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**DATE:** May 18, 2022

ALL PLAN LETTER 22-008  
SUPERSEDES ALL PLAN LETTER 17-010 (*REVISED*)

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** NON-EMERGENCY MEDICAL AND NON-MEDICAL TRANSPORTATION SERVICES AND RELATED TRAVEL EXPENSES

**PURPOSE:**

This All Plan Letter (APL) provides Medi-Cal managed care health plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. In addition, this APL clarifies MCP responsibilities regarding the coverage of transportation for pharmacy services with the implementation of Medi-Cal Rx, Medi-Cal enrollment requirements for transportation providers, as well as MCP coverage of transportation related travel expenses.<sup>1</sup> This APL supersedes APL 17-010.

**BACKGROUND:**

The Department of Health Care Services (DHCS) administers the Medi-Cal Program, which provides comprehensive health care services to millions of low-income families and individuals through its contracts with MCPs. Pursuant to 42 United States Code (U.S.C.), section 1396d(r), 42 Code of Federal Regulations (CFR), sections 440.170, 431.53, and 441.62, and the MCP contract with DHCS (MCP Contract), MCPs are required to establish procedures for the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for qualifying members to receive medically necessary transportation services, regardless of the member's coverage by

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<sup>1</sup> For more information on Medi-Cal Rx, see APL 20-020: Governor's Executive Order N-01-19, Relative to Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Fee-For-Service, or any subsequent APLs and the Medi-Cal Rx webpage on the DHCS website. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>. The Medi-Cal Rx webpage is available at: <https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx>.

another delivery system.<sup>2, 3, 4</sup> NEMT services are authorized under 42 U.S.C. section 1396a(a)(70), 42 CFR section 440.170, and 22 California Code of Regulations (CCR) sections 51323, 51231.1, and 51231.2.<sup>5</sup>

Pursuant to Assembly Bill 2394 (Chapter 615, Statutes of 2016), which amended Section 14132 of the Welfare and Institutions Code (WIC), MCPs are required to cover NMT for members to obtain covered Medi-Cal services under the MCP Contract, subject to utilization controls and permissible time or distance standards.<sup>6</sup> Additionally, federal law allows for DHCS to require MCPs to cover transportation-related travel expenses as set forth in 42 CFR section 440.170(a)(1) and (3), and the MCP Contract.<sup>7</sup>

MCPs are further required to provide NMT for Medi-Cal services that are carved-out of the MCP Contract. These carved-out Medi-Cal services include, but are not limited to, specialty mental health services, substance use disorder services, dental services, and other services delivered through the Medi-Cal fee-for-service (FFS) delivery system. Carved-out services are not subject to the MCP's utilization controls or be bound by time or distance standards as these services are not authorized or arranged by the MCP. Nonetheless, MCPs must not deny NMT for an appointment to an out-of-network provider if the appointment is for a carved-out service and must provide the NMT service within timely access standards.

## **POLICY:**

### **Non-Emergency Medical Transportation**

NEMT services are a covered Medi-Cal benefit when they are prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender, for the purposes of enabling a member to obtain medically necessary covered services or pharmacy prescriptions authorized by Medi-Cal Rx.<sup>8</sup>

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<sup>2</sup> Section 1905 of the SSA is available at: [https://www.ssa.gov/OP\\_Home/ssact/title19/1905.htm](https://www.ssa.gov/OP_Home/ssact/title19/1905.htm).

<sup>3</sup> The CFR is searchable at: <https://www.ecfr.gov/cgi-bin/ECFR?SID=431ee99d12914276642dc78b5212c358&mc=true&page=browse>.

<sup>4</sup> MCP Contract Exhibit A, Attachment 10, Scope of Services, Provision 5, Section F. MCP Boilerplate contracts are available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

<sup>5</sup> The CCR is searchable at: [https://govt.westlaw.com/calregs/index?\\_lrTS=20180105235312075&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/index?_lrTS=20180105235312075&transitionType=Default&contextData=(sc.Default)).

<sup>6</sup> State law is searchable at: <http://leginfo.legislature.ca.gov/>.

<sup>7</sup> MCP Contract Exhibit A, Attachment 10, SCOPE OF SERVICES, Provision 8, Section H.5

<sup>8</sup> A physician extender includes Non-Physician Medical Practitioners, which includes Physician Assistants, Nurse Practitioners, and Certified Midwives.

### Prior Authorization

NEMT services are subject to prior authorization. The member must have an approved Physician Certification Statement (PCS) form authorizing NEMT by the provider. For MCP covered services requiring recurring appointments, MCPs must provide authorization for NEMT for the duration of the recurring appointments, not to exceed 12 months.

MCPs are required to provide medically necessary NEMT services when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services.<sup>9</sup> MCPs are required to provide NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches.<sup>10</sup> MCPs must also have processes in place to ensure door-to-door assistance is being provided for all members receiving NEMT services.

MCPs must ensure that a medical professional's decisions regarding NEMT are unhindered by fiscal and administrative management, in accordance with the MCP contract.<sup>11</sup> MCPs are also required to authorize, at a minimum, the lowest cost type of NEMT service (see modalities below) that is adequate for the member's medical needs, as determined by the medical professional. MCPs must ensure that there are no limits to receiving NEMT as long as the member's services are medically necessary and the member has prior authorization for the NEMT.

For Medi-Cal services that are not covered under the MCP Contract, MCPs must make their best effort to refer and coordinate NEMT services. However, MCPs must provide medically appropriate NEMT services for their members for all pharmacy prescriptions prescribed by the member's Medi-Cal provider(s) and those authorized under Medi-Cal Rx.

### Prior Authorization Exceptions

A member or provider is not required to obtain prior authorization for NEMT services if the member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of

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<sup>9</sup> 22 CCR Section 51323 (a)

<sup>10</sup> Manual of Criteria for Medi-Cal Authorization, Chapter 12.1 Criteria for Medical Transportation and Related Services, which is available at:

[https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal\\_PDFs/Manual\\_of\\_Criteria.pdf](https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal_PDFs/Manual_of_Criteria.pdf).

<sup>11</sup> Medi-Cal Managed Care Contract Exhibit A, Attachment 1 (Organization and Administration of the Plan).

care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities, or any other appropriate inpatient acute psychiatric facilities.<sup>12</sup>

#### Non-Emergency Medical Transportation Modalities

MCPs must provide the following four modalities of NEMT transportation in accordance with the Medi-Cal Provider Manual and 22 CCR Section 51323 when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for the purpose of obtaining needed medical care.<sup>13, 14</sup> Additionally, the MCP must ensure that it or its transportation broker provides the appropriate modality prescribed by the member's provider in the PCS Form. The MCP or its transportation brokers may not change the modality outlined in the PCS Form, or the downgrade members' level of transportation from NEMT to NMT unless multiple modalities are selected in the PCS Form, in which case then the MCP or its transportation broker may choose the lowest cost modality.

1. MCPs must provide NEMT ambulance services for:<sup>15</sup>
  - Transfers between facilities for members who require continuous intravenous medication, medical monitoring, or observation.
  - Transfers from an acute care facility to another acute care facility.
  - Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).
  - Transport for members with chronic conditions who require oxygen if monitoring is required.
  
2. MCPs must provide litter van services when the member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:

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<sup>12</sup> 22 CCR section 51323 (b)(2)(C)

<sup>13</sup> See the Medical Transportation – Ground section of the Medi-Cal Provider Manual, available at: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mctrangnd.pdf>.

<sup>14</sup> 22 CCR Sections 51323(a) and (c)

<sup>15</sup> See the Ambulance: Qualified Recipients heading within the Medical Transportation – Ground section of the Medi-Cal Provider Manual.

- Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport.<sup>16</sup>
  - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.<sup>17</sup>
3. MCPs must provide wheelchair van services when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following:
- Renders the member incapable of sitting in a private vehicle, taxi, or other form of public transportation for the period of time needed to transport.<sup>18</sup>
  - Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation.<sup>19</sup>
  - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.<sup>20</sup>

Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed PCS form (as described below):<sup>21</sup>

- Members who suffer from severe mental confusion.
  - Members with paraplegia.
  - Dialysis recipients.
  - Members with chronic conditions who require oxygen but do not require monitoring.
4. MCPs must provide NEMT by air only under the following conditions:<sup>22</sup>
- When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated

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<sup>16</sup> 22 CCR section 51323 (a)(2)(A)

<sup>17</sup> 22 CCR section 51323 (a)(2)(B)

<sup>18</sup> 22 CCR section 51323 (a)(3)(A)

<sup>19</sup> 22 CCR section 51323(a)(3)(B)

<sup>20</sup> 22 CCR section 51323 (a)(3)(C)

<sup>21</sup> See the Wheelchair Van heading within the Medical Transportation – Ground section of the Medi-Cal Provider Manual.

<sup>22</sup> 22 CCR section 51323 (c)(2)

in a written order of a physician, dentist, podiatrist, or a mental health or substance use disorder provider.

#### Non-Emergency Medical Transportation Scheduling and Timely Access

MCPs must ensure that they meet timely access standards as set forth in 28 CCR section 1300.67.2.2. The member's need for NEMT services does not relieve the MCP from complying with timely access standard obligations. MCPs must also note in their Member Services Guide the notification timeframe requirements for transportation requests and have a direct line to the MCP's transportation liaison for providers and members to call, request, and schedule urgent and non-urgent NEMT transportation and receive status updates on their NEMT rides. The transportation liaison must ensure that authorizations are being processed during and after business hours. MCPs must inform their members that they must arrive within 15 minutes of their scheduled appointment. If the NEMT provider is late or does not arrive at the scheduled pick-up time for the member, the MCP must authorize urgent NEMT to ensure the member does not miss their appointment.

MCPs can provide telephone authorization for NEMT requests when a member requires an MCP-covered medically necessary service of urgent nature and a PCS form could not have reasonably been submitted beforehand. The member's provider must submit a PCS form post-service for the telephone authorization to be valid.<sup>23</sup>

Additionally, to ensure a timely transfer, NEMT services from an acute care hospital immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility, must be provided within 3 hours of the member or provider's request. If NEMT services are not provided within the 3 hour timeframe, the acute care hospital may arrange, and the MCP must cover, out-of-network NEMT services.

MCPs must have a process in place to ensure their transportation brokers and providers are meeting these requirements and to impose corrective action on their transportation brokers if non-compliance is identified through oversight and monitoring activities.

#### Non-Emergency Medical Transportation Physician Certification Statement Forms

Each MCP must utilize a NEMT PCS form that has been approved by DHCS and includes the required components described below to arrange for NEMT services for its members. If an MCP makes any changes to the PCS form since the last approval received from DHCS, the MCP must resubmit for approval. The PCS form is used to

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<sup>23</sup> 22 CCR section 51323 (b)(2)(A)

determine the appropriate level of service for members. Once the member's treating provider prescribes the form of transportation, the MCP cannot modify the authorization.

In order to ensure consistency amongst all MCPs, all NEMT PCS forms must include, at a minimum, the following components:

- **Function Limitations Justification:** For NEMT, the provider is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.
- **Dates of Service Needed:** Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
- **Mode of Transportation Needed:** List the mode of transportation that is to be used when receiving these services (ambulance, litter van, wheelchair van, or air transport).
- **Certification Statement:** Provider's statement certifying that medical necessity was used to determine the type of transportation being requested.

MCPs must ensure that a copy of the PCS form is on file for all members receiving NEMT services and that all fields are filled out by the provider. In addition, each MCP must have a mechanism to capture and submit data from the PCS form to DHCS. Members must be able to request a PCS form from their provider by telephone, electronically, in person, or by another method established by the MCP.

#### Appropriate Use of Physician Certification Statement Forms

The member's provider must submit the PCS Form to the MCP for the approval of NEMT services and the MCP must use the PCS form to provide the appropriate mode of NEMT for members. Once the member's treating provider prescribes the mode of NEMT, the MCP cannot modify the PCS Form. MCPs must have a process in place to share the PCS Form or communicate the approved mode of NEMT and dates of service to the NEMT broker or provider for the arrangement of NEMT services. MCPs cannot delegate the review and approval of the PCS form to its transportation brokers.

#### **Non-Medical Transportation**

MCPs must provide NMT services necessary for members to obtain medically necessary Medi-Cal services, including those not covered under the MCP contract. Services that are not covered under the MCP contract include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal FFS delivery system, including pharmacy services provided to members upon the implementation of Medi-Cal Rx.

NMT services do not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members who need to be transported by ambulances, litter vans, or wheelchair vans, all licensed, operated, and equipped in accordance with state and local statutes, ordinances, or regulations. NMT services may be authorized for members if they are currently using a wheelchair, but the limitation is such that the member is able to ambulate without assistance from the driver. MCPs must take into consideration the member's abilities when scheduling the NMT service. The NMT service requested must be the least costly method of transportation that meets the member's needs.

MCPs are contractually required to provide members with a Member Services Guide that includes information on the procedures for obtaining NMT services.<sup>24</sup> The Member Services Guide must include a description of NMT services and the conditions under which NMT is available.

At a minimum, MCPs must provide the following NMT services:<sup>25</sup>

- Round trip transportation for a member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), including by ferry, as well as mileage reimbursement when conveyance is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.<sup>26, 27, 28</sup>
- Round trip NMT is available for the following:
  - Medically necessary covered services.
  - Members picking up drug prescriptions that cannot be mailed directly to the member.
  - Members picking up medical supplies, prosthetics, orthotics and other equipment.

NMT must be provided in a form and manner that is accessible, in terms of physical and geographic accessibility, for the member and consistent with applicable state and federal disability rights laws.

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<sup>24</sup> Medi-Cal Managed Care Contract Exhibit A, Attachment 13 (Member Services), Written Member Information

<sup>25</sup> WIC section 14132(ad)

<sup>26</sup> Vehicle Code (VEH) section 465

<sup>27</sup> The IRS Standard Mileage Rates are available at: <https://www.irs.gov/tax-professionals/standard-mileage-rates>.

<sup>28</sup> Any mode of transportation that does not fall under private conveyance is considered public conveyance, including, but not limited to, Lyft and Uber and other ride share modalities.



MCPs must inform their members that they must arrive within 15 minutes of their scheduled appointment. If the NMT provider does not arrive at the scheduled pick-up time, the MCP must provide alternate NMT or allow the member to schedule alternate out-of-network NMT and reimburse for the out-of-network NEMT.<sup>29</sup>

Conditions for Non-Medical Transportation Services:

- MCP may use prior authorization processes for approving NMT services and re-authorize services every 12 months when necessary.
- NMT coverage includes transportation costs for the member and one attendant, such as a parent, guardian, or spouse, to accompany the member in a vehicle or on public transportation, subject to prior authorization at time of the initial NMT authorization request.
- NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.
- For private conveyance, the member must attest to the MCP in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the member:
  - Has no valid driver's license;
  - Has no working vehicle available in the household;
  - Is unable to travel or wait for medical or dental services alone; or
  - Has a physical, cognitive, mental, or developmental limitation.

Non-Medical Transportation Private Vehicle Authorization Requirements

MCPs must authorize the use of private conveyance (passenger vehicle) when no other methods of transportation are reasonably available to the member or provided by the MCP.<sup>30</sup> Private conveyance is transportation via a privately owned vehicle arranged by the member. This can include the member's personal vehicle, or that of a friend or family member. This does not include vehicles that are connected to businesses, such as Uber or Lyft. Prior to receiving approval for use of a private vehicle, the member must exhaust all other reasonable options and provide an attestation to the MCP stating other methods of transportation are not available.<sup>31</sup> The attestation can be made over the phone, electronically, or in person. In order to receive gas mileage reimbursement for use of a private vehicle, the driver must be compliant with all California driving requirements, which include:<sup>32</sup>

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<sup>29</sup> WIC section 14132 (ad)(2)(A)(i)

<sup>30</sup> VEH section 465

<sup>31</sup> WIC section 14132(ad)(2)(B)

<sup>32</sup> VEH sections 12500, 4000, and 16020

- Valid driver's license;
- Valid vehicle registration; and
- Valid vehicle insurance.

MCPs must have policies and procedures to reimburse their members and are only required to reimburse the driver for gas mileage consistent with the Internal Revenue Service standard mileage rate for medical transportation.<sup>33</sup>

#### Non-Medical Transportation Authorization

MCPs may require prior authorization for NMT services for each member prior to the member using NMT services. If the MCP requires prior authorization for NMT services, the MCP is responsible for developing a process to ensure that members can request authorization and be approved for NMT in a timely matter. The MCP's prior authorization process must be consistently applied to medical/surgical, mental health, and substance use disorder services as required by 42 CFR 438.900 Subpart K. All prior authorization policies and procedures are subject to DHCS review and approval.

#### **Minor Requirements**

Unless otherwise provided by law, MCPs must provide NEMT or NMT for a parent or a guardian when the member is a minor. With the written consent of a parent or guardian, MCPs may arrange NEMT or NMT services for a minor who is unaccompanied by a parent or a guardian. MCPs must provide transportation services for unaccompanied minors when applicable state or federal law does not require parental consent for the minor's service. The MCP is responsible to ensure all necessary written consent forms are collected prior to arranging transportation for an unaccompanied minor. MCPs may not arrange NEMT or NMT services for an unaccompanied minor without the necessary consent forms unless state or federal law does not require parental consent for minor's service.

#### **Transportation Brokers**

MCPs may subcontract with transportation brokers for the provision of the NEMT or NMT services.<sup>34</sup> Transportation brokers may also have their own network of NEMT or NMT providers to provide rides to members. However, MCPs must have the ability to supplement their transportation network if a transportation broker's network is not sufficient.

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<sup>33</sup> The IRS Standard Mileage Rates are available at: <https://www.irs.gov/tax-professionals/standard-mileage-rates>.

<sup>34</sup> Transportation brokers are entities that conduct administrative activities on behalf of the MCP such as maintaining a call center for the members to request NEMT or NMT rides, scheduling, and arranging rides for members.

MCPs cannot delegate their obligations related to responsibility for monitoring and oversight of their network providers and subcontractors, grievances and appeals, enrollment of NEMT or NMT providers as Medi-Cal providers, or utilization management functions, including the review of PCS forms, to a transportation broker. MCPs may delegate their obligations related to grievances and appeals, enrollment of NEMT or NMT providers as Medi-Cal providers, or utilization management functions to a subcontractor, so long as the MCP does so in a written subcontract or agreement, and complies with the requirements set forth in APL 17-004, APL 19-004, APL 21-011, and the MCP Contract. A transportation broker cannot be delegated these MCP responsibilities by default because they have contracts with transportation providers and must meet all the subcontractor requirements to delegate the MCP obligations mentioned above.

Additionally, transportation brokers cannot triage the member's need to assess for the most appropriate level of NEMT service and must arrange or provide the modality of transportation prescribed in the PCS Form. Transportation brokers cannot downgrade the member's level of care from NEMT to NMT, including ambulatory door-to-door services.

MCPs must require transportation brokers to have a process in place to identify specific NEMT or NMT providers, including the name of the drivers based on service date, time, pick-up/drop-off location, and member name. MCPs must also have a process in place for members to be able to identify specific drivers in a grievance.

### **Related Travel Expenses for Non-Emergency Medical Transportation and Non-Medical Transportation**

MCPs are required to cover transportation-related travel expenses determined to be necessary for NEMT and NMT, including the cost of transportation and reasonably necessary expenses for meals and lodging for members receiving medically necessary covered services and their accompanying attendant. MCPs may reference the IRS per diem rates for lodging and meals as a guide.<sup>35</sup> The salary of the accompanying attendant determined to be necessary is a covered travel expense as well if the attendant is not a family member, as set forth in 42 CFR section 440.170(a)(3)(iii). MCPs may utilize prior authorization and utilization management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary. This does not preclude the MCP from requiring a PCS form for all NEMT authorizations. Transportation-related travel expenses are subject to retroactive reimbursement. In order to qualify for retroactive reimbursement of related travel expenses the underlying NEMT or NMT service and the related expenses must be appropriately documented in accordance with the MCP's policies and procedures.

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<sup>35</sup> The current IRS Per Diem Rates are available at: <https://www.irs.gov/>.

MCPs requiring prior authorization and utilization management controls for related travel expenses must notify their members of the process to request authorization. If a member fails to comply with a MCP's prior authorization process, the MCP is not required to cover the member's related travel expenses.

A member is eligible for coverage of related travel expenses including, but not limited to, circumstances where the member is obtaining a medically necessary service that is not available within a reasonable distance from a member's home, such that the member is unable to make the trip within a reasonable time.

#### Payment

MCPs are required to have procedures in place to provide the following methods of payment for related travel expenses:

- **Member Reimbursement:** MCPs can reimburse members for approved travel expenses. Reimbursement must cover the actual expenses incurred by the member and the accompanying attendant as long as those expenses are reasonable and supported by receipts. MCPs may reference the IRS per diem rates for meals and lodging as a guide.<sup>36</sup> If the member or the member's family paid for travel expenses up front, MCPs must approve and reimburse the member or member's family no later than 60 calendar days following confirmation that all required receipts and documentation have been received by the MCP.
- **Pre-payment to Vendor:** MCPs must prepay vendors for related travel expenses, including expenses for meals and lodging, if the member and the accompanying attendant are unable to pay in advance. The member must attest to the MCP in person, electronically, or over the phone that they are unable to pay in advance for related travel expenses.

#### Lodging

If an MCP does not prepay for the member's and accompanying attendant's lodging, the MCP is required to provide reimbursement for approved lodging expenses.

Reimbursement must cover actual expenses, as long as those expenses are reasonable and supported by receipts. MCPs may reference the IRS per diem rates for lodging as a guide. As part of the prior authorization process, MCPs may arrange lodging to be used by the member and accompanying attendant, so long as it is located within a reasonable distance from the location where the member will obtain medically necessary services.

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<sup>36</sup> For example, the 2021-2022 IRS Per Diem Rates are available at: <https://www.irs.gov/pub/irs-drop/n-21-52.pdf>

### Meals

If an MCP does not prepay for the member's and accompanying attendant's meals, the MCP is required to provide reimbursement for approved meal expenses.

Reimbursement must cover the actual expenses, as long as those expenses are reasonable and supported by receipts. MCPs may reference the IRS per diem rates for meals as a guide. Hospital meal voucher(s) may be deducted from the meal expenses submitted by a member and accompanying attendant.

### Other Necessary Expenses

If an MCP does not prepay for other necessary expenses (e.g., parking, tolls) incurred by the member and accompanying attendant, the MCP is required to provide reimbursement for other necessary expenses. Reimbursement must cover the actual expenses, as long as those expenses are reasonable and supported by receipts.

### **Enrollment of Transportation Providers**

MCPs that develop their own enrollment process must comply with the requirements set forth in APL 19-004 or any superseding APL.<sup>37</sup> The MCP's enrollment process is subject to DHCS' review and approval prior to implementation.

All NEMT and NMT providers must comply with the enrollment requirements set forth in APL 19-004 or any superseding APL. Transportation Network Companies (TNC) providers such as Uber and Lyft are subject to the enrollment requirements outlined in APL 19-004 or any superseding APL.<sup>38</sup> MCPs are not responsible for credentialing TNC NMT drivers. MCPs may have policies and procedures in place to authorize TNC NMT drivers, to provide NMT services to their members.

An MCP may allow NEMT and NMT providers to participate in its network for up to 120 days, pending the outcome of the enrollment process. However, an MCP must terminate its contract with a NEMT or NMT provider upon notification from DHCS that the provider has been denied enrollment in the Medi-Cal program, or upon expiration of the one 120-day period.<sup>39</sup> MCPs must have a process in place to track the 120-day timeframe for contracted NEMT and NMT providers with pending applications to ensure the contracts do not exceed 120 days. If the NEMT or NMT providers are unable to successfully enroll in Medi-Cal, the MCP cannot continue to contract with the providers during the period in which the provider resubmits its enrollment application to DHCS or with the MCP. The MCP can only re-initiate a contract upon the provider's successful

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<sup>37</sup> APL 19-004, Provider Credentialing / Recredentialing and Screening / Enrollment is available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx#2017>

<sup>38</sup> TNC NMT providers are ride-share companies that utilize independent contractors to provide transportation services and are defined in the Public Utilities Code section 5431(c).

<sup>39</sup> 42 CFR Section 438.602(b)(2)

enrollment as a Medi-Cal provider. If the NEMT or NMT provider termination may impact member access, the MCP must notify DHCS and submit a plan of action for continuity of services for review and approval.

Transportation brokers are not required to be enrolled in the Medi-Cal program. However, the MCP must demonstrate that its transportation broker(s) are only conducting administrative activities such as scheduling rides. If the broker is providing rides to members (NEMT or NMT services), the broker must be enrolled as an NEMT or NMT provider.

### **Major Organ Transplant**

MCPs must provide Major Organ Transplant (MOT) donors NEMT or NMT transportation at the request of the MOT donor or the member who is the recipient. PCS forms are not required for MOT donors requesting NEMT services to ensure the donor has the ability to get to the hospital for the MOT transplant.

MCPs may utilize prior authorization and utilization management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary for the member and the donor. MCPs must allow an attendant for the donor if the MCP determines that an attendant to accompany the donor is necessary.

MCPs must also cover travel expenses for MOT donors as described in the Travel Expenses section of this APL.

### **MCP Monitoring and Oversight**

MCPs are responsible for ensuring that their network providers and subcontractors, including transportation brokers, comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.

MCPs are responsible for monitoring and overseeing their transportation brokers to ensure that transportation brokers are complying with the requirements set forth in this APL. MCPs must conduct monitoring activities no less than quarterly. Monitoring activities may include, but are not limited to, verification of the following items:

- Enrollment status of NEMT and NMT providers;
- The transportation broker is not modifying the level of transportation service outlined in the PCS Form; and
- The NEMT provider is providing door-to-door assistance for members receiving NEMT services.

- NEMT and NMT providers are consistently arriving within 15 minutes of scheduled time for appointments;
- No show rates for NEMT and NMT providers;

Further, MCPs must have a process in place to impose corrective action on their transportation brokers and network providers if non-compliance with this APL is identified through any monitoring or oversight activities.

If the requirements contained in this APL necessitate a change in an MCP's policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract manager for review and approval within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL, as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief  
Managed Care Quality and Monitoring Division