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Regional Operations Group / Center for Medicaid & CHIP Services

May 14, 2019

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. 19-0007, submitted to my office on March 29, 2019 and approved on May 14, 2019.

This SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to remove the requirement for prior authorization for non-emergency ambulance transports within Connecticut. This includes border transportation providers who are routinely accessed and treated as the closest provider due to their proximity to Connecticut. All non-emergent ambulance transports to and from or within a state other than Connecticut must be authorized in advance. Non-emergency ambulance transportation is a covered Medicaid service only when transport by ambulance is medically necessary and the purpose of the trip is to obtain Medicaid covered services. Transport by non-emergency ambulance is therefore not covered if the member's medical condition permits transport in any type of vehicle other than an ambulance.

This SPA's approval is effective January 1, 2019, as requested by the State.

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

- Supplement 4 to page 9(f) to Attachment 3.1-A, Pages 7
- Supplement 4 to page 8(e) to Attachment 3.1-B, Page 7

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Francis T. McCullough
Director
Division of Medicaid Field Operations East (Boston)

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 19-0007 | 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 SERVICES | 4. PROPOSED EFFECTIVE DATE: January 1, 2019 | |
| 5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | |

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(70) and 1905(a)(29) of the Social Security Act and 42 CFR 440.170 | 7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$0 b. FFY 2020 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 4 to Page 9(f) of Attachment 3.1-A Page 7 Supplement 4 to Page 8(e) of Attachment 3.1-B Page 7 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Supplement 4 to Page 9(f) of Attachment 3.1-A Page 7 Supplement 4 to Page 8(e) of Attachment 3.1-B Page 7 |

10. SUBJECT OF AMENDMENT: Effective January 1, 2019, this SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to remove the requirement for prior authorization for non-emergency ambulance transports within Connecticut. This includes border transportation providers who are routinely accessed and treated as the closest provider due to their proximity to Connecticut. All non-emergent ambulance transports to and from or within a state other than Connecticut must be authorized in advance. Non-emergency ambulance transportation is a covered Medicaid service only when transport by ambulance is medically necessary and the purpose of the trip is to obtain Medicaid covered services. Transport by non-emergency ambulance is therefore not covered if the member's medical condition permits transport in any type of vehicle other than an ambulance.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|-----|---|
| /S/ | 16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney |
| | 13. TYPED NAME: Roderick L. Bremby |
| | 14. TITLE: Commissioner |
| | 15. DATE SUBMITTED: March 29, 2019 |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: March 29 2019 | 18. DATE APPROVED: May 14 2019 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL: /S/ |
| 21. TYPED NAME: Francis T. McCullough | 22. TITLE: Director Division of Medicaid Field Operations-East |
| 23. REMARKS: | |

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

Prior Authorization

All requests for NEMT services, except for non-emergency ambulance transports provided within the State of Connecticut, 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 conducts 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.

TN # 19-0007
Supersedes
TN# 18-0004

Approval Date 5/14/19 _____ Effective Date 1/1/2019

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

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