

STATE OF VERMONT
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Methods of Providing Transportation:

DVHA provides Non- Emergency Medical Transportation (NEMT) to Medicaid beneficiaries in accordance with the requirements of 42 CFR § 440.170 through a statewide, contracted transportation broker. The broker is responsible for the scheduling and provision of NEMT services for eligible Vermont Medicaid beneficiaries. This contract covers the entire geography of the state and has no gaps in coverage area.

All transportation requests must be fulfilled by the broker as long as: the beneficiary is eligible for Medicaid; the beneficiary does not have access to another means of transportation; the medical service is covered by Medicaid and provided by a Medicaid provider; and the request for transportation is made with enough advance notice to schedule the ride.

Vermont ensures that the any provider of NEMT to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

The following limitations on coverage shall apply:

1. Prior authorization is required.
2. Transportation is not otherwise available to the Medicaid beneficiary.
3. Transportation is to and from medically necessary services.
4. The medical service is generally available to and used by other members of the community or locality in which the beneficiary is located. A beneficiary's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a beneficiary's personal choice of provider.
5. Payment is made for the least expensive means of transportation available and appropriate to meet the medical needs of the beneficiary. The available modes of transportation include buses, vans, wheelchair vans, taxis, sedans, and volunteer drivers. The NEMT broker shall not submit claims for volunteer mileage for miles driven without the Medicaid beneficiary in the vehicle.
6. Reimbursement for the service is limited to enrolled transportation providers.
7. Reimbursement is subject to utilization control and review in accordance with the requirements of Title XIX.

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Methods of Providing Transportation (continued):

Travel expenses related to NEMT for a beneficiary and an adult attendant, including the cost of meals and lodging en route to and from medical care, are covered.

Any Medicaid-eligible beneficiary who believes that his or her request for transportation has been improperly denied may request a fair hearing.

Prescription Drug Services for Full-Benefit Dual-Eligible Beneficiaries:

Transportation is provided for full-benefit dual-eligible beneficiaries to and from pharmacies in order to obtain Medicare Part D prescription drugs if no other means of transportation is available.

Ambulance Services: See Attachment 3.1-A Item 24(A) for Ambulance transportation.