

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #012420144021

SEP 19 2014

Cynthia Beane, MSW, LCSW
Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Acting Commissioner Beane:

We have reviewed State Plan Amendment (SPA) 13-007, Non-Emergency Medical Transportation, in which you propose to amend the method of providing transportation.

This SPA is acceptable. Therefore, we are approving SPA 13-007 with an effective date of October 1, 2013. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

A handwritten signature in black ink, appearing to read "Francis McCullough".

Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 1 3 - 0 0 7	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ \$5.2 million aggregate savings b. FFY 2014 \$ \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A + 3.1B page 1-7 Attachment 3.1-D pages 1 - 5, 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A + 3.1B page 1-7 Attachment 3.1-D pages 1 - 1.	
10. SUBJECT OF AMENDMENT: The purpose and rationale for this plan is amend the Method of Providing Transportation. This Amendment is necessary to meet the statutory and regulation framework for transportation services..			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Cynthia Beane</i>		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane, MSW, LCSW			
14. TITLE: Acting Commissioner			
15. DATE SUBMITTED: 11/20/2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 11/20/2013		18. DATE APPROVED SEP 19 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2013		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Francis McCullough</i>	
21. TYPED NAME: FRANCIS McCullough		22. TITLE: Associate Regional Administrator/DNR/110	
23. REMARKS: Pen and ink Addition to Section 7b Federal Budget Impact - FFY 2014 \$0. Pen and ink Addition to Section 8 to Add Attachment 3.1A and 3.1B page 1-7 and Add page 2 to Attachment 3.1D Pen and ink Addition to Section 9 to Add Attachment 3.1A and 3.1B page 1-7			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Revision: HCFA-PM-94-9 (MB) December 1994

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METHODS OF PROVIDING TRANSPORTATION

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

A 1. Transportation

 No Limitations

 X With Limitations

A 2. Brokered Transportation

 X Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

 (1) Statewideness (indicate areas of State that are covered)

 (10)(B) Comparability (indicate participating beneficiary groups)

 X (23) Freedom of Choice (indicate mandatory population groups)

(2) Transportation services provided will include:

 X Wheelchair van

 X Taxi

 Stretcher car

 X Bus passes

 X Tickets

 X Secured transportation

 Such other transportation as the Secretary determines appropriate (please describe)

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDICAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

- (3) The State assures that transportation services will be provided under a contract with a broker who:
 - (i) Is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
 - (ii) Has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
 - (iii) Is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines appropriate);

- (4) The broker contract will provide transportation to the following categorically needy populations under section 1905(a)(i) – (xiii):

- Low-income families with children (section 1931)
- Deemed AFCD-related eligibles
- Poverty-level related pregnant women
- Poverty-level infants
- Poverty-level children 1 through 5
- Poverty-level children 6-18
- Qualified pregnant women AFDC-related
- Qualified children AFDC-related
- IV-E foster care and adoption assistance children
- TMA recipients (due to employment)(section 1925)
- TMA recipients (due to child support)
- SSI recipients
- Individuals eligible under 1902(a)(10)(A)(i)-new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)-Becomes effective January 1, 2014, but states can elect to cover now as an early option

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(5) The broker contract will provide transportation to the following categorically needy optional populations:

- Optional poverty-level – related pregnant women
- Optional poverty-level – related infants
- Optional targeted low income children
- Non-IV-E children who are under State adoption assistance agreements
- Non-IV-E independent foster care adolescents who were in foster care on their 18th birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- Children aged 15-20 who meet AFDC income and resource requirements
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (NEMT is provided to 1905(a) services, not to 1915(c) waived services (e.g., socialization, work training, etc.))
- Individuals terminally ill if in a medical institution and will receive hospice care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed Medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

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(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- Risk capitation
- Non-risk capitation
- Other (e.g., brokerage fee and direct payment to providers)

(B) Who will pay the transportation provider?

- Broker
- State
- Other

(C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State Plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

General Revenue Funds
 Health Provider Taxes
 Lottery Funds
 Medical Services Trust Fund

(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form or local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

(E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or from of local government (directly or indirectly).

(F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.

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- X (7-1) The broker is a non-governmental entity and assures that:
- (A) the broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 C.F.R. §440.170(a)(4)(ii)
- ___ (7-2) The broker is a non-governmental entity and assures that:
- (B) the broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - ___ (i) transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
 - ___ (ii) transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - ___ (iii) the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet all the need for transportation.
- ___ (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation and the State assures that the governmental broker will.
- ___ (i) maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
 - ___ (ii) document that with respect to each individual beneficiary specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
 - ___ (iii) document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.

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- X (9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided.
- A. The West Virginia NEMT brokerage program will operate as a full risk, capitated program with a single broker providing screening, scheduling, dispatching and notification of single, standing order, and commercial air trips that may include out of state travel with meals and lodging through fixed route, private auto, basic vehicle, enhanced vehicle and commercial carriers. The broker will negotiate rates with transportation providers. The brokerage program will also include transportation validation checks, vehicle inspections, provider monitoring, member satisfaction surveys, provider training, member outreach and education, data analysis and reporting.
- B. The Broker will provide oversight of the NEMT providers by scheduling trips with providers and requiring trip logs be completed by each provider prior to payment submittal. The broker will also provide oversight of the transportation providers with service level agreements or penalties built into the contract with the transportation providers that will ensure the transportation providers perform to the standards as required by the broker.
- C. The State will have oversight of the Broker and require reporting by the Broker to ensure that all prescribed deadlines and deliverables are being met. The broker will be assessed liquidated damages/penalties by the State as a set fee or a percentage of their capitated payment for failure for meet required performance standards and/or deliverables.
- D. The Broker will operate a call center.
- E. The Broker will do a Level of Need determination for the appropriate transportation. The Broker completes screening on every call to determine if the trip request is for a Medicaid covered service and that the individual is an eligible Medicaid member. The Broker will complete pre-trip and post-trip validation on a percentage of all trips. In addition, the Broker will complete 100% verification of the following: recurring trips to medical providers; mileage reimbursement trip logs for provider signatures; and driver trip logs for qualifying signatures from members.

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- F. Non-emergency transportation provided by ambulances will be outside of the brokerage system on a fee for service basis with the State making medical necessity decisions.

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Transportation (For Categorically Needy and Medically Needy)

- A. The Bureau for Medical Services assures that medically necessary transportation of recipients to and from providers of medically necessary services will be provided. The methods that will be used are as follows:
1. Any appropriate means of transportation which can be secured without charge through volunteer organizations, public services such as fire department and public ambulances, or relatives will be used.
 2. Non-emergency medical transportation shall be provided with limitations through a risk capitation brokered transportation program by a single contracted broker to directly coordinate statewide non-emergency medical transportation.
 - a. Non-emergency medical transportation will be provided by a single contracted transportation broker for the least expensive means of transportation by fixed route, private auto, basic vehicle, enhanced vehicle, and commercial carrier, such as buses, taxis and/or airplanes.
 - b. Non-emergency medical transportation will be provided by a single contracted transportation broker to the nearest medically appropriate and qualified provider not to exceed 125 miles from the members home in state or within 30 miles of the West Virginia border.
 - c. Ancillary expenses associated with out-of-state travel, such as meals and lodging, shall be provided for a Member and one parent, guardian, or attendant, when medically necessary.

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3. Ambulance service shall be reimbursable only when it is the least expensive and most appropriate for the recipient's medical needs and the following criteria shall be met.
 - a. Emergency ambulance services to the nearest appropriate medical facility are provided without preauthorization when the emergency treatment is specified and rendered.
 - b. Nonemergency ambulance services to a hospital, clinic, physician's office, or other health facility to secure medically necessary Medicaid covered services for a "stretcher bound" Medicaid recipient. "Stretcher bound" denotes the inability to get up from bed without assistance, the inability to ambulate, and the inability to sit in a chair or wheelchair.
 - c. Air ambulance services may be provided for transport to a medical facility beyond the county of residence or state boundaries when ground ambulance services are determined not appropriate by the attending facility.
 - d. Any determination of medical necessity of ambulance transportation, and provision of preauthorization and post-authorization, is made by the Bureau for Medical Services or by the Bureau's representative.
 - e. Ambulance services shall be provided outside of the transportation brokerage contract and, if medically necessary, is reimbursable on a fee for service basis.

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