



**Questions and Answers from 1/9/17 Non-Medical Transportation (NMT) Webinar for Eligible
HARP Enrollees
As of April 2017**

1. Can the NMT Grid be completed for already completed and approved Plans of Care?

A NMT Grid can still be completed and submitted in situations where the approved Plan of Care already included NMT but a Grid was not yet completed. However, if NMT is being added to the Plan of Care as a new service, the Plan of Care would need to go back through the regular approval process, as it would if any other new service were added.

2. How would a care manager or MCO know if an individual has a “2015 form” on file and where is this information stored?

The “2015 form” is kept on file with the Transportation Manager.

3. Is an HCBS Plan of Care required if the only BH HCBS the individual is receiving is NMT? What is an example of an appropriate NMT trip for an individual who is not receiving any other BH HCBS?

NMT is considered a BH HCBS, and therefore the HCBS requirements for Plans of Care must be met when NMT is utilized. However, the State does not expect that there will be many individuals for whom it will be appropriate to use NMT and not be engaged in other BH HCBS.

An example of an appropriate NMT trip for an individual who is not receiving other BH HCBS is a trip to a job interview for an individual with an employment goal who is engaged in a Personalized Recovery Oriented Services (PROS) program and therefore is not eligible for the BH HCBS employment services.

4. Can an individual receive NMT from multiple providers?

Yes, an individual can receive NMT from any enrolled Medicaid transportation provider that is willing and available to perform the trip.

5. Where is the NMT Grid accessed?

The NMT Grid can be found at <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>.

6. Is it assumed that if a Grid is sent to the Transportation Managers by an MCO that NMT is approved?



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Yes, once the Grid is sent to the Transportation Manager by the MCO it can be assumed that the MCO reviewed and approved NMT in the individual's Plan of Care.

7. How far in advance does a NMT trip need to be requested?

The Department of Health requests that trips be requested 72 hours in advance to help ensure that the enrollee receives their preferred transportation vendor. However, the transportation manager will arrange trips whenever possible, within this time period.

8. When does the “2015 form” need to be completed?

The 2015 Form should be submitted to the transportation manager at any time prior to the trip being requested in order to establish the most medically appropriate mode of transport (e.g. ambulette). In NYC, 2015s are needed for all transportation assigned at a mode higher than public transportation (i.e. livery, ambulette). Upstate, the 2015 is needed for all modes of transportation higher than taxi (i.e. ambulette, ambulance).

9. Does an individual need to identify him or herself as an HCBS client when calling to request NMT?

No. However, such an identification may serve to facilitate the call. The transportation managers call service representative will have the enrollees eligibility information and should have the Grid on file.

10. How do individuals obtain Metrocards for NMT?

Individuals can obtain Metrocards from any provider who is registered in the PTAR system. Most care management agencies are enrolled in PTAR and can provide Metrocards for NMT.

Providers who distribute Metrocards for reimbursement through PTAR for NMT must ensure that NMT is included in the individual's Plan of Care and is in line with a specific goal(s) as outlined in the NMT guidance at https://www.emedny.org/ProviderManuals/Transportation/PDFS/HARP_Guidelines_Non-Medical_Transportation.pdf.

Note that the NMT Grid is not required when public transportation is the individual's only mode of transportation, however, NMT should always be included in the individual's Plan of Care and supported by the individual's goal(s).

11. What are the credentials necessary to complete the “2015 form”?

The 2015 Form needs to be signed by a “physician” or other approved medical professional (nurse practitioner, physician assistant, LMSW).

12. Is training available for completing the “2015 form”?



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The Transportation Managers can provide guidance in filling out the Form, including regarding an accurate description of the relationship between an enrollee's medical diagnosis and their ability to ambulate or access a certain mode of transport.

13. Where can providers find the "rules, regulations, policies, standards and procedures of the NYS Dept of Health, as set forth in the Title 18 of the Official Compilation of Rules and Regulations of NYS, Provider Manuals and other official bulletins of the Dept including Regulation 504.8(2)"?

Providers may access the Department of Health Transportation Provider Manual:

https://www.emedny.org/ProviderManuals/transportation/PDFS/Transportation_Manual_Policy_Section.pdf

14. Who are the Transportation Managers?

Currently, the Transportation Managers are currently LogistiCare Solutions in Long Island and Medical Answering Services in the rest of the state.

15. If the Transportation Manager incorrectly dispatches NMT, will the transportation provider be ineligible for reimbursement?

No.

16. Are individuals in OMH Scattered Site and Apartment Treatment settings eligible for NMT?

Individuals living in these settings are not excluded from receiving BH HCBS, as long as they are found eligible.

17. Are individuals in OASAS licensed residential programs eligible for NMT?

Individuals in OASAS licensed residential programs are not eligible for BH HCBS, and therefore would not be eligible for NMT.

18. What is the timeframe in which the MCO must confirm the proposed NMT is appropriate based on the approved POC/Level of Service Determination decision and send the Grid to the Transportation Manager?

If the NMT Grid is received with the level of service determination request, the MCO should forward the Grid to the Transportation Manager at the time of the approval of the level of service. If the Grid is received after the Level of Service approval, the MCO should review and make a decision regarding the appropriateness of the proposed NMT within the timeframe for Service Authorization Requests in Appendix F of the Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract.

19. Can NMT be provided with the initial POC prior to the Level of Service Determination or would an individual have to already be actively engaged in BH HCBS and have a "final" Plan of Care?



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The NMT Grid may be provided with the Level of Service Determination request, after the Plan of Care is completed, or anytime an adjustment to the NMT is needed. MCOs must confirm appropriateness of the proposed NMT and share any revised NMT Grid with the Transportation Manager so these services can be provided in a manner consistent with the current Plan of Care and frequency, duration, and scope determinations for the BH HCBS that an individual is receiving.

20. Do BH HCBS providers bill for NMT?

BH HCBS providers would only provide and bill NMT if they are enrolled Medicaid transportation providers and are assigned transportation by the manager. Transportation is assigned via enrollee choice within the appropriate level of service or rotation when no choice is expressed. When billing for NMT, enrolled Medicaid transportation providers must receive prior authorization from the transportation manager and bill through eMedNY through the same billing process as fee-for-service Non-Emergency Medical Transportation (NEMT).

21. Does the Grid need to include specific addresses/dates/times? What if this information is unknown?

To the extent that this information is known, it should be included. However, it is not necessary to be completed at the time that Grid is sent to the Transportation Manager, as this information will not always be known at that time.

22. Are court appearances for those mandated to treatment covered by NMT?

No, trips to court appearances are not covered by NMT.

23. Can BH HCBS providers bill for mileage for staff trips related to an individual's goal?

Non-Medical Transportation is a BH HCBS and is separate from Staff Transportation which is a supplemental rate add-on for some BH HCBS. BH HCBS providers can bill for mileage for staff trips, as long as the mileage is tied to a service that was provided and it is a service that qualifies for Staff Transportation. The services that qualify are essentially all services, except NMT, respite services, and Psychosocial Rehabilitation or Family Support and Training if those services are provided to a group. Information about Staff Transportation is also available in the billing manual at <https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>.