

**Non-Emergency Medical Transportation  
Webinars for Division of DD  
September, 2014  
Questions and Answers**

**1) Where will this slide presentation be located for future reference?**

**Response:** The Non-Emergency Medical Transportation (NEMT) presentation and a link to a recording of the webinar are available under the Federal Programs section of the Division of Developmental Disabilities website.

**2) When is this effective?**

**Response:** Accessing NEMT as described in the power point is effective immediately.

**3) Has this program worked in the pilot areas? What have been the drawbacks?**

**Response:** The NEMT program is not in pilot areas. It is a statewide program that has been in place since mid-1990's.

**4) Why is this happening this way? It seems like all we are doing is making it more difficult to provide services.**

**Response:** It is a federal requirement to utilize state plan Medicaid transportation service to state plan Medicaid service.

**5) All the people we serve are of the functioning level to need assistance at the doctor and are in waived placement, so do we have to use LogistiCare (LGTC)?**

**Response:** Yes, you should use LGTC for transportation to state plan Medicaid covered service. If the transportation is to a waived service, you do not use LGTC. You can still send an attendant even if you use LGTC or Gas Mileage Reimbursement (GMR).

**6) What if the consumer refuses to use the medical transportation?**

**Response:** An individual has the right to refuse medical transportation, but it is their responsibility to find their own transportation. The individual may also request a certain provider, but it does not guarantee that is the provider that will be providing the transportation for them. As a provider, you have the right to sign up as a LGTC provider or receive GMR for transportation to a state Medicaid covered service.

**7) If we support a client that prefers riding in a staff vehicle (for their own personal reasons), and they are being directed to use LGTC, I am worried this can be potential Rights Restriction. For example- "Nick" likes riding in my truck and listening to NPR. We have always gone to get medications immediately after appointments (and grab a snow cone while waiting for the scripts to fill).**

**Response:** An individual's rights are not being restricted. The individual may continue to ride in the staff vehicle, and the staff (or agency) would utilize GMR through LGTC for this service. Reimbursement is only from residence to doctor appointment and back to the home, not to the pharmacy.

**8) Can you please clarify the use of an attendant for a person under age 21 or over?  
Does LGTC pay for an attendant for someone under age 21?**

**Response:** If an individual is under age 17, a parent or legal guardian must accompany the child. The parent/guardian may designate another adult (i.e. family member or friend) to accompany a child under the age of 17. If an individual is age 18-21, a parent or guardian may accompany, or at the time of reservation, you can request for an attendant to accompany the individual.

Per the LGTC contract with MO HealthNet, LGTC must authorize and arrange NEMT services for an attendant, if medically appropriate, to accompany children under the age of 21. If medically necessary, LGTC will provide attendant for individuals over age 21; however, they would prefer that staff from the DD facility that knows the individual accompany them on their trip, with transportation provided by LGTC. LGTC does not charge staff from the DD facility for staff accompanying the individual to their appointment. If LGTC provides an attendant it is only for the transportation, not the medical appointment.

**9) Does LGTC replace the medial transportation on back of the Medicaid Card?**

**Response: No.** On back of the actual Medicaid card is the participant services number. On the back of the Managed Care card, there are several telephone numbers listed including a transportation number. If the individual is in Managed Care they will continue to arrange for transportation through the transportation number on their Managed Care card.

**10) Will LGTC still need to be contacted for in-town appointments since Handiwheels is our local provider?**

**Response:** Handiwheels is the correct provider that the individual should be using. Continue to use them for transportation; but if for some reason they cannot accommodate the trip, please call LGTC to arrange transportation. .

**11) If we receive transportation monies from MEHTAP, would this not be double billing and therefore not want us to bill LGTC?**

**Response:** Individuals should use the MEHTAP transportation before they utilize LGTC. These trips would not be billed to LGTC.

**12) What if you have someone whom cannot utilize this transportation due to their intense support needs?**

**Response:** You must request GMR through LGTC.

**13) What is the consequence for providers if they do not follow these rules?**

**Response:** Since it is a federal requirement, there may be an audit finding and you will have to pay back the over payments to you. Missouri Medicaid Audit and Compliance (MMAC) is handling this as an educational piece right now.

**14) If we have a transportation contract and use LGTC, isn't that double dipping?**

**Response:** No it is not. The transportation in the waiver contract is for transportation to waiver services that do not have transportation costs already built into the waiver service rate.

Transportation through LGTC is for state plan covered services, such as doctor appointments and therapy that is covered by MO HealthNet.

**15) Are the drivers screened for felonies, drugs, or back ground checks?**

**Response:** Yes, drivers are screened and background checks are completed.

**16) How does MMAC see that we are being overpaid at this time if we are not using the NEMT?**

**Response:** MMAC does not see that providers are being overpaid. Providers are not following the federal regulations indicating that state plan transportation must be utilized for state plan Medicaid services.

**17) Since the NEMT is only for MO HealthNet covered services, I am assuming we can use waiver mileage transportation for non-MO HealthNet appointments (such as dental). Is that correct?**

**Response:** Waiver transportation is for waiver services. NEMT (from LGTC) is used for Medicaid-covered medical services.

**18) Has DMH worked with LGTC to let them know they are rolling this out to the providers? Are they prepared for the onslaught of new enrollees?**

**Response:** LGTC, MO HealthNet, DMH and MMAC have all worked very closely on this education initiative, and LGTC has also assisted in the development of the responses to the questions.

**19) Can you please clarify the statement in the Provider Bulletin from MO HealthNet, Volume 33, Number 6 where it states that the following are not eligible for the NEMT Program: on page 2, No. 5: Participants receiving DD Waiver program services?**

**Response:** Individuals receiving DD waiver services should use waiver transportation for waiver services. If the same individual needs NEMT for a Medicaid covered service they should use LGTC for transportation.

**20) Does NEMT have to be accessed if the individuals lease a vehicle and receive a monthly fuel amount through the waiver?**

**Response:** If the trip for that vehicle is to a state plan medical service, it must be reimbursed through NEMT. It cannot be reimbursed through the waiver.

**21) How long does it take to become a LGTC Provider of transport services?**

**Response:** Typically 6-8 weeks after all documents have been received at the MO office.

**22) Is it possible to use LGTC and also become your own provider?**

**Response:** If the Division of Developmental Disabilities (DD) provider wants to become a transportation provider or use GMR, they must go through LGTC.

**23) If we become a LGTC provider, can it be only for our agency, or does it need to be available to other users?**

**Response:** The DD provider can sign up with LGTC to transport the individuals they serve who need transportation to a state plan covered service, if they choose to do so.

**24) If you are a LGTC provider do you have to schedule? Or can you just provide the service.**

**Response:** The trips would all have to be scheduled prior to the appointment in order to receive reimbursement for them.

**25) Can a provider be eligible to provide waiver services and state plan services simultaneously, i.e. Personal Assistant through the waiver and transportation through LGTC contract?**

**Response:** Yes.

**26) As a provider, if using a company vehicle do we have to have sign on vehicle while transporting our consumers?**

**Response:** LGTC would require signs on the vehicle if being paid through LGTC for transportation unless it is gas mileage reimbursement only. . If a DD provider is just providing gas mileage reimbursement trips or contracting to be a provider for only their participants, a sign is not a requirement on the vehicle.

**27) Are there any charges to the consumer to utilize the LGTC services?**

**Response:** There is a two dollar co-pay the individual could be asked to pay. The individual has to let LGTC know when making the reservation if he or she will not be able to pay it. If the individual cannot pay the copay, this should not keep the individual from receiving transportation. There is no charge to attendants riding with the individual.

**28) Why is the two dollar copay not optional for individuals who use wheelchairs but is for those who do not? (this has been our experience)**

**Response:** As stated in the LGTC contract, the broker shall charge a \$2.00 copayment from each participant for each NEMT trip. The following people are exempt from copay:

- Participants under 19 years of age.
- Participants under category of assistance for pregnant women or the blind.
- Foster Care Participants
- Residents of a skilled nursing facility, intermediate care nursing home, residential care home, adult boarding home, or psychiatric hospital, and
- Participants receiving NEMT services under DMH as stated in Eligibility requirements.

**29) If a provider becomes an NEMT driver, must they collect the copay from our consumers? Can they waive that amount? Many of the consumers get \$30 to \$50 a month and if they have a lot of appointments that can be spent quickly.**

**Response:** The copay does not have to be collected by the provider. Yes the provider can waive the amount.

**30) We have had difficulties identifying the LGTC drivers and/or vehicles. Do they have identification?**

**Response:** All vehicles and providers contracted with LGTC are supposed to have a sign on the outside of the vehicle with the company name. For instance, ABC Cab Company should have a sign showing ABC Cab Company, not a LGTC sign. When the DD provider makes reservations for an individual, the transportation provider will call the DD provider with pick up time and name of company. If a DD provider is just providing gas mileage reimbursement trips or contracting to be a provider for only their participants, a sign is not a requirement on the vehicle.

**31) If an individual misses his appointment due to NEMT will LGTC pay the missed appointment fee?**

**Response:** No, LGTC does not pay for missed appointments. File a formal complaint through LGTC by calling the Where's my ride (WMR) line – 866-269-5944. The Provider is not allowed to bill the individual for missed appointments.

**32) What is the benefit of being a provider over simply requesting gas reimbursement?**

**Response:** There is not a benefit. The decision is based on what works best for the facility.

**33) Can you summarize what are "travel standards"?**

**Response:** Travel standards are guidelines that are set up by the Department of Insurance for individuals to go to certain doctor appointments within a restricted mileage amount. The type of providers are listed in the guidelines and each provider is broke out in three different county groups in which an individual may reside with the distance listed.

**34) Can online arrangements for appointments be used for gas reimbursement?**

**Response:** Yes, individuals and facilities can both schedule online trips for gas mileage reimbursement trips.

**35) If an individual has an agency vehicle assigned to their home, can we use that vehicle to transport the individual, and apply for gas reimbursement?**

**Response:** Yes, you can and that would need to be discussed with Chad when you set up for gas mileage reimbursement. You will need to use the gas mileage reimbursement logs when providing transportation.

**36) Do you need to become a LGTC provider in order to be eligible for gas reimbursement? Or can agencies just call and provide the necessary information for reimbursement? What is the typical wait time to receive reimbursement**

**Response:** DD Providers do not have to become a LGTC provider to receive gas mileage reimbursement. DD Providers can call and set up the trip. LGTC will provide a trip number for DD Providers to add to the log. DD Providers will mail the log in to LGTC. After LGTC receives the log it can take 45 to 90 days before a check will be issued. LGTC can provide you with a schedule of when the checks will be issued. Ask LGTC for the information when you become a GMR provider.

**37) When appointments out of town take an extended length of time is there a provision for mileage for a meal and or pharmacy stop?**

**Response:** There is ancillary service for individuals if there is a need for an overnight stay. Pharmacy stops and meals are not covered.

**38) What is the timeline for the exceptions process?**

**Response:** The letter of medical necessity is done pretty quickly. LGTC is aware of the date of the appointment, and they work with the provider to try and get it all set up before the date of the appointment.

**39) Could you provide us with some samples of the forms we will be using, mileage reimbursement, enrollment forms and exception forms?**

**Response:** You can get the forms from LGTC. There is also a link in the NEMT power point presentation.

**40) Is there a form to summarize trip logs being submitted for reimbursement? Is there a timeframe for submitting claim forms? How often do they send mileage reimbursement to agencies?**

**Response:** Yes, there is a gas mileage reimbursement form. The forms can be submitted to LGTC up to 90 days after the date of the trip. We can provide individuals with a payment schedule (attached) based on the date it was mailed.

**41) Do we have to have a contract through LGTC to get the reimbursement?**

**Response:** Yes, if the DD provider wants to become a transportation provider. However, a contract is not required if it is for gas mileage reimbursement.

**42) Is the mileage reimbursement for round trip?**

**Response:** Mileage is round trip, point of pick up to medical office and then back.

**43) Will they tell us when we call in if they are providing the "standard" amount of miles" or if they are reimbursing actual miles? We have had numerous instances of actual mileage being different from authorized.**

**Response:** LGTC uses the address provided for an individual to be picked up and transported to appointment. If the residence is not in Bing then they go from the zip code (town) the individual resides. So it would be zip code to zip code as to how reimbursed.

The individual may need to call and talk with LGTC representative to get the correct mileage entered in the system.

**44) Going to a doctor's visit... are the number of miles limited? If so how do we get paid for the additional miles?**

**Response:** There are travel standards that have been set up by the Department of Insurance. If the mileage is over the travel standards, the trip will be denied until a letter of medical necessity is provided to the providers by LGTC.

**45) What do we do for rural areas where all specialists are over 60 miles away?**

**Response:** LGTC will send a letter of medical necessity to the provider and have them fill it out. Once it is filled out and approved by LGTC, the trip can be reinstated.

**46) For Natural Home Individuals, is there a minimum radius that the individual must live away from their Doctor appointment?**

**Response:** No.

**47) As a LGTC provider, are the reimbursements different or is it still .30/.35 per mile?**

**Response:** Agreements would be between LGTC and the provider, but it would be in line with the gas reimbursement mileage rate.

**48) Can you repeat what the rate of reimbursement is per mile please?**

**Response:** Reimbursement rate per mileage is:

0-49 miles = \$0.30/mile

50+ miles = \$0.35/mile

**49) What if mileage rates are too low?**

**Response:** You can negotiate the rates with LGTC when you sign up to be a provider with them. The rates are based on the IRS mileage reimbursement rates.

**50) Do the number of miles individual is transported in progress note?**

**Response:** Transportation should be listed on the mileage log to indicate the mileage and noted on the mileage log whether it is waiver miles or state plan miles.

**51) For those individuals who have private insurance for their doctors, do we continue to bill mileage as usual since it is not covered by the NEMT service?**

**Response:** If it is not a covered service, then individuals do not access LGTC for transportation.

**52) Will gas reimbursement cover going to get scripts and a snow cone?**

**Response:** Gas reimbursement will not be allowed to go get scripts and snow cones.

**53) We use our own van to transport consumers and I understand we must get a trip number for approval; the gas, however, is incorporated into the van expense. How will this work; our staff does not pay for the gas for the van. We do through the ISL budget and person requires lift.**

**Response:** Providers using their own van to transport individuals to state plan Medicaid services should use the GMR through LGTC, and this can be set up through the agency. The reimbursement check pay to will be dependent upon how the form is filled out and set up with LGTC. Budgets for waiver transportation should be set up with the Regional office.

**54) Do we need to have a consumer with us to get reimbursed for gas, example: picking up meds?**

**Response:** The individual must be in the vehicle in order to get reimbursement from LGTC. Going to get the meds is not a covered service; therefore this would not get reimbursement.

**55) Will NEMT provide transportation to get a client to the pharmacy to fill their Medicaid-covered meds and return home?**

**Response:** LGTC will not provide transportation to a pharmacy.

**56) Does NEMT have to be accessed if the individuals lease a vehicle and receive a monthly fuel amount through the waiver?**

**Response:** If the trip for that vehicle is to a state plan medical service that cannot be reimbursed through waiver service it must be reimbursed through NEMT.

**57) What is the range of reimbursement for agency vehicles if we become a LGTC provider?**

**Response:** You need to contact Chad at LGTC to become a provider and discuss this with him. The reimbursement will be close to what the gas reimbursement is, but will depend on the mode of transportation that is provided for individuals.

**58) As a provider, do we have to have reimbursement sent to the staff person taking the individual to their appointment or can it be sent to owner of company?**

**Response:** If the provider agency signs up as a LGTC provider, the provider agency will be reimbursed. Depending on how the DD provider sets up gas reimbursement with LGTC will determine to whom the reimbursement is sent.

**59) If we are dealing with a child who has an MC+ provider, is the DD provider expected to use the MC+ provider's NEMT system? Or if the consumer is not eligible for NEMT through LGTC, are they 'done' in that they did all they needed to do?**

**Response:** If child is enrolled in a managed care plan, managed care is responsible for that service. Please contact managed care for further information.

**60) What if we are at one doctor's appointment and get sent to an unplanned appointment do we call LGTC to approve and or adjust the mileage? What if LGTC transportation is being used?**

**Response:** If an individual is at doctor appointment, and he or she needs to go to another appointment, this would need to go through LGTC to have an additional leg added to the trip, after it is verified and approved. If it is a gas mileage reimbursement trip, the trip would be added in the system. If it is a trip that LGTC has provided the service, then the provider will be contacted to make sure that they will be able to accommodate the trip, or a new provider may have to be assigned.

**61) How many appointments can you schedule at a time? One agency has experienced only being able to make 2 appointments at a time and then have to call back.**

**Response:** LGTC does like to only set up 2 or 3 appointments for an individual at a time, especially on a high call volume day like Monday or Tuesday or right after a holiday. So it may be easier to access and set up trips through their website. An individual may set up as many trips as he or she would like at one time through the website. LGTC will get back with you to let you know the trip numbers for the individuals for whom you are setting trips up.

**62) Is this a service that must be monitored?**

**Response:** The type of transportation used by the individual should be monitored by the Support Coordinator when documenting and supporting the services in the annual Individual Support Plan. Such as, the use of the NEMT service will be utilized for state plan covered services and waiver transportation to waiver services. Transportation mileage logs will be monitored to determine if the correct transportation was used for the service being provided. NEMT for state plan covered services and Waiver transportation to waiver services. This is monitored by MMAC and is a federal government program.

**63) What is considered a "state plan medical service"?**

**Response:** A state plan medical service is any service that is in a state plan covered under Medicaid and you can find them on MHD website at <http://dss.mo.gov/mhd/>.

**64) Does NEMT only transport to Medicaid Doctor's?**

**Response:** That is correct. They have to be an enrolled MHD doctor for LGTC to reimburse or transport an individual.

**65) Where can we get a list of approved Medicaid providers?**

**Response:** Providers can search for enrolled MHD providers by going to the following link: <https://dssapp.dss.mo.gov/ProviderList/sprovider.asp>

**66) Is counseling considered medical? Psychiatric?**

**Response:** Please refer to the Behavioral Services Manual on MHD website for the services. The link for the Behavioral Services Manual is <http://manuals.momed.com/manuals/>.

**67) Does NEMT cover counseling?**

**Response:** Please refer to the Behavioral Services manual on MHD website for the services. The link for the Behavioral Services Manual is <http://manuals.momed.com/manuals/>.

**68) Does the standing service include therapy?**

**Response:** If it is a MHD covered service, then yes it would include therapy as long as the criterion described in the power point presentation is met.

**69) How does LGTC apply to emergency care such as unexpected ER, urgent care, or short notice primary care appointments?**

**Response:** LGTC can set up urgent care trips; these trips will be verified by LGTC with the doctor's office in which they are going. Trips to the ER are not through LGTC, this is a non-covered service.

**70) We have an ambulance provider whom decides if an ambulance ride is emergent or not. We have had individuals whom have needed ER visit but ambulance has said they will not bill Medicaid because they have deemed the ride non emergent. How do we address this?**

**Response:** If the ambulance provider deems the trip as non-emergent, they cannot bill MHD for the transportation. All non-emergent trips are set up through LGTC, even the ambulance trips. The ambulance provider would be reimbursed by LGTC for the trip.

**71) What if the ER visit does not require ambulance transportation? Does LGTC need to be contacted to provide a denial and will any part of the visit be covered...for example returning from the ER.**

**Response:** LGTC does not provide transportation to the ER. They do provider transportation from the ER to home. The call would need to come from a hospital clinician.

**72) You say must use the NEMT but what if appointment is made in fewer than 5 days, but not emergency?**

**Response:** LGTC would have to verify by calling the doctor's office that this is an urgent trip. If the doctor's office states the trip is urgent LGTC will assign a trip ticket.

**73) What are the criteria for Urgent Request?**

**Response:** If you have an appointment, and then the doctor decides you need to see another doctor, the trip would be called in to LGTC. LGTC would need to verify, through the doctor's office, that it is truly an urgent trip. Once it is verified, the trip would be assigned and provided.

**74) Regarding dental not covered for adults but would be covered for children, correct?**

**Response:** Dental Services are covered for children.

**75) Can we use NEMT services for dental, P/T, O/T for adults over 21?**

**Response:** NEMT is for Medicaid covered services. There is an exceptions process through MO HealthNet Division in which the individual's doctor may call to request an exception.

**76) We have been using this service, however a number of times the transportation provider does not show up when supposed to. If LGTC is not meeting its requirements as arranged, how much do providers have to continue to take (late arrivals, no arrivals, etc.?)**

**Response:** The individual or facility needs to contact the "Where's My Ride" (WMR) line at 866-269-5944 and report this as a formal complaint. LGTC staff at WMR will look into the issue of no arrivals or late arrivals. The best option may be for the provider to request GMR or become a LGTC provider for the individuals they serve.

**77) How do concerns get reported? People have experienced being taking to appointments hours before scheduled or arriving late to the appointment.**

**Response:** When an individual is not picked up on time or they are having troubles with their transportation, they need to call the WMR line at 866-269-5944 and report the complaints. LGTC staff at WMR will look into each complaint from the individual and the providers. If individuals and providers do not report complaints or issues, they cannot be remediated.

**78) What do we do when the transportation is late and has the individual is late to the appointment? We have experienced this already and the Doctor threatened to drop the consumer.**

**Response:** When this happens, individuals need to call WMR line at LGTC, 866-269-5944. When you call, please state this is a formal complaint, and LGTC will research.

**79) Can you provide the where's my ride phone number in the Q & A document?**

**Response:** Where's My Ride – (866) 269-5944.

**80) We have been getting denied for any dental appointments.**

**Response:** Dental is not a state plan covered service for individuals who are not under the age of 21, blind, pregnant or reside in a nursing home. LGTC will not transport to non-covered services.

**81) Do we need to get an official denial letter for dental, other non-waiver service, or can we just assume it's allowable to use waiver transportation funding?**

**Response:** Since DD Partnership for Hope Waiver dental service is being accessed, waiver transportation can be authorized to this Partnership for Hope waiver service.

**82) If we have contacted LGTC and have been denied service, do we continue to call each time? Or is the letter of denial we receive enough justification?**

**Response:** This would depend on the reason for the denial. If a trip is set up through LGTC and the trip is to a MHD covered service, it should not be denied. But if the trip is

not a covered service, then the trip would be denied. Each individual will get a denial letter so that they will get hearing rights.

**83) We have experienced our driver receives a trip number, and then the Guardian later receives a letter in the mail denying the trip. Do you know when and why this would occur?**

**Response:** When a trip is originally set up and not all information is available and LGTC has to be called back; this trip would be a denied trip in the system for them. But when the information is called in and a trip number is assigned to the trip, the denied trip letter has already more than likely been sent out. If this is the case and the individual does get to their appointment please disregard the denial letter. If the trip has not occurred yet, you can call and verify with LGTC that the trip is still set up.

**84) If LGTC denies the trip for whatever reason and we MUST transport to the medical appointment, what documentation will MMAC accept to explain the reason we transported?**

**Response:** If the trip is denied from LGTC, keep the denial on file and with the denial letter the individual also has hearing rights.

**85) Do we always have to try LGTC? What type of documentation will suffice if a person cannot use services for following reasons? When a person is using a waived service do they have to use LGTC? For instance when staff go with individual to help with: understanding medical information; mobility once at site of visit; waiting for transportation pick-up; behavioral issues.**

**Response:** You have to use LGTC for transportation to a state plan medical service. If it is for transportation for a waiver service, the individual would use waiver covered transportation. If a staff member needs to go with an individual to help him or her understand medical information that is not part of transportation itself, that is waiver service and it is okay for them to do that.

**86) Are individuals exempt from using NEMT if it is stated in their ISP they are not able to ride through NEMT?**

**Response:** No, you may request gas reimbursement through LGTC.

**87) We've never billed transportation for medical appointments. All we are providing is residential supports through the waiver. Is that a problem?**

**Response:** If a provider chooses not to bill transportation that is their business decision. However, if a provider chooses to bill for transportation to a Medicaid state plan service, it must be arranged through LGTC. If a provider is transporting to a waiver service, the expense should be picked up through the waiver, unless the provider chooses not to seek reimbursement through the waiver.

**88) How do group homes who have transportation built into their budgets and are already paid for this service then get paid again for gas mileage reimbursement?**

**Response:** Your waiver budget is for waiver services and not state plan services therefore, it will not be a duplicate paying for the service.

**89) We are a group home provider and do not bill separately for medical transp. at this time. Do we need to now use NEMT?**

**Response:** Federal and state laws require the use of NEMT for transportation to state plan services. If an individual who gets DD group home services through your agency needs transportation to a state plan service, you can make arrangements with LGTC to provide and bill for that service through NEMT. If you choose not to seek reimbursement for transporting an individual to a state plan medical appointment, that is your business decision. However, this expense cannot be billed to the DD waiver. Transporting this individual to other functions or activities not related to state plan medical appointments, such as to a community events can be billed to the waiver if under group home budget or it can be authorized separately as waiver transportation if transportation is to a waiver service.

**90) Is the state going to pay out exceptions when we have to have another staff at the home with the roommate?**

**Response:** The Residential Habilitation provider is responsible for the protective oversight.

**91) I thought mileage was no longer being included on the ISL budgets beginning October 1st?**

**Response:** That is correct. Mileage is no longer included in the ISL budgets effective with the newly revised budget process once your region has received formal training on the new ISL budget process and approval to utilize the new budget.

**92) If a van and expenses is on the ISL budget, is it correct we still must use NEMT; and in this same case, mileage is on the budget as well.**

**Response:** The individual must use LGTC for state plan services; and the budget would be discussed with the Regional office.

**93) Are ISL providers expected to use NEMT for all Medicaid covered medical appointments and not use their approved mileage through DMH?**

**Response:** That is correct. ISL providers providing transportation to medical appointments must use NEMT through MHD and not DD waiver.

**94) There was a question about going to an out of town Doctors appointment and while out of town, doing some Community Integration activity. The question was how to bill LGTC for this? The answer I heard was that each leg of the trip is paid separately so the trip to the appointment would be paid from LGTC (assuming using gas reimbursement), but the trip back would be billed to the provider (ISL budget for example). I had previously understood that each leg of the trip should be paid from LGTC but any additional accrued miles (above what is paid from travel**

standards) would be paid for by the provider. I didn't understand why only one leg of the trip would be covered by LGTC?

**Response:** An LGTC-provided trip to the doctor and back home would be paid through NEMT. The other trips for activities would not be paid for or provided by LGTC.

**95) Is it permissible for a provider to elect not to bill for any medical transportation?**

**The provider has mileage on the ISL budget but they use more miles than what they are authorized for so they elect to just not bill for medical appointments.**

**Response:** If the provider chooses not to bill MHD that is their business decision. MMAC is reviewing the transportation to see if it is to be under the waiver services or the state plan services.

**96) What if the primary care physician is not located in same town as ISL?**

**Response:** If the trip is over the travel standards, LGTC will work with the provider and get a letter of medical necessity filled out for the trip to be approved.

**97) If an ISL determines they need less mileage on the budget because they are now using NEMT, should the budget be reduced?**

**Response:** ISL Budget reflects costs for waiver trips. The regional office can help work on budgets.

**98) Can you pick up Individuals at work and transport them to their Dr.'s appt. from there?**

**Response:** Yes that is allowable, need to make sure that when you call LGTC for the reservation that they have the correct address in the system.

**99) What if the home was not the next stop...for example if the consumer went to community based activity after doctor appointment? Would that be where the reimbursement from LGTC would end?**

**Response:** The reimbursement from LGTC would end at the doctor's office. LGTC would not be able to reimburse the miles from the doctor to the community based activity that was non-covered.

**100) Can they pick up from a waiver service, take to doctor, and drop off at waiver service?**

**Response:** LGTC can pick an individual up from a waiver service and take them to their doctor appointment. However, LGTC cannot take the individual back to the waiver service when he or she is done with the covered MHD doctor appointment.

**101) Does this apply to PCA and Day Habilitation services?**

**Response:** An attendant may be provided through NEMT if an individual needs assistance to their medical appointment. If an individual is receiving Personal Assistant Services (PAS) through the DD waiver, and combined with NEMT support resources still needs the assistant of the PAS to provide assistance, monitoring and oversight to/from the trip and at the medical appointment, this would be fine to authorize and bill the PAS under the waiver. The transportation to the state plan medical appointment would be

NEMT and arranged through LGTC. Since the waiver PAS is a separate and distinct support for the individual not tied to NEMT, there is no duplication of service or payment if both PAS and NEMT are concurrently authorized. Please also refer to Question #113 for more information about attendant supports through NEMT based on the individual's age; and Questions #114 and #115 regarding more than one attendant support for the state plan medical appointment.

Day Habilitation, or Independent Living Skills Development in the DD waiver, is a service designed to improve or enhance an individual's functional skills in his or her home and community. ILSD could be authorized and provided in the DD waiver based on an assessed need, with formal habilitation action steps and outcomes in the ISP, to help the individual increase their independence in accessing and participating in their medical care in the community. ILSD would not be utilized for the sole purpose of transporting an individual to their state plan medical appointments, as this would be through NEMT service.

**102) I don't think we understood the clarification provided for individuals going to the medical appointment with the CI provider providing waiver services during the medical appointment...**

**Response:** If an attendant is needed to go to appointment, they are allowed to go. This would have to be under the waiver service for the attendant to be there; however, the transportation itself must be billed under LGTC for the trip or gas reimbursement.

**103) If an individual is receiving CI services for clarification of communication at a medical appointment, the CI provider isn't providing waiver transportation. So if the CI provider isn't providing waiver transportation, why is this issue?**

**Response:** This is correct, and there is not an issue. Two separate billings would occur: Community Integration services for provider and separate billing to the transportation. The two need to be separate and bill for each service.

**104) There was a question about going to an out of town Doctors appointment and while out of town, doing some Community Integration activity. The question was how to bill LGTC for this? The answer I heard was that each leg of the trip is paid separately so the trip to the appointment would be paid from LGTC (assuming using gas reimbursement), but the trip back would be billed to the provider (ISL budget for example). I had previously understood that each leg of the trip should be paid from LGTC but any additional accrued miles (above what is paid from travel standards) would be paid for by the provider. I didn't understand why only one leg of the trip would be covered by LGTC?**

**Response:** Gas mileage reimbursement or a LGTC provided trip to the doctor and home would be paid. The other trips for activities would not be paid for or provided by LGTC.

**105) Can you bill for the staff time while at doctor's office to CI?**

**Response:** Yes you can if the Community Integration service ties to an assessed need in the ISP for the individual to increase independence with planning and accessing medical offices for his or her healthcare.

**106) What if the home was not the next stop...for example if the consumer went to community based activity after doctor appointment? Would that be where the reimbursement from LGTC would end?**

**Response:** The reimbursement from LGTC would end at the doctor's office. We would not be able to reimburse the miles from the doctor to the community based activity that was non-covered.

**107) Is it double billing when using State Plan transportation and paying waiver staff to attend the appointment with them.**

**Response:** Transportation to a medical service is covered through the MO HealthNet NEMT program. DD staff attending the medical appointment when necessary is covered under the waiver, and therefore is not double billing.

**108) There were several questions about whether or not LGTC would pay for and provide an attendant for someone who needs an attendant. I thought the answer was no, LGTC would not hire an attendant; they simply wouldn't deny the attendant a ride nor charge the attendant. Can you please confirm – does LGTC pay for an attendant at any age?**

**Response:** Per the LGTC contract with MO HealthNet, LGTC must authorize and arrange NEMT services for an attendant, if medically appropriate, to accompany children under the age of 21. If medically necessary, LGTC will provide attendant for individuals over age 21; however, they would prefer that staff from the DD facility that knows the individual accompany them on their trip, with transportation provided by LGTC. LGTC does not charge staff from the DD facility for staff accompanying the individual to an appointment. If LGTC provides an attendant, it is only for the transportation, not the medical appointment.

**109) Is there an option for a second attendant to ride when it is stated in the ISP that there is need for two staff at all times during transport?**

**Response:** If the individual needs to have two attendants/escorts with them, LGTC will allow this. This information needs to be communicated at the time of reservation.

In situations such as this, it may be in the best interest/safety of the individual to, either request gas reimbursement if staff is providing transport with their own vehicle, or enroll as a provider if the provider is using their agency van.

**110) If a provider is not billing waiver transportation can they transport the consumer to the doctor because the staff has to be an attendant anyway and has to be with the person? It looks to me like that would be double billing.**

**Response:** If the waiver provider is not billing for waiver transportation for the same trip as the NEMT covered trip, this would not be considered double billing. The individual may be providing a protective oversight service, such as personal assistant.

**111) If the provider does not bill Medicaid for the transportation but they take an individual to a medical appointment then they will have to document the medical appointment outside their normal progress notes, correct?**

Response: The documentation must clearly indicate that the trip was to a medical appointment and is not billed to Medicaid or to the Waiver service. Any service provided by a DD waiver provider should be noted in the normal progress notes for the waiver program.

**112) How do Support Coordinators monitor this or list this information in the ISP?**

**Response:** If using it for medical transportation, make it very clear that it is being billed through LGTC and not waiver services.