

## 24.a.1. Transportation

**General Transportation Operations and Requirements**

Nevada has three types of transportation services. Emergency Transportation Services and Non-Emergency Secure Behavioral Health Transport Services are provided as optional medical services without a broker. Nevada uses the broker authority at 42 CFR 440.170(a)(4) for Non-Emergency Transportation called the Non-Emergency **Medical** Transportation (NEMT) Program.

All Medicaid transportation services must be:

1. Medically necessary;
2. Only to and from Nevada Medicaid covered services;
3. Provided by the least expensive means available which is in accordance with the recipient's medical condition and needs;
4. To the nearest appropriate Medicaid health care provider or medical facility.

**Emergency Medical Transportation Services**

Emergency medical transportation services are covered to the nearest, appropriate Medicaid health care provider or appropriate medical facility capable of meeting the recipient's medical needs, in an emergent situation, when other methods of transportation are contraindicated. Emergency medical transportation may be provided via ground ambulance or air ambulance which includes rotary or fixed wing transport. These services do not require prior authorization.

Medicaid does not reimburse the following for emergency transportation:

1. Transportation to non-covered medical services; or
2. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage;
3. Deadheading;
4. Emergency transportation for recipients whose eligibility is pending at the time of transport.
5. Response with non-transport.

**Non-Emergency Secure Behavioral Health Transport Services**

Non-emergency secure behavioral health transport services means the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped and staffed by an accredited agent to transport a person alleged to be in a mental health crisis or other behavioral health condition, including those individuals placed on a legal hold. All Nevada Medicaid recipients who meet the aforementioned criteria would be eligible for non-emergency secure behavioral health transports.

Accredited agents are licensed through the Division of Public and Behavioral Health (DPBH) which oversees issuance or renewal of a license and require the transport provider to develop and maintain certain operational policies. All requirements for the licensure are prescribed in Chapter 433 of the Nevada Administrative Code.

24.a.2. Brokered Transportation

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of Section 1902(a);

(1) state-wideness (indicate areas of State that are covered)

(10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

wheelchair van

taxi

stretcher car

bus passes

tickets

secured transportation

other transportation (if checked describe below other transportation).

In addition to the modes described above, NEMT may also be provided by the following modes of transportation, excluding non-emergency secure behavioral health transports:

1. Ground ambulance;
2. Commercial air flight;
3. Gas Mileage Reimbursement
4. Paratransit- Public;
5. Transportation Network Companies; and
6. Private vehicles

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State’s evaluation of the broker’s experience, performance, references, resources, qualifications, and costs:

- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

The State assures that the NEMT broker itself is not a provider of transportation. The NEMT broker may not hold ownership in any NEMT provider with whom the broker subcontracts or arranges NEMT through a non-contractual relationship. This prohibition applies to the corporation, if the broker is incorporated and to the owners, officers or employees of the broker.

The State of Nevada assures the availability of medically necessary transportation to and from medical providers for eligible Medicaid recipients in the following ways:

1. Eligible Medicaid program recipients are informed verbally and in writing of the availability of non-emergency **medical** transportation services by the Nevada Medicaid contracted transportation broker.
2. NEMT is contracted by a broker to provide transportation to medically necessary covered services statewide 24 hours a day, seven days per week, including weekends and holidays. The NEMT broker operates within all applicable Federal, State and local laws.
3. All NEMT services require prior authorization by DHCFP's NEMT broker with the exception of NEMT services provided by Indian Health Services (IHS) clinics. The NEMT broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs.
4. The NEMT broker will facilitate rides for recipients requiring door-to-door transport (Paratransit). The DHCFP will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services.

- 5. Eligible recipients may be reimbursed the cost of meals and lodging en route to and from medical care for long distance medical appointments.
- 6. An attendant’s cost may be covered if an attendant is required to ensure the recipient receives the required medical services.

The following are not covered under NEMT services:

- 1. Transportation to and from non-covered services;
- 2. Travel to visit a recipient in an inpatient treatment facility except in the case of parents visiting a newborn that is in a facility;
- 3. Transportation between hospitals for outpatient or inpatient care or services;
- 4. Deadheading;
- 5. The cost of renting an automobile for private vehicle transport;
- 6. Wages or salary for escorts;
- 7. Charges for waiting time, stairs, plane loading;
- 8. Routine or special supplies including oxygen;
- 9. Recipients requiring any medical care or supervision during transport;
- 10. Transportation of a recipient in a personal care attendant’s private vehicle;
- 11. Transportation from a Nursing Facility (NF) to an outpatient medical appointment. NEMT is the responsibility of the NF as NEMT is included in the NF all-inclusive per diem rates.
- 12. When multiple recipients make the same trip in a private vehicle, reimbursement is made for only one recipient; and
- 13. Basic life support (BLS), and advanced life support (ALS) transports.

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- Low-income families with children (Section 1931)
- Deemed AFCD-related eligibles
- Poverty-level related pregnant women
- Poverty-level infants
- Poverty-level children 1 through 5
- Poverty-level children 6 – 18
- Qualified pregnant women AFDC – related
- Qualified children AFDC – related
- IV-E foster care and adoption assistance children
- TMA recipients (due to employment) (Section 1925)
- TMA recipients (due to child support)
- SSI recipients

(5) The broker contract will provide transportation to the following

categorically needy optional populations:

- (B) Who will pay the transportation provider?
- (i) Broker
- (ii) State
- (iii) Other (if checked describe who will pay the transportation provider)

- (C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). For instance, the NEMT broker will facilitate rides for recipients requiring door-to-door transport (Paratransit). The DHCFP will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services. This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provide to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

- (7) The broker is a non-governmental entity:
- The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).
- The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship; and
- Transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

- Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
- The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
  - Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
  - Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
  - Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.
- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

The NEMT broker provides transportation to and from medically necessary Nevada Medicaid covered services. Transportation is provided by the least expensive means available which is in accordance with the recipient's medical condition and needs and to the nearest appropriate Medicaid health care provider or medical facility. NEMT is available to all eligible Medicaid recipients with limitations.

Recipients call the NEMT broker for reservations. The NEMT broker verifies the recipient's eligibility and the existence of a medical services appointment. Recipients are screened for the most appropriate level of service. Recipients who use the system frequently or require high cost transportation may be further assessed by the Medicaid District Office to ensure appropriate utilization. The NET broker authorizes and schedules the rides with providers. The broker determines efficient routes.

The NEMT broker provides NEMT both statewide and out of state. Recipients traveling out of state may have the cost of meals and lodging en route to and from medical care, and while receiving medical care reimbursed. An attendant's costs may be covered if an attendant is required to ensure the recipient receives required medical services.

Medicaid does not reimburse the costs of non-emergency travel which had not been prior authorized or transportation to non-covered medical services. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage and No shows, where a ride does not occur are also not reimbursable.

Full benefit dual eligible recipients may receive NEMT services to Access Medicaid only services.

#### Provider Qualifications

To be a NEMT provider, a vendor must have a current provider agreement with Nevada Medicaid NEMT broker, a State issued exemption from TSA regulation, proof of a liability insurance policy, pursuant to NRS 706.291 for a similar situated motor carrier, a criminal background check and an alcohol and substance abuse testing program in place for the drivers, and vehicles adequately maintained to meet the requirements of the contract. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations.

- 24.d. Nursing facility services for patients under 21 years of age require prior authorization from the Nevada Medicaid Office on Form NMO-49.
- 24.f. Personal care services covered under Item 26, Page 10a.