

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



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

November 13, 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. 13-013, submitted to my office on March 28, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 3.1A/B, 3.1D and 4.19B in order to set new rates for wheelchair, livery providers and shared rides as well as to establish that Non-Emergency Medical Transportation (NEMT) will now be arranged by a non-risk broker. This SPA also established that the Department will now pay the NEMT providers directly in accordance with the established fee schedule.

This SPA has been approved effective February 1, 2013, as requested by the State.

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

- Attachment 3.1A-Pages 9(a) to 9(e)
- Attachment 3.1B-Pages 8(a) to 8(e)
- Attachment 3.1A-Supplement 4 to page 9(e), pages 1-12
- Attachment 3.1B-Supplement 4 to page 8(e), pages 1-12
- Attachment 3.1D(1)-Page 1
- Attachment 3.1D(2)-Page 1
- Attachment 3.1D(3)-Page 1
- Attachment 4.19B page 20

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
13-013

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 SERVICES

4. PROPOSED EFFECTIVE DATE
February 1, 2013

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 Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 - \$16,888,285

b. FFY 2014 - \$26,523,982

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A - Pages 9(a) to 9(e)

Attachment 3.1-B - Pages 8(a) to 8(e)

Attachment 3.1-A - Supplement 4 to page 9(e), pages 1-12

Attachment 3.1-B - Supplement 4 to page 8(e), pages 1-12

Attachment 3.1-D (1) - Page 1

Attachment 3.1-D (2) - Page 1

Attachment 3.1-D (3) - Page 1

Attachment 4.19-B - Page 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN

Attachment 3.1-A - Pages 9(a) to 9(e)

Attachment 3.1-B - Pages 8(a) to 8(e)

Attachment 3.1-A - Supplement 4 to page 9(e), pages 1-12

Attachment 3.1-B - Supplement 4 to page 8(e), pages 1-12

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

10. SUBJECT OF AMENDMENT: Under state plan amendment 13-013, the Department of Social Services proposes to revise the Connecticut Medicaid State Plan Attachments 3.1-A, 3.1-B, 3.1-D, and 4.19-B. This amendment will: (1) set new rates for wheelchair and livery providers and shared rides; (2) establish that Non-Emergency Medical Transportation (NEMT) will now be arranged by a non-risk broker; and (3) establish that the Department will now pay the NEMT providers directly in accordance with the established fee schedule referenced in Attachment 4.19-B of the State Plan.

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:

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:

March 28, 2013

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 28, 2013

18. DATE APPROVED: November 13, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
February 1, 2013

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/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.

(a) Ambulance**(1) Emergency Ambulance**

- ☒ Provided Without limitations
☐ Not Provided

☐ Provided With limitations

(2) Non-Emergency Ambulance

- ☒ Provided Without limitations
☐ Not Provided

☐ Provided With limitations

(3) Air Ambulance (rotary wing and fixed wing)

- ☒ Provided Without limitations
☐ Not Provided

☐ Provided With limitations

(b) Non-Emergency Medical Transportation

- ☐ 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

TN # 13-013

Supersedes

TN# 12-019

Approval Date 11/13/13

Effective Date 2/1/2013

STATE/TERRITORY: CONNECTICUT**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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

- (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. Other transportation may also include transportation provided by beneficiaries, friends or family members.

- (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; and
- (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:

STATE/TERRITORY: CONNECTICUT**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND
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- ☒ 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
- ☒ 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 18th 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
a medical institution
- ☒ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits

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- ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income 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).
- ☐ 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 under TWWIA 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 using an actual costs reimbursement model within a maximum contract value for coordinating the provision of non-emergency transportation. The Department will also reimburse the broker for costs related to arranging and scheduling commercial air transportation or air ambulance. These costs are not included in the broker's fee and are reimbursed on an invoice arrangement.

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

Transportation Provider is reimbursed directly by the Department in accordance with the fee schedule referenced in Attachment 4.19-B of the State Plan.

(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**

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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).

(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 3.1-A.

STATE/TERRITORY: CONNECTICUT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND
SERVICES PROVIDED TO THE MEDICALLY 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.

(a) Ambulance**(1) Emergency Ambulance**

- ☒ Provided Without limitations
☐ Not Provided

☐ Provided With limitations

(2) Non-Emergency Ambulance

- ☒ Provided Without limitations
☐ Not Provided

☐ Provided With limitations

(3) Air Ambulance (rotary wing and fixed wing)

- ☒ Provided Without limitations
☐ Not Provided

☐ Provided With limitations

(b) Non-Emergency Medical Transportation

- ☐ 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

TN # **13-013**

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STATE/TERRITORY: CONNECTICUT**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY**

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

- (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. Other transportation may also include transportation provided by beneficiaries, friends or family members.

- (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; and
- (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):

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- ☒ 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
- ☒ 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 using an actual costs reimbursement model within a maximum contract value for coordinating the provision of non-emergency transportation. The Department will also reimburse the broker for costs related to arranging and scheduling commercial air transportation or air ambulance. These costs are not included in the broker's fee and are reimbursed on an invoice arrangement.

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

Transportation Provider is reimbursed directly by the Department in accordance with the fee schedule referenced in Attachment 4.19-B of the State Plan.

(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.

STATE/TERRITORY: CONNECTICUT**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND
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- (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).
- (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

OFFICIAL

**ATTACHMENT 3.1-B
Page 8(e)**

STATE/TERRITORY: CONNECTICUT

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND
SERVICES PROVIDED TO THE MEDICALLY NEEDY**

See Supplement 4 to Page 8(e) of Attachment 3.1-B.

**TN # 13-013
Supersedes
TN# 12-019**

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STATE/TERRITORY: CONNECTICUT**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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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 statewide for persons who are eligible for Medicaid. The Department has established a contract with a non-risk broker to coordinate the provision of NEMT for qualified Medicaid clients to and from medical services covered under the Connecticut Medical Assistance Program (CTMAP), through transportation providers enrolled with the Department's CTMAP. The broker provides prior authorization for all livery, wheelchair, and non-emergency ambulance services, but does not authorize or arrange emergency ambulance services that respond to 911 calls.

The broker directly authorizes and arranges for all NEMT services for Medicaid-enrolled clients through subcontracts with livery, wheelchair and non-emergency ambulance transportation providers. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in the contract with the non-risk broker. Those standards are passed through by the non-risk broker to the subcontracted transportation providers.

The broker also must coordinate the non-emergency medical ground and air transportation of Medicaid recipients who reside in Connecticut but who require specialty Medicaid-covered medical services out-of-state or who must return to Connecticut after receiving Medicaid-covered services out-of-state.

For all authorized transportation, reimbursement is based on substantiating documentation submitted by the broker. Payments are made by the Department directly to the transportation provider based on the rates promulgated by the Department and set forth in the fee schedule referenced in Attachment 4.19-B of the State Plan.

2. Payments

The Department will:

- a. Issue payments bi-weekly to the broker's subcontracted vendors through the DSS fiscal agent based on claims submitted electronically by the broker biweekly.
- b. Reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending" clients for air transports shall be made on the basis of an invoice for actual transportation costs.

TN # 13-013

Supersedes
02/01/2013

TN # 12-019

Approval Date: 11/13/13 _____ Effective Date _____

STATE/TERRITORY: CONNECTICUT**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
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3. NEMT Network

The broker is responsible for developing and maintaining a transportation network sufficient to provide transportation services to Medicaid clients, which includes 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 NEMT providers to deliver NEMT to CTMAP clients.
- b. Coordinates air travel in consultation with the Department.
- c. Utilizes modes of transportation medically appropriate for the needs of clients and ensures that non-English-speaking clients and disabled individuals who require the assistance of attendants or service animals will be able to access transportation services.
- d. 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 interest in or managing the organization or entity.
- b. Having any relationship in which the broker could exercise control over a transportation provider.
- c. 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.

4. Subcontracts

The broker may subcontract for any function except the broker's call center, including 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 defining and requiring the operational specifications, including regulatory compliance and payment procedures for transportation providers. In addition, the broker is responsible for determining and authorizing the medically necessary and least costly mode of transportation for each qualified Medicaid client requesting transportation.

5. Ride Assignment and Dispatching

TN # 13-013

Supersedes
02/01/2013

TN # 12-019

Approval Date: 11/13/13 _____ Effective Date _____

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The broker must be able to efficiently assign rides to appropriate transportation providers and to require 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 a bus trip is the least expensive, medically necessary mode of transportation. The broker must authorize the lowest denomination of passes for bus transportation, and when it does so, the broker must provide the client sufficient information concerning the scheduled route to and from the medical provider, bus stops, and transfer locations.

7. Client Outreach - Non-Emergency Medical Transportation Information

The broker provides comprehensive non-emergency medical transportation outreach and educational marketing materials that are culturally sensitive to Medicaid clients, healthcare providers, and human service agencies.

8. Eligibility for Non-Emergency Medical Transportation

The target population includes all Medicaid clients, as well as "pending" clients who reside in nursing homes, and have an appointment for a Medicaid covered service but no transportation to and from the appointment.

9. 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 over multiple months.

a. Reservation Process

A Medicaid client who requires non-emergency medical transportation to a Medicaid covered service is required to call the broker to request non-emergency medical transportation at least forty-eight-hours prior to the scheduled appointment. The broker is responsible for responding to client requests in a timely manner and for providing timely and appropriate transportation to Medicaid covered services.

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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 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 methods as appropriate: (1) a written document with a medical provider's explanation and signature; or (2) a verbal statement from a medical provider or the provider's representative. The broker will enter the verification into its data system.

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- i. Least-expensive, medically necessary mode of transportation – The broker shall schedule and arrange the least-expensive, medically necessary mode of transportation for clients. This includes providing bus passes to clients who live near public transportation within urban and metropolitan areas and have no barriers to using bus transportation. The broker will deny non-emergency medical transportation to a client who has his/her own means of transportation and is able to access it. The broker may offer to reimburse a family member or a friend of the client if they are able to provide the transportation in his/her personal vehicle.
- ii. Closest appropriate and available provider – The broker shall arrange non-emergency medical transportation to the closest appropriate Medicaid 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 who is closest in proximity to the client's location. Furthermore, the broker must determine that the alternate Medicaid provider identified by the broker is able to serve the client within a medically appropriate timeframe from the date of the initial appointment. If the broker recommends an alternate Medicaid provider and an alternate appointment time, 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 Medicaid 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 Medicaid providers.

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- iii. Continuity of Care – At the request of a client, the broker may evaluate whether the client should continue to be seen by a Medicaid provider that is not the closest appropriate provider. Exceptions may include continuity of care for the client.

10. Resolution of Complaints 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 determination process and access to the Department's Administrative Hearing process.

a. Internal Process for Complaints

Implement practices to resolve client and provider complaints. At a minimum the Contractor's internal methodology for resolving qualified NEMT Client's complaints shall include:

- i. Policies and procedures for registering, responding, and resolving complaints within thirty days, including a regular analysis of complaints to identify and resolve outstanding problems and trends;
- ii. Documentation of the substance of the complaints and the actions taken;
- iii. Aggregation and analysis of complaints data and use of the data for quality improvement;
- iv. An appeal process for unresolved complaints; and
- v. How the Contractor will issue and track Notices of Action.

b. Appeals –

If the client requests an Administrative Hearing, the broker must prepare a written narrative of the situation that precipitated the request for the 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 representative at the hearing shall, at a minimum, be at the level of a supervisor.

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.

11. Automated Call Distribution System

TN # 13-013

Supersedes
02/01/2013

TN # 12-019

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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.

12. 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.

13. Types of Transportation

The broker must authorize and/or arrange various modes of non-emergency 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 in consultation with the Department. The Department shall reimburse the broker for costs incurred in coordinating or scheduling air ambulance and commercial air transportation.

14. Licensure Requirements

The broker shall require that its subcontracted NEMT providers, drivers, and vehicles meet licensure or certification requirements and the NEMT 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 submit claims for NEMT in vehicles that are not appropriately licensed, certified, permitted, and insured nor shall they submit claims for NEMT provided by unlicensed drivers. Furthermore, the Department will recoup from the provider through its bi-monthly payments, any payments made for individuals transported in such vehicles. The Department's recoupment requirement is in addition to any other contractual requirement that the broker has with its transportation providers regarding NEMT in such vehicles.

15. Monetary/Performance Sanctions

- A.1. The Department will impose the following schedule of performance sanctions when the broker or its subcontractors fail to perform according to the standards listed below:

A.1.1. Class A Performance Sanctions

TN # 13-013

Supersedes
02/01/2013

TN # 12-019

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A.1.1.1. The Department will impose a Class A Sanction each time the broker fails to comply with the contract on an issue warranting a Class A Sanction listed below. The Department will notify the broker in writing in advance of imposing any sanction and will give the broker up to five business days to present its position regarding the Department's determination of a violation warranting a Class A sanction. Said sanction will be no more than \$500 for the first three (3) sanctions of the same type. Thereafter violations of the same contractual provision will result in a sanction of no more than \$1,000.

A.1.1.2. 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 measures and requirements, the Department shall notify the broker of such determination and shall provide the Broker up to five business days from such notification to appeal the determination and offer a rationale why the broker should not be assessed the sanction.

A.1.1.3. Violations warranting a Class A Sanction include:

A.1.1.3.1. Failure to maintain access to current policies, (per six month review period).

A.1.1.3.2. Failure to provide recorded client service phone calls as requested, (per six month review period).

A.1.1.3.3. Billing the Department for a trip that was not provided.

A.1.2. Class B Performance Sanctions

A.1.2.1. Each time the broker (including a subcontractor) fails to comply with the contract on an issue warranting a Class B Sanction (see below), the Department shall notify the broker of its determination in writing and in advance of imposing any sanction. The Department may assess a performance sanction of up to \$5,000 per occurrence.

A.1.2.2. When the Department determines that the broker has engaged in a pattern of non-compliance that warrant Class B Sanctions, the Department shall notify the broker, in writing and, may assess an additional performance sanction of \$10,000.

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A.1.2.3. The broker will be notified, in writing, when the Department determines that a performance standard has not been met and a performance sanction will be imposed. The Department shall identify the performance standard that has not been met and the corresponding penalty. The broker shall have five business days from the date of the letter to document to the Department, in writing, why the performance sanction should not be imposed. The Department, through its Contract Administrator, shall render a decision on the imposition of the performance sanction within five business days of the date of the broker's letter. The decision of the Contract Administrator shall be final.

A.1.2.4. Issues subject to Class B Sanctions:

A.1.2.4.1. Failure to transport clients in vehicles with applicable DMV licensure and DOT or DPH certification including sufficient liability insurance. (Per incident)

A.1.2.4.2. Failure to transport clients utilizing appropriately certified and licensed drivers. (Per incident)

A.1.2.4.3. Failure to issue a notice of action within time standards. (Per incident)

A.1.2.4.4. Overwriting valid client eligibility data which causes an unwarranted denial of NEMT for otherwise eligible clients requesting NEMT. (Per incident)

A.1.2.4.5. Refusing to transport otherwise eligible clients or engaging in discriminatory practices. (Per Incident)

A.1.2.4.6. Causing harm to a client or engaging in such behavior that a prudent person could reasonably expect would cause harm or injury to a client. (Per Incident)

A.1.2.4.7. Failure to prevent confidentiality and data security breaches including, but not limited to, employee compliance with confidentiality requirements. (Per Incident)

A.1.2.4.8. Failure to prevent a significant incident or accident in which the police and/or an ambulance are called to assist a transportation provider. Such incidents may include but are not limited to the failure to secure a wheelchair and/or a wheelchair client using an appropriate fastening device, which results in an injury or the need for medical intervention (ambulance, emergency department or follow-up medical care). (Per incident).

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A.1.3. Pattern of Noncompliance

A.1.3.1. In the event that the Department identifies a pattern of non-compliance and has imposed more than one sanction for non-compliance in accordance with this section, the Department may, with notice to the broker, invoke applicable provisions the Department's Contract with the broker, including, but not limited to the Termination Provisions and may categorize future occurrences of non-compliance as events of default under the Contract.

16. Notices of Action

A.1. A Notice of Action (NOA) shall be issued to a client upon denial, suspension, or termination of services.

A.1.1. The broker shall comply with Department policies and procedures related to Notice of Action and Administrative Hearings. If policies and procedures change, the Department shall notify the broker of any changes when they occur. Additionally the Department and the broker will annually review the policies and procedures.

A.1.2. The broker shall:

A.1.2.1. Utilize the Grievance and Complaint resolution process identified above;

A.1.2.2. After informing a client of an adverse decision as described above, the broker shall mail a written denial notice (Notice of Action – NOA) on the form developed and provided to the broker from the Department, including the reason for the denial, within one (1) business day of the decision to deny the service and retain documentation evidencing that the NOA was sent.

A.1.2.3. The following reasons would qualify for an NOA to be sent:

A.1.2.3.1. Denial because the services to which the client wishes to be transported are not Medicaid-covered services.

A.1.2.3.2. Denial because the client is not receiving the type of transportation that he or she has requested. The Department has the right to determine which type of transportation is most appropriate for the client.

A.1.2.3.3. Denial because the healthcare provider chosen by the client is not the "nearest appropriate healthcare provider of medical services." In order to deny on this basis, there must be a determination made by the vendor

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that "traveling further distances provides no medical benefit" above that which the client would receive at a closer provider.

A.1.2.3.4. Denial because the method of transportation requested is not "the least expensive appropriate method of transportation, depending on the availability of the service and the physical and medical circumstances of the [client.]"

A.1.2.3.5. Denial because the client wants to go to a medical provider solely for the purpose of picking up a prescription or a written prescription order, or solely for the purpose of picking up "an item [that] does not require a fitting."

A.1.2.4. Utilize the Notice of Action letters and appeals process provided by the Department. The broker shall prepare for and participate in client appeals, as the Department requires and at the broker's expense.

17. 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, also approved by the Department.

18. Quality Management

The Contractor shall coordinate a Quality Assurance Committee with the Department that includes representatives from various health services and community providers to advise the broker on performance and quality improvement issues and strategies. Representation and membership on the committee shall be subject to the Department's approval. The Quality Assurance Committee shall meet at least quarterly and produce written documentation of committee activities to be shared with the Department.

19. Safety and Risk Management

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

20. 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

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excellent customer service and are treated with respect, dignity, and cultural sensitivity and shall require that drivers and providers comply with Medicaid requirements.

21. 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 that can receive and process a weekly roster file for client eligibility, as well as process daily updates to that file. The broker also must utilize the Department's Eligibility Management System (EMS) to determine eligibility for those clients not found in the weekly roster file. All systems and data storage must maintain information integrity through controls at appropriate locations within the broker's system and flow process and ensure quality control of all electronic transmissions.

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).

The broker must be able to transmit claims data, including prior authorization, biweekly in a HIPAA compliant format and must send a daily file for any and all ambulance trips.

22. Fraud and Abuse Prevention

The broker (and its transportation providers) shall:

- A.1.1. Not knowingly take any action or fail to take any action that could result in an unauthorized benefit to the broker, its employees, its Transportation Providers, its vendors, or to a client;
- A.1.2. Commit to preventing, detecting, investigating, and reporting potential fraud and abuse occurrences, and shall assist the Department and Department of Health and Human Services (DHHS) in preventing and prosecuting fraud and abuse in the NEMT program;
- A.1.3. Acknowledge that the Department and DHHS, Office of the Inspector General, have the authority to recover payments or impose civil monetary penalties on individuals and entities that submit false and fraudulent claims related to the NEMT program;

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- A.1.4. Immediately notify the Department when it detects a situation of potential fraud or abuse;
- A.1.5. Cease any conduct that the Department or its agent deems to be abusive of the NEMT program, and take any corrective actions requested by the Department or its agent;
- A.1.6. Provide information, as requested by the Department, on any employee or transportation provider who has been convicted of a civil or criminal offense related to that person's involvement with Medicare, Medicaid, or any other federal or state assistance program;
- A.1.7. Attest to the truthfulness, accuracy, and completeness of all data submitted to the Department, based on the Contractor's best knowledge, information, and belief;
- A.1.8. Implement administrative and management procedures and a mandatory compliance plan to guard against fraud and abuse;
- A.1.9. Examine publicly available data, including but not limited to the CMS Medicare/Medicaid Sanction Report and the CMS website (<http://www.oig.hhs.gov>) (LEIE - List of Excluded Individuals and Entities) to determine whether any potential or current employees, providers, or transportation providers have been suspended or excluded or terminated from the Medicare or Medicaid programs and shall comply with, and give effect to, any such suspension, exclusion, or termination in accordance with the requirements of State and federal law; and
- A.1.10. Meet the requirements of Section § 6032 (if applicable) of the Deficit Reduction Act of 2005, P.L. 109-171, and any implementing regulations or guidance on those requirements issued by the federal government.

23. Reporting Requirements

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

24. State Oversight of the NEMT broker

The Department, in collaboration with the broker, shall set annual performance targets the broker must meet in order to earn the applicable profit level specified in the Department's contract with the broker. Each performance target will clearly outline the threshold the

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broker must meet in terms of different quality standards that are quantifiable and, if successful in achieving that threshold or above, what percentage of the profit the broker shall receive. Each year, the performance targets will be renegotiated for the upcoming calendar year.

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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 statewide for persons who are eligible for Medicaid. The Department has established a contract with a non-risk broker to coordinate the provision of NEMT for qualified Medicaid clients to and from medical services covered under the Connecticut Medical Assistance Program (CTMAP), through transportation providers enrolled with the Department's CTMAP. The broker provides prior authorization for all livery, wheelchair, and non-emergency ambulance services, but does not authorize or arrange emergency ambulance services that respond to 911 calls.

The broker directly authorizes and arranges for all NEMT services for Medicaid-enrolled clients through subcontracts with livery, wheelchair and non-emergency ambulance transportation providers. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in the contract with the non-risk broker. Those standards are passed through by the non-risk broker to the subcontracted transportation providers.

The broker also must coordinate the non-emergency medical ground and air transportation of Medicaid recipients who reside in Connecticut but who require specialty Medicaid-covered medical services out-of-state or who must return to Connecticut after receiving Medicaid-covered services out-of-state.

For all authorized transportation, reimbursement is based on substantiating documentation submitted by the broker. Payments are made by the Department directly to the transportation provider based on the rates promulgated by the Department and set forth in the fee schedule referenced in Attachment 4.19-B of the State Plan.

2. Payments

The Department will:

- a. Issue payments bi-weekly to the broker's subcontracted vendors through the DSS fiscal agent based on claims submitted electronically by the broker biweekly.
- b. Reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending" clients for air transports shall be made on the basis of an invoice for actual transportation costs.

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3. NEMT Network

The broker is responsible for developing and maintaining a transportation network sufficient to provide transportation services to Medicaid clients, which includes 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 NEMT providers to deliver NEMT to CTMAP clients.
- b. Coordinates air travel in consultation with the Department.
- c. Utilizes modes of transportation medically appropriate for the needs of clients and ensures that non-English-speaking clients and disabled individuals who require the assistance of attendants or service animals will be able to access transportation services.
- d. 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 interest in or managing the organization or entity.
- b. Having any relationship in which the broker could exercise control over a transportation provider.
- c. 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.

4. Subcontracts

The broker may subcontract for any function except the broker's call center, including 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 defining and requiring the operational specifications, including regulatory compliance and payment procedures for transportation providers. In addition, the broker is responsible for determining and authorizing the medically necessary and least costly mode of transportation for each qualified Medicaid client requesting transportation.

5. Ride Assignment and Dispatching

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The broker must be able to efficiently assign rides to appropriate transportation providers and to require 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.

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The broker provides public bus transportation whenever a bus trip is the least expensive, medically necessary mode of transportation. The broker must authorize the lowest denomination of passes for bus transportation, and when it does so, the broker must provide the client sufficient information concerning the scheduled route to and from the medical provider, bus stops, and transfer locations.

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The broker provides comprehensive non-emergency medical transportation outreach and educational marketing materials that are culturally sensitive to Medicaid clients, healthcare providers, and human service agencies.

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- ii. Closest appropriate and available provider – The broker shall arrange non-emergency medical transportation to the closest appropriate Medicaid 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 who is closest in proximity to the client's location. Furthermore, the broker must determine that the alternate Medicaid provider identified by the broker is able to serve the client within a medically appropriate timeframe from the date of the initial appointment. If the broker recommends an alternate Medicaid provider and an alternate appointment time, 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.

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

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- ii. Documentation of the substance of the complaints and the actions taken;
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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.

11. Automated Call Distribution System

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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.

12. 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.

13. Types of Transportation

The broker must authorize and/or arrange various modes of non-emergency 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 in consultation with the Department. The Department shall reimburse the broker for costs incurred in coordinating or scheduling air ambulance and commercial air transportation.

14. Licensure Requirements

The broker shall require that its subcontracted NEMT providers, drivers, and vehicles meet licensure or certification requirements and the NEMT 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 submit claims for NEMT in vehicles that are not appropriately licensed, certified, permitted, and insured nor shall they submit claims for NEMT provided by unlicensed drivers. Furthermore, the Department will recoup from the provider through its bi-monthly payments, any payments made for individuals transported in such vehicles. The Department's recoupment requirement is in addition to any other contractual requirement that the broker has with its transportation providers regarding NEMT in such vehicles.

15. Monetary/Performance Sanctions

A.1. The Department will impose the following schedule of performance sanctions when the broker or its subcontractors fail to perform according to the standards listed below:

A.1.1. Class A Performance Sanctions

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A.1.1.1. The Department will impose a Class A Sanction each time the broker fails to comply with the contract on an issue warranting a Class A Sanction listed below. The Department will notify the broker in writing in advance of imposing any sanction and will give the broker up to five business days to present its position regarding the Department's determination of a violation warranting a Class A sanction. Said sanction will be no more than \$500 for the first three (3) sanctions of the same type. Thereafter violations of the same contractual provision will result in a sanction of no more than \$1,000.

A.1.1.2. 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 measures and requirements, the Department shall notify the broker of such determination and shall provide the Broker up to five business days from such notification to appeal the determination and offer a rationale why the broker should not be assessed the sanction.

A.1.1.3. Violations warranting a Class A Sanction include:

A.1.1.3.1. Failure to maintain access to current policies, (per six month review period).

A.1.1.3.2. Failure to provide recorded client service phone calls as requested, (per six month review period).

A.1.1.3.3. Billing the Department for a trip that was not provided.

A.1.2. Class B Performance Sanctions

A.1.2.1. Each time the broker (including a subcontractor) fails to comply with the contract on an issue warranting a Class B Sanction (see below), the Department shall notify the broker of its determination in writing and in advance of imposing any sanction. The Department may assess a performance sanction of up to \$5,000 per occurrence.

A.1.2.2. When the Department determines that the broker has engaged in a pattern of non-compliance that warrant Class B Sanctions, the Department shall notify the broker, in writing and, may assess an additional performance sanction of \$10,000.

A.1.2.3. The broker will be notified, in writing, when the Department determines that a performance standard has not been met and a performance sanction

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will be imposed. The Department shall identify the performance standard that has not been met and the corresponding penalty. The broker shall have five business days from the date of the letter to document to the Department, in writing, why the performance sanction should not be imposed. The Department, through its Contract Administrator, shall render a decision on the imposition of the performance sanction within five business days of the date of the broker's letter. The decision of the Contract Administrator shall be final.

A.1.2.4. Issues subject to Class B Sanctions:

- A.1.2.4.1. Failure to transport clients in vehicles with applicable DMV licensure and DOT or DPH certification including sufficient liability insurance. (Per incident)
- A.1.2.4.2. Failure to transport clients utilizing appropriately certified and licensed drivers. (Per incident)
- A.1.2.4.3. Failure to issue a notice of action within time standards. (Per incident)
- A.1.2.4.4. Overwriting valid client eligibility data which causes an unwarranted denial of NEMT for otherwise eligible clients requesting NEMT. (Per incident)
- A.1.2.4.5. Refusing to transport otherwise eligible clients or engaging in discriminatory practices. (Per Incident)
- A.1.2.4.6. Causing harm to a client or engaging in such behavior that a prudent person could reasonably expect would cause harm or injury to a client. (Per Incident)
- A.1.2.4.7. Failure to prevent confidentiality and data security breaches including, but not limited to, employee compliance with confidentiality requirements. (Per Incident)
- A.1.2.4.8. Failure to prevent a significant incident or accident in which the police and/or an ambulance are called to assist a transportation provider. Such incidents may include but are not limited to the failure to secure a wheelchair and/or a wheelchair client using an appropriate fastening device, which results in an injury or the need for medical intervention (ambulance, emergency department or follow-up medical care). (Per incident).

A.1.3. Pattern of Noncompliance

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A.1.3.1. In the event that the Department identifies a pattern of non-compliance and has imposed more than one sanction for non-compliance in accordance with this section, the Department may, with notice to the broker, invoke applicable provisions the Department's Contract with the broker, including, but not limited to the Termination Provisions and may categorize future occurrences of non-compliance as events of default under the Contract.

16. Notices of Action

A.1. A Notice of Action (NOA) shall be issued to a client upon denial, suspension, or termination of services.

A.1.1. The broker shall comply with Department policies and procedures related to Notice of Action and Administrative Hearings. If policies and procedures change, the Department shall notify the broker of any changes when they occur. Additionally the Department and the broker will annually review the policies and procedures.

A.1.2. The broker shall:

A.1.2.1. Utilize the Grievance and Complaint resolution process identified above;

A.1.2.2. After informing a client of an adverse decision as described above, the broker shall mail a written denial notice (Notice of Action – NOA) on the form developed and provided to the broker from the Department, including the reason for the denial, within one (1) business day of the decision to deny the service and retain documentation evidencing that the NOA was sent.

A.1.2.3. The following reasons would qualify for an NOA to be sent:

A.1.2.3.1. Denial because the services to which the client wishes to be transported are not Medicaid-covered services.

A.1.2.3.2. Denial because the client is not receiving the type of transportation that he or she has requested. The Department has the right to determine which type of transportation is most appropriate for the client.

A.1.2.3.3. Denial because the healthcare provider chosen by the client is not the "nearest appropriate healthcare provider of medical services." In order to deny on this basis, there must be a determination made by the vendor that "traveling further distances provides no medical benefit" above that which the client would receive at a closer provider.

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A.1.2.3.4. Denial because the method of transportation requested is not "the least expensive appropriate method of transportation, depending on the availability of the service and the physical and medical circumstances of the [client.]"

A.1.2.3.5. Denial because the client wants to go to a medical provider solely for the purpose of picking up a prescription or a written prescription order, or solely for the purpose of picking up "an item [that] does not require a fitting."

A.1.2.4. Utilize the Notice of Action letters and appeals process provided by the Department. The broker shall prepare for and participate in client appeals, as the Department requires and at the broker's expense.

17. 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, also approved by the Department.

18. Quality Management

The Contractor shall coordinate a Quality Assurance Committee with the Department that includes representatives from various health services and community providers to advise the broker on performance and quality improvement issues and strategies. Representation and membership on the committee shall be subject to the Department's approval. The Quality Assurance Committee shall meet at least quarterly and produce written documentation of committee activities to be shared with the Department.

19. Safety and Risk Management

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

20. 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 and are treated with respect, dignity, and cultural sensitivity and shall require that drivers and providers comply with Medicaid requirements.

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21. 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 that can receive and process a weekly roster file for client eligibility, as well as process daily updates to that file. The broker also must utilize the Department's Eligibility Management System (EMS) to determine eligibility for those clients not found in the weekly roster file. All systems and data storage must maintain information integrity through controls at appropriate locations within the broker's system and flow process and ensure quality control of all electronic transmissions.

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).

The broker must be able to transmit claims data, including prior authorization, biweekly in a HIPAA compliant format and must send a daily file for any and all ambulance trips.

22. Fraud and Abuse Prevention

The broker (and its transportation providers) shall:

- A.1.1. Not knowingly take any action or fail to take any action that could result in an unauthorized benefit to the broker, its employees, its Transportation Providers, its vendors, or to a client;
- A.1.2. Commit to preventing, detecting, investigating, and reporting potential fraud and abuse occurrences, and shall assist the Department and Department of Health and Human Services (DHHS) in preventing and prosecuting fraud and abuse in the NEMT program;
- A.1.3. Acknowledge that the Department and DHHS, Office of the Inspector General, have the authority to recover payments or impose civil monetary penalties on individuals and entities that submit false and fraudulent claims related to the NEMT program;
- A.1.4. Immediately notify the Department when it detects a situation of potential fraud or abuse;

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- A.1.5. Cease any conduct that the Department or its agent deems to be abusive of the NEMT program, and take any corrective actions requested by the Department or its agent;
- A.1.6. Provide information, as requested by the Department, on any employee or transportation provider who has been convicted of a civil or criminal offense related to that person's involvement with Medicare, Medicaid, or any other federal or state assistance program;
- A.1.7. Attest to the truthfulness, accuracy, and completeness of all data submitted to the Department, based on the Contractor's best knowledge, information, and belief;
- A.1.8. Implement administrative and management procedures and a mandatory compliance plan to guard against fraud and abuse;
- A.1.9. Examine publicly available data, including but not limited to the CMS Medicare/Medicaid Sanction Report and the CMS website (<http://www.oig.hhs.gov>) (LEIE - List of Excluded Individuals and Entities) to determine whether any potential or current employees, providers, or transportation providers have been suspended or excluded or terminated from the Medicare or Medicaid programs and shall comply with, and give effect to, any such suspension, exclusion, or termination in accordance with the requirements of State and federal law; and
- A.1.10. Meet the requirements of Section § 6032 (if applicable) of the Deficit Reduction Act of 2005, P.L. 109-171, and any implementing regulations or guidance on those requirements issued by the federal government.

23. Reporting Requirements

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

24. State Oversight of the NEMT broker

The Department, in collaboration with the broker, shall set annual performance targets the broker must meet in order to earn the applicable profit level specified in the Department's contract with the broker. Each performance target will clearly outline the threshold the broker must meet in terms of different quality standards that are quantifiable and, if successful in achieving that threshold or above, what percentage of the profit the broker shall receive. Each year, the performance targets will be renegotiated for the upcoming calendar year.

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**METHODS OF PROVIDING TRANSPORTATION
CATEGORICALLY NEEDY GROUPS**

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 contracted 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 authorizes, arranges and subcontracts transportation for Medicaid clients statewide.

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**METHODS OF PROVIDING TRANSPORTATION
MEDICALLY NEEDY GROUPS**

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

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then a text box with header appears for the State to supply supplemental
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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 authorizes, arranges and subcontracts transportation for Medicaid clients statewide.

TN # 13-013

Supersedes

TN # 12-019

Approval Date 11/13/13

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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,
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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 contracted 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.

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The NEMT broker authorizes, arranges and subcontracts transportation for Medicaid clients statewide.

TN # 13-013
Supersedes
TN # 12-019

Approval Date 11/13/13

Effective Date 02/01/2013

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

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

A. Transportation

(1) Ambulance - All rates are published at www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download" and select the "Transportation" subcategory listed below. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.

(a) Fees for emergency medical transportation were set as of July 1, 2011 and are effective for services provided on or after that date. Select the "Transportation – Basic/Advanced" fee schedule.

(b) Fees for non-emergency ambulance services were set as of January 1, 2013 and are effective for services provided on or after that date. Select the "Transportation – Basic/Advanced" fee schedule.

(c) Fees for emergency conventional air ambulance services (rotary wing) were set as of December 1, 2012 and are effective for services provided on or after that date. Select the "Transportation – Critical Helicopter" fee schedule. Fees for emergency conventional air ambulance services (fixed wing) are manually priced. Select the "Transportation – Air Ambulance" fee schedule.

(2) Non-Emergency Medical Transportation (NEMT)

NEMT rates for livery and wheelchair service were set as of February 1, 2013 and are effective for services provided on or after that date. All rates are published at www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download" and select the "Transport – Non-Emergency Medical" fee schedule. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.

The Department will establish the rates paid to NEMT providers for non-emergency ambulance, wheelchair van livery services and personal reimbursements and other modes as determined by the Department. The provider fees are posted for two modes of transportation: general livery/taxi and wheelchair accessible vehicles. Providers are paid a base rate plus a per mile rate for all trips. If more than one rider is transported, the base rate for the second rider is reduced. The payment methodology for NEMT is described in Attachments 3.1-A and 3.1-B.