



Medicaid
Non-Emergency Medical Transportation
(NEMT)
Procedure Manual



Revised 12/1/23

This page intentionally left blank

Table of Contents

Introduction	6
Non-Emergency Medical Transportation (NEMT)	6
Definitions	8
Abbreviations	10
National Criminal Information Center (NCIC) & Vermont Criminal Information Center (VCIC) ...	11
Adult Abuse Registry & Child Abuse Registry	12
Department of Motor Vehicles (DMV).....	12
Office of Inspector General (OIG)/LEIE	12
Documentation Requirements	13
General Requirements	13
Billing Requirements	14
Taxis & Other Subcontractors.....	14
Waiver of Liability	14
NEMT Eligibility	15
Member Eligibility	15
Confirming Eligibility.....	15
No Other Transportation Available.....	15
Proof of Inoperable Vehicle.....	16
No License and/or Insurance.....	16
No One in Household is Medically Able to Drive	16
No Public Transit or Free Transports Available	16
Transportation To A Medical Appointment or Service	17
Enrolled Provider	17
NEMT Program Administration	18
Least Costly Mode of Transport	18
Ride Coordination	19
Medical Necessity	19
Public Transportation	20
Advance Notice Guidelines	20
Out-of-Area Transports	20
Prescriptions & Durable Medical Equipment (DME).....	21
Member Moves	21
Out-of-Network Facility Transports	21
Mileage, Meals, and Expenses Reimbursement.....	22
Lodging	23
Boston Area Lodging	24
On Time Pick Up Window	25
Verifying Medical Appointments	25
Fraud, Waste, and Abuse	25
Pick-up & Drop-off Points.....	25
After-Hours Transportation.....	26
NEMT Process	26
Information Required for Transport	26
Volunteer Drivers	27
Reimbursement	27
Hardship Mileage	28
Waiver of Liability	29

Allowing Other Passengers	29
Bus Voucher Program	30
Member Communication.....	30
Notice Requirements for Transportation.....	31
Unruly, Dangerous or Illegal Behavior.....	31
Behavioral Procedures	31
No-Show Procedures.....	32
Member Appeals	33
Eligible and Ineligible Medical Services	33
Examples of NEMT Eligible Services.....	33
Examples of Non-Eligible Transportation Services.....	33
Child Transports	34
Trips Not Covered by Medicaid.....	34
Court-Ordered Services	35
Adult Day Services	35
Day Health Rehabilitation Services (DHRS).....	35
Residential Care and Nursing Facilities.....	35
Substance Abuse Trips	35
Suboxone Providers and Methadone Treatment Centers.....	36
You First Transports	37
Transportation Benefits.....	37
Process	37
Billing Codes	38
Manual Claims.....	38
Contact Information	38
VPTA/Subcontractor Relations	38
Confidentiality & Disclosure of Information.....	38
Report Suspected Fraud, Waste & Abuse	38
Incident Reporting	39
News Releases & Publicity.....	39
Form Protocols	39
Prior Authorization Requests.....	39
Submitting Transportation Prior Authorization Requests.....	40

This page intentionally left blank

Introduction

Per 42 CFR 440.170(a), “Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatments for a recipient.”

Medicaid is an assistance program enacted to provide health care services to individuals who are low-income, aged, blind or disabled and families with children. Started in 1965, it is funded with federal and state monies and administered by each state.

Non-Emergency Medical Transportation (NEMT) is a covered service for members enrolled in Medicaid and Dr. Dynasaur programs. NEMT is a statewide service for providing transports for eligible people to and from necessary, non-emergency medical services. It is provided through a Personal Services Contract between the State of Vermont, Department of Vermont Health Access (DVHA) and the Vermont Public Transportation Association (VPTA), which is comprised of a regional network of public transit providers. This contract can be found at: <https://dvha.vermont.gov/administration/grants-and-contracts/contracts>.

This manual is to be primarily used by contracted transportation providers to help determine member eligibility for NEMT and to ensure the least costly, most appropriate NEMT for those eligible Medicaid members. This manual is to be used in conjunction with the Vermont Medicaid Provider Manual, which can be found at www.vtmedicaid.com/Downloads/manuals.html.

VPTA, as the contracted administrator of DVHA’s NEMT program, is responsible for ensuring compliance with the adherence to the guidelines set forth in this NEMT manual with regard to all subcontractors and any designees of those subcontractors.

In addition to the NEMT program, VPTA may provide other Agency of Human Services rides including on-demand transportation services for Reach Up participants beginning as early as the Summer of 2021. This includes rides to employment, work activities, education, training, assessments, or other activities identified by Reach Up Case Managers. The transportation shall support Reach Up participants in gaining and retaining employment, and will often include transporting children to and from childcare. The eligibility criteria for these rides differs from NEMT and as such the manual will be updated once the Reach Up rides have been incorporated into VPTA’s transportation plan.

Non-Emergency Medical Transportation (NEMT)

DVHA oversees and monitors NEMT, issuing policies and procedures to coincide with changing circumstances and federal and state directives. DVHA is also responsible for approving various trips and exceptions, including authorizing trips outside of a 100-mile radius from a member’s home and out-of-state trips.

NEMT does not include transportation for emergency services or transportation via ambulance. See [HCAR 4.102 – Emergency Services](#) and Medicaid Covered Services Rule 7407 Ambulance Services for more information about emergency services and transportation via ambulance.

As the contracted Vermont NEMT administrator, VPTA subcontracts with a network of public transportation providers to ensure statewide access to transportation services for eligible members. VPTA must ensure that these subcontractors screen for eligibility, schedule the least-costly mode of transportation to medical appointments/services, and submit claims to Gainwell Technologies for processing.

VPTA is subject to service approval, along with claims processing and utilization review. They are also required to abide by the terms of their personal services contract with DVHA, the Provider Enrollment Agreement, health care administrative rules promulgated by the Agency of Human Services, and the latest approved version of this manual. VPTA and their subcontractors must also abide by all aspects of the Federal Tax Code.

A member's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member's personal choice of provider.

Definitions

Contractor Employee or Volunteer: An employee or volunteer who, through a contract or subcontract, provides transportation services or otherwise has direct contact with Medicaid members as part of his/her job responsibilities.

Cancellation: The withdrawal of a trip request by a member that occurs within the prescribed acceptable period for such action. Twenty-four (24) hour notice of cancellation is encouraged. Consistent failure to cancel rides with at least 2 hours' notice prior to pick up time will result in a no show without reasonable cause.

Eligibility Verification System (EVS): An automated system that enrolled providers can access to verify member eligibility prior to providing services. Eligibility can be verified either through the Gainwell Technologies Voice Response System or through the online Medicaid portal at www.vtmedicaid.com.

Estimated Time of Arrival (ETA): The projected time that the vehicle shall pick up the passenger. Due to traffic, weather, passenger needs, and the nature of coordinating numerous trips in the same vehicle, it is not always possible to have precise pickup/drop-off times. As such, a reasonable variance due to conditions is permitted. See "On Time Pick Up Window" for further definition.

Gainwell Technologies: DVHA's fiscal agent, responsible for processing claims for NEMT provided under this contract. Gainwell Technologies number is 1(800) 925-1706. Their mailing address is P.O. Box 888, Williston, VT 05495.

Green Mountain Care Customer Support Center: The contracted entity that responds to member inquiries regarding eligibility and coverage for all health care programs. The Member Services number is 1(800) 250-8427.

Homeless: A member who lacks a fixed, regular, and adequate nighttime residence; or a member who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (42 CFR § 113.02)

No-Show: Member or subcontractor failure to show for a ride. A member "No-Show" has occurred when the vehicle has arrived within the pickup window of the ETA, a valid cancellation of a trip request has not been made, and the rider has not boarded the vehicle within the specified wait time.

Pick Up Point: The pickup point for all rides should be at the member's home address as reported and displayed within Vermont Medicaid's Siebel, ACCESS, and MMIS systems. Special requests for pick up or drop off deviations that are more distant than the home address will require prior approval by VPTA.

Registry or Registries: The Registries of substantiated instances of abuse, neglect or exploitation of a child or vulnerable adult, maintained by AHS as pursuant to federal law. See Background Check section below for more detailed information.

Rider: Passenger in a mode of transport.

Trip: A trip is defined as any distance travelled with a clear origin and ending destination. For example, a member getting picked up at home and brought to a doctor's office for an appointment counts as one trip. Getting picked up and returned home after the appointment counts as one trip. Please refer to the documentation section below for further billing/claims information.

Volunteer Driver: A driver provided through one of VPTA's providers who does not reside in the same physical household as the Medicaid member and who provides the vehicle for transport; or a driver provided through one of VPTA's providers who resides in the same physical household as the Medicaid member, is not related to the Medicaid member, and provides the vehicle for transport. All volunteers must go through a background check process, administered by VPTA. Any exceptions to this policy should be discussed with DVHA staff.

Abbreviations

ADAP	Alcohol and Drug Abuse Programs
AHS	Agency of Human Services
CFC	Choices for Care (1115 Long Term Care Medicaid Waiver) Program
CMS	Centers for Medicare and Medicaid Services
DAIL	Department of Disabilities, Aging & Independent Living
DCF	Department for Children and Families
DDS	Disability Determination Services
DHRS	Day Health Rehabilitation Services
DMF-SSA	Death Master File (DMF) from the Social Security Administration (SSA)
DMH	Department of Mental Health
DMV	Department of Motor Vehicles
DVHA	Department of Vermont Health Access
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ESD	Economic Services Division
GMC	Green Mountain Care
HAEEU	Health Access Eligibility & Enrollment Unit
HIPAA	Health Information Portability and Accountability Act of 1996
LEIE	List of Excluded Individuals/Entities
MMIS	Medicaid Management Information System
NCIC	National Criminal Information Center
NEMT	Non-Emergency Medical Transportation
PA	Prior Authorization
PMPM	Per Member Per Month
PMPW	Per Member Per Week
SAM	System for Award Management
VCCI	Vermont Chronic Care Initiative
VCIC	Vermont Criminal Information Center
VDH	Vermont Department of Health
VPTA	Vermont Public Transportation Association

Background Checks

In accordance with 42 CFR §§ 455.434 & 455.436 (Federal mandates regarding this issue), background checks must be performed on all VPTA employees, and all volunteer drivers, taxi company employees, and all other subcontractor staff – both administrative and direct service providers. They must clear all background checks prior to initial hire with the databases listed below, and these must also be rechecked annually unless otherwise noted:

- National Criminal Information Center (NCIC)
- Vermont Criminal Information Center (VCIC)
- Child Abuse Registry
- Adult Abuse Registry
- Department of Motor Vehicles (DMV)
- Office of Inspector General – List of Excluded Individuals/Entities (LEIE)
 - <https://oig.hhs.gov/exclusions/index.asp>
- Social Security Administration’s Death Master File (DMF)
- General Services Administration – System for Award Management (SAM)
 - <https://www.sam.gov/SAM/pages/public/index.jsf>

Instructions on how to utilize the above sites may be found at <https://oig.hhs.gov/exclusions/tips.asp>.

To remain in compliance with ACA requirements, the following background checks must be performed monthly thereafter for the following databases. CMS may also prescribe new check requirements through new regulation and legislation.

- Office of Inspector General (LEIE)
- General Services Administration – System for Award Management (SAM)
- Social Security Administration’s Death Master File (DMF)

Services may not be rendered by anyone who does not have a clear background check, including administrative staff. VPTA shall notify DVHA within 25 days of finding an exclusion. DVHA will not reimburse VPTA for transport services if such services were arranged or provided by someone who does not have clear background checks.

Documentation of these checks must be kept on file for audit purposes.

National Criminal Information Center (NCIC) & Vermont Criminal Information Center (VCIC)

Individuals must not have a criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust, including, but not limited to:

Abuse, neglect, or exploitation	Simple or Aggravated assault
Aggravated sexual assault	Stalking and Aggravated stalking
Arson	Assault and robbery
Assault upon law enforcement	Cruelty to children
Domestic assault	Extortion
Embezzlement	Hate motivated crime
Kidnapping	Lewd and lascivious conduct
Manslaughter	Murder
Recklessly endangering another	Sexual assault

The NCIC and VCIC checks to be performed will not include a fingerprinting requirement.

Adult Abuse Registry & Child Abuse Registry

Individuals must not have a substantiated finding of abuse, neglect, or exploitation of a child or vulnerable adult.

Department of Motor Vehicles (DMV)

Drivers must have an appropriate and valid driver's license, vehicle registration, and current vehicle insurance and at least two years of continuous driving experience in the United States.

If a DMV check reveals any violation, VPTA must request a variance from DVHA for approval if the services of this driver are still desired. Non-restricted convictions or motor vehicle violations such as a speeding ticket may be allowed depending upon the situation.

A driver who receives notice of license suspension, cancellation or revocation must inform VPTA of the contents of the notice immediately, or no later than the end of the business day after receiving the notice.

Office of Inspector General (OIG)/LEIE

This list includes the names of individuals who have been convicted of illegal activity regarding Medicaid fraud or abuse. The search function for this list can be found at both <http://exclusions.oig.hhs.gov/> and <http://sam.gov>. If an OIG check reveals any violation, VPTA must request a variance from DVHA prior to approval, if such is requested.

In addition, the Death Master File (DMF) from the Social Security Administration needs to be checked upon initial hire. This site may be found at:

<http://search.ancestry.com/search/db.aspx?dbid=3693>

Drug Testing

VPTA and its subcontractors must establish a drug-free workplace policy statement and a substance abuse management and testing program in accordance with federal guidelines, including 49 CFR parts 40 and 655 (addressing drug testing requirements).

Documentation Requirements

All State of Vermont contracted entities are required to keep records for 7 years, except for incoming call recordings, which will be saved for 365 days. All records must be available at any time for review by Federal or State authorized staff, including all audio and video recordings. These records must be available for review as requested by DVHA staff. This requirement also applies to all subcontracted drivers. These records may be kept in electronic form, as long as they are still readily obtainable upon request.

VPTA staff and subcontractors must issue, via either regular mail or email, a Notice of Decision for any and all approved or denied exemptions and referrals. Members may be notified via a phone call of the denial/approval, but all calls must be followed up with mailed or emailed hard copies of all decisions. Those copies will include all information necessary, including the date of expiration of exemption if approved and all appeal rights and information per [HCAR 8.100 Internal Appeals, Grievances, Notices, and State Fair Hearings on Medicaid Services](#).

General Requirements

All trip manifests must be retained, and they must include:

- Full date of trip
- Driver's full name/signature
- Miles traveled (odometer readings)
- Member's full name
- Pick-up and drop-off locations
- Pick-up and drop-off times (actual)
- The time the driver starts and stops billing

Copies of all notices and mailings sent to members (signed NEMT Rules Document, Notices of Decision, behavior contracts, no show letters and process warnings) must also be saved.

Billing Requirements

The following codes should be utilized by VPTA when filling out claims forms for submission:

- A0080 Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest.
- A0090 Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest.
- A0100 Non-emergency transportation: taxi
- A0110 Non-emergency transportation and bus, intra or interstate carrier
- A0120 Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems.
- A0140 Non-emergency transportation and air travel (private or commercial), intra or interstate.
- A0170 Transportation: ancillary: parking fees, tolls, other.
- A0180 Non-emergency transportation: ancillary: lodging – recipient.
- A0190 Non-emergency transportation: ancillary: meals – recipient.
- A0200 Non-emergency transportation: ancillary: lodging – escort.
- A0210 Non-emergency transportation: ancillary: meals – escort.

Taxis & Other Subcontractors

VPTA must maintain a list of:

- Taxi companies subcontracted to provide NEMT services, including all documents related to the completion of the required background checks for all drivers providing direct service to VT Medicaid recipients.
- Any other subcontracted companies utilized.
- Names of subcontracted drivers who provide NEMT services, including documents attesting to completion of all required background checks.

In addition:

- All subcontracted or taxi invoices must include the name and signature of the driver.
- All subcontracted van manifests must meet the specifications listed in General Requirements.

Waiver of Liability

A signed Waiver of Liability must be on file before Hardship Mileage reimbursement can be paid.

NEMT Eligibility

Member Eligibility

Members must be currently enrolled in Vermont Medicaid (which includes Dr. Dinosaur) to be eligible for NEMT.

Members in the following programs are not eligible for NEMT:

- Pharmacy programs
- Medicare Savings Programs (unless the member is dually enrolled in Medicaid)
- Qualified Health Plans obtained through Vermont Health Connect

Confirming Eligibility

VPTA is responsible for verifying a member's eligibility **before each ride**. DVHA will not reimburse for rides provided to members who are not eligible on the date of service. If it is found that VPTA was reimbursed in error for a ride, those payments will be recouped by Gainwell Technologies – regardless of who made the error. Eligibility is verified using any of the following resources:

- Gainwell Technologies Voice Response System: 1-800-925-1706.
- Transaction Services at www.vtmedicaid.com/Interactive/login2.html
- Provider Electronic Solutions (PES) software, free and available at www.vtmedicaid.com/Downloads/software.html

No Other Transportation Available

Medicaid will provide rides to Medicaid-billable or Blueprint-sponsored appointments for eligible members when it has been determined that they have no other means of transportation available to them. Medicaid will not pay for transportation if the member could have been transported for free or if the transportation was otherwise unnecessary. It must be proven by the member that no other transportation options exist. All transportation that is present within a **Medicaid-defined** household is considered available transportation. For NEMT eligibility, a household may be composed of:

- Parent/caretaker relative (when adult child is disabled, living with parents).
- Spouse.
- Child(ren) and their spouses.
- Persons who have a child in common are considered to be in the same household.

All reasonable efforts to access other means of transportation must be exercised.

If a member or a member's spouse or a child in common owns a vehicle but the vehicle is unavailable, the member may be eligible for a ride. A vehicle is considered unavailable if one of the following criteria exists:

- The vehicle is not registered per DMV records.
- There are no licensed drivers in the household per DMV records.
- The vehicle is not insured (policy cancellation documentation must be provided).

- There is no one in the household capable of driving the vehicle (medical exemption documentation must be provided).
- The vehicle is being used for work purposes and the appointment cannot be scheduled around the wage earner's working hours (note from employer or Transportation Employment Exception Verification form completed by employer required).

If the member/spouse/child in common owns a vehicle that is unavailable per any of the above criteria, they must complete and sign a Medicaid Vehicle Exception Request Form declaring the vehicle unavailable. This form will be reviewed by DVHA for an appropriate approval or denial, and notification of the decision will be issued to the member by VPTA staff. DMV questions may be directed to DVHA staff by VPTA personnel. All completed forms must be kept on file and maintained by VPTA per the guidelines included in this manual.

Proof of Inoperable Vehicle

Members must provide proof if a registered vehicle in the household is inoperable. A Medicaid Vehicle Exception Request Form must be completed and signed by the member. A signed statement from a certified mechanic outlining the issue(s) with the vehicle and stating why it is inoperable must accompany the request.

DVHA's Chronic Care (VCCI) staff can also submit documentation of an inoperable vehicle. VCCI staff must fill out the Medicaid Vehicle Exception Request Form and submit it to DVHA for consideration. If accepted, documentation will be kept on file at VPTA for audit review.

No License and/or Insurance

If a member has a working, registered vehicle in the household but that member cannot drive due to 1) not having an active license or 2) no insurance on the vehicle, then the ride should be scheduled.

Proof of the license suspension can be obtained from DMV records, but the proof of a lack of insurance must be provided by the member. This proof should be in the form of a policy cancellation from the insurance carrier.

No One in Household is Medically Able to Drive

Proof of medical necessity must accompany the proper exception request form and be provided by a medical professional on letterhead for any individuals in the defined Medicaid household that are unable to drive, as outlined on the form.

No Public Transit or Free Transports Available

Medicaid transportation may not be used whenever free transportation is available.

Examples of such are:

- Free public transportation.
- Federally Qualified Health Centers that offer free transportation.

- Volunteer programs.
- Long-term Care providers supplying patient transportation (unless the patient receives Level III or IV residential care).
- Substance abuse treatment programs that supply transportation to their participants.
- Churches that provide transportation to members.
- Hospital social service departments with access to programs that provide free transportation.
- Any organization that provides transportation to the general public for free.

Transportation To A Medical Appointment or Service

Vermont Medicaid provides NEMT services to eligible members in accordance with [Medicaid Covered Services Rule 7408](#) and HCAR 4.225. VPTA must be able to verify the appointment/service. If a designated pharmacy has a mail or home delivery option VPTA has the right to request that a member inquire as to if they can receive their medicine in this fashion. VPTA may need to confirm with the pharmacy that the requested prescription cannot be either mailed or delivered before scheduling the ride.

A member's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member's personal choice of provider.

Enrolled Provider

The medical service must be provided by a health care provider currently enrolled in the Vermont Medicaid program, and that service must be billable to Vermont Medicaid. The Medicaid Provider list is maintained and posted online at <http://www.vtmedicaid.com/#/providerLookup> .

The following health care provider types are recognized by the Vermont Medicaid Program (this list may not be inclusive of all providers):

- Chiropractors
- Dentists
- Ophthalmologists
- Optometrists/Opticians
- Physicians
- Physicians Assistants
- Nurse Practitioners
- Podiatrists
- Licensed Master's and Doctorate-level Psychologists and Social Workers
- Certified Nurse Midwives
- Lay Midwives
- Physical Therapists
- Occupational Therapists
- Speech Language Pathologists
- Orthodontists
- Oral Surgeons
- Licensed Marriage and Family Therapists
- Naturopaths

- Enrolled Hospitals
- Freestanding Psychiatric Hospitals and State Mental Health Hospital
- Pharmacies
- Home Health Agencies
- Independent Labs and Radiologists
- DME Suppliers
- Prosthetics and Orthotic Suppliers
- Nursing Homes, including Vermont State Nursing Home
- Hospice Facilities
- Rural Health Clinics
- Outpatient Rehab Facilities
- Audiologists
- MH/NF Waiver Programs – i.e. NFI or Baird
- Dialysis Facilities
- Personal Care Aides/Assistants
- School Nurses
- Indian Health Service

NEMT Program Administration

Least Costly Mode of Transport

VPTA will utilize the least expensive mode of transportation available and appropriate to meet the medical needs of the member according to current Medicaid rules. Each decision must be documented.

The following modes of transportation are commonly used:

- Personal or family owned vehicles.
- Free fixed-route public transportation.
- Fixed and deviated route bus voucher.
- Volunteer driver trip (may have multiple, coordinated riders).
- Taxi (may have multiple, coordinated riders).
- Demand response public transport vehicle (may have multiple, coordinated riders).
- Personal Choice Driver (only available as an option upon prior approval from DVHA).

Ride Coordination

When scheduling rides, VPTA will coordinate all requests and ensure the least costly mode is being used for the most efficient utilization of services. As an example, if a member can be added to an existing or planned route if they adjust their appointment time, the provider does have the right to request that the member contact their doctor's office to request to reschedule, whenever possible. If it can be documented that an appointment cannot be rescheduled, the member shall not be penalized. A ride will still be scheduled for that member to that appointment.

See "On Time Pickup Window" below for further information concerning coordination and timeliness of rides.

All exceptions to these guidelines must be prior-approved by DVHA staff before scheduled.

Medical Necessity

Medical necessity for transport other than the least costly, most efficient mode requires documentation from a medical provider. The medical provider must fill out and sign a DVHA NEMT Medical Exemption form, complete with the member's diagnosis which supports the specific mode of transportation being requested. This form can be found at <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>. VPTA will also have these forms available on site for distribution upon request.

For an exemption to be granted the member must not be utilizing other types of transportation. Example: a member diagnosed with Agoraphobia will not receive approval for a taxi transport to see their doctor if they take the bus on other occasions or through other programs or funding sources.

The submitted application and documentation may be reviewed by DVHA's Medical Director before approval. VPTA will then notify the member of DVHA's decision. If the member refuses to use the transportation authorized by Medicaid, it is their responsibility to obtain and pay for the higher-cost transportation. Medicaid is not required to incur exceptional costs to transport the member.

Members with disabilities have the right to ask the broker for modifications, changes, or adjustments if they need them in order to access transportation services. This is called asking for a Reasonable Accommodation. Members can ask for a Reasonable Accommodation in person or in writing. If a member requires an accommodation:

- i. The broker must be informed that the member has a disability.
- ii. It must be outlined to the broker exactly how the disability interferes with the member's ability to access the current NEMT benefit.
- iii. It must be described to the broker what accommodation(s) are necessary in order to the member to access NEMT services.

The broker is not required to provide the exact accommodation being requested. The broker may select a less expensive accommodation, as long as it is medically appropriate and meets the needs of the member. The broker shall respond in writing regarding the outcome of the accommodation request.

VPTA must provide a 30-day warning to members who have been granted medical exceptions that the exception is set to expire.

Public Transportation

Members who live within three quarters of a mile of a bus route are required to utilize that mode of transportation, unless they can obtain documentation from their physician confirming they cannot walk that distance or have a medical condition that doesn't coincide with utilizing public transportation. Those who live within this walking distance must schedule their appointments to coincide with bus schedules.

Advance Notice Guidelines

VPTA will accommodate all trip requests to the best of their ability unless it is documented that there are no options available due to the late notice. Members should schedule their rides with at least 2 business days' advance notice. VPTA may also request (but cannot demand) that members try to reschedule their appointments if transportation with the least expensive mode may be available at another time. VPTA must also accept ride requests up until the close of the business day.

Out-of-Area Transports

Requests for transports more than 100 miles one way from the member's residence require a prior approval from DVHA. If the closest medical office or facility is further than 100 miles from the member's home, then VPTA may transport to the closest facility available without requiring that the member's physician fill out the Physician Referral Form. Reasonable flexibility is allowed for VPTA discretion regarding the 100-mile limit.

The member's primary care physician (PCP) or treating physician must complete a Physician Referral Form for out-of-area transports. This form must be submitted for review by DVHA staff for prior approval of any exceptions to the distance limitation. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible. DVHA will review the submitted information and decide whether to grant or deny the request, including any related travel expenses.

A member's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member's personal choice of provider.

Prescriptions & Durable Medical Equipment (DME)

Transportation is limited to the nearest available pharmacy or durable medical equipment provider – and only if delivery or mailing is not an option for obtaining prescriptions or DME. If a more distant pharmacy or DME supplier is requested, the medical necessity for that choice must be outlined by the referring provider for VPTA determination.

VPTA reserves the right to confirm that mailing or delivery of a prescription or DME is not an option. This documentation must be kept on file.

Closest Available Provider

If a member or a provider moves and the member must now travel beyond a 30-mile radius of the new location for medical care, VPTA will transport to the member's current provider up to 60 days from the date of the first request if necessary.

Members must be sent a notice advising them of this time period and that they are required to enroll with a provider within a 30-mile radius (or closest to the new residence, if there are no available qualified providers within 30 miles) in order to receive transportation after the 60 days expire. The notice of the 60 days must be sent to the member when the original appointment beyond 30 miles is scheduled.

When transportation is denied to a particular provider because there are closer qualified providers, assistance should be given by VPTA to identify which additional providers are available in closer proximity to the beneficiary.

Any exceptions which require further medical review can be passed to DVHA for consultation.

Out-of-Network Facility Transports

A Physician Referral Form must be submitted for review by DVHA for preapproval for all trips to out of network facilities for both elective outpatient office visits and inpatient hospital stays. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible. The Physician Referral Form can be found at <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>.

DVHA will review the submitted information and decide whether to grant or deny the request, including any associated overnight lodging and/or meal reimbursement. If Medicaid is the primary insurance for a member, certain in- and out-patient services will need to have a prior authorization from DVHA's Clinical Unit in place before any associated transportation requests will be approved.

Mileage, Meals, and Expenses Reimbursement

VPTA will reimburse for mileage expenses incurred for travel to and from prior-approved in- and out-of-network medical appointments. Mileage reimbursement will specifically be for one direct round trip on the shortest Google-verified route unless otherwise approved by Medicaid. Once at the destination, reimbursement for out-of-area in-city Google-verified mileage will be for direct round trips to and from lodging/hospital only. Reimbursement will also be paid for other trip- associated costs, including parking and/or tolls as long as it is preapproved by DVHA. Per IRS rule, Medicaid cannot reimburse for any costs incurred without an original receipt. Members must be advised of this rule before taking the trip. VPTA should inform members to keep copies of all receipts and pay for tracking when mailing those receipts for reimbursement. VPTA shall not be responsible for receipts lost in the mail. All receipts must be submitted to VPTA postmarked within 30 days of return home in order to be eligible for reimbursement.

No reimbursement will be available for any expense paid via gift cards, gas cards, meal cards, or any external funding sources (i.e., GoFundMe). Nonessential items (i.e., valet parking, room service, phone, or television) will also not be reimbursable.

Visitor transportation is not eligible for Medicaid coverage. Transportation for parents, family members, or other caregiver(s), referred to as “visitors” in this context, who are visiting a beneficiary who is hospitalized or otherwise receiving residential or facility-based treatment (in-state or out-of-state) generally is not necessary for the beneficiary to receive the covered medical service and thus will not be covered by this program.

The member and/or an adult attendant may also receive reimbursement for meal expenses incurred during the pre-approved stay. In order to be eligible for meal reimbursement, an approved overnight stay (or a parent staying bedside) must be involved. All meal receipts must be submitted to VPTA upon return. Meals will be reimbursed at the following rates:

- IN STATE (per meal):
 - Breakfast - \$5.00 – must depart before 5:30 AM
 - Lunch - \$6.00 – away 6 hours, and only after overnight stay
 - Dinner - \$12.85 – for return after 6:30 PM only
- OUT OF STATE (per meal):
 - *Meal reimbursement begins on the first day of DVHA-approved travel.*
 - **Breakfast \$6.25** – (from 4:00 AM – 11:00 AM)
Breakfast will not be reimbursed if the hotel offers it for free.
On Day 1, you must depart before 5:30 AM to be eligible for breakfast reimbursement.
 - **Lunch \$7.25** – (from 11:01 AM – 4:00 PM)
 - **Dinner - \$18.50** – (from 4:01 PM – 12:00AM)
On the day you return to VT, you will not be eligible for dinner reimbursement.

Shared meals will only count as one meal for reimbursement purposes. Receipts must only include what was approved by Medicaid. Anything purchased outside the approval must be purchased on a separate receipt. If multiple meals are purchased (exceeding the number of approved diners per DVHA), the least costly meal will be reimbursed. Meals (not including

desserts or alcoholic beverages) must be purchased from a restaurant or dining facility itemized and detailed on the receipt. No reimbursement will be paid for single-item purchases at a grocery store or convenience store or for single-item snack foods (i.e., cookies, chips, crackers, candy, soda, coffee, etc.) in place of a meal. Tips, service fees, and food delivery fees are not reimbursable. Per IRS rule, groceries are no longer an eligible exception to the meal reimbursement rule. We can no longer reimburse for trips to the grocery store in lieu of meals purchased in a restaurant.

Lodging

If it appears that overnight lodging would be less expensive than mileage costs for multiple trips, VPTA will arrange the lodging upon approval from DVHA. Lodging will not be covered the day prior to the appointment if the appointment time is 10:00 AM or later unless authorized by DVHA.

When members have been authorized to stay overnight, VPTA must arrange for the least expensive, most appropriate lodging available. If a member declines any VPTA-arranged lodging, the member will be responsible for the entire cost.

- VPTA will arrange for and pay lodging expenses directly to the lodging facility.
- In cases where the member has been pre-approved to pay out-of-pocket for the lodging, VPTA will reimburse the member at a pre-approved rate upon the submission of trip receipts. No reimbursements shall be made for members who have paid for their own lodging without DVHA pre-approval.
- If retroactive eligibility is granted by DVHA, lodging expenses previously paid by the member/family will be reimbursed at no more than \$100.00 per night.
- VPTA must have a credit card with a sufficient credit limit to accommodate paying for out-of-state and in-state/out-of-area travel (i.e., airline tickets, rental cars) and lodging.
- If VPTA learns of any unruly, dangerous, or illegal behavior occurring during an approved overnight lodging, such information should be relayed to DVHA immediately.
- VPTA will pay for lodging and meals for one adult attendant while the need exists if the member is a minor under 18 years of age, or has documented medical need from their treating provider for an attendant to accompany them to and from medical care. If a minor is admitted to a hospital, most facilities will allow one parent to stay with that minor. In these situations, no other lodging will be authorized unless it is proven that the adult cannot stay at the hospital or it has been determined that a second adult needs to accompany due to medical necessity.
- Lodging (and meals) for any additional non-authorized individuals will not be reimbursed.

Boston Area Lodging

There are many options available for housing in the Boston area for families heading there for care. These options should be fully explored before any hotels are reserved for DVHA-approved stays. Applications to patient family housing facilities should be made as soon as the appointment is scheduled. Confirmation or waitlist notification should be provided to VPTA as soon as it becomes available. Failure to apply for family housing in a timely manner may impact a family's lodging eligibility.

Inpatient admissions usually come with sleeping arrangements at the hospital for one parent. The lodging sites associated with Boston Childrens Hospital (BCH) Family Housing include the Yawkey Family Inn (.6 miles from BCH) and The Bon Apartments (.4 from BCH).

VPTA, as VT Medicaid's NEMT contractor, can fill out this application on behalf of the member/family. The application can be found at <https://apps.childrenshospital.org/connect/housing/>. This application is fairly self-explanatory, and should include the member's/family's names, home address, and phone number. VPTA should be listed as the primary contact for the reservation. If you have any questions about the application itself, the office can be reached at 617-919-3450.

The Boston House (pedes oncology, is 0.6 miles from BCH, next door to Yawkey) is another option, with a separate application. They can be contacted at 617-734-3333 or at info@thebostonhouse.org.

In addition to these choices, contact should also be made with The Ronald McDonald House (3 miles from BCH) if lodging has not yet been found. The phone number is 617-734-3333. Hospitality Homes (888-595-4678), a program which puts families up in host homes in the BCH area, may also be an option. There is an application process for this option, which also includes the provision of references for each family.

In order for VPTA to be set up as the payer for these reservations, an email needs to be sent to familyhousing@childrens.harvard.edu. The email will act as a "letter of intent" and needs to include the family's name, dates of stay, and instructions which outline the fact that VPTA (including all contact info) will be responsible for paying for the approved stay. Confirmation should be received from the folks at BCH Family Housing once space has been located and reserved, or if the family has been placed on an availability waiting list.

VPTA must submit proof that all housing options were looked at before a local hotel was booked for an approved Boston-area stay. This proof of a lodging search must be included in the packet submitted to DVHA for payment.

On Time Pick Up Window

Members must be ready to board their ride within five minutes of the ride's arrival. To maximize opportunities for ride coordination, VPTA will be allowed to request that members be picked up as early as one hour before their scheduled appointment time for local trips, but members shall not arrive at their scheduled appointment no greater than 45 minutes before the scheduled appointment time (see below). Contractors may also request that members wait up to 45 minutes past the scheduled completion time of their appointment for pick up. VPTA shall utilize the following guidelines regarding ride scheduling and coordination:

- The monthly average wait time for all pick-ups performed by subcontractors shall not exceed 15 minutes after the scheduled pick-up time.
- The subcontractor shall drop off the member within 15 minutes of the scheduled appointment time as standard practice; earlier drop offs may be acceptable on a case by case basis, with no drop offs to exceed 45 minutes before the scheduled appointment time.
- Under no circumstances shall a driver drop off a member at an appointment more than 15 minutes before the opening time of the office or facility.
- For "will call" return pick-ups after appointments, the subcontractor shall arrive within one hour after the time they are notified that the member is ready, or by the close of the business day for the medical facility – whichever is earlier.
- If a delay of 15 minutes or more occurs during the day, the subcontractor must contact waiting members to inform them of the delay and the new expected arrival time of their ride.

Verifying Medical Appointments

VPTA must be able to contact the provider to verify that a medical appointment is scheduled. If an appointment cannot be verified, the ride will not be scheduled. At the very minimum, 5% of all appointments shall be verified by VPTA. The results shall be documented for DVHA review upon request.

Fraud, Waste, and Abuse

A member who schedules a ride without a corresponding medical appointment may be referred to DVHA's NEMT and Program Integrity Units for further investigation.

Pick-up & Drop-off Points

Trips should originate at the member's residence. Members will be returned to their residence or a drop off point at a shorter distance than their residence, but only at the member's request. Special circumstances may require VPTA approval.

If a member is homeless, a specific address should be provided to VPTA for use as a pick-up and after-appointment drop off location.

After-Hours Transportation

Unscheduled transportation outside of normal business hours is limited to transports from a hospital to facilitate discharge. VPTA must develop and maintain mechanisms to accommodate these situations.

The transport is covered by Medicaid if:

- VPTA verifies the member's Medicaid eligibility, and
- VPTA confirms the member is being discharged from the health care facility, and that the member has no other option for transportation from the facility to the home address listed on file – including public transportation, family members, or friends.

At no time will VPTA be expected to provide a volunteer or employee to transport a member in an emergency situation to a health care facility, taking the place of an ambulance.

Additionally, NEMT services should not be used to transport members to the emergency department for routine medical care. If a true emergency exists, members should be directed to call 9-11.

NEMT Process

VPTA must follow the steps below for all NEMT requests for transport within 100 miles:

- Verify a member's Medicaid eligibility.
- Verify that transportation is not otherwise available to the member.
- Verify the trip involves a medically necessary service.
- Verify the service/appointment is provided by a health care practitioner who is enrolled as a Medicaid provider and that the appointment is being billed to Medicaid.
- Verify this provider is within a 30-mile radius of the member's home (if a primary care physician) or is the nearest available qualified provider.
- Determine the most appropriate mode of transportation available to meet the member's medical needs.
- Schedule and provide the transport.

See "Out of Area Transports" section (page 22) regarding appointments that are not local.

Information Required for Transport

VPTA will record the following information for all trip requests:

- Date and time of the request.
- Member name, address, and Medicaid number.
- Eligibility status as a Medicaid member.
- Name of the health care provider.
- Address at which medical appointment/service is located.
- Date and time of the medical appointment/service.
- Whether or not the request is granted/denied. **If denied, ensure that a Notice of Decision has been mailed to the member within 24 hours of the decision.**
- Whether or not the transport actually occurred.

Any unusual situations that may have occurred during the transport (driver was late, member was late, road detours or delays, accident occurred during transport, member was not at home/medical facility to be picked up at appointed time, etc.) should also be documented. This should also include weather-related delays.

Scheduling requests may be made by others acting as representatives for members, as long as the member has submitted a signed approval to VPTA prior to the representative calling. Such approvals can be either mailed or faxed to either VPTA or DVHA.

Volunteer Drivers

In order to receive reimbursement, volunteer drivers must meet the following criteria:

- The transport is arranged by VPTA.
- The volunteer meets all current background check requirements.
- The volunteer provides their own vehicle.
- The volunteer driver cannot reside in the same physical household as the Medicaid member, or
- If they reside in the same physical household, they cannot be related to the Medicaid member.
Responsible relatives include:
 - Spouse/civil union partner
 - Unmarried parents with a child in common
 - Parents of minor children
 - Siblings
 - Any other blood relatives living in the household
- Volunteers will not be reimbursed for driving a vehicle owned by the member or a member of the member's family; however, these cases may be eligible for reimbursement under the Hardship Mileage Program.
- Foster parents may be volunteer drivers if the child is in the custody of the Department for Children and Families (DCF). Documentation of such must be available. **These drivers will be reimbursed at the current volunteer rate.**
- Court-appointed (non-parent) legal guardians for children under 18 years old are considered volunteer drivers. Documentation of such must be available.
- Court-appointed legal guardians for adults 18 and older are considered volunteer drivers. Documentation of such must be available.
- Rides set up directly by a member through a volunteer will not be eligible for reimbursement.
- All communications with members must come from either VPTA or the subcontractors, not the drivers themselves.

Reimbursement

VPTA may set up any methodology to reimburse their subcontractors and volunteers as long as that process complies with all current tax and employment laws. To obtain reimbursement for hardship and volunteer mileage, drivers must complete and submit a Trip Manifest within 30 days of the first trip taken (ongoing trips) or within 30 days of the date of return (longer, extended duration stays and/or travel) to the VPTA.

Hardship Mileage

The Hardship Mileage Reimbursement Program is for Medicaid households that:

- Have a vehicle, and
- Have family members who are transported over 50 miles per week (Sunday thru Saturday), or
- Travel over 215 miles per calendar month for medically necessary appointments or services, or
- Are involved in either the behavior or no-show hardship programs.

All local travel (less than 100 miles, shortest Google-verified route) must be prior authorized through VPTA in order to be eligible for reimbursement. All out-of-area or out-of-network travel must be prior authorized through DVHA in order to be eligible for reimbursement. Members will not be reimbursed for trips that do not meet all NEMT eligibility guidelines. This program is designed for everyone in a household. All miles accumulated for transportation to Medicaid billable appointments for household members may be used to meet the mileage requirements.

The following individuals may be eligible to receive Hardship Mileage:

- Natural or adoptive parent of a child less than 18 years of age.
- A family member living in the household providing transportation to another family member using a vehicle owned/provided by that Medicaid household.
- Members using their own vehicle for trips totaling more than 50 miles per week or more than 215 miles per month (i.e.: dialysis, adult day, drug treatment, etc.).
- Friends or family that are involved in either the behavior or no-show hardship programs.

Once prior authorized through VPTA, members may obtain reimbursement for hardship mileage by completing and submitting a trip manifest within 30 days of the first trip taken (ongoing trips) or within 30 days of the date of return (longer, extended duration stays and/or travel) to VPTA containing the following information:

- Starting point of the ride, and time and place of each medical appointment.
- Name of the medical provider.
- Actual miles traveled (shortest direct route to and from appointment with no deviation or detours)

Before Hardship Mileage is paid VPTA must verify that the mileage submitted is correct using Google Maps and confirm that the member either had a valid Medicaid-billable appointment or picked up a prescription.

Waiver of Liability

When Medicaid, Reach-Up members or You First program participants voluntarily choose to drive their own vehicle and request hardship mileage reimbursement, VPTA must obtain a signed Waiver of Liability from the member and driver.

The Waiver:

- Notifies the member and/or driver it is their responsibility to assure that the vehicle is properly registered and inspected.
- Verifies that the driver has a current driver's license.
- Notifies the driver that the vehicle must be operated in compliance with all motor vehicle laws.
- Explains that the member and/or driver assumes full responsibility for all liability and all risk of injury or loss and waives/releases any claims which the member or the driver may have against VPTA or DVHA.

A Waiver of Liability must be on file with VPTA before any hardship mileage reimbursement can be paid.

Allowing Other Passengers

In certain circumstances, one additional passenger may accompany a Medicaid member on a ride. If the member is 18 years of age or older, they must have documented medical need from their treating provider for an attendant to accompany them to and from medical care. Specific examples include:

- An adult accompanying a minor child.
- A companion accompanying a disabled person.
- A parent visiting a sick minor child in a hospital.

VPTA will allow a child under the age of ten years old to accompany a parent to the parent's medical appointment/service if the following conditions are met:

- The parent is currently covered by Medicaid and is eligible for NEMT; and
- The parent has a child under 10 years of age; and
- The parent is receiving or in need of medically necessary services covered by Medicaid; and
- The parent states that a lack of safe childcare will prevent them from attending medical appointment(s); and
- The medical provider agrees that it is appropriate for the child to join the parent for the duration of the appointment; and
- The parent provides and installs any necessary, age-appropriate car seat or booster in the vehicle prior to transport (the NEMT driver is not responsible for providing/installing car seats/boosters).

Members 18 years of age or older requesting others to assist or accompany them on a transport must receive prior approval. A letter from the referring physician proving medical necessity must be faxed with the completed and signed Physician Referral form for review. VPTA will then notify the member of the decision either via phone or in writing.

Bus Voucher Program

In Chittenden County, eligible Medicaid members who live on an existing bus route will be required to access that available public transportation. Members will be provided the opportunity to obtain a 10-ride bus voucher from Green Mountain Care Customer Support Center (800-250-8427). Once the member has the voucher, they will not be issued a new one unless the following process is followed:

- Member has appointment with qualified provider.
- Member calls program administrator to register appointment.
- Program administrator logs [and randomly verifies] appointment.
- Repeat steps 1-3 until member reaches last two rides on voucher.
- Administrator sends new voucher to member.

Member Communication

No-Show Procedures

At the first recorded no-show by a member, VPTA will send out the “No-Show Warning Notice”. After the third no-show, VPTA must send a “No-Show Call Ahead Notice” to the member that advises that they will now be required to call the VPTA to set up rides and to confirm those rides before they take place.

A member with three no-shows will be required to call in advance to confirm their ride the day before the scheduled appointment by noon. If the appointment is on a Monday, the member will need to call on Friday by noon to confirm. If the member does not call in, the driver will not be sent for the pickup, and the ride shall not take place.

Good cause for missing rides may be taken into consideration when addressing specific no-show incidents. Late or last-minute appointment cancellations by providers shall not be counted as no-shows for members.

If there are no no-shows in the next six months, the member may be allowed to revert to the normal process. A notice advising of this change must be sent to the member. Any subsequent no-show, however, will result in the member again being forced to comply with the new call in guidelines.

If a Reach Up member is a “no show,” copies of all notification letters will be sent to the member’s Reach Up Case Manager at the local DCF office.

No-shows shall count for the entire immediate family (all related family members living in the same Medicaid-defined household). For example, a no-show by a child shall count as one no-show for all related family members of that household, whereas a no-show by a non-related roommate shall not count against others in the home. All questions concerning the composition of the “Medicaid-defined household” should be directed to DVHA.

NOTE: If VPTA does not send the appropriate notices, the member’s no-shows cannot be counted against them until the correct notices have been sent.

Notice Requirements for Transportation

When any request for transportation is received, a written notice must be sent to the Medicaid member with the denial, termination, or change of circumstances regarding the service. VPTA must use the most recent version of the appropriate notice provided by DVHA. All notices must meet the requirements outlined in [HCAR 8.100 Internal Appeals, Grievances, Notices, and State Fair Hearings on Medicaid Services](#). If a request is approved, the member may be advised via phone. A recording of that call must be made available to DVHA upon request, and the recording must be saved per record retention guidelines. If a denial of an exemption, an exception, or over 100 mile appointment request occurs, an immediate denial must be sent. If the denial involves a currently received service, the end date of that service must be ten days from the date of issuance of the denial notice.

All transportation service decisions must follow Medicaid rules. If in doubt, VPTA should contact DVHA for guidance. All notices must be mailed to the member's home address within 24 hours of the adverse benefit determination.

One copy of this notice shall be sent to the member, and the other shall be kept on file with VPTA, available for review upon request during a site audit.

Unruly, Dangerous or Illegal Behavior

VPTA must ensure that transportation to and from necessary medical services is available for eligible members. VPTA may not deny transportation services because the member is unpleasant or disagreeable. In cases where member behavior is obnoxious or offensive but not dangerous or illegal, VPTA should inform the member in writing that the behavior is unacceptable and may jeopardize future transports. This process is outlined below.

Behavioral Hardship Program

First offense - written warning - outlining behavior violation and supporting documentation.

Second offense - written notification outlining the 2nd violation and notifying the member that they are required to find their own transportation for 30 days from the date of the offense, with reimbursement falling under the hardship program (all hardship rules apply).

Third offense - written notification outlining the 3rd violation and notifying the member that they are required to find their own transportation for 90 days from the date of the offense, with reimbursement falling under the hardship program (all hardship rules apply).

VPTA, under direction from DVHA, also has the option to "lock-in" a member to one specific volunteer driver due to repeated instances of offensive or inappropriate behavior. If the member chooses not to ride with that driver, then transportation will not be provided.

A member should be reported to the police if their behavior is dangerous or threatening to VPTA, DVHA, or subcontractor employees or the public. It should also be reported to the police if VPTA believes the member is engaging in behavior that is against the law, such as using illegal drugs. These actions should also be reported to DVHA.

After making a report, VPTA must notify the member in writing that the threats, physical abuse, or dangerous or illegal behavior has been reported to the appropriate authorities and that these actions may affect the member's ability to obtain further rides. This notice will be in the

form of a behavior contract, which outlines the need for compliance to ride and behavior guidelines. Any actions or behaviors which are in violation of set trip rules will result in a transition solely to the hardship behavior program. The member will only be eligible for hardship reimbursement payments to a driver that they find. The process of dealing with specific situations must involve DVHA input.

In cases where a member has a history of poor behavior and as a result no driver is willing to provide a ride, the member must receive a denial notice advising them “No carrier or driver willing to transport.” Please alert DVHA about these cases as soon as possible.

If a member has lost access to a closer provider due to inappropriate actions or behaviors, VPTA shall not be held responsible for transporting the member to a more distant location. In all cases where a request is denied, a notice must be sent in accordance with HCAR 8.100.

A member’s failure to find their own driver should not result in an increased cost to VPTA. Any member that cannot find their own transportation must not be denied access to care.

No Show Hardship Program

The current no-show letter process still applies. Once the member is on the call ahead list and no-shows three additional times in a 30-day period, and VPTA confirms attendance at appointments, the member will be sent a ten-day notice that the mode of transportation is changing to the hardship reimbursement program. The member will have the ability to find their own driver who will be reimbursed at the hardship mileage rate. VPTA will include the hardship forms with the NOD, outlining the ability for the hardship driver to receive mileage reimbursement.

A member’s failure to find their own driver should not result in an increased cost to VPTA. Any member that cannot find their own transportation must not be denied access to care.

Member Appeals

A member has the right to appeal any transportation service decision. Appeals are described in [HCAR 8.100 Internal Appeals, Grievances, Notices, and State Fair Hearings on Medicaid Services](#). All calls regarding appeals should be sent directly to Green Mountain Care Customer Support Center at 1-800-250-8427. Members should not be directed to DVHA staff if they have questions concerning a denial; all questions and explanations shall be addressed through the appeal process. DVHA staff may contact the VPTA if more information is needed regarding the appeal.

Eligible and Ineligible Medical Services

Members are only eligible for transportation services to medical appointments or services that are covered by and billable to Medicaid. Situations may arise, however, where Medicaid will pay for transportation to a service that is not normally covered under current Medicaid guidelines. VPTA must contact DVHA to discuss these situations and to receive approval to transport.

Examples of NEMT Eligible Services

- Care Coordination/VCCI visits – meetings with DVHA’s Care Coordinators (nurse or social worker) at their office location.
- Childbirth Education Classes.
- Clinical Trials when approved by DVHA’s Medical Director.
- Contraceptives – Medicaid will transport to pick up contraceptives if the pharmacy does not offer mail or delivery services.
- Internal Appeals and State Fair Hearings – Medicaid covers member transport to and from internal appeals and State Fair Hearings.
- Healthy Living Workshops – sponsored by the Blueprint For Health.
- Hearing Aids – Medicaid will cover transportation for members to have their hearing tested or to have hearing aids repaired.
- Sex Offenders’ Group Therapy – if a licensed psychiatrist or psychologist participating in Medicaid leads or directly supervises the group.
- Smoking cessation workshops and programs, including hypnosis.
- Well Child Clinics.
- This list is not inclusive of all NEMT eligible services.

Examples of Non-Eligible Transportation Services

- Services required by a child’s Individualized Educational Plan (IEP) that are not being billed to VT Medicaid, but being paid for by the school district.
- Self-directed activities.
- A pharmacy for non-medical items.
- Experimental treatments where a control group is used.
- Visiting sick friends or relatives.
- DCF District Offices to report changes or for reviews.
- Vermont Association for the Blind meetings.
- Local Food Shelves.
- WIC (Women, Infants and Children) program visits.
- Meetings with school counselors.
- Daycare facilities (children).

- Summer camps/schools.
- School tutoring/after school programs.
- Gyms/exercise facilities.
- Public or private pools for swimming.
- Homeless shelters.
- Civic organizations (American Legion, Lions, Elks, etc).
- Parenting classes (with the exception of childbirth classes).
- Grocery/department stores (without pharmacies).
- Trip to a healthcare provider's office solely to obtain medical records.
- Support Groups – battered women, cancer, Alcoholics Anonymous, etc.
- When the service would normally be covered by Medicaid but is free (such as flu shots).
- When members have exceeded the dollar-cap for a covered service but have agreed to pay for additional care out of their own pocket.
- Dental appointments when dentures are involved unless a clinical Prior Authorization has been approved.

Child Transports

VPTA will not approve a request for transportation of a minor child made by a biological or adoptive parent who has an appropriate vehicle unless those transports qualify for hardship mileage reimbursement. VPTA may request that an adult accompany a minor for the transport to be provided if VPTA is uncomfortable having that minor receive transport alone.

Foster parents and court-appointed (non-parent) legal guardians for children under 18 years old are considered Volunteer Drivers and will be reimbursed as such. Additional background checks are not necessary, as those individuals already go through a rigorous process in order to become either fosters or guardians through DCF.

Trips Not Covered by Medicaid

The following trips are not covered by Medicaid. Foster parents must request reimbursement for these trips from their foster child's caseworker:

- Transportation to and from a hospital for visits with an in-patient foster child.
 - Transportation to and from a special training for a medical condition to help support the care of the foster child.
 - Transportation to and from any facility to support the foster child's family reunification plan.

Court-Ordered Services

Transportation may be authorized if a member is mandated by a court to attend a service such as counseling or other form of therapy, as long as the appointment is both a normally-covered Medicaid service and the provider is participating with Vermont Medicaid. All other requirements under health care administrative rules and this manual apply. If an active Medicaid member is currently incarcerated in a correctional facility Medicaid will not be responsible for transporting that inmate to and from outside services.

Adult Day Services

Members receiving adult day services through the Department of Disabilities, Aging and Independent Living's (DAIL) Choices for Care Program, Highest and High Needs groups are eligible for NEMT to/from the adult day center as long as all other Medicaid Transportation requirements are met.

Day Health Rehabilitation Services (DHRS)

Members receiving Day Health Rehabilitation Services (DHRS) are eligible for Medicaid transportation as long as all other Medicaid Transportation requirements are met.

Note: There may be occasions when an Adult Day or Day Health Rehabilitation provider refers a person who is pending health care eligibility. If the provider requests transports for this person prior to Medicaid being granted, VPTA should request a written guarantee of payment from either the provider or the member in the event Medicaid is denied. Upon receipt of the payment confirmation VPTA may begin providing transport but must hold all billing until Medicaid eligibility has been determined.

Residential Care and Nursing Facilities

Medicaid covers trips to and from medically necessary services for Residential Care Home residents, as long as these trips are for a Medicaid-billable service and the member has no other means of transportation available to them.

Skilled nursing facilities are required to transport or pay for transporting residents with Medicaid for all medical services except for admission, discharge, and/or dialysis treatments.

Substance Abuse Trips

Transportation to regular alcohol or drug counseling is a covered service for eligible members if the provider is an authorized Medicaid provider. This automatically includes all ADAP providers.

OPIOID Treatment Transportation

Members will be transported to the provider or facility closest to the member's residence that has accepted the member as a recipient for treatment services.

In order for a member to receive transportation to a provider or facility that is not the closest to their residence, the member must provide documentation from the closest provider or facility confirming that no treatment slots are available, and that the member has been placed on a waiting list. The current treatment facility also should submit documentation supporting the medical necessity for staying at the current site. The specific need for transportation to more distant facilities must also be prior approved through coordination with ADAP. No trips to more distant facilities will be allowed without prior consent from ADAP.

VPTA should be aware of the need for "call backs" with regard to specific member programs at participating providers. These "call backs" are to be set up with the VPTA providers with as much prior warning as possible, but no ride confirmations should be robo-called to the member in question the day prior, as this would act to provide the member with too much warning. ADAP will work with VPTA to ensure the success of this process.

In addition, it should be stressed that signed behavior contracts should be in place for all members receiving NEMT services to either "hub" or "spoke" providers participating in this program. On-board cameras and recording devices should also be utilized in these situations as well.

You First Transports

VPTA will arrange NEMT for participants in the You First breast and cervical cancer and cardiovascular risk factor screening program.

A notice will be sent to eligible applicants by You First. The notice will contain the name and address of the participating provider's office and mammography facility. The notice will also contain contact information for the member's transportation subcontractor, along with the specific transportation rules and guidelines.

You First will also send the member a membership card with a serial number. A list of the card serial numbers issued in the subcontractor's service area will be mailed to VPTA so they may verify a member's participation in the You First program.

Transportation Benefits

Participants in the program are eligible to receive one to two round trips to a participating provider's office, and a trip to a mammography facility. Trips for follow-up appointments will be covered, along with trips for the YMCA Diabetes Prevention Program and weight management Lifestyle Programs including WW (Weight Watchers®) and Curves Complete®.

Payment is made for the least expensive mode of transportation that suits the needs of the participant. The participant's freedom of access to health care does not require You First to cover transportation at unusual or exceptional cost in order to meet the participant's personal choice of provider.

You First participants who believe their requests for transportation have been improperly denied may request to meet with You First program staff to resolve the issue.

Process

When a You First member contacts VPTA for a ride, VPTA staff will:

- Verify eligibility via You First membership card (with serial number).
- Identify appropriate mode of transportation.
- Arrange for transport.
- Provide transport.
- Submit a bill for services with a zero balance in a timely manner with accompanying CPT codes as (outlined in the current You First fee schedule) found at the website: https://www.healthvermont.gov/sites/default/files/documents/pdf/YF_2020-Fee%20Schedule-PDF%20Format.pdf.
- All You First claims will be suspended for review and manually overridden or paid.
- Agree to accept payment of allowable costs as payment in full and not bill the patient.
- Submit a CMS 1500 (02/12) claim form. Send claims to Gainwell Technologies, PO Box 888, Williston, VT 05495-0888.

Billing Codes

For You First transportation services, ONLY the following codes should be utilized (CPT Codes (Field 24 d. on CMS 1500 version 02/12 claim form)):

- A0110 Non-emergency Transportation and bus, intra- or interstate carrier
- A0080 Non-emergency Transportation, per mile – vehicle provided by volunteer
- A0100 Non-emergency Transportation – Taxi
- A0170 Transportation ancillary - parking fees, tolls, other

Manual Claims

Manual claims can be typed or legibly printed. All field locations that are required and the You First fee schedule can be found on the You First website

<https://www.healthvermont.gov/wellness/you-first-providers/bill-you-first-services>. VPTA can resubmit bills with corrections by placing a sticker or correction tape over boxes (for paper submissions).

Contact Information

The contact person for questions regarding the You First Program is:

You First
Vermont Department of Health
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

Email Youfirst@vermont.gov;
(800) 508-2222

VPTA/Subcontractor Relations

VPTA is responsible for establishing subcontractor relationships which may assist in adhering to the NEMT program outlined in this contract. Subcontractors must meet all of the requirements set forth in the DVHA-VPTA contract and the DVHA NEMT manual while performing directed NEMT duties. If issues surface between VPTA and a subcontractor that cannot be worked out according to the contract, DVHA staff may serve as initial arbiters to resolve any potential disputes.

Confidentiality & Disclosure of Information

VPTA is required to maintain the confidentiality of all information pertaining to each specific Medicaid member per the Business Associate agreement found in the current DVHA NEMT contracts.

Report Suspected Fraud, Waste & Abuse

If the VPTA, volunteer driver, or subcontractor becomes suspicious of fraud, waste or abuse in relation to transporting Medicaid members, they should submit a Health Care Fraud, Abuse &

Team Care Referral Form or call the Special Investigation Unit at DVHA. The form can be found at [Special Investigations Unit | Department of Vermont Health Access](#).

Also report suspected fraud, waste, or abuse by subcontractors or any drivers to the Program Integrity Unit using the same Health Care Fraud, Abuse & Team Care Referral Form as linked above.

Suspected abuse, neglect, or exploitation of minors must be reported to the 24-hour Child Protection Line run by the Department for Children and Families at 1-800-649-5285. The contact for the vulnerable adult population is Adult Protective Services at 1-800-564-1612. The VPTA is mandated by state law to report all instances of suspected abuse, neglect, or exploitation.

Incident Reporting

VPTA must notify DVHA within 24 hours of any incident involving the transport of a member where the police or an ambulance was called (ie: illicit drug use or car accident, etc.). As much detail as possible should be supplied to DVHA upon first contact.

News Releases & Publicity

Information pertaining to contract services shall not be released without prior DVHA approval, and then only in accordance with the explicit written instructions from DVHA. This includes, but is not limited to: notices, informational pamphlets, press releases, research, reports, signs, and similar public announcements.

- ➔ **No program information shall be released without prior written approval of DVHA and then only to designated entities.**

Form Protocols

All forms are available on DVHA's web site <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>. Please submit forms electronically to DVHA at 802-879-5919. Print as needed – VPTA letterhead is recommended.

Prior Authorization Requests

A number of situations require prior approval before the transport can be done. Requests for prior approval should be submitted at least 10 days in advance of the appointment. Prior authorization requests are needed for:

Type of Request	Form needed	Additional Documentation
Out-of-area/out-of-state transports	Physician Referral Form	A letter from doctor providing further information may be necessary.
Additional passengers	Physician Referral Form	A letter from doctor confirming medical necessity.

Medical Exemption	NEMT Medical Exemption Application Form	Notes/diagnosis on physician letterhead, if necessary
Inoperable/Unavailable vehicle	Medicaid Car Exception Request Form	<ul style="list-style-type: none"> • A letter from a certified mechanic on company letterhead, <i>or</i> • Proof of insurance expiration, <i>or</i> • Note from doctor, <i>or</i> • Note from employer. • Verification from VCCI

Submitting Transportation Requests and Documentation

- Fax completed form and supporting documentation (if appropriate) to DVHA at 802-879-5919.
- Referrals under 100 miles to VPTA at 802-442-0617
- Each request will be reviewed and acted upon as soon as possible.
- DVHA will fax the decision to the VPTA.