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MI Non-Emergency Medical Transportation (NEMT) Update

State Plan Amendment (SPA) #: 19-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

November 18, 2019

Kate Massey
State Medicaid Director
Medical Services Administration
Michigan Department of Health and Human Services
400 South Pine Street, P.O. Box 30479
Lansing, Michigan 48909-7979

ATTN: Erin Black

Dear Ms. Massey:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #: 19-0010: Non-Emergency Medical Transportation (NEMT) Update
- Effective Date: October 1, 2019
- Approval Date: November 12, 2019

If you have any questions, please contact Keri Toback at (312) 353-1754 or keri.toback@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 19 - 0010	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2019	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(70) of the SSA

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, Page 36c
Attachment 3.1-D, Pages 1 and 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Supplement to Attachment 3.1-A, Page 36c
Attachment 3.1-D, Pages 1 and 2

10. SUBJECT OF AMENDMENT:

The purpose of this SPA is to allow other licensed providers to verify the need for Non-Emergency Medical Transportation (NEMT) and only require medical verification for special transportation needs.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Kate Massey, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Kate Massey

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
October 15, 2019

16. RETURN TO:

Medical Services Administration
Actuarial Division - Federal Liaison
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 15, 2019

18 DATE APPROVED:

November 12, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPE NAME:

Ruth A. Hughes

22. TITLE:

Deputy Director

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

- ☒ Under age 21, or under age 21, 19 or 18 (as the State may choose)
- ☒ Relatives specified in section 406(b)(1) with whom a child is living if child is a dependent child under part A of title IV
- ☒ Aged (65 years of age or older)
- ☒ Blind with respect to States eligible to participate under title XVI
- ☒ Permanently or totally disabled individuals 18 or older under title XVI
- ☐ Persons essential to recipients under title I, X, XIV or XVI
- ☐ Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State Plan program under title XVI
- ☒ Pregnant women
- ☒ Individuals provided extended benefits under section 1925
- ☐ Individuals described in section 1902(u)(1)
- ☐ Employed individuals with a medically improved disability (as defined in section V)
- ☒ Individuals described in section 1902(aa)
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits

5) The broker contact will provide transportation to the following categorically needy optional populations:

- ☒ Optional poverty level – related pregnant women
- ☒ Optional poverty-level – related infants
- ☒ Optional targeted low income children
- ☒ Non IV-E children who are under State adoption assistance agreements
- ☒ Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
- ☒ Individuals who meet income and resource requirements of AFDC or SSI
- ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☐ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☐ Children aged 15-20 who meet AFDC income and resource requirements
- ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☐ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits
- ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☐ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution

TN NO.: 19-0010

Approval Date: 11/12/19

Effective Date: 10/01/2019

Supersedes

TN No.: 10-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Methods of Providing Transportation
for the Categorically and Medically Needy***

In addition to ambulance benefits covered under the Medical Assistance Program, provision is made for assuring other essential medical transportation to and from providers of service of recipients not receiving transportation under the brokerage program, by the following methods:

- a) For all eligible beneficiaries, transportation expenses related to the beneficiary's use of medical services are paid if not otherwise available without cost to the client. Transportation costs for all Medicaid covered services are allowable for this purpose. A medical transportation payment requires an initial verification of need for the trip by the beneficiary's licensed and treating provider if the beneficiary requires special transportation.
- b) For applicants or beneficiaries requiring medical examinations to determine factors of eligibility, i.e., employability, incapacity or disability, transportation related to receiving the medical examination is paid as a part of the administrative cost of the program.
- c) For applicants or beneficiaries requiring a medical examination to meet the particular needs of children for protective services, child care services or foster care services, transportation related to receiving the necessary medical examination is paid as an administrative cost.
- d) For beneficiaries released from mental institutions, transportation is arranged through relatives and friends, if feasible, or conveyors, when necessary, and paid as a part of administrative costs.
- e) Volunteers of the DHHS volunteer services program provide transportation for many beneficiaries in need of such service and are paid as administrative costs.
- f) For all eligible beneficiaries, the DHHS worker is required, when appropriate, to enlist the aid of relatives and friends for the purpose of helping the beneficiary obtain needed care, including meeting the beneficiary's needs for transportation initially and on an ongoing basis. Workers are also permitted, if necessary and practical, to transport clients as part of program administrative costs.
- g) For all medically needy eligible beneficiaries, the application of available income provides for income in excess of that needed for maintenance, be applied to the costs of necessary medical transportation as well as other necessary medical or remedial care.
- h) An eligible beneficiary's transportation expenses to and from EPSDT screening sites, and to and from initial referrals made by the screening site for diagnosis and treatment, are included as administrative costs of the Title XIX Program.

Transportation is an administrative service, except in the areas where Michigan has an approved Brokerage program under 440.170(a)(4). Clients or the medical provider can request non-emergency transportation. The request goes to the local DHHS office and the transportation service is screened and approved.

TN NO.: 19-0010

Approval Date: 11/12/19

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TN No.: 10-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Methods of Providing Transportation
for the Categorically and Medically Needy***

- i) Transportation expenses to and from medical providers for ongoing medically necessary treatment are included as administrative costs of the Title XIX Program.
- j) Transportation expenses to and from medical providers for dual (Medicare/Medicaid) eligibles are included as administrative costs of the Title XIX program.
- k) Related travel expenses, including meals, lodging, and an attendant, are reimbursed if necessary to obtain medical services, and are included as an administrative cost.
- l) Transportation services are requested through county DHHS offices. DHHS screens requests and approves the least costly, most appropriate mode of transportation available to meet the beneficiary's need, including, as appropriate, commercial, public, and not-for-profit providers and agencies.

TN NO.: 19-0010

Approval Date: 11/12/19

Effective Date: 10/01/2019

Supersedes

TN No.: 10-10