



General Self-Help Resource Guide

Access to Non-emergency Medicaid Transportation
for Individuals with Disabilities Receiving Medicaid

*Sponsored by the Department of Education/Division of Vocational
Rehabilitation and the State of Florida*

This self-help resource guide is not a substitute for legal advice



December
2011

FAAST, Inc.

Florida Alliance for Assistive Services and Technology

3333 West Pensacola Street · Building 100, Suite 140 · Tallahassee, Florida 32304-2800

Voice (850) 487-3278 · Toll-Free 1-888-788-9216

TDD: (877) 506-2723 Fax: (850) 575-4216

www.faast.org

This self-help resource guide is provided by the Florida Alliance for Assistive Services and Technology, Inc. (FAAST) and was created to provide general resource and self-help information to help with access to non-emergency Medicaid transportation services including helpful suggestions, informational websites, applicable federal/state laws and regulations for individuals with disabilities and other interested parties. This guide, along with many other FAAST self-help resource guides are hyperlinked for convenient reference and can be found on the FAAST website at www.faast.org/resources/library.

Table of Contents

Introduction	1
Accessing Medically Necessary Medicaid Non-Emergency Transportation (NET) Services	1
Who Provides Medicaid Non-Emergency Transportation?	1
Who is Eligible for Medicaid Non-Emergency Transportation Services?.....	2
What Happens When I Contact My Community Transportation Coordinator?	2
What if I have a problem with the provision of CTD services?	2
Fact Sheet: Medicaid Transportation Services.....	3
Florida Medicaid Transportation Coverage, Limitations and Reimbursement Handbook	3
Florida’s Medicaid Transportation System	3
Medicaid Overview and History.....	4
A Medicaid State Plan Requirement	4
Medicaid and Medicare Resource Information	5
Complaints, Publications, and Information and Referral.....	5
Florida Coordinated Non-emergency Transportation (NET) Waiver	6

Introduction

Do you know that Federal Regulations, 42 C.F.R. § 431.53 Assurance of transportation requires state Medicaid plans to ensure necessary transportation for recipients? <http://cfr.vlex.com/vid/431-53-assurance-transportation-19812309>

In Florida, the Agency for Health Care Administration (AHCA) houses Florida's Medicaid Program. For more information, go to: <http://ahca.myflorida.com/>.

A Medicaid State Plan must--

(a) Specify that the Medicaid agency will ensure necessary transportation for recipients to and from providers; and

(b) Describe the methods that Medicaid will use to meet this requirement.

For more information, you may wish to view an applicable [Federal Register notice at 74 FR 31195, June 30, 2009](#).

Accessing Medically Necessary Medicaid Non-Emergency Transportation (NET) Services

Who Provides Medicaid Non-Emergency Transportation?

The Agency for Health Care Administration's (AHCA) Medicaid Program;

Commission for the Transportation Disadvantaged (CTD) contract brokers and providers; and

Community Transportation Coordinators (CTCs).

You may choose to contact your local Area Medicaid Office. To find the Area Medicaid Office closest to you, go to: [Area Medicaid Office](#).

To find a [Community Transportation Coordinator \(CTC\)](#) that Medicaid is coordinating with to provide non-emergency Medicaid transportation services in your county, you can contact either:

The [Commission for the Transportation Disadvantaged \(CTD\)](#) at (866) 374-3368 ext. 5700; and <http://www.dot.state.fl.us/CTD/>.

Or to search CTC providers in your area, go to: <http://www.dot.state.fl.us/ctd/contacts/ctcsbycounty.htm>.

Who is Eligible for Medicaid Non-Emergency Transportation Services?

You may be eligible to receive Medicaid Non-Emergency Transportation Services if:

- You are a Medicaid Beneficiary on the date of transport;
- Your eligibility category includes transportation;
- You have no other means of transportation available;
- Low Income Families and Children;
- Foster Care Children;
- Sixth Omnibus Budget Reconciliation Act (SOBRA) Children and pregnant women;
- Supplemental Security Income (SSI) Medicaid only Medicaid Beneficiaries;
- SSI Medicare, Part B only Medicaid Beneficiaries;
- SSI Medicare, Parts A and B Medicaid Beneficiaries;
- Medicaid Beneficiaries who are residents in ALFs and are not enrolled in an ALF waiver program;
- The MEDS Aged/Disabled (AD) population;
- Individuals with Medicare coverage (“dual eligibles”) who are not enrolled in a Medicare Advantage Plan;
- Institutional Care Program (ICP) Residents;
- Nursing Home Diversion (NHD) Medicaid Beneficiaries;
- Presumptively Eligible Pregnant Women;
- Medicaid Beneficiaries who are receiving services through a hospice program, the Medicaid Project AIDS Care waiver program, or a Prescribed Pediatric Extended Care (“PPEC”) center;
- Title XXI MediKids; and
- Medically Needy.

For more information on eligibility requirements, go to: http://www.ehow.com/how_6314329_apply-medicaid-transportation-provider-florida.html

<http://www.dot.state.fl.us/ctd/docs/Independent%20Assessment%20October%202003.pdf>

What Happens When I Contact My Community Transportation Coordinator?

The CTC will perform an Intake Assessment to determine eligibility for Medicaid non-emergency transportation services; and to determine the most appropriate type of transportation needed.

What if I have a problem with the provision of CTD services?

The Florida Commission for the Transportation Disadvantaged (CTD) requires all local systems to have written procedures for addressing/resolving complaints and grievances. Complaints are defined as any documented customer concern involving timeliness, vehicle condition, quality of service, personnel behavior, and other operational policies. Grievances are defined as unresolved complaints. A complaint and grievance are required to have two processes which identify how each will be addressed. Filing a complaint locally is always the first step. If the complaint is not resolved to the complainant’s satisfaction, generally the next step in the local process would be to file a written grievance with the Transportation Disadvantaged Coordinating Board (TDCB). Once a grievance has been addressed by the TDCB, then the CTD would consider hearing the grievance. For more information on customer rights and responsibilities, go to: [Customer Rights and Responsibilities](#) and to review local grievance guidelines for transportation disadvantaged services, go to: [Grievance Guidelines](#).

Fact Sheet: Medicaid Transportation Services

This document, prepared by: Manjusha P. Kulkarni. Staff Attorney. National Health Law Program, provides an excellent resource on states' responsibilities regarding Medicaid. To view the document, go to: www.probono.net/healthlaw/library/attachment.119595

Florida Medicaid Transportation Coverage, Limitations and Reimbursement Handbook

This handbook is broken into 9 Chapters:

Chapter	Title
1	The Florida Medicaid Program
2	The Florida Medicaid Provider
3	Medicaid Recipient Eligibility
4	Medicare Crossover Policy
5	Medicaid Fraud and Abuse
6	Completing the Claim Form
7	Additional Filing Requirements
8	Claims Processing
9	Requirements to Receive Services

For more information and to view the Florida Medicaid Transportation Coverage, Limitations and Reimbursement Handbook, go to: [Transportation](#).

Florida's Medicaid Transportation System

Under Title XXX (Social Welfare), Chapter 409 (Social and Economic Assistance), § 905(12) (Mandatory Medicaid Services), Florida Statutes:

“TRANSPORTATION SERVICES.--The agency shall ensure that appropriate transportation services are available for a Medicaid recipient in need of transport to a qualified Medicaid provider for medically necessary and Medicaid-compensable services, provided a client's ability to choose a specific transportation provider shall be limited to those options resulting from policies established by the agency to meet the fiscal limitations of the General Appropriations Act. The agency may pay for transportation and other related travel expenses as necessary only if these services are not otherwise available.”

To view this Florida Statute, go to: [409.905 Mandatory Medicaid services](#)

Medicaid Overview and History

For a general overview including the history of Medicaid, as indicated at <https://www.cms.gov/History/Medicaid> is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in providing medical long-term care assistance to people who meet certain [eligibility criteria](#). Medicaid is the largest source of funding for medical and health-related services for people with limited income.

The Medicaid program is authorized through Title XIX of the Social Security Act and through Title 42, Code of Federal Regulations. The Florida Medicaid program is authorized under Chapter 409, Florida Statutes (F.S.) and through Chapter 59G, Florida Administrative Code (F.A.C.).

“Title XIX of the Social Security Act and accompanying regulations require that in their state Medicaid programs, states cover medical care and services and fulfill administrative requirements necessary to operate the Medicaid program efficiently. Among these administrative requirements is the mandate that a State plan ‘specify that the Medicaid agency will ensure necessary transportation for recipients to and from providers and describe methods that the agency will use to meet this requirement.’”

The federal Medicaid statute is Title XIX of the Social Security Act of 1965.

Use the following link to access the provisions of Title XIX. Once you select a section to review, you can use your computer's "find" feature to search for specific provisions.

See: http://www.ssa.gov/OP_Home/ssact/title19/1900.htm

A Medicaid State Plan Requirement

Under Florida’s Medicaid State Plan provided to the Centers for Medicare and Medicaid Services, Medicaid is required to submit for approval methods of coordinating Medicaid transportation. Florida's Medicaid State Plan (the Plan) is a comprehensive document describing the scope and nature of the Medicaid program. The Plan outlines current Medicaid eligibility standards, policies and reimbursement methodologies to help ensure that the state Medicaid Program is eligible to receive matching federal funds under Title XIX of the Social Security Act.

For more information and to review the state plan, go to:
<http://ahca.myflorida.com/Medicaid/stateplan.shtml>

[Florida Medicaid State Plan Part I](#) [15.54MB PDF] 10/12/2011

(Due to the larger file size, this document may take more time to download.)

Updated October 12, 2011

[Florida Medicaid State Plan Part II](#) [18.24MB PDF] 10/12/2011

(Due to the larger file size, this document may take more time to download.) Updated October 12, 2011

Medicaid and Medicare Resource Information

To find the Area Medicaid Office closest to you, go to: [Area Medicaid Office](#).

[Medicaid Information for Consumers](http://www.medicaid.gov/index.html) <http://www.medicaid.gov/index.html>.

To access State Waiver Programs and Demonstrations, go to:

<https://www.cms.gov/medicaidstwaivprogdemopgi/08wavmap.asp> and Select **Florida**.

Centers for Medicare and Medicaid Services Telephone Numbers

- Medicare Service Center: 800-MEDICARE (800-633-4227)
- Medicare Service Center TTY: 877-486-2048
- Report Medicare Fraud & Abuse: 800-HHS-TIPS (1-800-447-8477)

<https://www.cms.gov/contactcms/>

Complaints, Publications, and Information and Referral

The Agency for Health Care Administration (AHCA) Consumer Complaint, Publication and Information Call Center can be found at: http://www.fdhc.state.fl.us/Contact/call_center.shtml.

The agency provides a toll-free telephone system for consumers to call in order to file complaints, receive publications, and information and referral numbers. This system can be accessed by calling the number below between the hours of 8:00 A.M. and 6:00 P.M. Eastern Time Monday through Friday.

Complaints about health care facilities are taken during regular business hours, 8:00 A.M. to 5:00 P.M., Eastern Standard Time (EST). (888) 419-3456

Florida Coordinated Non-emergency Transportation (NET) Waiver

Florida's objective through this waiver program is to assure access to non-emergency transportation to Medicaid recipients while preventing unnecessary and inappropriate utilization of services. Under the authority of Section 1915(b)(4) of the Social Security Act (the Act), this waiver allows the State to restrict the provider from whom or through whom beneficiaries can obtain transportation.

The State requested and was granted a waiver of Section 1902(a)(23) of the Act (Freedom of Choice) in order to restrict beneficiaries free choice of providers and constrain beneficiaries to receive transportation services only from transportation providers authorized by the Community Transportation Coordinator (CTC) for each county or multi-county region.

Enrollment is mandatory for Medicaid beneficiaries who need transportation services and each beneficiary will be required to use the contract broker and provider for the area of residence. By restricting the number of providers the State intends to reduce costs, increase efficiency, and better control quality of transportation services.

For more information, see Florida Coordinated Non-emergency Transportation (NET) Waiver at: [Details for Florida Coordinated Non-Emergency Transportation 1915\(b\)](#).

Legal Review by Gordon B. Scott, Esq.

This self-help resource guide is not a substitute for legal advice

December 2011