

Waiver Wise

Technical Assistance for the Medicaid Waiver Programs

Wisconsin Department of Health Services • Division of Long Term Care
Bureau of Long Term Support

Volume 2008 Issue 03

BIW CIP 1A CIP 1B COP-W/CIP II CLTS COR IRIS

MEDICAID TRANSPORTATION

Many questions may come up when trying to arrange transportation services for people with disabilities or elderly consumers, as well as determining remedial expenses related to transportation, such as:

- When does Medicaid provide coverage for medical transportation?
- Is medical transportation ever covered under Medicaid Waivers?
- When can the costs of transportation be used as medical/remedial expenses to reduce a cost-share liability or to incur the spenddown?
- Is there coverage under any program(s) for non-medical transportation to access community services, such as grocery stores, libraries, local government offices, etc.?
- What transportation services are available locally?

The answers to these and other transportation related questions are included in this WaiverWise, with the goal of providing Care Managers (CM) and Service and Support Coordinators (SSC) useful information on this topic.

Coverage of Medical Transportation under Medicaid:

Three types of medical transportation are covered under Medicaid:

- 1) Ambulance (emergency and non emergency),
- 2) Specialized medical vehicle, or
- 3) Common carrier.

Ambulance

Ambulance transportation is a covered service if it is provided by a Medicaid certified ambulance provider, and the individual has an illness or injury that rules out other forms of transportation, and only if it is for:

- Emergency care when immediate medical treatment or examination is needed to deal with or guard against a worsening of the person's condition.
- Non-emergency care when authorized in writing by a physician, physician assistant, nurse midwife or nurse practitioner.

Income Maintenance Workers (IMW) are not responsible for prior authorization for ambulance services, the provider is responsible for this.

Specialized Medical Vehicle

A Specialized Medical Vehicle (SMV) is a vehicle equipped with a lift or ramp for loading wheelchairs. The driver of a SMV must have first aid training and CPR certification.

SMV transportation is a covered service if the person is legally blind, or indefinitely or temporarily disabled as documented in writing by a physician, physician assistant, nurse midwife, or nurse practitioner. The documentation from the provider must indicate why the person's condition prevents him/her from using a common carrier or private vehicle. In the case of a *temporary* disability, the documentation must indicate the expected length of time SMV services will be necessary, as well as why the person cannot use common carrier transportation.

SMV services are available only for transportation to a Medicaid covered service, (including community waiver services if transportation is included in the individual service plan. A person's age, place of residence, lack of parental supervision, or lack of a driver's license are not qualifying criteria for SMV services).

The Income Maintenance (IM) agency is not responsible for prior authorization for SMV services, but may refer a member who is unable to use common carrier to a Medicaid certified SMV provider.

Common Carrier

Common carrier means any mode of transportation approved by an IM agency, except an ambulance or a SMV. Common carrier transportation is a covered service if the IM agency (or a designated agency) authorizes the transportation prior to departure. The IM agency will approve the most cost-effective mode of transportation possible. Note that if neighbors, friends, relatives or voluntary organizations have routinely provided transportation at no cost, the county or tribal agency does not have to approve transportation under Medicaid.

Any questions about *Medicaid* coverage of transportation or reimbursement should be directed to your local Income Maintenance Agency. Also, for up to date information, consult the Medicaid Eligibility Handbook Section 21.4.2 at this link:

<http://www.emhandbooks.wi.gov/meh-ebd/>

Coverage of Transportation under Medicaid Waivers:

Medicaid Waivers cover two types of transportation:

- 1) Specialized transportation (as defined under the waivers), and
- 2) Medical transportation when medical transportation is "unavailable" under Medicaid (see below for definition of "unavailable").

Transportation as Medical Remedial Expense Deduction

There are instances when the costs of transportation (either medical or specialized), can be used as a medical remedial expense deduction. This is illustrated in the questions and answers section below. For example, if the waiver participant prefers to utilize his own vehicle for a medical appointment or for specialized transportation, or if the waiver participant reimburses a neighbor/friend who provides transportation and does not wish to be employed by the county, then the cost of transportation can be counted as a medical remedial expense deduction as described in the examples.

Specialized Transportation

Specialized transportation is defined as the provision of services that permit a waiver program participant's access to the community 1) to obtain services, 2) to use necessary community resources, and 3) to participate in community life, as described in the participant's individual service plan. The definition of specialized transportation under the waivers is not the same as the Medicaid definition of Specialized Medical Vehicle.

Specialized transportation services under waivers are intended to maintain or improve the participant's mobility in the community, increase independence and community participation and prevent institutionalization. The county should have a written policy to ensure that the community criteria are consistently and equitably applied.

Services

Services may include the pre-purchase or provision of such items as tickets, passes, vouchers or other fare medium or may include direct payment to providers covering the cost of conveyance. Services may also include the development of a contracted, standing participant account between the agency and the transportation provider.

Specialized Transportation Limitations and Exclusions

Coverage is limited to transportation that assists or improves a participant's general mobility and their ability to perform such daily tasks as shopping or banking, as well as for the purpose of accessing community resources, employment or other activities as described in the participant's individual service plan.

Transportation provided principally to access a planned waiver program service, when such transportation is already covered as a part of the daily cost of that program or service, is not allowable as a separate waiver service.

Medical Transportation when Medicaid Transportation is Unavailable

Medicaid waivers cover medical transportation *only when Medicaid funded transportation is "unavailable" at the time the medical care or treatment is needed or scheduled and the care or treatment cannot be safely or reasonably rescheduled.* "Unavailable" means that the ride could not be booked due to provider(s) lack of capacity, or provider(s) are unable to respond to meet the scheduled need. "Unavailable" is not the same as a Medicaid denial.

Other Transportation Services Available at the Local Level:

Availability of local transportation services varies by county. The services range from urban public transit systems with large buses operating on fixed routes, to volunteer, faith-based organizations that serve individuals by providing rides in private automobiles. Check with your local Aging and Disability Resource Center, your county Veterans' Service officer, your

county Aging Unit, and other local resources to find out what is available in your particular county.

Common Questions and Answers:

1) If a waiver participant provides his/her own non-medical transportation in his/her own vehicle, can the mileage costs be counted as a remedial expense?

Yes. While the waiver participant transportation costs cannot be directly reimbursed with waiver funds, mileage costs can be counted as remedial expenses.

2) If a friend or neighbor provides non-medical transportation for the waiver participant and the waiver participant pays the friend/neighbor, can the costs be counted as a remedial expense? Note that some participants will pay a friend who drives by the miles, others will pay an agreed upon amount per trip or per month.

Yes, either mileage costs or per trip costs can be counted as a remedial expense.

3) How does the CM or the SSC calculate mileage costs?

For a regular vehicle, the CM or SSC should estimate the number of miles per month the participant drives himself/herself or is transported for specialized transportation (see waivers definition of specialized transportation in the Medicaid Waivers Manual and summarized earlier in this document). The total miles should be multiplied by the federal reimbursement rate in effect on the date of service. This rate changes at a minimum annually. Note that as of July 1st, 2008 this rate is 58.5 cents per mile. For an accessible van, the allowable mileage rate is 60 cents per mile.

In some cases the participant will pay a specific amount per trip rather than per mile. For example a participant pays his neighbor \$10 for each ride. In this situation the CM/SSC and the participant should estimate the average amount of trips needed per month. If it is determined that the neighbor will provide four rides a month, then the medical remedial amount allowed in this example would be \$40/month.

4) Can other vehicle related costs, such as car insurance, title, license, registration, gas, repairs, or maintenance, be prorated annually and also be counted as a remedial expense?

No. These costs are not allowed as remedial expenses.

5) If a waiver participant provides his/her own medical transportation in his/her own vehicle, can the mileage costs be counted as a medical expense?

Yes. However, because medical transportation is generally covered under Medicaid, and the participant could get reimbursed under that program, there are some additional calculations involved. If medical transportation under Medicaid is "unavailable", as specified on page 3, and the waiver participant provides his/her own medical transportation, the CM or SSC will only count the difference between the Medicaid reimbursement rate in their county and the federal reimbursement rate.

To illustrate:

In River County, the reimbursement rate is 19 cents/mile for medical mileage. However, under waivers, the federal rate of 58.5 cents per mile is used. The CM or SSC will use the difference between these two rates multiplied by the miles to calculate the remedial expense ($58.5 - 19 = 39.5$). If the number of miles under consideration is 20 miles per month, then the CM or SSC will multiply $39.5 \times 20 = \$7.90$ per month is the amount to be used as a remedial expense.

6) If the waiver participant is paying a friend, neighbor or family member (not a spouse) who is providing non-medical transportation, *using their own car* (not the participant's car), can the amount that the waiver participant is paying for this purpose be counted as a remedial expense?

The CM/SSC should first confirm with the person who is providing the transportation that s/he does not wish to be employed by an agency, or be paid with waiver funds through a fiscal agent.

If that is the case, then the CM or SSC should also determine that the amount of money that the waiver participant is paying for this service is reasonable, and does not exceed the current federal reimbursement rate. If this is the case, the CM or SSC will use the entire amount paid out by the waiver participant as a remedial expense.

7) What if instead of non-medical transportation the friend, neighbor or family member (not a spouse), is providing medical transportation? How does the CM or SSC determine the remedial expense in this case?

For medical transportation, the CM or SSC will still ascertain that the person who is providing transportation does not wish to be reimbursed by the Income Maintenance Agency, and that the amount of money that the waiver participant is paying is reasonable, based on the current federal rate.

However, in this instance, because the Medicaid program generally reimburses the provider for transportation services, the CM or SSC will have to calculate the difference between the federal rate and the Medicaid reimbursement rate in the particular county, and will use that amount times the miles to come up with the remedial expense (similar to answer in question # 5).

8) Can the costs of repair and maintenance to/for assistive technology devices (hand controls, computer-assisted driving aids, wheelchair lifts/ramps, etc.) or modifications (lowered floors, modified doors, raised roofs, etc.) to allow the individual to drive or be transported be used as medical/remedial expenses?

These adaptive aids are generally covered under the Waivers if they meet the requirements spelled out in Chapter IV of the Medicaid Waiver Manual "Allowable Services" http://dhs.wisconsin.gov/bdds/waivermanual/waiverch04_08.pdf#page=1 However, if the waiver participant has purchased these aids on his/her own, and these aids meet all the requirements spelled out in said chapter, then the CM/SSC could count the cost as M/R if the bill is still outstanding and the waiver participant is making payments on it. However, adaptive aids which are covered under Medicaid and were purchased by the waiver participant while s/he had Medicaid coverage cannot be counted as M/R. Only adaptive aids which are covered under Medicaid but were purchased by the waiver

participant prior to becoming Medicaid eligible, and meet all the other waiver requirements for adaptive aids can be counted as M/R if the waiver participant is still making payments on these items.