



RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING

AGENCY: Executive Office of Health and Human Services

DIVISION: Medicaid Policy Unit

RULE IDENTIFIER: 210-RICR-20-00-2 ERLID # 8863

REGULATION TITLE: Medicaid Payments and Providers: Transportation Services

RULEMAKING ACTION: Regular promulgation process

Direct Final: N/A

TYPE OF FILING: Amendments

TIMETABLE FOR ACTION ON THE PROPOSED RULE: Public comment will end on **Wednesday, September 5, 2018**.

SUMMARY OF PROPOSED RULE: The purpose of this regulation is to set forth the Non-Emergency Medical Transportation (NEMT) Program methods and requirements for Medicaid beneficiaries to secure necessary transportation to/from health care providers. It also sets forth provisions related to the Elderly Transportation Program (ETP) for Rhode Island seniors aged 60 and older.

COMMENTS INVITED:

All interested parties are invited to submit written or oral comments concerning the proposed regulations by **Wednesday, September 5, 2018** to the address listed below.

ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:

All written comments or objections should be sent to the Secretary of EOHHS, Eric J. Beane, c/o Elizabeth Shelov, Medicaid Policy Office, Rhode Island Executive Office of Health & Human Services

Mailing Address: Virks Building, Room 315, 3 West Road, Cranston, RI 02920

Email Address: Elizabeth.Shelov@ohhs.ri.gov

WHERE COMMENTS MAY BE INSPECTED: Mailing Address: Executive Office of Health & Human Services, Virks Building, Room 315, 3 West Road, Cranston, RI 02920

PUBLIC HEARING INFORMATION:

If a public hearing is requested, the place of the public hearing is accessible to individuals who are handicapped. If communication assistance (readers/ interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call (401) 462-6266 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

FOR FUTURE INFORMATION CONTACT: Elizabeth Shelov, Interdepartmental Project Manager, Medicaid Policy Office, Rhode Island Executive Office of Health & Human Services, Virks Building, Room 315, 3 West Road, Cranston, RI 02920 or Elizabeth.Shelov@ohhs.ri.gov

SUPPLEMENTARY INFORMATION:

Regulatory Analysis Summary and Supporting Documentation:



Societal costs and benefits have not been calculated in this instance. To be in conformity with federal law, regulations, guidance and state law, the state has little discretion in promulgating this rule. For full regulatory analysis or supporting documentation see agency contact person above.

Authority for This Rulemaking: Federal authorities: 42 C.F.R. § 431.53 “Assurance of Transportation”; 42 C.F.R. § 440 “Medicaid Program; State Option to Establish Non-Emergency Medical Transportation Program”; Section 1902(a)(70) of the Social Security Act (“Deficit Reduction Act of 2005”); State authority: R.I. Gen. Laws § 42-66-4(8) “Duties of the Department”; R.I. Gen. Laws § 42-12-1.3 “Transfer of Functions from the Department of Elderly Affairs”; and R.I. Gen. Laws § 31-36-20(a) “Motor Fuel Tax Disposition of Proceeds.”

Regulatory Findings:

In the development of the proposed regulation, consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

The Proposed Amendments:

The Executive Office of Health and Human Services proposes to amend the *Medicaid Payments and Providers: Transportation Services* regulations as follows:

- Add new sections related to “Legal Authority”, “Definitions”, and “Purpose and Overview”;
- Added mileage reimbursement, taxis, and ride share programs to the list of transportation modes;
- Inserted additional language related to “standing order” transportation requests;
- Clarified service models to include: wheelchair vans, stretchers, and basic life support/advanced life support vehicles; and
- Deleted the co-payment amount of \$2.00/trip that ETP riders must pay from the regulations but the co-payment requirement remains in effect (see section 2.14).



STATE OF RHODE ISLAND EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

PUBLIC NOTICE OF PROPOSED RULE-MAKING

Section 210-RICR-20-00-2

“Medicaid Payments and Providers: Transportation Services”

The Secretary of the Executive Office of Health and Human Services (EOHHS) has under consideration amendments to the Medicaid regulations entitled, **“Medicaid Payments and Providers: Transportation Services”** - Section 210-RICR-20-00-2. (Amendments are highlighted above).

These regulations are being promulgated pursuant to the general authority contained in R.I. Gen. Laws Chapter 40-8 (Medical Assistance); R.I. Gen. Laws Chapter 40-6 (“Public Assistance”); R.I. Gen. Laws Chapter 42-7.2; R.I. Gen. Laws Chapter 42-35; and Title XIX of the Social Security Act.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Secretary will hold a public hearing on the above-mentioned matter at which time and place all persons interested therein will be heard. The public hearing will be convened as follows:

Thursday, August 30, 2018
10:00 a.m.
Arnold Conference Center, Eleanor Slater Hospital
Pastore Complex, 111 Howard Avenue
Cranston, RI 02920

In the development of these proposed regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small businesses in Rhode Island. No alternative approach, duplication or overlap, or impact upon small businesses was identified based upon available information.

These proposed rules are accessible on the R.I. Secretary of State’s website: <http://www.sos.ri.gov/ProposedRules/>, the EOHHS website: www.eohhs.ri.gov, or available in hard copy upon request (401 462-1575 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by **Wednesday, September 5, 2018** to: Elizabeth Shelov, Medicaid Policy Office, RI Executive Office of Health & Human Services, Virks Building, 3 West Road, Room 315, Cranston, RI 02920 or Elizabeth.Shelov@ohhs.ri.gov.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap in acceptance for or provision of services or employment in its programs or activities.

The EOHHS in the Virks Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the EOHHS at (401) 462-6266 (hearing/speech impaired, dial 711) at least three (3) business days prior to the event so arrangements can be made to provide such assistance at no cost to the person requesting.

Original signed by: _____

Eric J. Beane, Secretary

Signed this 23rd day of July 2018

TITLE 210 - EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

CHAPTER 20 - MEDICAID PAYMENTS AND PROVIDERS

SUBCHAPTER 00 - N/A

PART 02 - Transportation Services

2.1 Legal Authority

~~These rules related to Transportation Services, Section 1360 of the Medicaid Code of Administrative Rules, are promulgated pursuant to the authority set forth in Rhode Island General Laws Chapter 40-8 (Medical Assistance), as amended, and Title XIX of the Social Security Act.~~

A. These rules and regulations related to the Executive Office of Health and Human Services' (EOHHS) Non-Emergency Medical Transportation (NEMT) Program are promulgated pursuant to the authority conferred under:

1. 42 C.F.R. § 431.53 "Assurance of Transportation";
2. 42 C.F.R. § 440 "Medicaid Program; State Option to Establish Non-Emergency Medical Transportation Program";
3. Section 1902(a)(70) of the Social Security Act ("Deficit Reduction Act of 2005");
4. R.I. Gen. Laws § 42-66-4(8) "Duties of the Department";
5. R.I. Gen. Laws § 42-12-1.3 "Transfer of Functions from the Department of Elderly Affairs"; and
6. R.I. Gen. Laws § 31-36-20(a) "Motor Fuel Tax Disposition of Proceeds."

B. Federal 42 C.F.R. § 431.53 requires the Medicaid agency: (1) to ensure necessary transportation for beneficiaries to/from health care providers; and (2) to describe the methods used to provide such transportation services.

2.2 PURPOSE AND OVERVIEW

The purpose of this regulation is to set forth the Non-Emergency Medical Transportation (NEMT) Program methods and requirements for Medicaid beneficiaries to secure necessary transportation to/from health care providers.

2.3 DEFINITIONS

A. Wherever used in these rules and regulations, the following terms shall be construed as follows:

1. “Border communities” means the list of locations contained in § 2.20 of this Part.
2. “Curb-to-curb” means transportation of the beneficiary from the curb in front of his/her residence to the curb in front of the destination, including the return trip. The driver may assist the individual to get in and out of the vehicle.
- 2.4.1(A) 3. “Door-to-door” means transportation of the ~~client~~ beneficiary from the outside door of his/her residence to the outside door of his/her destination, including the return trip. “Door-to-door” is further defined herein to mean the transport of the ~~client~~ beneficiary from the ground level door of his/her residence to the ground level door of his/her destination, including the return trip. The dwelling should be ADA (Americans with Disabilities Act) accessible ~~by means of an ADA-approved (Americans with Disabilities Act) ramp or client-provided assistance.~~
4. “Elderly”, as used herein, means persons aged 60 and older.
- 2.3.2(A) 5. “Emergency transportation” means transportation to obtain emergency health care services for unforeseen circumstances which demand immediate attention at a hospital to prevent serious impairment or loss of life. Medically necessary emergency transportation must be provided by ambulance.
6. “Executive Office of Health and Human Services” or “EOHHS” means the state agency that is designated under the Medicaid State Plan as the single state agency responsible for the administration of the Title XIX Medicaid Program.
7. Limited Public Motor Vehicle (LPMV) means and includes every motor vehicle for hire, other than a jitney, as defined in R.I. Gen. Laws § 39-13-1, or a taxicab equipped with a taximeter used for transporting members of the general public for compensation only from a designated location on private property to such points as may be directed by the passenger.
8. “Medicaid-covered service” means the full scope of services and supports authorized by the Medicaid State Plan and the Section 1115 demonstration waiver. Although there is variation in benefits by coverage group, in general, Medicaid health coverage includes the benefits set forth in Part 10-00-1 of this Title, “Overview of the Rhode Island Medicaid and Children’s Health Insurance Program.”
9. “Medically necessary” means and includes medical/health visits that are part of a total patient plan of care supervised and ordered by a health care professional.

10. [“Ride Share Program” means a transportation service provided through a Transportation Network Company \(TNC\) regulated by the Rhode Island Division of Public Utilities and Carriers under R.I. Gen. Laws Chapter 39-14.2.](#)
11. ["R.I. Gen. Laws" means the Rhode Island General Laws, as amended.](#)
12. [“Transportation management authority” means an entity that provides, or arranges to provide, transportation services to EOHHS beneficiaries and elderly non-Medicaid riders, as provided herein.](#)
13. [“Transportation provider” means an entity that transports EOHHS beneficiaries and elderly non-Medicaid riders, as provided herein, via public transit \(bus\), taxi, LPMV, ride share program, public motor vehicles, multi-passenger van, ambulance, or wheelchair van.](#)

2.2 2.4 Transportation Services for Medicaid Beneficiaries

- A. ~~The Executive Office of Health and Humans Services~~ [EOHHS](#) recognizes that Medicaid beneficiaries need available and appropriate transportation in order to access medical care, and assures [the](#) provision of such transportation when required to obtain medically necessary services covered by the Medicaid program.
- B. Transportation can be provided by any of the following modes, as appropriate to the needs of the individual. Public transit (bus) is the preferred mode of ~~non-emergency medical transportation (NEMT)~~ when both the beneficiary and the provider are within one-half (½) mile of an established bus ~~route~~ [stop](#).
 1. Public transit (bus)
 2. [Taxi or Limited Public Motor Vehicle \(LPMV\)](#)
 2. ~~3.~~ [Private-Car Ride Share Program](#)
 3. ~~4.~~ Public Motor Vehicles
 4. ~~5.~~ Multi-Passenger Van
 5. ~~6.~~ Ambulance
 6. ~~7.~~ Wheelchair Van-
 8. [Mileage Reimbursement.](#)

2.3 2.5 Covered Services

Covered Services - The Medicaid Program covers emergency and ~~non-emergency medical transportation (NEMT)~~. Ground transportation is covered and

provided for when the individual ~~has~~ is a Medicaid beneficiary and is receiving a Medicaid-covered service ~~from a Medicaid-participating provider~~.

2.3.2 2.5.1 Emergency Transportation

- ~~B.~~ A. When medical services are obtained at a hospital participating in the Medicaid program, it is the responsibility of the hospital or emergency department staff to provide and pay for appropriate transportation home if needed.
- ~~C.~~ B. For Medicaid managed care beneficiaries, emergency transportation is provided by the managed care organization. Billing for this service is through the managed care organization.
- ~~D.~~ C. For Medicaid fee-for-service beneficiaries, emergency transportation is provided by the Medicaid fee-for-service program. Billing for this service is through the Medicaid fee-for-service program.

2.3.1 2.5.2 Non-Emergency Medical Transportation (NEMT)

- A. ~~Non-emergency medical transportation (NEMT)~~ is ~~covered~~ provided when the ~~recipient~~ Medicaid beneficiary has no other means of transportation, no other community resource exists, such as family and friends, and transportation by any other means would endanger the individual's health or safety. NEMT may be provided by ambulance if this mode is medically necessary. Physician/clinician documentation or attestation will be required.
- B. To be eligible for NEMT services, Medicaid ~~participants~~ beneficiaries must be unable to find alternative transportation and require transportation services for medical/health visits that are part of a total patient plan of care supervised and ordered by a health care professional.
 - 1. Escorts
 - a. If medically justified and communicated during the reservation to the State's transportation ~~broker~~ management authority, an additional person can be permitted to accompany a beneficiary.
 - b. An escort must accompany all children under the age of 18 years.
 - c. Adult beneficiaries who need transportation to their own medical appointments may have a child accompany them.
 - 2. More than one beneficiary may be transported by the same vehicle on the same trip, provided:
 - a. ~~there are adequate~~ Adequate seating and safety restraints are available for all passengers.

- b. ~~and at no time the~~ The health and safety of any of the ~~other~~ passengers ~~are~~ is not compromised.
- ~~3.~~ c. Passengers must not have their trip lengthened by more than 30 minutes due to increasing the number of passengers in the same vehicle.

~~2.3.3~~ 2.5.3 **Out-of-State Non-Emergency Medical Transportation**

~~2.3.1(B)(2)(4)~~ A. Transportation to communities that closely border Rhode Island may be provided for Medicaid-covered services and as pre-authorized by the transportation ~~broker~~ management authority subject to review and approval of the State, as needed. See ~~Addendum "1"~~ § 2.20 of this Part for a list of border communities.

- ~~A.~~ B. With the exception of transportation to communities that closely border Rhode Island, NEMT for out-of-state trips will only be considered for payment when the service is medically necessary and the Medicaid-covered service is either not available in Rhode Island or there are other extenuating medical circumstances.
- ~~B.~~ C. All out-of-state NEMT, with the exception of NEMT to border communities, requires prior authorization from the State's transportation ~~broker~~ management authority.

~~2.3.4~~ 2.5.4 **Nursing Facility Residents**

- A. NEMT: An individual residing in a nursing facility whose condition precludes transportation by the facility vehicle to and from a physician's office, medical laboratory, hospitals, etc., may be transported for non-emergency medical services when:
 1. Patient cannot be transported by any other means through the facility; and
 2. Required medical service cannot be provided within the facility, ~~(i.e., such as~~ as portable x-ray services provided in a facility setting); and
 3. Facility has exhausted all other alternative means (including transportation by family or friends) whenever possible.
- B. Emergency medical transportation: services can only be provided when a patient is severely ill or injured and transportation by any other means would endanger the individual's health or safety.

~~2.4~~ 2.6 **Transportation Requests**

All NEMT requests must be scheduled through the State's transportation ~~broker~~ management authority. Some requests may require a physician or clinician's attestation and/or documentation. Information on how to contact the State's transportation ~~broker~~ management authority is available at: www.eohhs.ri.gov.

2.6.1 Standing Order Requests

Regularly recurring appointments for which the beneficiary requires NEMT transportation may be scheduled with the State's transportation management authority. A licensed medical professional must request or modify the standing order.

2.4.1 DOOR-TO-DOOR 2.7 SERVICE MODELS

- A. Curb-to-curb
- B. Door-to-door
- C. Wheelchair van: This service is for beneficiaries who are permanently confined to a wheelchair and cannot transfer out of it. Wheelchair-dependent beneficiaries must provide their own wheelchair. A Hoyer Lift or two-person lift will be used to transfer the beneficiary. Beneficiaries must request this service at the time of reservation to the state's transportation management authority. The dwelling should be ADA (Americans with Disabilities Act) accessible. Transportation providers are not permitted to enter the beneficiary's residence or the provider's office. Beneficiaries who will require additional assistance in leaving their destination or upon arrival at their medical appointment may bring an escort with them. Beneficiaries must inform the transportation management authority when they reserve transportation that an escort will accompany them.
- D. Stretcher: A beneficiary who is confined to a bed, cannot walk, and cannot sit in a wheelchair may be transported by stretcher. The beneficiary must not require medical assistance during transport. The dwelling must be Americans with Disabilities Act (ADA)-accessible. The driver must enter residence and a clear, accessible path to the beneficiary must be available.
- E. Basic Life Support (BLS) and Advanced Life Support (ALS): Transportation of a beneficiary who is confined to a bed, cannot walk, and cannot sit in a wheelchair requires medical assistance during transport. The dwelling must be Americans with Disabilities Act (ADA)-accessible. The driver must enter residence and a clear, accessible path to the beneficiary must be available.
- ~~B. When necessary, service shall include passenger assistance from the client's door to the vehicle and from the vehicle to the door of the destination and include the return trip. Each client case must be assessed on an individual basis as to need. Beneficiaries must request this service at the time of reservation to the State's transportation broker. Transportation providers are not permitted to enter the client's residence or the provider's office. Beneficiaries who will require additional assistance in leaving their destination or upon arrival at their medical appointment may bring an escort with them. Beneficiaries must inform the transportation broker when they reserve transportation that an escort will accompany them.~~

F. Mileage Reimbursement

1. Personal vehicle mileage reimbursement is a payment to a friend or family member who transports the recipient in his/her own vehicle. The reimbursement must be pre-approved by the State's transportation management authority and will be paid at the approved reimbursement rate which is the federal transportation mileage reimbursement rate.
2. Personal vehicle mileage reimbursement is available to transport an eligible Medicaid beneficiary to and from a Medicaid-covered service.
3. Trips will be validated by the State's transportation management authority.

2.4.2 2.8 Passenger Cancellations

- A. Passengers must make every effort to keep their scheduled trip appointments. If unable to keep an appointment, notification must be provided to the State's transportation ~~broker~~ management authority at least twenty-four (24) hours prior to the scheduled trip.
- B. If a medical appointment is cancelled the same day, or there are other unforeseen circumstances, the beneficiary should contact the State's transportation management authority as soon as possible.

2.4.3 2.9 Passenger No-Shows

A. Standing Orders

1. Passengers who frequently (more than three (3) instances per month) do not cancel their regularly scheduled trip appointment at least twenty-four (24) hours in advance may be required to schedule each trip separately at least two (2) days in advance and will no longer be eligible for "standing order" pick-ups.
2. After a sixty (60) day period, passengers may request reinstatement of eligibility for standing order and scheduled ride pick-ups without being required to confirm such trips in advance. Requests will be subject to EOHHS approval.
3. **Clients** Passengers who frequently (more than three (3) instances per month) do not cancel other scheduled trips, such as scheduled physician visits, at least twenty-four (24) hours in advance may also be required to confirm scheduled trips the morning of or twenty-four (24) hours in advance.
4. Passengers with a frequent pattern of no-shows will receive written notice from the State's transportation management authority that they will be subject to a change in their transportation benefit. (See § 2.12 of this Part,

[“Complaint Process for Medicaid Beneficiaries and Persons Using the Non-Medicaid Elderly Transportation Program and TANF recipients”](#)).

2.4.4 2.10 Physician's/Clinician's Attestation and/or Documentation

All NEMT transportation requests that require an attestation and/or documentation statement by the recommending physician/clinician must include the specific reason/rationale why NEMT is required based upon a client's functional ability and not only upon diagnosis.

2.5 2.11 Transportation Provider Participation Guidelines

[To participate in the NEMT Program, a transportation provider must enter into a signed agreement with the State's transportation management authority. Providers must be in compliance with all applicable State and federal statutes and regulations. All providers will be recruited and retained by the State's transportation management authority. All required provider documents must be submitted to the State's transportation management authority. All providers must meet the requirements set forth by the State's transportation management authority.](#)

2.5.1 2.11.1 Ambulance Providers:

- A. Must have a license issued through the Rhode Island Department of Health (DOH);
- B. License ~~is~~ [must be](#) renewed annually;
- C. [Must have proof of insurance.](#)

2.5.2 2.11.2 Taxi, [Limited Public Motor Vehicles](#), and Public Motor Vehicles:

- A. Must have a license issued through the Rhode Island Division of Public Utilities and Carriers ([DPUC](#)) validating proof of authority to engage granted by the [DPUC](#) R.I. Gen. Laws Chapter 39-14 (Taxicabs and Limited Public Motor Vehicles) and R.I. Gen. Laws Chapter 39-14.1 (Public Motor Vehicles).
 - 1. [Taxis and Limited Public Motor Vehicles – Public Certificate for Convenience and Necessity](#)
 - 2. [Public Motor Vehicles – Certificate of Operating Authority.](#)
- B. Providers are required to maintain and ensure drivers have a valid Hackney License (Blue Card).
- C. ~~A~~ [All](#) licenses ~~is~~ [must be](#) renewed annually through the Division of Public Utilities and Carriers ([DPUC](#)).

2.5.3 ~~PUC License Types~~ [2.11.3 Ride-Share Vehicles](#)

- A. ~~Taxi—Public Certificate for Convenience and Necessity~~ Drivers and vehicles must be in compliance with ride-share company standards.
- B. ~~Public Motor Vehicles—Certificate of Operating Authority~~ Drivers must treat beneficiaries with courtesy and respect.

2.5.4 NEMT 2.11.4 Personal Vehicles

~~To participate in the NEMT Program, a transportation provider must enter into a signed agreement with the State’s transportation broker. Providers must be in compliance with all applicable state and federal statutes and regulations. All providers will be recruited and retained by the State’s transportation broker. All required provider documents must be submitted to the State’s transportation broker. All providers must meet the requirements set forth by the State’s transportation broker.~~

- A. Vehicles used to provide transportation to a beneficiary must be in good condition, safe for transport, and have current and valid:
 - 1. Registration
 - 2. State Inspection and
 - 3. Proof of Insurance.
- B. The driver must have a valid, unrestricted driver’s license.

2.6 2.12 Recertification Process

- A. Ambulance providers shall be recertified annually by the Rhode Island Department of Health.
- B. Taxi and Public Motor Vehicle Carriers and providers shall be required to forward a copy of their license or recertification with the DPUC to the State’s transportation ~~broker~~ management authority within thirty (30) days of renewal to ~~also~~ avoid interruption of program enrollment.
- C. Ride share companies must also provide a copy of their annual recertification permit as a Transportation Network Company to the State’s transportation management authority to avoid interruption in program enrollment.

2.7 2.13 Claims Billing Guidelines

- A. NEMT: The State’s transportation ~~broker~~ management authority is responsible for claims and billing for NEMT.
- B. Emergency Transportation: Providers will bill the health plans for emergency transportation provided to Medicaid managed care beneficiaries. Providers will bill the Medicaid fee-for-service program for emergency transportation provided to Medicaid beneficiaries enrolled in the State’s fee-for-service delivery system.

~~2.7.1~~ **2.13.1 Medicare/Medicaid Crossover Claims**

A. Emergency Transportation

1. Medicare is the primary payer for emergency transportation. The Medicaid FFS Program will not make any additional payment on claims where the Medicare payment is equal to or more than the Medicaid allowable amount.
2. Payment of cross-over claims for Medicaid managed care recipients is handled and directed by the managed care plans.

B. Non-Emergency Transportation

Certain forms of non-emergency transportation may be covered by Medicare. This may include basic life support and advanced life support (both of which are provided by ambulance) as well as transportation provided to/from hospitals and dialysis centers. The transportation ~~broker~~ [management authority](#) may be responsible for payment of Medicaid-covered NEMT services that were denied by Medicare, subject to prior approval and verification by the broker.

~~2.7.2~~ **2.13.2 Patient Liability**

- A. The NEMT payment is considered payment in full. The transportation provider is not permitted to seek further payment from the [Medicaid](#) beneficiary in excess of any payment received from the State's transportation ~~broker~~ [management authority](#).
- B. [Emergency Transportation](#): Transportation providers are not permitted to seek further payment from the participant in excess of any payment received for emergency transportation from either the health plan or the Medicaid FFS Program.

~~2.8~~ **2.14 Non-Medicaid Elderly Transportation Program**

- A. The Non-Medicaid Elderly Transportation Program ([ETP](#)) is for individuals age 60 years and older who are not Medicaid eligible and who are not getting transportation from the RIPTA Ride Program or from the Americans with Disabilities Act (ADA) Program.
- B. [Transportation funds available for this Program are specifically allocated for services to be provided for Rhode Island residents sixty \(60\) years of age and older.](#)
- C. The ~~Elderly Transportation Program~~ [ETP](#) provides transportation to and from medical appointments, adult day care, meal sites, dialysis/cancer treatment and the "INSIGHT Program."

- D.** The program requires a ~~two-dollar (\$2.00)~~ co-payment for each trip segment. [The co-payment amount is determined by EOHHS](#). The ~~\$2~~ co-payment is collected and retained by the transportation driver. Medicaid and “Costs Not Otherwise Matchable” (“CNOM”)-eligible ~~co-pay~~ individuals are exempt from this co-pay for transportation in Priorities #1 - #4 in § ~~2.9. 2.15~~ of this Part (below).
- B.E.** The ~~Non-Medicaid Elderly Transportation Program~~ [ETP](#) provides safe, quality transportation services to qualified elderly individuals. Emphasis is placed on priority categories of transportation services in relation to existing state funding, vehicle and passenger safety and sensitivity to the needs and concerns of elderly clients. ~~Transportation funds available for this program are specifically allocated for services to be provided for Rhode Island residents sixty (60) years of age and older.~~
- C.F.** Eligible participants must be legal residents of the State of Rhode Island. As a condition of eligibility for transportation services, participants must provide the information noted below to the transportation ~~broker~~ [management authority](#). This may include, but is not limited to:
1. Date of birth;
 2. Proof of residency, including but not limited to, valid Rhode Island driver’s license and/or Rhode Island state identification card issued by the Rhode Island Division of Motor Vehicles; voter identification card; current utility bill for a residence within Rhode Island in the name of the individual requesting transportation services;
 3. Social Security number;
 4. Medical documentation as requested by the State’s transportation ~~broker~~ [management authority](#).

~~2.9~~ [2.15](#) Non-Medicaid Elderly Transportation Program – Specific Services

The following transportation services may be provided to Rhode Island elders by the State’s transportation ~~broker~~ [management authority](#) based on the following prioritization. Service provision is contingent upon available state funding.

~~2.9.1~~ [2.15.1](#) Special Medical Care (Priority 1)

Special medical transportation includes transportation for the purpose of kidney dialysis or cancer treatments. Names of clients to be transported are to be provided to the State’s transportation ~~broker~~ [management authority](#) by the medical treatment facility, family, friends, or the client themselves. The State reserves the right to limit special medical transportation based on funding constraints or other programmatic requirements.

2.9.2 2.15.2 Adult Day Care (Priority 2)

This category includes transport to and from adult day care centers that are licensed by the Department of Health (DOH). Residences of clients shall be verified by the adult day care center and provided to the State's transportation ~~broker~~ [management authority](#). The State reserves the right to limit transportation to adult day care centers based on funding constraints or other programmatic requirements.

2.9.3 2.15.3 General Medical Care (Priority 3)

This category includes transportation for any medical/health services that are part of a total patient plan of care supervised by a health care professional. Trips eligible under this service category include visits to physicians' offices and dental offices as well as all trips for tests and/or treatments ordered by a health care professional as part of a treatment plan. The State reserves the right to limit general medical transportation based on funding constraints or other programmatic requirements.

2.9.4 2.15.4 INSIGHT (Priority 4)

- A. This category includes transport to and from INSIGHT, at their INSIGHT service location(s). Riders must be sixty-five (65) years of age or over, have a sight impaired condition and/or presently registered with the INSIGHT agency.
- B. Transportation shall be at the discretion of the State and available during the same days and hours as general medical trips. Trip requests must be forwarded to the State's transportation ~~broker~~ [management authority](#) at least forty-eight (48) hours in advance. The State reserves the right to limit transportation to INSIGHT based on funding constraints or other programmatic requirements.

2.9.5 2.15.5 Senior Nutrition Transportation (Priority 5)

This category includes transport to and from congregate meal sites for the elderly. The senior nutrition project shall be responsible for securing names and addresses of individuals to be transported. This information shall be forwarded to the State's transportation ~~broker~~ [management authority](#) for scheduling. The nutrition site shall verify residence of all individuals in the geographic area. The State reserves the right to limit transportation to specific meal sites based on funding constraints or other programmatic requirements.

2.10 2.16 Non-Medicaid Elderly Transportation Program Service Provision Guidelines

2.10.1 2.16.1 Limitation on Transportation

The State reserves the right to limit, ~~or~~ restrict, [or terminate](#) the availability of transportation due to funding constraints, [programmatic requirements](#), service

availability, weather, etc. (This provision applies to clients of the ~~Non-Medicaid Elderly Transportation Program~~ ETP only).

~~2.10.2 Door-to-Door~~ **2.16.2 Service Models**

A. Curb-to-curb

~~B. "Door-to-door transportation" means transportation of the client from the outside door of his/her residence to the outside door of his/her destination, including the return trip. "Door-to-door" is further defined herein to mean the transport of the client from the ground level door of his/her residence to the ground level door of his/her destination, including the return trip. The dwelling should be accessible by means of an ADA-approved (Americans with Disabilities Act) ramp or client-provided assistance.~~

~~B. When necessary, service shall include passenger assistance from the client's exterior door to the vehicle and from the vehicle to the exterior door of the destination and include the return trip. Each case must be assessed on an individual basis as to need. Participants must request this service at the time of reservation to the State's transportation broker. Transportation providers are not permitted to enter the client's residence or the provider's office. Participants who will require additional assistance in leaving their destination or upon arrival at their medical appointment may bring an escort with them. Participants must inform the transportation broker when they reserve transportation that an escort will accompany them.~~

C. Wheelchair van: Wheelchair dependent beneficiaries must provide their own wheelchair. Beneficiaries must request this service at the time of reservation to the State's transportation management authority. The dwelling should be Americans with Disabilities Act (ADA)-accessible. Transportation providers are not permitted to enter the client's residence or the provider's office. Beneficiaries who will require additional assistance in leaving their destination or upon arrival at their medical appointment may bring an escort with them. Beneficiaries must inform the transportation management authority when they reserve transportation that an escort will accompany them.

~~2.10.3~~ **2.16.3 Transport to Nearest Sites**

A. Transportation to ~~meal sites~~, kidney dialysis, ~~and~~ cancer treatments and general medical trips shall be to the facility closest to the client's home, whenever possible. If not possible, the participant shall receive approval from his/her physician or primary care provider to receive such services at another site based on medical necessity. The facility closest to the client's home may be in a bordering town listed in § 2.20 of this Part.

- B. Transportation to adult day care facilities [and meal sites](#) shall be to the facility closest to the client's home unless transportation to another center is more appropriate. This is also subject to the availability of transportation services to that center. ~~General medical trips shall be to the nearest health care professional whenever possible unless the participant has received approval from his/her physician or primary care provider to receive such services at another site based on medical necessity.~~ [The facility closest to the client's home may be in a bordering town listed in § 2.20 of this Part.](#)

~~2.10.4~~ [2.16.4](#) Days and Hours of Service

Service days shall typically include Monday-Friday. Trips may also be scheduled on weekends and holidays when medically necessary. Trips for senior nutrition transportation (Priority 5) must occur between 10:00 a.m. – 2:00 p.m.

~~2.10.5~~ [2.16.5](#) Passenger Cancellations

- [A.](#) Passengers must make every effort to keep their scheduled trip appointments. If unable to keep an appointment, notification must be provided to the State's transportation ~~broker~~ [management authority](#) at least twenty-four (24) hours prior to the scheduled trip.
- [B.](#) [If a medical appointment is cancelled the same day, or there are other unforeseen circumstances, the beneficiary should contact the State's transportation management authority as soon as possible.](#)

~~2.10.6~~ [2.16.6](#) Passenger No-Shows

- [A.](#) [Standing Orders](#)
- [1.](#) Passengers who frequently (more than three (3) instances per month) do not cancel their regularly scheduled trip appointments at least twenty-four (24) hours in advance may be required to schedule each trip separately at least two (2) days in advance, and will no longer be eligible for "standing order" pick-ups.
- ~~2.10.6 (B)~~ [2.](#) After a sixty (60) day period, passengers may request reinstatement of eligibility for standing order and scheduled ride pick-ups without being required to confirm such trips in advance. Requests will be subject to EOHHS approval.
- [B.](#) Passengers who frequently (more than three (3) instances per month) do not cancel other scheduled trips, such as separate physician visits, at least twenty-four (24) hours in advance will ~~also~~ be required to confirm scheduled trips the morning of or twenty-four (24) hours in advance.
- [C.](#) Passengers with a frequent pattern of no-shows will receive written notice from the State's transportation ~~broker~~ [management authority](#) that they will be subject

to a change in their transportation benefit. [Individuals will receive written notice on how to appeal this determination.](#) (See § ~~2.12~~ [2.18](#) of this Part, “Complaint Process for Medicaid Beneficiaries and Persons Using the Non-Medicaid Elderly Transportation Program and TANF recipients”).

~~2.11~~ [2.17](#) **Transportation for Recipients of Temporary Assistance to Needy Families (TANF)**

- A. Recipients of the State’s Temporary Assistance to Needy Families (TANF) Program are eligible to receive a monthly bus pass. To obtain a monthly bus pass, TANF recipients must call the State’s transportation ~~broker~~ [management authority](#) to request a pass.
- B. Bus passes will be mailed to the recipient following the request.

~~2.12~~ [2.18](#) **Complaint Process for Medicaid Beneficiaries and Persons Using the Non-Medicaid Elderly Transportation Program and TANF Recipients**

- A. Individuals may file a complaint as follows:
 - 1. Passengers or their family members may submit a formal written or verbal complaint to the State’s transportation ~~broker~~ [management authority](#). [Contact information is available at www.eohhs.ri.gov at: 1-855-330-9131 or 1-866-288-3133 \(for hearing impaired\).](#)
 - 2. The State’s transportation ~~broker~~ [management authority](#) will attempt to resolve the complaint with the individual [and](#)/or his/her family.
 - 3. In the event transportation benefits are terminated or substantially altered, after due notice, and the complainant wishes to pursue his/her concerns further, ~~the a~~ written complaint shall be forwarded to the State for a fair hearing. State fair hearings shall be conducted in accordance with the provisions of the Medicaid Code of Administrative Rules, “Complaints and Hearings” (Section 0110) promulgated by EOHHS and available on the Secretary of State’s website: [www.sos.ri.gov/rules](#).
 - 4. In the event [ETP](#) transportation benefits are terminated or ~~substantially~~ altered due to a lack of Program funding, formal appeal rights to a ~~Medicaid~~ fair hearing shall not be available.
 - ~~5. Individuals who fail to show up at their scheduled pick up time will receive written notice from the transportation broker that they will be subject to a change in their transportation benefit if they fail to show up for four (4) or more rides. Individuals will receive a warning letter for each of three (3) failures to show up, followed by a fourth letter notifying them they~~

~~are being moved to mass transit or gas mileage payment because they failed to show up for a scheduled ride four (4) or more times. Individuals will receive written notice on how to appeal this determination in accordance with the provisions of this section.~~

2.13 **2.19** **Severability**

If any provisions of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

2.14 **2.20** **Addendum 1** **Border Communities**

A. ~~Border Communities~~

~~4.~~ Border Communities include cities and town that border Rhode Island and are considered for the purpose of the Rhode Island Medical Assistance Program, in-state providers. Out-of-state service restrictions and prior authorization requirements are not imposed on providers in the following communities:

Connecticut	Massachusetts
Danielson	Attleboro
Groton	Bellingham
Moosup	Blackstone
Mystic	Dartmouth
New London	Fall River
North Stonington	Foxboro
Pawcatcuk	Milford
Putnam	New Bedford
Stonington	North Attleboro
Thompson	North Dartmouth
Waterford	Rehoboth
	Seekonk
	Somerset
	South Attleboro
	Swansea

Connecticut	Massachusetts
	Taunton
	Uxbridge
	Webster
	Westport
	Whitinsville