

CHANGE NOTICE FOR MANUAL NO. 15-06, MEDICAID TRANSPORTATION

DATE: OCTOBER 23, 2006

Manual: Aged, Blind, and Disabled Medicaid

Change No: 15-06

To: County Directors of Social Services

Effective: November 1, 2006

I. CONTENT OF CHANGE

The purpose of this change notice is to provide policy clarifications in MA-3550, Medicaid Transportation. The following changes are included.

- A. Removed reference to the Blue vs. Craig Consent Order dated June 1978.
- B. Procedures for evaluating a Medicaid recipient's transportation request because of an obvious or apparent burden.
- C. Do not claim Federal and State Medicaid transportation reimbursement for:
 1. Medicaid covered services that have transportation reimbursement added into the Medicaid provider's fee. Currently, CAP-MR/DD Day Supports, CAP-MR/DD Supported Employment and MH/SA Enhanced Benefits have transportation reimbursement added into the provider's fee. Obsolete DMA Administrative Letter 15-06.
 2. Individuals who miss medical appointments (No-Shows). The dss must develop and implement a No-Show policy.
 3. Transportation requests based solely on personal preference.
 4. Deadhead miles (miles from a transportation provider's office/home/garage to the Medicaid recipient's residence).

5. Salary of an escort (parent, guardian, parental designated escort, babysitter) to accompany a minor child to a medical appointment.
6. Salary of county dss staff (social worker, income maintenance worker, transportation aide) unless it is the least expensive available method of transportation that is appropriate to the recipient's needs.
7. Transportation to receive a medical service when the medical provider is not a qualified Medicaid provider (not enrolled in NC Medicaid).
8. Transportation to receive a medical service that is not a Medicaid covered service. This includes medical services that do not qualify for Medicaid payment due to coverage limitations or medical provider has not received prior approval when required.

D. Complete the DMA-5047, Medicaid Transportation Assessment at the time of application and at each redetermination when the a/r requests assistance with transportation. If the a/r does not request assistance with transportation at the time of the application or review, but at a later date during the certification period, complete the assessment at that time.

The DMA-5047, Medicaid Transportation Assessment ([Attachment 5](#)) has been revised to include documentation for blanket approval and special medical needs.

- E. Do not authorize Medicaid transportation if recipient has access to free transportation. An exception may be if the recipient's access to free transportation is no longer available due to something beyond the recipient's control.
- F. The county dss may reimburse travel related expenses at the state per diem for state employees or the county per diem for county employees, whichever is higher. If the county dss per diem is higher than the state per diem, the dss may choose, but is not required to use the higher reimbursement rate.
- G. Added Federal Transit Authority (FTA) regulations for wheel chair lift weight limits to provide additional method of transportation guidance.
- H. Re-outlined assessment process and assessment procedures.

- I. Added the definition for medical necessity for emergency and non-emergency ambulance transportation.
- J. On very rare occasions, an ambulance may be the only means of transport suitable for a recipient, even though the individual does not meet emergency or non-emergency ambulance transportation criteria. Guidance and procedures for providing transportation assistance in these situations is added to policy.
- K. Added blanket approval as a type of approval for transportation assistance. To be eligible for blanket approved transportation services, the recipient must meet all Medicaid transportation criteria. An approved authorization is not a guarantee that Medicaid will reimburse.
- L. Clarified county responsibilities for arranging, providing and requesting reimbursement for Medicaid transportation.
- M. Adult Care Home facilities cannot bill the patient or his family for ambulance transportation when a claim is denied due to lack of justification for medical necessity.
- N. Use the suggested Medicaid Transportation Medical Necessity Verification form ([Attachment 12](#)) when verification of medical necessity related travel expenses is needed.
- O. Deaf and blind interpreter expenses included as a related travel expense.
- P. Moved medical services in another county or state and hospital recipient policy from X., Reimbursement to VI.E., Special Medical Needs.
- Q. If dss is unable to arrange transportation prior to a recipient's appointment and the recipient is able to make other arrangements, the dss may reimburse the recipient the amount that would normally be paid to the transportation provider had the recipient given sufficient notice for the dss to arrange transportation.
- R. Ambulance providers submit claims directly to the fiscal agent for emergency and non-emergency medically necessary ambulance transportation. The fiscal agent makes the final determination for medical necessity for Medicaid coverage and reimbursement.

Denied ambulance claims procedures are removed. Emergency and non-emergency ambulance transportation denials are handled by the fiscal agent.

- S. Added additional guidance for county transfers, incorrect coding, temporary absence from the county, and adoption/foster care cases.
- T. The dss must assure that the following safety and risk management requirements are met when directly reimbursing transportation providers (including state and county employees, volunteers, contractors, contractor's employees and volunteers, family members, and friends):
 - 1. All drivers must be at least 18 years of age and properly licensed to operate the specific vehicle used to transport the client(s).
 - 2. All vehicles used to transport clients must have a valid State Registration and State Inspection stickers.
 - 3. The DSS must assure that all transportation providers maintain the appropriate level of liability insurance for vehicles used to transport dss Medicaid recipients.

II. EFFECTIVE DATE AND IMPLEMENTATION

This change is effective November 1, 2006. Apply this change to assessments started on or after November 1, 2006.

III. MAINTENANCE OF MANUAL

Remove: MA-3550, Medicaid Transportation, Pages 1 – 32 and Attachment 5.

Insert: [MA-3550](#), Medicaid Transportation, Pages 1 – 34 and [Attachment 5](#) and [Attachment 12](#).

If you have any questions regarding this information, please contact your Medicaid Program Representative.

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

(This material was researched and written by Charlotte Gibbons, Policy Consultant, Medicaid Eligibility Unit.)