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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**

June 25, 2018

Roderick Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email, a copy of approved Connecticut State Plan Amendment (SPA) No. 18-0004, submitted to my office on March 28, 2018 and approved on May 31, 2018. This SPA amends both Attachments 3.1A, Attachments 3.1B and Attachment 4.19-B of the Medicaid State Plan to reflect changes in the model of providing Non-Emergency Medical Transportation (NEMT) to Medicaid beneficiaries.

The Department of Social Services maintains a broker model for the provision of NEMT services, but the reimbursement methodology is changing from a fee-for-service approach using a published fee schedule to an at-risk model, using a per-member per-month (PMPM) rate. Reimbursement for non-emergency ambulance services is outside of the PMPM rate. Rates for non-emergency ambulance does not change with the approval of this SPA. The new transportation model maintains the traditional modes of fulfilling the NEMT requirement, but includes the addition of Independent-Driver Providers (IDPs).

This SPA has been approved effective January 1, 2018, as requested by the State.

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

- Attachment 3.1A, pages 9a-9g
- Supplement 4 to page 9f to Attachment 3.1A, pages 1-11
- Attachment 3.1B, pages 8a-8e
- Supplement 4 to page 8e to Attachment 3.1B, pages 1-11
- Attachment 4.19B, page 20

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Richard R. McGreal  
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:  
18-0004

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE:  
January 1, 2018

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:  
Sections 1902(a)(70) and 1905(a)(29) of the Social Security  
Act and 42 CFR 440.1707. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$0  
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Pages 9(a) through 9(g)  
Supplement 4 to page 9(f) of Attachment 3.1-A pages 1 thru 11  
Attachment 3.1-B, Pages 8(a) through 8(e)  
Supplement 4 to page 8(e) of Attachment 3.1-B pages 1 thru 11  
Attachment 4.19-B Page 209. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)Attachment 3.1-A, Pages 9(a) through 9(f)  
Supplement 4 to page 9(e) of Attachment 3.1-A pages 1 thru 13  
Attachment 3.1-A, Pages 8(a) through 8(e)  
Supplement 4 to page 8(e) of Attachment 3.1-B pages 1 thru 12  
Attachment 4.19-B Page 20

10. SUBJECT OF AMENDMENT: Effective January 1, 2018, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to reflect changes in the model of providing Non-Emergency Medical Transportation (NEMT) to Medicaid beneficiaries. DSS maintains a broker model for the provision of NEMT services, but the reimbursement methodology is changing from a fee-for-service approach using a published fee schedule to an at-risk model, using a per-member per-month (PMPM) rate. Reimbursement for non-emergency ambulance services is outside of the PMPM rate. Rates for non-emergency ambulance does not change under this SPA. The new transportation model maintains the traditional modes of fulfilling the NEMT requirement, but includes the addition of Independent-Driver Providers (IDPs). The changes being implemented by this SPA are designed to be cost-neutral and DSS does not anticipate that this SPA will change Medicaid expenditures in Federal Fiscal Year (FFY) 2018 and FFY 2019.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: March 27, 2018

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 28, 2018

18. DATE APPROVED: May 31, 2018

**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 201820. SIGNATURE OF REGIONAL OFFICIAL:  
/S/

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS:

## STATE/TERRITORY: CONNECTICUT

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

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29. 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 ☐ Provided With limitations  
☐ Not Provided

## (2) Non-Emergency Ambulance

- ☒ Provided Without limitations ☐ Provided With limitations  
☐ Not Provided

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

- ☒ Provided Without limitations ☐ Provided With limitations  
☐ Not Provided

## (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 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);

TN # 18-0004

Supersedes

TN# 13-013Approval Date 05/31/18Effective Date 1/1/2018

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- ☐ (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: 1) livery services; 2) air and ground ambulance; 3) commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate; 4) mileage reimbursement for transportation provided by beneficiaries, friends or family members, or attendants/companions through one of the Department's home and community based services waiver programs; 5) independent driver providers under the auspices of a transportation network company; and 6) ADA paratransit services.

(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:

- ☒ Low-income families with children (section 1931)
- ☒ Deemed AFDC-related eligibles

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- ☒ 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 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  
a 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  
income standard

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- ☒ 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:

For transportation costs, the broker is reimbursed a per member per month (PMPM) rate that reflects estimated transportation service costs, plus the 2% underwriting gain. On a monthly basis, the Department sends the broker a file which includes all beneficiaries for whom PMPM payments will be made.

The PMPM rate includes Medicaid-covered transportation service costs but excludes non-emergency ambulance services, which are billed directly to the Department's MMIS.

The broker is also paid funds under the broker contract for administrative (i.e., non-transportation) services including salary and fringe and other direct costs solely related to the broker contract.

The Department will review the broker's audited financial statement against the total payments issued to the broker annually. In the event that the total payments exceed the annual combined administrative and transportation service costs, based on encounter data provided by the broker, the Department will evaluate and score the performance measures to determine an amount up to five percent (5.0%) of the total costs available to the broker to either retain as underwriting gain (up to a maximum of five percent, 5%) or reduce the underwriting losses. The ability to access any funding within the performance band, including the 2.0% underwriting gain, is dependent upon the broker's performance. Any or all of the underwriting gain, including the first two percent (2.0%), may be denied if performance on quality is not met.

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

The Department will pay the broker on a monthly basis. Payment will be issued to the contractor through the Department's Medicaid Management Systems (MMIS) vendor, in the secondary claim cycle of each month. The Department will recover from the broker any PMPM payments made for

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individuals who are not entitled to the NEMT benefit. The broker will enter into subcontracts with transportation services providers, and will be paid rates to be negotiated between the broker and provider.

- (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.

The source of the non-Federal funds is state appropriations received via the state budget process.

- (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).
- (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 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 provider or other provider determined by the State to be qualified except the non-governmental broker.



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- ☐ 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(f) of Attachment 3.1-A

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b. Services provided in Religious Non-medical Health Care Institutions. – Christian Science nurses.

☐ Provided:                      ☐ No limitations                      ☐ With limitations  
☒ Not provided

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided:                      ☐ No limitations                      ☐ With limitations  
☐ Not provided

e. Emergency hospital services.

☐ Provided:                      ☐ No limitations                      ☐ With limitations  
☒ Not provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided:                      ☐ No limitations                      ☐ With limitations  
☒ Not provided

## STATE/TERRITORY: CONNECTICUT

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

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29. 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 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):

TN # 18-0004

Supersedes

TN# 13-013

Approval Date 5/13/18

Effective Date 1/1/2018

## STATE/TERRITORY: CONNECTICUT

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☐ (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 1) livery services; 2) air and ground ambulance; 3) commercial air transportation for specialty medical services not available in Connecticut or in bordering states when less expensive transportation is not medically appropriate; 4) mileage reimbursement for transportation provided by beneficiaries, friends or family members, or attendants/companions through one of the Department's home and community based services waiver programs; 5) independent driver providers under the auspices of a transportation network company; and 6) ADA paratransit services.

(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):

☒ Children under age 21, or under age 20, 19, or 18 and reasonable classifications as the State may choose

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Supersedes

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- 
- ☒ 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:

For transportation costs, the broker is reimbursed a per member per month (PMPM) rate that reflects estimated transportation service costs, plus a 2% underwriting gain. On a monthly basis, the Department sends the broker a file which includes all beneficiaries for whom PMPM payments will be made.

The PMPM rate includes Medicaid-covered transportation service costs but excludes non-emergency ambulance services, which are billed directly to the Department's MMIS.

The broker is also paid funds under the broker contract for administrative (i.e., non-transportation) services including salary and fringe and other direct costs solely related to the broker contract.

The Department will review the broker's audited financial statement against the total payments issued to the broker annually. In the event that the total payments exceed the annual combined administrative and transportation service costs, based on encounter data provided by the broker, the Department will evaluate and score the performance measures to determine an amount up to five percent (5.0%) of the total costs available to the broker to either retain as underwriting gain (up to a maximum of five percent, 5%) or reduce the underwriting losses. The ability to access any funding within the performance band, including the 2.0% underwriting gain, is dependent upon the broker's performance. Any or all of the underwriting gain, including the first two percent (2.0%), may be denied if performance on quality is not met.

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

The Department pays the broker on a monthly basis. Payment will be issued to the broker through the Department's Medicaid Management Information Systems (MMIS) vendor, in the second claim cycle of

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Supersedes

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each month. The Department will recover from the broker any PMPM payments made for individuals who are not entitled to the NEMT benefit. The broker will enter into subcontracts with transportation services providers, who will be rates to be negotiated between the broker and providers.

- (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.

The source of non-federal funds is cash appropriation from the state legislature to the Department of Social Services, which is the single state Medicaid agency.

- (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).

- (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.

**STATE/TERRITORY: CONNECTICUT****AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
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- ☐ 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

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

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

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**Description of the Connecticut Non-Emergency Medical Transportation  
Brokerage Program****Overview**

The State of Connecticut Department of Social Services' (the "Department's") Non-Emergency Medical Transportation (NEMT) brokerage program provides Medicaid beneficiaries with access to non-emergency transportation to medical appointments. Transportation is arranged for and provided through the most cost effective means which meet the beneficiary's mobility status, personal capabilities and medical needs.

The Department entered into a risk contract with a private vendor (the "broker contract"). The broker is reimbursed based on a per member/per month basis, with the intent that this will provide the broker with the maximum flexibility and capacity to engage a range of transportation through the state in order to best serve Medicaid beneficiaries.

The brokerage program is intended to elevate the use of technology, innovation and data to enhance beneficiaries' NEMT experience, thus contributing to an improvement in their overall health. The program is also intended to create a person-centered service system that is cost-effective while utilizing technology and other innovative solutions in transportation booking, scheduling, monitoring and reporting to provide full access to Medicaid beneficiaries. The service region is statewide. The broker shall provide non-emergency transportation services to providers throughout the State of Connecticut, to border providers and to select providers in non-contiguous states, if the Department determines this is medically necessary.

**TN # 18-0004****Supersedes****TN# 13-013****Approval Date 05/31/18\_\_\_\_\_****Effective Date 1/1/2018**



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**Types of Transportation Provided**

The brokerage program offers a variety of modes of transportation, including, but not limited to: public transportation, mileage reimbursement, homemaker-companion agency mileage as allowed in the CT Home Care Program for Elders, taxi/livery, wheelchair accessible taxi/livery, invalid coach (licensed by the State Department of Public Health) air and ground ambulance, commercial air, group or shared ride vehicles, except for beneficiaries who are immunocompromised or for whom this is otherwise not medically appropriate. The program also uses NEMT-specialized Independent Driver-Providers (IDPs) to supplement traditional types of commercial transportation providers. The IDPs shall meet or exceed all requirements for transportation network company providers under state law. The IDPs shall also participate in training that is specific to the transportation needs of Medicaid beneficiaries, such as ADA sensitivity and cultural competency. The IDPs also undergo multistate background checks to ensure safety and the highest level of quality. The broker may also use paratransit programs offered by local ADA paratransit service providers.

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**Contract Oversight**

The broker is responsible for adhering to all federal and state laws and regulations and other contract requirements, as well as ensuring subcontractors and transportation providers conform accordingly. The Department uses a variety of methods to monitor compliance.

The Department performs daily, monthly and quarterly monitoring of the broker. On a daily basis, at a minimum, the Department reviews complaints, incidents and appeals. On a monthly basis, at a minimum, the Department reviews broker-submitted monthly reports that summarize all trips, complaints, transportation performance standards, and call center performance standards. On a quarterly basis, the Department reviews member satisfaction surveys and participates in scheduled and unscheduled transportation site visits, performing driver, vehicle and record reviews. The Department will also perform an annual review of the policies and procedures related to the hearings process.

At initial implementation, the Department will monitor call center metrics on a daily basis and participate in daily calls with the broker. After demonstration of compliance with call center standards and other contract requirements, the Department will monitor metrics on a weekly basis and participate in weekly calls. At a minimum, the Department will monitor call center metrics and participate in calls or meetings with the broker on a monthly basis. Frequency of monitoring, reporting and communication will be determined by overall compliance with call center metrics and other contract requirements, and review of appeals, incidents and complaints.

The broker is required to submit to the Department for approval key personnel, a policy and procedure manual, member materials, a disaster preparedness and business continuity plan, call center training curriculum, a beneficiary hearings process and standardized notices of action templates. The Department's review and approval of initial documents as well as any updates or changes further ensures compliance.

In addition to the required monthly reporting of transportation data and performance, member services center performance, complaints, notices of action and quality assurance, the Department may require ad hoc reporting for compliance oversight activities. At the end of each quarter, the broker is required to provide a claims payment and aging report as well as a budget-to-actual

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report, and, on a semi-annual basis, a transportation provider subcontractor monitoring report. The Department will review these reports for compliance, and to determine if the broker is eligible for performance incentives.

The Department has access to the broker's database for real-time monitoring of utilization, and the Department will be on-site daily, weekly or monthly to ensure compliance. The broker is also required to submit encounter data at least twice a month, which is monitored by the Department.

The Department will develop an internal NEMT contract compliance oversight plan to ensure monitoring is consistent and in accordance with the contract. The plan will include but not be limited to establishing a process to investigate complaints, identify contract violations and impose sanctions or other contract remedies as well as any additional monitoring or auditing activities that may be required. In addition to the Department's contract compliance oversight plan, the Office of Quality Assurance is responsible for ensuring the fiscal and programmatic integrity of all of the Department's programs and performs audits and data analytics to detect, investigate and prevent fraud, waste and abuse.

The Department and broker will also meet on a regular basis with the Department's three Administrative Services Organizations (ASOs) for medical, dental and behavioral health services, to identify any issues related to NEMT for those types of services.

Pursuant to Connecticut General Statutes Sec. 17b-28, the Medical Assistance Program Oversight Council (MAPOC) is the legislative body that oversees all CT Medicaid related programs, including Non-Emergency Medical Transportation (NEMT). Specifically, the Quality and Access sub-committee under MAPOC is tasked with identifying and monitoring key issues, including but not limited to, NEMT. In addition to legislators, the sub-committee is comprised of beneficiaries and other stakeholders who utilize or interact with the NEMT program. The Department provides updates to these bodies and provides responses to inquiries and concerns raised by the committees. The Department also participates in regular discussions and/or meetings with statewide provider associations, other community partners, advocacy organizations and other healthcare providers and will monitor and address comments and concerns identified at those meetings.

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**Transportation Providers and Subcontracts**

The broker maintains a transportation network that has a variety of providers for each mode of transportation. The broker ensures the ability to provide necessary NEMT services by establishing a network of providers through the use of subcontracts. All subcontracts must be in writing and include requirements of the brokerage contract that are appropriate to the services provided by the subcontractor. The broker shall make available to the Department all documentation on all subcontractors and subcontracts, including but not limited to each subcontractor's: business licenses, certifications, insurance coverage, driver verifications, vehicle inspections, and all other relevant documentation. The broker also implements a monitoring plan to monitor the performance of each subcontracted transportation provider to ensure compliance with the terms of their subcontracts and must cooperate in the performance of financial, quality or other audits conducted by the Department or its agents.

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**Member Services**

The broker maintains a member services office, with its primary support in the state of Connecticut. In order to ensure appropriate staffing and access, the broker may contract for additional member services during periods of high-call volume and on non-business days or during non-business hours when member services' support is needed in response to a severe weather or disaster event in Connecticut. All staff, including subcontractor staff, must be located within the United States and must receive training specific to Medicaid services prior to providing services to beneficiaries. The broker must maintain a comprehensive disaster recovery and business continuity plan, which is subject to Department review and approval.

The broker provides a toll- free number for scheduling transportation and responding to inquiries from beneficiaries, healthcare providers, facilities and transportation providers. The phone number is staffed twenty-four (24) hours per day, seven days per week to provide transportation for urgent care on holidays, weekends, and after business hours and for after-hours discharges.

The broker contract sets performance standards for call response time, abandonment rates and average hold times, as follows:

- Eighty (80) percent of all income calls shall be answered within 3 minutes
- Call abandonment rate during normal business hours shall remain under five (5) percent
- Average hold time shall not exceed three (3) minutes.

These standards are subject to periodic review and reassessment to ensure that beneficiaries' needs are being met. These standards and additional member services performance standards such as average handle time, average hold time and total number of calls handled are also reported on by the broker in a Member Services Center report to the Department on a monthly basis.

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**Prior Authorization**

All requests for NEMT services are subject to prior authorization. Requests for prior authorization may be made by the beneficiary, the beneficiary's family member or other legal representative, a health care facility or provider. In no event may a transportation provider seek prior authorization on behalf of a beneficiary.

Requests for non-urgent services must be made at least forty-eight (48) business hours in advance of the appointment. Requests for bus passes should be made at least five (5) days in advance to allow for sufficient mailing time.

The broker contacts a needs test prior to the authorization of services. This includes verification of the eligibility, verification that the transportation is not covered by other programs, verification that the healthcare service is covered by Medicaid, and verification that that the trip is to a local provider of services.

Beneficiaries are required to use transportation resources that are already available to them. If no transportation resources are available, the broker shall ensure that the lowest cost resources are used first. The priority order of mode of travel is as follows: walking, public transit, mileage reimbursement, ambulatory, and wheelchair. The resources to be considered by the broker include public transit systems, personal mileage reimbursement, or other free or low-cost means of transportation. All prior authorization decisions are based on the beneficiary's mobility status, personal capabilities and medical needs. The length of authorizations shall be tailored to the scope and expected duration of a beneficiary's limitation or disability.

The broker follows the Department's "shared ride" policy for multi-passenger grouped trips. This policy excludes a beneficiary from multi-passenger trips when it is inappropriate, including, but not limited to, situations in which a beneficiary is immunocompromised.

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The broker shall ensure that trips provided outside of a beneficiaries local community (more than 10 miles in urban areas and more than 20 miles in a rural area) are limited to circumstances in which it is medically necessary for the beneficiary to see a provider outside his or her local community

The broker employs clinical coordinators to make medical necessity determinations in pre-authorization decisions and for other verifications. Such determinations include: attendant requests, complex mode of transportation requests, and trips to non-local providers. All coordinators shall have the clinical background and experience necessary to review and consider medical documentation and requests.

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**Quality Assurance**

The broker must establish quality assurance procedures that shall be used to monitor and obtain feedback from beneficiaries on the quality of the transportation services provided. The quality assurance plan shall include, but not be limited to, driver conduct, vehicle safety, and member service. Transportation providers shall be required to comply with quality assurance requirements. The broker shall report on its quality assurance and is further required to submit a subcontractor monitoring report that provides information collected from the Contractor's monitoring of their transportation providers.

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**Fraud**

The broker shall develop policies to prevent, detect, investigate and report potential fraud and abuse occurrences and must notify the Department as soon as possible, based upon the nature and severity, and no more than two (2) business days of the discovery of any Medicaid fraud or abuse. Transportation provider contracts must contain language that requires the providers to have procedures in place for the prevention, detection, and reporting of suspected fraud and abuse, in conformance with the CMS Program Integrity: Non-Emergency Medical Transportation Toolkit and other publications approved by CMS or the Department.

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**Performance Measures and Sanctions**

The broker is held to performance standards in a number of areas. Failure to meet standards will result in a monetary sanction. The Department may further sanction the broker for failure to adhere to any other Medicaid requirements, acts or omissions that harm or could result in harm to a beneficiary or other conduct that violates applicable state or federal law.

The specific areas covered by performance measures with corresponding monetary sanctions are:

- Timely submission of reports
- Failure to respond to a beneficiary complaint
- Inappropriate multi-loading
- Utilization of a transportation provider who has been excluded from any federal health care program, including Medicaid
- Utilization of a provider or driver not properly licensed
- Failure to meet member services performance standards
- Failure to conduct required pre and post-trip verification
- Exceeding wait times
- Failure to follow incident and accident reporting requirements in the broker contract.

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**Description of the Connecticut Non-Emergency Medical Transportation  
Brokerage Program****Overview**

The State of Connecticut Department of Social Services' (the "Department's") Non-Emergency Medical Transportation (NEMT) brokerage program provides Medicaid beneficiaries with access to non-emergency transportation to medical appointments. Transportation is arranged for and provided through the most cost effective means which meet the beneficiary's mobility status, personal capabilities and medical needs.

The Department entered into a risk contract with a private vendor (the "broker contract"). The broker is reimbursed based on a per member/per month basis, with the intent that this will provide the broker with the maximum flexibility and capacity to engage a range of transportation through the state in order to best serve Medicaid beneficiaries.

The brokerage program is intended to elevate the use of technology, innovation and data to enhance beneficiaries' NEMT experience, thus contributing to an improvement in their overall health. The program is also intended to create a person-centered service system that is cost-effective while utilizing technology and other innovative solutions in transportation booking, scheduling, monitoring and reporting to provide full access to Medicaid beneficiaries. The service region is statewide. The broker shall provide non-emergency transportation services to providers throughout the State of Connecticut, to border providers and to select providers in non-contiguous states, if the Department determines this is medically necessary.

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**Types of Transportation Provided**

The brokerage program offers a variety of modes of transportation, including, but not limited to: public transportation, mileage reimbursement, homemaker-companion agency mileage as allowed in the CT Home Care Program for Elders, taxi/livery, wheelchair accessible taxi/livery, invalid coach (licensed by the State Department of Public Health) air and ground ambulance, commercial air, group or shared ride vehicles, except for beneficiaries who are immunocompromised or for whom this is otherwise not medically appropriate. The program also uses NEMT-specialized Independent Driver-Providers (IDPs) to supplement traditional types of commercial transportation providers. The IDPs shall meet or exceed all requirements for transportation network company providers under state law. The IDPs shall also participate in training that is specific to the transportation needs of Medicaid beneficiaries, such as ADA sensitivity and cultural competency. The IDPs also undergo multistate background checks to ensure safety and the highest level of quality. The broker may also use paratransit programs offered by local ADA paratransit service providers.

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**Contract Oversight**

The broker is responsible for adhering to all federal and state laws and regulations and other contract requirements, as well as ensuring subcontractors and transportation providers conform accordingly. The Department uses a variety of methods to monitor compliance.

The Department performs daily, monthly and quarterly monitoring of the broker. On a daily basis, at a minimum, the Department reviews complaints, incidents and appeals. On a monthly basis, at a minimum, the Department reviews broker submitted monthly reports that summarize all trips, complaints, transportation performance standards, and call center performance standards. On a quarterly basis, the Department reviews member satisfaction surveys and participates in scheduled and unscheduled transportation site visits, performing driver, vehicle and record reviews. The Department will also perform an annual review of the policies and procedures related to the hearings process.

At initial implementation, the Department will monitor call center metrics on a daily basis and participate in daily calls with the broker. After demonstration of compliance with call center standards and other contract requirements, the Department will monitor metrics on a weekly basis and participate in weekly calls. At a minimum, the Department will monitor call center metrics and participate in calls or meetings with the broker on a monthly basis. Frequency of monitoring, reporting and communication will be determined by overall compliance with call center metrics and other contract requirements, and review of appeals, incidents and complaints.

The broker is required to submit to the Department for approval key personnel, a policy and procedure manual, member materials, a disaster preparedness and business continuity plan, call center training curriculum, a beneficiary hearings process and standardized notices of action templates. The Department's review and approval of initial documents as well as any updates or changes further ensures compliance.

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report, and, on a semi-annual basis, a transportation provider subcontractor monitoring report. The Department will review these reports for compliance, and to determine if broker is eligible for performance incentives.

The Department has access to the broker's database for real-time monitoring of utilization, and the Department will be on-site daily, weekly or monthly to ensure compliance. The broker is also required to submit encounter data at least twice a month, which is monitored by the Department.

The Department will develop an internal NEMT contract compliance oversight plan to ensure monitoring is consistent and in accordance with the contract. The plan will include but not be limited to establishing a process to investigate complaints, identify contract violations and impose sanctions or other contract remedies as well as any additional monitoring or auditing activities that may be required. In addition to the Department's contract compliance oversight plan, the Office of Quality Assurance is responsible for ensuring the fiscal and programmatic integrity of all of the Department's programs and performs audits and data analytics to detect, investigate and prevent fraud, waste and abuse.

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Pursuant to Connecticut General Statutes Sec. 17b-28, the Medical Assistance Program Oversight Council (MAPOC) is the legislative body that oversees all CT Medicaid related programs, including Non-Emergency Medical Transportation (NEMT). Specifically, the Quality and Access sub-committee under MAPOC is tasked with identifying and monitoring key issues, including but not limited to, NEMT. In addition to legislators, the sub-committee is comprised of beneficiaries and other stakeholders who utilize or interact with the NEMT program. The Department provides updates to these bodies and provides responses to inquiries and concerns raised by the committees. The Department also participates in regular meetings discussions and/or meetings with statewide provider associations, other community partners, advocacy organizations and other healthcare providers and will monitor and address comments and concerns identified at those meetings.

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**Transportation Providers and Subcontracts**

The broker maintains a transportation network that has a variety of providers for each mode of transportation. The broker ensures the ability to provide necessary NEMT services by establishing a network of providers through the use of subcontracts. All subcontracts must be in writing and include requirements of the brokerage contract that are appropriate to the services provided by the subcontractor. The broker shall make available to the Department all documentation on all subcontractors and subcontracts, including but not limited to each subcontractor's: business licenses, certifications, insurance coverage, driver verifications, vehicle inspections, and all other relevant documentation. The broker also implements a monitoring plan to monitor the performance of each subcontracted transportation provider to ensure compliance with the terms of their subcontracts and must cooperate in the performance of financial, quality or other audits conducted by the Department or its agents.

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**Member Services**

The broker maintains a member services office, with its primary support in the state of Connecticut. In order to ensure appropriate staffing and access, the broker may contract for additional member services during periods of high-call volume and on non-business days or during non-business hours when member services' support is needed in response to a severe weather or disaster event in Connecticut. All staff, including subcontractor staff, must be located within the United States and must receive training specific to Medicaid services prior to providing services to beneficiaries. The broker must maintain a comprehensive disaster recovery and business continuity plan, which is subject to Department review and approval.

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The broker contract sets performance standards for call response time, abandonment rates and average hold times, as follows:

- Eighty (80) percent of all income calls shall be answered within 3 minutes
- Call abandonment rate during normal business hours shall remain under five (5) percent
- Average hold time shall not exceed three (3) minutes.

These standards are subject to periodic review and reassessment to ensure that beneficiaries' needs are being met. These standards and additional member services performance standards such as average handle time, average hold time and total number of calls handled are also reported on by the broker in a Member Services Center report to the Department on a monthly basis.

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**Prior Authorization**

All requests for NEMT services are subject to prior authorization. Requests for prior authorization may be made by the beneficiary, the beneficiary's family member or other legal representative, a health care facility or provider. In no event may a transportation provider seek prior authorization on behalf of a beneficiary.

Requests for non-urgent services must be made at least forty-eight (48) business hours in advance of the appointment. Requests for bus passes should be made at least five (5) days in advance to allow for sufficient mailing time.

The broker contacts a needs test prior to the authorization of services. This includes verification of the eligibility, verification that the transportation is not covered by other programs, verification that the healthcare service is covered by Medicaid, and verification that that the trip is to a local provider of services.

Beneficiaries are required to use transportation resources that are already available to them. If no transportation resources are available, the broker shall ensure that the lowest cost resources are used first. The priority order of mode of travel is as follows: walking, public transit, mileage reimbursement, ambulatory, and wheelchair. The resources to be considered by the broker include public transit systems, personal mileage reimbursement, or other free or low-cost means of transportation. All prior authorization decisions are based on the beneficiary's mobility status, personal capabilities and medical needs. The length of authorizations shall be tailored to the scope and expected duration of a beneficiary's limitation or disability.

The broker follows the Department's "shared ride" policy for multi-passenger grouped trips. This policy excludes a beneficiary from multi-passenger trips when it is inappropriate, including, but not limited to, situations in which a beneficiary is immunocompromised.

The broker shall ensure that trips provided outside of a beneficiaries local community (more than 10 miles in urban areas and more than 20 miles in a rural area) are limited to circumstances in which it is medically necessary for the beneficiary to see a provider outside his or her local community.

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The broker employs clinical coordinators to make medical necessity determinations in pre-authorization decisions and for other verifications. Such determinations include: attendant requests, complex mode of transportation requests, and trips to non-local providers. All coordinators shall have the clinical background and experience necessary to review and consider medical documentation and requests.

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**Quality Assurance**

The broker must establish quality assurance procedures that shall be used to monitor and obtain feedback from beneficiaries on the quality of the transportation services provided. The quality assurance plan shall include, but not be limited to, driver conduct, vehicle safety, and member service. Transportation providers shall be required to comply with quality assurance requirements. The broker shall report on its quality assurance and is further required to submit a subcontractor monitoring report that provides information collected from the Contractor's monitoring of their transportation providers.

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**Fraud**

The broker shall develop policies to prevent, detect, investigate and report potential fraud and abuse occurrences and must notify the Department as soon as possible, based upon the nature and severity, and no more than two (2) business days of the discovery of any Medicaid fraud or abuse. Transportation provider contracts must contain language that requires the providers to have procedures in place for the prevention, detection, and reporting of suspected fraud and abuse, in conformance with the CMS Program Integrity: Non-Emergency Medical Transportation Toolkit and other publications approved by CMS or the Department.

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**Performance Measures and Sanctions**

The broker is held to performance standards in a number of areas. Failure to meet standards will result in a monetary sanction. The Department may further sanction the broker for failure to adhere to any other Medicaid requirements, acts or omissions that harm or could result in harm to a beneficiary or other conduct that violates applicable state or federal law.

The specific areas covered by performance measures with corresponding monetary sanctions are:

- Timely submission of reports
- Failure to respond to a beneficiary complaint
- Inappropriate multi-loading
- Utilization of a transportation provider who has been excluded from any federal health care program, including Medicaid
- Utilization of a provider or driver not properly licensed
- Failure to meet member services performance standards
- Failure to conduct required pre and post-trip verification
- Exceeding wait times
- Failure to follow incident and accident reporting requirements in the broker contract

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

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**29. Methods and Standards for Establishing Rates – Other types of Care****A. Transportation**

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

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