



State of California Health and Human Services Agency  
Department of Health Care Services



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**DATE:** May 18, 2022

ALL PLAN LETTER 22-00826-XXX  
SUPERSEDES ALL PLAN LETTER 17-010 (REVISED)22-008

**TO:** ALL MEDI-CAL MANAGED CARE ~~HEALTH~~ PLANS

**SUBJECT:** NON-EMERGENCY MEDICAL AND NON-MEDICAL TRANSPORTATION SERVICES AND RELATED TRAVEL EXPENSES

**PURPOSE:**

This All Plan Letter (APL) provides Medi-Cal managed care ~~health~~ plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. In addition, this APL clarifies MCP responsibilities regarding the coverage of transportation for pharmacy services with the implementation of Medi-Cal Rx, Medi-Cal enrollment requirements for transportation ~~providers~~ Providers, as well as MCP coverage of transportation-related travel expenses.<sup>1</sup> This APL supersedes APL 17-01022-008.

**BACKGROUND:**

~~The Department of Health Care Services (DHCS) administers the Medi-Cal Program, which provides comprehensive health care services to millions of low-income families and individuals through its contracts with MCPs. Pursuant to 42 United States Code (U.S.C.), section 1396d(r), 42 Code of Federal Regulations (CFR), sections 440.170, 431.53, and 441.62, and the MCP contract with DHCS (MCP Contract), MCPs are~~

<sup>1</sup> For more information on Medi-Cal Rx, see APL 20-02022-012: Governor's Executive Order N-01-19, Relative to Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Fee-For-Service Medi-Cal Rx, or any subsequent APLs, and the Medi-Cal Rx webpage on the DHCS website. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>. The Medi-Cal Rx webpage is available at: <https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx>.

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~~required to establish procedures for the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for qualifying members to receive medically necessary transportation services, regardless of the member's coverage by another delivery system.<sup>2,3,4</sup> NEMT services are authorized under 42 U.S.C. United States Code (USC) section 1396a(a)(70), 42 CFR Code of Federal Regulations (CFR) section 440.170, and 22 California Code of Regulations (CCR) ~~sections~~section 51323, 51231.1, and 51231.2.<sup>5,6,7</sup> Pursuant to Assembly Bill 2394 (Garcia, Chapter 615, Statutes of 2016), which amended ~~Section~~section 14132 of the Welfare and Institutions Code (WICW&I), MCPs are required to cover NMT for ~~members~~Members to obtain covered Medi-Cal services under the MCP Contract, subject to utilization controls and permissible time or distance standards.<sup>8</sup> ~~Additionally, federal law allows for DHCS MCPs are also required to provide NMT for Members to access Medi-Cal services that are carved-out of the MCP Contract when necessary, subject to utilization controls. MCPs may establish different Utilization Management controls, including Prior Authorization, for Medi-Cal services not covered under the MCP Contract, such as requiring proof of appointment for the carved-out service, as long as they are compliant with 42 CFR section 438.900 et seq., MCPs may approve NMT to the closest Provider, as determined by the posted Network adequacy standards or approved Alternative Access Standards (AAS) unless there is a Medically Necessary or timely access reason to go to a different Provider.<sup>9,10</sup> MCPs with approved AAS must provide transportation in accordance with the AAS requirements in APL 23-001.<sup>11</sup> Additionally, federal law allows for the Department of Health Care Services (DHCS) to require MCPs to cover~~~~

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<sup>2</sup> Section 1905 of the SSA is available at: [https://www.ssa.gov/OP\\_Home/ssact/title19/1905.htm](https://www.ssa.gov/OP_Home/ssact/title19/1905.htm).

<sup>3</sup> The CFR is searchable at: <https://www.ecfr.gov/cgi-bin/ECFR?SID=431ee99d12914276642dc78b5212c358&mc=true&page=browse>.

<sup>4</sup> MCP Contract Exhibit A, Attachment 10, Scope of Services, Provision 5, Section F. MCP Boilerplate contracts are available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

<sup>5</sup> The CCR USC is searchable at: <https://uscode.house.gov/browse.xhtml>.

<sup>6</sup> The CFR is searchable at: <https://www.ecfr.gov/>.

<sup>7</sup> The CCR is searchable at:

[https://govt.westlaw.com/calregs/index?\\_lrTS=20180105235312075&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/index?_lrTS=20180105235312075&transitionType=Default&contextData=(sc.Default)).

<sup>8</sup> State law is searchable at: <https://leginfo.legislature.ca.gov/>.

<sup>9</sup> MCP Contract, Exhibit A, Attachment III, Subsection 5.3.4.E.2 (Services for Members Less Than 21 Years of Age) and Subsection 5.3.7.1.3 (Services for All Members). The MCP Boilerplate Contracts are available at:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

<sup>10</sup> See the Behavioral and Dental Time and Distance Standards and approved AAS, which is available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>

<sup>11</sup> See APL 23-001: Network Certification Requirements. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

transportation-related travel expenses as set forth in 42 CFR section 440.170(a)(1) and (3), and the MCP Contract.<sup>12</sup>

~~MCPs are further required to provide NMT for Medi-Cal services that are carved-out of the MCP Contract. These carved-out Medi-Cal services include, but are not limited to, specialty mental health services, substance use disorder services, dental services, and other services delivered through the Medi-Cal fee-for-service (FFS) delivery system. Carved-out services are not subject to the MCP's utilization controls or be bound by time or distance standards as these services are not authorized or arranged by the MCP. Nonetheless, MCPs must not deny NMT for an appointment to an out-of-network provider if the appointment is for a carved-out service and must provide the NMT service within timely access standards.~~

Pursuant to 42 USC section 1396d(r), 42 CFR sections 440.170, 431.53, and 441.62, and the MCP Contract, MCPs are required to establish procedures for Members who qualify for Early and Periodic Screening, Diagnostic, and Treatment services to also receive Medically Necessary transportation services, regardless of the Member's coverage by another delivery system.<sup>13</sup>

## **POLICY:**

### **I. Non-Emergency Medical Transportation**

NEMT services are a covered Medi-Cal benefit ~~when they are prescribed in writing and require a Physician Certification Statement (PCS) signed~~ by a physician, dentist, podiatrist, mental health ~~provider~~Provider, substance use disorder ~~provider~~(SUD) Provider, or a physician extender, for the ~~purposes~~purpose of enabling a ~~member~~Member to obtain ~~medically necessary covered services~~Medically Necessary Covered Services or pharmacy prescriptions authorized by Medi-Cal Rx.<sup>14</sup>

#### Prior Authorization

~~NEMT services are subject to prior authorization. The member must have an approved Physician Certification Statement (PCS) form authorizing NEMT by the provider. For MCP covered services requiring recurring appointments, MCPs must provide authorization for NEMT for the duration of the recurring appointments, not to exceed 12 months.~~

MCPs are required to provide ~~medically necessary~~ NEMT services when the service is considered Medically Necessary, specifically when the ~~member's~~Member's medical

<sup>12</sup> MCP Contract, Exhibit A, Attachment 10, SCOPE OF SERVICES, Provision 8, Section H.III, Subsection 5.3.7.1 (Services for All Members).

<sup>13</sup> MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members).

<sup>14</sup> A physician extender includes Non-Physician Medical Practitioners, which includes Physician Assistants, Nurse Practitioners, and Certified Midwives.

and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary Medi-Cal covered services.<sup>15</sup> This includes the requirement for MCPs ~~are required~~ to provide NEMT for ~~members~~ Members who cannot reasonably ambulate or are unable to stand or walk without assistance, ~~including those using a walker or crutches~~.<sup>16</sup> ~~MCPs must also have processes in place to ensure door-to-door assistance is being provided for all members receiving NEMT services and meet the applicable requirements for the specific transportation modality.~~<sup>17</sup>

NEMT door-to-door assistance must be provided for all Members receiving NEMT services. This type of door-to-door assistance, referred to in this APL as NEMT door-to-door assistance is Medically Necessary support provided to Members who cannot safely use ordinary transportation due to physical or medical limitations. NEMT door-to-door assistance ensures a Member is assisted from their origin, into the vehicle, and to their destination, using specialized vehicles and trained personnel. NEMT includes clinical support or services appropriate to the Member's condition and is distinct from any door-to-door assistance under NMT, which is intended to simply help Members safely and comfortably navigate to and from their origin, the vehicle, or destination and does not include clinical support or services typically associated with NEMT. MCPs must not use NMT with door-to-door assistance as a replacement for NEMT for Members who have a PCS form prescribing NEMT services or would otherwise qualify for NEMT services. MCPs must have processes in place to monitor that such door-to-door assistance is being provided for all Members receiving NEMT services and that NMT with door-to-door assistance is not being provided in lieu of NEMT services.

MCPs may, when authorizing NEMT services, limit the number of attendants that accompany the Member to a single individual. For Medi-Cal services that are not

<sup>15</sup> 22 CCR Sectionsection 51323(a).

<sup>16</sup> Manual of Criteria for Medi-Cal Authorization, Chapter 12.1 Criteria for Medical Transportation and Related Services, which is available at: [https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal-PDFs/Manual\\_of\\_Criteria.pdf](https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Medi-Cal-PDFs/Manual_of_Criteria.pdf).

<sup>17</sup> See the Medi-Cal Provider Manual, Medical Transportation - Ground, which is available at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=medical-transportation>.

covered under the MCP Contract, MCPs must refer and coordinate NEMT services with Fee-for-Service (FFS) Medi-Cal.<sup>18,19</sup>

A. Prior Authorization

NEMT services require a prescription and each ride is subject to Prior Authorization to ensure the requested ride is for an MCP Covered Service or pharmacy service, unless it is for an NEMT service exempt from Prior Authorization.<sup>20, 21</sup> The Member must have a PCS form prescribing NEMT by an appropriate Provider before Prior Authorization can be granted for NEMT. For MCP Covered Services requiring recurring appointments, MCPs must provide authorization for NEMT for the duration of the recurring appointments, not to exceed six (6) months, and ensure the Member has a standing order guaranteeing assigned rides for the duration of the recurring appointments. For Members disenrolling from one MCP and enrolling with another MCP, the new MCP must ensure continuity of care and honor current PCS forms, Prior Authorizations, and standing orders for NEMT services authorized by their previous MCP. MCPs may reassess the Member's Prior Authorization at any time.

MCPs must ensure that a ~~MCPs must ensure that a medical professional's~~ Provider's decisions regarding NEMT are unhindered by fiscal and administrative management, in accordance with the MCP ~~contract~~ Contract.<sup>22</sup> MCPs are also required to authorize, at a minimum, the lowest cost type of NEMT service (see modalities below) that is adequate for the ~~member's~~ Member's medical needs, as determined by the ~~medical professional.~~ Provider.<sup>23</sup> MCPs must ensure that there are no limits to receiving NEMT as long as the ~~member's~~ Member's services are Medically Necessary or medically necessary appropriate, and the ~~member~~ Member has ~~prior authorization~~ a prescription for the NEMT.

For Medi-Cal services that are not covered under the MCP Contract, MCPs must make their best effort to refer and coordinate NEMT services. However, MCPs must provide

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<sup>18</sup> See MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.1.2.b (Services for all Members).

<sup>19</sup> For information about transportation reimbursement to Indian Health Care Providers, please see APL 24-002 "Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members."

<sup>20</sup> See W&I section 14136.3.

<sup>21</sup> MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.1.2 (Services for all Members).

<sup>22</sup> Medi-Cal Managed Care MCP Contract, Exhibit A, Attachment 1 (Organization and Administration of the Plan)-III, Subsection 1.1.5 (Medical Decisions).

<sup>23</sup> 22 CCR section 51323(b).

~~medically appropriate NEMT services for their members for all pharmacy prescriptions prescribed by the member's Medi-Cal provider(s) and those authorized under Medi-Cal Rx.~~

MCPs may provide telephone authorization for NEMT requests when Members require a Medi-Cal covered Medically Necessary service of an urgent nature and a PCS form could not have reasonably been submitted beforehand. The Member's Provider must submit a PCS form post-service for the telephone authorization to be valid and for any additional or future NEMT services to be provided.<sup>24</sup> The MCP's policies and procedures (P&Ps) must specify its processes for authorizing urgent NEMT.

A.B. Prior Authorization ~~Exceptions~~ Exemptions

~~A member or provider~~Neither a PCS form nor a Prior Authorization is not required to obtain prior authorization for NEMT services if the member a Member is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric ~~units~~unit, free standing psychiatric inpatient ~~hospital~~hospital, psychiatric health ~~facilities~~facility, or any other appropriate inpatient acute psychiatric ~~facilities~~facility.<sup>25</sup>

C. Non-Emergency Medical Transportation Physician Certification Statement Forms

Each MCP must utilize a PCS form that includes the required components described below to arrange NEMT services for its Members. The PCS form is used by the Provider to certify that NEMT is the appropriate modality for Members. Once the Member's Provider prescribes the NEMT modality, the MCP and its transportation brokers cannot modify the PCS form.

To ensure consistency amongst all MCPs, all PCS forms, along with any supporting documentation, must include, at a minimum, the following components:

- Function Limitations Justification: For NEMT, the Provider is required to document the Member's limitations and provide specific physical and medical limitations that preclude the Member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.
- Dates of Service Needed: Provide start and end dates for NEMT services; prescriptions may be for a maximum of six months.

<sup>24</sup> 22 CCR section 51323(b)(2)(A).

<sup>25</sup> W&I section 14136.3 and 22 CCR section 51323(b)(2)(C)).

- Mode of Transportation Needed: Provide a list of the modes of transportation that are to be used when receiving NEMT services. The acceptable modes of transportation for NEMT are ambulance, litter van, wheelchair van, or air transport.
- Certification Statement: Provider's statement certifying that the determination of the requested type of transportation was based on Medical Necessity.

MCPs must authorize any PCS form that includes all the required components and meets the required clinical criteria for each individual member. A PCS form is considered complete when all required components are provided, whether entirely contained within the form itself or supplemented by supporting documentation. MCPs must work collaboratively with Providers to ensure any missing administrative information is promptly verified using available documentation, without delaying a Member's access to NEMT services. When information is missing and is subsequently provided in supporting documentation, a new PCS form does not need to be submitted if the original PCS form along with the subsequently provided supporting documentation, contains the required information. This process allows MCPs and Providers to confirm administrative details retrospectively when they can be substantiated, while maintaining that the level of service prescribed on the PCS form cannot be altered. MCPs must also maintain processes to assess and monitor the scheduling and delivery of NEMT services prescribed in accordance with approved PCS forms.

Members must be able to request a PCS form from their Provider by telephone, electronically, in person, or by another method established by the MCP. MCPs must ensure that a copy of the approved PCS form is on file for all Members receiving NEMT services. In addition, each MCP must have a mechanism to capture and submit data from the PCS form to DHCS.

#### Non-Emergency Medical Transportation Modalities

MCPs must provide the following NEMT services via four modalities/modes of NEMT transportation in accordance with the Medi-Cal Provider Manual: ambulance, litter van, wheelchair van, and 22 CCR Section 51323 air transport. Ground transportation by ambulance, litter van, or wheelchair van must be provided when the member's a Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for the purpose of obtaining needed medical care.<sup>26, 27</sup> Additionally, the MCP must ensure that it or its

<sup>26</sup> See the Medi-Cal Provider Manual, Medical Transportation – Ground ~~section of the Medi-Cal Provider Manual, available at:~~

<sup>27</sup> 22 CCR Sections 51323(a) and (c)

~~transportation broker provides the appropriate modality prescribed by the member's provider in the PCS Form. The MCP or its transportation brokers may not change the modality outlined in the PCS Form, or the downgrade members' level of transportation from NEMT to NMT unless multiple modalities are selected in the PCS Form, in which case then the MCP or its transportation broker may choose the lowest cost modality.<sup>28</sup> Air transport must be provided for non-emergencies when necessary because of the Member's medical condition or practical considerations render ground transportation not feasible.<sup>29,30</sup>~~

Additionally, transportation brokers cannot triage the Member's need to assess for the most appropriate level of NEMT service and must arrange or provide the modality of transportation prescribed in the PCS form. The MCP or its transportation brokers must not change the modality outlined in the PCS form or downgrade the Member's level of transportation from NEMT to NMT, including door-to-door services. If multiple modalities are selected by the Provider on the PCS form, the MCP may choose the lowest cost modality. MCPs must implement oversight processes to prevent unauthorized modifications.

1. MCPs must provide NEMT ambulance services ~~for~~ when the Member's medical condition contraindicates the use of other modes of medical transportation.<sup>31</sup> NEMT ambulance services may be used for:<sup>32</sup>

- Transfers between facilities for ~~members~~Members who require continuous intravenous medication, medical monitoring, or observation.
- Transfers from an acute care facility to another acute care facility.
- Transport for ~~members~~Members who have recently been placed on oxygen ~~(. This~~ does not apply to ~~members~~Members with chronic conditions such as emphysema who require oxygen but do not require constant monitoring. These individuals may carry their own oxygen for continuous use).
- Transport for ~~members~~Members with chronic conditions who require oxygen if monitoring is required.

<sup>28</sup> 22 CCR section 51323(a).

<sup>29</sup> 22 CCR section 51323(c)(2).

<sup>30</sup> See the Medi-Cal Provider Manual, Medical Transportation – Air, available at: [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D20DC9E4-1BFC-4C9D-9E6A-1F87691FF0B9/mctranair.pdf?access\\_token=6UyVkrRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D20DC9E4-1BFC-4C9D-9E6A-1F87691FF0B9/mctranair.pdf?access_token=6UyVkrRfByXTZEWIh8j8QaYyIPyP5ULO).

<sup>31</sup> 22 CCR section 51323(a)(1).

<sup>32</sup> See the Ambulance: Qualified Recipients heading within the Medi-Cal Provider Manual, Medical Transportation – Ground ~~section of the Medi-Cal Provider Manual.~~

2. MCPs must provide litter van services when the ~~member's~~Member's medical and physical condition does not meet the need for NEMT ambulance services, but meets ~~both of all~~ the following:

- Requires that the ~~member~~Member be transported in a prone or supine position, because the ~~member~~Member is incapable of sitting for the period of time needed to transport.<sup>33</sup>
- Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs, or other forms of public conveyance.<sup>34</sup>
- Does not require specialized services, equipment, and personnel provided in an ambulance because the Member is in stable condition and does not need constant observation.<sup>35</sup>

3. MCPs must provide wheelchair van services when the ~~member's~~Member's medical and physical condition does not meet the need for ambulance or litter van services, but meets ~~any of all~~ the following:

- Renders the ~~member~~Member incapable of sitting in a private vehicle, taxi, or other form of public transportation for the period of time needed to transport.<sup>36</sup>
- Requires that the ~~member~~Member be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation.<sup>37</sup>
- Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.<sup>38</sup>

~~Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed PCS form (as described below):<sup>39</sup>~~

- ~~• Members who suffer from severe mental confusion.~~
- ~~• Members with paraplegia.~~
- ~~• Dialysis recipients.~~

<sup>33</sup> 22 CCR section 51323(a)(2)(A)(1).

<sup>34</sup> 22 CCR section 51323(a)(2)(B)(1).

<sup>35</sup> 22 CCR section 51323(a)(2)(C).

<sup>36</sup> 22 CCR section 51323(a)(3)(A)(1).

<sup>37</sup> 22 CCR section 51323~~(a)(3)(B)~~(1).

<sup>38</sup> 22 CCR section 51323(a)(3)(C)(1).

<sup>39</sup> ~~See the Wheelchair Van heading within the Medical Transportation—Ground section of the Medi-Cal Provider Manual.~~

- ~~Members with chronic conditions who require oxygen but do not require monitoring.~~
- Does not require specialized services, equipment and personnel provided in an ambulance because the patient is in stable condition and does not need constant observation.<sup>40</sup>

4. MCPs must provide NEMT by air only under the following conditions:<sup>41</sup>

- When transportation by air is necessary because of the member's~~Member's~~ medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall~~must~~ be substantiated in a~~the~~ written order.<sup>42</sup>
- When transportation by air is less costly than ground medical transportation.

## II. Non-Medical Transportation

MCPs must provide NMT services necessary for Members to obtain Medically Necessary or medically appropriate Medi-Cal services, including those not covered under the MCP Contract (e.g., Specialty Mental Health Services, California Children's Services, SUD services, dental services, and any other service delivered through the Medi-Cal FFS delivery system, including pharmacy services provided to Members through Medi-Cal Rx), subject to utilization controls. MCPs are encouraged to review their Utilization Management policies to reduce barriers and ensure there is no undue burden on Members when accessing NMT services for Medi-Cal services that are carved-out of the MCP Contract.<sup>43</sup>

NMT services do not include transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members who need to be transported by ambulances, litter vans, or wheelchair vans.<sup>44</sup> MCPs must take into consideration the Member's abilities when scheduling the NMT service. The NMT service requested must be the least costly method of transportation that meets the Member's needs.

MCPs are contractually required to provide Members with a Member Handbook that includes instructions for obtaining NMT services, including transportation for carved-

<sup>40</sup> 22 CCR section 51323(a)(3)(D).

<sup>41</sup> 22 CCR section 51323(c)(2).

<sup>42</sup> 22 CCR section 51323(c)(2).

<sup>43</sup> Utilization data for carved-out services can be found in the Plan Data Feed.

<sup>44</sup> W&I section 14132(ad)(2)(A)(ii).

out services.<sup>45</sup> The Member Handbook must include a description of NMT services and the conditions under which NMT is available.

At a minimum, MCPs must provide the following NMT services:<sup>46</sup>

- Round-trip transportation for a Member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), including by ferry, mileage reimbursement when conveyance is in a private vehicle arranged by the Member and not through a transportation broker, bus passes, taxi vouchers, or train tickets.<sup>47, 48</sup>
- Round-trip NMT is available for the following, but not limited to:
  - Medically Necessary and medically appropriate Medi-Cal services, including those not covered under the MCP Contract subject to utilization controls as established by the MCP.
- MCPs may determine and require use of public transportation (i.e., bus passes, taxi vouchers, metro cards) as first and feasible alternative before authorizing private vehicle or transportation network company (TNC), such as Uber or Lyft.<sup>49</sup>

MCPs can provide NMT with door-to-door assistance for ambulatory Members who are not prescribed NEMT and do not meet criteria for NEMT services under 22 CCR section 51323 but still require a lower level of door-to-door assistance. NMT with door-to-door assistance refers to assistance that is limited to non-medical support and is intended to help Members safely and comfortably navigate to and from their origin, the vehicle, or destination and does not include clinical support or services typically associated with NEMT door-to-door assistance. MCPs must not use NMT with door-to-door assistance as a replacement for NEMT door-to-door assistance that must be provided for Members who have a PCS form prescribing NEMT services or would otherwise qualify for NEMT services. If a Member has an active PCS form for NEMT services, the Member's service must not be downgraded from NEMT to NMT services unless the Provider updates the PCS form to revise the end date and confirms that NEMT is no longer needed. MCPs who provide NMT with door-to-door assistance must ensure this information is available in the Member Handbook and

<sup>45</sup> MCP Contract, Exhibit A, Attachment III, 5.1.3.I (Member Information).

<sup>46</sup> WICWICW&I section 14132(ad)).

<sup>47</sup> The Internal Revenue Service (IRS) Standard Mileage Rates are available at: <https://www.irs.gov/pub/irs-drop/n-24-08.pdf>.

<sup>48</sup> Any mode of transportation that does not fall under private conveyance is considered public conveyance, including, but not limited to, Lyft and, Uber, and other ride share modalities options.

<sup>49</sup> TNCs are ride-share companies that utilize independent contractors to provide transportation services and are defined in Public Utilities Code section 5431(c).

specify the criteria for determining when a Member can be provided NMT with door-to-door assistance in their P&Ps. MCPs must also monitor the NMT with door-to-door assistance to ensure that door-to-door assistance is being provided to their Members and include their monitoring mechanisms within the P&Ps. MCPs may consider requiring NMT Providers who provide door-to-door service to be certified in Passenger Safety Training to ensure safety and mitigate associated risks.

Conditions for NMT services include:

- NMT coverage includes transportation costs for the Member and one attendant, such as a parent, guardian, or spouse, to accompany the Member in a vehicle or on public transportation, subject to Prior Authorization at the time of the initial NMT authorization request.
- Verification of Member's scheduled appointment. NMT does not cover trips for services that are not Medically Necessary or are not medically appropriate. For NMT services without a scheduled appointment, such as pharmacy visits, verification could include a receipt or other verification confirming that the prescription was picked up.
- For private conveyance, the Member must attest to the MCP in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the Member:
  - Has no valid driver's license;
  - Cannot afford fuel for a private vehicle;
  - Has no working vehicle available in the household;
  - Is unable to travel or wait for medical or dental services alone; or
  - Has a physical, cognitive, mental, or developmental limitation.

A. Non-Medical Transportation Private Vehicle Authorization Requirements

MCPs must authorize the use of private conveyance (passenger vehicle) for NMT when no other methods of transportation are reasonably available to the Member or provided by the MCP.<sup>50</sup> Private conveyance is transportation via a privately owned vehicle arranged by the Member. This can include the Member's personal vehicle or that of a friend or family member. This does not include paid transportation provided through a TNC, such as Uber or Lyft.<sup>51</sup> While MCPs may authorize NMT through a TNC, that is distinct from a Member arranging transportation via a privately owned vehicle. However, a privately owned vehicle that is also used to provide commercial services for TNC may be used as private

<sup>50</sup> "Passenger vehicle" is defined under the Vehicle Code (Veh. Code) section 465.

<sup>51</sup> TNCs are ride-share companies that utilize independent contractors to provide transportation services and are defined in Public Utilities Code section 5431(c).

conveyance for NMT as long as it is not operating in a commercial capacity during the time it is transporting the Member. Prior to receiving approval for the use of a private vehicle, the Member must exhaust all other reasonable options and provide an attestation to the MCP stating that other methods of transportation are not available.<sup>52</sup> The attestation can be made over the phone, electronically, or in person. MCP may require member attestation or documentation that a Medi-Cal covered service was provided prior to reimbursing for private conveyance. In order to receive gas mileage reimbursement for the use of a private vehicle, the driver must be compliant with all California driving requirements, which include the following:

- Valid driver's license;
- Valid vehicle registration; and
- Valid vehicle insurance.<sup>53</sup>

MCPs must have physician, dentist, podiatrist, or aP&Ps for their Member reimbursement process and are only required to reimburse the driver for gas mileage consistent with the Internal Revenue Service (IRS) standard mileage rate for medical transportation.<sup>54</sup> MCPs may also verify that mileage reimbursement is appropriate for distance to/from the Medi-Cal service location and Member's residence prior to reimbursement.

#### B. Non-Medical Transportation Authorization

MCPs may implement utilization controls, including, but not limited to requiring Prior Authorization for all NMT services prior to the Member's use of NMT services. MCPs may use Prior Authorization processes for approving NMT services and re-authorize services every six (6) months when necessary. If a Member is new to an MCP and has an existing Prior Authorization for recurring NMT, the new MCP must honor the Prior Authorization and standing order for those recurring appointments. The MCP may reassess the Member's Prior Authorization at any time. If the MCP requires Prior Authorization for NMT services, the MCP is responsible for developing a process to ensure that Members can request Prior Authorization and be approved for NMT in a timely manner. The MCP's Prior Authorization process must be consistently applied to medical/surgical, mental health or substance use disorder provider, and SUD services.<sup>55</sup>

<sup>52</sup> WICW&I section 14132(ad)(2)(B))

<sup>53</sup> Veh. Code sections 12500, 4000, and 16020.

<sup>54</sup> The IRS Standard Mileage Rates are available at: <https://www.irs.gov/tax-professionals/standard-mileage-rates>.

<sup>55</sup> See 42 CFR section 438.900, et seq.

### II.III. Non-Emergency Medical Transportation Scheduling and Timely Access

MCPs must ensure that they meet timely access standards obligations as set forth in 28 CCR section 1300.67.2.2. The member's and Health and Safety Code section 1367.03. A Member's need for NEMT transportation services does not relieve/absolve the MCP from complying of its responsibility to comply with timely access standard obligations. MCPs with approved AAS must also not provide transportation in accordance with APL 23-001.

MCPs must provide in their Member Services Guide Handbook instructions on how to request transportation, including the notification timeframe requirements required advance notice timeframes that Members must adhere to in order to allow sufficient time for transportation scheduling. MCPs must ensure that PCS forms and requests and have a direct line to the MCP's transportation liaison for providers and members to call, request, and schedule urgent and non-urgent NEMT transportation and receive status updates on their NEMT rides. The transportation liaison must ensure that authorizations are being for Prior Authorizations are received and processed during and after business hours. MCPs must inform their member transportation brokers, Providers, and Members that they Members must be transported and arrive within at their destination no later than 15 minutes of prior to their scheduled appointment. If the NEMT provider is late or does not arrive at transportation Provider arrives early and leaves before the scheduled pick-up time for without transporting the member, Member or arrives later than the MCPs scheduled pick-up time, MCPs must authorize urgent alternate NEMT/NMT if feasible to ensure the member Member does not miss their appointment. or assist the Member in rescheduling their medical appointment.

MCPs can provide telephone authorization for NEMT requests when a member requires an MCP-covered medically necessary service of urgent nature and a PCS form could not have reasonably been submitted beforehand. The member's provider must submit a PCS form post-service for the telephone authorization to be valid.<sup>56</sup>

Additionally, to ensure a timely transfer, MCPs must provide the second leg of a round-trip NEMT/NMT transportation request within an hour of the conclusion of the Member's appointment. MCPs must provide alternate NEMT/NMT with a Provider if the original return transportation service is not provided within the one-hour timeframe. MCPs are not required to authorize or pay for NEMT/NMT services that exceed two (2) hours after the conclusion of the Member's appointment if a Member is using the "will-call" function. MCPs may require provider confirmation of

<sup>56</sup> 22 CCR section 51323 (b)(2)(A)

appointment conclusion for NEMT/NMT services that exceed two-hour limit. Members must not wait more than two hours for the second leg of a round trip NEMT/NMT ride if the original return transportation service is not provided within the initial one-hour timeframe. Transportation Providers who fail to punctually transport a Member, resulting in a missed or canceled appointment or a Member's request for authorization of alternate NEMT/NMT due to the transportation Provider's untimeliness, must be considered a "no-show" Provider.

NEMT services from an acute care hospital immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility, must be provided within ~~3~~three hours of the ~~member~~Member's or ~~provider's~~acute care hospital's request. If NEMT services are not provided within the ~~3~~three-hour timeframe, the acute care hospital may arrange, out-of-Network NEMT services with a Medi-Cal enrolled Provider and the MCP~~MCPs~~ must cover, and provide reimbursement to the hospital. MCPs are required to actively engage with hospitals during discharge planning to prevent delays that may impede discharge. MCPs must also coordinate with hospitals to prevent any coverage or claim-related issues resulting from the use of out-of-network NEMT services. ~~Providers in the event that hospitals arrange transportation outside of the MCP's Network to meet the three-hour requirement.~~

Data Logs for Non-Emergency Medical and Non-Medical Transportation Rides MCPs must maintain logs of NMT and NEMT rides and the logs must be made available to DHCS upon request for monitoring and auditing purposes. MCPs who contract with transportation brokers must require the transportation brokers to maintain logs and submit the logs to the MCP, at minimum, on a quarterly basis. MCPs must also have a process~~processes~~ in place to collect Member Grievance data from its transportation brokers regarding no-show Providers and all other performance-related Grievances. The logs must include the following data elements:

- Member identifier information;
- Driver identifier information;
- Transportation type: NEMT/NMT and modality (if applicable);
- Pick-up and drop-off location;
- Scheduled pick-up and drop-off time;
- Timestamp when the Member called the MCP or transportation broker and requested the second leg of a round-trip transportation ride for drop-off at home;
- Start and end timestamps of the transportation ride;

- Outcome of the transportation ride (e.g., round-trip ride completed, round-trip ride cancelled due to no-show Provider);
- Whether an alternate NEMT/NMT ride was scheduled, Yes or No, if applicable (include ride details); and
- Grievance details related to the ride (if applicable).

Transportation provided through public transportation (e.g., bus or train passes) does not have to be tracked in the transportation logs.

MCPs must have processes in place to ensure their transportation brokers and providers Providers are meeting these requirements and to impose corrective action Corrective Action on their transportation brokers and Providers if non-compliance is identified through oversight and monitoring activities.

#### ~~B.A. Non-Emergency Medical Transportation Physician Certification Statement Forms~~

~~Each MCP must utilize a NEMT PCS form that has been approved by DHCS and includes the required components described below to arrange for NEMT services for its members. If an MCP makes any changes to the PCS form since the last approval received from DHCS, the MCP must resubmit for approval. The PCS form is used to determine the appropriate level of service for members. Once the member's treating provider prescribes the form of transportation, the MCP cannot modify the authorization.~~

~~In order to ensure consistency amongst all MCPs, all NEMT PCS forms must include, at a minimum, the following components:~~

- ~~Function Limitations Justification: For NEMT, the provider is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.~~
  - ~~Dates of Service Needed: Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.~~
  - ~~Mode of Transportation Needed: List the mode of transportation that is to be used when receiving these services (ambulance, litter van, wheelchair van, or air transport).~~
- ~~Certification Statement: Provider's statement certifying that medical necessity was used to determine the type of transportation being requested.~~

~~MCPs must ensure that a copy of the PCS form is on file for all members receiving NEMT services and that all fields are filled out by the provider. In addition, each MCP must have a mechanism to capture and submit data from the PCS form to DHCS.~~

~~Members must be able to request a PCS form from their provider by telephone, electronically, in person, or by another method established by the MCP.~~

#### Appropriate Use of Physician Certification Statement Forms

~~The member's provider must submit the PCS Form to the MCP for the approval of NEMT services and the MCP must use the PCS form to provide the appropriate mode of NEMT for members. Once the member's treating provider prescribes the mode of NEMT, the MCP cannot modify the PCS Form. MCPs must have a process in place to share the PCS Form or communicate the approved mode of NEMT and dates of service to the NEMT broker or provider for the arrangement of NEMT services. MCPs cannot delegate the review and approval of the PCS form to its transportation brokers.~~

#### III.I. ~~Non-Medical Transportation~~

~~MCPs must provide NMT services necessary for members to obtain medically necessary Medi-Cal services, including those not covered under the MCP contract. Services that are not covered under the MCP contract include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal FFS delivery system, including pharmacy services provided to members upon the implementation of Medi-Cal Rx.~~

~~NMT services do not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members who need to be transported by ambulances, litter vans, or wheelchair vans, all licensed, operated, and equipped in accordance with state and local statutes, ordinances, or regulations. NMT services may be authorized for members if they are currently using a wheelchair, but the limitation is such that the member is able to ambulate without assistance from the driver. MCPs must take into consideration the member's abilities when scheduling the NMT service. The NMT service requested must be the least costly method of transportation that meets the member's needs.~~

~~MCPs are contractually required to provide members with a Member Services Guide that includes information on the procedures for obtaining NMT services.<sup>57</sup> The Member Services Guide must include a description of NMT services and the conditions under which NMT is available.~~

~~At a minimum, MCPs must provide the following NMT services:<sup>58</sup>~~

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<sup>57</sup> ~~Medi-Cal Managed Care Contract Exhibit A, Attachment 13 (Member Services), Written Member Information~~

<sup>58</sup> ~~WICWICW&I section 14132(ad))~~.

- ~~● Round trip transportation for a member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle), including by ferry, as well as mileage reimbursement when conveyance is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.<sup>59, 60, 64</sup>~~
- ~~Round trip NMT is available for the following:~~
  - ~~○ Medically necessary covered services.~~
  - ~~○ Members picking up drug prescriptions that cannot be mailed directly to the member.~~
  - ~~○ Members picking up medical supplies, prosthetics, orthotics and other equipment.~~

NMT must be provided in a form and manner that is accessible, in terms of physical and geographic accessibility, for the member and consistent with applicable state and federal disability rights laws.

MCPs must inform their members that they must arrive within 15 minutes of their scheduled appointment. If the NMT provider does not arrive at the scheduled pick-up time, the MCP must provide alternate NMT or allow the member to schedule alternate out-of-network NMT and reimburse for the out-of-network NEMT.<sup>62</sup>

#### ~~Conditions for Non-Medical Transportation Services:~~

~~MCP may use prior authorization processes for approving NMT services and re-authorize services every 12 months when necessary.~~

- ~~● NMT coverage includes transportation costs for the member and one attendant, such as a parent, guardian, or spouse, to accompany the member in a vehicle or on public transportation, subject to prior authorization at time of the initial NMT authorization request.~~
- ~~● NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.~~
- ~~● For private conveyance, the member must attest to the MCP in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the member:~~
  - ~~○ Has no valid driver's license;~~
  - ~~○ Has no working vehicle available in the household;~~

<sup>59</sup> Vehicle Code (VEH) section 465

<sup>60</sup> The Internal Revenue Service (IRS) Standard Mileage Rates are available at: <https://www.irs.gov/pub/irs-drop/n-24-08.pdf>.

<sup>64</sup> Any mode of transportation that does not fall under private conveyance is considered public conveyance, including, but not limited to, Lyft and, Uber, and other ride share modalities options.

<sup>62</sup> WIC section 14132 (ad)(2)(A)(i)

- ~~• Is unable to travel or wait for medical or dental services alone; or~~
- ~~• Has a physical, cognitive, mental, or developmental limitation.~~

#### ~~A. Non-Medical Transportation Private Vehicle Authorization Requirements~~

~~MCPs must authorize the use of private conveyance (passenger vehicle) when no other methods of transportation are reasonably available to the member or provided by the MCP.<sup>63</sup> Private conveyance is transportation via a privately owned vehicle arranged by the member. This can include the member's personal vehicle, or that of a friend or family member. This does not include vehicles that are connected to businesses, such as Uber or Lyft. Prior to receiving approval for use of a private vehicle, the member must exhaust all other reasonable options and provide an attestation to the MCP stating other methods of transportation are not available.<sup>64</sup> The attestation can be made over the phone, electronically, or in person. In order to receive gas mileage reimbursement for use of a private vehicle, the driver must be compliant with all California driving requirements, which include:<sup>65</sup>~~

- ~~• Valid driver's license;~~
- ~~• Valid vehicle registration; and~~
- Valid vehicle insurance.

#### IV. Requirements for Minors

~~MCPs must have policies and procedures to reimburse their members and are only required to reimburse the driver for gas mileage consistent with the Internal Revenue Service standard mileage rate for medical transportation.<sup>66</sup>~~

#### Non-Medical Transportation Authorization

~~MCPs may require prior authorization for NMT services for each member prior to the member using NMT services. If the MCP requires prior authorization for NMT services, the MCP is responsible for developing a process to ensure that members can request authorization and be approved for NMT in a timely matter. The MCP's prior authorization process must be consistently applied to medical/surgical, mental health, and substance use disorder services as required by 42 CFR 438.900 Subpart K. All prior authorization policies and procedures are subject to DHGS review and approval.~~

<sup>63</sup> VEH section 465

<sup>64</sup> WIGW&I section 14132(ad)(2)(B))

<sup>65</sup> VEH sections 12500, 4000, and 16020

<sup>66</sup> The IRS Standard Mileage Rates are available at: <https://www.irs.gov/tax-professionals/standard-mileage-rates>.

### **Minor Requirements**

Unless otherwise provided by law, MCPs must provide NEMT or NMT for a parent ~~or a, legal guardian, or Authorized Representative (AR)~~ when the ~~member~~Member is a minor.<sup>67</sup> With the written consent of a parent ~~or, legal guardian, or AR,~~ MCPs may arrange NEMT or NMT services for a minor who is unaccompanied by a parent ~~or a guardian.~~ ~~MCPs must provide transportation services for unaccompanied minors when applicable state or federal law does not require parental consent for the minor's service. The MCP is responsible to, legal guardian, or AR. MCPs must ensure all necessary written consent forms are collected prior to arranging transportation for an unaccompanied minor. MCPs may not arrange NEMT or NMT services for an unaccompanied minor without the necessary consent forms unless state or federal law does not require parental consent for~~ minor's service. the minor's service. MCPs must provide transportation services for unaccompanied minors without requiring the written consent of a parent, guardian, or AR when applicable state or federal law does not require parental consent for the minor's service.

### **IV.V. Transportation Brokers**

MCPs may subcontract with transportation brokers for the provision of ~~the~~NEMT or NMT services.<sup>68</sup> Transportation brokers may also have their own network of NEMT or NMT ~~providers~~Providers to provide rides to ~~members~~Members. However, MCPs must have the ability to supplement their transportation ~~network~~Network if a transportation broker's network is ~~not sufficient~~insufficient.

~~MCPs cannot delegate their obligations related to responsibility for monitoring and oversight of their network providers and subcontractors, grievances and appeals, enrollment of NEMT or NMT providers as Medi-Cal providers, or utilization management functions, including the review of PCS forms, to a transportation broker. MCPs may delegate their obligations related to grievances and appeals, enrollment of NEMT or NMT providers as Medi-Cal providers, or utilization management functions to a subcontractor, so long as the MCP does so in a written subcontract or agreement, and complies~~ MCPs must comply with the requirements set forth in APL 17-004, APL 19-00423-006, APL 21-011, and the MCP Contract. A when delegating functions to its transportation brokers. MCPs must also ensure the contractual agreement between the MCP and the transportation broker cannot be delegated these MCP specifies all delegated activities and delineates all related contractual, federal, and state requirements. MCPs cannot automatically delegate its responsibilities to a transportation broker by default because they have contractson

<sup>67</sup> MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.1.4 (Services for All Members).

<sup>68</sup> Transportation brokers are entities that conduct administrative activities on behalf of the MCP such as maintaining a call center for ~~the members~~Members to request NEMT or NMT rides, scheduling, and arranging rides for ~~members~~Members.

the basis that the transportation broker has a contract with a transportation providers and Provider. Instead, MCPs must meet all the subcontractor Subcontractor requirements to delegate the MCP obligations mentioned above.

Additionally, transportation brokers cannot triage the member's need to assess for the most appropriate level of NEMT service and must arrange or provide the modality of transportation NEMT services as prescribed in the PCS Form form. Transportation brokers cannot downgrade the member's Member's level of care from NEMT to NMT, including ambulatory door-to-door services, unless the Member's Provider updates their PCS form with a revised end date confirming the Member no longer requires NEMT. MCPs may reassess a Member's medical need for NEMT at any time and, upon confirmation by Member's Provider, may update an authorization to reflect that NEMT is no longer authorized.

MCPs must require transportation brokers to have a process in place to identify specific NEMT or NMT providers, including the name of the drivers based on service date, time, pick-up/drop-off location, and member name. MCPs must also have a process in place for members to be able to identify specific drivers in a grievance.

## **VI. Transportation Liaison**

MCPs must have a minimum of one transportation liaison for Members and Providers to receive real-time assistance directly from the MCP to escalate transportation issues including, but not limited to, issues that can result in missed appointments or canceled appointments due to untimely transportation Providers.<sup>69</sup> The liaison role cannot be delegated to a transportation broker and MCPs must have a process to triage urgent transportation calls when the Member or Provider attests that they have attempted to work with the transportation broker, but the issue remains unresolved and is time sensitive.

MCPs must include contact information in the Member Handbook that provides Members and their representatives with direct access to the MCP for urgent transportation needs, and an accessible option to escalate to the transportation liaison. The transportation liaison must be knowledgeable of transportation policies and assist Members with scheduling urgent NEMT or NMT if the transportation broker is unsuccessful. The transportation liaison and their contact information must be posted on the MCP's publicly available website and included in the MCP's provider portal.

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<sup>69</sup> MCP Contract, Exhibit A, Attachment III, Subsection 4.3.24.C (Managed Care Liaisons).

## **VII. Related Travel Expenses for Non-Emergency Medical Transportation and Non-Medical Transportation**

MCPs are required to cover transportation-related travel expenses determined to be necessary for NEMT and NMT, ~~including.~~<sup>70</sup> MCPs may delegate transportation-related travel expense issues to its contracting transportation broker. This includes the cost of transportation and reasonably necessary expenses for a Member's meals and lodging for members en route to and from and while receiving medically services, and if necessary covered services and their, the costs of an accompanying attendant. MCPs may reference the IRS per diem rates for lodging and meals as a guide.<sup>71</sup> The salary of the accompanying attendant who is determined to be necessary is also a covered travel expense as well if the attendant is not a family member, ~~as set forth in 42 CFR section 440.170(a)(3)(iii).~~<sup>72</sup> MCPs may utilize ~~prior authorization~~ Prior Authorization and ~~utilization management~~ Utilization Management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary. This does not preclude the MCP from requiring a PCS form for all NEMT authorizations. Transportation-related travel expenses are subject to retroactive reimbursement. In order to qualify for retroactive reimbursement of related travel expenses, the underlying NEMT or NMT service and the related expenses must be appropriately documented by the Member in accordance with the MCP's ~~policies and procedures~~ P&Ps.

MCPs requiring ~~prior authorization~~ Prior Authorization and ~~utilization management~~ Utilization Management controls for related travel expenses must notify their ~~members~~ Members of the process to request authorization. If a ~~member~~ Member fails to comply with ~~an~~ MCP's ~~prior authorization~~ Prior Authorization process, the MCP is not required to cover the ~~member's~~ Member's related travel expenses.

~~A member is~~ Members are eligible for coverage of related travel expenses including, but not limited to, circumstances where ~~the member is~~ Member are obtaining a ~~medically necessary~~ Medically Necessary service that is not available within a reasonable distance from ~~a member's~~ the Member's home, such that the ~~member~~ Member is unable to make the trip within a reasonable time.

### **A. Payment**

MCPs are required to have procedures in place to provide the following methods of payment for related travel expenses:

<sup>70</sup> MCP Contract, Exhibit A, Attachment III, Subsection 5.3.7.1.5 (Services for All Members).

<sup>71</sup> The current IRS Per Diem Rates are available at: [https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems\\_report&fiscal\\_year=2026&state=CA&city=&zip=](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems_report&fiscal_year=2026&state=CA&city=&zip=).

<sup>72</sup> 42 CFR section 440.170(a)(3)(iii).

- Member Reimbursement: MCPs can reimburse membersMembers for approved travel expenses. Reimbursement must cover the actual expenses incurred by the memberMember and the accompanying attendant, as long as those expenses are reasonable and supported by receipts. MCPs may reference the IRS per diem rates for meals and lodging as a guide.<sup>73</sup> If the memberMember or the member'sMember's family paid for travel expenses up front, MCPs must approve and reimburse the memberMember or member'sMember's family no later than 60 calendar days following confirmation that all required receipts and documentation have been received by the MCP.
- Pre-paymentPayment to Vendor: MCPs must prepay vendors for related travel expenses, including expenses for meals and lodging, if the memberMember and the accompanying attendant are unable to pay in advance. The memberMember must attest to the MCP in person, electronically, or over the phone that they are unable to pay in advance for related travel expenses.

B. Lodging

If an MCP does not prepay for the member'sMember's and accompanying attendant's lodging, the MCP is required to provide reimbursement for approved lodging expenses. Reimbursement must cover actual expenses, as long as those expenses are reasonable and supported by receipts. MCPs may reference the IRS per diem rates for lodging as a guide. As part of the prior authorizationPrior Authorization process, MCPs may arrange lodging to be used by the memberMember and accompanying attendant, so long as it is located within a reasonable distance from the location where the memberMember will obtain medically necessaryMedically Necessary services.

C. Meals

If an MCP does not prepay for the member'sMember's and accompanying attendant's meals, the MCP is required to provide reimbursement for approved meal expenses. Reimbursement must cover the actual expenses, as long as those expenses are reasonable and supported by receipts. MCPs may reference the IRS per diem rates for meals as a guide. Hospital meal voucher(s) may be deducted from the meal expenses submitted by a memberMember and their accompanying attendant.

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<sup>73</sup> For example, the 2021-2022The IRS Per Diem Rates are available at:  
[https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems\\_report&fiscal\\_year=2026&state=CA&city=&zip=.](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems_report&fiscal_year=2026&state=CA&city=&zip=)

D. Other Necessary Expenses

If an MCP does not prepay for other necessary expenses (e.g., parking, tolls) incurred by the ~~member~~Member and their accompanying attendant, the MCP is required to provide reimbursement for approved other necessary expenses.

Reimbursement must cover the actual expenses, as long as those expenses are reasonable and supported by receipts.

**VIII. Enrollment of Transportation Providers**

MCPs that develop their own enrollment process for transportation Providers must comply with the requirements set forth in APL ~~19-004 or any superseding APL 22-013~~.<sup>74</sup> The MCP's enrollment process is subject to DHCS' review and approval prior to implementation.

All NEMT and NMT ~~providers~~Providers must comply with the enrollment requirements set forth in APL ~~19-004 or any superseding APL 22-013~~. TNC ~~providers~~Providers such as Uber and Lyft are subject to the enrollment requirements outlined in APL ~~19-004 or any superseding APL 22-013~~.<sup>75</sup> MCPs are not responsible for credentialing TNC NMT drivers. MCPs may have ~~policies and procedures~~P&Ps in place to authorize TNC NMT drivers, to provide NMT services to their ~~members~~Members.

An MCP may allow NEMT and NMT ~~providers~~Providers to participate in its ~~network~~Network for up to 120 days, pending the outcome of the enrollment process. However, an MCP must terminate its contract with ~~an~~an NEMT or NMT ~~provider~~Provider upon notification from DHCS that the ~~provider~~Provider has been denied enrollment in the Medi-Cal program, or upon expiration of the ~~one~~one-120-day period.<sup>76</sup> MCPs must have a process in place to track the 120-day timeframe for contracted NEMT and NMT ~~providers~~Providers with pending applications to ensure the contracts do not exceed 120 days. If the NEMT or NMT ~~providers~~Providers are unable to successfully enroll in Medi-Cal, ~~the MCP~~the MCPs cannot continue to contract with or use the ~~providers~~Providers during the period in which the ~~provider~~provider ~~resubmits~~Providers resubmit its enrollment application to DHCS or with the MCP. ~~The MCP~~The MCPs can only re-initiate a contract upon the ~~provider's~~Provider's successful enrollment as a Medi-Cal ~~provider~~Provider. If the NEMT or NMT

<sup>74</sup> See APL ~~19-004, 22-013~~, "Provider Credentialing / Recredentialing / Re-credentialing and Screening / Enrollment is available at:"

<sup>75</sup> ~~TNC NMT providers are ride-share companies that utilize independent contractors to provide transportation services and are defined in the Public Utilities Code section 5431(c).~~

<sup>76</sup> ~~42 CFR Section 438.602(b)(2)~~

~~provider~~Provider termination may impact ~~member~~Member access, ~~the MCP~~MCPs must notify DHCS and submit a plan of action for continuity of services for review and approval ~~before terminating the NEMT or NMT Provider.~~

Transportation Providers need only enroll as a Provider for the type of transportation services they are providing, either NEMT or NMT services, or both, as applicable. NEMT Providers who do not provide NMT services must not be required to enroll as NMT Providers to perform NEMT services as prescribed and documented in PCS forms.

Transportation brokers are not required to be enrolled in the Medi-Cal program. However, the MCP must demonstrate that its transportation broker(s) are only conducting administrative activities such as scheduling rides. If the transportation broker is providing rides to members (NEMT or NMT services), Members, the transportation broker must be enrolled as an NEMT ~~or NMT provider~~and/or NMT Provider, depending on the services provided.

### **Major Organ Transplant** **IX. Recurring Appointments**

MCPs must collaborate with Long Term Care (LTC) facilities where their Members reside to ensure their transportation needs are met and transportation standing orders for recurring medical appointments are coordinated. MCPs must also provide the LTC facilities their Transportation Liaison contact information directly, or by referring them to where it is posted on the MCPs website, to ensure collaboration between the LTC facilities and MCPs in the delivery of appropriate and timely transportation to critical recurring appointments.

Recurring appointments for Members such as dialysis, chemotherapy and other treatment appointments with a regular cadence must be scheduled in advance for the known duration of the treatment instead of having Members call to schedule transportation for each visit. MCPs may revalidate appointments by either confirming with the Medi-Cal treating Provider or using an appointment/attendance report to continue NEMT/NMT authorization beyond two (2) months from initial authorization.

### **X. Applicability for Dual Covered Members**

MCPs must have a process in place to ensure timely access to NMT and NEMT services for Members with Medicare Advantage and Dual Eligible Special Needs Plans during payment reconciliations processes when Medi-Cal is the payer of last resort. NMT and NEMT services will not be covered if transportation is needed for a service covered solely by Medicare.

### **XI. MCP Approvals &**

~~MCPs must provide Major Organ Transplant (MOT) donors NEMT or NMT transportation at the request of the MOT donor or the member who is the recipient. PCS forms are not required for MOT donors requesting NEMT services to ensure the donor has the ability to get to the hospital for the MOT transplant.~~

~~MCPs may utilize prior authorization and utilization management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary for the member and the donor. MCPs must allow an attendant for the donor if the MCP determines that an attendant to accompany the donor is necessary.~~

~~MCPs must also cover travel expenses for MOT donors as described in the Travel Expenses section of this APL.~~

### **MCP Monitoring and Oversight**

~~MCPs are responsible for ensuring that their network providers and subcontractors, including transportation brokers, comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.~~

MCPs must ensure contracted NEMT and NMT Providers clearly document furnished services completely and accurately and maintain effective systems for routine monitoring and auditing. MCPs are responsible for monitoring and overseeing their transportation brokers to ensure that transportation brokers are complying with the requirements set forth in this APL. MCPs must conduct monitoring activities no less than quarterly. Monitoring activities ~~may~~must include, but are not limited to, verification of the following items:

#### Enrollment

- ~~• Medi-Cal enrollment status of NEMT through the state enrollment pathway for contracted NEMT and NMT providersProviders;~~
- ~~• The transportation broker is not modifying the level of transportation service outlined in the PCS Form; andform;~~
- ~~• The NEMT provider is providingAppropriate door-to-door assistance for membersMembers receiving NEMT/NMT services-;~~
- ~~• NEMT and NMT providers are consistently arriving within 15 minutes of scheduled time for appointments;~~
- ~~• Punctual provision of NEMT and NMT rides; and~~
- ~~• No-show rates for NEMT and NMT providersProviders.~~

Further,

MCPs may limit trips or require additional documentation or approvals for NEMT/NMT trips that are:

- More than two (2) one-way trips per day or five (5) round trips per week.
- Trips that exceed the mileage specified in the Timely Access for Specialty Care Network adequacy standards Attachment A of APL 23-001 – Network Certification Requirements, or the MCP’s approved alternative access standard (AAS).
  - 60 miles or 90 minutes for rural county
  - 45 miles or 75 minutes for small county
  - 30 miles or 60 minutes for medium county
  - 10 miles or 30 minutes for dense county

MCPs may require Member attestation or documentation of a covered Medi-Cal service (i.e., prescription, verification of a referral, or other Provider documentation) when NMT services are requested to access covered Medi-Cal services that are carved out of the MCP Contract. MCPs may do so as part of authorization process including prior to or retroactively. Alternatively, MCPs may consider such documentation as part of the claims adjudication process. Behavioral Health Plans and Drug Medi-Cal (DMC) Counties should share the necessary information needed to validate these rides with the MCP as per Behavioral Health Information Notice (BHIN) 26-013, APL 26-004 and their MOU with the MCP. MCPs may also verify appointments for services exceeding timely access standards prior to approval of NMT. MCPs may shift a Member to an alternate NMT modality (bus pass, metro card, taxi voucher) if the MCP has reasonable cause to believe that the Member is inappropriately using NMT services for non-Medi-Cal purposes. MCPs shall not deny NMT for any Medi-Cal-covered service unless the required attestation or documentation is not provided or valid upon review.

MCPs must also have a process in place to impose ~~corrective action~~ Corrective Action on ~~their Subcontractors or Network Providers including~~ transportation brokers and network providers or Providers if non-compliance with this APL is identified through any monitoring ~~or~~ oversight or audit activities.

If the An MCP may immediately terminate its agreement with a Subcontractor, Downstream Subcontractor, or Network Provider when the MCP conducts an internal investigation and determines there is credible evidence that the individual or entity has committed Fraud, Waste, or Abuse (FWA).<sup>77</sup> MCPs must notify DHCS’

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<sup>77</sup> The definitions for “fraud,” “waste,” and “abuse” are separately defined in the MCP Contract, Exhibit A, Attachment I, Article 1.0 (Definitions).

Program Integrity Unit of all identified FWA as directed.<sup>78</sup> Although MCPs may immediately terminate an individual or entity for this reason prior to notifying DHCS, MCPs must still ensure they meet Network adequacy and access standards and ensure impacted Members are transferred to alternate Subcontractors, Downstream Subcontractors, or Network Providers as appropriate to avoid delays in care.<sup>79</sup> If MCPs cannot ensure compliance with Network adequacy and access standards through Subcontractors, Downstream Subcontractors, or Network Providers, they must authorize out-of-Network care for Members.<sup>80</sup>

The requirements contained in this APL necessitate a change in an MCP's policies and procedures (contractually required P&Ps), the MCP. MCPs must submit ~~its~~their updated P&Ps to ~~its~~the Managed Care Operations Division (MCOD) ~~contract manager for review and approval~~)-MCP Submission Portal within 90 days of the release of this APL. ~~If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL, as well as the applicable APL release date in the subject line.<sup>81</sup>~~

MCPs are responsible for ensuring that their ~~subcontractors and network providers~~Subcontractors, Downstream Subcontractors, and Network Providers, including transportation brokers, comply with all applicable state and federal laws and regulations, ~~contract~~MCP Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all ~~subcontractors and network providers~~.Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose Corrective Action plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Subcontractor Agreements, Downstream Subcontractor Agreements, and Network Provider Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. For additional information regarding administrative and monetary sanctions, see APL 25-007. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

<sup>78</sup> MCP Contract, Exhibit A, Attachment III, Subsection 1.3.2.D (Fraud Prevention Program).

<sup>79</sup> See APL 21-003 "Medi-Cal Network Provider And Subcontractor Terminations"

<sup>80</sup> MCP Contract, Exhibit A, Attachment III, Subsection 5.2.7 (Out-of-Network Access).

<sup>81</sup> The MCOD-MCP Submission Portal is available at:

<https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.

Sincerely,

~~Original Signed by Dana Durham~~

~~Dana Durham, Dennis Hsieh, M.D., J.D.~~  
~~Division Chief, Managed Care Quality and Monitoring Division~~  
~~Health Care Delivery Systems~~

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