

MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER

January 27, 2021

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: JESSICA KEMMERER, HIPAA PRIVACY AND CIVIL RIGHTS  
OFFICER */Jessica Kemmerer/*

SUBJECT: MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 1900 – TRANSPORTATION SERVICES

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 1900 – Transportation Services are being proposed to define the policy and coverage of Non-Emergency Secure Behavioral Health Transports. 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.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering non-emergency secure behavioral health transport services. Those provider types (PT) include but are not limited to: Non-Emergency Secure Behavioral Health Transports (PT 35, Specialty 987); Ambulance, Air, or Ground (PT 32).

Financial Impact on Local Government:

SFY 2021: \$ 8,403  
SFY 2022: \$21,865  
SFY 2023: \$21,267

These changes are effective February 1, 2021.

<b>MATERIAL TRANSMITTED</b>
MTL 01/21 MSM 1900 – TRANSPORTATION SERVICES

<b>MATERIAL SUPERSEDED</b>
MTL 18/20, 06/17, 06/16 MSM 1900 – TRANSPORTATION SERVICES

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>1903.2</b>	<b>NON-EMERGENCY SECURE BEHAVIORAL HEALTH TRANSPORTS</b>	Created section titled “Non-Emergency Secure Behavioral Health Transports.” Added introduction/definition of this transport.
<b>1903.2A</b>	<b>COVERAGE AND LIMITATIONS</b>	Created new section “Coverage and Limitations” for non-emergency secure behavioral health transports, also adding subsections “Program Eligibility and Criteria,” “Covered Services,” and “Limitations” to further define service.
<b>1903.2B</b>	<b>AUTHORIZATION PROCESS</b>	Added new section “Authorization Process” for non-emergency secure behavioral health transports.
<b>1903.2C</b>	<b>PROVIDER RESPONSIBILITY</b>	Created new section “Provider Responsibility” for non-emergency secure behavioral health transports.
<b>1903.2D</b>	<b>RECIPIENT RESPONSIBILITY</b>	Added new section “Provider Responsibility” for non-emergency secure behavioral health transports.
<b>1903.3</b>	<b>NON-EMERGENCY TRANSPORTATION (NET)</b>	Moved up language regarding “911” calls from bottom of section. Removed language regarding reimbursement for NET services provided by Indian Health Programs. Reworded “alternative conveyance” as “mode of transport” for improved readability.
<b>1903.3A</b>	<b>COVERAGE AND LIMITATIONS</b>	Moved up section “Coverage and Limitations.”
<b>1903.3A(1)</b>	<b>PROGRAM ELIGIBILITY CRITERIA</b>	Created subsection titled “Program Eligibility Criteria,” moved language up from previous section 1904.2(B).
<b>1903.3A(2)</b>	<b>QUALIFYING CONDITIONS</b>	Added subsection titled “Qualifying Conditions,” moved up language from previous section 1904.2(A)(1-2), 1904.2(C)(1-5), and 1904.2(P). Removed language referencing 42 CFR 440.170.

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>1903.3A(3)(a-f)</b>	<b>COVERED SERVICES</b>	<p>Created subsection titled “Covered Services.”</p> <p>Moved language regarding public transportation up from previous section 1904.2(A)(2)(a-d). Removed “Public Transit” and reference to Clark County, Washoe County, Carson City for improved readability. Removed language that states recipients may use issued bus passes for purposes other than accessing medical services.</p> <p>Moved up language regarding gas mileage reimbursement from previous section 1904.2(A)(3)(a-d). Removed phrasing “Mileage Reimbursement” and “assigned to ride only free transportation” for improved readability. Added language to specify that current Medicaid recipients cannot enroll as a volunteer driver.</p> <p>Moved up language regarding Indian health programs from previous section 1904.2(N).</p> <p>Moved up language regarding out-of-area travel from previous section 1904.2(I)(a)(1-5). Removed phrasing “Out of Area and Air Travel.” Added language to specify a medical appointment is considered out-of-area when the facility is 101 or more miles away. Added language to state that a distance verification may be required by the referring physician.</p> <p>Moved up language regarding escorts from previous section 1904.2(D-F). New language added, “Companions to Recipients.” Changed term “escort” to “attendant.” Added language to specify that a parent with a disability may be authorized an extra attendant to assist in taking their child to appointments. Language added to clarify that multiple attendants may be authorized to accompany a recipient when medically necessary. Removed language from 1904.2(G-H).</p> <p>Moved up language regarding inpatient treatment facilities from previous section 1904.2(J-L), language reworded for improved readability. Removed language from 1904.2(O).</p>

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>1903.3a(4)(a-m)</b>	<b>NON-COVERED SERVICES</b>	Added subsection “Non-Covered Services,” moved up language from previous section 1904.2(Q)(1-12). Removed language regarding stretcher transports, as that is a covered service.
<b>1903.3B</b>	<b>ASSESSMENT AND AUTHORIZATION PROCESS</b>	Language updated for improved readability. Specified “fixed-route” public bus and removed “public paratransit.” Removed reference to Clark County, Washoe County, Carson City, added language to specify “where paratransit services are available” regarding assessment process.
<b>1903.3C</b>	<b>NET BROKER RESPONSIBILITY</b>	Replaced “bus ticket” with “fixed-route bus services” for improved readability. Updated manual section reference regarding access to care.
<b>1903.4</b>	<b>GEOGRAPHIC AREA</b>	Moved down language regarding catchment areas from previous section 1904.2(M).
<b>1903.5</b>	<b>SPECIAL REQUIREMENTS FOR SELECTED NET SERVICES</b>	Updated “scheduled emergency” reference to “non-immediate medically necessary transport” and manual section reference regarding these transports.

DIVISION OF HEALTH CARE FINANCING AND POLICY

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1900 INTRODUCTION

Nevada Medicaid provides emergency and non-emergency transportation (NET) services for eligible Medicaid recipients, to access medically necessary covered services. These transportation services are provided to and from enrolled Medicaid and Managed Care Organizations (MCOs) providers. Transportation is provided via the most appropriate and cost-effective mode of transportation.

Emergency Medical Transportation (ground or air) is available to all eligible Nevada Medicaid and Nevada Check Up (NCU) recipients.

NET services ensure that necessary non-ambulance transportation services are available to recipients to eliminate transportation barriers for recipients to access needed medical services. NCU recipients are not eligible for NET services.

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1901 AUTHORITY

Statutes and Regulations:

- Social Security Act (SSA)
  - Title XIX Section 1902(a)(70)
  - Title XXI
- Code of Federal Regulations (CFR)
  - 42 CFR 431.53 Assurance of transportation.
  - 42 CFR 440.170 Any other medical care of remedial care recognized under State law and specified by the Secretary.
  - 45 CFR 92.36 (b-f) Procurement.
- Nevada Revised Statute (NRS)
  - Chapter 422 Health Care Financing and Policy
  - Chapter 706 Motor Carriers
- Nevada Medicaid State Plan
  - Title XIX
    - Attachment 3.1-A Amount, duration, and scope of medical and remedial care and services provided to the categorically needy; page 9, 9a – 9h.
    - Attachment 3.1-D Transportation.
  - Title XXI
    - Section 3.1. Delivery Systems

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1902 DEFINITIONS

Program definitions can be found in the Medicaid Services Manual (MSM) Addendum.



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1903 POLICY

1903.1 EMERGENCY MEDICAL TRANSPORTATION

Emergency transportation is medically necessary to manage a sudden onset of a physical emergency or behavioral health condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in placing the member's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part or serious physical harm to self or another person.

These services are covered in emergent situations in which specially staffed and equipped ambulance transportation is required to safely manage the recipient's medical condition. Advanced Life Support, Basic Life Support, Neonatal Emergency Transport and Air Ambulance services are covered, depending upon the recipient's medical needs. Prior authorization is not required for reimbursement of Emergency Medical Transportation.

1903.1A COVERAGE AND LIMITATIONS

1. PROGRAM ELIGIBILITY CRITERIA

- a. Recipient must be eligible for Nevada Medicaid or NCU services.
- b. Emergency medical transportation must be:
  - 1. Medically necessary.
  - 2. In accordance with the recipient's medical condition and needs.
  - 3. To the nearest, appropriate Medicaid health care provider or appropriate medical facility.

2. COVERED SERVICES

a. GROUND EMERGENCY MEDICAL TRANSPORT

- 1. Recipients may be transported from any point of origin to the nearest hospital, critical access hospital (CAH), dialysis facility or appropriate specialty clinic (e.g. substance abuse agency, federally qualified health center, rural health clinic, Indian health program).
- 2. May also transport skilled nursing facility (SNF) residents when the required level and type of care for the recipient's illness or injury cannot be met by the SNF, to the nearest supplier of medically necessary services. The hospital or CAH must have available the type of physician specialist needed

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to treat the recipient’s condition. However, the utilization of emergency transportation may not be used in lieu of non-emergency transportation.

b. AIR AMBULANCE TRANSPORT

Air ambulance transports are only covered to acute care hospitals and may be provided via:

1. Rotary wing.
2. Fixed wing.

c. NON-IMMEDIATE MEDICALLY NECESSARY TRANSPORTS

When the recipient’s in-transit care needs exceed the capabilities of the Non-Emergency Transportation NET broker a non-immediate medically necessary transport can be provided by an enrolled Nevada Medicaid emergency transportation provider. Non-immediate medically necessary transports may be arranged by a hospital, physician, emergency transportation provider or by the DHCFP’s NET broker. A prior authorization is not required for these types of non-immediate medically necessary transports.

The following scenarios are examples of non-immediate medically necessary transports that would exceed the capabilities of the NET broker and can be provided by an enrolled Nevada Medicaid emergency transportation provider:

1. Transportation of a critically ill recipient to a location where an organ transplant will occur;
2. Hospital-to-hospital transfer of a seriously injured or ill recipient when medically necessary tests or treatment are not available at the dispatching hospital and the recipient’s care needs during transit requires the attendance of medical personnel and/or the attachment to medical apparatus that would be included in a basic life support or advanced life support vehicle (ambulance); or
3. Facility-to-facility transfer of a Seriously Mentally Ill (SMI) adult or a Severely Emotionally Disturbed (SED) child who qualified health care professionals deem is an imminent danger to self or others and who requires significant chemical or physical restraints and/or the attendance of security personnel during transit.

The following scenarios are examples of non-immediate medically necessary transports that can and must be handled by the NET broker:

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1. Transportation of a medically stable recipient to a location where an organ transplant will occur;
2. Hospital-to-hospital transfer of a medically stable recipient;
3. Hospital to mental health facility transfer with a qualified attendant(s) of an SMI adult, an individual with dementia, or an SED child who is not a danger to self or others but whom, during transit, may need minimal chemical or physical restraints that are within the scope of service of an attendant(s) qualified as an EMT-Basic.

d. SPECIALTY CARE TRANSPORT

Specialty care transport (SCT) is hospital-to-hospital transportation of a critically injured or ill recipient by a ground or air ambulance, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) - intermediate or paramedic.

3. NON-COVERED SERVICES

The following services are not covered benefits under emergency transportation and are therefore not reimbursable.

a. ALL EMERGENCY TRANSPORTATION

1. Response with “Non-transport”;
2. Routine or special supplies, including oxygen, defibrillation, IV’s, intubation, ECG monitoring or air transport excise taxes (agreed upon rates between the DHCFP and specific transportation providers are all inclusive);
3. Ambulance charges for waiting time, stairs, plane loading;
4. Deadheading (an empty trip to or from a destination); or
5. Transportation of deceased persons.

b. GROUND EMERGENCY MEDICAL TRANSPORT

1. Hospital to the scene of an accident/acute event;
2. Recipient’s residence to the scene of an accident/acute event;
3. Scene of an accident/acute event to recipient’s residence;

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4. Scene of an accident/acute event to the scene of an accident/acute event; and
5. Residence to Residence.

The following types of transports are primarily covered by the NET broker and are therefore considered non-covered emergency transportation services:

1. Residential, domiciliary or custodial facility to a physician’s office;
2. Physician’s office to a residential, domiciliary or custodial facility;
3. Physician’s office to recipient’s residence; and
4. Recipient’s residence to a freestanding ESRD facility (dialysis.)

c. AIR AMBULANCE TRANSPORT

1. Nursing facilities;
2. Physician’s offices; and
3. Recipient’s residence.

1903.1B AUTHORIZATION PROCESS

Emergency medical transportation does not require prior authorization. No prior or post authorization is required for emergency medical transportation that originates with a “911” call. According to the Centers for Medicare and Medicaid Services (CMS), emergency response to “911” calls normally result in a basic life support (BLS) or advanced life support level 1 (ALS-1) service level. Emergency medical transportation providers who submit claims coded as advanced life support level 2 (ALS-2) must present supporting documentation to verify that the transport included the type of care described in the ALS-2 definition in the MSM chapter addendum.

The DHCFP has contracts with MCOs that are contractually obligated to cover air emergency medical transportation services for their enrollees. For MCO enrolled recipients, claims for air emergency transportation are to be submitted to the MCO in which the recipient is enrolled. Claims submitted to the recipient’s MCO must only be for air emergency medical transportation and not ground emergency medical transportation. Ground emergency medical transportation claims for all Nevada Medicaid recipients, including MCO enrolled recipients must be submitted to Nevada Medicaid’s fiscal agent.

Providers are to submit all ground emergency medical transportation claims to Nevada Medicaid’s fiscal agent. If the recipient is enrolled in Fee-for-Service Medicaid, air emergency transportation claims may also be submitted to Nevada Medicaid’s fiscal agent.

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Specialty care and non-immediate medically necessary transports do not require prior or post authorization

1903.1C PROVIDER RESPONSIBILITY

Emergency medical transportation providers must submit all appropriate documentation to the MCOs or to the Nevada Medicaid fiscal agent to enroll as an emergency medical transportation provider.

The transportation provider is solely responsible for verifying Medicaid eligibility for each recipient. Whenever possible, this should be done prior to rendering services. Information concerning eligibility and enrollment verification is located in Chapter 100, of the Nevada Medicaid Services Manual (MSM).

The provider must ensure the confidentiality of recipient medical records and other information, such as the health, social, domestic and financial circumstances learned or obtain while providing services to recipients.

The provider shall not release information related to a recipient without first obtaining the written consent of the recipient or the recipient’s legally authorized representative, except as required by law. Providers meeting the definition of a “covered entity” as defined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (45 CFR 160) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.

The DHCFP expects that providers will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect, or exploitation, as applicable.

1903.1D RECIPIENT RESPONSIBILITY

The recipient or legally authorized representative shall:

1. Provide the emergency transportation provider with a valid Medicaid/NCU Identification card at the time the service is rendered, if possible, or as soon as possible thereafter.
  - a. Recipients shall provide the emergency transportation provider with accurate and current medical information, including diagnosis, attending physician, medication regime, etc., at the time of request, if possible;
  - b. Recipients shall notify the emergency transportation provider of all third-party insurance information, including the name of other third-party insurance, such as Medicare, Tricare, Workman’s Compensation or any changes in insurance coverage at the time of service, if possible, or as soon as possible thereafter; and

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- c. Recipients shall not refuse service of a provider based solely or partly on the provider’s race, creed, religion, sex, marital status, color, age, disability and/or national origin.

**1903.2 NON-EMERGENCY SECURE BEHAVIORAL HEALTH TRANSPORTS**

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 individuals placed on a legal hold. Accredited agents are licensed through the Nevada Division of Public and Behavioral Health. These types of transports are outside the scope of services provided by the NET broker.

**1903.2A COVERAGE AND LIMITATIONS**

**1. PROGRAM ELIGIBILITY AND CRITERIA**

- a. Recipients must be eligible for Nevada Medicaid or Nevada Check Up (NCU) services.
- b. A recipient must be experiencing a behavioral health crisis as evidenced by extreme emotional distress that includes but is not limited to an acute episode of mental illness and/or suicidal thoughts and/or behavior that may co-occur with substance use and other disorders.

**2. COVERED SERVICES**

- a. Non-emergency secure behavioral health transport services may be used for the following transports:
  - 1. Facility-to-facility transport between facilities including but not limited to hospitals, public or private mental health facilities and medical facilities.
  - 2. Transport to and from a facility arranged by individuals authorized by NRS 433A.160 to arrange for transportation.
  - 3. Transport of an individual seeking voluntary admission pursuant to NRS 433A.140 to a public or private mental health facility.

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- b. Recipients must be transported to the nearest, appropriate Medicaid health care provider or appropriate medical facility. Long distance or out-of-state transports are allowable when medically necessary.

### 3. LIMITATIONS

- a. Family members or other unaccredited agents are not allowed to travel in the secure vehicle with the recipient.

#### 1903.2B AUTHORIZATION PROCESS

Non-emergency secure behavioral health transports do not require prior authorization. Claims must be submitted to Nevada Medicaid’s fiscal agent.

#### 1903.2C PROVIDER RESPONSIBILITY

Non-emergency secure behavioral health transport providers must apply to become an accredited agent. Once accredited, providers must enroll as a Medicaid non-emergency secure behavioral health transportation provider.

Providers are solely responsible for verifying Medicaid eligibility for each recipient. Whenever possible, this should be done prior to rendering services. Information concerning eligibility and enrollment verification is located in Chapter 100, of the Nevada Medicaid Services Manual (MSM).

The provider must ensure the confidentiality of the recipient medical records and other information, such as the health, social, domestic and financial circumstances learned or obtained while providing services to recipients.

The provider shall not release information related to a recipient without first obtaining the written consent of the recipient or the recipient’s legally authorized representative, except as required by law.

The DHCFP expects that providers will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect, or exploitation, as applicable.

#### 1903.2D RECIPIENT RESPONSIBILITY

The recipient or legally authorized representative shall:

- 1. Provide the non-emergency secure behavioral health transport provider with a valid Medicaid/NCU Identification card at the time the service is rendered, if possible, or as soon as possible thereafter.

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- a. Recipients shall provide the non-emergency secure behavioral health transport provider with accurate and current medical information, including diagnosis, attending physician, medication regime, etc., at the time of request, if possible;
- b. Recipients shall notify the non-emergency secure behavioral health transport provider of all third-party insurance information, including the name of other third-party insurance, such as Medicare, Tricare, Workman’s Compensation, or any changes in insurance coverage at the time of service, if possible, or as soon as possible thereafter; and
- c. Recipients shall not refuse service of a provider based solely or partly on the provider’s race, creed, religion, sex, marital status, color, age, disability and/or national origin.

### 1903.3 NON-EMERGENCY TRANSPORTATION (NET) SERVICES

The DHCFP has contracted with a NET broker to provide transportation to medically necessary Medicaid covered services including certain Medicaid covered waiver services such as Intensive Supported Living Arrangements (ISLA), Jobs and Day Training (JDT), and/or Adult Day Care. NET never originates from a “911” call. NET is utilized by recipients whose level of care needs do not exceed the scope of service of an EMT-Basic.

Although ride scheduling will only be accommodated during customary business hours, transportation may be scheduled for confirmed after-hours medical appointments. After-hours, weekend and holiday rides that are not prior authorized may be reimbursed only when the recipient requires urgent medical care. The transportation must be to an emergency care facility, such as an emergency room or after-hours clinic. The transportation broker provides services on a statewide and out-of-state basis. Transportation services for a Medicaid eligible recipient as a result of a hospital discharge must be provided as soon as possible and in any event is not to exceed an eight (8) hour time span.

All NET services, including out-of-state and long distant transport, require prior authorization by the DHCFP’s NET broker with the exception of NET services provided by Indian Health Programs. The NET broker is required to authorize the least expensive **mode of transport** available consistent with the recipient’s medical condition and needs. Examples of NET services may include the following:

- A. Charter air flight;
- B. Commercial air;
- C. Rotary wing;
- D. Fixed wing;



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- E. Ground ambulance;
- F. Bus, local city;
- G. Bus, out of town;
- H. Paratransit;
- I. Private vehicle;
- J. Taxi; and a
- K. Stretcher accommodating vehicle.

1903.3A COVERAGE AND LIMITATIONS

**1. PROGRAM ELIGIBILITY CRITERIA**

- a. The eligibility functions for Title XIX Medicaid determinations are the responsibility of the Division of Welfare and Supportive Services (DWSS).
- b. Title XXI NCU recipients are not eligible for NET services.
- c. Title XIX recipients who are Medicaid eligible solely for the purpose of payment of Medicare premiums, co-insurance, deductibles, or co-pays i.e., Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), Qualified Individuals (QI-1s), and “not qualified” non-citizens are not eligible for NET services. Residents of skilled nursing facilities are entitled to NET services through the facility; NET costs are included in the nursing facilities’ rate structures. Other Title XIX recipients are eligible for NET services in order to access medically necessary covered services.
- d. Medicaid recipients are eligible for NET services only from the date of determination forward. No payment will be made for NET provided while a recipient’s Medicaid application is pending. Retroactive eligibility does not apply to NET services.
- e. Special payment arrangements may be made with the NET broker for special circumstances where it is in the best interest of the DHCFP to provide NET transportation to certain Medicaid recipients. These decisions will be made exclusively by the DHCFP; however, the payment rate will be determined mutually by the DHCFP and the NET broker. If the DHCFP decides to ‘carve out’ an eligibility group from non-emergency transportation, they may contract with the NET broker to provide service on an individual basis at a cost plus payment model.

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## 2. QUALIFYING CONDITIONS

NET for Medicaid eligible recipients to and from Medicaid medical providers for covered medically necessary services is provided under the following terms:

- a. The recipient is unable to provide his/her own transportation:
  1. Free Transportation: Recipients must use free transportation when it is available. Free transportation includes, but is not limited to, when the recipient is able and capable of providing their own transportation or when an LRI, another individual or an agency is willing to provide transportation to the recipient to obtain eligible Medicaid services.
  2. The NET broker may not deny transportation to a Medicaid recipient based on an LRI's unwillingness to provide transportation.
- b. Recipients should make every reasonable effort to find day care for their minor children when they use non-emergency transportation services; however, this may not always be possible. When appropriate care for a minor child cannot be obtained, the minor child may accompany the recipient. The broker must provide bus tickets for minor children unless the minor child is able to accompany the recipient at no additional cost. More than one minor child may accompany the recipient if the transportation provider is notified in advance.
- c. The least expensive form of transportation is utilized in accordance with the recipient's medical condition and needs.
- d. Examples of circumstances for which NET will be provided to eligible recipients include, but are not limited to the following:
  1. A transplant candidate to be evaluated for services not available in Nevada;
  2. The transport from an acute general hospital to an acute psychiatric hospital;
  3. Transportation to/from a routine Medicaid-reimbursable medical or dental appointment;
  4. Transportation to an urgent care clinic; and
  5. Transportation to/from pharmacies for medical necessities.

Each of these examples assume that the level of care required during transit does not exceed the scope of services of an EMT-Basic and that required timeframes allow the NET broker to make appropriate arrangements.

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- e. Medicaid and NCU funds may not be used to pay for transportation services that are otherwise available without charge to both Medicaid and non-Medicaid recipients. In addition, Medicaid is generally the payor of last resort except for certain Federal programs such as Title V Maternal and Child Health Block Grant funded services or special education related health services funded under the Individuals with Disabilities Education Act (IDEA).

### 3. COVERED SERVICES

#### a. PUBLIC TRANSPORTATION

Recipients who do not have free transportation available and live within the service area of **any** public transit systems must use public transit where possible and cost-effective.

1. Recipients are deemed to live within the public transit system service area when they reside within 3/4 mile of a transit stop. If the recipient qualifies for public paratransit service and this is available in the area where the recipient resides, the recipient is deemed to live within the public transit area, whether or not the recipient resides within 3/4 mile of the transit stop.
2. Recipients who do not have free transportation available must ride fixed-route public transit unless they reside outside the service area or their medical appointment is outside of the service area; they are assessed to be medically unable to board, disembark, or ride buses; or public transit buses cannot accommodate the recipient's wheelchair or other medical equipment that must accompany the recipient in transit.
3. Recipients who reside within the service area of the public transit system and are assessed to be unable to ride fixed-route buses will be referred for assessment for public paratransit services. If qualified for public paratransit services, the recipient will be required to ride only public **paratransit** services, unless traveling to a destination that is outside the public transit system service area. If traveling outside of the paratransit service area, the recipient's transport must be authorized by the NET broker.
4. A recipient who requires frequent travel on fixed route transit will be provided with a multiple-ride pass, when this is cost effective.
5. If a recipient who is qualified for public transit level of service requires transport to a medical appointment that is not accessible by public transit, the recipient must receive specific authorization for the transport from the NET broker, who will require evidence of medical necessity for the trip and verify that the recipient is accessing the nearest appropriate provider.

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Recipients have freedom of choice when selecting medical providers but are only eligible for NET to access these services if using the nearest appropriate provider. The nearest health care provider or facility is not always the most appropriate. The NET broker should consider existing relationships between the recipient and their medical provider, or appointment availability, when the provider is within a reasonable distance. The DHCFP will assist the NET broker in making these decisions. The NET broker will assign the recipient to ride with the least expensive transportation provider available.

6. Recipients are required to comply with all policy and rules of the public transit system. Recipients who are suspended from service by public transit agencies because of recipient misbehavior, persistent no-shows, or failure to cancel rides in a timely manner are ineligible for other NET services unless they can provide medical evidence that their inability to access medical care during the suspension period will result in serious exacerbation of their medical condition or pose an unacceptable risk to their general health. Recipients who have been suspended will not be provided NET for routine medical appointments. Recipients who have been suspended must exhaust the public transit system appeal process before being assessed for another level of service. Recipients who are suspended indefinitely from public transit will be suspended indefinitely from access to NET, except in cases where they can provide medical evidence that their inability to access medical care will result in serious exacerbation of their medical condition or pose an unacceptable risk to their general health.

**b. GAS MILEAGE REIMBURSEMENT**

Under certain circumstances, recipients, their LRI or volunteer drivers may receive mileage reimbursement for driving a recipient to medical services.

1. Recipients or their LRIs may be authorized to receive mileage reimbursement if traveling to access medical services. Compensation will be at the IRS rate for medical/moving mileage reimbursement. Recipients must have prior authorization from the NET broker for drivers to be eligible for mileage reimbursement.
2. Recipients who are assigned to public fixed-route transit or paratransit may receive mileage reimbursement if they are traveling outside the transit system service area and mileage reimbursement is the least expensive mode of transportation.
3. Volunteer drivers (private citizens who contract with the NET broker) who are not LRIs, nonprofit organizations, or Indian Health Programs may

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receive mileage reimbursement for driving a recipient to medical services, when this is the least expensive mode of transportation. Friends, families and neighbors may fall into this category. Reimbursement will be at twice the current IRS per mile rate for business use, as found on the IRS website at <http://www.irs.gov>. Mileage reimbursement is provided to the driver for the vehicle's miles actually driven from the point of where a recipient has been picked up and does not exceed twice the IRS business mileage rate unless a different rate is negotiated by the NET broker due to limited transportation availability and cost effectiveness. In cases of disputes over actual mileage, MapQuest or other geo-mapping software will be used as the final determining factor. **Current Medicaid recipients are not allowed to enroll with the NET broker as a volunteer driver.**

**c. INDIAN HEALTH PROGRAMS**

Several tribes and/or Indian Health Programs offer ambulance and/or van services for both emergency and NET. Community health representatives (CHR) may provide NET services to recipients who are eligible for NET services in private vehicles to medically necessary covered services and are reimbursed at a per mile rate that is double the IRS business mileage rate. The Indian Health Programs' NET services do not require prior authorization. All claims for reimbursement by the Indian Health Programs for non-emergency transportation services are submitted to the NET broker for adjudication and payment.

**d. OUT-OF-AREA TRAVEL**

Recipients may be eligible to receive NET for out-of-area, out-of-state or airline travel if certain conditions are met. **A medical appointment is considered to be out-of-area when the facility is located 101 or more miles from the recipient's home.**

1. Recipients must receive prior authorization for out-of-area medical services from the DHCFP's fiscal agent or their MCO prior to requesting authorization for transportation. **The NET broker may also require a distance verification form to be completed by the referring physician.**
2. Recipients must request authorization for out-of-area and commercial airline a minimum of 21 days prior to the travel date.
  - a. Exceptions to the 21 calendar day requirement may be granted if the recipient has a medical necessity to travel and could not have known 21 days in advance, as in the case of a donor organ becoming available for a transplant surgery that must occur out of the area.

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- b. Exceptions to the 21-day requirement will be granted for recipients who are discharged to or from an out-of-area acute-care facility; an out-of-state nursing facility; or otherwise detained in a juvenile detention facility.
  - c. Other exceptions may be granted from time to time if they are in the best financial interest of the State.
  - d. Recipients are required to travel by the least expensive mode of transportation available that will accommodate their medical requirements.
  - e. Out-of-area costs for lodging and meals are not a covered transportation benefit. Recipients may be able to arrange free or low-cost meals and lodging at the Ronald McDonald House.
- 3. Recipients must submit their trip log for gas mileage reimbursement within 60 calendar days after completing the out-of-area trip.
  - 4. Recipients who have recurring requirements to receive out-of-area trips for a single treatment or multiple treatments for the same diagnoses, may have multiple trips a month authorized but no more than five trips may be authorized at one time.
- e. **COMPANIONS TO RECIPIENTS**
- 1. The NET broker must allow at least one **attendant**, who must be a minimum of 18 years of age (or any age if the escort is the parent of a minor child) to accompany a recipient or group of recipients when **attendant** services are determined medically necessary **or** for those recipients who are minor children. A Medicaid recipient who is physically disabled or developmentally disabled may be authorized to be accompanied by an **attendant(s)** during the assessment to access NET services. A person under the age of 18 must be accompanied by one **attendant** unless that person is married, legally emancipated, or obtaining family planning services and/or family planning products. **If a parent or guardian with a physical or mental disability is taking their child to a medical appointment, a second attendant may be authorized to assist the parent in accompanying the child when it is deemed medically necessary.**
  - 2. During the NET assessment, the assessor or a physician's statement will determine whether the recipient requires an **attendant(s)** and specify the circumstances under which an **attendant(s)** may accompany the recipient

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while utilizing NET services. **Multiple attendants may be authorized to accompany a recipient when determined medically necessary.**

3. The NET broker will cover the transportation costs of an **attendant(s)** to accompany the recipient, if medically necessary. **Attendant** travel is a covered expense only during the transport of the recipient to a medical facility and during the return transport to the **attendant's/recipient's** residence. Meal reimbursement and lodging expenses are not a covered benefit for the **attendant** or the recipient.
4. NET services may not be authorized for minor children unless a parent (regardless of the parent's age) or LRI accompanies the child. Exceptions include but are not limited to:
  - a. A minor child transported for the purpose of obtaining family planning services and/or products.
  - b. If a delay of a minor child transport from one facility to another for treatment is medically detrimental, and the parent or LRI is not available, a Consent and Release of Liability form must always be signed by the facility case worker prior to the transport.
  - c. Other specific exceptions may be made on a case by case basis by the DHCFP.
5. In addition, and pursuant to Nevada MSM Chapter 3500, an **attendant(s)** is available to accompany a recipient who requires approved personal care services (PCS) in route to, or at, a destination to obtain Nevada Medicaid covered, medically necessary services when an LRI is unable to accompany them. An **attendant(s)** may be a parent or legal guardian, caretaker, LRI, friend or a personal care attendant (PCA) who accompanies the recipient.
6. Pursuant to 42 CFR 440.250 and the Nevada State Plan, an adoptive parent under the auspices of an Adoption Assistance Program (AAP) agreement or a foster parent of a program eligible child is reimbursed for travel expenses incurred when obtaining Medicaid eligible medical services for a foster/adopted child such as mileage (utilizing the IRS rate for medical/moving mileage reimbursement) and transportation. The agency that maintains custody of a foster child or the adoptive/foster parents must coordinate medical transportation services through the NET broker.

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**f. INPATIENT TREATMENT FACILITIES**

1. Transportation services are covered for new parent(s) to care for a newborn less than 12 months of age receiving treatment on an inpatient basis in a facility.
2. NET services may be authorized for a recipient residing in an inpatient treatment facility to allow the resident to attend a therapeutic home visit, in-state or out-of-state, when such visits are part of the resident’s treatment plan. It is the responsibility of the inpatient treatment facility to obtain transportation for eligible recipients for all therapeutic home visits by calling the NET broker. NET services are not available for family members to visit a recipient residing in an inpatient treatment facility. The NET broker may authorize NET services for therapeutic home visits within the following criteria:
  - a. **For acute care therapeutic home visits**, the DHCFP’s fiscal agent must prior authorize absences beyond eight hours. No prior authorization is required for absences of less than eight hours in duration, per MSM Chapter 400.
  - b. The DHCFP’s fiscal agent must authorize all absences **for acute rehabilitation therapeutic home visits**, per MSM Chapter 400.
  - c. **Therapeutic home visits for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)** must fall within the maximum allowable therapeutic leave requests which are described in MSM Chapter 1600.
  - d. Transportation costs of the recipient **to and from a Residential Treatment Center** are a covered benefit; however, attendant travel reimbursement is not.

At the facility’s request and as ordered by the attending physician, a maximum of three 72-hour home therapeutic passes per calendar year is allowed. Please refer to MSM Chapter 400.
3. Eligible program recipients who live out-of-state may obtain NET services similarly to those eligible recipients who reside within the State of Nevada. Such out-of-state recipients may include foster children, children placed in an adoptive home under the auspices of an Adoption Assistance Program (AAP) agreement, or children in residential treatment centers (RTC). Authorization of NET services for eligible recipients residing out-of-state is the same as for those eligible recipients who reside within Nevada



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#### 4. NON-COVERED SERVICES

The following are non-covered NET services:

- a. When one or more eligible recipients make the same trip in a private vehicle or van, reimbursement is made for only one recipient;
- b. Transportation to or from any non-covered service, except for exclusion due to Third Party Liability (TPL) coverage under the Medicaid program;
- c. Travel to visit a recipient in an inpatient treatment facility, except in the case of a parent or parents visiting a newborn that is in a facility ([see 1903.3A\(3\)\(f\)\(1\)](#));
- d. Transportation between hospitals for outpatient or inpatient care or services (e.g., MRI, CAT scan, etc.); exceptions may be granted when services to treat the recipient's condition are not available at the originating hospital and/or are not part of the all-inclusive prospective rate or the recipient is transferring to a hospital closer to home following an out-of-area hospital stay;
- e. "Deadheading," this refers to a provider's return trip when the eligible recipient travels only one way of a two-way trip;
- f. The cost of renting an automobile for private vehicle transport;
- g. A non-transport charge for a recipient who did not show up for their scheduled ride;
- h. Wages or salary for escort(s);
- i. Charges for waiting time, stairs, plane loading;
- j. Routine or special supplies including oxygen. Special services such as: defibrillation; IVs; intubation or ECG monitoring. Recipients requiring any type of medical care, medical supervision, physical monitoring, attachment to medical intravenous therapy, EMT-intermediate or paramedic services, etc. during transport are not eligible for non-emergency transportation.
- k. Transportation of a recipient in a personal care attendant's private vehicle is not a reimbursable service;
- l. Transportation from a nursing facility to a medical appointment; and
- m. Basic life support (BLS), and advanced life support (ALS) transports.

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1903.3B ASSESSMENT AND AUTHORIZATION PROCESS

With the exception of services provided by Indian Health Programs (see Section 1903.3A(3)(c)), the need for NET services must be assessed as specified in this section and authorized by the NET broker.

The goal of the combined assessment and authorization processes is to determine the required level of non-emergency transportation services.

1. Recipients wishing to use NET services will be assessed for the proper level of transportation prior to being authorized access to NET.
  - a. Lower levels of ground transportation, i.e. mileage reimbursement or fixed-route public bus or public paratransit, will be assessed and authorized by the NET broker.
  - b. If the request is for a greater level of ground transportation than mileage reimbursement or fixed-route public bus, the NET broker uses due diligence in questioning the recipient to see if a lower level transport is acceptable and sufficient for their medical condition. If the recipient agrees to the lower level, then that transport will be authorized by the NET broker.
  - c. If the recipient does not believe the lower level transport is appropriate or acceptable, then they will be referred to the public paratransit services agency for a level of service needs evaluation. If the recipient resides outside the parameter of a paratransit agency, the NET broker will provide transportation to and from the recipient's primary care physician (PCP) at the level of service requested. The PCP will provide documentation and/or a NET broker form that will identify the correct level of transportation service based on the recipient's medical needs.
  - d. If the recipient has been authorized for NET, and has been assessed by the public paratransit service, the Regional Transportation Commission (RTC) has 21 days to notify the recipient of the results of the assessment. Until the assessment has been reviewed and submitted to the recipient, the transportation broker will continue to provide transportation at the level of service requested by the recipient. In the event the recipient has been denied the use of paratransit services and is now receiving a lower level of transportation service than requested, the recipient must inform the transportation broker of their dissatisfaction, if applicable, with the level of service assigned. The transportation broker will then review the assessment as well as the recipient's medical documents and determine if the recipient is eligible for the broker's paratransit or curb-to-curb services. The transportation broker will notify the recipient of their determination within 48 hours of review. If the decision negatively impacts the recipient, the transportation broker will also provide the recipient with a Notice of Decision (NOD).

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- e. If the recipient requests a hearing, until the higher level of transportation is either approved or denied by the State Fair Hearing process, the NET broker will provide rides at the requested level of service.
- f. The NET broker will maintain a list of all assessment referrals sent to the paratransit service agencies.
- g. If the NET broker believes that a recipient is receiving unnecessarily expensive transportation, then the broker is expected to conduct a reassessment to determine the correct level of transportation needed.
- h. When recipients contact the NET broker requesting a ride, they will be screened for prior authorization and will be permitted to ride within the level of service authorized.
- i. If the recipient requires NET prior to the time of the assessment including a ride to the paratransit service agency for an assessment, the NET broker will authorize the rides at the level requested.
  - 1. Recipients **residing** within the service area of a public transit systems **where paratransit services are available**, who require transportation above the level of fixed route, must receive an assessment disqualifying them from public paratransit prior to being authorized for a higher level of service.
  - 2. Once a recipient has been referred to the paratransit service agency for an assessment, the recipient has five days in which to contact the paratransit service agency to schedule an assessment. The paratransit service agency has up to 45 days to complete an assessment. The level of service requested by the recipient will be provided until an assessment has been completed. Failure to complete the paratransit assessment within 45 days will result in the recipient being placed on a fixed route bus service for all NET unless the recipient can show in writing, that paratransit service agency was unable to complete an assessment within the 45 days.
- j. Recipients may be authorized for mileage reimbursement or private commercial transportation in addition to use of public transit if they must travel outside the public transit system service area to access the nearest appropriate provider.
- k. For authorization other than the public transit, the NET broker will supply the name of the provider, the provider's location, and the frequency of the transit that the recipient is permitted, to the transportation company.
- l. Recipients who submit evidence from an assessment showing they do not qualify for public paratransit may be qualified for a higher level of service.

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- m. The NET broker will provide written documentation to the recipient regarding the recipient's authorization status and level of service.
2. If the recipient provides evidence that they are unable to ride at the level of service assigned due to a significant change in condition or circumstance, the recipient will be re-evaluated by the broker who may direct the recipient to the RTC for an assessment **for paratransit services**.
  - a. Recipients contesting their assessed level of service will be authorized NET at the requested level, pending an evaluation.
  - b. Recipients are required to ride the least expensive transport within a level of service and will not be placed on a higher cost transport because of personal preference or convenience.
  - c. Recipients may be reassessed for a greater level of service if they no longer have access to the assigned transportation level of service.
3. A legally responsible individual (LRI) who is unable to provide transportation for a recipient to obtain medical services, may request transportation on behalf of an eligible recipient, from the NET broker.
4. The NET broker must have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting provider and/or the DHCFP when appropriate.
5. The NET broker and the DHCFP must provide standard authorization decisions within reasonable time frames. If the broker determines, or a provider indicates, that the standard service authorization timeframe could seriously jeopardize the recipient's condition or circumstance, the NET broker must make an expedited authorization decision and provide notice as expeditiously as the recipient's health condition requires.

### 1903.3C NET BROKER RESPONSIBILITY

1. The NET broker provides all or most services ancillary to transporting Medicaid recipients, but provides transportation only through subcontracting or non-contract arrangements with third parties.
  - a. The NET broker shall not hold ownership in any NET provider with whom the broker sub-contracts or arranges NET through, as a non-contractual relationship.
  - b. The broker will submit all subcontracts or other documentation pertaining to the terms and conditions for the provision of NET services by third parties to the DHCFP for approval.

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- c. The broker shall advise the DHCFP in writing of all financial relationships and transactions between itself and NET providers (for instance, loans, grants, etc.) that are not included in the NET instrument, specifying the nature of the relationship and the terms and conditions governing them. Such relationships and transactions are not permitted without written approval of the DHCFP administrator.
  - d. The NET broker will work cooperatively with the DHCFP and the Regional Transportation Center for handling ride cancellations.
2. Commercial Transportation Vendors: The NET broker may subcontract with various private vendors to provide transportation to Medicaid recipients.
- a. The NET broker shall directly facilitate transportation for recipients requiring bus tickets, public paratransit and mileage reimbursement. Recipients who request higher levels of service will need to be assessed for the level of service by the NET broker, and if necessary, the appropriate paratransit services agency.
  - b. Recipients may not be assigned to ride with a commercial vendor if they have been prior authorized for a lesser level of service, unless the authorized level of service does not provide access to necessary medical care that complies fully with Medicaid’s NET policy. For instance, if a recipient is authorized for **fixed-route bus services**, but the bus does not pass within 3/4 of a mile of the provider’s office, then the NET broker may authorize a higher level of transportation.
  - c. Recipients must be assigned to the least expensive commercial vendor who provides the level of service and geographic access required.
  - d. Where there is public transit available in a rural county, and that provider is capable of offering the level of service required **for** the recipient, commercial vendors may not be used for the convenience of the recipient or the NET broker.
3. Using monthly enrollment downloads from the DHCFP or systems maintained by the DHCFP’s fiscal agent, the NET broker is solely responsible for verifying program eligibility for each recipient prior to authorizing and scheduling the NET service. The NET broker must also verify the existence of an appointment and that the appointment is a Medicaid covered service, which may require contacting the health care provider, the DHCFP’s fiscal agent, or the contracted MCO, before authorizing transportation.
4. Neither the NET broker nor its providers shall release information related to a recipient without the written consent of the recipient or the recipient’s legal or authorized representative, except as required by law or except to verify medical appointments in accordance with policy. The NET broker and any of its providers meeting the definition of a “covered entity” as defined in the HIPAA Privacy Regulations (45 CFR 164) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.

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5. The DHCFP expects that the NET broker and its provider network will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect, or exploitation, as applicable, in accordance with NRS 200.508 and 200.509.1.

Pursuant to 42 CFR 438.100(c), the NET broker shall ensure that each recipient is free to exercise his or her rights and that by the exercise of those rights, no adverse effect will result in the way the NET broker treats the recipient.

6. Recipients have freedom of choice when selecting medical providers but are only eligible for NET to access these services if using the nearest appropriate provider (taking existing relationships between the providers and recipients into account as well as access to care) according to section 1903.3A(3)(a)(5) of this chapter.

a. The NET broker will be responsible for verifying that the recipient is using the nearest appropriate Medicaid provider for the applicable services.

b. The NET broker will develop written procedures, approved by DHCFP for verifying that the nearest appropriate Medicaid provider is being used.

c. The procedures shall include an exception procedure that specifies the conditions under which the recipient may access a provider other than the nearest, if exception to the requirement might, in some cases, be appropriate.

d. The DHCFP will provide the NET broker with a quarterly list of Medicaid providers and their addresses, including FFS providers and providers within each MCO's network.

e. DHCFP will periodically review rides to verify that the NET broker has transported to the nearest appropriate provider.

f. When the DHCFP determines that a recipient has employed NET to access a provider other than the provider located nearest to the recipient's residence and there is no justification documented, the NET broker may be required to refund the capitation payment for that recipient for all months that the recipient accessed a geographically inappropriate provider.

7. A transportation provider must wait at least fifteen (15) minutes after the scheduled pick-up time before "no-showing" the recipient at the pick-up location. The NET broker or contracted transportation providers shall not charge recipients for transportation services or for no shows.

8. Recipients who are repeated no-shows or fail to cancel in a timely manner for rides provided by its commercial vendors may be subject to suspensions of services. Recipients who receive a suspension will have the right to a State Fair Hearing.

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9. Access to transportation services shall be at least comparable to transportation resources available to the general public. Capacity shall include all of the modes of transportation listed in Section 1904 of this chapter.
10. The NET broker shall ensure all drivers of vehicles transporting program recipients meet the following requirements:
  - a. All drivers, at all times during their employment, shall be at least 18 years of age and have a current valid driver's license from the State of Nevada to operate the transportation vehicle to which they are assigned.
  - b. Drivers shall have no more than one chargeable accident and two moving violations in the last three years. Drivers shall not have had their driver's license, commercial or other, suspended or revoked in the previous five years. Drivers shall not have any prior convictions for substance abuse, sexual abuse or crime of violence. Approval of any such driver who has been convicted of a felony shall be obtained from the DHCFP before employment by the vendor.
  - c. All drivers shall be courteous, patient and helpful to all passengers and be neat and clean in appearance.
  - d. No driver or attendant shall use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients.
  - e. All drivers and attendants shall wear or have visible, easily readable proper organization identification.
  - f. At no time shall drivers or attendants smoke while in the vehicle, while involved in recipient assistance, or in the presence of any recipient.
  - g. Drivers shall not wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty. Drivers shall not use cell phones while operating vehicles.
  - h. Drivers shall assist passengers in the process of being seated and confirm that all seat belts are fastened properly, and that wheelchairs and wheelchair passengers are properly secured.
  - i. Drivers shall provide necessary assistance, support, and oral directions to passengers. Such assistance shall include assistance with recipients of limited mobility and movement, including the storage of mobility aids and wheelchairs.

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- j. The NET broker shall provide, or ensure that its subcontractors provide, classroom and behind-the-wheel training for all drivers within 30 days of beginning service under this agreement. Driver training shall, at a minimum, include defensive driving techniques, wheelchair securement and lift operation, cultural and disability sensitivity training, passenger assistance techniques, first aid, and general customer service. The training curriculum is subject to the DHCFP’s approval.
11. The NET broker shall ensure that all transportation providers maintain all vehicles adequately to meet the requirements of the contract. Vehicles and all components shall comply with or exceed State, Federal, and the manufacturer’s safety, mechanical, and maintenance standards for the vehicles. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations. All vehicles shall meet the following requirements:
- a. The transportation provider shall provide and use a two-way communication system linking all vehicles used in delivering the services under the contract with the transportation provider’s major place of business. Pagers are not an acceptable substitute.
  - b. All vehicles shall be equipped with adequate heating and air-conditioning.
  - c. All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position when required by law. Each vehicle shall utilize child safety seats when transporting children as prescribed by NRS 484B.157.
  - d. All vehicles shall have a functioning speedometer and odometer.
  - e. All vehicles shall have two exterior side view mirrors, one on each side of the vehicle.
  - f. All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.
  - g. The interior and exterior of the vehicle shall be clean and the exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicles.
  - h. The vehicle shall have passenger compartments that are clean, free from torn upholstery, floor, or ceiling covering; damaged or broken seats; protruding sharp edges; and be free of dirt, oil, grease or litter.
  - i. All vehicles shall have the transportation provider’s name, vehicle number, and the NET broker’s toll free and local phone number prominently placed within the interior of each vehicle. This information and the complaint procedures shall be available in written form in each vehicle for distribution to recipients on request.



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- j. Smoking is prohibited in all vehicles while transporting program recipients. All vehicles shall have the following signs posted in all vehicle interiors, easily visible to the passengers:

“NO SMOKING”“ALL PASSENGERS MUST USE SEAT BELTS”

- k. All vehicles shall include a vehicle information packet containing vehicle registration, insurance card and accident procedures and forms.
- l. All vehicles shall be provided with a fully equipped first aid kit.
- m. Each vehicle shall contain a current map of the applicable state(s) with sufficient detail to locate recipients and medical providers.

All vehicles shall have a minimum of \$1,500,000 combined single limit insurance coverage for vehicles at all times during the contract period in accordance with State regulations and contract requirements (NAC 706.191). If NAC 706.191 minimum insurance coverage is amended, the amount that is greater of either the Code or this Chapter will be the mandated amount of coverage.

- n. Any vehicle or driver found out of compliance with the contract requirements, or any State or Federal regulations shall be removed from service immediately until the NET broker verifies correction of deficiencies. Any deficiencies and actions taken shall be documented and become a part of the vehicle’s and the driver’s permanent records.
- o. The NET broker shall develop and implement an annual inspection process in addition to the applicable State vehicle inspection requirements to verify that vehicles used by subcontracted transportation providers meet the above requirements and that safety and passenger comfort features are in good working order (e.g., brakes, tire, tread, signals, horn, seat belts, air conditioning/heating, etc.).

- 12. The NET broker shall ensure adequate oversight of subcontracted transportation providers and ensure that providers comply with all applicable State and Federal laws, regulations and permit requirements. This duty includes, but is not limited to verification that each provider maintains at all times:

- a. Insurance which complies with the standards at 49 CFR 387 subpart B, NAC §191(1-3), and which provides for notice of the status of the policy to the DHCFP upon expiration, termination, or at any time requested by the DHCFP;
- b. An alcohol and substance abuse testing program which complies with the standards of 49 CFR Part 382;

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- c. Criminal background checks conducted periodically that assure the criteria of MSM Chapter 100 are met;
- d. Signage on all vehicles identifying those operating under any exemption from Nevada Transportation Authority (NTA) regulation;
- e. Documentation in each vehicle of any exemption from NTA regulation; and
- f. Current provider agreements with Nevada Medicaid.

As a contracted agent of the Director of the Department of Health and Human Services (DHHS), subject to the requirements of NRS § 422.2705 and NRS § 706.745 the NET broker may utilize the services of motor carriers that are exempt from certain certification requirements of the NTA of the Department of Business and Industry. Prior to exercising this option, the NET broker shall, with the assistance of the NTA, establish and utilize an inspection program designed to ensure that vehicles used by these motor carriers, and their operations, are safe. The NET broker shall also require these same motor carriers to submit proof of a liability insurance policy, certificate of insurance or surety which is substantially equivalent in form and is in the same amount or in a greater amount than the policy, certificate or surety required by the Department of Motor Vehicles (DMV) pursuant to NRS 706.291 for a similar situated motor carrier. The NET broker shall certify the transportation providers meet insurance requirements, vehicle safety standards, and driver background and drug tests cited in this chapter before a letter of exemption will be issued by DHC FP for that transportation provider.

- 13. The NET broker is encouraged and expected to use recipient vouchers and/or volunteer programs to provide the most cost-efficient transportation service to the recipient if such transportation is appropriate to meet the needs of the recipient. The broker shall verify and document that vehicles and drivers used in reimbursement and volunteer programs comply with appropriate State operating requirements, driver’s licensure, vehicle registration and insurance coverage requirements.
- 14. The NET broker will be available as a resource to the DHC FP’s fiscal agent or contracted MCO when medically necessary covered services must be provided outside a recipient’s community. The NET broker will advise the fiscal agent or contracted MCO regarding such factors as distance and transportation availability.
- 15. The NET broker must submit claims for service outside of capitation to the DHC FP utilizing the nationally recognized International Classification of Diseases (ICD) and current electronic data interchange (EDI) standards, as approved by the Centers of Medicare and Medicaid Services (CMS).

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**1903.3D NET RECIPIENT RESPONSIBILITY**

1. The recipient or LRI shall:
  - a. Use personal transportation or transportation of an LRI whenever possible;
  - b. Explore alternative resources first, and when such a resource exists at no cost to the recipient, use the alternative transportation resource;
  - c. If free transportation is not available, use public transportation when residing within 3/4 of a mile of a bus stop (unless medical documentation is provided to support the recipient's or LRI's physical or mental condition that prohibits the recipient from utilizing public transport);
  - d. Participate in the assessment process to determine the appropriate level of service needed for transportation. The recipient must follow through when referred for a public paratransit evaluation;
  - e. If eligible for paratransit services, the recipient is required to access available paratransit programs;
  - f. Make and keep all appointments and travel schedules, and phone to cancel when an unforeseen event makes it impossible to keep an appointment;
  - g. Recipients (or their LRI) are responsible to schedule rides by contacting the NET broker;
  - h. Recipients are urged to schedule rides (except out-of-the-area travel) not less than five days and no more than 30 days prior to travel;
  - i. Recipients are required to be ready and available to ride from 15 minutes before the scheduled ride to 30 minutes after the scheduled time;
    1. Recipients who are using commercial transportation vendors will follow the NET broker policy concerning late rides.
  - j. Notify the NET broker immediately when an urgent service need for NET transportation is discovered;
  - k. Notify the NET broker of all third party insurance information, including the name of other third party insurance, or any changes in insurance coverage at the time of service, if possible, or in a timely manner thereafter;
  - l. Not refuse service of a provider based solely or partly on the provider's race, color, national origin, sex, religion, disability or age; and

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- m. Provide car seats, wheelchairs, other devices or equipment, and any extra physical assistance, not required of providers, necessary to make the trip.

**1903.4 GEOGRAPHIC AREA**

Nevada residents living near the state line or border may be geographically closer to out-of-state providers than to in-state providers for both primary and specialty care. In such cases, covered medically necessary services may be routinely provided by out-of-state providers in what the DHCFP refers to as the “primary catchment areas.” Such services are treated the same as those provided within the state borders for purposes of authorization and transportation.

The primary catchment areas are listed in the MSM Chapter 100.

The NET broker provides services statewide and in catchments areas. The NET broker provides services to and from out-of-state facilities.

**1903.5 SPECIAL REQUIREMENTS FOR SELECTED COVERED NET SERVICES**

**A. Out-of-Network Providers**

The NET broker generally uses transportation providers who have executed a contract to be part of the NET broker’s network. However, occasionally it may be necessary for enrolled recipients to obtain NET services from an out-of-network provider (e.g., the recipient needs specialized transportation for which the NET broker has no such specialist in its network), in which case the broker must:

1. Arrange transportation with out-of-network providers with respect to services and payment;
2. Offer the opportunity to the out-of-network provider to become part of the network; and
3. Negotiate a contract to determine the rate prior to services being rendered.

**B. Family Planning Services**

Pursuant to policies set forth in Chapter 600 of the Nevada MSM, the NET broker will authorize NET services to family planning services for any eligible recipient to any qualified provider.

**C. Transplantation of Organs and Tissue, and Related Immunosuppressant Drugs.**

Transplant services are covered, with limitations, when medically necessary. Coverage limitations for these services are defined in the Title XIX State Plan. When a transplant recipient’s care needs during transit are within the scope of the NET broker, transportation

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should be prior authorized and provided through the NET broker. When the recipient’s care needs during transit exceed the capabilities of the NET broker and/or the timeframe for transport is less than four hours, transportation may be treated as a **non-immediate medically necessary transport**. (Refer to Section 1903.1A(2)(c) for guidance.)

D. Paratransit Transportation

Paratransit transportation may be provided based on assessed medical need. When paratransit transportation is indicated, such transportation services shall be “curb to curb” or “door-to-door”, whichever service is necessary for the recipient. All paratransit providers are responsible for assisting riders into and out of their vehicles.

**1903.6 ENROLLMENT AND DISENROLLMENT REQUIREMENTS AND LIMITATIONS**

The eligibility and enrollment functions are the responsibility of DHCFP and the DWSS. The NET broker shall accept each recipient who is enrolled in or assigned to the NET broker by DHCFP and/or its enrollment sections.

Pursuant to the State of Nevada’s Medicaid State Plan §3.1 for NET Services, eligible recipients do not have the option of disenrolling from the NET broker, nor does the NET broker have the option of disenrolling any eligible recipient. Copies of the State of Nevada Medicaid State Plan §3.1for NET Services are available on the DHCFP’S website at <http://dhcftp.nv.gov>.

“Pending” Medicaid recipients (those whose applications for assistance have been submitted but not adjudicated) are not eligible for transportation services provided by the NET broker.

The NET broker is not financially responsible for any services rendered during a period of retroactive eligibility.

**1903.7 INFORMATION REQUIREMENTS**

The NET broker must have written information about its services and access to services available upon request to recipients. This written information must be available in English and Spanish. The NET broker must make free, oral, Spanish interpretation services available to each recipient, if necessary. The broker may supply telephone interpretation services for other non-English languages. The DHCFP must approve all materials distributed to recipients.

- A. The NET broker’s written material must use an easily understood format. The NET broker must also develop appropriate alternative methods for communicating with people with vision or hearing impairments and must accommodate recipients with a physical disability in accordance with the requirements of the ADA. All recipients must be informed that this information is available in alternative formats and how to access those formats.

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1905 NET GRIEVANCES, APPEALS AND PROVIDER DISPUTES

1905.1 NOTICE OF DECISION

The NET broker may take action on a recipient's request for transportation based on the DHCFP's coverage policy and guidelines as set forth in the Nevada MSM. The request may be approved, denied, or limited (i.e. denied in part, or reduced) based on these eligibility and coverage policies. The broker shall notify each recipient in writing of the reason for any action which is taken to deny or otherwise limit a recipient's request, within five business days of such action; such notification is called a Notice of Decision (NOD).

Pursuant to 42 CFR 438.10 (g), the NOD shall include information regarding the recipient's right to a State Fair Hearing (see Chapter 3100 of the Nevada MSM), the method for obtaining a State Fair Hearing, and the rules that govern the recipient's right to representation. The broker must also provide a NOD to the requesting provider, if applicable.

The NOD must include the following information:

- A. The action the broker or its network provider has taken or intends to take;
- B. The reasons for the action;
- C. The recipient's right to request a State Fair Hearing;
- D. The method of obtaining a State Fair Hearing;
- E. The rules that govern representation at a State Fair Hearing;
- F. The right of the recipient to request a State Fair Hearing and how to do so;
- G. The right to request to receive benefits while the hearing is pending and how to make this request; and
- H. That the recipient may be held liable for the cost of those benefits if the hearing decision upholds the broker's action.

The NET broker shall provide any reasonable assistance to recipients in filing a State Fair Hearing, including transportation to the hearing, if necessary.

The NET broker is required to maintain records of all grievances received and NODs provided, which the State will review as part of the State's contract monitoring and management oversight.

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1905.2 RECIPIENT GRIEVANCES AND PROVIDER DISPUTES

The NET broker must have a process with which to address recipient grievances and provider disputes. The DHCFP will refer all recipient grievances and provider disputes to the NET broker for resolution. The NET broker must provide information about its recipient grievance process to all providers and subcontractors, at the time they enter into a contract.

The NET broker is required to dispose of each recipient grievance and provide notice as expeditiously as the recipient's health condition requires or no more than 90 days from the date the grievance is received by the NET broker or a network provider. The NET broker shall attempt to respond verbally to the recipient, authorized representative, the DHCFP or provider grievances and disputes within 24 hours of receipt of the grievance or dispute. The NET broker shall issue an initial response or acknowledgement to written grievances and disputes in writing within 72 hours.

In addition, the NET broker must:

- A. Provide recipients any reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TDD and interpreter capability;
- B. Acknowledge receipt of each recipient grievance;
- C. Ensure that the individuals who make decisions on recipient grievances were not involved in any previous level of review or decision-making; and
- D. Notify the recipient of the disposition of grievances in written format. The written notice must include the results of the resolution process and the date it was completed.