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To: Transportation Managers, Health and Recovery Plans (HARPs), HIV-Special Needs Plans (SNPs), Health Homes, Care Management Agencies, Recovery Coordination Agencies, Behavioral Health Home and Community Based Services (BH HCBS) Designated Providers, and Community Oriented Recovery and Empowerment (CORE) Services Designated Providers

From: Department of Health (DOH), Office of Mental Health (OMH), and Office of Addiction Services and Supports (OASAS)

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Non-Medical Transportation Guidance for HARP Enrollees & HARP-Eligible HIV-SNP Enrollees

Intent

This guidance serves as a resource regarding the Behavioral Health Home and Community Based Services (BH HCBS) Non-Medical Transportation (NMT) benefit for organizations and practitioners supporting Health and Recovery Plan (HARP) enrollees and HARP-eligible HIV-Special Needs Plan (SNP) enrollees. Within this document, you will find the definition of NMT and information on how this benefit can be accessed for eligible enrollees.

Background and Information Regarding Medicaid Transportation

Medicaid Transportation

Medicaid transportation is a service managed and administered by the Department of Health (DOH) to ensure that eligible enrollees have access to transportation in order to access Medicaid covered services. Currently, DOH contracts with two (2) professional transportation management companies (“Transportation Managers”), through five (5) contracts spanning six (6) regions, to manage the non-emergency medical transportation benefit including Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT). Medical Answer Services, LLC manages four regions which covers the entire state except Long Island (Suffolk and Nassau counties) and ModivCare Solutions, LLC manages the Long Island region.

Mode of Transportation and Medical Justification Form

In accordance with Federal guidelines, NYS Medicaid covers medically necessary non-emergency medical transportation services provided via non-emergency ambulance, ambulette, taxi, livery, public transit, personal vehicle, commercial travel (e.g., airplane, bus, train) and other modes as needed, consistent with the medical needs of the enrollee.

When traveling to medical appointments, Medicaid enrollees are expected to use the same mode of transportation used to carry out daily activities. In some instances, an enrollee’s medical condition necessitates a specific mode of transportation such as taxi/livery, ambulette,

or ambulance. The Medicaid Transportation program will pay for the lowest cost, most medically appropriate mode of transportation as justified by an enrollee's medical practitioner.

Medical practitioners¹ are required to complete the Verification of Medicaid Transportation Abilities (Form-2015) to document a medical justification when requesting a specific mode of transportation for an enrollee.

Definition of Non-Medical Transportation

Non-Medical Transportation (NMT) is an Adult Behavioral Health Home and Community Based Service (BH HCBS) available to eligible HARP² enrollees and HARP-eligible HIV-SNP enrollees. The NMT benefit is in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan, for example Non-Emergency Medical Transportation (NEMT).

Non-Medical Transportation services are available for enrollees to support access to:

1. BH HCBS appointments in the community, including Habilitation, Education Support Services, Transitional Employment, Prevocational Services, Intensive Supported Employment, and Ongoing Supported Employment;
2. Community Oriented Recovery and Empowerment (CORE) Services appointments in the community, including Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Empowerment Services – Peer Support, and Family Support and Training (FST); and
3. Non-routine destinations that are related to a person-centered goal included on the enrollee's BH HCBS Plan of Care.³

In addition to transportation to BH HCBS and CORE services in community-based settings, Non-Medical Transportation is intended to help initiate new goal-related activities for an enrollee. NMT is not available for routine events, such as transportation to and from a job or school. For example, an enrollee may be transported to a job interview or workplace orientation, but not to work on a daily basis. Similarly, an enrollee may be transported to a college fair or a meeting with an admissions counselor, but not to classes on a regular basis.

¹ Medical practitioners include: Attending physician, physician's assistant, nurse practitioner, dentist, optometrist, podiatrist, and social worker. The ordering practitioner must note in the enrollee's medical record that the enrollee's condition qualifies use of taxi/livery transportation.

² A Health and Recovery Plan (HARP) is a type of Medicaid Managed Care Plan designed to make community-based, recovery-oriented services and supports available to a greater number of Medicaid Managed Care enrollees. HARPs are available to adults aged 21 and over having significant behavioral health needs.

³ The person-centered goal in the Plan of Care is not required to be attached to Habilitation, Education Support Services, Pre-Vocational Services, Transitional Employment, Intensive Supported Employment, or Ongoing Supported Employment in order for the enrollee to access Non-Medical Transportation.

The below table includes examples of eligible activities and destinations:

Goal in Plan of Care	Non-Medical Location to Which Transportation May Be Requested
Obtain Employment	Job interview at prospective employer's office
Obtain college degree	College fair at local convention center
Regain custody of children	Parenting class at community center
Complete a trade program	Program orientation at a training center
Make friends	Networking event at library
Obtain High School equivalency certification	Workshop to prepare for the GED test at EOC

Prior to seeking Non-Medical Transportation, alternative options for transportation should always be explored, such as transportation from informal supports, community/residential services, and/or public transit. However, transportation provided by informal supports may qualify for reimbursement, see item #3 below under guidelines.

Eligibility for NMT

NMT is only available to HARP enrollees and HARP-eligible HIV-SNP enrollees who have been found eligible for BH HCBS using the New York State Eligibility Assessment (EA). The EA is administered by a Health Home Care Manager (HHCM) or Recovery Coordinator (RC). Any enrollee who is assessed as Tier 1 or Tier 2 eligible may receive NMT in accordance with this guidance. See the [Adult BH HCBS Workflow Guidance](#) for more information on the assessment process.

Guidelines for Use of BH HCBS NMT

General Guidelines

Generally, the same rules used to determine reimbursement of trips to medical appointments should be followed when considering reimbursement of non-medical trips for eligible enrollees.

- 1) Transportation must be tied to a goal in the person-centered BH HCBS Plan of Care, and transportation requests are outlined and authorized according to the NYS BH HCBS Plan for Transportation Grid.⁴
- 2) All NEMT and NMT trips require Prior Authorization from the Transportation Manager. Prior authorization is advance approval to travel. NMT trips should be requested at least 72 hours in advance in order to ensure availability of providers and the enrollee's freedom of choice in provider. The Transportation Manager (TM) will accommodate urgent and last-minute trips when possible.
- 3) Transportation provided by informal supports (i.e., friends or family members) are eligible for mileage reimbursement through NMT. To receive mileage reimbursement, prior authorization must be obtained from the TM in advance of the trip. The enrollee's friend or family member must be named on the Grid.

⁴ The "NYS BH HCBS Transportation Grid" can be found at <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>

- 4) Mileage Reimbursement Forms must be completed and submitted to the TM when an enrollee is driving themselves or a friend/family member drives the enrollee to a Medicaid covered service and they are requesting mileage reimbursement. All forms must be submitted within 60 days of the date of service. Such reimbursement is available if an enrollee or friend/family member drives the enrollee to an appropriate destination consistent with the definition and intent of NMT. Trips that would require personal vehicle mileage reimbursement for NMT must be documented in the enrollee's Plan of Care and the Grid to ensure that this transportation is tied to an enrollee's goal. Additional information on the DOH reimbursement policy can be found in the [DOH Transportation Manual Policy Guidelines](#).
- 5) Form-2015 must be kept on file by the Transportation Manager. The HHCM/RC may be able to coordinate completion of Form-2015 by an approved medical professional. A single Form-2015 is sufficient for all trips requested until the form expires or if the enrollee's medical need changes.
- 6) When possible, trips should be combined and travel should occur within a common medical marketing area (CMMA).⁵ When travel outside of the CMMA is necessary, a 2020-U form is required to document the justification.

Limitations and Exclusions

- 1) Transportation is available for a specified duration and annual cost. Each enrollee is limited to \$2,000 for spend on Non-Medical Transportation trips per calendar year, and for the duration specified in the enrollee's Plan of Care. NMT trips needed to community-based appointments for BH HCBS or CORE Services and trips using public transportation are not subject to the \$2,000 cost cap. The Department of Health Office of Health Insurance Programs (OHIP) is responsible for informing the Transportation Manager when the limit is approaching. The Transportation Manager will not authorize Non-Medical Transportation after they have been informed that the cost cap has been met.
- 2) Individuals enrolled in residential services who receive transportation as part of that service are ineligible for Non-Medical Transportation. Care Managers/Recovery Coordinators shall work with the enrollee to determine if transportation through their residential provider is an option or not. Additionally, enrollees living in settings that make them ineligible for BH HCBS may not receive NMT, and no Grid should be completed for these enrollees.
- 3) NMT is not intended to replace services provided by ACCES-VR or any other existing vendor.
- 4) Reimbursement for travel can be denied when the destination does not support the enrollee's integration into the community. Absent adequate justification, travel to destinations such as casinos, "smoke shops", off-track betting parlors, adult entertainment businesses, hunting clubs, and pubs/bars will not be authorized. The enrollee can travel to these destinations; however, other community transportation supports should be used.

Coordinating Access to NMT for Eligible Enrollees

The following guidance is intended to clearly delineate each organization or provider's roles and responsibilities surrounding an eligible enrollee's access to the Non-Medical Transportation

⁵ A common medical marketing area (CMMA) is the geographic area from which a community customarily obtains its medical care and services. The CMMA is not necessarily set by geographic or county borders and can vary depending on medical specialty or services required.

benefit. The Health Home Care Manager or Recovery Coordinator, Adult BH HCBS and/or CORE Services Provider, Managed Care Organization (MCO), and Transportation Manager each play a role in coordinating and supporting access to this valuable benefit.

Health Home Care Manager (HHCM)/Recovery Coordinator (RC)

Health Home Care Managers or Recovery Coordinators (where applicable) are responsible for conducting the New York State EA and developing the person-centered BH HCBS Plan of Care. If it is determined there is a need for transportation to support an enrollee's identified goals, the HHCM/RC will:

- 1) Work with the enrollee to explore all transportation options, including from family or other natural supports, residential programs that provide transport, and/or other modes of public transportation, as part of determining the need for Non-Medical Transportation;
- 2) Document the need for NMT within the person-centered Plan of Care;
- 3) Complete the NYS BH HCBS Transportation Grid; and
- 4) Send the completed BH HCBS Plan of Care and Transportation Grid to the MCO for approval.

The Transportation Grid should include the following known information:

- 1) Medicaid Beneficiary Information (demographics, including name, CIN, and county of residence)
- 2) NMT service details, including:
 - a. Goal from the Plan of Care
 - b. Service or Specific activity/support/task that transportation is needed for
 - c. Name of the BH HCBS or CORE Services provider(s), if applicable
 - d. Start date/end date
 - e. Frequency
 - f. Trip destination/address
 - g. Mode of transportation service needed (e.g., taxi, ambulette, etc.)
- 3) HHCM/RC contact information.

It is possible that the complete trip details may not be known at the time that the Grid is submitted (e.g., exact appointment time and date). The enrollee, HHCM/RC, and/or BH HCBS or CORE Services Provider can provide this information to the Transportation Manager as soon as details become known.

BH HCBS or CORE Services Provider Role

When completing the Individual Service Plan (ISP) for BH HCBS or CORE Services, providers may also identify a need for NMT. When a need for such transportation is identified, the Adult BH HCBS or CORE Services provider should ensure this information is communicated to the enrollee's HHCM or RC.

Managed Care Organization (MCO) Role

The MCO is responsible for approving the person-centered BH HCBS Plan of Care, reviewing the appropriateness of the proposed Non-Medical Transportation, and forwarding the completed Grid to the Department of Health's Medicaid Transportation Manager. The MCO will review and determine the appropriateness of the proposed Non-Medical Transportation within the timeframe for Service Authorization Requests in Appendix F of the Medicaid Managed Care Model Contract.

If the MCO is contacted by the enrollee, HHCM/RC, BH HCBS or CORE Services Provider regarding needed changes to Non-Medical Transportation, the MCO will ensure such changes are consistent with the Plan of Care, and work with that HHCM or RC to update the Grid and BH HCBS Plan of Care as necessary.

The MCO will forward the completed Grid to the Transportation Manager any time there are changes to the Grid.

Transportation Manager Role

The Transportation Manager is responsible for authorizing transportation services in accordance with Medicaid policy, by enrolled Medicaid transportation providers, and as supported on the NYS BH HCBS Transportation Grid. Once the Grid is received from the MCO, the Transportation Manager should assume that the MCO has reviewed and approved the Non-Medical Transportation identified in the enrollee's BH HCBS Plan of Care and that trips included in the Grid are appropriate.

The Transportation Manager will notify the DOH Bureau of Health Access Policy and Innovation when a grid is received. The Bureau will verify the enrollee's eligibility to receive the transportation benefit in eMedNY. The Transportation Manager/Prior Authorization Official will use the Grid, coupled with Medicaid transportation policies, to review and approve travel as appropriate. The Transportation Manager can request additional information from the MCO, HHCM/RC, BH HCBS or CORE Services Provider to assist with the decision to approve or disapprove a specific non-medical transport.

The Transportation Manager is responsible for ensuring adherence to the guidelines above for Non-Medical Transportation, which include assigning the most medically appropriate, cost-effective mode of transportation. Enrollees have freedom of choice regarding the transportation provider within the assigned mode (e.g., ambulette, taxi, public transportation, etc.).

The Transportation Manager will inform the HHCM or RC once the approved Grid is uploaded into their system. If the grid was submitted via email, the TM will reply to the email regarding the status of the grid that was submitted. If the grid was faxed, the TM will contact the sender by telephone to advise whether the grid has been approved or not.

NMT and Non-Emergency Medical Transportation

NEMT is any transportation that is necessary in order for an enrollee to access medical care, including *office-based appointments* with designated BH HCBS and CORE Services providers at approved sites. NEMT is a benefit for Medicaid beneficiaries, regardless of HARP eligibility, and does not require the NYS EA, BH HCBS Plan of Care, and Grid.

Providers are reminded that BH HCBS and CORE Services are intended to be provided in home and community-based locations whenever possible. See the [BH HCBS Provider Manual](#) and [CORE Services Operations Manual](#) for more details on appropriate service locations and Staff Transportation. When an enrollee needs transportation to a *community-based location* to meet with their BH HCBS or CORE provider, Non-Medical Transportation (NMT) would be the appropriate service.

Scheduling a Medicaid Transportation Trip or Ride

To schedule a new ride, the enrollee, their care manager, and/or their service provider would contact the TM to request a trip. The TM will verify eligibility. Note: If the request is for NMT, the TM will confirm that the destination is in accordance with the Grid/ Plan of Care. The TM will then assign and schedule the most cost-effective, medically appropriate mode of transportation. If public transportation is requested, the TM will need at least five (5) days advance notice to mail a Metro Card or bus pass.

Resources and Contact Information

Helpful Links

- [eMedNY Transportation Manual](#)
- Transportation Manager for entire state except Long Island: [Medical Answering Services \(MAS\)](#)
- Transportation Manager for Long Island: [ModivCare Solutions \(formerly LogistiCare Solutions, LLC\)](#)

Contact Information for Submitting Claims to Transportation Managers

Medical Answering Services (MAS):

- Fax number for submitting all forms: (315) 299-2786
- Secure email: Harp-info@medanswering.com
 - When sending completed Grids: "Attn: HARP CARE PLAN GRID"

ModivCare Solutions (formerly LogistiCare Solutions, LLC):

- Fax numbers for submitting mileage reimbursement forms: (866) 528-0462, (855) 848-8640
- Mileage Reimbursement forms can also be mailed to:
ModivCare Claims Department
798 Park Avenue NW
Norton, VA 24273

Additional Contact Information

- NYS Department of Health Bureau of Health Access Policy and Innovation: medtrans@health.ny.gov
- NYS Office of Mental Health: Adult-BH-HCBS@omh.ny.gov
- NYS Office of Addiction Services and Supports: PICM@oasas.ny.gov