



REQUEST FOR BOARD ACTION

ITEM NO. 28

DATE OF MEETING: July 5, 2016

REQUESTED BY: Carolyn Moser, Health and Human Services Director

SHORT TITLE: Approval of DSS Transportation Policy



Pender County

Department of Social Services

PENDER COUNTY DEPARTMENT OF SOCIAL SERVICES

LOCAL MEDICAL TRANSPORTATION POLICY

Federal regulation **42 CFR 431.53** requires that the state assure necessary transportation for Medicaid recipients to Medicaid covered services administered by a qualified Medicaid provider. The county is responsible in assisting in the coordinating of Non-Emergency Medical Transportation (NEMT) when the client is unable to make arrangements. Medicaid recipients may receive mileage reimbursement for appointments in lieu of being transported by a contract medical transportation provider. The intent of the regulation is to ensure that Medicaid recipients in need of medical care obtain transportation necessary to the care. The regulation requires that the department of social services (DSS) assist in arranging the most economical method of transportation. The regulation does not require DSS to pay for all transportation, but does require that agencies pay when the client cannot get to medical appointments without financial support. Payment for services will be determined by the local DSS and is reimbursed through the Medicaid Program.

Policy and procedures have been developed in an effort to contain costs and to ensure that agency practice conforms to the Federal regulation 42 CFR 431.53. The following policies and procedures govern the provision of assistance with medically-related transportation for Medicaid recipients.

1. To be eligible for transportation assistance, the client must be authorized for Medicaid at the time of the assistance.
2. Clients are expected to choose a medical provider located in or adjacent to Pender County to receive medical care if at all possible. These locations are considered normal transport areas. Duplin, New Hanover, Onslow, Pender and Sampson Counties are considered normal transport areas.
3. DSS will transport or provide mileage reimbursement to and from a provider who is not located in/or adjacent to Pender County. The client's local physician must certify that the medical care is unavailable within the normal transport area and that the prospective provider is the closest and most appropriate. A DMA-5048 (Medicaid exceptions form) must be completed by the referring physician prior to approval for medical appointments with medical providers that are not located in/or adjacent to Pender County.
4. For a series of appointments such as dialysis, chemotherapy, radiation etc., Medicaid recipients will be required to notify the Medicaid Transportation Unit to establish the series of appointments known as subscriptions.

5. Pender County DSS Transportation will correct any payment error that is reported within thirty (30) calendar days of the beneficiary/vendor receiving the transportation payment.
6. If DSS arranges for transportation to be provided by contracted service providers, the client must call 910-259-1375 to schedule appointments. The following procedures must be followed:
 - A. All eligible medical transportation recipients under the age of 18 must be accompanied by an adult.
 - B. All non-emergency medical transportation assistance must be requested at least **three (3)** working days prior to local trips and **five (5)** working days for out of town trips in order to receive non-emergency medical transportation. Clients who fail to request transportation assistance for non-emergency treatment at least **three (3)** working days in advance for local trips and **five (5)** working days for out of town trips will be encouraged to reschedule the medical appointment in order to allow DSS time to arrange transportation. Eligible transportation clients will be notified of the reimbursement option as specified in section six (6) below.
 - C. For urgent situations, transportation can be arranged with less than three (3) working days' notice. Urgent requests will be evaluated on a case-by case basis.
 - D. For medical appointments located in Pender County, clients are expected to be ready for pickup at least one and a half (1.5) hours in advance due to the driver's schedule, cancellations and traffic. For medical appointments located outside of Pender County, clients are expected to be ready for pickup at least two and a half (2.5) hours in advance.
 - E. A rider must be approved in advance before accompanying the client. Due to seating availability, transportation staff must be aware of any riders accompanying the client at the time the appointment is made. The rider must complete a release of liability form. Failure to notify the agency in advance that a rider will accompany the client and failure to sign a release of liability form will result in a rider not being allowed to accompany the client.
 - F. Medical transportation vendors are not allowed to sign release forms required for a client to be released from any medical facility.
 - G. If the transportation provider does not arrive at the appointed time to transport a client to or from a medical appointment, the client must contact the DSS medical transportation unit **immediately** for assistance in arranging alternate transportation and to avoid payment to a provider who did not render the services.
 - H. If a client cannot keep his/her medical appointment, and is scheduled to ride with a contract transportation provider, the rider must contact DSS to cancel his/her

reservation for transportation at least 24 hours prior to the client's scheduled pickup time. If a cancellation is not completed prior to 24 hours of the client's scheduled pickup, the reservation is considered a "No-Show".

- I. A "No-Show" is defined as failing to show up for a scheduled trip, or failing to cancel a scheduled trip at least twenty-four (24) hours prior to the scheduled pickup time. If a client does not need transportation for a scheduled return trip, the client must notify DSS when making the reservation for transportation. Failure to contact DSS will result in a "No-Show" for the return trip.
 - J. Individuals who have three "No-Shows" within a three (3) month period may have their transportation services suspended for thirty days. DSS will reimburse clients for mileage reimbursement as specified in section six (6) below. Critical needs recipients, i.e. dialysis or chemotherapy patients cannot be denied transportation to critical services, no matter how many transportation appointments they miss.
 - K. Applicants who wish to appeal suspension of transportation services may do so in writing within 60 days of receipt of their notification from DSS.
 - J. All non-emergency transportation recipients must comply with the conduct policy listed below:
 - a. Any conduct which jeopardizes the safety of other passengers and/or the driver will result in suspension of transportation services.
 - b. Non-emergency medical transportation riders are subject to the conduct policies of the transportation vendors. Violation of such conduct policies may result in suspension of transportation services in accordance with the vendor's policy.
 - c. Any recipient who has been suspended from transportation services due to violation of the conduct policy shall receive travel reimbursement during the time of suspension for Medicaid covered services as long as he/she remains otherwise eligible for transportation assistance. Eligible transportation clients will be notified of the reimbursement option as specified in section six (6) below.
6. Clients who request mileage reimbursement for approved medical transportation appointments must follow the procedures listed below:
- A. All transportation recipients must contact the department of social services at 910-259-1495 to pre-notify the transportation department of all medical service trips. Multiple trips may be requested during one contact.
 - B. If financial assistance is required, DSS will reimburse the client at \$.27 per mile for any eligible Medicaid allowable appointments for his/her own mileage. The

established reimbursement rate paid to the Medicaid recipient or financially responsible persons (FRPS) shall not exceed half the current IRS business rate.

Note: To contain costs, DSS will not issue a reimbursement check when the total of the monthly request is less than \$5.00. DSS will hold the request until another reimbursement request is received. Payment will be issued when the total of the requests, added together, equal or exceed \$5.00.

- C. The beginning and ending odometer readings should be completed for each medical trip as the miles traveled are used as the means for reimbursement. If the odometer on the automobile that is used for medical trip is not working, please use the beginning and ending mileage of the tripometer. If neither the odometer nor tripometer is working on the vehicle used for transportation, Pender DSS will use the MapQuest program to determine the mileage for reimbursement. MapQuest will also be used to determine the mileage for reimbursement when the trip odometer balance, on the request form, appears excessive. Please ensure that the column is completed that indicates whether the trip traveled is one or two way to the medical provider.
- D. Any miles traveled that are not related to the medical appointment should be excluded from the transportation reimbursement request. (Example: while attending the doctor's appointment, the Medicaid recipient went across town to go to the mall.) The miles traveled to the mall should be deducted from the odometer reading.
- E. If more than one month's reimbursement is requested, each month's request must be on a separate reimbursement request.
- F. Reimbursement checks will be mailed to the Medicaid recipient or FRPS ONLY. If the Medicaid recipient does not provide their own transportation and is transported by a friend, family member or neighbor, it is the responsibility of the Medicaid recipient to reimburse the friend, family member or neighbor.
- G. When travel reimbursement forms are received by the 5th of the month, checks will be mailed prior to the 15th of the following month. i.e. January's medical appointment reimbursement received by the 5th of February will be reimbursed prior to the 15th of March. There may be mileage reimbursement delays for any mileage reimbursement forms received after the 5th of the month.
- H. Incomplete travel reimbursement forms will be returned to the Medicaid Recipients for completion before the mileage reimbursement will be completed.
- I. All travel reimbursement forms MUST be returned within sixty (60) days of the medical appointment date. Any request for reimbursement received more than sixty (60) days after the date of appointment, without good cause, will be DENIED reimbursement. Good cause will be evaluated on a case by case basis.

The Medicaid Transportation Unit is available for any questions you may have. Please call 910-259-1240 for assistance.