

## Transportation for CSHCS/Medicaid Duals

Medicaid Health Plans (MHPs) are responsible for providing transportation assistance for those members in need of assistance, per Medicaid policy. Therefore, MHPs will be responsible for assisting CSHCS clients with transportation after the client is enrolled in an MHP. MHPs will also honor transportation authorized prior to enrollment in the MHP during the first 30 days of enrollment. For instance, a CSHCS client is enrolled in a Medicaid Health Plan effective 11/1/12. On 10/28/12, the local health department receives a request to authorize travel for medical appointments 11/3/12, 11/17/12, and 11/28/12. Presuming the request for assistance meets the CSHCS and LHDs criteria for authorizing travel, the LHD can authorize this travel. The MHP will be responsible for honoring this authorization. However, travel should not be authorized by the LHD for an appointment on 12/2/12, since this date is more than 30 days after the enrollment in the MHP. Instead, travel assistance will need to be authorized by the MHP. For travel assistance needed early in the first month of enrollment, MHPs are expecting that LHDs will have already authorized this travel. This will ensure a smooth transition for our clients with regard to needed transportation.

If LHDs receive requests for transportation assistance after the client is an MHP member, the clients should be directed to the MHP for assistance. For instance, a CSHCS client is enrolled in a Medicaid Health Plan effective 11/1/12. On 11/2/12, the LHD receives a request to authorize travel for medical appointments on 11/3/12, 11/17/12, and 11/28/12. Since the client is an MHP member on the date that the client requests assistance, the client should contact the MHP, even though the client is still in the first 30 days of enrollment. MHPs are required to honor travel approvals that were authorized prior to the MHPs enrollment date for travel during the first 30 days of enrollment. However, requests for assistance after the MHP enrollment should be directed to the MHP, as the MHP is not required to honor travel approvals that are authorized by the LHDs after the MHP enrollment date.

For CSHCS clients whose MHP enrollment has become effective, this new process will help us to reach our goal of a smooth transition. As of 10/1/12, transportation should be approved by LHDs case-by-case, for no more than the current month while families are choosing an MHP. Once the client's enrollment is effective, the families need to contact the MHP to arrange for transportation assistance, whether it's for mileage, lodging, rides, etc. If you authorize transportation to occur after the client's MHP enrollment date, notify me (Courtney Pendleton at MDCH CSHCS) *each month*. I need to know if any travel (mileage, rides, lodging, etc.) has been authorized for those clients, in order to assure that the reimbursement request is directed to the appropriate MHP, including authorizations of transport through MTM. I will need to know the client information, along with the travel information (destination, dates, and type of assistance offered. If a ride was authorized with a transportation company, I will need the transportation company information also). Especially pertinent today for U.P. health departments, it is important that you notify me if you have authorized any October or November travel for clients with an effective MHP enrollment date of 10/1/12. Please include any rides arranged with MTM, as required in the Guidance Manual.

Please be aware that each MHP has its own rules and requirements for transportation that clients will need to follow. The MHPs may not offer the same assistance or reimbursement that is

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offered through CSHCS. The client or family can contact their MHP with questions or for more information.

### CSHCS Only (Title V only) Clients:

Transportation assistance for the CSHCS Only (Title V only) clients is not impacted by the transition of the CSHCS/Medicaid duals from fee-for-service to managed care. LHDs should continue to process CSHCS only clients travel authorizations as usual.

### Out-of-State Care:

Clients who have a current out-of-state authorization for medical care and/or transportation will need to contact their MHP as soon as the client is enrolled in the MHP. The MHP is required to honor any current OOS PA for the first 30 days of enrollment. The client/family is strongly encouraged to contact their chosen MHP right away upon enrollment to discuss continuing care.