ALAMEDA Alliance FOR HEALTH

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POLICY AND PROCEDURE

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Policy Name	Transportation Guidelines
Department Name	Health Care Services
Department Chief	Chief Medical Officer
Department Owner	Medical Director
Lines of Business	Medi-Cal
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POLICY STATEMENT

Alameda Alliance for Health (Alliance) (AAH) provides the following transportation benefits to Medi-Cal members, including Long Term Care (LTC) members residing in Skilled Nursing Facilities (SNF), for all pharmacy, Medi-Cal Rx and medically necessary services, in network and out of network, covered by the Alliance:

- Non-Emergency Medical Transportation (NEMT)
- Non-Medical Transportation (NMT)
- Emergency Medical Transportation

Pursuant to Social Security Act (SSA) Section 1905(a)(29) and Title 42 of the Code of Federal Regulations (CFR) Sections 440.170, 441.62, and 431.53, AAH has establish procedures for the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for qualifying members to receive medically necessary transportation services, regardless of the member's coverage by another delivery system.

NEMT services are authorized under SSA Section 1902 (a)(70), under 42 U.S.C. section 1396a(a)(70), 42 CFR Section 440.170, and Title 22 of the California Code of Regulations (CCR) Sections 51323, 51231.1, and 51231.2. Per Assembly Bill (AB) 2394 (Chapter 615, Statutes of 2016), which amended Section 14132 of the Welfare and Institutions Code (WIC), AAH covers NEMT for members to obtain pharmacy, Medi-Cal Rx and medically necessary Medi-Cal services covered by the Plan. Plans must provide NMT for Medi-Cal members to receive Medi-Cal services covered by the Plan, as well as other Medi-Cal services that are not covered under the Plan's Medi-Cal contractual requirements. AAH covers transportation-related travel expenses as set forth in 42 CFR section 440.170(a)(1) and (3), and the MCP Contract.

The Alliance provides these transportation services in accordance with time and distance and timely access standards, as specified in AB 1642. The Alliance also provides transportation services for trips outside of the time and distance standards via prior authorization. The Alliance

will assist to arrange transportation to appointments within applicable time and distance and timely access standards whenever needed, for in network or out of network providers, including whether or not a Letter of Agreement (LOA) with an Out of Network (OON) Provider is established. Transportation services (NMT or NEMT) are provided at no cost to the member.

AAH provides NMT for Medi-Cal services that are carved-out of the MCP Contract. These carved-out Medi-Cal services include, but are not limited to, specialty mental health services, substance use disorder services, dental services, and other services delivered through the Medi-Cal fee-for-service (FFS) delivery system. Carved-out services are not subject to AAH's utilization controls or bound by time or distance standards as these services are not authorized or arranged by AAH. Nonetheless, AAH will not deny NMT for an appointment to an out-of-network provider if the appointment is for a carved-out service and will provide the NMT service within timely access standards.

Members and SNF's where LTC members reside are informed of their right to obtain transportation services in the Member Handbook/Evidence of Coverage, including a description of the transportation benefit, the types of transportation services, and procedures to access transportation for both in network care and out of network care.

Non-Emergency Medical Transportation

NEMT services are a covered Medi-Cal benefit when they are prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender, for the purposes of enabling a member to obtain medically necessary covered services or pharmacy prescriptions authorized by Medi-Cal Rx in network or out of network.

Prior Authorization – Trips over 50 miles

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All trips of 50 or more miles require prior authorization from the Alliance. Once prior authorization is processed by the Alliance, the Alliance forwards the authorization to the transportation subcontractor so that trip may be scheduled.

Prior Authorization - NEMT

NEMT services are subject to prior authorization in the form of a Physician Certification Statement (PCS). The member must have an approved Physician Certification Statement (PCS) form authorizing NEMT by the provider before the trip occurs. For AAH covered services in and out of network, AAH provides authorization for NEMT for the duration indicated by the treating medical professional on the PCS form,, not to exceed 12 months.

AAH provides medically necessary NEMT services 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. AAH provides NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches. AAH has processes in place to ensure door-to-door assistance is being provided for all members receiving NEMT services.

AAH ensures that a medical professional's decisions regarding NEMT are unhindered by fiscal and administrative management, in accordance with the MCP contract. AAH authorizes, at a minimum, the lowest cost type of NEMT service (see modalities below) that is adequate for the member's medical needs, as determined by the medical professional. AAH ensures that there are no limits to receiving NEMT if the member's services are medically necessary, and the member has prior authorization for the NEMT.

For Medi-Cal services that are not covered under the MCP Contract, AAH makes their best effort to refer and coordinate NEMT services. However, AAH provides medically appropriate NEMT services for their members for all pharmacy prescriptions prescribed by the member's Medi-Cal provider(s) and those authorized under Medi-Cal Rx.

Prior Authorization Exceptions

A member or provider is not required to obtain prior authorization for NEMT services if the member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.

Non-Emergency Medical Transportation Modalities

AAH provides the following four modalities of NEMT transportation in accordance with the Medi-Cal Provider Manual and 22 CCR Section 51323 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 the purpose of obtaining needed medical care: ambulance, litter van, wheelchair vain, or air transport. Additionally, AAH ensures that it or its transportation broker provides the appropriate modality prescribed by the member's provider in the PCS Form. AAH or its transportation brokers may not change the modality outlined in the PCS Form, or downgrade members' level of transportation from NEMT to NMT unless multiple modalities are selected in the PCS Form, in which case then AAH or its transportation broker may choose the lowest cost modality.

Non-Emergency Medical Transportation Scheduling and Timely Access

AAH ensures that they meet timely access standards as set forth in 28 CCR section 1300.67.2.2. The member's need for NEMT services does not relieve AAH from complying with timely access standard obligations. AAH notes in their Member Handbook the notification timeframe requirements for transportation requests and has a direct line to AAH's transportation liaison for providers and members to call, request, and schedule urgent and non-urgent NEMT transportation and receive status updates on their NEMT rides. The transportation liaison ensures that authorizations are being processed during and after business hours. AAH informs members that they must arrive within 15 minutes of their scheduled appointment. If the NEMT provider is late or does not arrive at the scheduled pick-up time for the member, AAH authorizes urgent NEMT to ensure the member does not miss their appointment.

AAH provides telephone authorization for NEMT requests when a member requires an AAH-covered medically necessary service of an urgent nature and a PCS form could not have reasonably been submitted beforehand. The member's provider must submit a PCS form post-service for the telephone authorization to be valid.

Additionally, to ensure a timely transfer, NEMT services from an acute care hospital immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility, are provided within 3 hours of the member or provider's request. If NEMT services are not provided within the 3 hour timeframe, the acute care hospital may arrange, and AAH will cover, out-of-network NEMT services.

AAH has a process in place to ensure their transportation brokers and providers are meeting these requirements and to impose corrective action on their transportation brokers if non-compliance is identified through oversight and monitoring activities.

Non-Emergency Medical Transportation Physician Certification Statement Forms

AAH utilizes a NEMT PCS form that has been approved by DHCS and includes the required components described below to arrange for NEMT services for its members. If AAH makes any changes to the PCS form since the last approval received from DHCS, AAH resubmits it for approval. The PCS form is used to determine the appropriate level of service for members. Once the member's treating provider prescribes the form of transportation, the AAH will not modify the authorization.

NEMT PCS forms must include, at a minimum, the following components:

- Function Limitations Justification: For NEMT, the provider is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.
- Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
- Mode of Transportation Needed: List the mode of transportation that is to be used when receiving these services (ambulance, litter van, wheelchair van, or air transport).
- Certification Statement: Provider's statement certifying that medical necessity was used to determine the type of transportation being requested.

AAH ensures that a copy of the PCS form is on file for all members receiving NEMT services and that all fields are filled out by the provider. AAH has a mechanism to capture and submit data from the PCS form to DHCS. Members can request a PCS form from their provider by telephone, electronically, or in person.

Use of Physician Certification Statement Forms

The member's provider must submit the PCS Form to the AAH for the approval of NEMT services and AAH uses the PCS form to provide the appropriate mode of NEMT for members. Once the member's treating provider prescribes the mode of NEMT, AAH does not modify the PCS Form. AAH has a process in place to share the PCS Form or communicate the approved mode of NEMT and dates of service to the NEMT broker or provider for the arrangement of NEMT services. AAH reviews and approves of the PCS. AAH will ensure that contracts with the transportation broker will comply with the requirements set forth in APL 17-004, APL 19-004, APL 21-011, APL 22-008, and the MCP Contract.

Non-Medical Transportation

AAH provides NMT services necessary for members to obtain medically necessary Medi-Cal services, including those not covered under the AAH contract. Services that are not covered under the AAH contract include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal FFS delivery system, including pharmacy services provided to members through Medi-Cal Rx.

NMT services do not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members who need to be transported by ambulances, litter vans, or wheelchair vans, all licensed, operated, and equipped in accordance with state and local statutes,

ordinances, or regulations. NMT services may be appropriate for members if they are currently using a wheelchair, but the limitation is such that the member is able to ambulate without assistance from the driver. AAH takes into consideration the member's abilities when scheduling the NMT service. The NMT service requested must be the least costly method of transportation that meets the member's needs.

AAH provides members with a Member Handbook that includes information on the procedures for obtaining NMT services. The Member Handbook includes a description of NMT services and the conditions under which NMT is available.

AAH provides the following NMT services:

- Round trip transportation for a member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), including by ferry, as well as mileage reimbursement when conveyance is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.
- Round trip NMT is available for the following:
  - Medically necessary covered services.
  - Members picking up drug prescriptions that cannot be mailed directly to the member.
  - Members picking up medical supplies, prosthetics, orthotics, and other equipment.

NMT is provided 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.

AAH informs the members that they must arrive within 15 minutes of their scheduled appointment. If the NMT provider does not arrive at the scheduled pick-up time, AAH provides alternate NMT or allow the member to schedule alternate out-of-network NMT and reimburse for the out-of-network NEMT.

Conditions for Non-Medical Transportation Services:

- NMT coverage includes transportation costs for the member and one attendant, such as a parent, guardian, or spouse, to accompany the member in a vehicle or on public transportation, subject to prior approval at time of the initial NMT request.
- NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.
- For private conveyance, the member must attest to AAH in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the member:
  - Has no valid driver's license;
  - Has no working vehicle available in the household;
  - Is unable to travel or wait for medical or dental services alone; or
  - Has a physical, cognitive, mental, or developmental limitation.

Commented [MJA1]: Added the APL language back about coverage for member and one attendants, but took out auth word--we would pay for a bus ticket for an attendant.

Non-Medical Transportation Private Vehicle Authorization Requirements

AAH authorizes the use of private conveyance (passenger vehicle) when no other methods of transportation are reasonably available to the member or provided by AAH. Private conveyance is transportation via a privately owned vehicle arranged by the member. This can include the member's personal vehicle, or that of a friend or family member. This does not include vehicles that are connected to businesses, such as Uber or Lyft. Prior to receiving approval for use of a private vehicle, the member must exhaust all other reasonable options and provide an attestation to AAH stating other methods of transportation are not available. The attestation can be made over

the phone, electronically, or in person. To receive gas mileage reimbursement for use of a private vehicle, the driver must be compliant with all California driving requirements, which include:

- Valid driver's license;
- Valid vehicle registration; and
- Valid vehicle insurance.

AAH has policies and procedures to reimburse their members and only reimburses the driver for gas mileage consistent with the Internal Revenue Service standard mileage rate for medical transportation.

Non-Medical Transportation Authorization

AAH does not require prior authorization for NMT services.

Minor Requirements

Unless otherwise provided by law, AAH provides NEMT or NMT for a parent or a guardian when the member is a minor. With the written consent of a parent or guardian, AAH may arrange NEMT or NMT services for a minor who is unaccompanied by a parent or a guardian. AAH will provide transportation services for unaccompanied minors when applicable state or federal law does not require parental consent for the minor's service. AAH ensures that all necessary written consent forms are collected prior to arranging transportation for an unaccompanied minor. AAH does not arrange NEMT or NMT services for an unaccompanied minor without the necessary consent forms unless state or federal law does not require parental consent for minor's service.

Transportation Brokers

AAH subcontracts with a transportation broker for the provision of the NEMT or NMT services. The transportation broker has a network of NEMT or NMT providers to provide rides to members. AAH can supplement their transportation network if a transportation broker's network is not sufficient.

AAH does not delegate its obligations related to responsibility for monitoring and oversight of the network providers and subcontractors, grievances and appeals, enrollment of NEMT or NMT providers as Medi-Cal providers, or utilization management functions, including the review of PCS forms, to its transportation broker.

AAH monitors Transportation Providers to ensure enrollment as Medi-Cal Providers. Please see policy VMG-005 Transportation Provider Registration with DHCS.

Transportation brokers do not triage the member's need to assess for the most appropriate level of NEMT service. Transportation broker arranges or provides the modality of transportation prescribed in the PCS Form. Transportation brokers do not downgrade the member's level of care from NEMT to NMT, including ambulatory door-to-door services.

AAH requires transportation brokers to have a process in place to identify specific NEMT or NMT providers, including the name of the drivers based on service date, time, pick-up/drop-off location, and member name. AAH also has a process in place for members to be able to identify specific drivers in a grievance.

Related Travel Expenses for Non-Emergency Medical Transportation and Non-Medical Transportation

AAH covers transportation-related travel expenses determined to be necessary for NEMT and NMT, including the cost of transportation and reasonably necessary expenses for meals and lodging for members receiving medically necessary covered services and their accompanying

attendant. AAH uses the IRS per diem rates for lodging and meals as a guide The salary of the accompanying attendant determined to be necessary is a covered travel expense as well if the attendant is not a family member, as set forth in 42 CFR section 440.170(a)(3)(iii). AAH uses prior authorization and utilization management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary. AAH still will require a PCS form for all NEMT authorizations. Transportation-related travel expenses are subject to retroactive reimbursement. To qualify for retroactive reimbursement of related travel expenses the underlying NEMT or NMT service and the related expenses must be appropriately documented in accordance with AAH's policies and procedures.

AAH notifies members of the process to request authorization for related travel expenses. If a member fails to comply with AAH's prior authorization process, AAH is not required to cover the member's related travel expenses.
A member is eligible for coverage of related travel expenses including, but not limited to, circumstances where the member is obtaining a medically necessary service that is not available within a reasonable distance from a member's home, such that the member is unable to make the trip within a reasonable time.

Payment
AAH has procedures in place to provide the following methods of payment for related travel expenses:

- Member Reimbursement: AAH reimburses members for approved travel expenses. Reimbursement must cover the actual expenses incurred by the member and the accompanying attendant if those expenses are reasonable and supported by receipts. AAH references the IRS per diem rates for meals and lodging as a guide. If the member or the member's family paid for travel expenses up front, AAH approves and reimburses the member or member's family no later than 60 calendar days following confirmation that all required receipts and documentation have been received by AAH.
- Pre-payment to Broker: AAH will prepay Brokers for related travel expenses, including expenses for meals and lodging, if the member and the accompanying attendant are unable to pay in advance. The member must attest to AAH in person, electronically, or over the phone that they are unable to pay in advance for related travel expenses.

Lodging
If AAH does not prepay for the member's and accompanying attendant's lodging, AAH provides reimbursement for approved lodging expenses. Reimbursement must cover actual expenses if those expenses are reasonable and supported by receipts. AAH references the IRS per diem rates for lodging as a guide. As part of the prior authorization process, AAH may arrange lodging to be used by the member and accompanying attendant, so long as it is located within a reasonable distance from the location where the member will obtain medically necessary services.

Meals
If AAH does not prepay for the member's and accompanying attendant's meals, AAH will provide reimbursement for approved meal expenses. Reimbursement must cover the actual expenses if those expenses are reasonable and supported by receipts. AAH references the IRS per diem rates for meals as a guide. Hospital meal voucher(s) may be deducted from the meal expenses submitted by a member and accompanying attendant.

Other Necessary Expenses
If AAH does not prepay for other necessary expenses (e.g., parking, tolls) incurred by the member and accompanying attendant, the AAH provides reimbursement for other necessary expenses.

Reimbursement must cover the actual expenses if those expenses are reasonable and supported by receipts.

Enrollment of Transportation Providers
AAH monitors Transportation Providers to ensure enrollment as Medi-Cal Providers. Please see policy VMG-005 Transportation Provider Registration with DHCS.

Major Organ Transplant
AAH provides Major Organ Transplant (MOT) donors NEMT or NMT transportation at the request of the MOT donor or the member who is the recipient. PCS forms are not required for MOT donors requesting NEMT services to ensure the donor can get to the hospital for the MOT transplant.
AAH uses prior authorization and utilization management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary for the member and the donor. AAH allows an attendant for the donor if AAH determines that an attendant to accompany the donor is necessary.
AAH also covers travel expenses for MOT donors as described in the Travel Expenses section of this policy.

AAH Monitoring and Oversight
AAH ensures that their network providers and subcontractors, including transportation brokers, comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements are communicated to all subcontractors and network providers.
AAH is responsible for monitoring and overseeing their transportation brokers to ensure that transportation brokers are complying with the requirements set forth in APL 22-008 and all applicable state and federal laws and regulations, contractual requirement and other DHCS guidance such as APLs and Policy letters. AAH conducts monitoring activities no less than quarterly. Monitoring activities may include, but are not limited to, verification of the following items:

- Enrollment status of NEMT and NMT providers;
- The transportation broker is not modifying the level of transportation service outlined in the PCS Form; and
- The NEMT provider is providing door-to-door assistance for members receiving NEMT services.
- NEMT and NMT providers are consistently arriving within 15 minutes of scheduled time for appointments;
- No show rates for NEMT and NMT providers;
- AAH has a process in place to impose corrective action on their transportation brokers and network providers if non-compliance with APL 22-008 or other applicable regulations is identified through any monitoring or oversight activities.

PROCEDURE

The Alliance provides the lowest cost modality of transportation that is adequate for the member's needs. The Alliance will only provide transportation services that were approved by the Alliance and its transportation broker. The following guidelines will be used when reviewing requests for transportation services:

1. **Non-Emergency Medical Transportation** (NEMT) is covered for pharmacy, Medi-

Cal Rx and all medically necessary Medi-Cal services covered by the Alliance. The Alliance shall provide medically appropriate NEMT services 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. NEMT is provided for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches. The Alliance shall ensure door-to-door assistance for all members receiving NEMT services. The Alliance will assist members to make arrangements for NEMT whenever requested. The Alliance shall ensure that the medical professional's decisions regarding NEMT are unhindered by fiscal and administrative management, in accordance with their contract with DHCS. Requests for transportation services must be submitted and must meet the following requirements:

i) The Alliance's Physician Certification Statement (PCS) form signed by the treating physician or mid-level provider (MD, DO, Dentist, Podiatrist, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife, Physical Therapist, Speech Therapist, Occupational Therapist or Mental Health or Substance Use Disorder Provider) is required in order to determine the appropriate level of service.

ii) PAs, NPs and CNMs may sign authorization forms required by the department for covered benefits and services that are consistent with applicable state and federal law and are subject to the supervising physician and PA/NP/CNM being enrolled as Medi-Cal providers pursuant to Article 1.3 (commencing with Section 14043) of Chapter 7 Part 3 of Division 9 of the *Welfare and Institutions Code* (W&I Code).

AAH uses the Department of Health Care Services (DHCS) approved PCS form.

iii) At a minimum, the following components are included in the PCS form:

(a) Function Limitations Justification: For NEMT, the provider is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

(b) Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.

(c) Mode of Transportation Needed: List the mode of transportation that is to be used when receiving these services (ambulance, litter van, wheelchair van, or air transport).

(i) Ambulance services will be provided for:

1. Transfers between facilities for members who require continuous intravenous medication, medical monitoring, or observation.
2. Transfers from an acute care facility to another acute care facility.
3. Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).
4. Transport for members with chronic conditions who require oxygen if monitoring is required.

(ii) Litter van services will be provided when both of the following are met:

1. Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport.

2. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.

(iii) Wheelchair van services will be provided when any of the following are met:

1. Renders the member incapable of sitting in a private vehicle, taxi, or other form of public transportation for the period of time needed to transport.
2. Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation.
3. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
4. Members who suffer from severe mental confusion.
5. Members with paraplegia.
6. Dialysis recipients.
7. Members with chronic conditions who require oxygen but do not require monitoring.

(iv) Air transport will be provided under the following conditions:

1. When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or a mental health or substance use disorder provider.

Certification Statement: Provider's statement certifying that medical necessity was used to determine the type of transportation being requested.

(d) The signed PCS form with the required fields will be considered completed.

(e) The completed PCS form must be submitted to AAH for coordination of services. Submission must occur before NEMT services can be prescribed and provided to the member.

(f) Once the completed PCS form is received by AAH, it may not be modified. The Alliance and its transportation broker coordinate with the prescribing provider to ensure the PCS form submitted captures the lowest cost type of NEMT transportation (see modalities below) that is adequate for the member's medical needs.

(g) The Alliance captures data from the PCS form for reporting and submitting the data to the DHCS.

iv) NEMT is also provided for a parent or guardian when the member is a minor. The Alliance provides transportation for unaccompanied minors with written consent of a parent or guardian or when applicable State or federal law does not require parental consent for the minor's service.

(a) Authorization for NEMT requests can be given by phone when a member requires a medically necessary service of an urgent nature and a PCS form cannot be reasonably submitted beforehand. In urgent situations in which the delay in transportation would result in harm to the member, the

transportation broker or the Alliance will obtain the form:

(i) In the absence of a PCS form, the transportation Broker staff member asks questions to ascertain the level of support or supervision the member will require during the transport, including cognitive and safety status. The PCS form will be obtained post-service to be considered a valid PCS authorization.

v) For Medi-Cal services not covered by the Plan, including specialty mental health, substance use disorder, dental, and any other services delivered through the Medi-Cal fee-for-service (FFS) delivery system or California Children's Services (CCS), the Alliance makes its best effort to refer and coordinate NEMT for members whose condition necessitates one of the above forms of transportation.

2. **Non-Medical Transportation** (NMT) is covered for all round-trip transportation to medically necessary services covered by Medi-Cal. NMT does not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members who need to be transported by ambulances. Requests are submitted to and processed by the Alliance's transportation broker. The Alliance shall 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. The Alliance will assist members to make arrangements for NMT whenever requested.

i) Providers or members may call the Alliance or its transportation broker directly to request for NMT services.

(a) Round trip NMT is available for the following:

(i) Medically necessary covered services

(ii) Members picking up drug prescriptions that cannot be mailed directly to the member

(iii) Member picking up medical supplies, prosthetics, orthotics and other equipment.

(b) NMT is provided in a form and manner that is accessible, in terms of physical and geographical accessibility, for the member and consistent with applicable state and federal disability right laws.

(c) Conditions for NMT services:

(i) NMT coverage includes transportation costs for the member and one attendant, such as a parent, guardian, or spouse, to accompany the member in a vehicle or on public transportation, subject to prior authorization at time of the initial NMT authorization request.

(ii) NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.

(iii) For private conveyance, the member must attest to the AAH 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; or
4. Has a physical, cognitive, mental, or developmental limitation.

ii) NMT is also provided for a parent or guardian when the member is a minor. The Alliance provides transportation for unaccompanied minors with written consent of a parent or guardian or when applicable State or federal law does not require parental consent for the minor's service.

iii) NMT is provided using the lowest cost modality appropriate for the member's condition. NMT modalities include the following:

(a) Public transportation/mass transit (bus passes)

(b) East Bay Paratransit

(c) Taxicab/Curb-to-curb passenger vehicle (including tax vouchers)

(d) Door-to-door passenger vehicle

(e) Train tickets

(f) Any other form of private conveyance (private vehicle), including by ferry, as well as mileage reimbursement consistent with the IRS rate for medical purposes when conveyance in a private vehicle is arranged by the member and not through a transportation broker.

(i) To receive gas mileage reimbursement for use of a private vehicle, the following documentation must be submitted to the Alliance's transportation broker to document compliance with all California driving requirements, including:

1. Valid driver's license,
2. Valid vehicle registration, and
3. Valid vehicle insurance.

iv) NMT services for Medi-Cal carved out services will be provided upon member or provider request to the Alliance. NMT can continue to be provided through Medi-Cal Fee for Service agencies, such as CCS, if requested directly to the agency.

3. Emergency Medical Transportation: is provided when a member's medical condition is acute and severe, necessitating immediate medical diagnosis to prevent death or disability. Requests do not require prior authorization. The following guidelines apply to Emergency Medical Transportation:

i) Emergency Medical Transportation by air is covered only when medically necessary and when other forms of transportation are not practical or feasible for the patient's condition.

ii) Ground Emergency Medical Transportation is covered when ordinary public or private medical transportation is medically contraindicated, and transportation is needed to obtain care.

iii) Emergency transportation must be to the nearest hospital capable of meeting the medical needs of the patient.

iv) Medical transportation which represents a continuation of an original emergency transportation event does not require prior authorization.

Requests for transportation services must be requested by calling the Alliance's broker. Requests may take at least one (1) business day to process before the requested service can be provided, although there are exceptions for situations such as hospital discharges, which must be provided within 3 hours of the request. Requests for public transportation or East Bay Paratransit require time for mailing the member vouchers prior to attending their scheduled appointment.

4. Prior Authorization Process

i) Upon receipt, AAH's Case Management Department reviews the PCS form for completeness and accuracy. If PCS form incomplete or with error, AAH will contact member's treating provider requesting updated PCS form with corrections. Upon receipt of complete and accurate PCS form, AAH will share form with transportation vendor.

(a) If member requests NEMT for a service of urgent nature, transportation vendor will schedule service based on AAH approved urgent treatment type. AAH will follow up with member's treating provider to obtain completed PCS form.

5. Emergency Arising during Transport of a member

a. Emergencies arising in the course of a transport may include, but not be limited to the following:
   i. Sudden onset of a new emergency medical condition
   ii. Motor vehicle accident resulting in the injury of a member.
   iii. Member elopement during the transport
   iv. Member attempt of or actual self-harm or harm of others
   v. Other unexpected events that have the potential to result in harm to the member.

b. In the event that an emergency arises during the transport of a member, the transportation broker staff will follow the emergency policies and procedures of the transportation broker, with a focus on ensuring the safety of the member and mitigation of potential harm to the member.
c. The transportation broker will inform AAH of the emergency event involving the member as soon as practical after the emergency situation has stabilized by contacting the Grievance Department by email to grievances@alamedaalliance.org, and by phone to the Grievance and Appeal Department at (510) 747-4531.
d. The Grievance and Appeal staff member receiving the communication about the emergency situation from the transportation broker will escalate the situation to the leadership of AAH, following the chain of command.
e. Actions taken in relation to the emergency event will be determined by AAH leadership at the division level, such as CMO or COO.

6. RideShare Pilot

In 2023, AAH will implement a RideShare pilot for recovery rides only. A

recovery ride is defined as a backup transportation option should member's original ride with driver not show up on time or not show up at all. Should this occur, broker may offer member a Lyft RideShare if there are no other types of drivers available and member does not have any medical needs that do not allow member to use a car, bus or taxi to get to appointments. Member cannot request that a Lyft RideShare be used for initial ride requests or any other ride requests. Reimbursement for any Lyft or other RideShare trips (i.e., Lyft, Uber) will not be allowed.

DEFINITIONS

Emergency Medical Condition: A medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the members health in serious jeopardy
2. Serious impairment to bodily functions
3. Serious dysfunction of any bodily organ or part

AFFECTED DEPARTMENTS/PARTIES

Member Services
Provider Relations
Vendor Management
Grievance & Appeal
Case & Disease
Management

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

Physician Certification Statement (PCS) form
Alliance Evidence of Coverage (EOC)

Transportation Template
UM-002 Coordination of Care

REVISION HISTORY

1/1/2008, 10/28/2009, 11/19/2010, 8/30/2012, 1/7/2014, 01/10/2016, 12/15/2016, 8/24/2017, 08/03/2018, 09/06/2018, 11/21/2019, 1/21/21, 5/20/2021, 6/28/2022, 02/21/2023

REFERENCES

AB 2394, Chapter 615, Statutes of 2016California Bridge to Reform Demonstration No. 11-W-00193/9, § 81.f.ix
AB 1642, Wood. Medi-Cal: Managed Care Plans (1)

DHCS APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services

APL 17-004 Subcontractual Relationships and Delegation

APL 19-004 Provider Credentialing/Recredentialing and Screening/Enrollment

APL 21-011 Grievance and Appeals Requirements, Notice and "Your Rights' Templates

DHCS MCP Contract.
Federal Statute 420.5.C.S 1396b [V])
Medi-Cal Criteria Manual Chapter 12.1
Title 22 CCR, Section 51056(a)
Title 28 CCR, Section 1300.51(d)(H); Exhibit A, Attachment 9 (Access and Availability)
Title 28 CCR, Section 1300.67(g)(1)

MONITORING

This policy will be reviewed annually to ensure effectiveness and compliance with regulatory and contractual requirements.