	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1725	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Non-Medical Transportation	
<b>Original Date:</b> 02/24/2016	<b>Policy Hub Approval Date:</b> 09/03/2019
<b>Approved by:</b> Utilization Management Work Group	

**Purpose:** To describe Central California Alliance Health’s (the Alliance) scope of coverage and authorization requirements for the Non-Medical Transportation benefit.

**Policy:** It is the Alliance policy that Non-Medical Transportation is a benefit for all members to obtain medically necessary services

**Definitions:**


**California Children’s Services:** CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions

**Medically Necessary or Medical Necessity:** Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, achieve age-appropriate growth and development, and attain, maintain or regain functional capacity per Title 22 CCR Section 51303(a) and 42 Code of Federal Regulations (CFR) 438.210(a)(5).

**Non-Emergency Medical Transportation (NEMT):** Transportation of members when the member’s medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services.

**Non-Medical Transportation (NMT):** Transportation of Members to medical services by passenger car, taxicabs, or other forms of public or private conveyances provided by persons not registered as Medi-Cal provider. Does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members by ambulances, litter vans, or wheelchair vans licensed, operated and equipped in accordance with state and local statutes, ordinances or regulations.


**Whole Child Model (WCM):** The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

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### **Procedures:**

**Exclusions:** Transportation for non-covered and/or services that are covered by other health plans. See Policy 404-1726 Non-Emergency Medical Transportation for any age member requiring transportation due to medical and mobility conditions. NMT does not cover trips to a non-medical location or for appointments not related to medically necessary covered Medi-Cal benefits. As of October 1, 2017 NMT benefit services will include transportation for dental, specialty mental health, and substance use disorder, along with other Medi-Cal benefits that are not covered by the Alliance.

1. NMT necessary to obtain services covered by the Alliance shall require Prior Authorization, with reauthorization of service every 12 months when necessary.
  - a. Transportation requests must be made at least 5 – 7 days in advance for initial services or routine visits.
  - b. Transportation services vendor shall obtain Prior Authorization from the Alliance for the provision of NMT services for a Medi-Cal Member.
  - c. Members may self-refer for NMT services.
    - i. Member, or their authorized representative, must attest in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the member:
      1. Has no valid driver's license
      2. Has no working vehicle available in the household
      3. Is unable to travel or wait for medical or dental services alone
      4. Has a physical, cognitive, mental or developmental limitation
  - d. Primary Care Provider (PCP) may refer Member for transportation service.
  - e. The Prior Authorization request shall include:
    - i. The purpose of the transportation;
    - ii. The frequency of the necessary NMT or the inclusive dates of the requested transportation; and

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- iii. Documentation the Medi-Cal Member is obtaining medically necessary services covered by the Alliance.
  - f. Authorization may be based on annual determination of screening or treatment recommendations by provider.
  - g. The Alliance will assist, when necessary, with referrals to coordinate NMT for services not covered by the Alliance.
  - h. Alliance coverage includes transportation costs for the member and one attendant, such as parent, guardian, authorized representative, or spouse, to accompany the member in a vehicle or on public transportation, subject to initial Prior Authorization requests.
  - i. With the written consent of the parent or guardian, The Alliance may arrange for NMT for a minor who is unaccompanied by a parent or a guardian. The Alliance will provide transportation services for unaccompanied minors when state or federal law does not require parental consent for the minor's service, and is responsible to ensure all necessary written consent forms are received prior to arranging transportation for an unaccompanied minor.
2. NMT requested must be the least costly transportation that meets the members' needs. The Alliance will provide the following NMT services:
- a. Round trip transportation for a member to obtain covered Medi-Cal services by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), as well as mileage reimbursement at IRS rate standard for medical purposes when conveyance is in a private vehicle arranged by the member, bus passes, taxi vouchers or train tickets.
  - b. Round trip NMT is available for the following:
    - i. Medically necessary covered services, including carved out benefits.
    - ii. Prescription drug pick up that cannot be mailed directly to the member.
    - iii. Pick up of medical supplies, prosthetics, orthotics and other equipment.
  - c. The Alliance will provide NMT in a form and manner that is accessible, in terms of physical and geographic accessibility, for the member and consistent with applicable state and federal disability rights laws.

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3. NMT Private Vehicle Authorization Requirements:
  - a. Use of private vehicle, and reimbursement for gas mileage, may be approved in advance when the member has exhausted all other reasonable options and provided attestation that other methods of transportation are not available.
  - b. Driver must also attest to having a valid driver's license, vehicle registration and current insurance coverage.
  - c. The member may not be the driver for mileage reimbursement.
  - d. CCS/WCM members may be eligible for maintenance and transportation coverage. For more information, please refer to policy 404-1732 - Maintenance and Transportation for Members with CCS Eligibility.
4. The Alliance will provide information for members regarding NMT options when requested services are not covered under contract.
5. Timely access standards will be followed for NMT requests based on care referrals, appointments and the need for transportation in accordance with DHCS contractual requirements.
6. The Alliance is responsible for ensuring that their delegated entities and subcontractors comply with all applicable state and federal laws and regulations, contractual requirements, and other requirements set forth in DHCS guidance, including All Plan Letters (APL). The Alliance will timely communicate these requirements to all delegated entities and subcontractors in order to ensure compliance.

#### **References:**

##### Alliance Policies:

404-1726 – Non-Emergency Medical Transportation


404-1732 – Maintenance and Transportation for Members with CCS Eligibility

##### Impacted Departments:

Behavioral Health  
 Care Management  
 Compliance  
 Finance  
 Member Services  
 Provider Services

Regulatory:

Legislative:

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Contractual:

Exhibit A, Attachment 13, Provision D.12

MMCD Policy Letter:

APL 17-010: Non-Emergency Medical and Non-Medical Transportation Services

NCQA:

Supersedes:

Other References:

Attachments:

**Lines of Business This Policy Applies To**

- ☒ Medi-Cal  
☐ Alliance Care IHSS

**LOB Effective Dates**

(01/01/1996 – present)  
(07/01/2005 – present)

**Revision History:**

Reviewed Date	Revised Date	Changes Made By	Approved By
01/10/2017	01/10/2017	Kathy Dean, RN UM Manager, Prior Auth	UMWG
06/05/2017	06/07/2017	Kathy Dean, RN UM Manager, Prior Auth	UMWG
07/10/2017	07/13/2017	Kathy Dean, RN UM Manager, Prior Auth	UMWG
10/09/2017	10/10/2017	Kathy Dean, RN UM Manager, Prior Auth	UMWG
08/21/2018	08/21/2018	Kathy Dean, RN UM Manager, Prior Auth	UMWG