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DATE: April 1999 TO: All Income Maintenance Manual Holders					

Section 19.3 Manual Revisions:

Page 52: (Item B-1) Reference to TEFRA is deleted.

Page 53: Clarifying policy has been added concerning CHIP I and CHIP II.

Page 51, 57, 58, and 59: All references to "Handicapped Children's Program or Services" is deleted. The new title for this program is now included in the narrative.

The final revision to section 19.3 concerns the omission of all references, policy and instruction about processing NEMT benefits via CHET. ALL REQUESTS for NEMT benefits, except non-Medicaid Children with Special Health Care Needs cases, non-Medicaid Children's Service cases and ART (Right from the Start Program) cases should be processed through RAPIDS. In the very near future, county offices will receive notification to begin processing ART cases through RAPIDS.

Call Bob Kent at 558-8290 if you have any questions.

19.3 NON-EMERGENCY MEDICAL TRANSPORTATION

A. Introduction

1. Funding Sources

Transportation for non-emergency medical purposes is funded through three different sources. These sources are:

- Title XIX funds for all Medicaid recipients including foster children,
- Title V funds for non-Medicaid eligible recipients of Children with Special Health Care Needs Program (CSHCN), and
- Agency administrative funds for applicants of financial or medical assistance who need a physical examination in order to complete the eligibility determination process.

2. Services Provided

Services provided under this program are:

- Transportation and certain related expenses necessary to secure medical and other services covered by the Medicaid Program including medical services under the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT).
- Transportation and certain related expenses necessary to secure medical services covered by the Children with Special Health Care Needs for non-Medicaid eligible children.
- Transportation and certain related expenses necessary to secure medical examinations required in the eligibility determination process for the financially needy and medical assistance only programs.

- * All Medicaid patients designated as LTC and Alternative LTC are eligible for NEMT benefits including transportation needed to obtain the PASARR test (psychiatric evaluation) as necessary to obtain screening for admission to nursing homes.

- * All Medicaid public school patients being transported to schools for the primary purpose of obtaining an education even though Medicaid-reimbursable school-based health services are received during normal school hours are NOT eligible for NEMT. If such services are provided off-site from the school or at school during other than normal school hours, NEMT benefits would be available.

An exception exists to the exclusion noted above for on-site school-based services. This applies to children receiving services under the Individuals with Disabilities Education Act (IDEA). However, this exception exists only when the following conditions are met:

1. The child receives transportation primarily to obtain a Medicaid-covered service, and

2. Both the Medicaid-covered service and the need for transportation are included in the child's Individualized Education Plan (IEP).

- * Patients who receive treatment and services under CHIP I, an expansion of Medicaid, are eligible for NEMT benefits. Patients who receive treatment and services under CHIPS II will NOT be eligible for NEMT benefits.

- Incur transportation and/or certain related costs for the round-trip to the medical vendor.

- The Medicaid recipient's name, address and Medicaid case number.

- The physician's order for the service including any necessary documentation and the following related items:

If the applicant incurs more costly transportation costs than the private auto mileage rate without prior approval, he will receive reimbursement at the current private auto mileage rate unless he can show that less expensive transportation could NOT be obtained.

d. Advance Payment

Applicants approved for benefits under the Non-Emergency Medical Transportation Program are reimbursed for allowable expenses incurred for round-trip travel. However, situations may occur when the recipient/vendor may request payment in advance because of insufficient resources. The Worker is permitted to evaluate and make the decision to approve such requests. After a careful evaluation of the situation, the Worker must document the decision to deny or approve such requests by making a recording in the case record.

e. Transportation for Emergency Room Services

Situations may occur when the Medicaid recipient requests transportation to an emergency room to receive medical treatment. THE USE OF AN EMERGENCY ROOM AS A PHYSICIAN'S OFFICE IS NOT COVERED. When such requests are approved, it must be thoroughly documented in the case record that emergency room treatment was medically necessary.

f. Children with Special Health Care Needs Program (CSHCN) (Formerly Handicapped Children's Services)

Recipients of CSHCN receive reimbursement of transportation and certain related expenses in order to obtain planned medical services.

(b) Non-Medicaid covered CSHCN Services:

Prior approval must be obtained from CSHCN for routine appointments to a physician's office, a clinic or to receive therapy and hospitalization UNLESS the applicant can submit written verification that the service has been approved by CSHCN. These cases must be processed through the CHET system.

(3) Advance Payment

In certain situations, advance payment may be requested by the applicant. For example, certain types of medical care such as organ transplant services may require that the patient travel long distances with very little advance notification. All requests for advance payment must be carefully evaluated and justified by the Worker via recording on the application form. If the Worker feels that sufficient justification exists for an advance payment, approval may be made by the Worker. When the client fails to verify the trip, NO additional advance payments may be made.

All inquiries regarding the eligibility for transportation and certain related expenses for recipients of CSHCN must be directed to Children with Special Health Care Needs, Division of Maternal and Child Health.

non-payment until the request is granted. Forms not received within the 60 day deadline date will be handled as noted above.

- f. Completion of Form ES-6, Notice of Information Needed

Whenever the applicant has failed to include necessary informatoin during the intake interview or upon the application form, the Worker should complete form ES-6 by writing clear and concise instructions about what is needed. In addition, the Worker should enter on the form a specific date by which the information is to be returned. A copy of the completed form should be attached to the application form.