


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 04-010
	CROSS REFERENCE:
DIVISION OR OFFICE: Health Benefits Division	DATE: June 29, 2004
SUBJECT AREA: Non Emergent Medical Transportation	
SUBJECT: Transitioning Non Emergent Medical Transportation from a Medicaid Benefit to an Administrative Service	APPROVED BY:  Vivianne M. Chaumont
TYPE: A Action I Information	

*Medicaid Agency Letters can be accessed online at:
www.chcpf.state.co.us >>Reference Material >>Agency Letters*

On July 1, 2004, all counties/State Designated Entities (SDE) shall continue to approve and arrange Non Emergent Medical Transportation (NEMT) services for Medicaid clients pursuant to current arrangements.

Purpose:

This letter communicates the Department of Health Care Policy and Financing's (the Department) plans for transitioning the Non Emergent Medical Transportation (NEMT) program from a Medicaid benefit to an administrative service per HB 04-1220 and 10 C.C.R. 2505-10, Section 8.014. During the transition period, the counties/SDE shall continue to approve and arrange for client transportation services as outlined in the following background, actions and information.

Background:

The Department held two conference calls with the county departments to discuss how county transportation should be operated as an administrative service and to provide information regarding allocations for each county. Following these conference calls, the Department surveyed the counties regarding the intent to participate under the new arrangements. The Department received the following responses:

One county stated they would participate but required several modifications to the contract. Ten counties signified they were interested in participation, however needed additional information to make a final decision. Those eleven counties represented the needs of only thirteen percent of clients currently utilizing NEMT. Twenty-three counties indicated they were not interested in participation in the NEMT program. Thirty counties did not respond to the survey. The Department did engage in negotiations with Arapahoe County to provide these services statewide. However, it was determined that this would not be possible.

Given this response from the counties, the Department is transitioning the NEMT program to a statewide entity. The Department's first concern remains providing clients with the assurance of transportation.

Action and Information:

Beginning July 1, 2004, NEMT will be provided as an administrative service rather than as a Medicaid benefit. The counties/SDE shall continue to approve and arrange for client transportation services through July 31, 2004. The service shall be provided as outlined in the attached Transportation Authorization Criteria. Counties/SDEs shall continue to pay for services rendered and bill Medicaid as they have done in the past. Counties shall not be "at risk" for the cost of these transportation services. No later than July 12, 2004, the counties/SDEs shall supply the Department with information on all of their transportation providers so the providers can be re-enrolled as direct Medicaid providers. Effective August 1, 2004, the Department will assume responsibility for paying the providers and eliminate the counties/SDE of this payment responsibility. Counties shall remain responsible for approving and arranging for transportation.

Counties are expected to participate in this transition by continuing to authorize and arrange for client Medicaid NEMT according to the attached guidelines. The Department anticipates that this transition will take a minimum of sixty (60) days.

The Department will provide updates upon entering each phase of the transition process.

Attachments:

Transportation Authorization Criteria

Effective Date:

July 1, 2004

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Non-Emergent Medical Transportation (NEMT) Criteria

Assess client need for NEMT services for covered medical service on a **case-by-case** basis.

- A. Documentation must verify the client requires these services and the client utilized the Medicaid covered services.
- B. Restrict transportation to the nearest qualified provider appropriate for the client.
- C. If client has access to transportation services available at no cost to Medicaid, the client must use that first – family, friends, church, community rides, etc.
- D. If client or client support system (family) have a vehicle, the client must use private vehicle just as they would to access any other non-medical services. Clients are responsible to arrange medical treatment with their support system to best utilize that private transportation.
- E. If the client has multiple medical appointments it may be necessary to work with the medical provider and caseworker to coordinate appointments.
- F. If client has no form of free or private transportation available, client may access the **least costly** mode of public transportation.
- G. A minor child or at risk adult may qualify for an escort if the support systems (family, friends) do not have private or free transportation available.
- H. Determine the most appropriate mode of transportation to meet the client's medical need, including any special transport requirements for medically fragile or physically/mentally challenged clients.
- I. Use the least expensive mode of transportation that is appropriate for the client.
- J. Private vehicle mileage reimbursement shall be at least thirteen cents per mile. Mileage reimbursement shall be based on an odometer reading as verified by the authorizing agent. (Mapquest or other mileage program may be used to verify mileage.) Mileage reimbursement shall be based on the most direct route between destination points.
- K. Local bus transportation (where available) may be used by clients with no other means of less costly or free transportation. If client has access to the

local bus service, SDE may provide bus tokens, passes or vouchers. The SDE must determine if individual tokens or passes are the most cost effective. For clients with multiple medical appointments per month, a bus pass may be more cost effective.

- L. Medicaid transportation shall not be used for client or caregiver convenience.
- M. Mobility vehicle transport may be used by clients with no other less costly or free transportation available and who are unable to access local bus or private vehicle.
- N. Wheelchair transport may be used by clients with no other less costly or free transportation available, who are permanent, or temporary wheelchair users, and who cannot transfer from the wheelchair into a private or mobility vehicle or access a local bus. Client is responsible to obtain documentation indicating wheelchair need upon request by the SDE.
- O. Clients may use taxi service only when no other less costly or free transportation is available. If other, less costly transportation is available, taxi service shall NOT be authorized.
- P. Ambulance or litter van transport may be used for clients who are completely bed bound or for whom this mode of transportation is most appropriate for the client's conditions as directed by a physician. In all cases, the least costly provider must be used. Ambulance transport may not be used if a less costly litter van service is available and is appropriate for the client's condition.
- Q. Commercial airline or air ambulance may only be used when it is the least costly, most appropriate means of transportation for the client's condition as documented by the physician. Air transportation shall not be used for client or caregiver convenience.
- R. Long distance bus or train service may be used when it is the least costly, most appropriate means of transportation for the client's condition.
- S. Out of state travel may only be authorized when the closest provider for routine care is out of state (i.e., border communities) or the required medical treatment is not available within the State of Colorado. If the out of state provider is not the closest provider or the care is available within the State of Colorado, the transportation shall not be authorized, except as described below.
 - 1. Out of state travel may be authorized for clients who will receive a Medicaid benefit at no cost to Medicaid.

(Example, children receiving treatment at a Shriner's hospital. The service must be a Medicaid benefit for which Medicaid would pay if the client stayed in state.)

2. Meals and lodging may only be paid for out of state travel and/or when a client's condition requires an extended stay away from home. Documentation stating the necessity of the overnight stay is required. If client has meals and lodging available at no cost to Medicaid (i.e., client may obtain from family or friends), client must obtain those free services. If client has free lodging but needs meals, they may be provided or vice versa. Meals and lodging are only available if client is not in an inpatient setting.
3. Escort travel may be paid when the client is a minor child or at risk adult in need of an escort. An escort shall not be for client or caregiver convenience.
4. Escort meals and lodging may be paid if need is verified.