

## DMA CHANGE NOTICE FOR MANUAL

**DATE: 12/22/14**

**Manual:** Aged, Blind, and Disabled Medicaid  
**Change No:** 01-15, Non-Emergency Medicaid Transportation  
**To:** County Directors of Social Services  
**Effective:** 1/01/2015

**Make the following change(s)**

### **I. BACKGROUND**

In 2012, Non-Emergency Medicaid Transportation (NEMT) policy was revised to put more accountability into the system. Following this revision, DMA conducted two performance reviews of the counties to measure compliance with the new policy. In addition, a “Best Practices” work group was formed to determine where additional improvements can be made. Feedback received from the Best Practices group and quarterly conference calls with the counties provided DMA with insight into the difficulties the counties are having in complying with some of the new policy requirements. Further, research into the practices of other states has shown that policy goals can, in some instances, be met with less stringent methods.

### **II. CONTENT OF CHANGE**

#### **A. MA-2910, Medicaid Transportation, is revised in:**

- I. to add the acronym for Medicaid Eligibility Unit;
- II. to change the definition of “case head” to indicate where that designation is located in NCFAST;
- II. to clarify the definition of “normal service area;”
- IV.C.5. to provide additional information on mental health services which include transportation in the provider service fee;
- V.A.2. to provide specifics as to what transportation policy needs to be explained to the beneficiary;

- VI.A.4. to state that the beneficiary must be informed of the procedure for requesting a trip;
- VI.B.2.a. to state that the IMC is responsible for providing the DMA-5046, Notice of Rights and Responsibilities, to the A/B at application and redetermination;
- VI.C.1.d. to add the DMA Medicaid Eligibility Unit as a source for verifying prior approval;
- VI.D.1. to clarify that transportation must be provided after hours only when that is the only time that the service is available to the beneficiary;
- VI.E. to cap the requirement for a self-audit of 2% of trips at 200;
- VII.A. to clarify that the DMA-5047 must be completed at initial request for transportation assistance and yearly thereafter or when a change in circumstances occurs;
- VII.A.2. to add “to the store” to the questions regarding the availability of transportation resources;
- VII.A.3. to add clarification to the question about unavailability of former transportation sources;
- VII.A.3.c. to add “gas” to the list of things for which the NEMT worker can accept the beneficiary’s statement;
- VII.C.2. to indicate that the referring provider must complete the DMA-5048, Exception, form;
- VII.E. to make minor clarifications to the Assessment of Need documentation;
- VII.G.2. to clarify that critical needs beneficiaries can be suspended for their non-critical needs appointments;
- VII.H. to indicate that an individual suspended for conduct can be provided either a gas voucher or mileage reimbursement;
- VII.I. to state that the county where an individual is temporarily residing is responsible for transportation;
- VIII.A.2. to add clarification to the cross reference to CAP services that include transportation in the provider fee;

VIII.A.3.b. to change the verification of covered service requirement to “a minimum of 10% of trips must be pre-verified and a minimum of 10% of trips must be post-verified;”

VIII.A.3.b. to indicate that the responsibility for getting the 5118 signed can be placed upon either the beneficiary or transportation vendor;

VIII.B. to indicate that the “nearest NC enrolled provider” can include a Carolina Access/CCNC provider in a neighboring county;

X.B.4, 5. to indicate that these insurance requirements are not optional;

IX.H.2.b. to provide instructions on how to obtain access to the Provider Penalty Tracking Database (PPTD/SB926).

**B. DMA-5118, Medicaid Transportation Verification of Receipt of Covered Services, is revised to:**

1. Create a DMA-5118A with a statement regarding the counties’ authority to administer the Medicaid program;
2. Create an optional DMA-5118B with a beneficiary authorization section as well as the statement regarding the counties’ authority.

**C. DMA-5048, Medicaid Exception Verification, is revised to:**

1. To indicate that Medicaid regulations limit transportation to the closest appropriate provider unless an exception applies;
2. To include a provider attestation section.

### **III. EFFECTIVE DATE AND IMPREMENTATION**

This policy is effective 1/01/2015.

### **IV. MAINTENANCE OF MANUAL**

**Remove: MA-2910, Medicaid Transportation, pgs. 1-49.**

**Insert: [MA-2910](#), Medicaid Transportation, pgs. 1-50.**

If you have any questions regarding this information, please contact your Operational Support Team Representative.

Dr. Robin Gary Cummings,  
Director

(This material was researched and written by William Appel, Program Coordinator, Recipient and Provider Services.)