

**What You Need to Know About Non-Medical Transportation (NMT) for Medi-Cal Beneficiaries and the State Law that Takes Effect July 1, 2017**

Working in coordination with partners such as Justice in Aging, Maternal and Child Health Access, NHeLP, and Legal Services of Northern California, Western Center sponsored a [new state law](#) that clarifies non-medical transportation (NMT) – transportation to and from health services through taxis, bus passes, and mileage reimbursement, for example – are a covered Medi-Cal benefit. The new law takes effect July 1. Our Practice Tip focuses on how the state is [implementing the law](#) and identifies three issues to watch out for, including: 1) ensuring managed care enrollees are able to access transportation to services that are carved-out of managed care; 2) unnecessarily burdensome NMT prior authorization requirements; and 3) how Medi-Cal beneficiaries in fee-for-service (FFS) are supposed to access transportation services.

**Background: The Trouble with Transportation in Medi-Cal**

Existing federal regulation requires Medicaid programs to ensure transportation for beneficiaries to and from providers.<sup>[1]</sup> But access to transportation services, particularly NMT has become increasingly fragmented in recent years with plans providing NMT for children, dually eligible seniors and persons with disabilities enrolled in a CalMediConnect plan, and as an “optional” benefit on a case-by-case decision.

**DHCS Issues Guidance to Medi-Cal Managed Care Plans on NMT**

DHCS recently issued [All Plan Letter 17-010](#), “Non-Emergency Medical and Non-Medical Transportation Services,” to provide guidance to Medi-Cal managed care plans on their obligation to provide transportation services.<sup>[2]</sup>

Beginning July 1, 2017, Medi-Cal managed care enrollees who need NMT should contact their plan and request NMT. The plan will require enrollees to attest that other transportation resources have been “reasonably exhausted,” with examples including the person does not have a driver’s license, has no working vehicle available in the household, cannot travel to services alone, or has a physical, cognitive, mental or developmental limitation. Western Center and partners will work with plans to determine policies and procedures, including scheduling procedures and contact information, and will share that information once available.

Key provisions of the new law include:

- At a minimum, NMT is round-trip transportation for a beneficiary to go to covered Medi-Cal services by passenger car, taxicab, or other forms of public conveyance or private vehicle, as well as mileage reimbursement when in a private vehicle arranged by the beneficiary, bus passes, taxi vouchers or train tickets.
- NMT is available for all medically necessary covered services, including carved-out benefits such as dental and specialty mental health (but see “Potential Pitfalls,” below); picking up drug prescriptions that cannot be mailed; and picking up medical supplies or durable medical equipment.
- Prior authorization for NMT services shall be re-authorized every 12 months when necessary.
- Subject to prior authorization, transportation costs for one attendant to accompany the Medi-Cal beneficiary, such as a parent, guardian, or spouse.<sup>[3]</sup>

**Potential Pitfalls for Medi-Cal Beneficiaries Seeking NMT**

**1. Medi-Cal Beneficiaries in Managed Care Plans Who Need NMT to Get to Carved-Out Services**

For Medi-Cal beneficiaries in managed care plans, the APL delays the plan's obligation to provide NMT to carved-out services until October 1, 2017. Prior to October 1, 2017, enrollees in managed care must obtain NMT for carved-out services through the FFS system. DHCS has not provided any guidance on how to obtain NMT through FFS only that managed care plans "must make their best effort to refer for and coordinate NMT".

Unlike NMT, non-emergency medical transportation (NEMT) such as a wheelchair or gurney van to get to carved-out services is not a Medi-Cal managed care benefit. Rather, Medi-Cal managed care enrollees must obtain NEMT for carved-out services through the FFS system, creating two different systems that can be confusing for individuals whose medical needs cause them to move back and forth between NEMT and NMT.

As we continue to push DHCS on this issue, we are interested to learn of any situations you encounter where a Medi-Cal beneficiary needs transportation, both NEMT and NMT, to get to a carved-out service and is in a managed care plan, and how the plan handled the request. We are closely monitoring this issue.

## **2. Prior Authorization for NMT Does Not Require a Physician Certification**

Unlike NEMT such as transport by ambulance or wheelchair van, the NMT benefit does not require a physician's certification to prescribe the form of transportation. That is because there is no separate medical necessity determination needed for the provision of NMT; the beneficiary's attestation of their lack of transportation to get to a covered appointment or service is the proper baseline criteria.

Be on the lookout for any prior authorization requirement that includes a physician or other provider's certification of the need for NMT, as they are unnecessary and improper. Also, if you encounter a plan with a particularly onerous beneficiary attestation process or form, please let us know. Beneficiaries must "reasonably exhaust" other resources to qualify for NMT, but such attestations may simply include that the person doesn't have a driver's license or there isn't a working vehicle in the household.

## **3. DHCS Has Yet to Issue Guidance on How Medi-Cal Beneficiaries in Fee-for-Service (FFS) are Supposed to Access the NMT Benefit**

The new law says DHCS shall provide NMT for Medi-Cal beneficiaries in FFS when such transportation is not available through local sources.<sup>[4]</sup> But we are not aware of any guidance issued by DHCS about how a Medi-Cal beneficiary in FFS would go about securing authorization for the NMT (or NEMT) benefit, let alone identify how to get such transportation arranged.

If you work with a FFS Medi-Cal beneficiary who needs transportation assistance, please let us know so that we can elevate such issues to DHCS and get guidance on how this benefit is supposed to operate in the FFS context.

If you have any questions regarding transportation issues for Medi-Cal beneficiaries, please contact Linda Nguy at [lnguy@wclp.org](mailto:lnguy@wclp.org) and Shirley Sanematsu at [ssanematsu@wclp.org](mailto:ssanematsu@wclp.org).

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<sup>[1]</sup> 42 C.F.R. § 431.53.

<sup>[2]</sup> Non-emergency medical transportation, or NEMT, refers to medical transportation, *i.e.*, ambulances, litter vans, wheelchair vans, and medical air transport. See 22 CCR § 51323. While quality and accessibility of NEMT services are ongoing issues, Medi-Cal and Medi-Cal managed care plans have recognized NEMT as a covered Medi-Cal benefit, and therefore while this APL provides some clarity and further guidance on NEMT services, they are beyond the scope of this Practice Tip. But if you encounter issues with beneficiaries getting NEMT services or have problems with the quality of services, please contact Linda Nguy at [lnguy@wclp.org](mailto:lnguy@wclp.org) or Shirley Sanematsu at [ssanematsu@wclp.org](mailto:ssanematsu@wclp.org).

<sup>[3]</sup> Welf. & Inst. Code § 14132(ad)(2)(A)(i); APL 17-010 at p.5-6.

<sup>[4]</sup> Welf. & Inst. Code § 14132(ad)(2)(B).