



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DAVE RICHARD • Deputy Secretary, NC Medicaid

MEMORANDUM

TO: Mandy Cohen, MD, MPH
Secretary

FROM: Dave Richard ^{DS} *DR*
Deputy Secretary for NC Medicaid

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2021-0027

DATE: December 3, 2021

Please find attached an 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, Pages 1, 2, and 4.

This state plan amendment will allow Medicaid to incorporate a description of the method that the Medicaid agency will use to ensure transportation for beneficiaries to and from providers. The change also includes provider and individual driver requirements. 1902 (a)(87) of the Act, requires the Medicaid state plan to provide for a mechanism, which may include attestation, that ensures any provider or individual driver of non-emergency transportation to medically necessary services receiving payments under the plan, meet specified minimum requirements. The guidance was provided to states in the CMCS Informational Bulletin dated July 12, 2021.

This amendment is effective December 27, 2021.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-538-3215.

NC MEDICAID
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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 for non-ambulance non-emergency transportation is included in Medicaid payments to those facilities.

Methods of Assuring Transportation

The North Carolina Division of Health Benefits, or its designated agent, shall assure that necessary NEMT services are provided for beneficiaries who have a need for assistance with transportation. The county departments of social services or the federally recognized tribe contracts with vendors to provide NEMT services. For beneficiaries in a facility receiving long term care services, NEMT to and from outpatient services is part of the payment made to the facility (per diem) and is the responsibility of the facility. Medically Needy beneficiaries that do not have enough medical expenses to meet their Medicaid deductible are not eligible for NEMT services. Medically Needy beneficiaries are only authorized for Medicaid the day they meet their Medicaid deductible. The designated agent is the county departments of social services or the federally recognized tribe. 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. NEMT services provided is not without qualification.

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

A medical transportation assessment must be completed every twelve months or when there is change of circumstances to determine the eligibility and need for NEMT services.

Transportation is provided by the least expensive mode available and appropriate for the beneficiary, to the nearest appropriate medical provider and for a Medicaid-covered service. The type of transportation available may vary by region because of rural and urban conditions.

Any appropriate means of transportation which can be secured without charge through volunteer organizations, public services, beneficiary 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. With the exception of personal vehicles, providers are required to be contracted with the county departments of social services or the federally recognized tribe. Contracts must include specific requirements as determined by North Carolina Division of Health Benefits. 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 I g, 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.

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

In March 2012, a contract was executed by the state with a vendor to perform audits of the county and tribal NEMT programs based on policy. The state meets at minimum biweekly with the vendor to review findings and take action. Counties or the federally recognized tribe are required to submit a corrective action plan for issues identified through the audits and to payback funds as necessary. Implementation of corrective action plan is monitored and can result in withholding of funding or termination of provider status. The audit does not affect the recipients' coverage.

Division of Health Benefits (DHB) will assure the following requirements are met for NEMT Providers and drivers:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.
 - Local agencies will report annually to DHB.
- (E) When the driver exceeds the number of allowable chargeable traffic violations or has a driver's license suspension or revocation, the driver will no longer be allowed to transport Medicaid beneficiaries.
- (F) These requirements will apply to transportation network companies (such as, without endorsement or limitation, Uber, Lyft and other "ride sharing" companies) as well as individual drivers. The provision excludes those providers that are public transit authorities.
- (G) The DHB will ensure the payments are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that care and services are available.

Methods and Procedures:

- NC will require an attestation at initial enrollment, re-enrollment, and revalidation for all NEMT Providers and Broker taxonomies as an enrollment criteria.
- This attestation will become effective with any newly enrolling, re-enrolling, or revalidations effective December 27, 2021 forward.
- This attestation will cover all NEMT provider and brokers are attesting to following: Section 209 NEMT Provider and driver requirements A-D as well as DHB NEMT policies.
- NC will communicate to the NEMT providers and brokers to notify them of this requirement.

TN No. 21-0027
Supersedes
TN No. 16-013

Approval Date:

Eff. Date: 12/27/2021