination of a violation warranting a Class A sanction. At the Department's discretion, a sanction will thereafter be imposed. Said sanction will be no more than \$1,000 after the first three strikes. The next strike for noncompliance of the same contractual provision will result in a sanction of no more than \$2,000 and any subsequent strike for noncompliance of the same contractual provision will result in a Class A sanction of no more than \$5,000.

In addition, the Department may assess a performance sanction of \$10,000 when the Department determines that the broker has engaged in a pattern of noncompliance with Class A performance measures and requirements. When the Department determines that the broker has exhibited a pattern of noncompliance with Class A performance measures and requirements, the Department shall notify the broker of such determination and shall provide the broker thirty days of such notification to appeal the determination and offer a rationale why the broker should not be assessed the sanction.

Violations warranting a Class A sanction includes failure to meet the following call center and telephone access standards:

- One hundred percent of telephone calls must be answered within four rings including a call pick-up system that places the call in queue. The broker shall answer ninety-eight percent of all calls with a human voice during a month's service within four rings. Failure to meet the ninety-eight percent standard may result in a Class A sanction.
- No more than two calls per operator should be in the queue at any time. The performance standard requires the broker to maintain a queue of not more than two calls per operator at any time for ninety-eight percent of the monthly call volume. Failure to meet the ninety-eight percent standard may result in a Class A sanction.
- The wait time in the queue shall not exceed five minutes. Failure to maintain a wait time of less than five minutes for ninety-eight percent of calls within a month may result in a strike toward a Class A sanction.

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- The blocked-call rate (busy signal) shall not exceed five percent. Failure to maintain a blocked-call rate of less than five percent for any given business day during the reporting month may result in a Class A sanction.
- The daily call-abandonment rate shall not exceed five percent. Failure to maintain a monthly call-abandonment rate of less than five percent on any given business day during the reporting month may result in a Class A sanction.

**b. Class B Transportation and Pick-up Sanctions**

The broker shall contract non-emergency medical transportation that fulfills the standards of promptness and quality listed below. The determination of violations of performance standards will be based on the broker's monthly transportation logs. Assessed sanctions will result in deductions from the broker's invoice for the following month.

**(1) Pick-up Delay Pattern**

Transportation providers must pick-up clients within fifteen minutes from arranged and scheduled pick-up times. When the providers engage in frequent delays in excess of fifteen minutes, the Department may assess the following sanctions:

Percentage of Monthly Trips Where the Pick-up is Fifteen Minutes or Greater from the Scheduled Time	Sanction
From zero percent to two percent	No Sanction
From three percent to five percent	\$2,000
From six percent to ten percent	\$5,000
From eleven percent or greater	\$25,000

**(2) Late Pick-ups in Excess of One Hour and Missed Pick-ups**

Transportation providers shall not miss scheduled trips. The Department shall assess the following sanctions when the transportation providers fail to pick-up the following number of clients during a reporting period as measured from confirmed logs and complaints:

Number of Monthly Trips Where Transportation Providers Do Not Provide Scheduled Trips	Sanction
Less than five	No Sanction
From five to seven	\$2,000
From eight to ten	\$5,000
From eleven or greater	\$25,000

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**17. Notice of Action**

The broker shall issue Notices of Action (NOAs) as required by the Department.

- a. If the Department determines during any audit or random monitoring visit to the broker or one of its subcontractors that an NOA fails to meet any of the criteria set in contract, the Department may impose a strike towards a Class A sanction in accordance with Section 16, Monetary Sanctions.
- b. If the deficiencies which give rise to a Class A sanction continue for a period in excess of ninety days, the Department may impose a Class B sanction.
- c. For each incident where the Department determines that the broker was required to issue an NOA but failed to do so, the Department shall notify the broker, in writing, that such a determination has been made and may assess a performance sanction of up to \$5,000. The broker will have seven days from the receipt of the notification to appeal the determination and offer a rationale as to why the broker should not be assessed a performance sanction. The Department's Contract Administrator shall have seven days from the receipt of the appeal to render a decision on the appeal.
- d. If the Department determines that the broker has engaged in a pattern of not issuing NOAs the Department shall notify the broker, in writing, that such a determination has been made and may assess a performance sanction of \$10,000. The broker shall have seven days from the receipt of the notification to appeal the determination and offer a rationale as to why the broker should not be assessed a performance sanction. The Department's Contract Administrator shall have seven days from the receipt of the appeal to render a decision on the appeal.

**18. Policies and Procedures**

The broker must implement Department approved policies and procedures and organize policies, procedures, memoranda, and clarifications in a Policies and Procedures Guide.

**19. Quality Management**

The broker must develop and implement an annual Quality Management Program and Implementation Plan, subject to the Department's approval.

**20. Safety and Risk Management**

The broker must develop and implement, subject to the Department's approval, a strategy that will assure the safety of passengers and drivers.

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**21. Staff and Provider Training and Procedures**

The broker must develop and implement in-service training programs including operational procedures and provide manuals, forms and reports necessary for smooth operation of the non-emergency medical transportation responsibilities. The training program shall orient staff to standard procedures and practices including service quality such that clients receive excellent customer service treatment with respect, dignity, and cultural sensitivity and shall assure that drivers and providers comply with Medicaid requirements.

**22. Non-Emergency Medical Transportation Database and Data Interactivity with the Department's Eligibility System**

The broker must establish and maintain computer databases that are sufficient to meet the needs of the NEMT program including a HIPAA-compliant computer system and an information system that is compliant with Open Database Connectivity Standards (ODBC) and that maintain information integrity through controls at appropriate locations within the broker's system and process flow and ensure quality control of all electronic transmissions and magnetic tapes.

In addition, the broker must maintain: a Medicaid Eligibility Platform capable of receiving eligibility files from the Department; a Reservation Platform capable of conducting non-emergency medical transportation reservation/confirmation transactions; a Complaint Management Platform capable of receiving and tracking complaints; and a Vehicle Management Platform capable of monitoring vehicle status including mileage, condition, and inspections routinely (including identification data for the vehicles including owner, plate number, and Vehicle Identification Number).

**23. Fraud and Abuse Prevention**

The broker and its subcontractors must not knowingly take any action or fail to take any action that could result in an unauthorized benefit to the broker, its employees, its subcontractors, its vendors, or to a client and take appropriate steps immediately when potential fraud or abuse is detected.

**24. Reporting Requirements**

The broker shall report on activities and measures as required by the Department, in the format as may be required or modified by the Department from time to time, and shall attest to the accuracy of the reports through a certifying signature on the reports by an officer of the broker or an authorized representative of the broker.

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**25. State Oversight of the NEMT broker**

- a. The Department requires the broker to implement a quality assurance program and report to the Department quarterly on key factors. The Department examines the data for trends including, for example, changes in mode of transportation or on-time performance.
- b. The Department has established a complaint management program and requires the broker to report complaint data to the Department. These data are examined for key factors related to on-time performance, customer service, and access issues. The Department requires the broker to analyze data and to offer recommendations to the Department to correct deficiencies. The Department will review the broker's internal analyses and corrective actions and will require additional measures when warranted.
- c. The Department has initiated a "Significant Incident" protocol. The broker is required to immediately notify the Department of any incident in which a client has either been harmed or reasonably could have been harmed while being served by an NEMT provider. Incidents include, but are not limited to, vehicular accidents, slips, falls, and inappropriate verbal or physical engagement between the driver and the client. The protocol requires the broker to conduct a complete investigation and to submit an investigation report to the Department, which includes findings and recommendations for future prevention. The Department reviews the reports and requires additional steps when it determines that such are needed.
- d. Significant incidents also include occasions where the drivers report incidents involving the well-being of clients but are not related to the transportation experience. Drivers have reported clients who have voiced suicidal interest or interest in harming others or domestic disturbances. These reports are transmitted through the dispatch center to the broker who in turn contacts the Department for follow-up.
- e. The Department monitors the broker's "transportation loss ratio" in conjunction with the data mentioned above. The Department also reviews for approval call center scripts and reviews practices to assure that the mode of transportation is both appropriate and least expensive.

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PROVIDED TO THE MEDICALLY NEEDY3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

B. Medically Needy

## 23. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

Without limitations

With limitations (Describe limitations in a Supplement to 3.1B either a Supplement or in Attachment 3.1D)

Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

Without limitations

With limitations (Describe limitations in either a Supplement to 3.1B or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

- ☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

- (1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

(1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

(10)(B) comparability

- ☒ (23) freedom of choice

TN # 12-019  
Supersedes  
TN# 09-002

Approval Date 3/22/13 Effective Date 4/1/2012



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**(2) Transportation services provided will include:**☒ wheelchair van☒ taxi☒ stretcher car☒ bus passes☒ tickets

secured transportation

☒ other transportation (if checked describe below other types of transportation provided.)

Other transportation may include commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate.

**(3) The State assures that transportation services will be provided under a contract with a broker who:**

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

**(4) The broker contract will provide transportation to the following medically needy populations under section 1902(a)10(C):**☒ Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose☒ Parents or other caretaker relatives with whom a child is living if child is a dependent child☒ Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose☒ Parents or other caretaker relatives with whom a child is living if child is a dependent child☒ Aged (65 years of age or older)☒ Blind

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- ☒ Disabled
- ☒ Permanently or totally disabled individuals 18 or older, under title XVI
- ☐ Persons essential to recipients under title I, X, XIV, or XVI
- ☐ Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI
- ☒ Pregnant women
- ☒ Newborns

**(5) Payment Methodology**

- (A) Please describe the methodology used by the State to pay the broker:**

The State will pay the contracted broker the PMPM / risk capitation. The Department will also reimburse the broker for costs related to "Pending Clients" and for costs related to arranging and scheduling commercial air transportation or air ambulance. These costs are not included in the broker's capitated fee and are reimbursed on an invoice arrangement.

- (B) Please describe how the transportation provider will be paid:**

Transportation Provider receives reimbursement from the transportation Broker

- (C) What is the source of the non-Federal share of the transportation payments?**

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding

State General Fund

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.**

- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).**

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- (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants

(6) The broker is a non-governmental entity:

- ☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
- ☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
- ☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker

The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation.

- (7) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.

Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.

Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.

- (8) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker ( call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

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**Overview of the Connecticut Non-Emergency Medical Transportation  
Program****1. Introduction**

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible under the CTMAP statewide pursuant to Connecticut General Statutes (CGS) §17b-276. The Department has established risk-based contracts with a broker to coordinate the provision of NEMT with transportation providers for qualified Medicaid clients to and from medical services covered under the CTMAP. The broker provides prior authorization for non-emergency ambulance services, but does not authorize or arrange emergency ambulance services that respond to 911 calls.

The broker directly authorizes, arranges, and subcontracts with licensed transportation providers to provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The broker must coordinate the non-emergency medical ground and air transportation of individuals who reside in Connecticut but must receive specialty medical services out-of-state or must return to Connecticut after receiving services in another state. Some individuals require specialty treatment at medical facilities or hospitals in other states when those services are not otherwise available in Connecticut. The Department reimburses the broker for the actual cost of the air transportation (commercial or air ambulance).

**2. Payments**

The Department on a monthly schedule will:

- a. Pay the broker 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 as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Pay the broker 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, outside of the capitation.
- c. 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

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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, outside of the capitation.

- 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. The broker must also pay claims within 45 days from the receipt of the deceased client invoice.

**3. NEMT Network**

The broker is responsible for developing and maintaining a transportation network sufficient to provide the transportation services. The network must include sufficient vehicles to provide transportation to Medicaid-covered services at all times including evenings, weekends, and holidays. In particular, the broker:

- a. Recruits, contracts, and maintains a network of adequate non-emergency medical transportation providers to deliver non-emergency medical transportation to Connecticut Medicaid clients.
- b. Coordinates air travel through a travel agent and in consultation with the Department.
- c. Utilizes modes of transportation appropriate for the medical, physical and intellectual needs of clients and ensures that non-English-speaking clients and disabled individuals with assistance from attendants or service animals will be able to access transportation services.
- d. Negotiates rates through competitive bidding or use of other strategies to ensure that the most appropriate and least-costly transportation is provided.
- e. Provides quarterly data on the network vehicle capacity including number, condition, and mileage of each vehicle by type in the network and on the network driver capacity including number, training, certification, and background checks in a form and format as required by the Department.

The broker is prohibited from:

- a. Owning, in full or in part, an organization participating in the Connecticut Medicaid program as a transportation provider or having an equity in or managing the organization or entity; nor can the broker have any relationship in which the broker could exercise control over the transportation provider.
- b. Contracting with providers who have been terminated from the Connecticut Medicaid program for fraud or abuse or who have been disallowed from Federal or State contracting.

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**4. Subcontracts**

The broker may subcontract for any function except the broker's call center and after hours and backup call center operations. Contract agreements between the broker and transportation providers must clearly identify the performance requirements to achieve the Department's standards and requirements of the NEMT program. The broker is responsible for the performance of the program irrespective of its subcontracts with providers. To that end, the broker is responsible for defining and assuring the operational specifications including regulatory compliance and payment procedures for transportation providers. In addition, the broker is responsible for determining and authorizing the most appropriate and economical mode of transportation for each qualified Medicaid client requesting transportation.

**5. Ride Assignment and Dispatching**

The broker must be able to efficiently assign rides to appropriate transportation providers and to assure that all rides meet promptness and timeliness standards. In addition, the broker must have the capacity to initiate immediate contact with provider dispatchers or other transportation provider personnel to contact and locate drivers and vehicles for emergency and safety needs.

**6. Bus Utilization**

The broker provides public bus transportation whenever it offers the least expensive and appropriate mode of transportation and when clients have the medical, physical and mental ability to utilize the bus. When offering the lowest denomination of passes for bus transportation, the broker must provide the client sufficient information concerning the scheduled route to and from the medical provider, bus stops, and transfer locations.

**7. Non-Emergency Ambulance Utilization**

The broker provides prior authorization for non-emergency ambulance transportation but is not at risk for the cost of non-emergency ambulance transportation. To facilitate the prior authorization function, the broker must establish agreements with sufficient NEMT ambulance companies to provide ambulance services for those clients who may not be appropriately transported in a less expensive mode of transportation. Additionally, the broker must implement business and data exchange requirements, electronic linkages and interactive transaction capabilities that will enable ambulance companies to submit claims for non-emergency ambulance services to the Department's fiscal agent for payment.

**8. Client Outreach - Non-Emergency Medical Transportation Information**



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The broker provides comprehensive non-emergency medical transportation outreach and educational marketing plans and culturally sensitive materials directed at qualified Medicaid clients, healthcare providers, and human service agencies.

**9. Eligibility for Non-Emergency Medical Transportation**

The target population includes qualified Medicaid clients and "pending" clients who require non-emergency medical transportation to and from medical services covered under the CTMAP including services at border hospitals in neighboring states. The majority of these clients will be elderly or disabled persons who reside in the State of Connecticut. A small number of Connecticut Medicaid clients, such as clients of the State of Connecticut Department of Children and Families, reside in another state and receive services in the other state.

**10. Transportation Request Approval Process**

The Request Approval provisions outline the process for reserving, verifying and authorizing NEMT services. All trips must be authorized before they are provided. However, the broker may authorize "complete" round trips to and from the medical provider and multiple trips to the same provider for a continuation of the service for the initial need. Scheduled trips to regularly scheduled dialysis treatments or regularly scheduled methadone treatments are examples of ongoing trips where the broker may approve multiple trips in advance for the same clinical need. The broker must, however, re-evaluate the client's eligibility at the beginning of each month when the multiple trips occur within multiple months.

**a. Reservation Process**

A Medicaid client who requires non-emergency medical transportation to a medical service calls the broker to request non-emergency medical transportation with at least forty-eight-hours notice. The broker is responsible for responding to client requests in a timely manner and for providing timely and appropriate transportation to medically necessary services. The Department will pay for only that non-emergency ambulance transportation that the broker has authorized before the ambulance services are provided.

**b. Document and Verification Process**

The broker must document and record its action and, in some instances, the reasons for its action. Documentation may take the form of an entry in a data system, paper documents and electronically recorded messages or other data. The broker must apply Department approved policies for requiring clients or medical providers to supply documentation including the type of documentation (paper, electronic, recording, etc.). When the broker requires a medical provider to document information to verify closest appropriate provider or to justify a particular mode of transportation, the broker may utilize any of the following legitimate methods depending on the circumstances: (1) a written document with a medical provider's explanation and signature, or (2) a verbal

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statement from a medical provider or the provider's representative. The broker will enter the documentation into its data system appropriately referenced. The method selected for documentation should reflect the least burdensome approach while achieving the needed information.

**c. Transportation Scheduling Process -**

- (1) Least-expensive and appropriate mode of transportation – The broker shall schedule and arrange the least-expensive and appropriate mode of transportation for clients. Whenever appropriate, the broker shall provide bus passes to clients who live near public transportation within urban and metropolitan areas and have no barriers to using bus transportation. The broker may deny non-emergency medical transportation to a client who has his/her own means of transportation and that means of transportation is operable and is available to the client. In the event that the client has an inoperable vehicle or lacks the resources to operate the vehicle, the broker may offer reimbursement for mileage to enable the client to use his/her own vehicle. The broker may also offer to reimburse a family member or a friend for transportation.
- (2) Closest appropriate and available provider – The broker shall arrange non-emergency medical transportation to the closest appropriate provider. For purposes of this requirement, any provider within a fifteen-mile radius from the client's residence must be considered the closest appropriate provider irrespective of the actual distance from the client's residence. The closest-appropriate provider may also be someone located beyond fifteen miles, but whose specialty may not be available within closer proximity to the client's residence. In other instances, no other closer provider may be available within the time required by the client due to the client's health needs. The fifteen-mile radius from the client's residence to and from providers shall not restrict the client on the freedom of choice of medical provider.

In evaluating whether a provider is the closest appropriate provider, the broker provides the client with the name of a provider with the same type and specialty as the provider initially selected by the client. Furthermore, the broker must determine that the alternate provider identified by the broker accepts Medicaid clients and is able to serve the client within a medically appropriate lag time from the date of the initial appointment. If the broker recommends an alternate provider and an alternate schedule, the broker must provide sufficient documentation that the revised schedule or appointment is medically appropriate to meet the client's needs and is acceptable within professional standards of care.

If a request for transportation is for a service provider that provides service as a part of a team where a number of medical providers must act in consort for a serious issue such as an organ transplant, the broker is unable to deny the service irrespective of the distance to the provider. The broker must include a medical professional within its staff to help the broker reasonably assess the availability of providers.

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- (3) Continuity of Care – The broker must assure continuity of care when travel is required to a provider beyond a fifteen-mile radius from a client's residence when the request for transportation to the medical provider is for a condition previously treated by the medical provider.

**11. Resolution of Complaints and Grievances and Notices of Action**

The broker must implement a Department approved complaint and grievance resolution process that includes client access to the broker's internal process and access to the Department's Fair Hearing process.

**a. Internal Process for Grievances**

The broker's internal methodology for resolving qualified Medicaid client's complaints and formal grievances shall include:

- (1) Procedures for registering, responding, and resolving complaints within thirty days
- (2) Documentation of the substance of the complaints or grievances and the actions taken
- (3) Procedures to ensure a resolution of the complaint or grievance
- (4) Aggregation and analysis of complaints and grievances data and use of the data for quality improvement
- (5) An appeal process for grievances.

**b. Notice of Action (NOA) -**

The broker must comply with Department policies and procedures related to Notice of Action and Administrative Hearings.

**c. Appeals -**

If the client requests a Fair Hearing, the broker must prepare a written narrative of the situation for the Fair Hearing Officer. The broker shall submit the summary narrative and related materials to the Department's NEMT program staff for review and approval at least ten days before the scheduled hearing. The broker will mail an approved summary to the client at least five days before the scheduled hearing. The broker will attend the scheduled hearing. The broker's attendance and participation shall be at the minimum employment level of a supervisor or manager.

The Department shall notify the broker of Fair Hearings when the Department requires the broker's attendance. The Department shall retain decision-making authority on authorization of non-emergency medical transportation. The Department's decisions on matters involving the broker's denial of non-emergency medical transportation shall be final and binding and shall not be subject to appeal by the broker.

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**12. Automated Call Distribution System**

The broker must implement and maintain a comprehensive, fully functional, inbound and outbound telephone call system that includes both sufficiently staffed lines and an industry standard Automated Call Distribution (ACD) system to monitor and distribute call volume to staff. The call system must include a disaster backup capability.

**13. Telephone Performance**

The broker must provide sufficient and appropriately trained call center staff to manage calls at all times to fulfill the standards of promptness and quality defined by the Department. Backup and after-hours staff must be fully trained and have access to data. Transactions that take place after hours or by backup staff must be fully recorded in the broker's data system.

**14. Types of Transportation**

The broker must authorize and/or arrange various modes of transportation including: taxi, livery, wheelchair van, train, ambulance, private transportation, or the provision of bus tokens or passes for the use of public transportation. When required, the broker shall coordinate air travel through a travel agent and in consultation with the Department. The Department shall reimburse the broker for costs incurred in coordinating or scheduling air or ground ambulance and commercial air transportation.

**15. Licensure Requirements**

The broker shall assure that its subcontracted non-emergency medical transportation providers, drivers, and vehicles meet licensure or certification requirements and the non-emergency medical transportation requirements established by the State of Connecticut Department of Transportation (DOT) and the State of Connecticut Department of Motor Vehicles (DMV).

The broker shall not pay for non-emergency medical transportation in vehicles that are not appropriately licensed, certified, permitted, or insured or provided by unlicensed drivers. Furthermore, the Department will recover from capitated rate payments, any payments made for individuals transported in such vehicles. The Department also requires the broker to recover any payments to providers who have transported Medicaid clients in such vehicles. The Department's recovery requirement is in addition to any other requirement that the broker has with its transportation providers regarding non-emergency medical transportation in such vehicles.

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**16. Monetary/Performance Sanctions**

The Department will impose the following schedule of performance sanctions when the broker fails to perform according to the contractual standards:

**a. Class A Sanction**

Each time the broker fails to comply with the contracts on an issue warranting a Class A sanction, the broker will receive a strike. The broker will be notified each time a strike is imposed. After the third strike for the same contract provision, a sanction may be imposed. If no specific time is set forth in any such contractual provision, the time is deemed the full contract period.

The Department shall notify the broker in writing at least thirty days in advance of imposing any sanction and will be given an opportunity to meet with the Department to present its position regarding the Department's determination of a violation warranting a Class A sanction. At the Department's discretion, a sanction will thereafter be imposed. Said sanction will be no more than \$1,000 after the first three strikes. The next strike for noncompliance of the same contractual provision will result in a sanction of no more than \$2,000 and any subsequent strike for noncompliance of the same contractual provision will result in a Class A sanction of no more than \$5,000.

In addition, the Department may assess a performance sanction of \$10,000 when the Department determines that the broker has engaged in a pattern of noncompliance with Class A performance measures and requirements. When the Department determines that the broker has exhibited a pattern of noncompliance with Class A performance measures and requirements, the Department shall notify the broker of such determination and shall provide the broker thirty days of such notification to appeal the determination and offer a rationale why the broker should not be assessed the sanction.

Violations warranting a Class A sanction includes failure to meet the following call center and telephone access standards:

- One hundred percent of telephone calls must be answered within four rings including a call pick-up system that places the call in queue. The broker shall answer ninety-eight percent of all calls with a human voice during a month's service within four rings. Failure to meet the ninety-eight percent standard may result in a Class A sanction.
- No more than two calls per operator should be in the queue at any time. The performance standard requires the broker to maintain a queue of not more than two calls per operator at any time for ninety-eight percent of the monthly call volume. Failure to meet the ninety-eight percent standard may result in a Class A sanction.
- The wait time in the queue shall not exceed five minutes. Failure to maintain a wait time of less than five minutes for ninety-eight percent of calls within a month may result in a strike toward a Class A sanction.



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- The blocked-call rate (busy signal) shall not exceed five percent. Failure to maintain a blocked-call rate of less than five percent for any given business day during the reporting month may result in a Class A sanction.
- The daily call-abandonment rate shall not exceed five percent. Failure to maintain a monthly call-abandonment rate of less than five percent on any given business day during the reporting month may result in a Class A sanction.

**b. Class B Transportation and Pick-up Sanctions**

The broker shall contract non-emergency medical transportation that fulfills the standards of promptness and quality listed below. The determination of violations of performance standards will be based on the broker's monthly transportation logs. Assessed sanctions will result in deductions from the broker's invoice for the following month.

**(1) Pick-up Delay Pattern**

Transportation providers must pick-up clients within fifteen minutes from arranged and scheduled pick-up times. When the providers engage in frequent delays in excess of fifteen minutes, the Department may assess the following sanctions:

Percentage of Monthly Trips Where the Pick-up is Fifteen Minutes or Greater from the Scheduled Time	Sanction
From zero percent to two percent	No Sanction
From three percent to five percent	\$2,000
From six percent to ten percent	\$5,000
From eleven percent or greater	\$25,000

**(2) Late Pick-ups in Excess of One Hour and Missed Pick-ups**

Transportation providers shall not miss scheduled trips. The Department shall assess the following sanctions when the transportation providers fail to pick-up the following number of clients during a reporting period as measured from confirmed logs and complaints:

Number of Monthly Trips Where Transportation Providers Do Not Provide Scheduled Trips	Sanction
Less than five	No Sanction
From five to seven	\$2,000
From eight to ten	\$5,000
From eleven or greater	\$25,000



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**17. Notice of Action**

The broker shall issue Notices of Action (NOAs) as required by the Department.

- a. If the Department determines during any audit or random monitoring visit to the broker or one of its subcontractors that an NOA fails to meet any of the criteria set in contract, the Department may impose a strike towards a Class A sanction in accordance with Section 16, Monetary Sanctions.
- b. If the deficiencies which give rise to a Class A sanction continue for a period in excess of ninety days, the Department may impose a Class B sanction.
- c. For each incident where the Department determines that the broker was required to issue an NOA but failed to do so, the Department shall notify the broker, in writing, that such a determination has been made and may assess a performance sanction of up to \$5,000. The broker will have seven days from the receipt of the notification to appeal the determination and offer a rationale as to why the broker should not be assessed a performance sanction. The Department's Contract Administrator shall have seven days from the receipt of the appeal to render a decision on the appeal.
- d. If the Department determines that the broker has engaged in a pattern of not issuing NOAs the Department shall notify the broker, in writing, that such a determination has been made and may assess a performance sanction of \$10,000. The broker shall have seven days from the receipt of the notification to appeal the determination and offer a rationale as to why the broker should not be assessed a performance sanction. The Department's Contract Administrator shall have seven days from the receipt of the appeal to render a decision on the appeal.

**18. Policies and Procedures**

The broker must implement Department approved policies and procedures and organize policies, procedures, memoranda, and clarifications in a Policies and Procedures Guide.

**19. Quality Management**

The broker must develop and implement an annual Quality Management Program and Implementation Plan, subject to the Department's approval.

**20. Safety and Risk Management**

The broker must develop and implement, subject to the Department's approval, a strategy that will assure the safety of passengers and drivers.

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**21. Staff and Provider Training and Procedures**

The broker must develop and implement in-service training programs including operational procedures and provide manuals, forms and reports necessary for smooth operation of the non-emergency medical transportation responsibilities. The training program shall orient staff to standard procedures and practices including service quality such that clients receive excellent customer service treatment with respect, dignity, and cultural sensitivity and shall assure that drivers and providers comply with Medicaid requirements.

**22. Non-Emergency Medical Transportation Database and Data Interactivity with the Department's Eligibility System**

The broker must establish and maintain computer databases that are sufficient to meet the needs of the NEMT program including a HIPAA-compliant computer system and an information system that is compliant with Open Database Connectivity Standards (ODBC) and that maintain information integrity through controls at appropriate locations within the broker's system and process flow and ensure quality control of all electronic transmissions and magnetic tapes.

In addition, the broker must maintain: a Medicaid Eligibility Platform capable of receiving eligibility files from the Department; a Reservation Platform capable of conducting non-emergency medical transportation reservation/confirmation transactions; a Complaint Management Platform capable of receiving and tracking complaints; and a Vehicle Management Platform capable of monitoring vehicle status including mileage, condition, and inspections routinely (including identification data for the vehicles including owner, plate number, and Vehicle Identification Number).

**23. Fraud and Abuse Prevention**

The broker and its subcontractors must not knowingly take any action or fail to take any action that could result in an unauthorized benefit to the broker, its employees, its subcontractors, its vendors, or to a client and take appropriate steps immediately when potential fraud or abuse is detected.

**24. Reporting Requirements**

The broker shall report on activities and measures as required by the Department, in the format as may be required or modified by the Department from time to time, and shall attest to the accuracy of the reports through a certifying signature on the reports by an officer of the broker or an authorized representative of the broker.

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**25. State Oversight of the NEMT broker**

- a. The Department requires the broker to implement a quality assurance program and report to the Department quarterly on key factors. The Department examine the data for trends including, for example, changes in mode of transportation or on-time performance.
- b. The Department has established a complaint management program and requires the broker to report complaint data to the Department. These data are examined for key factors related to on-time performance, customer service, and access issues. The Department requires the broker to analyze data and to offer recommendations to the Department to correct deficiencies. The Department will review the broker's internal analyses and corrective actions and will require additional measures when warranted.
- c. The Department has initiated a "Significant Incident" protocol. The broker is required to immediately notify the Department of any incident in which a client has either been harmed or reasonably could have been harmed while being served by an NEMT provider. Incidents include, but are not limited to, vehicular accidents, slips, falls, and inappropriate verbal or physical engagement between the driver and the client. The protocol requires the broker to conduct a complete investigation and to submit an investigation report to the Department, which includes findings and recommendations for future prevention. The Department reviews the reports and requires additional steps when it determines that such are needed.
- d. Significant incidents also include occasions where the drivers report incidents involving the well-being of clients but are not related to the transportation experience. Drivers have reported clients who have voiced suicidal interest or interest in harming others or domestic disturbances. These reports are transmitted through the dispatch center to the broker who in turn contacts the Department for follow-up.
- e. The Department monitors the broker's "transportation loss ratio" in conjunction with the data mentioned above. The Department also reviews for approval call center scripts and reviews practices to assure that the mode of transportation is both appropriate and least expensive.

**ATTACHMENT 3.1-D (1)**  
**Page 1****STATE/TERRITORY: CONNECTICUT****METHODS OF PROVIDING TRANSPORTATION  
CATEGORICALLY NEEDY GROUPS**

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**Transportation is provided as an administrative activity in accordance with  
1902(a)(4)(A) of the Act and 42 CFR 431.53**

☒ Not Provided

☐ Provided

(If the State attests that transportation is provided as an administrative activity,  
then a text box with header appears for the State to supply supplemental  
information.)

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible under the CTMAP statewide pursuant to Connecticut General Statutes (CGS) 17b-276. The Department has established risk-based contracts with a statewide broker to coordinate the provision of NEMT with transportation providers for qualified Medicaid clients to and from medical services covered under the CTMAP. The broker provides prior authorization for non-emergency ambulance services, but does not authorize or arrange emergency ambulance services that respond to 911 calls.

The broker directly authorizes, arranges, and subcontracts with licensed transportation providers, to provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The NEMT broker arranges and subcontract transportation for Medicaid clients statewide.

TN # 12-019

Supersedes

TN # 09-002

Approval Date 3/22/13

Effective Date 04/01/2012

ATTACHMENT 3.1-D (2)  
Page 1

STATE/TERRITORY: CONNECTICUT

**METHODS OF PROVIDING TRANSPORTATION  
MEDICALLY NEEDY GROUPS**

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Transportation is provided as an administrative activity in accordance with  
1902(a)(4)(A) of the Act and 42 CFR 431.53

☒ Not Provided☐ Provided

(If the State attests that transportation is provided as an administrative activity,  
**then** a text box with header appears for the State to supply supplemental  
information.)

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The broker directly authorizes, arranges, and subcontracts with licensed transportation providers, to provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The NEMT broker arranges and subcontract transportation for Medicaid clients statewide.

TN # 12-019

Supersedes

TN # 09-002Approval Date 3/22/13Effective Date 04/01/2012

**ATTACHMENT 3.1-D (3)**  
**Page 3****STATE/TERRITORY: CONNECTICUT****METHODS OF PROVIDING TRANSPORTATION**  
**CATEGORICALLY NEEDY GROUPS – SECTION 1902(a)(10)(A)(i)(VIII) ONLY**

**Transportation is provided as an administrative activity in accordance with  
1902(a)(4)(A) of the Act and 42 CFR 431.53**

☒ Not Provided

☐ Provided

(If the State attests that transportation is provided as an administrative activity,  
**then** a text box with header appears for the State to supply supplemental  
information.)

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible under the CTMAP statewide pursuant to Connecticut General Statutes (CGS) 17b-276. The Department has established risk-based contracts with a statewide broker to coordinate the provision of NEMT with transportation providers for qualified Medicaid clients to and from medical services covered under the CTMAP. The broker provides prior authorization for non-emergency ambulance services, but does not authorize or arrange emergency ambulance services that respond to 911 calls.

The broker directly authorizes, arranges, and subcontracts with licensed transportation providers, to provide all NEMT services for the identified clients. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract.

The NEMT broker arranges and subcontract transportation for Medicaid clients statewide.

TN # 12-019  
Supersedes  
TN # 10-009

Approval Date 3/22/13

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**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 were set as of July 1, 2011 and are effective for services provided on or after that date.

Fees for 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).

The payment methodology for this service is described in Attachments 3.1-A and 3.1-B.

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