DATE: March 31, 2015

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

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

This letter gives notice of an adopted rule: Chapter 101, MaineCare Benefits Manual, Chapter II, Section 113, Non-Emergency Transportation (NET) Services.

This rule is being adopted in order to bring the policy into conformity with Department-negotiated contracts with transportation Brokers. In August 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 Services (CMS). NET Brokers were selected through a competitive procurement process, following the Department’s Request for Proposals (RFP). During the first year of implementation, there were significant problems in several NET regions. As a result, the Department re-issued 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. Therefore, MaineCare’s NET policy has been changed to conform to the NET waiver and the contracts.

A public hearing was held on November 21, 2014, and public comments were submitted through December 1, 2014. As a result of the public comments and further findings by the Department, the Department made several changes to the final rule from the proposed rule, including:

1. Amending the definition of “Attendant” to include a requirement that an Attendant be at least 18 years of age;
2. Removing the definition of “Complaint” from 113.01 and instead including it in 113.10, Denial of Services, Complaint Services and Member Appeal Rights;
3. Adding a definition for “Point of Origin”;
4. Amending the definition of Related Travel Expenses to clarify that related travel expenses are expenses “incurred by the Transporter, Member, or Escort during the provision of NET services”;
5. Removing references to CHIP, as such references are redundant;
6. Removing the exclusion of coverage of Related Travel Expenses for “other than routine medical services”;
7. Clarifying the definition of Standing Orders;
8. Including an explanation of the term “Agency Transporter” to the definition of “Transporter”;
9. Adding urgent pharmacy trips to the definition of Urgent Trip;
10. Adding language to make it clear that Brokers may only coordinate with other Brokers to provide transportation to Members outside of their respective regions in limited circumstances;
11. Amending language describing coverage of Related Travel Expenses to clarify the role of prior authorizations;
12. Removing stretcher vans and ambulettes as examples of “other specialized vehicles used to provide paratransit services”;
13. Adding language so that members with “Autism Spectrum Disorder” may be accompanied by an escort during NET services without a determination by Department staff;
14. Reorganizing the “Denial of Services, Complaint Procedures, and Broker Appeals” section for the sake of clarity;
15. Adding language clarifying a member’s rights during the Broker Appeals process;
16. Adding a definition for the term “Appeal”;
17. Adding language clarifying that Brokers could waive the requirement to use free transportation if such transportation is medically inappropriate;
18. Changing the meeting intervals for advisory committees to every six (6) months, from every three (3) months; and
19. Editing the Reimbursement section to describe the ways that Brokers and Transporters are paid and to explain why HCPCS codes are included in the rule.

The Department also made numerous technical corrections in this rule, including changes in grammar, capitalization, punctuation and consistency of the format when using numbers in the text of the policy. All of these changes are detailed in the Summary of Public Comments rulemaking document.

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 Adoption, 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 Adoption.
Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, Office of MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter 101, MaineCare Benefits Manual, Chapter II, Section 113, Non-Emergency Transportation (NET) Services

ADOPTED RULE NUMBER: 2014-P245

CONCISE SUMMARY: This rule is being adopted in order to bring the policy into conformity with Department-negotiated contracts with transportation Brokers. In August of 2013, MaineCare began delivering non-emergency transportation (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 Services (CMS). NET Brokers were selected through a competitive procurement process, following the Department’s Request for Proposals (RFP). During the first year of implementation, there were significant problems in several NET regions. As a result, the Department re-issued 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. Therefore, MaineCare’s NET policy has been changed to conform to the NET waiver and the contracts.

These changes include: the allowance of pharmacy trips, including those required on an urgent basis; revisions to the map of NET regions that more clearly delineate all eight regions and reflect a slight change in the geographic distribution of one region; addition of the requirement that parents or guardians of minors under the age of 12 years old authorize the specific type of transportation when minors travel unaccompanied; addition of language requiring prior authorization for out-of-state NET trips; addition of the requirement that the NET Broker contacts a member’s assigned care coordinator to verify services for members receiving Home and Community Based Services under Sections 18 and 20 of the MaineCare Benefits Manual; as well as several other changes designed to help clarify existing requirements of the NET program.

Additionally, the Department made a number of changes to the rule as a result of comments made during the rulemaking and subsequent Departmental findings. These changes include: the addition of and clarification to certain definitions; clarification of provisions regarding related travel expenses; amendment to the NET advisory committee meeting requirement to every six months; addition of “Autism Spectrum Disorder” to the rule permitting the accompaniment of an Escort without the need for a Departmental determination; further explanation of the reimbursement rules; clarification on the limited circumstances for out-of-region Broker cooperation; as well as several other non-substantive technical, grammatical, and formatting changes. All changes subsequent rule are detailed in the Department’s Summary of Public Comments.


EFFECTIVE DATE: April 5, 2015

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INTRODUCTION

MaineCare’s Non-Emergency Transportation (NET) Services provide transportation for eligible MaineCare Members to and from covered, non-emergency MaineCare services when no other means of transportation is available. 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.

NET services are provided under a Medicaid program waiver authorized under Section 1915(b) of the Social Security Act and approved by the Centers for Medicare and Medicaid Services (CMS). The waiver restricts a Member’s freedom of choice in providers by limiting the number of Brokers with which the State contracts for NET services.

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. Attendants must be at least 18 years of age.

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

113.01-3 Department: The Maine Department of Health and Human Services, acting through the Office of MaineCare Services.

113.01-4 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.

113.01-5 Incident: Any unanticipated event, other than a motor vehicle accident, which results in a disruption of services.

113.01-6 Late: More than 15 minutes after the scheduled pick-up time from a Point of Origin, 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.

113.01-7 MaineCare Covered Services: Services covered and reimbursed through MaineCare, as provided in the MaineCare Benefits Manual.

113.01-8 Member: Any person certified as eligible for services under the MaineCare program.

113.01-9 NET: Non-Emergency Transportation.
113.01 DEFINITIONS cont.

113.01-10 **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 the Member 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 its arrival at the Point of Origin location.

113.01-11 **On Time**: From thirty (30) minutes before until fifteen (15) minutes after the scheduled pick-up time from a Point of Origin; 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., when the Member 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.

113.01-12 **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.

113.01-13 **Point of Origin**: Location (usually, but not always, a residence) where a Member first boards a ride.

113.01-14 **Public Transportation**: Buses, trains, ferries, and other forms of transportation that charge set fares, run on fixed routes, and are available to the public.

113.01-15 **Records**: All documents relating to the services performed by the 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 incurred by the Transporter, Member, or Escort during the provision of NET services that are necessary to ensure Member access to MaineCare covered 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.

113.01-18 **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.
113.01 DEFINITIONS cont.

113.01-19 **Standing Orders:** Recurring or repetitive trips that occur one (1) or more days a week with the same Point of Origin, MaineCare covered service destination and return.

113.01-20 **Transporters:** Any entity, organization or individual that provides transportation services reimbursable by a Broker under the NET program. This includes agents of the Broker with which the Broker has entered a Service Agreement (“Agency Transporters”), public 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.

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 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; dialysis; and urgent pharmacy trips.

113.01-23 **Wheelchair Accessible Vehicle:** 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

Brokers oversee NET services on a regional basis. Each Broker is responsible for arranging all NET services for eligible Members that reside in its assigned region(s). The Broker may not coordinate transportation for Members who reside outside its region(s) except when: (1) coordination between Brokers is necessary to adequately and timely ensure a Member’s access to NET services; or (2) the Member resides out-of-state for medical reasons.

When a MaineCare Member resides out-of-state for medical reasons, as approved by the Department, NET services shall be provided by the Broker located in the region most geographically proximate to the Member’s out-of-state residence. Geographic proximity is defined as the shortest straight line distance between the Member’s out-of-state residence and any point along the border of the state of Maine.
113.02 NON-EMERGENCY TRANSPORTATION REGIONS cont.

On a monthly basis, the Department will provide each Broker with a list of approved Members residing out-of-state who are assigned to the Broker’s region(s). This list is subject to change between the Department’s monthly reporting to the Broker. The Broker may not use the absence of a Member’s name on the list as the sole reason to deny NET services to the Member.

The following map details the regional boundaries.
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 underlying 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 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 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.

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 in providing NET services. However, the Broker shall not reimburse related travel expenses when NET services are provided to transport a Member to a medical service that requires prior authorization in writing by the Department, and for which prior authorization was either not obtained or denied.

D. Minor Traveling with Adult Members: There may be times when an adult Member requests to allow a minor to accompany the Member 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
113.04 COVERED TRANSPORTATION SERVICES cont.

of hospitalization. Transportation of individuals who are not MaineCare Members should be reported under the minor child's MaineCare eligibility number. Transportation to visit an inpatient adult MaineCare Member is not covered.

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; and
F. Other specialized vehicles used to provide paratransit services.

113.05 NON-COVERED SERVICES

Non-Emergency Transportation (NET) services do not include:

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

B. Transportation for individuals residing in Nursing Facilities and for individuals residing in 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, the transportation is for medically necessary medical service, and that written request has been prior approved by the Department;

C. Transportation to visit a sick infant or child or critically ill/injured spouse, except as allowed above for visits by a parent, foster parent, or guardian to his or her children admitted to a hospital under an inpatient status. Transportation to visit an inpatient adult MaineCare member is not covered.

D. Transportation for individuals ineligible for NET services. Brokers must verify Member eligibility prior to authorizing transports.

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

F. Transportation 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
113.05 NON-COVERED SERVICES cont.

cost. Brokers may waive this requirement for Members for whom free transportation is medically inappropriate.

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

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

113.06 POLICIES AND PROCEDURES

113.06-1 Broker Agreements

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

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 for NET services with the Department.

113.06-2 Transportation Network

A. Service Agreements. Each Broker must have signed Service Agreements with agencies providing transportation services. Service Agreements are not required for volunteers, family and 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 and include the reasons why it is not approved. The Broker must provide the Department with copies of all fully executed Service Agreements.

B. Each Broker must establish a network of Transporters to deliver NET services to eligible Members who live in its regions which is sufficient to provide adequate access to all covered services. The Broker 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.

C. Each Broker must insure adequate transportation at all times, including holidays.
113.06 POLICIES AND PROCEDURES cont.

D. Each Broker must notify the Department (or its agent) within 24 hours of knowledge of a termination of a 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.

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. As set forth in Section 113.02, 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, as approved by the Department, will be assigned to the Broker in the region most geographically proximate to their physical residences. The Broker is responsible for verifying Member MaineCare eligibility. The Broker may use one (1) of four (4) options available to verify Member eligibility:

1. Access this information via the MaineCare web portal;

2. Use automated telephone verification;

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

4. 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: Each Broker will be responsible for verifying the service eligibility of the Member for the MaineCare service to which the Member is being transported. Some Members may have restrictions on the type and amount of covered MaineCare services they may receive (e.g. a visit cap on a particular type of medical appointment).

Additionally, Members have varying levels of eligibility for services. In some cases the Broker may need to determine the type of eligibility a Member has (e.g. full MaineCare benefit, Home and Community Based Services (HCBS) benefits, etc.) to verify that the requested trip is to an authorized service for that Member.
113.06 POLICIES AND PROCEDURES cont.

113.06-5 Authorization and Verification of NET Services

A. 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.

B. 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 the Member when determining the need for NET services, unless the Brokers 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, the Broker may require documentation to confirm the information as necessary.

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

C. Residence in NET Service Region

The Broker is responsible for ensuring 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 most geographically proximate to the Member’s 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.

D. Transportation Services to HCBS Waiver Services

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 (e.g., employment specialist services, adult day health services, etc.).

1. 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.

2. 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 waiver service under the Member’s plan of care. See MaineCare Benefits Manual, Chapter II, Section 19.

3. 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.

5. Additional waiver services may be initiated by the Department during the course of the NET contract. The Broker will be given specific
113.06 POLICIES AND PROCEDURES cont.

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:

A. Negotiating Service Agreements with qualified Transporters;

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

C. 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;

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

E. Entering into Service Agreements with commercial taxi services to supplement the Broker’s NET services;

F. Use of commercial taxis; and

G. Other methods, including utilizing family, friends, and volunteers, if permitted by federal and state law.

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

113.06-7 Nearest Appropriate HealthCare or Waiver Service Provider

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

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

1. 30 Miles for non-pharmacy or waiver service providers in Urban areas.
113.06 POLICIES AND PROCEDURES cont.

2. 50 Miles for non-pharmacy medical or waiver service providers in Rural areas.

3. 15 Miles for pharmacies in Urban areas.

4. 30 Miles for pharmacies in Rural areas.

B. For all non-urgent care, regardless of the provider’s geographic proximity to the Member, 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.

C. The Broker(s) shall arrange for transportation beyond these mileage limits when any of the following conditions exist:

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

2. The Member’s Primary Care Provider has referred the Member to a specific provider whose location is beyond the mileage limit;

3. A specific medical or waiver service provider is designated in the Member’s Plan of Care for HCBS services whose location is beyond the mileage limit;

4. The Member requests NET to a medical or waiver service provider with whom the Member 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 MaineCare 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 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.
113.06 POLICIES AND PROCEDURES cont.

unless approved in advance 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-procurement activities under regulations issued under Executive Order No.12549 or under guidelines implementing Executive Order No. 12549.

3. For purposes of Section 113.06-8(B), “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; or
   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 NET services available for Members 24 hours a day, 7 days a week, when transportation to a MaineCare covered service is medically necessary;
113.06 POLICIES AND PROCEDURES cont.

2. The Broker must establish mechanisms to ensure that its network of Transporters complies 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 MaineCare covered services to an eligible Member, the Broker must adequately and timely provide transportation utilizing Transporters outside of the Broker’s network for as long as the Broker’s network is unable to provide the needed transportation;

6. In the event that a trip pickup will not be made On Time, the Broker, or its designated representative, must contact and inform the Member. 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 the scheduled Point of Origin prior to service. The driver must contact the Broker, or Broker’s designated 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

Brokers 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 the medical provider;
113.06 POLICIES AND PROCEDURES cont.

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 Point of Origin, 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

Unless otherwise specified in this Section, 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, the individual shall not be permitted to share a ride with a Member.

113.06-13 Escorts and Attendants

The Broker(s) must allow, without charge to the Escort, Member, or the Department, one (1) Escort to accompany a Member or group of Members who are blind, deaf, have an intellectual disability, have Autism Spectrum Disorder, have a brain injury, are less than 21 years of age, or as otherwise determined by the Department staff as needing an Escort, to a covered service.

The Broker must arrange with the Transporter for the provision of one Attendant during transport when, in the judgment of the Broker, considering all known factors or as required by the licensed MaineCare 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.

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:
113.06 POLICIES AND PROCEDURES cont.

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; or

2. The minor requests transportation to a service deliverable without parental consent, only if allowed by state and/or federal law.

B. Children Under the Age of 12

For children under the age of twelve (12), parental consent must include specific approval for the type of transportation 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 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 the driver will accompany the minor into the drop off location. Under no circumstances shall 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
113.06 POLICIES AND PROCEDURES cont.

   driver cannot verify that any person is authorized to take responsibility, the driver shall 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 a parent or guardian.

   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

Brokers 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

Brokers are required to enter into Service Agreements with any Federally Recognized Native Tribe that resides within the Brokers’ regions, would like to be a Transporter, and that meets the driver and vehicle requirements and all other applicable requirements set forth in the Brokers’ contracts with the Department. 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 Tribe. Brokers must pay Tribal Transporters rates that are not less than the level and amount of payment that would be made if the Transporters were not Tribal Transporters.

113.06-17 Requirements for Drivers and Attendants

Each Broker shall establish a written oversight procedure that ensures all drivers and Attendants operating under a Service Agreement with the Broker:

   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;
POLICIES AND PROCEDURES cont.

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 of 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;

E. Cannot be convicted of two (2) moving violations and/or accidents related to NET services, during the course of the Service Agreement, 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 and Attendants who are not currently certified in any curriculum. Training must be conducted within 30 days of the Transporter beginning service under a Service Agreement and within 30 days of hiring for drivers and Attendants hired during the term of the Service 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 name of the driver or Attendant;

J. Are certified in First Aid and CPR. Such certification must be achieved by the driver or Attendant 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;
113.06  POLICIES AND PROCEDURES cont.

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;

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. Assist Members, including with the 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 is prohibited from operating a vehicle being used to transport Members and from having 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
113.06  POLICIES AND PROCEDURES cont.

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 is not prohibited from operating a vehicle
being used to transport Members, nor from having unsupervised contact
with Members, so long as the Broker approves.

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
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

Each Broker must 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 Transportation 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 the NET contract with the Department.

113.06-19 Wheelchairs

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

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

B. 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 will satisfy this requirement
   so long as the Member is capable of utilizing such a lift or ramp.

C. For vehicles equipped with a powered wheelchair lift, the vehicle must have an
   engine-wheelchair lift interlock system which requires that the vehicle’s
Ch. 101
MAINECARE BENEFITS MANUAL
CHAPTER II
10-144 Ch. 101
SECTION 113 NON-EMERGENCY TRANSPORTATION (NET) SERVICES
ESTABLISHED 10/1/1985
LAST UPDATED 4/5/2015

113.06 POLICIES AND PROCEDURES cont.

transmission be placed in park and the emergency brake engaged to prevent vehicle movement when the lift is deployed.

D. Wheelchair Restraint System: For each wheelchair position, the vehicle shall be equipped with a wheelchair securement device (i.e. “tie-down”) that complies with applicable ADA standards.

E. The vehicle 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 may remain on the device, with the device secured with tie-downs and the rider secured with a separate floor seatbelt.

113.06-20 Telephone Call Centers

Each Broker must each establish and maintain a call center so that Members may conveniently schedule needed transportation and contact the 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 assigned to each region.

113.07 NET ADVISORY COMMITTEE

The Broker will establish and convene a Regional NET Advisory Committee for the region(s) in which it operates. This NET Advisory Committee shall convene at least once every six (6) months to review and discuss the Broker’s performance in the region(s). Topics may include coordination with local transportation companies, service expectations, coordination of services with any Federally Recognized Native Tribes in the region, or any other topic determined relevant by the Broker or the Department. The Committee shall serve in an advisory capacity only. 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 contracts between the Brokers and the Department. The Broker must submit monthly Reports detailing performance in a format that is agreed upon by the Department.

113.09 REPORTING REQUIREMENTS

Brokers 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
113.09 REPORTING REQUIREMENTS cont.

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 the time of submission).

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. Point of Origin;
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>
</thead>
<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>
<tr>
<td>J</td>
<td>Free standing ESRD facility</td>
</tr>
<tr>
<td>N</td>
<td>Skilled nursing facility (SNF)</td>
</tr>
<tr>
<td>P</td>
<td>Physician's office</td>
</tr>
<tr>
<td>R</td>
<td>Residence</td>
</tr>
<tr>
<td>S</td>
<td>Scene or accident or acute event</td>
</tr>
<tr>
<td>X</td>
<td>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.</td>
</tr>
</tbody>
</table>
113.10 DENIAL OF SERVICES, COMPLAINT PROCEDURES, AND MEMBER APPEAL RIGHTS

113.10-1 Denial of Services

A. The Broker may deny a trip or immediately discontinue a trip for any individual under the following circumstances:

1. The individual 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 MainCare eligible;
   b. The individual is not going to a covered MainCare service; or
   c. The individual is not medically eligible for the covered MainCare service

2. The individual fails to request a transportation 2 business days in advance of the covered MainCare service appointment without good cause. For purposes of this section, “good cause” can be established by factors such as:
   a. The imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more;
   b. The result of administrative or technical delay caused by the Broker and requiring that an appointment be rescheduled;
   c. The need for 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. Or, the individual has other transportation resources available.

B. 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.

C. Brokers may 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

Following a denial of services to a Member, the Broker must notify the Member in writing within seventy-two (72) hours on a form approved by the Department. The written notice must include:

1. The Member’s name, address, and MaineCare 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 date of the written notification;

4. The date the transportation request was made by the Member (not the date of service, which may be different);

5. The nature of the 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;

8. Notice 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 the right to receive a final decision after a Department administrative hearing, within 90 days of filing the Appeal, is waived. The notice must also inform the Member that at any point during the Broker appeal process, the Member may choose instead to file an appeal with the Department, and on the date the Member does so, the 90 day time period for the Department to render a final decision begins.
113.10 DENIAL OF SERVICES, COMPLAINT PROCEDURES, AND MEMBER APPEAL RIGHTS cont.

9. If the Member chooses to file an Appeal with the Department and proceed to a Fair Hearing,
   a. 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;
   b. The Member’s right to bring representation to assist the Member with the Fair Hearing; and
   c. The Member’s right to bring witnesses to confront and cross examine any witnesses that are adverse to the Member at the Fair Hearing

10. The circumstances under which the Member has a right to continuation of NET services pending outcome of the Appeal process and how the Member can request that benefits be continued, and the time frame for the request; and

11. A notice that if benefits are continued, and if the Broker’s denial of services is upheld at the Department Fair Hearing, the Broker may not attempt to recover from the Member the cost of the NET services furnished.

113.10-2 Broker Complaint Procedures

A. Complaints: A complaint is an expression of discontent with NET services that does not rise to the level of an appeal and for which the complainant has no appeal rights. Complaints must be registered with the Broker, either in writing or orally, by Members or their representatives, Transporters, or the public.

B. Complaint Procedure: The Broker shall implement a Complaint Procedure. The Broker shall respond to all Complaints in a timely fashion and in accordance with its Complaint Procedure. There are no administrative hearing rights for Complaints.

C. Reports: Brokers must report all Complaints and their resolutions to the Department. Brokers must retain all records of Complaints and their resolutions.
113.10 DENIAL OF SERVICES, COMPLAINT PROCEDURES, AND MEMBER APPEAL RIGHTS cont.

113.10-3 Appeal Procedures

Following the denial, termination, reduction, or suspension of services under Section 113, a Member has the option to appeal to either the Department or to the Broker. The Department’s Appeals process involves a right to a fair hearing, whereas the Broker’s Appeals process does not.

A. Appeal Defined:

1. A written request from a Member to the Department requesting a hearing regarding the denial, termination, reduction, or suspension of eligibility of services, made pursuant to Chapter Section 1.22 of the MBM;

   OR

2. A written request from a Member to a Broker requesting relief from the denial, termination, reduction, or suspension of eligibility of services

B. Broker Appeals Process

1. Each Broker shall establish a Broker appeal process, which must be approved by the Department.

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

3. The Broker shall send a copy of the Broker appeal resolution to the Department.

4. If a Member is dissatisfied with the outcome of the Broker’s Appeal process, the Member may file an Appeal with the Department.

C. Department Fair Hearing Appeals

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

2. The Broker shall attend fair hearings, if requested by the Department, and shall 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.
113.10 DENIAL OF SERVICES, COMPLAINT PROCEDURES, AND MEMBER APPEAL RIGHTS cont.

D. Timing of Appeals

Should the Member choose to file an appeal with the Broker, the Member waives the right to receive a final decision after a Department administrative hearing within 90 days of filing the Appeal. However, at any point during the Broker appeal process, the Member may choose instead to file an appeal with the Department, and on the date the Member does so, the 90 day time period for the Department to render a final decision begins.

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.

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 agreeing to maintain Member confidentiality.

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 can be relayed to Transporter, including: physical limitations, need for assistance, special equipment used by Members, emotional or mental issues affecting the 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 eligible for NET services under this rule require 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 to authorize transportation services under this Section, the Member may be denied transportation services.
113.13 REIMBURSEMENT

A. The Department pays each Broker for the provision of NET services under this Section pursuant to the Department’s contract with the Broker.

B. Transporters are paid by Brokers pursuant to Service Agreement contracts entered into between these parties.

C. Transporters who have not entered into a Service Agreement with a Broker (e.g., family and friends) are paid by the Broker according to rates set by the Department as described in this Section.

D. The Brokers shall use the following NET encounter codes to track encounter (trip) data as required under the NET contract with the Department.
<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</td>
<td>PER ONE-WAY TRIP</td>
</tr>
<tr>
<td></td>
<td>[PROVIDER BASE RATE (ONE WAY TRIP)]</td>
<td></td>
</tr>
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<td>S0215</td>
<td>NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE</td>
<td>PASSENGER MILE</td>
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<td></td>
<td>[PROVIDER (AGENCY) CONTROLLED VEHICLE]</td>
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<tr>
<td>S0215 Mod TK</td>
<td>NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE</td>
<td>PER MILE</td>
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<tr>
<td></td>
<td>[SHARED RIDE ON A PROVIDER (AGENCY) CONTROLLED VEHICLE]</td>
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<tr>
<td>A0090</td>
<td>NONEMERGENCY TRANSPORTATION, PER MILE-VEHICLE PROVIDED BY INDIVIDUAL</td>
<td>PER MILE</td>
</tr>
<tr>
<td></td>
<td>(FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST</td>
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<tr>
<td></td>
<td>[FAMILY VEHICLE – NON-EMERGENCY TRANSPORTATION PER MILE]</td>
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<tr>
<td>A0080</td>
<td>NONEMERGENCY TRANSPORTATION, PER MILE-VEHICLE PROVIDED BY VOLUNTEER</td>
<td>PER MILE</td>
</tr>
<tr>
<td></td>
<td>(INDIVIDUAL OR ORGANIZATION), WITH NO VESTED INTEREST</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[VOLUNTEER VEHICLE – NON-EMERGENCY TRANSPORTATION PER MILE]</td>
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### Non-Emergency Transportation (NET) Services

**Established:** 10/1/1985  
**Last Updated:** 4/5/2015

<table>
<thead>
<tr>
<th>NET ENCOUNTER CODES</th>
<th>DESCRIPTION</th>
<th>UNIT OF SERVICE</th>
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<tbody>
<tr>
<td>A0110</td>
<td>Nonemergency Transportation and Bus, Intra- or Interstate Carrier</td>
<td>Actual One-Way Fare</td>
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<tr>
<td>A0100</td>
<td>Non-Emergency Transportation - Taxi</td>
<td>Actual One Way Fare</td>
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<tr>
<td>A0110-UA</td>
<td>Nonemergency Transportation-Bus Pass</td>
<td>Actual One Way Fare</td>
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<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>
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<td>T2001</td>
<td>Nonemergency Transportation: Patient Attendant/Escort [Attendant On Common Carrier Other Than A Taxi]</td>
<td>Actual Fare</td>
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### NON-EMERGENCY TRANSPORTATION (NET) SERVICES

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<th>NET ENCOUNTER CODES</th>
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<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>
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<td>A0200</td>
<td>NON-EMERGENCY TRANSPORTATION – ANCILLARY – LODGING – ESCORT</td>
<td>ACTUAL FARE</td>
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<tr>
<td>A0210</td>
<td>NON-EMERGENCY TRANSPORTATION – ANCILLARY – MEALS – ESCORT</td>
<td>ACTUAL FARE</td>
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<tr>
<td>T2002</td>
<td>NON-EMERGENCY 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>
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<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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## NET ENCOUNTER CODES

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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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<thead>
<tr>
<th>A0130</th>
<th>NON-EMERGENCY TRANSPORTATION – WHEELCHAIR VAN</th>
<th>PER TRIP</th>
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<tbody>
<tr>
<td>S0209</td>
<td>WHEELCHAIR VAN, MILEAGE, PER MILE [DOOR-THROUGH-DOOR]</td>
<td>PASSENGER MILE</td>
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