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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0041

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 25, 2022

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0041

Dear Commissioner Gifford:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0041. This amendment updates the state plan to add non-emergency medical transportation (NEMT) assurances to the state plan required by SSA sec. 1902(a)(87).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(87). This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 21-0041 was approved on March 24, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 1 - 0 0 4 1</u>	2. STATE <u>CT</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 27, 2021	
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(87) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-D (1) Page 1 Attachment 3.1-D (2) Page 1 Attachment 3.1-D (3) Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-D (1) Page 1 Attachment 3.1-D (2) Page 1 Attachment 3.1-D (3) Page 1	

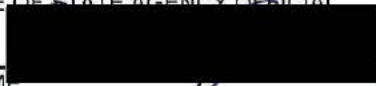
9. SUBJECT OF AMENDMENT

Adds non-emergency medical transportation (NEMT) assurances to the state plan required by SSA sec. 1902(a)(87).

10. 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

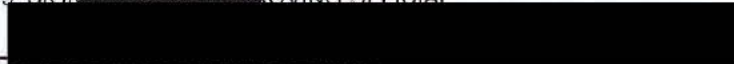
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue - 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
12. TYPED NAME Deidre S. Gifford, MD, MPH	
13. TITLE Commissioner	
14. DATE SUBMITTED December 30, 2021	

FOR CMS USE ONLY

16. DATE RECEIVED December 30, 2021	17. DATE APPROVED March 24, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL December 27, 2021	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director Division of Program Operations

22. REMARKS

STATE/TERRITORY: CONNECTICUT
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.

Connecticut ensures that any provider of NEMT to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements:

(A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

(B) Each such individual driver has a valid driver's license;

(C) Each such provider has in place a process to address any violation of a state drug law; and

(D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

TN # 21-0041

Supersedes

TN # 13-013

Approval Date 03/24/2022

Effective Date 12/27/2021

STATE/TERRITORY: CONNECTICUT
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

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TN # 21-0041

Supersedes

Approval Date 03/24/2022

Effective Date 12/27/2021

TN # 13-013

STATE/TERRITORY: CONNECTICUT
METHODS OF PROVIDING TRANSPORTATION
CATEGORICALLY NEEDY GROUPS – SECTION 1902(a)(10)(A)(i)(VIII) ONLY

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Not Provided

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