	<p style="text-align: center;">POLICIES AND PROCEDURES</p>
Policy #: 404-1732	Lead Department: Utilization Management
Title: Maintenance and Transportation for Members with CCS Eligibility	
Original Date: 05/13/2018	Policy Hub Approval Date: 06/26/2018
Approved by: Utilization Management Work Group	

Purpose: To describe Central California Alliance Health’s (the Alliance) scope of coverage and authorization requirements for maintenance and transportation (M&T) costs for Medical members who are eligible for California Children’s Services (CCS). For related Transportation information, please see policies 404-1725- Non-Medical Transportation and 404-1726- Non-Emergency Medical Transportation.

Policy: It is the Alliance policy that M& T for the CCS member and parent(s), or legal guardian(s), may be provided when it is determined that the family needs assistance, there are no other available resources, and the assistance is an essential element of the member’s diagnostic or treatment plan.

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.


Maintenance Costs: The cost(s) for lodging (such as a motel room, etc.) and food for the client, parent(s), or legal guardian(s) when needed to enable the client to access CCS authorized medical services.

Transportation Costs: The cost(s) for the use of a private vehicle or public conveyance to provide the client access to authorized CCS medical services.

Procedures:


Exclusions:

In general, it is the responsibility of the member or parent(s)/legal guardian(s) to provide M&T. However, M& T services may be authorized when the costs to the member or family present a barrier to the CCS member’s access to appropriate CCS-related care. This assistance is not intended to sustain a parent or guardian at a hospital for the CCS member’s entire stay or to pay for the parent or guardian’s frequent trips to visit the child while hospitalized.

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M&T Authorization Requirements

1. Prior approval for all M&T costs is required. Requests should be made at least 5-7 days in advance for initial services or routine visits.
2. M&T costs may be approved for the CCS-eligible member and parent(s)/legal guardian(s) to provide the client with access to medically necessary services related to the CCS-eligible condition when all of the following conditions have been met:
 - a. The member is eligible for CCS;
 - b. The member is obtaining eligible treatment. This includes:
 - i. Authorized outpatient services related to the CCS-eligible condition, when the distance from the client's home is such that it precludes the family from making the trip in one day; or
 - ii. Authorized outpatient services related to the CCS-eligible condition, which may lead to an inpatient admission; or
 - iii. The parent(s)/legal guardian(s) are staying with and supporting a member who is hospitalized (for care related to the CCS-eligible condition) and the distance precludes the family from making the trip in one day; or
 - iv. Other circumstances necessitating alternatives to traditional M&T arrangements.
 - c. The Alliance has determined that no other available resources exist to assist the member/parent(s)/legal guardian(s) to access the medically necessary authorized service. This should include:
 - i. Alternative resources have been explored and are unavailable; and
 - ii. The member and/or parent(s)/legal guardian(s) have no means of providing for M&T without assistance from the Alliance.
3. The Alliance may authorize the most appropriate, medically necessary, and cost effective mode of transportation to access the CCS authorized medical services. If the member and/or parent(s)/legal guardian(s) chooses to go to a facility/provider that is not the closest CCS approved facility/paneled provider, the transportation costs beyond those to reach the closest provider capable of delivering the level/type of service required by the member's CCS eligible condition are the responsibility of the member and/or parent(s)/legal guardian(s).
 - a. M&T will not be provided if the client/family could make the trip in one day if they had traveled to the nearest appropriate provider for services.

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Authorization Standards- Maintenance

1. Inpatient Services


- a. For intensive care settings when the parent/legal guardian is not permitted to stay at the member's bedside, the Alliance may initially authorize up to seven days lodging and meals per hospitalization for up to two parents/legal guardians. The need for additional days of lodging nights and meals will be evaluated based on the member's circumstances.
- b. For non-intensive care settings when parent(s)/legal guardian(s) are able to stay at the member's bedside, the Alliance may authorize one day of lodging for up to two parents/legal guardians after every six nights of client hospitalization.
- c. The total maximum authorization when the CCS-eligible member is in an intensive or non-intensive care setting shall be 15 days of lodging and associated meals for each 30 days of member hospitalization, beginning with the day of the member's admission.
 - i. Each new hospitalization shall begin a new 30-day benefit period.

2. Post-Hospitalization Services

- a. If the member's discharge plan documents the need for daily medical visits for treatment of the CCS-eligible condition, and the distance precludes the member and parent(s)/legal guardian(s) from making the trip to the hospital in one day, meals and lodging may be authorized for the member and up to two parents/legal guardians.

3. Outpatient Services

- a. If the trip to the outpatient provider can be completed in one day (round trip travel and appointment time included) there will not be reimbursement for meals or lodging.
- b. If the total time for the trip will exceed one day, meals and lodging may be authorized for the member and up to two parents/legal guardians .


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Authorization Standards- Transportation

1. Inpatient Services
 - a. Up to two round-trips per member hospitalization may be authorized for stays less than seven days.
 - b. Up to one round-trip for every seven days of member hospitalization may be authorized—in addition to the initial two trips—for hospitalizations exceeding seven days.
2. Outpatient Services
 - a. Most transportation for outpatient services will be arranged through the Medi-Cal Non-Medical Transportation benefit (please see policy 404-1725). This benefit includes transportation for all medically necessary Medi-Cal services.
 - b. Authorization for transportation via personal vehicle—via mileage reimbursement or pre-paid gas card—may be authorized in order to facilitate the member’s access to CCS-appropriate care, as delineated in section M&T Authorization Requirements, subsection 2.b. above.

Reimbursement

1. Transportation
 - a. Authorized transportation costs will be reimbursed to the member or parent(s)/legal guardian(s) at the Internal Revenue Service (IRS) standard mileage rate for medical transportation or the equivalent cost issued via a pre-paid gas card.
 - i. The rate paid will be the rate in effect on the date the travel occurred, not the rate in effect at the time the claim is submitted for payment.
 - b. Costs incurred for parking, tolls, or other transportation-related charges during an authorized trip are also eligible for reimbursement.
 - c. Requests for reimbursement submitted to the Alliance by the member or parent(s)/legal guardian(s) must use the “CCS M&T Reimbursement Form.” Requests for reimbursement for parking, tolls, or other non-mileage charges must be accompanied by receipts.
 - d. Providers who have received prior authorization for reimbursement of transportation costs should bill the Alliance via claim using code Z5414 (preferred) or via invoice.

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2. Lodging

- a. Payment for lodging costs will be based on the usual or actual costs of one room up to the maximum amount per night based on the following:
 - i. Commercial lodging stays (i.e. hotels, motels, bed and breakfast, public campground, etc): State of California Short-Term Lodging Reimbursement Rates.
 - ii. Charitable organization lodging stays (i.e. Ronald McDonald House): \$40 per night.
- b. If circumstances exist that require approval of lodging reimbursement at higher levels, these circumstances should be documented in the prior authorization request.
- c. All lodging costs will be reimbursed to the provider who is authorized to arrange the stay. Lodging costs will not be reimbursed directly to the member or parent(s)/legal guardian(s).
- d. Providers who have received prior authorization for reimbursement of lodging costs should bill the Alliance via claim using code Z5414 (preferred) or via invoice. A copy of the lodging invoice must accompany the request for payment.


B. Meals

- a. Reimbursement for meals will be at actual cost per person, up to \$15/person/day. Hospital meal voucher(s) will be credited as part of the per person, per day limit.
- a. Requests for reimbursement submitted to the Alliance by the member or parent(s)/legal guardian(s) must use the “CCS M&T Reimbursement Form” and must be accompanied by receipts.
- b. Providers who have received prior authorization for reimbursement of meal costs should bill the Alliance via claim using code Z5414 (preferred) or via invoice. Hospital meal vouchers provided to the member or parent(s)/legal guardian(s) will be paid based upon the claim or invoice submitted by the hospital.

References:

Alliance Policies:

- 404-1726 – Non-Emergency Medical Transportation
- 404-1725—Non Medical Transportation

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Impacted Departments:

Behavioral Health
 Care Management
 Claims
 Compliance
 Finance
 Member Services
 Provider Services

Regulatory:

Legislative:

Contractual:

MMCD Policy Letter:

N.L.: 03-0810

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
06/13/2018	06/26/2018		M. Brusuelas