DATE: October 21, 2014

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Proposed Rule: Chapter 101, MaineCare Benefits Manual, Chapter II, Section 113, Non-Emergency Transportation (NET) Services

This letter gives notice of a proposed rule: Chapter 101, MaineCare Benefits Manual, Chapter II, Section 113, Non-Emergency Transportation (NET) Services. This rule is being proposed in order bring the policy in conformity with Department negotiated contracts with transportation Brokers.

In August of 2013, MaineCare began delivering NET services using regional, risk-based, pre-paid ambulatory health plan brokerages, in alignment with Maine’s eight (8) transit regions, pursuant to a §1915(b) waiver that was approved by the Centers for Medicare and Medicaid (CMS). NET Brokers were selected through a competitive procurement process, following the Department’s Request for Proposals (RFP). During the first year of implementation, significant problems were experienced in several NET regions. As a result, the Department decided to re-issue the RFP for NET services in six of the eight regions. In two regions, the original NET brokers’ contracts were renewed. For the other six regions, the Department selected new NET brokers, based on the bids they submitted in response to the RFP.

On July 7, 2014, CMS approved the Department’s request to renew its NET waiver for a two year period, beginning July 1, 2014 and ending on June 30, 2016. The Department negotiated new contracts with its NET brokers, effective August 1, 2014, and these contracts include several important changes. As a result, MaineCare’s NET policy must be changed to conform to the NET waiver and the contracts. Proposed changes include:

1. The allowance of trips to the pharmacy with no other trips involved. Previously, trips exclusively to visit a pharmacy were excluded from coverage under this policy. In addition, trips to the pharmacy will now be allowed on an urgent basis.

2. Edit of the map of NET regions to reflect a slight change in the geographic distribution of one region. Unity Township, Troy and Burnham were previously incorrectly depicted as being part of Region 4, though they are actually in Region 5. This has been corrected in the updated map, which also more clearly delineates all eight regions.

3. Addition of requirement that parents or guardians of minors 12 years old and younger must authorize the specific type of transportation utilized for the minor.


5. Addition of language requiring, for members with Other Related Conditions receiving Home and Community Based Services (HCBS) under Section 20 of the MaineCare Benefits Manual, or for members with Brain Injury receiving Home and Community Benefits under Section 18 of the MaineCare Benefits Manual, that the broker contact the member’s assigned care coordinator to confirm that the service or activity to which the member is requesting transportation is a covered HCBS waiver service under the member’s plan of care.
Additional changes are proposed that are not new, but have been made to clarify the current requirements of the NET program, which include:

1. Clarification of the types of Non-Emergency Transportation and covered services for which MaineCare will provide reimbursement.

2. Addition of language detailing the procedures utilized in the transport of minors.

3. Clarification regarding the types of non-covered services.


5. Addition of language requiring the broker to provide timely access to NET services. The proposed language requires the broker to make services available to members 24 hours a day, 7 days a week and to contact the member in the event that a trip cannot be made. The language also requires members to be at the point of pickup within 10 minutes of the scheduled time.

6. Addition of language regarding certain requirements of brokers. Brokers are required to have NET contracts in place with the Department, to establish a reliable network of transporters, to ensure adequate transportation at all times, and to notify the Department in the event of the termination of a transporter’s Service Agreement.

7. Clarification of the policy around urgent trips and description of the circumstances in which an urgent trip must be granted.

8. Addition of language describing the requirements for standing orders and stating that a standing order for a member must be re-affirmed by the member’s broker at least once every 90 days.

9. Addition of language pertaining to federally recognized Native Tribes. Proposed language states that Broker(s) are required to enter into a Service Agreement with any federally recognized Native Tribe that resides within the broker’s region, that would like to be a Transporter, and that meets the driver and vehicle requirements and all other applicable requirements.

10. Addition of description of requirements for drivers and attendants.

11. Addition of language briefly stating that brokers are responsible for related travel expenses.

12. Addition of language around denial of services and member complaint and appeal rights.


14. Addition of language describing the broker’s requirements to provide wheelchair accessible transportation to members.

Finally, the Department proposes several changes to Section 113 to ensure consistency with the NET broker contracts, as well as other technical changes:

1. Addition and removal of a number of definitions to provide greater clarification to the policy and to match language in the Department’s contracts with brokers.

2. Change of references from the term “mental retardation” to the term “intellectual disability.” This change is required by both state and federal law, to eliminate use of the term “mental retardation.”
3. Removal of reimbursement rates for lodging, meals, and privately owned vehicle mileage. It is proposed that this language be removed to allow for changes to be made efficiently and easily, via contract amendment.

4. Grammatical and technical edits were made to improve the readability of the policy.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.
Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, MaineCare Services

RULE TITLE OR SUBJECT: Chapter 101, MaineCare Benefits Manual, Chapter II, Section 113, Non-Emergency Transportation (NET) Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY: In August of 2013, MaineCare began delivering NET services using regional, risk-based, pre-paid ambulatory health plan brokerages, in alignment with Maine’s eight (8) transit regions, pursuant to a §1915(b) waiver that was approved by the Centers for Medicare and Medicaid (CMS). NET Brokers were selected through a competitive procurement process, following the Department’s Request for Proposals (RFP). During the first year of implementation, significant problems were experienced in several NET regions. As a result, the Department decided to re-issue the RFP for NET services in six of the eight regions. In two regions, the original NET brokers’ contracts were renewed. For the other six regions, the Department selected new NET brokers, based on the bids they submitted in response to the RFP.

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Additional changes are proposed that are not new, but have been made to clarify the current requirements of the NET program, which include:

1. Clarification of the types of Non-Emergency Transportation and covered services for which MaineCare will provide reimbursement.

2. Addition of language detailing the procedures utilized in the transport of minors.
3. Clarification regarding the types of non-covered services.


5. Addition of language requiring the broker to provide timely access to NET services. The proposed language requires the broker to make services available to members 24 hours a day, 7 days a week and to contact the member in the event that a trip cannot be made. The language also requires members to be at the point of pickup within 10 minutes of the scheduled time.

6. Addition of language regarding certain requirements of brokers. Brokers are required to have NET contracts in place with the Department, to establish a reliable network of transporters, to ensure adequate transportation at all times, and to notify the Department in the event of the termination of a transporter’s Service Agreement.

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3. Removal of reimbursement rates for lodging, meals, and privately owned vehicle mileage. It is proposed that this language be removed to allow for changes to be made efficiently and easily, via contract amendment.

4. Grammatical and technical edits were made to improve the readability of the policy.

THIS RULE WILL NOT HAVE A FISCAL IMPACT ON MUNICIPALITIES.


PUBLIC HEARING:

Date:       Friday, November 21, 2014, 10 AM  
Location: Conference Room 110  
Department of Health and Human Services  
MaineCare Services  
19 Union Street  
Augusta, ME 04330

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed below before 5 pm on Friday, November 14, 2014.

DEADLINE FOR COMMENTS: Comments must be received by Midnight, Monday, December 1, 2014.

AGENCY CONTACT PERSON:  Samuel Senft, Comprehensive Health Planner
AGENCY NAME:  MaineCare Services
ADDRESS:  242 State Street  
11 State House Station  
Augusta, Maine  04333-0011  
samuel.senft@maine.gov

TELEPHONE:  (207) 624-4053  FAX:  (207) 287-1864  TTY:  711
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INTRODUCTION

MaineCare’s Non-emergency Transportation (NET) Services provide transportation to MaineCare covered services for eligible MaineCare members to and from covered, non-emergency MaineCare services when no other means of transportation is available to them. The State is divided into eight regions for the purposes of providing this transportation. Broker(s) have contracts with the State to provide NET services in one or more regions.

The NET Benefit is provided under a Centers for Medicare and Medicaid Services (CMS) 1915(b) waiver, which expressly waives the Medicaid freedom of choice provision.

113.01 DEFINITIONS

113.01-1 Attendant: An employee of an agency Transporter or Broker, approved and reimbursed by the Broker, who assists the driver and accompanies a Member or group of Members during transport in order to ensure the safe operation of the vehicle and the safety of the Members.

113.01-2 Broker: Any entity, person or business with which the Department has contracted to manage, authorize, coordinate, and reimburse the provision of necessary Non-Emergency Transportation services for eligible MaineCare Members.

113.01-3 Complaint: Expressions of discontent with the transportation services, that do not rise to the level of formal appeals, and have no appeal rights.

113.01-4 Department: means the Maine Department of Health and Human Services, acting through the Office of MaineCare Services.

113.01-5 Escort: A personal assistant, family member, friend, volunteer or facility employee who accompanies a Member for the entire trip and stays with the Member at the destination. The Broker is not responsible for providing Escorts. An Escort must be of an age of legal majority recognized under Maine law.

113.01-6 Incident: Any unanticipated event, other than a motor vehicle accident, which results in a disruption of services.

113.01-7 Late: more than 15 minutes after the scheduled pick-up time from a point of origin, residence—more than 5 minutes after the scheduled drop-off time for an appointment/MaineCare covered service, or more than 30 minutes after the scheduled pick-up time from an appointment/MaineCare covered service.

113.01-8 MaineCare Covered Services: services covered and reimbursed through MaineCare, as provided in the MaineCare Benefits Manual.

113.01-9 Member: Any person certified as eligible for services under the MaineCare program.
113.01 DEFINITIONS (cont.)

113.01-10  **NET**: Non-Emergency Transportation.

113.01-11  **No Show**: A failure by the Member to utilize previously scheduled transportation without contacting the Broker in advance of the trip to cancel it. This includes failing to be at the agreed upon Point of Origin no later than 10 minutes after the scheduled pick up time or canceling with the Transporter at their arrival at the Point of Origin location.

113.01-12  **On Time**: From thirty (30) minutes before until fifteen (15) minutes after the scheduled pick-up time from a residence; from thirty (30) minutes before until five (5) minutes after the scheduled drop-off time at an appointment/MaineCare covered service; and until thirty (30) minutes after the scheduled pick-up time from an appointment/MaineCare covered service. For an unscheduled pick-up (e.g., will call after a medical appointment), “on time” is within two (2) hours of the time the Broker is notified that the Member is ready to be picked up in a rural area, and within (1) hour of the call to a Broker in an urban area.

113.01-13  **Personal Assistant**: A person who is designated by a Member to assist with one or more daily life functions, including helping the Member use transportation services. A fare is not charged for the personal assistant to ride with the Member. Personal assistants are not provided by the Broker.

113.01-14  **Public Transit or Public Transportation**: Buses, trains, ferries, and other forms of transportation that charge set fares, run on available to be used by the general public. May include fixed routes, semi-fixed route, and are available to the public or on demand services.

**Public Fixed-Route Transit**: transportation by means of a public transit vehicle that follows an advertised route on an advertised schedule and does not generally deviate from the route or the schedule. Passengers are picked up at designated stops. Occasional deviation may occur in compliance with the Americans with Disabilities Act.

113.01-15  **Records**: All documents relating to the services performed by the Transportation Broker or Transporter, including but not limited to books, notes, meeting agendas, schedules, phone records, voicemail messages, email and other communications, payrolls, papers, accounting records and other documents that contain information regarding the subject matter of this Section.

113.01-16  **Related Travel Expenses**: Expenses that are necessary to ensure Member access to MaineCare or CHIP covered services other than routine medical services. These expenses may include overnight lodging and meal expenses.

113.01-17  **Reports**: Regularly scheduled submissions that the Broker is contractually required to submit to the Department so that the Department can monitor the Broker’s performance.
113.01 DEFINITIONS (cont.)

113.01-18 Rural: Areas not defined as Urban by the Maine Department of Transportation. Current definitions can be found at http://www.maine.gov/mdot/csd/mts/stateurbancompact.htm. Zip codes categorized as codes 3-10 using the United States Department of Agriculture (USDA) Economic Research Service (ERS) Rural Urban Commuting Area (RUCA) codes.

113.01-19 Standing Orders: recurring or repetitive trips that occur one (1) or more days a week with the same pick-up point, destination and return.

Transportation Attendant: see Attendant.

113.01-20 Transporters: any entity, organization or individual that provides transportation services reimbursable by a Broker under the NET program. This includes Agency Transporters, public transportation, fixed route transportation, commercial taxis, volunteers, and friends and family.

113.01-21 Urban: Areas defined as Urban by the Maine Department of Transportation. These include those areas in which, according to the last United States census, the population (1) exceeds 7,500 inhabitants or (2) is less than 7,500 inhabitants but more than 2,499 inhabitants, and the ratio of people whose place of employment is in a given municipality to employed people residing in that same municipality is 1.0 or greater, and when the municipality has not exercised the opt-out provision as set forth by the Maine Department of Transportation. A current list of urban areas can be found at http://www.maine.gov/mdot/csd/mts/stateurbancompact.htm. Zip codes categorized as codes 1 and 2 using the USDA Economic Research Service RUCA Codes.

113.01-22 Urgent Trip: an unscheduled and irregular situation in which there is no immediate threat to life or limb but the Member must be seen on the day of the request and treatment cannot be delayed until the next day (e.g. follow-up); appointments scheduled less than 5 days after the last appointment; unexpected pre-operative appointments; hospital discharges; appointments for new medical conditions or tests when the Member must be seen; and dialysis). The Broker may verify these appointments with providers.

113.01-23 Wheelchair Accessible Vehicles: A motorized vehicle equipped specifically with certified wheelchair lifts or other equipment designed to allow persons in wheelchairs or other mobility devices to safely enter a vehicle and secure their wheelchair or device for transportation, in accordance with national safety standards.

113.02 NON-EMERGENCY TRANSPORTATION REGIONS

Non-emergency transportation services are overseen by Brokers on a regional basis. The Broker is responsible for arranging all NET services for eligible Members that reside in their assigned region(s). The Broker is not allowed to coordinate transportation for Members who reside outside their region(s) unless a Member resides out of state for medical reasons.
113.02 NON-EMERGENCY TRANSPORTATION REGIONS (cont.)

Should a MaineCare member reside out-of-state for medical reasons, as approved by the Department, the responsibility for providing transportation shall be delivered to the member as if they resided in the region most geographically proximate to their residence. Geographic proximity will be defined as the shortest straight line distance between the member’s residence and any point along the border of the state of Maine.

On a monthly basis, the Department will provide the Broker(s) with a list detailing MaineCare residents residing out-of-state who are assigned to their region. The Broker(s) are notified this list may change between monthly reports and may not use the absence of a member on the monthly list as a sole reason to deny services.

The following map details the regional boundaries.
113.02 NON-EMERGENCY TRANSPORTATION REGIONS (cont.)
113.02 NON-EMERGENCY TRANSPORTATION REGIONS (cont.)

113.03 ELIGIBILITY FOR SERVICES

Members **who** meet the financial, residency and eligibility criteria found in the MaineCare Eligibility Manual qualify for Non-Emergency Transportation (NET) Services. Some Members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the Broker to verify a Member’s eligibility for MaineCare services, as described in
113.03 ELIGIBILITY FOR SERVICES (cont.)

the MaineCare Benefits Manual (MBM), Chapter I, General Administrative Policies and Procedures, prior to providing services. All members who receive services under waivers are eligible to receive services under Section 113.

Refusal to cooperate and provide requested documents by the Member may be cause for the denial of services. Members must have no other means to reach the covered service, therefore requiring the Department’s transportation services.

113.04 COVERED TRANSPORTATION SERVICES

113.04-1 Covered Transportation services include:

A. Non-emergency transportation to covered MaineCare or CHIP services. The Broker must ensure the availability of wheelchair-accessible vehicles. The Broker may utilize wheelchair van companies, taxis, other agency vehicles, or family, friends or volunteers with vehicles that meet wheelchair accessibility standards and the individual Member’s mobility needs.

B. Transportation to a pharmacy to obtain MaineCare covered medication, is a covered service, when it is in conjunction (and on the same day) as transportation to a non-pharmacy medical service.

C. Related travel expenses, such as meals and lodging. In addition to the provision and reimbursement of transportation services, the Broker, at its sole expense, must cover and reimburse related travel expenses, if the medical services for which such expenses were incurred were prior authorized in writing by the Department, as necessary to ensure Member access to MaineCare covered services that are other than routine medical services. These expenses may include overnight lodging and meal expenses, which are paid at the current State rates. See appendix I (Reimbursement Rates for Lodging, Meals, and Privately Owned Vehicle Mileage).

D. Minor Traveling with Adult Members: There may be times when an adult Member requests to allow a minor to accompany him or her to an appointment, not as an Escort, but because the Member does not have alternate childcare available. If there is room or an available seat, the Broker will allow a child or children to be transported with the adult Member who requires the MaineCare service.

E. Inpatient minors: A parent, foster parent or guardian is eligible to be transported to visit his or her MaineCare or Member minor child (age 17 or younger) who is an inpatient of a hospital, whether or not the parent is MaineCare eligible him or herself. These trips are limited to the child’s period of hospitalization. Transportation of individuals who are not MaineCare Members should be reported under the minor child’s MaineCare eligibility.
113.04 COVERED TRANSPORTATION SERVICES (cont.)

number. Transportation to visit an inpatient adult MaineCare Member is not covered.

F. **Escort and Attendant Services:** The Broker must allow, without charge to the Escort or Member, one (1) Escort to accompany a Member or group of Members who are residents of a nursing home, blind, deaf, have an intellectual disability, are less than 12 years of age, or as otherwise determined by MaineCare staff require an Escort to a covered service. The Broker is not responsible for arranging or compensating an Escort for services rendered except, upon request, for the cost of public transportation. The Broker must send tokens, vouchers or passes to Members and escorts, when necessary to enable the escort to travel with the Member.

For Members up through age fifteen (15) years, a consent form signed by a parent, caretaker, or guardian will be required for a child to be transported without an Escort, unless access to the service is without parental consent as specified by the State (i.e., for family planning and/or mental health treatment). For children 16 years of age and older, no consent form will be required.

The Broker must arrange with the Transporter for the provision of one (1) Attendant during transport when, in the judgment of the Broker, considering all known factors or as required by the licensed healthcare provider, it is necessary to have an adult aide on a trip to assure the safety of all passengers. The Attendant remains with the vehicle after the Member has left the vehicle at its destination.

113.04-2 Types of Covered Transportation:

Types of Covered Transportation services include:

A. Public transportation, including buses, trains and ferries;
B. Family, friends, and volunteers;
C. Commercial taxis;
D. Agency vehicle: A multiple passenger vehicle operated by a public, private nonprofit, or private for profit agency;
E. Wheelchair transport
F. Other specialized vehicles used to provide paratransit services, such as stretcher vans or ambulettes.

113.05 NON-COVERED SERVICES

Non-Emergency Transportation (NET) services do not include:
113.05 NON-COVERED SERVICES (cont.)

A. Ambulance Services: Ambulance Services Transportation services which are covered in the MaineCare Benefits Manual, Section 5 (Ambulance Services);

B. Transportation for individuals residing in Nursing Facilities (NFs) and for individuals residing in Intermediate Care Facilities for the Mentally Retarded-Intellectually Disabled (ICF-IIDMR) and Intermediate Care Facilities for individuals with Intellectual Disabilities or Pervasive Developmental Disorders (ICF-IIDs) unless there is a written request from the facility to the Department that it is unable to supply the transportation for good cause and the transportation is necessary for medically necessary medical service, and that a written request has been prior approved by the Department;

C. Trips to visit a sick infant or child or critically ill/injured spouse, except as allowed above for children admitted to an inpatient status. Transportation to visit an inpatient adult MaineCare member is not covered.

D. Trips for ineligible individuals. Member eligibility must be verified prior to authorizing transports.

E. Trips to return a Member to Maine from another state, unless the Member was in another state for the purpose of obtaining MaineCare or CHIP approved medical services.

F. Trips for Members when those same trips are available at no cost to the general public or when the general public is being transported in the same vehicle at no cost.

G. Trips where no actual client transport occurred, even if the NET trip may have been authorized by the Broker, such as a no-show or cancellation.

H. Trips for Members to see providers not enrolled in MaineCare.

Transportation for separate trips to obtain medication.

113.06 POLICIES AND PROCEDURES

113.06-1 Broker Agreements

A. Broker(s) are required to have a current executed MaineCare Provider Agreement.

B. Broker(s) are required to have a current executed Business Associate Agreement with the Department.

C. Brokers are required to have a current executed contract with the Department.
113.06 POLICIES AND PROCEDURES (cont.)

116.06-2 Transportation Network

A. Service Agreements. The Broker(s) must have signed Service Agreements with agencies providing transportation services. Service Agreements are not required for volunteers, family & friends, Public Transportation, taxis, or other ad-hoc transportation use. All Service Agreements shall be submitted to the Department for review. The Department shall notify the Broker if the Service Agreement is not approved, including reason why it is not approved. Broker(s) must provide the Department with copies of all fully executed Service Agreements with Transporters.

B. The Broker(s) must establish a network of Transporters to deliver NET transportation services to eligible Members who live in their regions service areas which is sufficient to provide adequate access to all covered services. The Broker(s) must secure sufficient Transporter resources (numbers and types of vehicles, drivers, and attendants including requirements for wheelchair accessibility) under Service Agreements so that the failure of any Transporter to perform will not impede the ability of the Broker to provide NET services.

B. The Broker(s) must insure adequate transportation at all times, including holidays.

C. The Broker(s) must notify the Department (or its agent) within 24 hours of knowledge of a termination of a Transporter’s Service Agreement. Within 72 hours of any such termination, the Broker shall have a plan for replacement of coverage for Members served pursuant to that Service Agreement by that Transporter.

113.06-3 Assignment of Members to Brokers

The Department will notify Members by written notice of the Name, Address, Phone number, and other contact information regarding the Broker that has been assigned to them.

113.06-4 Verification of Member Eligibility

A. The Broker will be responsible for receiving and processing requests for NET services from MaineCare Members who reside in its assigned region(s). Any Members who must reside out of state due to medical reasons will be assigned to the Broker in the region closest to their physical addresses. The Broker is responsible for verifying Member MaineCare eligibility. The Broker may use one (1) of three four (34) options available to verify Member eligibility:

1. Access this information via the MaineCare web portal;
113.06 POLICIES AND PROCEDURES (cont.)

2. Use automated telephone verification; or

3. Reference the eligibility file provided by the Department; or

43. Additionally, if necessary, the Broker may contact a Departmental provider services agent to verify eligibility. The Broker must ensure that it can verify eligibility at all times.

B. Specific service eligibility: The Broker(s) will be responsible for verifying the service eligibility of the member for the service to which he/she is being transported. Some members may have restrictions on the type and amount of covered MaineCare services they may receive.

Members have varying levels of eligibility for services. In some cases the Broker may need to determine the type of eligibility a Member has (Full MaineCare benefit, HCBS waiver, etc.) to verify that the requested trip is to an authorized service for that Member.

113.06-5 Authorization and Verification of NET Services

4A. The Broker will assess the Member’s eligibility for transportation services. This assessment will include ensuring:

1. That the transportation is to and/or from a MaineCare covered service. This may include transportation to non-medical services as indicated on an approved plan of care for HCBS waiver Members;

2. That the Member has no other appropriate means of transportation available. Members are considered to have no other appropriate means of transportation if they are unable to safely rely on themselves, a household Member, friend, public transit or other means to access MaineCare-covered services, without undue financial hardship and/or substantial interference with family or friends’ work or other obligations; and

3. That the transportation is to and/or from the nearest appropriate provider of care or meets one of the listed exceptions, listed in section 113.06(D) above.

2B. Validity of Information

Except for these required verifications, the Broker will accept as valid the information provided verbally by the Member, or person speaking on behalf of
113.06 POLICIES AND PROCEDURES (cont.)

the Member when determining or predetermining the need for NET services, unless they have cause to doubt the validity of said information.

If the Broker has cause to doubt the validity of the information provided by or on behalf of the Member, in accordance with an approved Fraud & Abuse Compliance Plan, the Broker may require documentation to confirm the information in accordance with an approved Fraud & Abuse Compliance Plan as necessary.

If the Member refuses to cooperate in determining status of MaineCare eligibility, or refuses to provide the documentation requested to determine need for NET services, the Member can be denied services.

3C. Residence in NET Service Region

The Broker is responsible for assuring that NET services are provided to MaineCare Members who require medical or HCBS waiver services, reside within the Broker’s region and have no other means of accessing those services. The Broker is not responsible for arranging MaineCare NET services for MaineCare Members who reside outside the region for which the Broker holds a valid contract unless the Member resides out of state for medical reasons. In that case the Member will be assigned to the Broker in the region closest to his or her physical address or residence. The Broker will arrange travel to and from medically necessary services in other regions when the eligible MaineCare Member who is being transported resides within the Broker’s region.

4D. When HCBS waiver Members or their authorized representatives request transportation to HCBS waiver services, the Broker must verify that the Member is authorized to receive transportation under the HCBS waiver, and that the HCBS waiver service to which the Member is requesting transportation is a MaineCare-covered service.

a1. For Members with Intellectual Disabilities and Autism Spectrum Disorders receiving Home and Community or Support Benefits under Sections 21 or 29 of the MaineCare Benefits Manual, the Broker will contact the Member’s assigned case manager to confirm that the service or activity to which the Member is requesting transportation is a covered HCBS waiver service under the Member’s plan of care.

b2. For elderly Members and those with physical disabilities, the Broker will contact the designated Service Coordination Agency to confirm that the service or activity to which the Member is requesting transportation is a covered HCBS service under the Member’s plan of care. See MaineCare Benefits Manual, Chapter II, Section 19.
113.06 POLICIES AND PROCEDURES (cont.)

e3. For Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders (MBM Chapter II, Section 32), the Broker will contact the Member’s assigned case manager to confirm that the service or activity to which the Member is requesting transportation is a covered HCBS waiver service under the Member’s plan of care.

4. For Members with Other Related Conditions receiving Home and Community Benefits under Section 20 of the MaineCare Benefits Manual or for Members with Brain Injury receiving Home and Community Benefits under Section 18 of the MaineCare Benefits Manual, the Broker will contact the Member’s assigned care coordinator to confirm that the service or activity to which the Member is requesting transportation is a covered HCBS waiver service under the Member’s plan of care.

d5. Additional waiver services may be initiated by the Department during the course of the contract. The Broker will be given specific instructions for verifying eligibility and covered services at the time the waiver is initiated.

113.06-6 Determination of Mode of Transportation.

The Broker may arrange for non-emergency transportation by:

A4. Negotiating Service Agreements with qualified Transporters;

B2. Entering into Service Agreements with federally funded and/or fixed route transit;

C3. Providing tokens, vouchers or passes to Members, and to Escorts when requested, to cover the fare for federally funded, established public, or private transit service which is available when the Member has the capacity to use such service;

D4. Providing mileage reimbursement to Members, family and/or friends to transport MaineCare Members;

E5. Entering into Service Agreements with commercial taxi services to supplement its ambulatory services;

F6. Use of Commercial taxis; and

G7. Other methods, including utilizing family, friends, and volunteers, if permitted by federal and state law.
113.06 POLICIES AND PROCEDURES (cont.)

In all cases, the Broker determines the mode of transportation used that meets the Member’s health needs.

113.06-7 Nearest Appropriate HealthCare or Waiver Service Provider

NET is generally limited to healthcare providers who are geographically proximate to the Member. It is neither efficient nor economical to transport a Member a lengthy distance to a healthcare provider when there are qualified and appropriate providers located closer to the Member. The Broker(s) shall develop procedures ensuring that transportation is provided to medical or waiver service providers who are geographically proximate to the Member.

A. A healthcare provider will be considered a nearest provider if the distance between the Member’s residence and the provider location is less than or equal to:

1. **Non-Pharmacy Urban:** 30 Miles for non-pharmacy or waiver service providers in Urban areas.
2. **Non-Pharmacy Rural:** 50 Miles for non-pharmacy medical or waiver service providers in Rural areas.
3. **Pharmacy, Urban:** 15 Miles for pharmacies in urban areas.
4. **Pharmacy, Rural:** 30 Miles for pharmacies in rural areas.

B. For non-urgent care, Members must call or contact the Broker at least two (2) business days in advance of their appointment to receive transportation services.

For an urgent trip or for other good cause, there is no waiting period (See 113.09 Denial of Services, for further information on what constitutes “good cause”).

C. The Broker(s) shall arrange for transportation beyond these mileage limits. Arrangements for NET beyond these limits will be made if any of the following conditions exist:

a.1. The Member does not have access to an appropriate provider within the mileage limit;

b.2. The Member’s Primary Care Provider or assigned PCCM provider has referred him or her to a specific provider whose location is beyond the mileage limit;
113.06 POLICIES AND PROCEDURES (cont.)

e-3. A specific medical or waiver service healthcare provider or other entity is designated in a the Member’s Plan of Care for Home and Community Based Services (HCBS) waiver services, whose location is beyond the mileage limit.

d-4. The Member requests NET to a medical or waiver service provider with whom he or she has had an ongoing relationship for at least one (1) year and a change of provider would be detrimental to the Member’s care. Such determination is made by the Member’s healthcare provider.

D. These mileage limits may be extended if necessary; but in no case may they be reduced.

E. All requests for transportation to out of state destinations must be prior authorized by the Department.

113.06-8 Limit on Self-Referral and Certain Relationships

The Broker(s) may operate as a Transporter and Broker. However, a Broker who also operates as a Transporter may not show preference towards itself in the scheduling of trips and may act as a Transporter only when it is the most cost effective means of appropriate transportation available. No more than 25% of trips shall be self-referred unless approved by the Department. Such approval shall be contingent on demonstrating insufficient network adequacy if the limit is not exceeded.

A. A trip is considered self-referred when the vehicle used to transport the Member is owned and/or operated by the Broker or if the same company that owns and operates the vehicle has an ownership interest in the Broker. The self-referral rate is calculated monthly.

B. In addition, the Broker shall not knowingly have a relationship with the following:

1. An individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, 48 C.F.R. 1 et seq. or from participating in non-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549.

2. An individual who is an affiliate, as defined in the Federal Acquisition Regulation, of an individual who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, 48 C.F.R. 1 et seq. or from participating in non-
113.06 POLICIES AND PROCEDURES (cont.)

procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

3. The relationship is described as follows:
   a. A director, officer, or partner of the Broker;
   b. A person with beneficial ownership of five percent or more of the Broker's equity.
   c. A person with an employment, consulting, or other arrangement with the Broker obligations under its contract with the State

113.06-9 Timely Access Requirements

A. The Broker(s) must meet the following minimum timely access to service delivery standards:

1. The Broker must make services available for Members 24 hours a day, 7 days a week, when transportation to a service is medically necessary;

2. The Broker must establish mechanisms to ensure that network Transporters comply with the timely access requirements;

3. The Broker must regularly monitor its network to determine compliance with timely access;

4. The Broker must take corrective action if there is a failure to comply with timely access and notify the Department of any corrective action undertaken;

5. If the Broker’s network is unable to provide transportation to covered medical services to an eligible member, the Broker must adequately and timely cover these services out of the network for as long as the Broker’s Transporter network is unable to provide the needed services;

6. In the event that a trip pickup will not be made On Time, the Broker, or their designated representative, must contact the Member to inform him or her. Making such contact does not negate the pickup being considered Late; and

7. Drivers must wait no less than 10 minutes beyond the scheduled pickup time if the Member is not at his or her Point of Origin prior to service. The driver must contact the Broker, or Broker’s designated
113.06 POLICIES AND PROCEDURES (cont.)

representative, if a Member has not presented within 10 minutes of the scheduled pickup time before the driver may leave the Point of Origin.

113.06-10 Urgent Trips

The Broker(s) must provide same day trips for Members who have urgent medical needs that do not require emergency treatment. This includes:

A. Urgent care; defined as a need, as assessed by the medical provider, for the Member to be seen within 48 hours;

B. Post-surgical and/or medical follow-up care specified by a health care provider to occur in fewer than forty eight hours;

C. Imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more;

D. Trips to acquire prescription medication, when defined as urgent by medical provider;

E. The result of administrative or technical delay caused by the Broker and requiring that an appointment be rescheduled; and

F. Hospital discharges.

113.06-11 Standing Orders

A. Standing orders may be put in place for recurring or repetitive trips that occur one (1) or more days a week with the same pick-up point, destination and return. Examples of services treated as standing orders include, but are not limited to; trips to dialysis, methadone treatment, adult day health care, day support, and supported employment.

B. The necessity for a standing order for a Member must be re-affirmed by the Member’s Broker at least once every 90 days.

113.06-12 Transporting MaineCare Members With Non-MaineCare Passengers

Non-MaineCare Members may share rides with Members only if the fare or rate paid to the transporter for non-Member riders is not less than the amount paid for Members. Medicaid shall not supplement or supplant other funding sources. If there is no funding/payment to pay for the Non-Member’s ride, he or she shall not be permitted to share a ride with a Member. Other, non-MaineCare individuals in the same trip. On shared trips, the Broker must ensure that the MaineCare approved passengers’ per unit reimbursement is equal to or less than the per unit reimbursement provided to a non-
113.06 POLICIES AND PROCEDURES (cont.)

MaineCare member. This does not apply to fixed route transit systems, which have standard fare and pass rates for different populations.

113.06-13 Escorts and Attendants

Escort and Attendant Services: The Broker(s) must allow, without charge to the Escort, or Member, or the Department, one (1) Escort to accompany a Member or group of Members who are residents of a nursing home, blind, deaf, have an intellectual disability, have a brain injury, are less than 12-21 years of age, or as otherwise determined by the Department staff as needing an escort, to a covered service. MaineCare staff require an Escort to a covered service. The Broker is not responsible only for costs relating to the Member’s transportation, for arranging or compensating an Escort for services rendered except, upon request, for the cost of public transportation. The Broker must send tokens, vouchers or passes to Members and escorts, when necessary to enable the escort to travel with the Member.

For Members up through age fifteen (15) years, a consent form signed by a parent, caretaker, or guardian will be required for a child to be transported without an Escort, unless access to the service is without parental consent as specified by the State (i.e., for family planning and/or mental health treatment). For children 16 years of age and older, no consent form will be required.

The Broker must arrange with the Transporter for the provision of one (1) Attendant during transport when, in the judgment of the Broker, considering all known factors or as required by the licensed healthcare provider, it is necessary to have an adult aide on a trip to assure the safety of all passengers. Neither the Member nor the Department may be charged for the use of attendants. The Attendant remains with the vehicle after the Member has left the vehicle at its destination.

113.06-14 Transport of Minors

A. Unaccompanied Minors

Children under the age of sixteen (16) shall not be transported without an adult Escort, except when:

1. The Broker is in possession of a consent form, signed by the legal parent or guardian of the child, authorizing the Broker to provide transportation to the unaccompanied minor. The consent form shall be valid for a period of up to twelve months; or until revoked by the legal parent or guardian.

2. The minor requests transportation to a service deliverable without parental consent, only if allowed by state and/or federal law.
113.06 POLICIES AND PROCEDURES (cont.)

B. Children Under the Age of 12

For children under the age of twelve (12), parental consent must include specific approval of any means of transit utilized to convey the child. In providing transportation to children under the age of 12, in addition to the general requirements for unaccompanied minors set forth above, the following requirements apply:

1. At the time of scheduling, the Broker(s) must confirm that an adult at the drop off location will be available to take responsibility for the minor. It is sufficient to note that an employee, volunteer, or other associate of the medical or waiver service provider will be available; a specific named employee is not required.

2. Upon reaching the destination, the driver shall consider all circumstances in determining if they will accompany the minor into the drop off location. Under no circumstances will the driver leave the vehicle unattended if:
   a. There are other riders who would remain in the vehicle; or
   b. Leaving the vehicle unattended would create a risk to public safety.

3. Should the driver determine it unsafe to leave the vehicle, the driver, Transporter, or Broker shall contact the medical or waiver service provider requesting that an authorized adult come to the vehicle to take responsibility for the child.

4. Whether the driver accompanies the child into the building, or an employee, volunteer, or other associate comes to the vehicle, the driver shall confirm that the person is authorized to take responsibility for the minor and agrees to do so. It is not sufficient to inform a receptionist that the child is present without confirming that the medical service provider and/or its staff are taking responsibility for the child. If the driver cannot verify that any person is authorized to take responsibility, the driver will not leave the child with that individual.

5. In the event that no verified and authorized adult is available to take responsibility for the child; the Broker and Transporter will arrange for safe transportation of the child to their parent or guardian.
113.06 POLICIES AND PROCEDURES (cont.)

6. The Broker and Transporter may create additional policies and procedures to ensure the safe transportation of unaccompanied minors.

113.06-15 Related Travel Expenses

The Broker(s) must reimburse Related Travel Expenses, such as overnight lodging and meals, at the current State rates and under the current State limitations as addressed in section 10.90.20 of the State Administrative and Accounting Manual (SAAM) for the State of Maine, except in any exceptional circumstances where adherence to the maximum limits would effectively prohibit the Member from being able to access MaineCare-covered services. The Department shall not be responsible for providing reimbursement to the Brokers for Related Travel Expenses.

113.06-16 Maine Federally Recognized Native Tribes Requirements

Broker(s) are required to enter into a Service Transporter Agreement with any Federally Recognized Native Tribe that resides within the Broker’s region/service area, would like to be a Transporter, and that meets the driver and vehicle requirements and all other applicable requirements set forth in the resulting Agreement. The Department will work with the Tribe and the Broker to ensure that the agreed upon, negotiated rates are adequate and reasonable given other area rates and the cultural expertise offered by the Tribal provider. Brokers must pay Tribal Transporters rates that are not less than the level and amount of payment that would be made if the Transporter were not a Tribal Transporter.

113.06-17 Requirements for Drivers and Attendants

Broker(s) shall ensure that a written oversight procedure is in place to determine all Drivers and Attendants operating under a Service Agreement:

A. Have a current valid driver’s license to operate the transportation vehicle to which they are assigned;

B. Are competent in their driving habits (if a driver);

C. Have no more than two (2) chargeable accidents or moving violations in the previous three (3) years;

D. Have not had their driver’s license suspended or revoked within the last five (5) years. This excludes individuals whose cause for license suspension is for non-payment for child support (once the courts release the individual and such release can be verified and the individual remains in good standing for a minimum of ninety (90) days). At any point should the individual’s status change and he or she be in arrears of child support payment(s), said driver’s approval would be revoked permanently.
113.06 POLICIES AND PROCEDURES (cont.)

E. Have not been convicted of two (2) moving violations and/or accidents related to transportation, during the Service Agreement period and renewals, where the driver was at fault.

F. Attend training in patient assistance techniques such as the Community Transportation Association’s PASS program, defensive driving, customer service, and cultural & disability sensitivity. Training shall be provided to all drivers who are not currently certified in any curriculum. Training must be conducted within 30 days of Transporter beginning service under a Service Agreement and within 30 days of hiring for drivers hired during the term of the resulting Agreement;

G. Are prohibited from wearing headphones or earpieces, except that a driver may wear a single earpiece if it is part of the Transporter’s two way communication system;

H. Are prohibited from using hand-held cellular devices or texting while driving. All cellular use is prohibited while the vehicle is in motion unless the driver is using a headset and communicating with the Broker, Transporter, or calling emergency services;

I. Must wear identification badges that are easily visible and legible. These badges must identify the name of the Transporter as well as the driver’s name;

J. Are certified in First Aid and CPR. Such certification to be achieved within 60 days of the first date of operations under the Service Agreement;

K. Are courteous, patient, and helpful to all passengers;

L. Are neat and clean in appearance;

M. Do not engage in any behavior or practices that may subject the Broker to charges of discrimination against protected groups;

N. Are not known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of Members. If the Transporter or Broker suspects a driver of driving under the influence of alcohol, narcotics, or drugs/medications that would endanger the safety of Members, the Transporter or Broker shall immediately remove the driver from providing service to Members;

O. Do not smoke in any vehicle used to provide NET services. Drivers and Attendants shall not smoke at any time when they are in the presence of any Member;
113.06 POLICIES AND PROCEDURES (cont.)

P. Ensure that all passengers are secured with the proper restraints (seatbelts, wheelchair restraints and tie downs, child safety seats, etc.) and assist Members as needed prior to putting the vehicle in motion;

Q. Supply assistance to Members including movement, securing, and storage of mobility assistance devices. The driver will ensure all such devices are properly secured before putting the vehicle in motion;

R. Meet the following requirements regarding previous criminal convictions:

1. If a person has been convicted of a Class A, B, or C crime under Maine law, or has been convicted of a felony or its equivalent under another state or under federal law, and that conviction was for a violent crime or a crime of a sexual nature, that person shall not be allowed to provide services under a Service Agreement for a minimum of ten (10) years after the completion of that person’s sentence. After 10 years, in the event that the individual reapplies to provide services under a Service Agreement, the Transporter shall notify the Broker regarding same and obtain its approval prior to hiring the individual.

2. If a person has been convicted of a Class A, B, or C crime under Maine law, or has been convicted of a felony or its equivalent under another state or under federal law, and that conviction was for a crime related to drugs, that person shall not be allowed in any role which allows them to operate a vehicle being used to transport Members or for unsupervised contact with a Member for a minimum of seven (7) years after the completion of that individual’s sentence. After 7 years, in the event that the individual reapplies to provide services under a Service Agreement, the Transporter shall notify the Broker regarding same and obtain its approval prior to hiring the individual.

3. If a person has been convicted of a Class A, B, or C crime under Maine law, or has been convicted of a felony or its equivalent under another state or federal law within the previous five (5) years, and that conviction was not for a crime related to drugs, a violent crime, or a crime of a sexual nature, that person shall be allowed in any role of operating a vehicle being used to transport Members, or which allows them unsupervised contact with Members, only with the approval of the Broker.

4. If a person has been convicted of a Class D or E crime under Maine law, or has been convicted of a misdemeanor or its equivalent under another state or federal law, and the conviction was for a violent crime, a crime related to drugs, or crime of a sexual nature, that person shall be allowed
113.06 POLICIES AND PROCEDURES (cont.)

to serve in a position with unsupervised contact with Members only with
the approval of the Broker.

113.06-18 Monitoring and Enforcement of Driver and Attendant Requirements

The Broker will have written oversight procedures for ensuring that any Transporters
utilized meet all driver and vehicle attendant requirements as stated in the NET contract
between the Broker and the Department. The Broker is not responsible for enforcing
these requirements for drivers of public fixed
route transit or commercial taxis used on an ad hoc basis operating outside of a service
agreement with the Broker as stated in contract with the Department.

The Broker may establish additional qualifications, which will be approved by the
Department prior to implementation.

The Broker must have procedures in place to verify and document that Transporters
meet the requirements as stated in contract with the Department.

113.06-19 Wheelchairs

A. Vehicles used to transport wheelchair passengers must meet ADA
requirements, including but not limited to, the following:

1. Maintain a floor-to-ceiling height clearance of at least fifty-six (56)
inches in the passenger compartment;

2. Must have wheelchair lift or manual ramp - a hydraulically or electro-
mechanically powered wheelchair lift mounted so as not to impair the
structural integrity of the vehicle or a secure ramp is allowable if the
member is capable of utilizing it.

B. For vehicles with a powered wheelchair lift, the vehicle must have an engine-
wheelchair lift interlock system which requires that the vehicle’s transmission
be placed in park and the emergency brake engaged to prevent vehicle
movement when the lift is deployed;

C. Wheelchair Restraint System - for each wheelchair position, a wheelchair
securement device (i.e. “tie-down”) shall be provided that complies with
applicable ADA standards.

D. The system utilized may accommodate scooter-type wheelchairs. Passengers
utilizing these devices may be requested to dismount from the device and be
seated in a passenger seat. Alternately, the rider and scooter may be secured
together with tie-downs and a separate floor seatbelt for the rider.
113.06 POLICIES AND PROCEDURES (cont.)

113.06-20 Telephone Call Centers

Brokers must each establish and maintain a call centers must be established and maintained in each of the regions for Members to so that Members may conveniently access and schedule needed transportation NET rides to MaineCare covered services and to contact a Broker regarding potential problems, complaints, and questions as necessary. Detailed information regarding call center services, hours of operation, telephone numbers, questions and complaints can be obtained by contacting the Broker in the region or regions it serves.

i. Urgent care;

ii. Post-surgical and/or medical follow-up care specified by a healthcare provider to occur in fewer than 48 hours;

113.07 REGIONAL NET ADVISORY COORDINATION COMMITTEE

A. The Broker will establish and convene a Regional NET Advisory NET Coordination Committee for the region(s) in which it operates. This NET Advisory Committee shall convene at least once every three (3) months to review and discuss the Broker’s performance in the region(s), that meets quarterly to review and discuss Broker performance. Topics may include coordination with local transportation companies, service expectations, coordination of services with any Federally Recognized Tribes in the region, or any other topic determined relevant by the Broker or the Department, and health and human service resources, and other community concerns. The Committee shall serve in an advisory capacity only, and its role is limited to sharing concerns or suggestions on the implementation and operation of Non-emergency NET transportation with the Brokers and with the Department.

B. The Department reserves the right to require representation of specific stakeholders groups.

C. The Broker will notify the Department of scheduled meetings and provide minutes and action items from the meetings to the Department. The Department may attend any scheduled meetings.

113.08 PERFORMANCE STANDARDS

The Broker will be required to meet all performance standards and reporting requirements as defined herein and in the RFPs and contracts between the Brokers and the Department.

In the event that a trip pickup will not be made on time, the Broker must contact the member to inform him or her. Making such contact does not negate the pickup being considered late.

Transporters are required to wait no less than 10 minutes beyond the scheduled pickup time if the member is not at his or her residence (or other pickup location) prior to service.
113.08 PERFORMANCE STANDARDS (cont.)

The Broker must submit monthly reports detailing performance in a format that is agreed upon by the Department.

113.09 REPORTING REQUIREMENTS

The Broker(s) shall collect data on Member and Transporter characteristics, as specified by the Department, and on services furnished to Members through an encounter data system, as may be specified by the Department. The Broker shall submit encounter data to the State’s Medicaid Management Information System (MMIS)—Maine Integrated Health Management Information System (MIHMS)—monthly, no later than the 15th of the month, for encounters related to service performed during the previous month. Encounter data shall be submitted in a HIPAA-compliant format (X12N and NCPDP format required by federally mandated timelines in effect at that time).

The submission of encounter data is required.

The Broker shall submit “clean” American National Standards Institute (ANSI) ASC X 12N standard 837P claims encounter transactions as if submitting claims for payments, which document all NET services provided the previous month. The claims must comply with the current billing standards and must have at least the following information:

Documentation must include:

1. Date of service;
2. Transporter name;
3. Time driver/vehicle leaves base station to begin transporting members;
4. Pickup location (origination);
5. Drop-off location (destination);
6. Return time to base station;
7. Authorized signature of Transporter (on file);
8. Mileage.

When appropriate to the service provided, Brokers shall report the current Healthcare Common Procedure Coding System (HCPCS) modifiers.

Examples:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>D</td>
<td>Diagnostic or therapeutic site other than &quot;P&quot; or &quot;H&quot; when these are used in origin codes</td>
</tr>
<tr>
<td>E</td>
<td>Residential, domiciliary, custodial facility (other than 1819 facility)</td>
</tr>
<tr>
<td>G</td>
<td>Hospital-based ESRD facility</td>
</tr>
<tr>
<td>H</td>
<td>Hospital</td>
</tr>
<tr>
<td>I</td>
<td>Site of transfer (examples: airport or helicopter pad) between modes of ambulance transport</td>
</tr>
</tbody>
</table>
### 113.09 REPORTING REQUIREMENTS (cont.)

| J | Free standing ESRD facility |
| N | Skilled nursing facility (SNF) |
| P | Physician's office |
| R | Residence |
| S | Scene or accident or acute event |
| X | Intermediate stop at physician's office on way to hospital (destination code only). Please note that Modifier X can only be used as a destination code in the second position of a modifier. |

### 113.10 DENIAL OF SERVICES AND MEMBER APPEAL RIGHTS

#### 113.10-1 Complaint Procedures

**A.** Complaints: Complaints are expressions of discontent with the transportation services that do not rise to the level of appeals and have no appeal rights, under the resulting Agreement. Complaints are registered with the Broker, either in writing or orally, by Members or their representatives, Transporters, or the public.

**B.** Complaint Procedure: The Broker(s) and the Department shall agree to implement a Complaint procedure, by which Broker will respond to all Complaints in a timely fashion. There are no administrative hearing rights for Complaints.

**C.** Resolution of Broker Complaint Procedures: The Broker(s) will resolve the complaint in accordance with its Complaint Procedure, as set forth in its Operations Manual.

**D.** Reports: Brokers must report all Complaints and their resolutions to the Department. Brokers must retain all records of Complaints and their resolutions.

#### 113.10-2A Denial of Services

**A.** The Broker may deny a trip or immediately discontinue a trip for any Member who:

**a.** Is found to be ineligible for NET services on the basis of the information provided and available to the Broker, including:

- **a.** The individual is not MaineCare or CHIP eligible;
- **b.** The individual is not going to a covered MaineCare service; or
- **c.** The individual is not medically eligible for the covered MaineCare service
113.10 DENIAL OF SERVICES AND MEMBER APPEAL RIGHTS (cont.)

b. Is not ready to board NET transport ten (10) minutes after the scheduled pick up time; or

c2. Fails to request a NET 2 business days in advance of the appointment without good cause. For purposes of this section, “good cause” is created by factors such as:

ia. Imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more; or

iib. The result of administrative or technical delay caused by the Broker and requiring that an appointment be rescheduled.

c. The need of urgent care; or

d. The need for post-surgical and/or medical follow up care specified by a health care provider to occur in fewer than 48 hours

3. Has other transportation resources available to them.

2B. A Broker may not deny or refuse to arrange NET services due to Member behavior. The Broker may at its discretion use a less cost effective mode of transportation if it determines it is necessary based on a Member’s conduct. This alternate transportation must still be medically appropriate.

3C. Brokers will not discriminate against Members based upon political affiliation, religion, race, color, gender, physical or mental handicap, age, or national origin, or membership in any class protected under federal or state law.

D. Notice of Denial of Services

The Notice of Member Rights must be provided to the Member in writing within 48-72 hours and must include:

1. The Member’s name, address, and MaineCare or CHIP ID number at the head of the letter;

2. The date of the letter;

3. Notice that Appeals must be filed within 60 days of the denial of service

4. The date the transportation request was made by the Member (not the date of service, which may be different)
113.10 DENIAL OF SERVICES AND MEMBER APPEAL RIGHTS (cont.)

5. The type of transportation request, including the destination, the type of transportation requested, the date and time of the medical appointment, and the type of medical service;

6. The reason(s) the request was denied, including such things as: a) other verification that was done such as checking to see if there was an appointment scheduled with the medical provider, b) the Member had other transportation available to them; c) the transport was not to a covered medical service;

7. The Member’s right to choose to file an Appeal either with the Broker, or to appeal directly to the Department and proceed with the Fair Hearing process, pursuant to Chapter I Section 1 of the MaineCare Benefits Manual, or the

2.8 The Member’s right to appeal directly to the Department in accordance with the MaineCare Benefits Manual, Chapter I, Section 1. Appeals must be filed within 60 days of the denial of service.

The Notice must specify that if the Member chooses to file an appeal with the Broker, the Member must sign a written waiver that he or she understands that their right to receive a final decision after a Department administrative hearing, within 90 days of filing an appeal, is waived. However, at any point during the Broker appeal process, the Member may choose to file an appeal with the Department, and on the date the Member does so, the 90 day time period begins.

2.9 The Member’s right to obtain legal assistance for the Fair Hearing and a list of those organizations that may be able to provide free legal assistance to the Member;

410. The Member’s right to bring representation to assist the Member with the Fair Hearing, and

511. The Member’s right to bring witnesses to confront and cross examine any witnesses that are adverse to the Member at the Fair Hearing;

6. The process the Member must follow in order to exercise these rights;

712. The circumstances under which the Member has a right to continuation of NET services pending outcome of the fair hearing and how the Member can request that benefits be continued, and the time frame for the request;
113.10 DENIAL OF SERVICES AND MEMBER APPEAL RIGHTS (cont.)

138. The notice shall also inform the MemberA notice that if benefits are continued, and if but the Broker’s action is sustained, denial of services is upheld by-at the Department Fair Hearing decision, the Broker may not institute procedures attempt to recover from the Member the cost of the NET services furnished.

The Broker must establish an informal review process. A member has two options to appeal an adverse action by the Broker:

1. Participate in the Broker’s internal informal review process or
2. File an appeal with the Department as described in the MaineCare Benefits Manual Chapter I, Section 1.22.

If the member chooses to file an appeal with the Department then the Chapter I, Section 1 timelines apply. If the member chooses to file an appeal with the Broker, the Broker must get a written waiver of the federal Medicaid appeal process, signed by the Member, expressly stating that the Member waives their right to receive a final decision after a Department administrative hearing, within 90 days of filing an appeal.

Members maintain their right to request an appeal with the Department regardless of the member’s decision to go through the Broker’s internal review process, or the outcome of Broker’s internal review process. A Member who chooses to appeal to the Department after having first chosen the Broker appeal process, must file their appeal request with the Department, pursuant to Chapter I, Section 1, within 60 days of the Broker decision.

The Broker will attend and defend its decisions at all Department appeal hearings, whether in person or by telephone, as deemed necessary by the Department Office of Administrative Hearings.

113.10.3 Appeals

A. Broker Appeals

1. The Broker(s) will have a Broker appeal process, which must be approved by the Department. The Broker must establish an informal review process. A member has two options to appeal an adverse action by the Broker:

2. The Broker(s) will resolve all Broker appeals, in writing, within 60 days of a Member’s request for Broker appeal.

3. The Broker(s) will send a copy of the Broker appeal resolution to the Department.
113.10 DENIAL OF SERVICES AND MEMBER APPEAL RIGHTS (cont.)

B. Department Fair Hearing Appeals

1. The Department Fair Hearing Appeal process is set forth in the MaineCare Benefits Manual MCBM, Ch. 1, Sec. 1:

2. The Broker(s) will attend fair hearings, if requested by the Department, and will defend its decisions and otherwise assist the Department at its request, including providing copies of all documentation requested by the Department. It is essential that thorough documentation is available to support any testimony or respond to issues under investigation in the fair hearing.

113.11 FRAUD AND ABUSE

A. The Broker shall have internal controls, policies and procedures in place designed to prevent, detect, and report known or suspected instances of fraud and abuse. Such policies and procedures must be in accordance with Federal regulations described in 42 CFR Parts 455 and 456.

B. The Broker shall not allow the use of Medicaid-funded transportation for any purpose other than as stated in this policy, or in violation of any State or Federal law.

C. Fraud and Abuse Compliance Plan

1. The Broker shall submit a written Fraud and Abuse compliance plan to the Department annually for review and approval. The plan shall detail how the Broker will prevent, identify and report suspected fraud and abuse by members, by network Transporters, by subcontractors and by the Broker. The plan must be submitted annually and must discuss the monitoring tools and controls the Broker will use to protect against theft, embezzlement, fraudulent marketing practices, or other types of fraud and program abuse. The plan must additionally describe the type and frequency of training provided to prepare staff to detect fraud. All fraudulent activities or other program abuses shall be handled subject to the laws and regulations of the state and federal law and regulation.

113.12 CONFIDENTIALITY AND PRIVACY

A. Pursuant to state and federal laws, the Broker(s) shall maintain Member confidentiality and shall only disclose such information as is necessary to determine a Member’s eligibility for NET services, to schedule transportation, and to provide medical transportation. All Broker staff are required to sign a Confidentiality Statement.

B. Personal information about Members, their treatment, or medical diagnoses shall not be relayed to the Transporters, except for information necessary for meeting the Member’s transportation needs. Information which is important to meeting the Member’s needs
113.12 CONFIDENTIALITY AND PRIVACY (cont.)

can be relayed to Transporter such as: physical limitations, need for assistance, special equipment used by Members, emotional or mental problems affecting Member during transport, and need for assistance entering or exiting a vehicle or getting to or from the vehicle and home or medical office.

C. In the event that the Department determines that disclosure of protected health information (PHI) of any or all populations included in the resulting Agreement requires a signed authorization to disclose such information, the Broker shall obtain such authorization in writing from a member, prior to disclosing any such PHI about the member. If a member refuses to authorize disclosure of any information which is required to verify member and trip eligibility or otherwise is required authorize transportation services under the resulting Agreement, the member may be denied transportation services.

113.13 REIMBURSEMENT

The Broker is paid pursuant to its contract with the Department. Transporters are paid by the Broker.
### NON-EMERGENCY TRANSPORTATION (NET) SERVICES

<table>
<thead>
<tr>
<th>NET ENCOUNTER CODES</th>
<th>DESCRIPTION</th>
<th>UNIT OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2003</td>
<td>NONEMERGENCY TRANSPORTATION; ENCOUNTER/TRIP [PROVIDER BASE RATE (ONE WAY TRIP)]</td>
<td>PER ONE-WAY TRIP</td>
</tr>
<tr>
<td>S0215</td>
<td>NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE [PROVIDER (AGENCY) CONTROLLED VEHICLE]</td>
<td>PASSENGER MILE</td>
</tr>
<tr>
<td>S0215 Mod TK</td>
<td>NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE [SHARED RIDE ON A PROVIDER (AGENCY) CONTROLLED VEHICLE]</td>
<td>PER MILE</td>
</tr>
<tr>
<td>A0090</td>
<td>NONEMERGENCY TRANSPORTATION, PER MILE-VEHICLE PROVIDED BY INDIVIDUAL (FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST [FAMILY VEHICLE – NON-EMERGENCY TRANSPORTATION PER MILE]</td>
<td>PER MILE</td>
</tr>
<tr>
<td>A0080</td>
<td>NONEMERGENCY TRANSPORTATION, PER MILE-VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR ORGANIZATION), WITH NO VESTED INTEREST [VOLUNTEER VEHICLE – NON-EMERGENCY TRANSPORTATION PER MILE]</td>
<td>PER MILE</td>
</tr>
<tr>
<td>NET ENCOUNTER CODES</td>
<td>DESCRIPTION</td>
<td>UNIT OF SERVICE</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>A0110</td>
<td>NONEMERGENCY TRANSPORTATION AND BUS, INTRA- OR INTERSTATE CARRIER</td>
<td>ACTUAL ONE-WAY FARE</td>
</tr>
<tr>
<td>A0100</td>
<td>NON-EMERGENCY TRANSPORTATION- TAXI</td>
<td>ACTUAL ONE WAY FARE</td>
</tr>
<tr>
<td>A0110-UA</td>
<td>NONEMERGENCY TRANSPORATION-BUS PASS</td>
<td>ACTUAL ONE WAY FARE</td>
</tr>
<tr>
<td>A0160</td>
<td>NONEMERGENCY TRANSPORTATION: PER MILE-CASEWORKER OR SOCIAL WORKER [STATE (EMPLOYEE) RATE – NON-EMERGENCY TRANSPORTATION PER MILE]</td>
<td>PER MILE</td>
</tr>
<tr>
<td>T2001</td>
<td>NONEMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT [ATTENDANT ON COMMON CARRIER OTHER THAN A TAXI]</td>
<td>ACTUAL FARE</td>
</tr>
</tbody>
</table>
### NON-EMERGENCY TRANSPORTATION (NET) SERVICES

<table>
<thead>
<tr>
<th>NET ENCOUNTER CODES</th>
<th>DESCRIPTION</th>
<th>UNIT OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0170</td>
<td>TRANSPORTATION ANCILLARY – PARKING FEES, TOLLS, OTHER [Family and Volunteer drivers may use this code.]</td>
<td>ACTUAL FARE</td>
</tr>
<tr>
<td>A0180</td>
<td>NON-EMERGENCY TRANSPORTATION – ANCILLARY – LODGING – RECIPIENT</td>
<td>ACTUAL FARE</td>
</tr>
<tr>
<td>A0190</td>
<td>NON-EMERGENCY TRANSPORTATION – ANCILLARY – MEALS – RECIPIENT</td>
<td>ACTUAL FARE</td>
</tr>
<tr>
<td>A0200</td>
<td>NON-EMERGENCY TRANSPORTATION – ANCILLARY – LODGING – ESCORT</td>
<td>ACTUAL FARE</td>
</tr>
<tr>
<td>A0210</td>
<td>NON-EMERGENCY TRANSPORTATION – ANCILLARY – MEALS – ESCORT</td>
<td>ACTUAL FARE</td>
</tr>
<tr>
<td>T2002</td>
<td>NONEMERGENCY TRANSPORTATION; PER DIEM [PROVIDER BASE RATE FOR SEVEN DAY CLINICS]</td>
<td>PER DAY</td>
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**HOME AND COMMUNITY BASED WAIVERS**

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<thead>
<tr>
<th>NET ENCOUNTER CODES</th>
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<tbody>
<tr>
<td>T2003-U3</td>
<td>TRANSPORTATION (SECTION 21, INTELLECTUAL DISABILITIES OR AUTISTIC DISORDERS WAIVER)</td>
<td>PER MILE</td>
</tr>
<tr>
<td>T2003-HA</td>
<td>TRANSPORTATION (Section 32 Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders)</td>
<td>PER MILE</td>
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</tbody>
</table>
## MAINECARE BENEFITS MANUAL

### CHAPTER II

#### SECTION 113

## NON-EMERGENCY TRANSPORTATION (NET) SERVICES

<table>
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<th>NET ENCOUNTER CODES</th>
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<tr>
<td>T2003-U4</td>
<td>TRANSPORTATION (Section 29, Support Benefits for Adults with Intellectual Disabilities or Autistic Disorder waiver)</td>
<td>PER MILE</td>
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<tr>
<td>T2003-U8</td>
<td>TRANSPORTATION (Section 20 Home and Community Benefits (HCB) for Adults with disabilities waiver)</td>
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<tr>
<td>S0215-U1</td>
<td>TRANSPORTATION, MILEAGE PER MILE (Section 19, Home and Community Based Benefits for the Elderly and for Adults with Disabilities waiver)</td>
<td>PER MILE</td>
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### WHEELCHAIR VAN PROVIDERS

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<tbody>
<tr>
<td>A0130</td>
<td>NON-EMERGENCY TRANSPORTATION – WHEELCHAIR VAN</td>
<td>PER TRIP</td>
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<tr>
<td>S0209</td>
<td>WHEELCHAIR VAN, MILEAGE, PER MILE [DOOR-THROUGH-DOOR]</td>
<td>PASSENGER MILE</td>
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</tbody>
</table>
### Reimbursement Rates for Lodging, Meals, and Privately Owned Vehicle Mileage

**APPENDIX I

Rates as of January 1, 2013**

<table>
<thead>
<tr>
<th></th>
<th>Non High-Cost Locations</th>
<th>High-Cost Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(In State and Out-of-State)</td>
<td></td>
</tr>
<tr>
<td>Maximum Allowable Lodging Rates</td>
<td>see notes for tax treatment</td>
<td></td>
</tr>
<tr>
<td>Non High-Cost Locations</td>
<td>$77.00 / night plus tax</td>
<td>$184.50 / day ((77 + 46) \times 150%)</td>
</tr>
<tr>
<td>High-Cost Locations</td>
<td>For rates for individual high-cost locations in the Continental USA, refer to the U.S. General Services Administration website at: <a href="http://www.gsa.gov">www.gsa.gov</a>.</td>
<td></td>
</tr>
<tr>
<td>Seasonal Lodging Rates</td>
<td>For out of state locations, refer to the U.S. General Services Administration website at: <a href="http://www.gsa.gov">www.gsa.gov</a>. For seasonal rate information for Washington state locations, refer to the state Per Diem Rates map on OFM’s Travel Resources website at: <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>.</td>
<td></td>
</tr>
<tr>
<td>Meal Rates (including taxes and tips and incidental expenses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non High-Cost Locations</td>
<td>$11.00</td>
<td>$13.00</td>
</tr>
<tr>
<td>High-Cost Locations</td>
<td>$13.00</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

**NOTES**

The reference for the maximum lodging rates is on the U.S. General Services Administration website at: www.gsa.gov. Select U.S. Per Diem Rates by Location (Continental USA) to view rates for the contiguous 48 states (amounts shown are before adding applicable state and local taxes to the reimbursement rates) or Foreign Per Diem Rates (taxes included) to view rates for Alaska, Hawaii, and U.S. possessions.

To determine which high cost meal rate applies for a specific high cost location in the Continental USA, refer to the U.S. General Services Administration website at: www.gsa.gov. (Meal rates will be referred to as subsistence rates.) When calculating the meal breakdown for high cost meal locations in the Continental USA or Foreign Locations not listed in the table to the left, use the percentages in Subsection 10.40.10.c.
Totals $46.00 $51.00 $56.00 $61.00 $71.00

Non-High-Cost Per-Diem Rate

- Daily rate = $123.00 / day = Non-high-cost lodging rate ($77) + Non-high-cost meals rate ($46)
- Hourly rate = $123.00 / 24 hours = $5.13 per hour

Privately Owned Vehicle (POV) Mileage Rate = $0.565/mile

Privately Owned Aircraft Mileage Rate = $1.07 / nautical mile

Privately Owned Motorcycle Mileage Rate = $0.305/mile

Certain types of boards and commissions use both daily and hourly rates (Section 10.70). Also, the hourly rate is used when an employee is authorized to use a privately owned travel trailer or camper (Subsection 10.30.70).

Source: IRS Revenue Procedure 2012-72.

Source: Federal Register Vol. 70, No. 23 Feb. 4, 2005. Nautical mile information can be found on several websites including: www.airnav.com/airports/