



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Non-Medical Transportation For HARP Enrollees**

January 2017

# General Transportation Provider Certification Information

- **REMINDER:** To provide this service you must be or become a certified Medicaid transportation provider
- If you are NOT a certified Medicaid transportation provider, you will be unable to provide and bill for Non-Medical Transportation
- In order to become certified by Medicaid, you must complete a New York State Medicaid Enrollment form at <https://www.emedny.org/info/ProviderEnrollment/transportation/index.aspx>

# Guidance for Non-Medical Transportation

- The “Guidance for Behavioral Health Home and Community Based Non-Medical Transportation Services for Adults in HARPs and HARP Eligibles in SNPs” can be found at the following link: <http://www.omh.ny.gov/omhweb/guidance/hcbs/html/services-application/non-medical-transportation-guidance.pdf>
- The guidance document includes:
  - Definition of Non-Medical Transportation
  - Roles for Health Home Care Managers, MCOs and Transportation Managers
  - Guidelines for Non-Medical Transportation

# What is Non-Medical Transportation?

- In addition to any medical transportation furnished under 42 CFR 440.17(a) in the State Plan, Non-Medical Transportation may be available to individuals eligible for BH HCBS in HARPs and HIV SNPs
- Non-Medical Transportation is different from regular Medicaid medical transportation, which covers trips to and from Medicaid-covered medical appointments
- There are two types of Non-Medical Transportation:
  1. Trips to and from BH HCBS that are included in the Plan of Care (POC)
  2. Trips to and from non-HCBS destinations (e.g. job interview) that are time-limited/non-routine (with a start and end date) and specifically tied to a goal related to recovery from mental health or substance use disorders in the individual's POC (see the guidance manual for examples of qualifying trips)

# How is Non-Medical Transportation Paid?

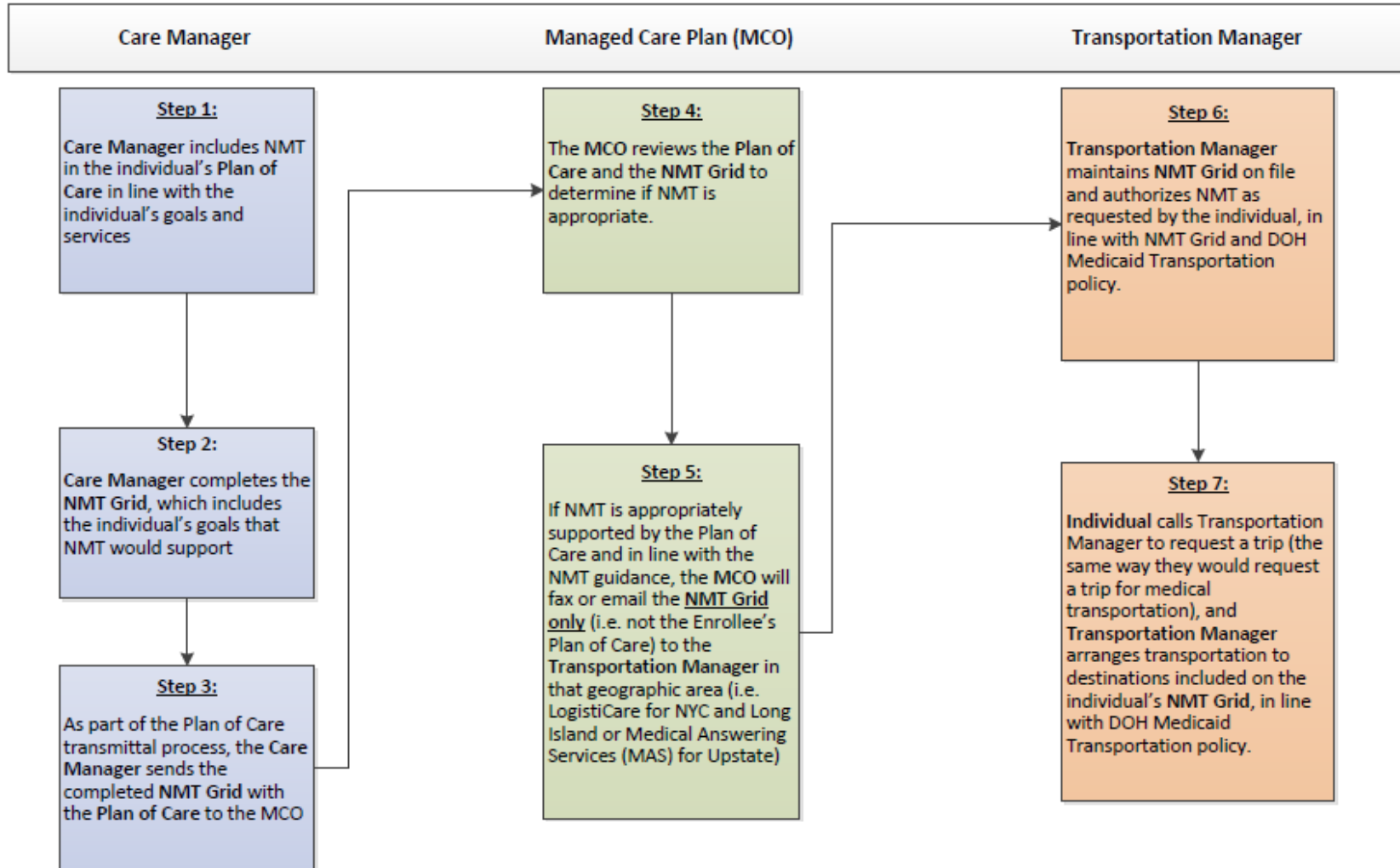
- Non-Medical Transportation will be paid Fee For Service (FFS), the same way regular Medicaid transportation is paid. Regular Medicaid transportation covers trips to and from Medicaid-covered **medical** appointments
- No cost cap:
  - NMT using public transportation
  - NMT to and from BH HCBS
- \$2,000 cost cap per individual per year on the non-HCBS trip types
- The cap is currently being tracked by the State. Individuals receiving NMT, their MCOs, and Health Home Care Managers will be notified when an individual is nearing their cap and also when the cap has been met

# Examples of Non-HCBS Locations Specifically Related to Goals in POC

Goal in Plan of Care	Non-Medical Location to Which Transportation May Be Requested
Obtain Employment	Job interview
Go back to school	College fair
Owning a pet	Go to a shelter to adopt an animal
Losing weight	Attend a wellness seminar
Get involved in the arts	Attend a play
Improve personal hygiene	Go to a barber/beauty shop for a hair cut
Be more physically active	Attend a dance class
Obtain High School equivalency certification	Attend a workshop to prepare for the GED test

- All goals are to be met within a specific timeframe per the MCO's authorization of frequency, duration, and scope. Requests for transportation to a service associated with the goal that are submitted outside the specified timeframe will not be considered.
- Non-Medical Transportation cannot be used for routine transportation to and from a job or school. For example, a participant may be transported to a job interview, but not to work on a daily basis. Similarly, a participant may be transported to a college fair, but not to classes on a regular basis. The frequency of these non-routine trips should be included in the plan of care with a specific timeframe defined including a start and end date.

## Non-Medical Transportation (NMT) Authorization Process



When there are changes to an individual's Plan of Care that impact NMT, the same steps should be followed

# Non-Medical Transportation Grid

NYS DOH Plan of Care Grid for Non-Medical Transportation for Health and Recovery Plan program (HARP) Behavioral Health Home and Community Based Services (BH HCBS)



Date received by Transportation Manager: \_\_\_\_\_ Service Authorization Period: \_\_\_\_\_

## 1. Medicaid Beneficiary Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Medicaid ID # \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Medical Justification Form Submitted** Yes  No

Is beneficiary enrolled in a Health Home Management Agency? Y  N  Health Home Care Management Agency: \_\_\_\_\_

## Transportation Services Requested

Goal from Plan of Care	Specific Activity, Support or Task	Provider of Services	Start Date	End Date	Frequency	Trip Destination & Address	Mode of Requested Transportation	Round Trip or One Way?	Non-BHHCBS Trip? (Yes or No)	Trip Cost Completed by Transportation Manager

## 2. Managed Care Organization (MCO) Information [for Managed Care beneficiaries only]

MCO: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is plan of care/service plan approved? Y  N  For the following period: \_\_\_\_\_

**NOTE:** The Grid is only to be completed if an individual requires Non-Medicaid Transportation, and this grid should NOT include regular Medicaid transportation (i.e. trips to Medicaid-covered medical appointments)

Transportation for Medicaid Covered Services or approved Plan of Care services must be prior authorized by the appropriate transportation manager on behalf of NYSDOH under [18 NYCRR 5505.10](#). A current plan of care for the Medicaid beneficiary must be submitted to the appropriate transportation manager and needs to specify the mode of transportation requested, a [Medical Justification Form \(#2015\)](#) if traveling out of the Common Medical Market Area and/or requires Ambulette or a higher level of service. Completing this form does not schedule transportation for a beneficiary. It allows the transportation manager to ensure that the transportation requested is clear and reflects current NYS approved Medicaid transportation cost for service. Service plans may need to be amended or updated if Medicaid transportation levels of service and cost are not included in the Waiver Participant's service plan and accurately reflect NYS approved transportation rates for non-emergency Medicaid transportation. Inaccurate information may cause a delay in the ability of the transportation manager being able to prior authorize transportation.



# Which Mode of Transportation is Necessary?

## Assessing the most cost effective and medically appropriate mode of transportation:

- The same, appropriate mode of transportation used by the participant for standard medical trips should be used for non-medical transportation trips, and vice versa
- Many individuals will already have this form on file if they are already receiving regular Medicaid transportation
- This form is not needed for public transit

## Medical Justification “2015” Form:

- Requires a medical professional to provide the mobility/medical-related reason why the enrollee requires a specific mode of transportation
  - Examples of reasons for decreased mobility could be that the enrollee is wheelchair-bound, underwent recent surgery to a limb, is blind, has an unstable gait, or has an immunosuppressive condition which requires transport via a taxi.
- Must be signed by a medical professional (e.g. primary care practitioner) and sent to the transportation manager
- Reviewed, approved and filed by the transportation manager
- Audited by the Department and transportation manager



Form 2015 (4/2015)

Maintain Original in Medical Record

**VERIFICATION OF MEDICAID TRANSPORTATION ABILITIES**

Patient Name: \_\_\_\_\_ Patient Date of Birth \_\_/\_\_/\_\_\_\_ Patient Medicaid Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Telephone: \_\_\_\_\_

1. Can the patient use mass transit? Yes  No  If you checked NO, please proceed to #2.
2. In the left column below, please **check** the medically necessary mode of transportation you deem appropriate for this patient:
  - a) Taxi/Livery:** The patient can get to the curb, board and exit the vehicle unassisted, or is a collapsible wheelchair user who can approach the vehicle and transfer without assistance, **but** cannot utilize public transportation.
  - b) Ambulette Ambulatory:** The patient can walk **but** requires assistance.
  - c) Ambulette Wheelchair:** The patient is a wheelchair user, requires lift-equipped or roll-up wheelchair vehicle **and** assistance.
  - d) Stretcher Van:** The patient is confined to a bed, cannot sit in a wheelchair, **and does not** require medical attention/monitoring during transport.
  - e) BLS Ambulance:** The patient is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as isolation precautions, oxygen not self-administered by patient, sedated patient.
  - f) ALS Ambulance:** The patient is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheotomy.
3. If you selected letter **(a-f)** above, please use the space below to justify the corresponding mode of transportation by providing **the following required information:**
  - a. Enter **all** relevant medical, mental health or physical conditions and/or limitations that impacts the required mode of transportation for this patient.
  - b. Enter the level of assistance the patient needs with ambulation. (Example – patient requires 2 person assistance, patient requires 1 person assistance etc.)
  - c. Enter the corresponding housing situations that may impact the patient’s ability to access the selected mode of transportation. (Example – wheelchair bound patient resides on the 2<sup>nd</sup> floor of a building with no elevator)



Form 2015 (4/2015)

Patient Name: \_\_\_\_\_ Patient Date of Birth   /  /   Patient Medicaid Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Telephone: \_\_\_\_\_

4. Is the requested mode of transport a **temporary, long term, or permanent** need of the patient? Please note that “long term” and “temporary” transport is valid only for the time period indicated. Checking the “permanent” or “long term” box may require additional clarification for approval. It is the medical practitioner’s responsibility to notify LogistiCare if a change in the enrollee’s condition occurs that would necessitate a change in level of service.

Temporary until   /  /    Long Term until   /  /    Permanent  
 (Date) (Date)

**CERTIFICATION STATEMENT:** *I (or the entity making the request) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity making the request) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State, Provider Manuals and other official bulletins of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity making the request) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.*

\_\_\_\_\_  
 Physician's Name (PRINT)                      10-digit NPI #                      /                      /                      Date                      \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Hospital/Clinic/Office Name                      Hospital/Clinic/Office Address

\_\_\_\_\_  
 Name of person who completed this form                      Title                      (                      )                      -                      (                      )                      -                      \_\_\_\_\_  
 Telephone #                      Fax #



# Where to send completed NMT grids

- **For New York City**

- **LogistiCare Solutions, LLC**
- Fax to (877) 564-5928
- Secure email to [harpnyc@logisticare.com](mailto:harpnyc@logisticare.com)
- Attn: HARP CARE PLAN GRID

- **For the rest of the state**

- **Medical Answering Services (MAS)**
- Fax to (315) 299-2786
- Secure email to [Harp-Info@medanswering.com](mailto:Harp-Info@medanswering.com)
- Attn: HARP CARE PLAN GRID

- **For Long Island**

- **LogistiCare Solutions, LLC**
- Fax to (855) 848-8642
- Secure email to [therese.Doherty@logisticare.com](mailto:therese.Doherty@logisticare.com)
- Attn: HARP CARE PLAN GRID

# FAQs

- **Are all HARP enrolled individuals who have been determined HCBS eligible via the HCBS eligibility assessment eligible for NMT, regardless of participation in other BH HCBS?**
  - *In order to receive NMT you must be enrolled in a HARP, have been assessed as HCBS eligible via the CMHA brief and may be provided to assist the person to achieve a goal or goals on their POC.*
- **Are individuals who are receiving ACT services eligible for NMT?**
  - *No, individuals who are receiving ACT are not eligible for any of the BH HCBS while they are receiving ACT services.*

# FAQs

- **Does the Transportation Manager provide Metrocards for public transportation? If not, who provides Metrocards?**
  - *The Transportation Manager will only provide Metrocards in limited situations at the Department's discretion. Metrocards are provided by the treating provider facility (e.g. Health Home Care Management Agency or BH HCBS provider) – who must be an enrolled Public Transportation Automated Reimbursement (PTAR) provider.*
- **In NYC, if there is no documented medical need, is it assumed that NMT is public mass transit?**
  - *In NYC, any mode of transportation above public transit requires a medical justification (“2015”) form.*
- **How does a provider enroll in PTAR?**
  - *Providers must complete an application for enrollment in PTAR. The application and instructions can be found at <https://www.emedny.org/selfhelp/PTAR/index.aspx>.*

# FAQs

- **Who is responsible for determining the type of transportation that is needed and requested for NMT?**
  - *The ordering medical practitioner determines and documents (via the medical justification “2015” form) the individual’s ambulatory ability which is reviewed and approved by the Transportation Manager. Most individuals who will be requesting NMT will already have this form on file if they use Medicaid transportation for medical trips.*
  
- **Who is responsible for finding suitable cab service providers?**
  - *The Transportation Manager’s role is to arrange transportation for approved trips for individuals for whom they have a completed NMT Grid on file. The individual has freedom of choice within the most medically appropriate, cost effective mode of transport, i.e. cab, ambulette*

# FAQs

- **Can the MCO delegate the authorization of NMT to their BHO (e.g. Beacon)?**
  - *Yes, MCOs are allowed to delegate this function to their BHO if review and authorization of BH HCBS is within their contractual duties.*
- **How will the \$2,000 cap be tracked and how will the individual, care manager, and MCO be informed?**
  - *At this time, the State is monitoring the cap and will notify the MCO if the limit is approaching or reached. The State is working on developing an automated process to notify the individual, MCO, care manager, and Transportation Manager when the limit is approached or reached.*



# Additional Questions?

**Contact the DOH Transportation Unit at:**  
[medtrans@health.ny.gov](mailto:medtrans@health.ny.gov)