27.2 APPLICATION/REDETERMINATION PROCESS

A. CONTENT OF THE INTERVIEW

A face-to-face interview is not required in order to apply for NEMT reimbursement. The **DFA**-NEMT-1 is designed to be completed by the applicant.

If an interview is conducted due to the need for prior approval and an emergency situation exists, the Worker obtains all information required on the **DFA**-NEMT-1 and as required in **Section 27.13.**

B. AGENCY DELAYS

The Worker must process applications received for travel upon receipt, provided the date for which reimbursement is being requested occurred no earlier than 60 days prior to the date of application. Delay caused by failure on the part of the agency to process an application in a timely manner, is not a reason to deny payment.

C. BEGINNING DATE OF ELIGIBILITY

Medicaid recipients are eligible for NEMT beginning the first day of the month for which Medicaid is approved, including months for which backdating occurred. Applicants awaiting approval must be instructed to apply for NEMT within the 60-day time limit, but applications must be held by the Worker until Medicaid is approved **except for transportation expenses related to an appointment(s) scheduled by the Worker and/or requested by MRT.**

When a client is pending Medicaid approval and has not been instructed by the Worker to apply for NEMT within the 60-day time limit, that client must be given a reasonable amount of time to submit NEMT applications for the time prior to Medicaid approval.

Recipients of CSHCN and others who qualify for reimbursement of transportation expenses are eligible as determined by the program which provides the medical services.

D. REDETERMINATION SCHEDULE

There is no redetermination process for NEMT other than that for Medicaid. Each request for reimbursement is treated as a separate application.

E. THE BENEFIT

Services provided under this program include reimbursement for transportation and certain related expenses necessary to secure medical services normally covered by Medicaid. Funding for this program is provided by three different sources:

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

Reimbursement for transportation and related expenses is available to Medicaid recipients who:

- Require transportation to keep an appointment for medical services covered under the Medicaid **group** for which he was approved;
- Receive scheduled Medicaid-covered services at a clinic, hospital or doctor's office;
- Receive pre-authorization as necessary; and
- Comply with the 60-day application submittal deadline.

Reimbursement is also available for applicants for Medicaid who must travel to obtain necessary medical examinations and tests required to determine eligibility. See **Section 27.13** for specific eligibility requirements.

F. EXPEDITED PROCESSING

Procedures for expedited processing do not apply to NEMT.

G. THE APPLICATION FORM

The required form for all Medicaid recipients, including ART clients, is the **DFA**-NEMT-1. It must be completed by the recipient or by a parent, guardian or other responsible person when the recipient is a child or an incapacitated adult. The form is mailed or brought to the recipient's local DHHR office.

The ART client completes the **DFA**-NEMT-1 and submits it to the Designated Care Coordinator (DCC) for verification and approval. In addition, the DCC may

sign the application in lieu of the doctor or his designee when the DCC has verified the appointment was kept. The approved **DFA**-NEMT-1 is then forwarded to DHHR by the DCC for processing. The same 60-day deadline for submission applies to ART clients and other Medicaid recipients as well.

The medical service provider, his designee or the DCC is required to sign the section verifying that the individual had an appointment and was seen for Medicaid-covered treatment or services. Medical service providers include doctors, nurses, nurse practitioners, physicians' assistants, lab technicians, and others who perform a Medicaid-covered service. The DCC may sign in place of the physician or his designee routinely. **There** is no requirement that the client fail to obtain the signature of the physician or designee in order for the DCC to sign the form. Only when the form is signed by the DCC is it used to verify the reimbursement amount and that the appointment for a Medicaid-covered service was kept.

When prior approval is required **for out-of-state travel,** the applicant may apply in person at the local DHHR office so that the required documentation can be made and/or obtained. Coordination of the process may be facilitated by telephone and/or fax with BMS and the physician, as necessary.

The form may be used for verification of up to 4 trips. Each trip date must be entered in the space titled "Date of Appointment." Regardless of the number of trips included on the form, **payment for any** trips **which** occurred **more than** 60 **days** prior to the date the form is submitted to DHHR for payment **must be denied. See Section 27.2,C for exceptions.**

As noted above, the submission deadline for the completed **DFA**-NEMT-1 is 60 days from the date of the trip(s). Compliance is determined by comparing the date of the earliest trip entered on the form with the date the application is received by DHHR for processing.

Altered forms which include questionable entries will result in denial of the application, unless the Worker is able to resolve the discrepancies. Items which have been corrected must be initialed by the applicant or other person providing the information.