

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2001

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, public transportation services are available when provided by an enrolled Medicaid public transportation provider to an eligible Medicaid recipient being transported to or from a medical facility to receive medical care services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical facility or from the medical facility to the point of delivery. The following benefit limits are established. One unit of service = 1 mile. The benefit limits do not apply to EPSDT recipients.

Public Transportation, Taxi, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.

Public Transportation, Taxi, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.

Public Transportation, City-to-City - may be billed once per day, per recipient for a maximum of 50 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.

Public Transportation, ADA Accessible Van, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

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CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)

1. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

X Public Transportation, ADA Accessible Van, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

X Public Transportation, ADA Accessible Van, Intrastate Authority - may be billed once per day, per recipient for a maximum of 50 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, non-public transportation services are available when provided by an enrolled Medicaid transportation provider to an eligible Medicaid recipient transported to or from a medical provider to receive medical services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical service delivery site and from the medical service delivery site to the recipient=s return destination.

The following benefit limits are established. The benefit limits do not apply to EPSDT recipients.

This service may be billed once per day, per recipient for a maximum of 300 miles per date of service.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2001

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

1. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, public transportation services are available when provided by an enrolled Medicaid public transportation provider to an eligible Medicaid recipient being transported to or from a medical facility to receive medical care services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical facility or from the medical facility to the point of delivery. The following benefit limits are established. One unit of service = 1 mile. The benefit limits do not apply to EPSDT recipients.

X Public Transportation, Taxi, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.

X Public Transportation, Taxi, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.

X Public Transportation, City-to-City - may be billed once per day, per recipient for a maximum of 50 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.

X Public Transportation, ADA Accessible Van, Intra-City, One Way - may be billed once per day, per recipient for a maximum of 15 units. The provider may request an Extension of the benefit limit if medically

necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

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SERVICES PROVIDED

Revised: December 1, 2001

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

1. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

X Public Transportation, ADA Accessible Van, Intra-City, Round Trip - may be billed once per day, per recipient for a maximum of 30 units. The provider may request an Extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

X Public Transportation, ADA Accessible Van, Intrastate Authority - may be billed once per day, per recipient for a maximum of 50 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, non-public transportation services are available when provided by an enrolled Medicaid transportation provider to an eligible Medicaid recipient transported to or from a medical provider to receive medical services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical service delivery site and from the medical service delivery site to the recipient=s return destination.

The following benefit limits are established. The benefit limits do not apply to EPSDT recipients.

This service may be billed once per day, per recipient for a maximum of 300 miles per date of service.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: December 1, 2001

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, the following reimbursement applies to public transportation services:

Taxi/Wheelchair Van - Reimbursement is based on the lesser of billed charges or the Title XIX maximum allowable. The billed charges must reflect the same charges made to all other passengers for the same service as determined by the local municipality which issues the permit to operate or by the Interstate Commerce Commission. The Title XIX maximum was established utilizing the 1991 Taxicab Fact Book issued by the International Taxicab and Livery Association. The calculations are as follows:

Taxi - The cost per mile of 1990 plus Market Basket Index of 1991 plus Market Basket Index of 1992 plus 25% = \$1.13 per mile (unit).

Wheelchair Van - Must transport 6 or more passengers comfortably.

The cost per mile of 1990 plus Market Basket Index of 1991 plus Market Basket Index of 1992 plus 65% = \$1.50 per mile (unit). An additional 40% was added to the reimbursement per mile due to the added cost of wheelchair van adaptation for wheelchair accessibility and for additional provider compensation for physically assisting the disabled.

The State Agency will negotiate with the affected provider group representative should recipient access become an issue.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: December 1, 2001

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) **Non-Emergency (Continued)**

(b) **Non-Public Transportation**

Effective for dates of service on or after December 1, 2001, Non-Public Transportation Services reimbursement is based on the lesser charges or the Title XIX maximum allowable. The Title XIX maximum is based on the Internal Revenue Service (IRS) reimbursement for private mileage in a business setting, plus an additional allowance for the cost of the driver. The standard mileage private reimbursement is compliant to the 1997 Standard Federal Tax Report, paragraph #8540.011. The calculation of the additional allowance for the cost of the driver is based on the minimum wage per hour, plus 28% of salaries (minimum wage) for fringe benefits, plus a fixed allowance of \$2.11 for the provider's overhead and billings, divided by 30 (average number of miles per trip). The average number of miles was determined by utilizing data from SFY 1996 and dividing the number of miles per trip by the number of trips made.

The State Agency will negotiate with the affected provider group representatives should recipients access become an issue.

(4) Volunteer Transportation: Amount of payment is agreed on by County Human Services Office and the Carrier. Medicaid reimburses the County Human Services Office for the agreed amount.

The rate of reimbursement equals the amount of travel reimbursement per mile for a state employee. Medicaid reimbursement will not be made for services provided free of charge.

(5) Domiciliary Care: Fixed price set by Assistant Director, Division of Medical Services, based on reasonable cost. The provider submits a statement of expenses, i.e. salaries, repairs, supplies, rent, etc. for their past fiscal year. These costs are reviewed by the State's auditors for reasonableness. These costs are reviewed annually and adjusted if necessary, therefore, an inflation factor is not applied.

The cost of meals and lodging are provided only when necessary in connection with transportation of a recipient to and from medical care.



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2001-BB-1
DMS-2001-CC-1

TO: Health Care Provider – Non-Public Transportation and Public Transportation

DATE:

SUBJECT: Non-Emergency Transportation (NET) Waiver Program

Effective for dates of service on or after December 1, 2001, Medicaid non-emergency transportation services for Medicaid recipients residing in the counties specified below must be coordinated through the Transportation Broker who was awarded the contract for that region. The Broker must provide transportation to and from the nearest qualified medical provider. The Arkansas Medicaid program will no longer reimburse individual transportation providers in the counties specified below.

<u>REGION</u>	<u>COUNTIES INCLUDED</u>	<u>TRANSPORTATION BROKER NAME AND TOLL-FREE TELEPHONE NUMBER</u>
Region XII	Pulaski Lonoke Faulkner	Transportation Administration and Management, Inc. 1-866-633-7899

The Arkansas Medicaid Non-Emergency Transportation Waiver Program does not include Nursing Facility residents, Intermediate Care Facilities for Mentally Retarded (ICF-MR) residents, Qualified Medicare Beneficiaries (QMBs), Special Low Income Medicare Beneficiaries (SMBs), Qualifying Individuals (QI 1 & QI 2), ARKids First-B participants and Family Planning Waiver recipients. Developmental Day Treatment Clinic Services (DDTCS) providers may choose to continue to provide services for the developmental disabled population as a fee-for-service provider for transportation to and from a DDTCS facility or to contract with the Broker in their region to provide non-emergency transportation services.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.