

1915(i) Policy

Non-Medical Transportation 510-08-65-30

Service Title: Non-Medical Transportation Service

Service Definition (Scope)

The non-medical transportation service assists 1915(i) individuals with gaining access to 1915(i) and other community services, activities, and resources as specified in the individual's person-centered plan of care. Non-medical transportation may be provided to meet the individual's needs as determined by the individual's assessed needs and goals. Examples where this service may be requested include transportation to 1915(i) services, a job interview, college fair, a wellness seminar, or a GED preparatory class, as identified in the plan of care.

Non-medical transportation is offered in addition to medical transportation and transportation services under the state plan and does not replace them. Non-medical transportation cannot be used for transporting a client to medical care (e.g. doctor, etc.).

An individual's need for initial and continued services shall be discussed at each 1915(i) person-centered plan of care meeting and formally evaluated during the WHODAS 2.0 functional needs assessment as part of the initial and annual reevaluation. The care coordinator must document a need for the service to support an individual's identified goals in the person-centered plan of care and document the individual's progress toward their goal(s).

The provider of non-medical transportation must provide a monthly update to the care coordinator.

Enrolled Medicaid 1915(i) providers are required to provide the whole scope of service rather than only portions of the service.

The activities contained in the service description is what CMS allows reimbursement for. The following are examples of what is not reimbursable to the provider:

- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking an individual's eligibility.

- *Services provided to a non-eligible individual.* Providers are responsible for confirming eligibility prior to delivering each service.
- *Services provided by a non-qualified provider.* Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- Services provided to an individual not meeting the specific requirements of the service, such as age.
- Services provided without a valid service authorization.
- Non-valid claims.
- *Client not present.* The client must always be present with the provider for reimbursement to occur for all services other than care coordination.

The provider must provide a written monthly progress update to the care coordinator. The state will not provide a form or specific requirements for the progress update. The care coordinator and the provider will consult to ensure the progress report provides information helpful and unique to the individual's care.

Service Limits

Non-medical transportation will only be available for non-routine, time-limited services, not for ongoing treatment or services or for routine transportation to and from a job or school.

All other options for transportation such as informal supports, community services, and public transportation must be explored and utilized prior to requesting the 1915(i) transportation service. This service is not intended to replace other transportation supports, but compliment them.

Non-medical transportation is solely for transporting the client to and from his/her home to essential services as allowed within the scope of the service. One trip is equal to transportation from the client's home to the destination and return to the client's home. It does not include the cost of staff transportation to or from the client's home.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source including Federal, state, local, and private entities. For the client to be authorized for 1915(i) non-medical transportation service, the care coordinator must first verify that services are not duplicated.

The state has identified the non-medical transportation service, Age 0+ within the 1915(i), is duplicative of the following services within the HCBS 1915(c) Waivers: Medically Fragile Waiver – Age 3 to 18, HCBS Aged/Disable Waiver – Age 18+, and Technology Dependent Waiver – Age 18+.

Individuals receiving non-medical transportation services through any of these authorities are not eligible to receive non-medical transportation through the 1915(i).

To avoid service duplication with 1915(c) Waiver services, the care coordinator will contact the State Medicaid Office to inquire if the member has any eligibility spans for any of the C Waivers in MMIS. If yes, the care coordinator will reach out to the C Waiver authority and do due diligence to ensure the POC will not include services the member could receive through the 1915(c) Waiver.

See 1915(i) Service Duplication Policy.

Conflict of Interest

See Conflict of Interest Standards Policy.

Remote Support

Remote support is not applicable to this service.

Provider Qualifications

A non-medical transportation provider must be enrolled in the ND Medicaid program and meet all applicable motor vehicle and licensing requirements. When enrolling to provide the non-medical transportation service, an out-of-state driver's license can be submitted with enrollment applications.

Provider Type: Group

North Dakota Medicaid enrolled group provider of 1915(i) Non-Medical Transportation Services.

Licensing: NDCC Title 39-06 Motor Vehicles and Operating License

Certification: None

A provider of this service must meet all of the following criteria:

1. Have a North Dakota Medicaid provider agreement and attest to the following:
 - individual practitioners meet the required qualifications
 - services will be provided within their scope of practice
 - individual practitioners will have the required competencies identified in the service scope
 - agency conducts training in accordance with state policies and procedures
 - agency adheres to 1915(i) policies and procedures, including but not limited to, participant rights, abuse, neglect, exploitation, use of restraints and reporting procedures are written and available for NDDHHS review upon request
 - Agency adheres to ND State Laws regarding motor vehicles, operating licenses, and insurance, and uses licensed public transportation carriers

Provider Type: Individual

The individual providing the service must:

1. Be employed by an enrolled ND Medicaid enrolled billing group of this service.
2. Be at least 18 years of age.
3. Have a valid government issued driver's license.

Link to the ND Department of Transportation website to check the status of drivers licenses: <https://apps.nd.gov/dot/dlts/dlos/requeststatus.htm>

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of Non-Medical Transportation Services

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an "Attestation" as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed

Payment Rate

The client must be present to bill for this service.

Non-medical transportation is a 15 minute rate. The rates are published on the Department's website.

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance

See 1915(i) Quality Assurance Policy.

Medical Records Requirements including Documentation Guidelines, Signatures, Confidentiality, and Availability of Records

See 1915(i) Medical Records Policy.

Person Centered Service Delivery

Non-medical transportation service delivery must be person-centered.

Agencies must have records available for NDDHHS review documenting that individual providers have knowledge and competency in the following:

- Person-Centered Plan Implementation

See 1915(i) Person- Centered Care Policy.

Person-Centered Plan of Care

See 1915(i) Plan of Care Policy.

HCBS Settings Rule Compliance Verification

Settings must be compliant with the HCBS Settings Rule.

See 1915(i) HCBS Settings Rule Policy.

Service Authorizations

All 1915(i) services must receive prior authorization.

See 1915(i) Service Authorization Policy.

Claims

See 1915(i) Claims Policy.