



# House of Representatives

General Assembly

**File No. 354**

February Session, 2016

Substitute House Bill No. 5437

*House of Representatives, March 31, 2016*

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID RECIPIENTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-276 of the general statutes is amended by  
2 adding subsection (c) as follows (*Effective July 1, 2016*):

3 (NEW) (c) The Commissioner of Social Services shall issue requests  
4 for proposals not later than September 1, 2016, for the coordination  
5 and administration of nonemergency medical transportation services  
6 for medical assistance recipients for the period commencing January 1,  
7 2017. In negotiating a contract or contracts for such services, the  
8 commissioner may require: (1) Minimum wait times for livery  
9 transportation to and from medical appointments; (2) prescribed levels  
10 or modes of service, when requested by a medical provider treating a  
11 medical assistance recipient; (3) recording of all complaints and staff  
12 training on recording and responding to complaints; (4) written notice  
13 by the contractor or contractors of denials, terminations, suspensions

14 or reductions of nonemergency medical transportation services to be  
 15 mailed to medical assistance recipients with the reasons for such  
 16 service changes; (5) minimum performance standards for responses to  
 17 telephone calls concerning nonemergency medical transportation  
 18 services for medical assistance recipients and related training; (6)  
 19 monitoring of contract compliance by an independent quality  
 20 assurance committee, to be named by the commissioner, that includes  
 21 medical assistance recipients, advocates for such recipients, the  
 22 contractor or contractors, the commissioner or the commissioner's  
 23 representative, health care providers and livery company  
 24 representatives; (7) monetary sanctions for failure to meet performance  
 25 standards; and (8) mandatory reports by the contractor or contractors  
 26 regarding adherence to performance standards and complaints  
 27 received to be submitted at least monthly to the commissioner and  
 28 annually to the joint standing committee of the General Assembly  
 29 having cognizance of matters relating to human services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2016</i>	17b-276

**HS**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill is not anticipated to result in a fiscal impact to the state Medicaid program to issue requests for proposals for nonemergency medical transportation (NEMT). The bill does not require the Department of Social Services to enter into a new contract for NEMT or modify its existing contract, which expires December 31, 2016.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

**OLR Bill Analysis**

**sHB 5437**

**AN ACT CONCERNING NONEMERGENCY MEDICAL  
TRANSPORTATION FOR MEDICAID RECIPIENTS.**

**SUMMARY:**

This bill requires the Department of Social Services (DSS) commissioner to issue requests for proposals (RFP) by September 1, 2016, for coordinating and administering nonemergency medical transportation services (NEMT, see BACKGROUND) for medical assistance recipients for the period beginning January 1, 2017. It specifies several provisions that the commissioner may require under such contracts.

Under existing law, unchanged by the bill, an NEMT contract must, among other things, establish payment rates for transportation services provided under the contract. Before awarding the contract, the DSS commissioner must consider its effect on emergency ambulance primary service areas and volunteer ambulance services.

DSS' current NEMT contract expires December 31, 2016.

EFFECTIVE DATE: July 1, 2016

**POTENTIAL CONTRACT REQUIREMENTS**

The bill allows the commissioner, in negotiating one or more contracts under the RFP for administering and coordinating NEMT services, to require:

1. minimum wait times for livery transportation to and from medical appointments;
2. prescribed levels or modes of service, when requested by a medical provider;

3. recording of all complaints and staff training on recording and responding to complaints;
4. written notice from the contractor of denials, terminations, suspensions, or reductions of NEMT services mailed to medical assistance recipients, including reasons for such service changes;
5. minimum performance standards for NEMT call responses and related training;
6. monetary sanctions for failure to meet performance standards;
7. mandatory reporting on complaints and adherence to performance standards (a) monthly to the DSS commissioner and (b) annually to the Human Services Committee; and
8. contract compliance monitoring by an independent quality assurance committee.

Under the bill, the independent quality assurance committee, appointed by the DSS commissioner, includes (1) medical assistance recipients and their advocates, (2) the contractor(s), (3) the DSS commissioner or his representative, (4) health care providers, and (5) livery company representatives.

## **BACKGROUND**

### ***NEMT***

Federal law requires state Medicaid programs to provide an assurance that NEMT will be available to transport Medicaid recipients to and from medically necessary appointments. In Connecticut, DSS provides this service through a transportation broker who arranges for rides when recipients call in with a request. DSS regulations generally require that NEMT be provided when needed to obtain necessary medical services covered by Medicaid. DSS, through its broker, determines the least expensive, most appropriate mode of transportation.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 16 Nay 1 (03/17/2016)