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State/Territory Name: Maryland
State Plan Amendment (SPA) #: 21-0012

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
February 25, 2022

Ms. Tricia Roddy
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) 21-0012

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0012. This amendment proposes to update Maryland State Plan language to conform to the requirements outlined in Section 209 of the Consolidated Appropriations Act, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations section 1902(a)(4) of the Social Security Act (the Act) that generally requires states to assure necessary transportation for beneficiaries to and from covered services. This letter is to inform you that Maryland Medicaid SPA 21-0012 was approved on February 25, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Alison Donley, Medicaid Provider Services Administration
    Nina McHugh, Medicaid Provider Services Administration
    Adriana Allen, Medicaid Provider Services Administration
This proposal updates the State Plan language regarding the Non-Emergency Medical Transportation program to conform to Section 209 of the Consolidated Appropriations Act, 2021.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Non-Emergency Medical Transportation

A. The Transportation Grants program is funded as an administrative expense under an approved cost allocation plan (CAP). This program awards grants to local jurisdiction agencies, acting as agents of the State, to administer non-emergency transportation services to recipients. Funding awarded to the local agencies is monitored quarterly using a line-item expenditure reporting format. Additionally, local agencies are required to submit invoices to the Department for a review of reasonable, allowable costs. The standards for the award and administration of these grants are set forth in State regulations.

Transportation services are provided to assure access to and from providers as required in CFR §431.53 and are available to all eligible and qualified Medicaid recipients. The Department attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met. An eligible recipient may access providers via wheelchair vans, taxis, ambulances, air medical transportation, bus passes and tickets, and other forms of transportation methods approved by the Department. Recipients may access services by contacting their local jurisdiction agency for screening to determine service eligibility.

Grantees enter into contractual agreements to provide medically necessary non-emergency transportation to covered services for recipients residing in the county. Rates are negotiated with local transportation providers via the county’s individual procurement process, ensuring that transportation includes transportation for full benefit dual eligible recipients, community-based recipients and residents of long term facilities. Services are provided to both full fee-for-service recipients and managed care recipients. Through a combination of on-site visits, meetings, and documentation, each jurisdiction engages their contracted providers in a vendor oversight program that includes ensuring the contractors and employees are not excluded from receiving federal and State funds, and are maintaining the minimum requirements for vehicles, drivers, licensing, traffic violations, state drug laws, does not appear on the list of excluded parties of the Inspector General of the Department of Health and Human Services, and maintains our standards of customer service.

Maryland does not provide Transportation Services using Transportation Network Companies such as Lyft or Uber. Grantees are responsible for screening requests for transportation by recipients, arranging transportation, expanding existing and developing new transportation resources, and purchasing or providing transportation services where necessary. Subsequent to determining service eligibility, Grantees will use screening information and physician documentation to assess the mode of transport and communicate the least costly mode to its vendor. Screening services and transportation services must be performed by separate entities. When transportation is provided through the local jurisdiction, Grantees may perform both functions.
Ambulance providers are required to be licensed by the State Office of Commercial Ambulance Licensing and Regulation. These agencies provide regulatory oversight for the drivers and set vehicle safety standards. A family member may not be a provider as he/she is considered as a primary resource for transportation.

*Services for medical necessary ambulance transportation and for Individuals with disabilities Education Act (IDEA) are found in Attachment 3.1A pg 30-30A and Attachment 4.19B.*
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

Non-Emergency Medical Transportation

B. Monies from a grant provided under these regulations may not be used to pay for the following:

1. Emergency transportation services;
2. Medicare ambulance services;
3. Transportation to and from non-Medicaid Veterans Administration services;
4. Transportation between a nursing facility and a hospital for routine diagnostic tests, nursing services, or physical therapy which can be performed at the nursing facility;
5. Transportation services from a facility for treatment which the treatment is provided by the facility in which the recipient is located;
6. Transportation to receive nonmedical services;
7. Gratuities of any kind;
8. Transportation between a medical day care facility and the recipient’s home;
9. Transportation to or from a State facility while the patient is a resident of that facility;
10. Transportation of non-Medical assistance recipients;
11. Trips for purposes related to education, recreational activities, or employment;
12. Transportation of anyone other than the recipient, except for an attendant accompanying a minor or when an attendant is medically necessary;
13. Wheelchair van service for ambulatory recipients;
14. Ambulance service for a recipient who does not need to be transported on a stretcher;
15. Transportation between a Community Rehabilitation Program (CRP) and the recipient’s home;
16. Transportation between a Day Rehabilitation Program and the recipient’s home;
17. Transportation to or from services that are not medically necessary; and
18. Transportation to a more distant provider primarily for the convenience of the participant or provider.