



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Richard O. Brajer
Secretary

Dave Richard
Deputy Secretary for Medical Assistance

MEMORANDUM

TO: Rick O. Brajer
Secretary

FROM: Dave Richard
Deputy Secretary for Medical Assistance

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2016-004

DATE: March 16, 2016

Please find attached amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-D, Page 1 and Attachment 3.1-D, Page 2.

This state plan change will align with the current existing reimbursement state plan pages for Adult Care Homes for the non-emergency medical transportation services.

This amendment is effective January 1, 2016.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact Teresa Smith or me at 919-855-4116.

DR:ts



State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Limitations in the Amount, Duration and Scope of Certain Items of Provided Medical and Remedial Care and Services are Described Below:

<u>CITATION</u>	Medical and Remedial	Methodologies for medically necessary ambulance
42 CFR	Care and Services	transportation are found in Attachment 3.1-A.1, page 18.
431.53	Item 24.a	Transportation services for categorically needy are
	Transportation	defined in Attachment 3.1-A and transportation services
		for medically needy are defined in Attachment 3.1-B.

An amount to reimburse Hospitals, nursing facilities, ICF-DD and Psychiatric Treatment Facility non-ambulance non-emergency transportation is included in Medicaid payments to those facilities.

Methods of Assuring Transportation

The North Carolina Division of Medical Assistance, or its designated agent, shall assure that necessary NEMT services are provided for beneficiaries who have a need for assistance with transportation. The designated agent is the county departments of social services. The distance to be traveled, transportation methods available, treatment facilities available, and the physical condition and welfare of the beneficiary shall determine the type of NEMT authorized. The type of transportation available may vary by region because of rural and urban conditions.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

Any appropriate means of transportation which can be secured without charge through volunteer organizations, public services, recipient relatives or friends will be used. If transportation is not available without charge, payment will be made for the least expensive appropriate means of transportation available, including personal vehicle, multi-passenger van, wheelchair van, bus, taxi, train, ambulance, and other forms of public and private conveyance. Beneficiaries, family members and volunteers using their own vehicles to provide transportation are provided gas vouchers or mileage reimbursement at the rate defined in Amendment 4.19-B, Section 23, Page 1g, paragraph F.

Transportation to in-state or out-of-state locations, that are not within the beneficiary's normal service area, shall be covered when it has been determined, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are not able to be provided by a provider/facility within the state or within the beneficiary's normal service area.

Services ancillary to NEMT shall include meals and lodging. Reimbursement for related travel expenses may not exceed the state mileage, subsistence and lodging reimbursement rates.