

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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

a.1. Transportation

Provided: No Limitations With Limitations
 Not Provided.

a.2. Brokered Transportation

Provided: Under Section 1902(a)(70) No Limitations With Limitations*
 Not Provided.

b. Services provided in Religious Health Care Institutions

Provided: No Limitations With Limitations
 Not Provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age

Provided: No Limitations With Limitations*
 Not Provided.

e. Emergency hospital services.

Provided: No Limitations With Limitations
 Not Provided.

f. Personal care services in recipient home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No Limitations With Limitations
 Not Provided.

Covered under Item 26.

* Description provided on following pages

24.a.2. Brokered Transportation

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Nevada

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245A(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary (in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170).

a. Transportation (provided in accordance with 42 CFR 440.170 as an optional medical service) excluding “school-based” transportation.

Not Provided:

Provided without a broker as an optional medical service:
(If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations.

Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

(If the State attests that non-emergency transportation is being provided through a brokerage program then insert information about the brokerage program.)

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

(1) state-wideness (indicate areas of State that are covered)

(10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

wheelchair van

taxi

stretcher car

bus passes

tickets

secured transportation

other transportation (if checked describe below other transportation.)

- Charter air flight
- Commercial air
- Rotary Wing
- Fixed wing
- Ground ambulance
- Bus, local, city
- Bus, out of town

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:

- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)
- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- Low-income families with children (section 1931)
 - Deemed AFCD-related eligibles
 - Poverty-level related pregnant women
 - Poverty-level infants
 - Poverty-level children 1 through 5
 - Poverty-level children 6 – 18
 - Qualified pregnant women AFDC – related
 - Qualified children AFDC – related
 - IV-E foster care and adoption assistance children
 - TMA recipients (due to employment) (section 1925)
 - TMA recipients (due to child support)
 - SSI recipients
- (5) The broker contract 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
- Individuals terminally ill if in a medical institution and will receive hospice Care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers) (If checked describe any other payment methodology)

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) Other (if checked describe who will pay the transportation provider)

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

- (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provide to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

- (7) The broker is a non-governmental entity:
- The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).
 - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - Transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
 - Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
 - Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.

- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

The NET broker provides transportation to and from medically necessary Nevada Medicaid covered services. Transportation is provided by the least expensive means available which is in accordance with the recipient's medical condition and needs and to the nearest appropriate Medicaid health care provider or medical facility. NET is available to all eligible Medicaid recipients with limitations.

Recipients call the NET broker for reservations. The NET broker verifies the recipient's eligibility and the existence of a medical services appointment. Recipients are screened for the most appropriate level of service. Recipients who use the system frequently or require high cost transportation may be further assessed by the Medicaid District Office to ensure appropriate utilization. The NET broker authorizes and schedules the rides with providers. The broker determines efficient routes.

The NET broker provides NET both statewide and out of state. Recipients traveling out of state may have the cost of meals and lodging en route to and from medical care, and while receiving medical care reimbursed. An attendant's costs may be covered if an attendant is required to ensure the recipient receives required medical services.

Medicaid does not reimburse the costs of non-emergency travel which had not been prior authorized or transportation to non-covered medical services. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage and No shows, where a ride does not occur are also not reimbursable.

Full benefit dual eligible recipients may receive NET services to Access Medicaid only services.

Limitations:

Recipients whose eligibility is pending at the time of transport are not eligible for NET. QMBs and SLMBs for whom the State only pays their Medicare premiums are not eligible for NET. Emergency services only recipient may not receive NET for transport home from place of emergent services. Nursing facility NET for institutionalized recipients is included in NF rates.

Service Limitations

Recipients must contact the NET broker to obtain prior authorization for transportation in all but emergency situations. Medicaid does not reimburse the costs of: meals and lodging, transportation to non-covered medical services, ambulance charges for waiting time, stairs, plane loadings and in-town mileage, or non-emergency travel which had not been prior authorized. Medicaid does not reimburse the transportation of full benefit dual eligible Medicare Part D recipients for non-emergency travel which had not been authorized, transportation for non-covered prescription drugs, or non-emergency transportation for recipients whose eligibility is pending at the time of transport.

Provider Qualifications

To be a NET provider, a vendor must have a current provider agreements with Nevada Medicaid NET broker, a State issued exemption from TSA regulation, proof of a liability insurance policy, pursuant to NRS 706.291 for a similar situated motor carrier, a criminal background check and an alcohol and substance abuse testing program in place for the drivers, and vehicles adequately maintained to meet the requirements of the contract. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations.

- 24.d. Nursing facility services for patients under 21 years of age require prior authorization from the Nevada Medicaid Office on Form NMO-49.
- 24.f. Personal care services covered under item 26, page 10a.

TRANSPORTATION

In accordance with 42 CFR440.170, 42 CFR431.53, 45 CFR92.36.

The State of Nevada, Division of Health Care Financing and Policy (DHCFP) assures it has established a non-emergency transportation (NET) program in order to more cost effectively provide transportation, and can document on request from CMS, that the transportation broker was procured in compliance with requirements of 45CFR92.36(b-f). The State will operate the broker program without the requirements of the following paragraphs of Section 1902(a)(1),(10)(b), and (23).

The State ensures that transportation services will be provided under a contract with a broker who:

1. Is selected through a competitive bidding process based on the state's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
2. Has oversight procedures to monitor recipient access and complaints and ensures the transportation personnel are licensed, qualified, competent, and courteous;
3. Is subject to regular auditing and oversight by the state in order to ensure that quality of the transportation services provided and adequacy of recipient access to medical care and services;
4. Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish.

The State assures that the NET Broker itself is not a provider of transportation. The NET broker may not hold ownership in any NET provider with whom the broker subcontracts or arranges NET through a non-contractual relationship. This prohibition applies to the corporation, if the broker is incorporated and to the owners, officers, or employees of the broker.

The State of Nevada assures the availability of medically necessary transportation to and from medical providers for eligible Medicaid recipients in the following ways:

Eligible Medicaid program recipients are informed verbally and in writing of the availability of non-emergency transportation services by the Nevada Medicaid contracted Transportation Broker.

Emergency transportation does not require prior authorization. Claims must be submitted to the DHCFP FFS Fiscal Agent or the recipient's Medicaid MCO, if applicable, for processing. Non Emergency Transportation (NET) is contracted by a broker to provide transportation to medically necessary covered services statewide 24 hours a day, seven (7) days per week, including weekends and holidays. The NET broker operates within all applicable Federal, State and local laws.

All NET services require prior authorization by DHCFP's NET broker with the exception of NET services provided by Indian Health Services (HIS) clinics. The NET broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs.

Nursing facility NET is included in NF rates.

TRANSPORTATION

Transportation services must be:

1. Medically necessary;
2. Only to and from Nevada Medicaid covered services;
3. Provided by the least expensive means available which is in accordance with the recipient's medical condition and needs;
4. To the nearest appropriate Medicaid health care provider or medical facility.

Covered transportation services may be provided by:

1. Charter air flight;
2. Commercial air;
3. Rotary wing;
4. Fixed wing;
5. Ground ambulance;
6. Air ambulance;
7. Bus, local city;
8. Bus, out of town;
9. Para-transit – Public;
10. Para-transit – Private;
11. Private vehicle; and
12. Taxi.

Travel expenses include:

1. The cost of the ambulance, taxicab, common carrier, or other appropriate means;
2. The cost of meals and lodging en route to and from medical care, and while receiving medical care;
3. An attendant's costs may be covered if an attendant is required to ensure the recipient receives required medical services.

Medicaid does not reimburse the costs of:

1. Non-emergency travel which had not been prior authorized;
2. Transportation to non-covered medical services; or
3. Ambulance charges for waiting time, stairs, plane loadings and in-town mileage;
4. Non-emergency transportation for recipients whose eligibility is pending at the time of transport.
5. No shows, where a ride does not occur.