

## MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Lida Momeni

**Phone Number:** 517-284-1215

Initial ☐

Public Comment ☒

Final ☐

### Brief description of policy:

This policy will allow other licensed providers to verify the need for NEMT and only require a DHS-5330 (Medical Verification for Transportation) for special transportation. It will also define transportation provider qualifications for beneficiaries who transport themselves.

### Reason for policy (problem being addressed):

This policy will reduce administrative paperwork and increase access to transportation for Medicaid beneficiaries. It will also clearly define transportation provider qualifications for beneficiaries who transport themselves.

### Budget implication:

- ☒ budget neutral  
☐ will cost MDHHS \$ , and (select one) budgeted in current appropriation  
☐ will save MDHHS \$

### Is this policy change mandated per federal requirements?

No.

### Does policy have operational implications on other parts of MDHHS?

Yes, the Program Review Division and local MDHHS county offices.

### Does policy have operational implications on other departments?

No.

### Summary of input:

- ☐ controversial (Explain)  
☒ acceptable to most/all groups  
☐ limited public interest/comment

### Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date: 11/12/19 Approval Date:	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Submission Date: <b>7/31/19</b>
--	---

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 1939-NEMT	<b>Date:</b> November 25, 2019

**Comments Due:** December 30, 2019  
**Proposed Effective Date:** February 1, 2020  
**Direct Comments To:** Lida Momeni  
**Address:** Program Policy Division/MDHHS/MSA/CCC 7<sup>th</sup> Floor  
**E-Mail Address:** [Momenil@michigan.gov](mailto:Momenil@michigan.gov)  
**Phone:** 517-284-1215 **Fax:** 517-241-8969

<b>Policy Subject:</b> Transportation Medical Verification & Provider Qualifications  <b>Affected Programs:</b> Medicaid, Healthy Michigan Plan, MICHild  <b>Distribution:</b> Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders, Medicaid Non-Emergency Medical Transportation (NEMT) Contractor  <b>Summary:</b> This policy will allow other licensed providers to verify the need for NEMT and only require a DHS-5330 (Medical Verification for Transportation) for special transportation. It will also define transportation provider qualifications for beneficiaries who transport themselves.  <b>Purpose:</b> This policy will reduce administrative paperwork and increase access to transportation for Medicaid beneficiaries. It will also clearly define transportation provider qualifications for beneficiaries who transport themselves.  <b>Cost Implications:</b> Budget neutral  <b>Potential Hearings &amp; Appeal Issues:</b> None anticipated
--

<b>State Plan Amendment Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, date submitted:</b> October 15, 2019	<b>Public Notice Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Submitted date:</b> July 31, 2019
--	--

<b>Tribal Notification:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - <b>Date:</b> August 13, 2019
--

<b>THIS SECTION COMPLETED BY RECEIVER</b>
---

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
-------------------	---------------------

<b>Signature Printed:</b>
---------------------------

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
--	-------------

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Medical Services Administration

**Distribution:** Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders, Medicaid Non-Emergency Medical Transportation (NEMT) Contractor

**Issued:** January 1, 2020 (Proposed)

**Subject:** Transportation Medical Verification & Provider Qualifications

**Effective:** February 1, 2020 (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan, MIChild

The purpose of this bulletin is to inform Medicaid Fee-for-Service (FFS) non-emergency medical transportation (NEMT) authorizing parties of changes to FFS NEMT policy. Refer to the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual for policy information regarding Medicaid FFS transportation policy. For services for Medicaid beneficiaries enrolled in a Medicaid Health Plan (MHP), Integrated Care Organization (ICO) or MI Choice waiver agency, the beneficiary's health plan or waiver agency should be contacted for policy and coverage information. The Medicaid Provider Manual is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## **Medical Verification for Transportation**

An original, completed DHS-5330 (Medical Verification for Transportation) serves as documentation of medical need and must be retained in the beneficiary's file if the beneficiary requires special transportation. Special transportation includes medically needing a wheelchair lift-equipped vehicle, Medi-Van vehicle, attendant, and other special circumstances supported by medical documentation. A local MDHHS office can authorize NEMT without a DHS-5330 for beneficiaries who do not require special transportation.

In situations when a beneficiary's primary care physician (PCP), or a physician's assistant or nurse practitioner working under the supervision of the PCP, is unavailable and unable to complete an original DHS-5330 in a timely manner, another licensed provider may complete the form. Example providers include, but are not limited to, a physician specialist, clinical nurse specialist, certified nurse midwife, registered nurse, social worker, dentist, and other licensed providers. The licensed provider must be knowledgeable about the beneficiary's medical needs, capable of accurately completing the form, and providing direct medical, behavioral or dental services to the beneficiary.

### **Transportation Provider Qualifications**

The minimum requirements for beneficiaries who transport themselves include:

- Valid driver's license appropriate to the class of vehicle being operated;
- Compliant with Sections 304 and 319 of the Michigan Vehicle Code related to restricted driver's licenses as issued by the Michigan Secretary of State (MDHHS reserves the right to deny or revoke reimbursement of a provider due to a restricted or suspended license);
- Motor vehicle insurance; and
- Adherence to all public laws, ordinances, and regulations applicable to drivers and the vehicles that are used.

Authorizing parties must confirm a beneficiary's eligibility to receive mileage reimbursement through an established process, including but not limited to, documented verbal attestation.