

**DEPARTMENT OF SOCIAL SERVICES**

**Special Notice of Proposed Medicaid State Plan Amendment 13-013**

**Date: February 6, 2013**

On January 29, 2013, the Department issued public notice of its intent to submit a Medicaid State Plan Amendment (SPA) to amend provisions related to Non-Emergency Medical Transportation in the Connecticut Law Journal.

**The Department has extended the deadline for the submission of comments to February 21, 2013**

Please mail or e-mail your comments to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033, Telephone: (860) 424-5145, Fax: (860) 424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov). Please reference TN # 13-013 - NEMT.

Please find below the proposed State Plan Language.

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**REVISED NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN CONCERNING NON-EMERGENCY MEDICAL TRANSPORTATION**

The State Department of Social Services (DSS) proposes to submit an amendment to the Medicaid State Plan to the Federal Centers for Medicare and Medicaid Services (CMS) within the United States Department of Health and Human Services. Effective February 1, 2013, State Plan Amendment (SPA) 13-013 will revise the rate provisions for non-emergency medical transportation (NEMT). This is the second notice concerning this SPA, which was formerly designated as 12-025.

**Changes to Medicaid State Plan**

The Medicaid State Plan will be amended to reflect new rates for wheelchair and livery providers. The Department will be setting these rates. NEMT will be arranged by a non-risk broker and will be paid by the Department per the fee schedule. The rates were posted and available on the Department's website on October 10, 2012. In addition, information on the Department's rate methodology for shared riders (that is, the transport of more than one client in the same vehicle) is now available on the website.

**Fiscal Information – Estimated Annual Medicaid Expenditures**

SFY 13 – \$24,000,000.00 SFY 14 - \$60,000,000.00

**Additional Information**

In accordance with federal requirements governing the Medicaid program, the Department will provide upon request copies of the proposed amendment to the Medicaid State Plan. In addition,

copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: [www.dss.state.ct.us](http://www.dss.state.ct.us). Go to “Publications” and then to “Updates”.

[ SEE REVISED COMMENT INSTRUCTIONS ABOVE.]

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

**1. Introduction**

The Department's non-emergency medical transportation (NEMT) service is available for persons who are eligible for Medicaid statewide pursuant to Connecticut General Statutes (CGS) §17b-276. The Department has established a non-risk contract with a broker to coordinate the provision of NEMT through transportation providers enrolled with the Department's Medicaid Management Information System (MMIS) for qualified Medicaid clients to and from covered medical services. 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, through subcontracts provides for all NEMT services for the identified clients. Payments are made through the Department's MMIS pursuant to a fee schedule established by the Department. The NEMT service must meet standards of timeliness, efficiency, and customer service established by the Department and articulated in a contract between the Broker and the Department.

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

**2. Payments**

- a. The Department established a fee schedules for the two commonly used modes of transportation, livery and wheelchair van services. The fee schedule includes a base rate for each one way trip and additional fees per mile. If more than one client is transported in the same vehicle, then the base rate for the second rider is reduced.
- b. The Broker is responsible for submitting claims received from the transportation providers to the Department for payment.
- c. On a monthly basis, the Department reimburses 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 and newly added Medicaid clients and air transports shall be made on the basis of an invoice for actual transportation costs.

**3. NEMT Network**

TN # 13-013  
Supersedes  
TN # 09-002

Approval Date: \_\_\_\_\_ Effective Date 02/01/2013

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

- a. Recruits, contracts, and maintains a network of adequate non-emergency medical transportation providers to deliver non-emergency medical transportation to Connecticut Medicaid Program clients.
- b. Coordinates air travel through a travel agent and in consultation with the Department.
- c. Utilizes modes of transportation appropriate for the medical, physical and intellectual needs of clients and ensures that non-English-speaking clients and disabled individuals with assistance from attendants or service animals will be able to access transportation services.
- d. 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.

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**4. Subcontracts**

The broker may subcontract for any function except the brokers call center and after hours and backup call center operations. Contract agreements between the broker and transportation providers must clearly identify the performance requirements to achieve the Department's standards and requirements of the Non-emergency Medical Transportation Program. The Broker is responsible for the performance of the program irrespective of its subcontracts with providers. To that end the broker is responsible for defining and assuring the operational specifications including regulatory compliance and payment procedures for transportation providers. In addition, the broker is responsible for determining and authorizing the medically necessary 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 assure that all rides meet promptness and timeliness standards. In addition, the broker must have the capacity to initiate immediate contact with provider dispatchers or other transportation provider personnel to contact and locate drivers and vehicles for emergency and safety needs.

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The broker provides public bus transportation whenever it offers the least expensive and appropriate mode of transportation and when clients have the medical, physical and mental ability to utilize the bus. When requiring utilization of bus transportation, the broker must provide the client sufficient information concerning the scheduled route to and from medical providers, 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 and materials that are culturally sensitive to Medicaid clients, healthcare providers, and human service agencies. The Broker also will develop a website specifically used to serve NEMT providers and clients and to facilitate communication and issue resolution between the Department and the broker.

**8. Eligibility for Non-emergency Medical Transportation**

The target population includes all qualified Medicaid clients and pending clients residing in nursing homes who 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 where the multiple trips over within multiple months.

**a. Reservation Process**

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

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medically necessary services. The Department will pay for only non-emergency ambulance transportation that the broker has authorized before the ambulance services are provided.

**b. Documentation and Verification Process**

The broker must document and record its action and in some instances, the reasons for their action. Documentation may take the form of an entry in a data system, paper documents and electronically recorded messages or other data. The broker must apply Department-approved policies for requiring clients or medical providers to supply documentation including the type of documentation (paper, electronic, recording, etc.). When the broker requires a medical provider to “document” information to verify closest appropriate provider or to justify a particular mode of transportation, the broker may utilize any of the following legitimate methods depending on the circumstances: 1) a written document with a medical provider’s explanation and signature; or 2) a verbal statement from a medical provider or his or her representative, which the broker will enter into its data system appropriately referenced. The method selected for documentation should reflect the least burdensome approach while achieving the needed information.

**c. Transportation Scheduling Process -**

(1) Least-expensive and appropriate mode of transportation - The broker shall schedule and arrange the least-expensive and appropriate mode of transportation for clients. Whenever appropriate, the broker shall provide bus passes to clients who live near public transportation within urban and metropolitan areas and have no barriers to using bus transportation. The broker may deny non-emergency medical transportation to a client who has his/her own means of transportation and that means of transportation is operable and is available to the client. In the event that the client has an inoperable vehicle or lacks the resources to operate the vehicle, the broker may offer reimbursement for mileage to enable the client to use his/her own vehicle. The broker may also offer to reimburse a family member or a friend for transportation.

(2) Closest appropriate and available provider - The broker shall arrange non-emergency medical transportation to the closest-appropriate provider. For purposes of this requirement, any provider within a fifteen-mile radius from the client’s residence must be considered the closest-appropriate provider irrespective of the actual distance from the client’s residence. The closest-appropriate provider may also be a provider located beyond fifteen miles, whose specialty may not be available within closer proximity to the client’s residence. In other instances, no other closer provider may be available within the time required by the client due to the client’s health needs.

In evaluating whether a provider is the closest appropriate provider, the broker provides the client the name of a provider with the same type and specialty as the provider initially selected by the client. Furthermore, the broker must determine that the alternate provider identified by the broker accepts Medicaid clients and is able to

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serve the client within a medically appropriate lag time from the date of the initial appointment. If the broker recommends an alternate provider and an alternate schedule, the broker must provide sufficient documentation that the revised schedule or appointment is medically appropriate to meet the client's needs and is acceptable within professional standards of care

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

- (3) Continuity of Care – The broker must assure continuity of care when travel is required to a provider beyond a 15 mile radius from a client's residence when the request for transportation to the medical provider is for a condition previously treated by the medical provider.

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

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

**a. Internal Process for Grievances**

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

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

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

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

**c. Appeals –**

If the client requests an Administrative Hearing, the broker must prepare a written narrative of the situation for the Administrative Hearing Officer. The broker shall submit

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the summary narrative and related materials to the Department's NEMT Program staff for review and approval at least ten days before the scheduled hearing. The broker will mail an approved summary to the client at least five days before the scheduled hearing. The broker will attend the scheduled hearing. The broker's attendance and participation shall be at the minimum employment level of a supervisor or manager.

The Department shall notify the broker of Administrative Hearings where the Department requires the broker's attendance. The Department shall retain decision-making authority on authorization of non-emergency medical transportation. The Department's decisions on matters involving 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**

The broker must implement and maintain a comprehensive, fully functional, inbound and outbound telephone call system that includes both sufficient 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 and 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 transportation through various modes of transportation including: taxi, livery, wheelchair van, train, ambulance, private transportation, or the provision of bus tokens or passes for the use of public transportation. When required, the broker shall coordinate air travel through a travel agent and in consultation with the Department. The Department shall reimburse the brokers for costs incurred in coordinating or scheduling air or ground ambulance and commercial air transportation.

**14. Licensure Requirements**

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

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The broker shall not pay for non-emergency medical transportation in vehicles that are not appropriately licensed, certified, permitted, or insured or provided by unlicensed drivers. Department will recover from the Contractor payments made for individuals transported in inadequately licensed, permitted or insured vehicles or driven by individuals who are inadequately licensed or certified and may seek other fines and penalties as allowed by law.

The Department also requires the brokers to recover any payments to providers who have transported Medicaid clients in such vehicles. The Department's recovery requirement is in addition to any other requirement that the brokers has with their transportation providers regarding non-emergency medical transportation in such vehicles.

**15. Monetary/Performance Sanctions**

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

**a. Class A Sanction**

1. The Department will impose a Class A Sanction each time the Contractor fails to comply with the contract on an issue warranting a Class A Sanction listed below. The Department will notify the Contractor in writing in advance of imposing any sanction and will give the Contractor 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.
2. In addition, the Department may assess a performance sanction of \$10,000 when the Department determines that the Contractor has engaged in a pattern of noncompliance with Class A performance measures and requirements. When the Department determines that the Contractor has exhibited a pattern of noncompliance with Class A measures and requirements, the Department shall notify the Contractor of such determination and shall provide the Contractor up to five business days from such notification to appeal the determination and offer a rationale why the Contractor should not be assessed the sanction.
3. Violations warranting a Class A Sanction include:
  - a. Failure to maintain access to current policies, (per six month review period).

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- b. Failure to provide recorded client service phone calls as requested, (per six month review period).
- c. Billing the Department for a trip that was not provided.

**b. Class B Performance Sanctions**

- 4. Each time the Contractor (including a subcontractor) fails to comply with the contract on an issue warranting a Class B Sanction (see below), the Department shall notify the Contractor of its determination in writing and in advance of imposing any sanction. The Department may assess a performance sanction of up to \$5,000.00 per occurrence.
- 5. When the Department determines that the Contractor has engaged in a pattern of non-compliance that warrant Class B Sanctions, the Department shall notify the Contractor, in writing and, may assess an additional performance sanction of \$10,000.00.
- 6. The Contractor 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 Contractor 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 Contractor's letter. The decision of the Contract Administrator shall be final.
- 7. Issues subject to Class B Sanctions:
  - a. Failure to transport clients in vehicles with applicable DMV licensure and DOT or DPH certification including sufficient liability insurance. (Per incident)
  - b. Failure to transport clients utilizing appropriately certified and licensed drivers. (Per incident)

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- c. Failure to issue a notice of action within time standards. (Per incident)
- d. Over writing valid client eligibility data which causes an unwarranted denial of NEMT for otherwise eligible clients requesting NEMT. (Per incident)
- e. Refusing to transport otherwise eligible clients or engaging in discriminatory practices. (Per Incident)
- f. 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)
- g. Failure to prevent confidentiality and data security breaches including, but not limited to, employee compliance with confidentiality requirements. (Per Incident)
- h. 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).

**16. Notice of Action**

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

- a. If the DEPARTMENT determines during any audit or random monitoring visit to the broker or one of its subcontractors that an NOA fails to meet any of the criteria set forth in contract, the DEPARTMENT may impose a strike towards a Class A sanction in accordance with Section 15, Monetary Sanctions.
- b. If the deficiencies which give rise to a Class A sanction continue for a period in excess of ninety (90) days, the DEPARTMENT may impose a Class B sanction.
- c. For each incident where the Department determines that a broker was required to issue an NOA but failed to do so, the Department shall notify the broker, in writing, that such a determination has been made and may assess a performance sanction of up to \$5,000.00. The broker will have seven (7) days from the receipt of the notification to appeal the determination and offer a rationale as to why the Contractor should not be assessed a performance sanction. The Department's Contract Administrator shall have seven (7) days from the receipt of the appeal to render a decision on the appeal.

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- d. If the Department determines that the broker has engaged in a pattern of not issuing NOAs the Department shall notify the broker, in writing, that such a determination has been made may assess a performance sanction of \$10,000.00. The broker shall have seven (7) days from the receipt of the notification to appeal the determination and offer a rationale as to why the broker should not be assessed a performance sanction. The Department's Contract Administrator shall have seven (7) days from the receipt of the appeal to render a decision on the appeal.

**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

**18. Quality Management**

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

**19. Safety and Risk Management**

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

**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 treatment with respect, dignity, and cultural sensitivity and shall assure 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 Non-emergency Medical Transportation Program including a HIPAA-compliant computer system and an information system that is compliant with Open Database Connectivity Standards (ODBC) and that maintain information integrity through controls at appropriate locations within the broker's system and process flow and ensure quality control of all electronic transmissions and magnetic tapes.

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In addition, the brokers 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)

**22. Fraud and Abuse Prevention**

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

**23. Reporting Requirements**

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

**24. State Oversight of the NEMT Broker**

- a. The State requires the broker to implement a quality assurance program and report to the Department quarterly on key factors. The State examines the data for trends including, for an example, changes in mode of transportation or "on time performance."
- b. The State has also established a complaint management program and requires the broker to report complaint data to the Department. These data are examined for key factors related to on-time performance, customer service, and access issues. The Department requires the broker to analyze data and to offer recommendations to the Department to correct deficiencies. The Department will question the broker's internal analyses and corrective actions and will require additional measures when warranted.
- c. The Department has also initiated a significant incident" protocol. The broker is required to immediately notify the Department of any incident in which a client has either been harmed or reasonably could have been harmed while being served by an NEMT provider. Incidents include but are not limited to vehicular accidents, slips, falls, and inappropriate verbal or physical engagement between the driver and the client passenger. The protocol requires the broker to conduct a complete

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investigation with an investigation report to the Department. The report includes findings and recommendations for future prevention. The Department reviews the reports and requires additional steps when it determines that such are needed.

- d. Significant incidents also include occasions where the drivers report incidents involving the well-being of clients but are not related to the transportation experience. Drivers have reported clients who have voiced suicidal interest or interest in harming others or domestic disturbances. These reports are transmitted through their dispatch center to the broker who in turn contacts the Department for follow-up.

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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 where the multiple trips over within multiple months.

**a. Reservation Process**

A Medicaid client who requires non-emergency medical transportation to a medical service calls the broker to request non-emergency medical transportation at least forty-eight-hours prior to the appointment. The broker is responsible for responding to client

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requests in a timely manner and for providing timely and appropriate transportation to medically necessary services. The Department will pay for only non-emergency ambulance transportation that the broker has authorized before the ambulance services are provided.

**b. Documentation and Verification Process**

The broker must document and record its action and in some instances, the reasons for their action. Documentation may take the form of an entry in a data system, paper documents and electronically recorded messages or other data. The broker must apply Department-approved policies for requiring clients or medical providers to supply documentation including the type of documentation (paper, electronic, recording, etc.). When the broker requires a medical provider to "document" information to verify closest appropriate provider or to justify a particular mode of transportation, the broker may utilize any of the following legitimate methods depending on the circumstances: 1) a written document with a medical provider's explanation and signature; or 2) a verbal statement from a medical provider or his or her representative, which the broker will enter into its data system appropriately referenced. The method selected for documentation should reflect the least burdensome approach while achieving the needed information.

**c. Transportation Scheduling Process -**

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

In evaluating whether a provider is the closest appropriate provider, the broker provides the client the name of a provider with the same type and specialty as the

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

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

- (3) Continuity of Care – The broker must assure continuity of care when travel is required to a provider beyond a 15 mile radius from a client's residence when the request for transportation to the medical provider is for a condition previously treated by the medical provider.

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

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

**a. Internal Process for Grievances**

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

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

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

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

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**c. Appeals –**

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

The Department shall notify the broker of Administrative Hearings where the Department requires the broker's attendance. The Department shall retain decision-making authority on authorization of non-emergency medical transportation. The Department's decisions on matters involving 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**

The broker must implement and maintain a comprehensive, fully functional, inbound and outbound telephone call system that includes both sufficient 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 and 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 transportation through various modes of transportation including: taxi, livery, wheelchair van, train, ambulance, private transportation, or the provision of bus tokens or passes for the use of public transportation. When required, the broker shall coordinate air travel through a travel agent and in consultation with the Department. The Department shall reimburse the brokers for costs incurred in coordinating or scheduling air or ground ambulance and commercial air transportation.

**14. Licensure Requirements**

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

The broker shall not pay for non-emergency medical transportation in vehicles that are not appropriately licensed, certified, permitted, or insured or provided by unlicensed drivers. Department will recover from the Contractor payments made for individuals transported in inadequately licensed, permitted or insured vehicles or driven by individuals who are inadequately licensed or certified and may seek other fines and penalties as allowed by law.

The Department also requires the brokers to recover any payments to providers who have transported Medicaid clients in such vehicles. The Department's recovery requirement is in addition to any other requirement that the brokers has with their transportation providers regarding non-emergency medical transportation in such vehicles.

**15. Monetary/Performance Sanctions**

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

**a. Class A Sanction**

1. The Department will impose a Class A Sanction each time the Contractor fails to comply with the contract on an issue warranting a Class A Sanction listed below. The Department will notify the Contractor in writing in advance of imposing any sanction and will give the Contractor 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.
2. In addition, the Department may assess a performance sanction of \$10,000 when the Department determines that the Contractor has engaged in a pattern of noncompliance with Class A performance measures and requirements. When the Department determines that the Contractor has exhibited a pattern of noncompliance with Class A measures and requirements, the Department shall notify the Contractor of such determination and shall provide the Contractor up to five business days from such notification to appeal the

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determination and offer a rationale why the Contractor should not be assessed the sanction.

3. Violations warranting a Class A Sanction include:
  - a. Failure to maintain access to current policies, (per six month review period).
  - b. Failure to provide recorded client service phone calls as requested, (per six month review period).
  - c. Billing the Department for a trip that was not provided.

**b. Class B Performance Sanctions**

4. Each time the Contractor (including a subcontractor) fails to comply with the contract on an issue warranting a Class B Sanction (see below), the Department shall notify the Contractor of its determination in writing and in advance of imposing any sanction. The Department may assess a performance sanction of up to \$5,000.00 per occurrence.
5. When the Department determines that the Contractor has engaged in a pattern of non-compliance that warrant Class B Sanctions, the Department shall notify the Contractor, in writing and, may assess an additional performance sanction of \$10,000.00.
6. The Contractor 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 Contractor 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 Contractor's letter. The decision of the Contract Administrator shall be final.
7. Issues subject to Class B Sanctions:

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- a. Failure to transport clients in vehicles with applicable DMV licensure and DOT or DPH certification including sufficient liability insurance. (Per incident)
- b. Failure to transport clients utilizing appropriately certified and licensed drivers. (Per incident)
- c. Failure to issue a notice of action within time standards. (Per incident)
- d. Over writing valid client eligibility data which causes an unwarranted denial of NEMT for otherwise eligible clients requesting NEMT. (Per incident)
- e. Refusing to transport otherwise eligible clients or engaging in discriminatory practices. (Per Incident)
- f. 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)
- g. Failure to prevent confidentiality and data security breaches including, but not limited to, employee compliance with confidentiality requirements. (Per Incident)
- h. 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).

**16. Notice of Action**

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

- a. If the DEPARTMENT determines during any audit or random monitoring visit to the broker or one of its subcontractors that an NOA fails to meet any of the criteria set forth in contract, the DEPARTMENT may impose a strike towards a Class A sanction in accordance with Section 15, Monetary Sanctions.

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- b. If the deficiencies which give rise to a Class A sanction continue for a period in excess of ninety (90) days, the DEPARTMENT may impose a Class B sanction.
- c. For each incident where the Department determines that a broker was required to issue an NOA but failed to do so, the Department shall notify the broker, in writing, that such a determination has been made and may assess a performance sanction of up to \$5,000.00. The broker will have seven (7) days from the receipt of the notification to appeal the determination and offer a rationale as to why the Contractor should not be assessed a performance sanction. The Department's Contract Administrator shall have seven (7) days from the receipt of the appeal to render a decision on the appeal.
- d. If the Department determines that the broker has engaged in a pattern of not issuing NOAs the Department shall notify the broker, in writing, that such a determination has been made may assess a performance sanction of \$10,000.00. The broker shall have seven (7) days from the receipt of the notification to appeal the determination and offer a rationale as to why the broker should not be assessed a performance sanction. The Department's Contract Administrator shall have seven (7) days from the receipt of the appeal to render a decision on the appeal.

**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

**18. Quality Management**

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

**19. Safety and Risk Management**

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

**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 treatment with respect, dignity, and cultural sensitivity and shall assure 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 Non-emergency Medical Transportation Program including a HIPAA-compliant computer system and an information system that is compliant with Open Database Connectivity Standards (ODBC) and that maintain information integrity through controls at appropriate locations within the broker's system and process flow and ensure quality control of all electronic transmissions and magnetic tapes.

In addition, the brokers 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)

**22. Fraud and Abuse Prevention**

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

**23. Reporting Requirements**

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

**24. State Oversight of the NEMT Broker**

- a. The State requires the broker to implement a quality assurance program and report to the Department quarterly on key factors. The State examines the data for trends including, for an example, changes in mode of transportation or "on time performance."
- b. The State has also established a complaint management program and requires the broker to report complaint data to the Department. These data are examined for key factors related to on-time performance, customer service, and access issues. The Department requires the broker to analyze data and to offer recommendations to the

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- Department to correct deficiencies. The Department will question the broker's internal analyses and corrective actions and will require additional measures when warranted.
- c. The Department has also initiated a significant incident" protocol. The broker is required to immediately notify the Department of any incident in which a client has either been harmed or reasonably could have been harmed while being served by an NEMT provider. Incidents include but are not limited to vehicular accidents, slips, falls, and inappropriate verbal or physical engagement between the driver and the client passenger. The protocol requires the broker to conduct a complete investigation with an investigation report to the Department. The report includes findings and recommendations for future prevention. The Department reviews the reports and requires additional steps when it determines that such are needed.
- d. Significant incidents also include occasions where the drivers report incidents involving the well-being of clients but are not related to the transportation experience. Drivers have reported clients who have voiced suicidal interest or interest in harming others or domestic disturbances. These reports are transmitted through their dispatch center to the broker who in turn contacts the Department for follow-up.

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**METHODS OF PROVIDING TRANSPORTATION  
CATEGORICALLY NEEDY GROUPS**

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

Not Provided

Provided

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

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

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

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**METHODS OF PROVIDING TRANSPORTATION  
MEDICALLY NEEDY GROUPS**

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

Not Provided

Provided

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

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**METHODS OF PROVIDING TRANSPORTATION  
CATEGORICALLY NEEDY GROUPS – SECTION 1902(a)(10)(A)(i)(VIII) ONLY**

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

Not Provided

Provided

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

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

**A. Transportation**

(1) Ambulance

Fees for emergency medical transportation were set as of April 1, 2009 and are effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Provider Fee Schedule Download" and select "Basic/Advanced Transport."

Fees for emergency conventional air ambulance services (rotary wing) were set as of October 1, 2011 and are effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Provider Fee Schedule Download" and select "Critical Helicopter."

(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](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Provider Fee Schedule Download" and select "Transport – Non-Emergency Medical."

The Department will establish the rates paid to Transportation Providers for non-emergency ambulance, wheelchair van livery services and personal reimbursements and other modes as may be 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.

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