

Responses to Questions Posed to LogistiCare from MAPOC – 6/11/15

Questions about Staffing:

1. There appears to be ongoing turnover with LogistiCare's management. For example, in January of 2015, LogistiCare made several presentations regarding new senior management and their commitment to Connecticut and to fixing the major problems that they saw with the Connecticut program, but by April of 2015, the head of the Connecticut program announced that he was leaving LogistiCare. Therefore:

- a) Please provide information as to turnover in management staff since January 1, 2014

In December 2014, Sandra Iwaniec, the Director of Operations, and Robin Hamilton, General Manager, left LogistiCare. During the first three months of January, 2015, there was an extensive evaluation and restructuring of the staff in order improve performance and responsiveness to member needs. In March of 2015, Karen Davis, R.N., left the Utilization Review Manager position. In April of 2015, Mr. David Buckley, left the General Manager position.

- b) Please list the current management positions

- I. General Manager – Casey Tillman
- II. Director Of Operations – Eddie Tosado
- III. Mass Transit / Facilities Manager – Catherine Foster - Mendez
- IV. Utilization Review Manager (RN) - Sylvia [Judy] Snipes, R.N
- V. Reporting Manager – Serge Mihaly
- VI. Call Center Manager – Thomas Wang
- VII. Quality Assurance Manager – Janet Jones
- VIII. Transportation Manager – Claude Bison

- c) Please provide the qualifications required for each management position

I. General Manager

- 8 years of progressive operations management experience in transportation, call center operations, distribution, logistics and/or healthcare
- Must have experience managing multiple direct reports
- Must be able to analyze state and regional data and costs
- Transportation or Call Center industry experience a plus
- Demand-response transportation management experience a plus
- Strong verbal, written and interpersonal communication skills
- Ability to communicate effectively with clients and providers and make public presentations
- Requires strong financial/analytical skills for data and cost analysis; strong organizational independence and prioritization capability
- Must have prior experience developing and managing budgets; researching variances
- Qualified candidates will possess a proven track record of success in people development and management
- High level of technical competence to include proficiency with Microsoft Office Suite; advanced Excel skills a plus
- Must be able to develop and implement action plans to address issues

- *Must be technically capable of developing programs and an organizational structure to support contract requirements*
- *Must be solutions oriented; creative innovative thinker*
- *Must feel comfortable and sound substantive in public speaking engagements*
- *Must be able to converse issues with local government officials*
- *Must be able to conceptualize process flow both in establishing policies and in enhancing our proprietary computer-aided system.*
- *Must be project oriented and hands on from planning to delivery of outcome to include ability to identify issues and implement resolutions*
- *Must be able to work independently and as a team member.*

II. Director of Operations

- *Must have experience managing multiple direct reports*
- *Must have prior experience developing and managing budgets as well as researching variances*
- *Transportation or Call Center Industry experience preferred*
- *Health care experience a plus*
- *Expert proficiency with Microsoft Excel, Outlook and Word; intermediate proficiency with Microsoft Access a plus*
- *Analytical Skills - Ability to use thinking and reasoning to solve a problem*
- *Communication, Oral - Ability to communicate effectively with others using the spoken word*
- *Communication, Written - Ability to communicate in writing clearly and concisely*
- *Customer Oriented - Ability to take care of the customers' needs while following company procedures*
- *Interpersonal - Ability to get along well with a variety of personalities and individuals*
- *Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions*
- *Management Skills - Ability to organize and direct oneself and effectively supervise others*
- *Problem Solving - Ability to find a solution for or to deal proactively with work-related problems*
- *Self-motivated - Ability to be internally inspired to perform a task to the best of one's ability using his or her own drive or initiative*
- *Relationship Building - Ability to effectively build relationships with customers and co-workers*
- *Time Management - Ability to utilize the available time to organize and complete work within given deadlines*

III. Mass Transit/Facilities Manager

- *Manage and develop a team of Supervisors, Leads and Customer Service Representatives to meet operational and contractual goals; maximizes the potential of each employee supervised*
- *Ensure proper recruitment, training, staffing and technology to handle call volume and contractual requirements*
- *Monitor training needs and ensure proper CSR education occurs*
- *Monitor employee performance standards, and take appropriate corrective action in order to meet standards*
- *Monitor the standards of performance of the Call Center and recommend and initiate call center process and policy improvements to ensure that LogistiCare excels in its contractual performance*
- *Oversee a well-executed call monitoring process that ensures a high level of call quality*
- *Identifies and resolves customer issues as well as participates in routine communications with clients to ensure complete customer satisfaction*
- *Participates in routine communications with clients to ensure complete customer satisfaction*
- *Make recommendations and implement changes to improve service efficiency, while maintaining budget requirements*

- *Ensures the generation and analysis of daily, weekly and monthly reports to be used by management and clients to assess and improve the operations*
- *Evaluate current reporting tools and performance measurements and make continuous improvements as needed*
- *Champion new technology improvements and system enhancements to meet business objectives*
- *Work with Senior Management in development of short and long-term business and strategic plans and organizational structure within the Call Center*
- *Participates in projects as necessary*
- *Displays knowledge of the Medicaid policy manual and relevant transportation needs. Develops and maintains a comprehensive working knowledge of the LogistiCare (LCAD) system*
- *Analytical Skills – Ability to use thinking and reasoning to solve a problem*
- *Communication, Oral – Ability to communicate effectively with others using the spoken word*
- *Communication, Written – Ability to communicate in writing clearly and concisely*
- *Customer Oriented – Ability to take care of the customers' needs while following company procedures*
- *Decision Making – Ability to make critical decisions while following company procedures*
- *Interpersonal – Ability to get along well with a variety of personalities and individuals*
- *Leadership – Ability to influence others to perform their jobs effectively and to be responsible for making decisions*
- *Management Skills – Ability to organize and direct oneself and effectively supervise others*
- *Motivation – Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability*
- *Team Building – Ability to convince a group of people to work toward a goal*
- *2 years of prior customer service experience heavy phone volume and data entry required*
- *Knowledge of Medicaid guidelines and covered services a plus*
- *Superior customer service and phone skills; strong problem solving, time management, and organizational skills*
- *Exemplary soft skills to include, but not limited to, excellent verbal and written communication*
- *Ability to set and meet realistic cost saving goals.*
- *Create and maintain spreadsheets showing 12-month goal projects and cost savings.*
- *Ability to accurately type 35+ words per minute, and ability to work independently or with a team a must*
- *Computer proficiency with MS Office Suite (Word, Outlook, Excel)*
- *Bilingual English/Spanish a plus*

IV. Utilization Review Manager (RN)

- *Strong Utilization Review professional background OR at least 4 years recent clinical experience strongly preferred*
- *Prior Member Services or UR Manager in a health plan a plus*
- *Broad knowledge of health care system including hospital, nursing home and community medical knowledge*
- *Knowledge of clinical UR and QA, Medicaid, Medicare guidelines and covered services highly desirable*
- *Demonstrated experience leading and supervising a staff strongly preferred*
- *Experience interacting with healthcare facilities and medical groups*
- *Clinical, case management and discharge experience a plus*
- *Exceptional interpersonal skills and strong verbal and written skills*
- *High level of technical competence to include proficiency with*
- *Microsoft Office Suite to include Excel and proficiency with Access is a plus*
- *Strong problem resolution skills*
- *Must have a proactive approach to relationship building*
- *Must be solutions oriented; creative innovative thinker*
- *Must be able to work independently and as a team member*

V. Reporting Manager

- *Demonstrated software skills to include proficiency of SQL, Microsoft Excel and Access*
- *Demonstrated strong communication and interpersonal skills*
- *Minimum of 3 to 5 years supervisory experience*
- *Must be highly motivated and self-directed*
- *Possess superior time management skills*
- *Analytical Skills - Ability to use thinking and reasoning to solve a problem.*
- *Communication, Oral - Ability to communicate effectively with others using the spoken word.*
- *Communication, Written - Ability to communicate in writing clearly and concisely.*
- *Decision Making - Ability to make critical decisions while following company procedures.*
- *Detail Oriented - Ability to pay attention to the minute details of a project or task.*
- *Interpersonal - Ability to get along well with a variety of personalities and individuals.*
- *Judgment - The ability to formulate a sound decision using the available information.*
- *Problem Solving - Ability to find a solution for or to deal proactively with work-related problems.*
- *Time Management - Ability to utilize the available time to organize and complete work within given deadlines.*
- *Heavy analytical and problem solving capabilities*
- *Strong work ethic*
- *Ability to follow complex instructions*

VI. Call Center Manager

- *Strong working knowledge of ACD phone systems*
- *Experience with developing and deploying technology such as CTI, IVR and QA*
- *Proven performance management, coaching and counseling skills*
- *Exceptional written, verbal skills, organizational, and problem solving skills*
- *Demonstrates excellent interpersonal skills and instills a teamwork philosophy*
- *Proven and effective leadership and supervisory skills*
- *Attentiveness to detail and thoroughness*
- *Ability to multi-task and meet deadlines*
- *Strong analytical skills*
- *Must be able to work independently and as a member of a team*
- *Must have proven experience dealing with conflict management*
- *Ability to create processes that best benefit the entire team*
- *High level of technical competence to include proficiency with Microsoft Office including Excel*
- *Working knowledge of Internet Engines*
- *Type at least 50 words per minute with 90% ay*
- *Knowledge of clinical UR and QA, Medicaid, Medicare guidelines and covered services a plus*

VII. Quality Assurance Manager

- *5+ years relevant work experience and at least 3 years management/supervisory experience strongly preferred*
- *Demonstrated experience interacting with individuals, families, mental health, elder services, and facilities and programs strongly desirable*
- *Experience in writing and revising policy and procedures preferred*
- *At least 1 year experience in an administrative role preferred*
- *Experience interacting with individuals, families and health care and/or elderly care facilities and programs*

- *Exceptional interpersonal skills with excellent verbal and writing skills*
- *Ability to think creatively and use various methods in problem solving; ability to anticipate and resolve problems*
- *Superior analytical and investigative abilities*
- *Knowledge of clinical utilization review and quality assurance, Medicaid, Medicare guidelines*
- *Ability to multitask and meet deadlines*
- *Excellent time management and organizational skills*
- *Must be able to prioritize duties*
- *Must be self-directed with ability to work independently*
- *Proven and effective leadership and supervisory skills*
- *Ability to teach, coach, motivate and lead subordinates*
- *Positive attitude and ability to work well with others*
- *Flexibility in all areas; easily adaptable to ever changing environment and requirements*
- *Professional appearance and attitude*
- *Ability to maintain confidentiality, take the initiative and be proactive, work under pressure, communicate information clearly and work with diverse populations*
- *Patient listening and strong conciliation skills*
- *High level of technical competence to include proficiency with Microsoft Office including Access and Excel with 4+ years of development detailed reporting and modeling*
- *Type at least 35 words per minute*
- *Working knowledge of Internet Engines*
- *Must be available to travel at least 20% of work time in Central and South Florida*
- *Communication, Oral - Ability to communicate effectively with others using the spoken word*
- *Communication, Written - Ability to communicate in writing clearly and concisely*
- *Customer Oriented - Ability to take care of the customers' needs while following company procedures*
- *Decision Making - Ability to make critical decisions while following company procedures*
- *Detail Oriented - Ability to pay attention to the minute details of a project or task*
- *Interpersonal - Ability to get along well with a variety of personalities and individuals*
- *Management Skills - Ability to organize and direct oneself and effectively supervise others*
- *Motivation - Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability*
- *Problem Solving - Ability to find a solution for or to deal proactively with work-related problems*
- *Relationship Building - Ability to effectively build relationships with customers and co-workers*

VIII. Transportation Manager

- *One to three years' experience with transportation providers and/or medical transportation and contract enforcement*
- *Knowledge of transportation provider costs, pricing strategies, budget management, budget preparation and reporting*
- *Demonstrates strong verbal, written and interpersonal skills*
- *Ability to train drivers and attendants using LogistiCare prescribed training curriculum*
- *Basic knowledge of the state's geography along with ability to read and follow maps*
- *Ability to work independently with minimal supervision*
- *Must be self-motivated and possess superior time management skills*
- *Demonstrated software skills to include proficiency of Microsoft Excel, Outlook and Word*
- *Must have proven experience dealing with conflict management*
- *Excellent people management skills.*
- *Analytical Skills - Ability to use thinking and reasoning to solve a problem*
- *Communication, Oral - Ability to communicate effectively with others using the spoken word*

- *Communication, Written - Ability to communicate in writing clearly and concisely*
 - *Decision Making - Ability to make critical decisions while following company procedures*
 - *Interpersonal - Ability to get along well with a variety of personalities and individuals*
 - *Management Skills - Ability to organize and direct oneself and effectively supervise others*
 - *Problem Solving - Ability to find a solution for or to deal proactively with work-related problems*
 - *Relationship Building - Ability to effectively build relationships with customers and co-workers*
2. According to the PowerPoint presentation to the MAPOC last month, there are a lot of different kinds of determinations that are made by LogistiCare in response to requests for medical transportation which sound like medical determinations- e.g., Page 2 references “Urgent Care”; Page 13 mentions the “Closest Provider Certification,” “Physician Transportation” and “Companion” forms; page 20 poses the question whether "the patient can walk." Nevertheless, the Connecticut LogistiCare General Manager recently informed the NEMT Advisory Committee that only one nurse is employed at LogistiCare.

- a) Does LogistiCare employ any other medical professionals to make these individual medical determinations?

The Utilization Review Manager is a nurse and supervises eight staff members who handle the medically-related forms. When there are any questions or concerns regarding a client’s form, and there are medical issues involved, staff members bring the form to the attention of the Utilization Review Manager for further follow up.

- b) What are the job qualifications for medical staff at Connecticut LogistiCare?

Please see 1.c) above

- c) Please provide information about turnover in the medical staff since January 1, 2014

The prior Utilization Review Manager left in March of 2015. The current Utilization Review Manager, who is a nurse, began employment with LogistiCare on May 6, 2015.

- d) Which additional LogistiCare employees (who are not medical employees) are making those medical determinations?

All medical determinations are made by LogistiCare’s Utilization Review Manager, who is a nurse, or the Department of Social Services’ Medical Review Team.

- e) What are the job qualifications for those non-medical individuals?

Not applicable.

- f) Do these individuals ever deny requests for transportation on the grounds of lack of medical need, including lack of need due to a mental health condition?

Not applicable.

- g) Please provide information about the training required for every classification of LogistiCare staff assigned to making these medical determinations, including determinations related to mental health conditions.

Not applicable.

3. We understand that the position of “Notice of Action Coordinator” was recently advertised. The issuance of a clear Notice of Action is an essential due process right and must be done in compliance with federal law. The person responsible should have some basic understanding of governing legal principles.

a) What has been the staff turnover for the “Notice of Action coordinator”?

In March 2015, one Notice of Action Coordinator left LogistiCare.

b) How many “Notice of Action coordinators” have been employed by Connecticut LogistiCare since January 1, 2014?

There are four Notice of Action Coordinator positions. Since January 1, 2014, there have been five people who have occupied these four positions. One person left and another person filled the position in March of 2015.

What are the qualifications of the Notice of Action coordinator?

- *2 years customer service experience, preferably in a medical environment*
- *Prior front office medical experience, medical case management, and/or medical social work experience a plus*
- *Must be high school graduate with excellent verbal and written communication skills, problem solving, time management, organizational, customer service and phone skills*
- *Must be able to handle heavy phone volume*
- *Ability to work independently or with a team a must*
- *Experience in or understanding of health care and health insurance industry*
- *Excellent oral and written communication skills*
- *Ability to develop positive relationships*
- *Ability to cooperate and be a team player*
- *Ability to work independently*
- *Ability to understand and meet strict timeframe requirements*
- *Strong analytical and interpersonal skills*
- *Ability to organize and prioritize work and meet deadlines*
- *Strong attention to detail with emphasis on accuracy*
- *Ability to interpret and understand Medicaid guidelines, rules and regulations as they pertain to appeals and grievances*
- *Has an understanding of, and is able to communicate member benefits, the appeal and grievance procedures, and LogistiCare’s policy to all customers*

4. Senior LogistiCare management has told the NEMT Advisory Committee that staff morale is a large issue at LogistiCare of Connecticut.

a) What is the percentage of total staff that has turned over since January 1, 2014?

The overall staff turnover rate for calendar year 2014 was 27%; thus far in 2015, turnover is trending less than 10%.

b) Do you have any positions that have not been filled at this time? If so:
- How long have the positions been open?

Currently there are eight Customer Service Representative positions that are vacant, out of a total of 69.5 such positions. These vacancies are recent; there has been one opening since May 19, 2015, but the others are more recent. Starting Monday, June 16, 2015, all of these positions will be filled.

- What measures are you taking to ensure recipient services continue without disruption even without adequate staffing?

LogistiCare has hired several part-time Customer Service Representatives to be available during known, high call-volume times. These representatives can be used to temporarily fill vacancies, when necessary.

Question about General LogistiCare Connecticut Expertise

5. There are a series of forms that medical providers are required to complete in order for LogistiCare to make a determination of the appropriate form of transportation. Which medical professionals in Connecticut were consulted when those forms were developed?

The forms that are used in the Connecticut market were based upon forms used in other states, then modified with input from LogistiCare's Utilization Review Manager, who is a nurse, and medical policy staff at the Department of Social Services, for input to meet Connecticut's specific needs.

Questions about 48 Hour Advance Notice Requirement

6. Page 12 of the MAPOC PowerPoint presentation states that rides are to be booked 48 hours in advance, except for "urgent care," but the relevant form says that you have to make a reservation on Monday for a Thursday ride, which is 3 days later. Please explain.

The day the member calls to schedule NEMT and the day of the appointment are not considered part of the two business days for scheduling. Two business days are needed in order to allow the transportation provider to coordinate drivers' schedules to service the members in the most efficient manner. LogistiCare will clarify the presentation to remove any misunderstanding of the policy.

7. In general, why are you requiring even 48 hours' notice, when you can do same day service for "urgent care"?

As stated above, the transportation providers need two business days in order to schedule their drivers appropriately for the assignments. LogistiCare schedules approximately 16,000 trips for HUSKY Health members each day, using all forms of transportation, both in and out of the state. Due to the sheer volume and the nature of HUSKY Health members' specialty transportation needs, LogistiCare staff and the transportation providers need time to coordinate and distribute the trips. An exception is made for "urgent care," because the circumstances are such that the member needs medical care quickly. LogistiCare cannot possibly schedule every trip as urgent.

8. Who is defining "urgent care"?

The member's treating clinician decides whether the need for medical care is "urgent."

9. Mental health clinicians report that they have been told by LogistiCare that "urgent" transportation is **never** available when the medical issue is mental health services. What is your definition of "urgent care" in the context of NEMT for mental health services?

As stated above, the member's treating clinician decides whether the need for care is urgent. Whether urgent care is needed is not defined by whether the needed services are related to physical health or mental health. Urgent care may be needed for both of these types of services.

10. Are you requiring 48 hours advance notice for visits to Patient-Centered Medical Home providers, which are required to offer same day sick visits? If so, how are enrollees supposed to get to these kinds of appointments on the same day?

If a treating clinician determines that a member has an urgent need for an appointment, transportation will be provided without need for the 48-hour advance notice.

Questions about Compliance with Due Process Requirements

11. We regularly hear of denials of livery services (in place of bus service) or of specific livery rides (e.g., because the provider is deemed not to be the closest available provider), but with no written notice of denial and information about appeal rights being provided to the Medicaid enrollee. Please provide us with:
 - a) Your written policy concerning notice and hearing requirements, including regarding the provision of services pending a hearing if the hearing is timely requested in response to a notice of termination or reduction of level of service, and information about the effective date of this policy.

Policy & Procedure – CT DSS Medicaid Contract

Notice of Action

State guidelines require that any time LogistiCare denies, terminates, reduces or suspends a client's transportation, LogistiCare sends them a Notice of Action (NOA). NOAs must be issued within one (1) business day of denial.

NOAs are issued for:

- Non-covered service
 - Standard non-covered service
 - Independently enrolled providers
 - Pick up a prescription or written prescription
 - Pick up an item that does not require a fitting.
- Nearest appropriate healthcare provider of medical services.
- Lease expensive appropriate method of transportation.
- 48 hours' notice for livery service and 5 business days' notice for bus passes.

LogistiCare utilizes NOA letter formats as approved by DSS. Letters are sent in appropriate language for client, either English or Spanish.

Procedure:

1. LCAD daily Denial Report is run for previous business days' denials.
2. NOA processor reviews each individual trip and sends out appropriate NOA within one business day of trip denial.
3. The following appropriate educational sheet is included in each NOA:
 - GRIEVANCE AND ADMINISTRATIVE HEARING REQUEST FORM REGARDING SERVICES OR GOODS WHICH HAVE BEEN DENIED
 - or GRIEVANCE AND ADMINISTRATIVE HEARING REQUEST FORM REGARDING TERMINATED, REDUCED, OR SUSPENDED SERVICES OR GOODS
4. NOAs expire after 60 days. If a trip is denied and a NOA is previously issued for the same reason more than 60 days prior, we must send another NOA. This is for non-covered service, least expensive mode of transportation, and nearest appropriate medical provider. The exception is for 48 hours where a NOA must be issued for each occurrence.

Grievance Process

The process for the client to appeal LogistiCare's decision and requesting an administrative hearing is unified for all client requesting NEMT services. LogistiCare and DSS/Office of Legal Counsel, Regulations & Administrative Hearings (OLCRAH) treat the filing of an NEMT appeal as a simultaneous request for an administrative hearing with the Department.

Procedure:

1. OLCRAH sends copy of completed grievance form to LogistiCare. OLCRAH date stamps the grievance and emails LogistiCare within two (2) business days of receipt. If LogistiCare receives a grievance form, LogistiCare date stamps and faxes the appeal to OLCRAH within two business days.
2. LogistiCare decides grievance decision within 30 days of its receipt, sooner if thirty (30) days ahead is later than the date on which DSS hearing is scheduled.
3. Client is given right to speak on the telephone with, or submit documentation to LogistiCare employee who decides the grievance.
4. If client requests expedited review because client feels it would be a risk to client's health to wait thirty (30) days, LogistiCare must make grievance decision no more than five (5) business days after DSS receives request for expedited review.
5. If LogistiCare terminates, suspends or reduces existing authorization for services being provided to client, the client has a right to continuation of services, provided the client files an appeal/hearing request with ten (10) calendar days from the date the NOA is mailed to the client, or the effective date of the intended action, whichever is later. A rider note is included in client's computer file.
6. Any appeal arising from an action based on a determination of medical necessity is decided by LogistiCare's utilization review nurse.
7. An appeal may be decided on bases of written documentation provided by client to LogistiCare. Also may include telephone conversation of qualified person able to contribute to issue being appealed.
8. LogistiCare renders its appeal decision. Decision includes description in rendering LogistiCare's decision; statement of LogistiCare's findings and conclusions including citation to legal regulations that is basis for appeal determination; clear disposition of LogistiCare's disposition to appeal.
9. Appeal determination includes LogistiCare reminding client of the option to appeal LogistiCare's decision and OLCRAH has reserved a time to hold an administrative hearing concerning the determination.
10. Client is sent letter email letter to OLCRAH and contract liaison (Srinivas Bangalore). DSS has the ultimate final decision in all issues.

DSS Hearing Process

The process for the client to appeal LogistiCare's decision and requesting an administrative hearing is unified for all client requesting NEMT services. LogistiCare and DSS/Office of Legal Counsel, Regulations & Administrative Hearings (OLCRAH) treats the filing of an NEMT appeal as a simultaneous request for an administrative hearing with the Department.

Procedure:

1. OLCRAH sends NOTICE OF ADMINISTRATIVE HEARING to client and LogistiCare.
2. LogistiCare prepares written narrative of NEMT issue.
3. Ten calendar days before scheduled hearing, hearing summary narrative and related documents are emailed to DSS Program staff (Srinivas Bangalore) for his review and approval.
4. LogistiCare mails approved hearing summary with supporting documentation to client at least five business days before scheduled hearing. An email is sent to OLCRAH hearing officer with all supporting documentation for scheduled hearing.

5. An employee of LogistiCare with a title of manager or higher must attend the scheduled hearing.
6. Client must be present at hearing. Client may also have attorney present or someone else speak for client.
7. Only client can withdraw hearing request. LogistiCare will receive notification from OLCRAH.

- b) A copy of all form denial, partial denial, termination and reduction notices used by LogistiCare for the denial, termination or reduction of NEMT services.

Please see the nine documents attached to the end of this document labeled "Policy 1.b. Documents".

- c) Data on the number and percent of requests for NEMT denied by LogistiCare in the last year, the number of terminations of ongoing services, and the number of written denial, partial denial or termination notices issued for all of these cases, broken down on a monthly basis, by reason for the denial or termination.

2014		Notice Of Action					
Gross Reservations	417,888	430,902	399,868	416,927	353,556	410,798	2,429,939
Month	July	August	September	October	November	December	TOTAL
48 Hours	1,009	862	590	573	466	572	4,072
Closer Facility	380	331	211	219	116	163	1,420
Downgrade	535	438	402	502	285	346	2,508
Non-covered Service	103	78	79	91	50	75	476
5 Days	70	67	46	48	17	22	270
Bus Pass*	10	3	0	1	0	0	14
Gas Reimbursement	1	0	0	0	0	0	1
Total	2,108	1,779	1,328	1,434	934	1,178	8,761
% of NOA to Reservations	0.50%	0.41%	0.33%	0.34%	0.26%	0.29%	0.36%

2015		Notice Of Action				
Gross Reservations	403,882	373,152	407,802	406,687	377,094	1,968,617
Month	January	February	March	April	May	TOTAL
48 Hours	896	649	423	597	365	2,930
Closer Facility	405	484	480	470	290	2,129
Downgrade	378	292	243	270	207	1,390
Non-covered Service	63	40	33	32	20	188
5 Days	61	60	33	33	14	201
Bus Pass*	0	0	0	0	0	-
Gas Reimbursement	0	0	0	0	0	-
Total	1,803	1,525	1,212	1,402	896	6,838
% of NOA to Reservations	0.45%	0.41%	0.30%	0.34%	0.24%	0.35%

Questions about the Imposition of Sanctions

12. Has DSS ever imposed sanctions against your company for poor performance under its contract, and, if so, what issues were they imposed for and what were the sanctions?

To date, DSS has not imposed any sanctions against LogistiCare.

13. Has DSS ever threatened sanctions against your company for poor performance under its contract and, if so, for what issues?

To date, DSS has not threatened any sanction against LogistiCare.

Policy 1.b. Documents

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**NOTICE OF ACTION
TERMINATION/REDUCTION/SUSPENSION OF
NON-EMERGENCY MEDICAL TRANSPORTATION (“NEMT”)**

Date

To: *Client’s Name/ID # _____
 Street Address
 City, State Zip Code*

FROM: LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
 1-866-684-0409 and Fax: (866) 529-2137

THE ACTION SET FORTH IN THIS NOTICE IS EFFECTIVE ON **(10 Days)** .

As of the effective date above, the NEMT services that you have been receiving (are) will be
 X reduced; or terminated; or suspended for the following reason(s):

 X The transportation/level of transportation you currently receive is no longer the least expensive appropriate method of transportation. Explanation: You are currently receiving livery transportation. According to our records you are on a direct bus line. For members who live within four blocks of a bus line, or other form of public transportation, Department of Social Services (DSS) requires a doctor’s note, indicating a medical reason for livery. We do not have a doctor’s note on file for you.

The decision to terminate/reduce/suspend is based on Conn. Agencies Regs. §17-134d-33(e)(2)(C).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION FOLLOW THE PROCEDURES BELOW TO APPEAL:

1. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. **The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal. If you file an appeal on or before the effective date listed on the other side of this notice or within 10 days of the mailing date of this notice whichever is later, you will continue to receive your current NEMT services until a hearing decision is made.**
2. **Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
3. **DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance, DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
4. **At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.



Grievance Review by LogistiCare Inc.

The first step is a grievance review by LogistiCare Inc. A grievance review lets you tell LogistiCare Inc. why you disagree with the proposed change in your services. DSS will send this form to LogistiCare Inc. LogistiCare Inc. must decide your grievance within 30 days of receipt, but no later than the date of the administrative hearing.

Please check any of the following that apply:

- I want to meet with or speak by telephone with the LogistiCare Inc.'s representative who will be involved in my grievance decision.
- I want to provide LogistiCare Inc. with additional written material concerning my grievance.
- I request an expedited (quicker) review of my grievance from LogistiCare Inc. because my medical condition is urgent, and it would be a risk to my life or health to wait thirty (30) days for a decision. A grievance decision will be made no more than five business days after DSS receives my expedited request. If my physician or primary care provider thinks my condition is urgent, they may call Eddie Tosado at 1-888-248-9895 and ask that my grievance be expedited. If I check this box without my physician or primary care provider calling LogistiCare Inc., my request for an expedited review will still be considered. I will be notified as to whether or not my review will be expedited. If my review is expedited, a decision will be made no more than five business days after the request is received by DSS.

Note: If you would also like an expedited administrative hearing, check the box below.

DSS Administrative Hearing

1. DSS will schedule a hearing date and send you notice of the date when you file this request form. If LogistiCare Inc. makes a decision before the hearing and you agree with the decision, you will be asked to notify DSS that you do not want to go ahead with the administrative hearing. However, if LogistiCare Inc. does not make a decision by the date of the administrative hearing, or if you do not agree with the LogistiCare Inc.'s grievance decision, you have the right to go ahead with the administrative hearing on the scheduled date.
2. You will have a chance to explain at the administrative hearing why you disagree with LogistiCare Inc.'s decision. You must be present at the hearing. If you go to an administrative hearing (or attend any meeting with LogistiCare Inc., you can speak for yourself or come with someone else, such as a friend or a relative, to speak for you. You can also have an attorney represent you. If you have an attorney, ask your attorney to send written notice of the representation to DSS and LogistiCare Inc. Free legal help may be available from your local Legal Services office. If you are interested in free legal help, call 1-800-453-3320 for more information. Remember, the more information you provide to show why you disagree with your NEMT broker name's decision, the better.
3. **If you go to an administrative hearing, a decision must be made no later than 90 days after the date you request the grievance/administrative hearing. If your hearing is expedited a decision will be made as soon as possible.**

Please check if applicable:

- I request an expedited administrative hearing from DSS because it would put my life at risk or pose serious risk of illness or injury to wait until the scheduled hearing date.

If you have any questions concerning this request form, you may contact: LogistiCare Solutions, LLC.

Member Services at 1-888-248-9895. This information is available in other formats: Call LogistiCare Solutions, LLC Member Services or TDD/TTY 1-888-248-9895.

Grievance Review by LogistiCare Solutions, LLC.

The first step is a grievance review by LogistiCare Solutions, LLC. A grievance review lets you tell LogistiCare Solutions, LLC why you disagree with the denial of services or goods. DSS will send this form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within 30 days of receipt, but no later than the date of the administrative hearing.

Please check any of the following that apply:

- I want to meet with or speak by telephone with the LogistiCare Solutions, LLC's representative who will be involved in my grievance decision.
- I want to provide LogistiCare Solutions, LLC with additional written material concerning my grievance.
- I request an expedited (quicker) review of my grievance from my NEMT broker because my medical condition is urgent, and it would be a risk to my life or health to wait thirty (30) days for a decision. A grievance decision will be made no more than five business days after DSS receives my expedited request. If my physician or primary care provider thinks my condition is urgent, they may call Eddie Tosado at 1-888-248-9895 and ask that my grievance be expedited. If I check this box without my physician or primary care provider calling my NEMT broker, my expedited request will still be reviewed, and a decision will be made no more than five business days after it is received by DSS.

Note: If you would also like an expedited administrative hearing, check the box below.

DSS Administrative Hearing

1. DSS will schedule a hearing date and send you notice of the date when you file this request form. If LogistiCare Solutions, LLC makes a decision before the hearing and you agree with the decision, you will be asked to notify DSS that you do not want to go ahead with the administrative hearing. However, if LogistiCare Solutions, LLC does not make a decision by the date of the administrative hearing, or if you do not agree with the LogistiCare Solutions LLC grievance decision, you have the right to go ahead with the administrative hearing on the scheduled date.
2. You will have a chance to explain at the administrative hearing why you disagree with LogistiCare Solutions LLC's decision. You must be present at the hearing. If you go to an administrative hearing (or attend any meeting with LogistiCare Solutions, LLC, you can speak for yourself or come with someone else, such as a friend or a relative, to speak for you. You can also have an attorney represent you. If you have an attorney, ask your attorney to send written notice of the representation to DSS and LogistiCare Solutions, LLC. Free legal help may be available from your local Legal Services office. If you are interested in free legal help, call 1-800-453-3320 for more information. Remember, the more information you provide to show why you disagree with your NEMT broker's decision, the better.

- 3. If you go to an administrative hearing, a decision must be made no later than 90 days after the date you request the grievance/administrative hearing. If your hearing is expedited a decision will be made as soon as possible.**

Please check if applicable:

- I request an expedited administrative hearing from DSS because it would put my life at risk or pose serious risk of illness or injury to wait until the scheduled hearing date.

If you have any questions concerning this request form, you may contact: LogistiCare Solutions, LLC. Member Services at 1-888-248-9895. This information is available in other formats: Call LogistiCare Solutions, LLC Member Services or TDD/TTY 1-888-248-9895.



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION ("NEMT")
[*Partial denial means you were not provided the specific service you requested]

Date

To: *Client's Name/ID # _____*
Street Address
Town, CT Zip Code

FROM: LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax Number 866-529-2137

Your request for NEMT to (*Healthcare provider name*) in (*Town*), CT made on (*Denial Report Date*) was **partially denied**, that is, you were not provided the specific NEMT service(s) you requested, for the following reason(s):

 X You/your Healthcare provider said that the medical appointment for (*Trip Date*) was not urgent, that is, you did not need to be seen within two (2) business days of your request. While we try to accommodate all requests, for non-urgent appointments, we generally need at least two (2) business days' notice in order to make necessary arrangements for your transportation.

The decision to partially deny is based on Conn. Agencies Regs. § 17-134d-33(e)(2)

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 5. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 6. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 7. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance, DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 8. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC’s decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IFYOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION ("NEMT")
[*Partial denial means you were not provided the specific service you requested]

Date

TO: *Client's Name/ID # _____*
Street Address
City, CT Zip Code

FROM: LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax: (866) 529-2137

Your request for NEMT to (*Doctor's name*) in (*Town*), CT made on (*Denial Date*) was **partially denied**, that is, you were not provided the specific NEMT service(s) you requested, for the following reason(s):

X The physician/other health care provider you requested is not the nearest appropriate medical provider and there is no documentation that it is necessary for you to see this particular physician/other health care provider.

The decision to partially deny is based on the Regulations of Connecticut State Agencies §17-134d-33(e)(2)(B).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 9. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 10. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 11. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 12. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION ("NEMT")
[*Partial denial means you were not provided the specific service you requested]

Date

TO: *Client's Name/ID #* _____
Street Address
City, CT Zip Code

FROM: LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax Number 866-529-2137

Your request for NEMT (*Doctor's name*) in (*Town*), CT on (*Trip Date*) was **denied** for the following reason(s):

 X The service(s) to which you requested NEMT is not covered by Medicaid.
Explanation: Transportation to pick up (I.e., x-rays, doctor's notes, eyeglasses if confirmed no fitting) ___ and does not require a fitting is a service not covered by Medicaid.

The decision to deny is based on Conn. Agencies Regs. § 17-134d-33(e)(3)(F).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 13. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 14. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 15. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 16. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION ("NEMT")
[*Partial denial means you were not provided the specific service you requested]

Date

TO: *Client's Name/ID # _____*
Street Address
City, CT Zip Code

FROM LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax Number 866-529-2137

Your request for NEMT (*Doctor's name*) in (*Town*), CT on (*Trip Date*) was **denied** for the following reason(s):

 X The service(s) to which you requested NEMT is not covered by Medicaid.
Explanation: Transportation to pick up a prescription or a written prescription order is a service not covered by Medicaid.

The decision to deny is based on Conn. Agencies Regs. § 17-134d-33(e)(3)(D).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 17. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 18. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 19. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 20. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION (“NEMT”)
[*Partial denial means you were not provided the specific service you requested]

Date

TO: *Client’s Name/ID # _____*
Street Address
City, CT Zip Code

FROM LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax Number 866-529-2137

Your request for NEMT (*Doctor’s name*) in (*Town*), CT on (*Trip Date*) was **denied** for the following reason(s):

 X The service(s) to which you requested NEMT is not covered by Medicaid.
Explanation: Transportation to pick up a prescription or a written prescription order is a service not covered by Medicaid.

The decision to deny is based on Conn. Agencies Regs. § 17-134d-33(e)(3)(D).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 21. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 22. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 23. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 24. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION ("NEMT")
[*Partial denial means you were not provided the specific service you requested]

Date

TO: Client's Name/ID # _____
Street Address
City, CT Zip Code

FROM: LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax Number 866-529-2137

Your request for NEMT (*Doctor's name*) in (*Town*), CT on (*Trip Date*) was **denied** for the following reason(s):

 X The service(s) to which you requested NEMT is not covered by Medicaid.
Explanation: Transportation to an independently enrolled (*chiropractor, naturopath, independent therapists, i.e., physical therapist, speech pathologist, licensed audiologist,*) is a service not covered by Medicaid.

The decision to deny is based on Conn. Agencies Regs. § 17-134d-33(e)(1).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 25. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 26. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 27. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 28. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with NEMT broker]’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.



NOTICE OF ACTION
DENIAL / PARTIAL DENIAL* OF REQUEST FOR
NON-EMERGENCY MEDICAL TRANSPORTATION ("NEMT")
[*Partial denial means you were not provided the specific service you requested]

Date

TO: Client's Name/ID # _____
Street Address
City, CT Zip Code

FROM: LogistiCare Solutions, LLC, P.O. Box 464, North Haven, CT 06473
1-866-684-0409 and Fax Number 866-529-2137

Your request for NEMT to (*Doctor's name*) in (*Town*), CT on (*Trip Date*) was **denied** for the following reason(s):

 X The service(s) to which you requested NEMT is not covered by Medicaid.
Explanation: Transportation to (*i.e.*, WIC, SSI, a *Nutritionist*, *etc.*) is a service not covered by Medicaid.

The decision to deny is based on Conn. Agencies Regs. § 17-134d-33(e)(1).

SEE REVERSE SIDE TO LEARN ABOUT YOUR APPEAL RIGHTS.

YOU HAVE THE RIGHT TO APPEAL THIS NOTICE OF ACTION BY FOLLOWING THESE PROCEDURES:

- 29. File the attached grievance and hearing request form with the Department of Social Services (“DSS”). On the form, you should state why you disagree with the Decision. The request must be postmarked within sixty (60) days of the date the Notice was mailed (date on top of reverse side) or you may lose your right to appeal.**
- 30. Grievance Review:** DSS sends a copy of your completed grievance form to LogistiCare Solutions, LLC. LogistiCare Solutions, LLC must decide your grievance within thirty (30) days of its receipt, sooner if thirty (30) days ahead is later than the date on which the DSS hearing is scheduled. Before the NEMT’s grievance decision is made, you have the right to meet with, speak on the telephone with, or submit additional documentation to, the LogistiCare Solutions, LLC’s employee who decides the grievance. If it would be a risk to your health or life to wait up to thirty (30) days for a decision regarding the grievance, you may request an **expedited review**. In that case, the grievance decision is made no more than five (5) business days after DSS receives the request for expedited review.
- 31. DSS Hearing:** At the same time LogistiCare Solutions, LLC is considering your grievance DSS will schedule a hearing date for you and will send you notice of the hearing date. If, before the date of the hearing, LogistiCare Solutions, LLC makes a grievance decision that you agree with, there will be no need for a hearing and you will need to cancel it by calling the DSS Hearing Unit at 1-800-462-0134. If, however, LogistiCare Solutions, LLC does not make a grievance decision before the hearing, or makes a decision you are not happy with, you have the right to go ahead with the hearing on the scheduled date. If it would put your life at risk or pose a serious risk of illness or injury for you to wait until the scheduled hearing date, you may request an **expedited hearing** from DSS.
- 32. At the DSS Hearing:** The hearing is your chance to explain to DSS why you disagree with LogistiCare Solutions, LLC decision. You must be at the hearing. You can speak for yourself or you may have someone speak on your behalf, such as a friend or relative or an attorney. The more information you can provide about why you disagree with LogistiCare Solutions, LLC’s decision, the better it is. If you want an attorney to represent you, free legal help may be available from your local Legal Services office by calling 1-800-453-3320. A hearing decision must be made by DSS no later than ninety (90) days after the date you sent in the grievance and hearing request form. If yours was an expedited hearing, a decision will be made by DSS as soon as possible.

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT Sandra A. Iwaniec at 1-866-684-0409 at LogistiCare Solutions, LLC.