

Guidance for Behavioral Health Home and Community
Based (BH HCB) Non-Medical Transportation Services for
Adults in HARPs and HARP Eligibles in SNPs

June 2017

**NYS Department of Health
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services**

A Health and Recovery Plan (HARP) is a type of Medicaid Managed Care Plan designed to make community-based recovery-oriented services and supports available to a greater number of Medicaid Managed Care enrollees. HARPs will be offered to adults aged 21 and over having significant behavioral health needs and avail all of the physical health and pharmacy benefits available for New York State mainstream Medicaid Managed Care Plans, including behavioral health, Health Home and long term care services. In addition, based on the individual's specific needs as identified in their Plan of Care and approved by the HARP in which they enroll, the HARP enrollee may be eligible for an array of Behavioral Health Home and Community Based Services (BH HCBS). Individuals who meet the HARP eligibility criteria who are already enrolled in an HIV Special Needs Plan (SNP) may remain in their current plan and still receive the benefits of a HARP, including access to the same BH HCBS benefit package if they are eligible. The BH HCBS benefit package includes the following array of services:

- Psychosocial Rehabilitation (PSR);
- Community Psychiatric Support and Treatment (CPST);
- Habilitation;
- Family Support and Training;
- Education Support Services;
- Empowerment Services- Peer Supports;
- Non-Medical Transportation;
- Pre-vocational Services;
- Transitional Employment;
- Intensive Supported Employment;
- Ongoing Supported Employment;
- Short-term Crisis Respite; and
- Intensive Crisis Respite.

All BH HCBS are designed to enable participants to integrate more fully into the community and ensure the overall health, welfare and safety of the participant.

In order to receive BH HCBS, eligible participants must be assessed by the Health Home Care Manager using the New York State Community Health Mental Health Assessment tool. Each approved BH HCBS must be tied to a goal as indicated in the Plan of Care, along with the duration and frequency of the needed service, with the exception of Short-term Crisis Respite and Intensive Crisis Respite, which are typically unplanned services for individuals in crisis and are not required to be in an individual's Plan of Care.

Definition of Non-Medical Transportation

Non-Medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-medical Transportation services are available for individuals to access authorized behavioral health home and community

based services and destinations that are related to a goal included on the individual's plan of care.

Examples where this service may be requested include transportation to: BH HCBS that an individual was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED preparatory class, etc.

This service will be provided to meet the participant's needs as determined by an assessment performed in accordance with Department requirements and as outlined in the participant's plan of care.

There is a \$2,000 cost cap per participant per 12-month period for Non-Medical Transportation for trips to and from non-HCBS destinations that are related to goals in an individual's Plan of Care. Trips to and from BH HCBS and trips using public transportation are not subject to the \$2,000 cap.

Roles Related to a Participant's Access to Non-Medical Transportation

The following roles and guidelines serve to inform the Health Home Care Manager, Managed Care Organization (MCO), and the Transportation Manager of the procedures and rules surrounding an eligible participant's access to the Non-Medical Transportation benefit.

Health Home Care Manager Roles

Health Home Care Managers are responsible for conducting the New York State Community Mental Health Assessment and developing the Person-Centered Plan of Care. If the care manager determines there is a need for transportation to support an individual's identified goals, the Health Home Care Manager will include justification for this service within the Person-Centered Plan of Care. The Health Home Care Manager will complete the "NYS BH HCBS Plan for Transportation Grid" (Grid)¹. After completing the Plan of Care and the Grid, the Health Home Care Manager will send it to the MCO.

Managed Care Organization (MCO) Roles

The MCO is responsible for approving the Person-Centered Plan of Care and for forwarding the completed Grid to the Department of Health's Medicaid Transportation Manager. For individuals not enrolled in a Health Home, the MCO will be responsible for completing the Grid based on the individual's Plan of Care and forwarding to the Transportation Manager. The Grid will include documentation for Non-Medical Transportation including documentation of which goals in an individual's Plan of Care the trips will be tied to.

The "NYS BH HCBS Plan for Transportation Grid"¹ is completed by the MCO based on the participant's Plan of Care and includes the following information:

- Participant information;
- BH HCBS provider information;
- Non-Medical Transportation service requested;
- Supporting information includes:
 - Goal from the plan of care;
 - BH HCBS or Specific activity/support/task;
 - Mode of transportation service needed;
 - Trip destination/location;
 - Start date/end date; and
 - Frequency.

The MCO will forward the completed Grid with the Transportation Manager any time there are changes to this Grid.

Transportation Manager Roles

The Transportation Manager is responsible for authorizing transportation services in accordance with Medicaid policy and as supported on the MCO-provided Grid. The Transportation Manager is responsible for ensuring adherence to the guidelines below for Non-Medical Transportation,

¹ The "NYS BH HCBS Transportation Grid" can be found at <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>

which include assigning the most medically appropriate, cost-effective mode of transportation. Enrollees have freedom of choice regarding the transportation provider within the assigned mode (e.g. ambulette, taxi, public transportation, etc.).

For each participant utilizing Non-Medical Transportation, the Transportation Manager will provide a monthly report of authorized trips to the State. The State will review the reports and inform the Transportation Manager when the \$2,000 limit is approaching. The Transportation Manager will not authorize Non-Medical Transportation once they have been informed that the cost cap has been met.

Transportation Guidelines for Transportation Managers for Non-Medical Transportation

Generally, the same rules used to determine reimbursement of trips to medical appointments should be followed when considering reimbursement of non-medical trips for eligible participants.

The following guidelines apply to Non-Medical Transportation:

1. Transportation must be tied to a goal in the Plan of Care.

Use of transportation to non-medical locations not typically covered for the Medicaid population may only be requested when such transportation is necessary to meet a goal identified in the participant's Plan of Care.

2. Transportation is available for a specified duration and annual cost.

Non-Medical Transportation for trips to non-HCBS destinations tied to a goal in a participant's Plan of Care is limited to \$2,000 per calendar year per participant and in duration as specified in the participant's Plan of Care. Trips to BH HCBS and trips using public transportation are not subject to the \$2,000 cost cap. Non-Medical Transportation is intended to help initiate a new activity for a participant, rather than maintain an existing one. Non-Medical Transportation must be tied to a Plan of Care goal and is not available for routine events or ongoing treatment and services. An individual may use Non-Medical Transportation for reoccurring activities only if it is detailed in their Plan of Care; however the time frame and frequency for using Non-Medical Transportation in this capacity must be outlined. There must be an articulated frequency and start and end point for using Non-Medical Transportation to achieve a specific goal.

The Transportation Manager will not authorize Non-Medical Transportation after they have been informed that the cost cap has been met. The State will inform the Transportation Manager when the limit is approaching.

3. Individuals receiving residential services are ineligible for Non-Medical Transportation.

In order for individuals to access this benefit they must be assessed eligible for BH HCBS by the Health Home care manager. Individuals enrolled in residential services who receive transportation as part of the benefit are ineligible for Non-Medical Transportation.

4. Use transportation available free of charge.

The first consideration prior to seeking Medicaid reimbursement for Non-Medical Transportation must be all informal supports, community services and public transit. When friends or family members are available to transport a participant, the friends or family members should be used to provide transportation. The individual friend or family member's name must be listed in the Plan of Care, and he or she must maintain a current New York State driver's license in good standing and drive an insured vehicle registered and licensed by New York State. It is expected that local travel to family events can be performed by one's family.

Transportation should be provided in the most cost effective way, and using the appropriate mode of transport. There may be some situations when the trip(s) costs are higher than average. Reimbursement for these trips will be considered on a case-by-case basis.

This service is not intended to replace services provided by ACCES-VR or any other existing vendor.

5. Use the medically appropriate mode of transportation.

The same, appropriate mode of transportation used by the participant for standard medical trips should be used for non-medical trips, and vice versa. This includes the required submission of a 2015 Medical Justification form for modes above public transportation in NYC and Long Island and generally above taxi upstate.

Any individual or company providing services as described in these Guidelines must maintain compliance with New York State regulations, including those in Title 18 NYCRR Section 505.10.

6. Travel within the common marketing area.

Trips for the same or similar services should be within the same area that is frequented by others in the same community for those services as the participant.

7. When possible, trips should be combined.

It is reasonable to expect a participant to complete non-routine needs tied to a goal in his or her Plan of Care in the same location if possible. Travel to multiple similar types of services on the same day and/or during the same week should be avoided.

8. Justify need for travel outside the common marketing area.

Travel outside the common marketing area can be allowed when acceptable justification is presented.

9. Vouchers submitted for personal vehicle mileage reimbursement must be submitted within 90 days of the date of service. Only when there are extenuating circumstances, will the Department allow payment for trips that are submitted after the 90 day time period. These requests will be considered on a case-by-case basis provided valid justification is given.

Requests for personal vehicle mileage reimbursement should be submitted on a timely, periodic basis concurrent with Department reimbursement policy guidelines. Personal vehicle mileage reimbursement for Non-Medical Transportation must be documented in the participant's Plan of Care and the Grid completed by the MCO to ensure that this transportation is tied to a participant's goal.

10. Reimbursement for travel can be denied when the destination does not support the participant's integration into the community.

Absent adequate justification, travel to destinations such as casinos, "smoke shops", off-track betting parlors, adult entertainment businesses, hunting clubs, and pubs/bars will not be authorized. The participant can travel to these destinations; however, other community transportation supports should be used.

11. The Transportation Manager/Prior Authorization Official should review the "NYS BH HCBS Plan for Transportation Grid" provided by the MCO only, not the participant's Plan of Care. The Prior Authorization Official should not monitor travel compliance with that Plan.

A participant's Plan of Care outlines the general parameters of his or her Non-Medical Transportation needs. However, these needs can change or be amended based upon the participant's stated goals and/or successful ongoing integration into the community.

The MCO will complete the Grid based on the participant's Plan of Care and provide it to the Transportation Manager any time there are changes to the Grid. The Grid includes the following information:

- Participant information;
- BH HCBS provider information;
- Non-Medical Transportation service requested;
- Supporting documentation includes:
 - Goal from the plan of care;
 - Specific activity/support/task;
 - Type of transportation service needed;
 - Trip destination/location;
 - Start date/end date; and
 - Frequency.

The Transportation Manager/Prior Authorization Official will use the Grid coupled with Medicaid transportation policies to approve travel as appropriate. The Transportation Manager can request additional information from the Health Home Care Manager or MCO to assist with the decision to approve or disapprove Non-Medical Transportation reimbursement.

12. Non-Medical Transportation trips should be requested 72 hours in advance.

Consistent with current DOH policy, trips should be requested with 72 hours notice in order to ensure individual's freedom of choice and availability of providers. The Transportation Manager will accommodate urgent and last minute trips when possible requested with less than 72 hours notice.

13. Non-Medical Transportation can be used one time per day, during an episode of care, for Short-term Crisis Respite and Intensive Crisis Respite services, but these services do NOT need to be included in the individual's Grid.

The BH HCBS short-term crisis respite and intensive crisis respite do not require an assessment and are not required to be part of the individual's Plan of Care, as the use of these services is typically unplanned. Therefore, the use of Non-Medical Transportation for these services does not require that the services be included in the Grid. One trip per day during an episode of care can be authorized and is not subject to the 72-hour notice policy as these trips should be provided as immediately as possible.

If an individual requests a trip to these services, the Transportation Manager will verify eligibility for these services in ePACES by confirming that the individual is assigned an RE code H1-H6 prior to arranging this trip.

In addition to transportation to BH HCBS, examples of locations to which Non-Medical Transportation can be considered for eligible individuals include:

Goal in Plan of Care	Non-Medical Location to Which Transportation May Be Requested
Obtain Employment	Job interview
Go back to school	College fair
Owning a pet	Go to a shelter to adopt an animal
Losing weight	Attend a wellness seminar
Get involved in the arts	Attend a play
Improve personal hygiene	Go to a barber/beauty shop for a hair cut
Be more physically active	Attend a dance class
Obtain High School equivalency certification	Attend a workshop to prepare for the GED test

*All goals are to be met within a specific timeframe. Requests for transportation to a service associated with the goal that are submitted outside the specified timeframe will not be considered.

**Non-Medical Transportation cannot be used for routine transportation to and from a job or school. For example, a participant may be transported to a job interview, but not to work on a daily basis. Similarly, a participant may be transported to a college fair, but not to classes on a regular basis. The frequency of these trips should be included in the plan of care with a specific timeframe defined including a start and end date.