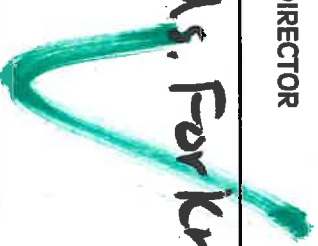


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hells</i>	DATE <i>12-6-07</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000276	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Deps, Ms. For Kner</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, Suite 4120
Atlanta, Georgia 30303-8909



RECEIVED

DEC 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

November 30, 2007

*Log: Wills
C: Kops-ET*

Ms. Emma Forkner
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Re: South Carolina Title XIX State Plan Amendment, Transmittal #06-008

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 06-008, which was submitted to the Atlanta Regional Office on July 5, 2006. This SPA proposes to incorporate the Non-Emergency Transportation (NET) services brokerage program as a medical service in the State Plan under the authority of Section 6083 of the DRA, Section 1902(a)(70). The SPA also updates the coverage and payment methodology for non-brokered Non-Emergency Transportation services. The Special Needs transportation services are carved out of the brokered services, and the reimbursement methodology will end effective June 30, 2008. The transportation services for targeted Medicaid populations (children who need non-parental escort and consumers of mental health and therapeutic services) are also carved out of the brokered services. The reimbursement methodology for the targeted Medicaid populations for State Agency, local education agencies, and private providers will end effective June 30, 2008.

On July 5, 2006, the State Medical Agency requested that the 1915(b)(4) waiver for Non-Emergency Transportation be terminated upon approval of SPA 06-008. This letter serves to advise you that the waiver will be terminated.


CMS wants to emphasize that, while the costs of transportation provided through the broker as proposed through SPA 06-008 (as the SPA converting the 1915(b)(4) waiver to a State Plan service) will be matched at the FMAP rate, those services provided outside the broker and for which a direct vendor payment cannot be appropriately made, or if requirements of statewideness, comparability and freedom of choice are not met, will be matched as an administrative cost. Please refer to 42 CFR 440.170 and 431.53 for guidance.

Ms. Susan B. Bowling, Acting Director
Page 2

Under regulations at 42 CFR 430.12(c)(i), States are required to amend State Plans whenever necessary to implement changes in Federal law, regulations, policy interpretations, or court decisions. On May 25, 2007, CMS placed a final rule, CMS-2258-FC (Cost Limit for Providers Operated by Units of Government and Provisions to Ensure the Integrity of Federal-State Financial Partnership) on display at the Federal Register that can be found at 72 Fed. Reg. 29748 (May 29, 2007), that would modify Medicaid reimbursement. Because of this regulation, some or all of the payments under this plan amendment may no longer be allowable expenditures for Federal Medicaid matching funds. Public Law 110-28, enacted on May 25, 2007, instructed CMS to take no action to implement this final regulation for one year. CMS will abide by the time frames specified by the statute. Approval of the subject State Plan amendment does not relieve the State of its responsibility to comply with changes in Federal laws and regulations and to ensure that claims for Federal funding are consistent with all applicable requirements.

Based on the information provided, we are pleased to inform you that South Carolina SPA 06-008 was approved on November 27, 2007. The effective date is July 1, 2006. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408.

Sincerely,


for Jay Gavens

Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 20063. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)1. TRANSMITTAL NUMBER:
SC 06-0082. STATE
South Carolina

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

In accordance with federal regulations (42 CFR 431.53)

7. FEDERAL BUDGET IMPACT:

a. FFY 2007 \$0
b. FFY 2008 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Pages 9a, 9a.1, 9a.2 & 9a.3
Supplement 2 to Attachment 3.1-A, Pages 1 & 2
Attachment 3.1-B, Pages 8a, 8a.1 and 8a.2
Attachment 3.1-A, Limitation Supplement, Pages: 9c, 9d, 9e, 9f, 9g, 9h & 10a
Attachment 3.1-D, Pages 1 & 2
Attachment 4.19-B, Pages 6h, 6h.1, 6h.2, 6h.3, 6h.4, & 6h.59. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, Limitation Supplement, Pages 9c, 9d, & 10a
Attachment 3.1-D
Attachment 4.19-B, Page 6h

10. SUBJECT OF AMENDMENT:

In accordance with federal regulations (42 CFR 431.53), the Non-Emergency Transportation program offers transportation services for beneficiaries who need to secure Medicaid covered services and have no other means of Transportation.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Mr. Kerr was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//S//

16. RETURN TO:

13. TYPED NAME:
Robert M. KerrSC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

14. TITLE:

Director

15. DATE SUBMITTED:

July 5, 2006

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

07/05/06

18. DATE APPROVED:

11/27/07

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/06

20. SIGNATURE OF REGIONAL OFFICIAL:

Hugh Z. Wilson for Jay Gavens

21. TYPED NAME:

Jay Gavens

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health OPMS

23. REMARKS: Please see the attached original submission 179 for signature.

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
SC 06-0082. STATE
South Carolina3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 20065. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION:
In accordance with federal regulations (42 CFR 431.53)7. FEDERAL BUDGET IMPACT: @ (\$3,647) * 69.54% * 25%
a. FFY 2007 (\$634) @
b. FFY 2008 (\$2,536)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Pages 9a, 9a.1, 9a.2 & 9a.3
Attachment 3.1-B, Pages 8a, 8a.1 and 8a.2
Attachment 4.19-B, Page 6h9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):


Attachment 4.19-B, Page 6h

10. SUBJECT OF AMENDMENT:

In accordance with federal regulations (42 CFR 431.53), the Non-Emergency Transportation program offers transportation services for beneficiaries who need to secure Medicaid covered services and have no other means of Transportation.

11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Mr. Kerr was designated by the Governor
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13. TYPED NAME:

Robert M. Kerr

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SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

14. TITLE:

Director

15. DATE SUBMITTED:

July 5, 2006

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

E. Family Planning

Family planning services should be an integral part of the medical and social care of the Medicaid eligible pregnant woman and parent of a newborn infant. The patient should be encouraged to seek and adhere to a family planning program of her choice. Family planning services are documented in the appropriate Medicaid Provider Manuals.

Existing family planning services focus on physical examinations to determine the appropriateness of a birth control method and the dispensing of the method (e.g., birth control pills, condoms). The enhanced family planning services provide for counseling and education to help pregnant women a) plan for their postpartum birth control method; b) make informed decisions regarding sterilization; and c) become aware of the potential health hazards of another pregnancy before the body has had time to heal from the current one. Existing family planning codes are not reimbursable at rates that include a provider's cost for the additional staff time to provide intensive counseling and education components. These enhanced services assure that the patient receives the vital information by accommodating the additional cost. The patient's freedom of choice for family planning services and/or family planning providers will not be restricted.

F. General Maternal Care

Antepartum and postpartum examinations are unlimited and not restricted by the Ambulatory Care visit limitations. All medical services including laboratory and x-ray are provided as medically indicated without limitations.

24.a Transportation Services

GENERAL DESCRIPTION OF SERVICES

In accordance with federal regulations (42 CFR 431.53), the NET program offers transportation services for Medicaid beneficiaries who need to secure necessary health care and have no other means of transportation. The South Carolina Medicaid program covers transportation to and from health care services when those services are covered under the Medicaid State Plan. The State Medicaid Agency utilizes a capitated brokerage service responsible for the administration and provision of non-emergency transportation through a network of services delivery providers. The broker is responsible for determining the most appropriate level of transportation for beneficiaries and for ensuring save and timely transportation. The broker network of providers includes non-emergency ambulance services for beneficiaries restricted to transport in a supine or prone position. SCDHHS continues to provide non-brokered non-emergency ambulance services to beneficiaries who are medically unstable and require ongoing medical monitoring, by the ambulance attendants during the transport. These services will be obtained directly by SCDHHS through Medicaid enrolled providers of ambulance services and paid fee-for-service. Medicare access to emergency services is unaffected.

TN NO: 06-008
Supersedes:
TN NO: New page

Approval Date: 11/27/07

Effective Date: 07/01/06

A. Provisions For Brokered Services

The Broker(s) shall provide administrative oversight and reporting, recruit and negotiate contracts with transportation providers, payment administration, gate-keeping, certification and verification of need and cost-effectiveness, reservations, scheduling and trip assignments, and quality assurance. The broker is not a government entity. The broker is an independent entity and may not itself provide transportation under the contract with the State, or refer to or subcontract with a transportation provider with which it has a financial relationship, unless there are no other available qualified providers of transportation.

Non-Emergency Transportation Services

Non-Emergency Transportation (NET) services provides for beneficiary transport to and from medically necessary covered services under the Medicaid State Plan. NET services shall be provided within each region as defined by the state through the broker and in accordance with Medicaid generally accepted normal service delivery areas as required to meet the needs of the general Medicaid beneficiary population to include but not limited to dialysis and special populations for both normal business hours and after normal business hours, including weekends and holidays, as needed. Broker(s) are responsible for provision of all non-emergency transportation to include ensuring the transportation of all Medicaid eligible beneficiaries and escorts from a stated point of origin which may include prior approved in-state lodging facilities to a specific Medicaid covered service and from the covered service back to the stated point of origin. Broker-based transportation shall encompass beneficiaries who may be non-ambulatory, restricted to transport in a supine or prone position that do not require medical attention during transport via non-emergency ambulance.

Transportation services mode of transport will include:

- wheelchair van
- taxi
- bus passes
- tickets
- minibus
- passenger automobile
- van
- minivan
- non-emergency ambulance transportation (stretcher)

Access to Non-emergency Transportation for Dual Eligibles Beneficiaries Receiving Medicare Part D Outpatient Drugs

Transportation to and from a pharmacy to obtain Part D prescription drugs is covered for full-benefit dual eligible beneficiaries and is provided through the Broker. No transportation to and from a pharmacy is available when the pharmacy delivers or can provide medications by mail order.

TN NO: 06-008

Supersedes: Approval Date: 11/27/07 Effective Date: 07/01/06
TN NO: 99-02

B. Provisions For Non-Brokered Services (FEE FOR SERVICE)

Emergency Ambulance Services

Emergency ambulance services are provided to a Medicaid covered service only when medically necessary. Medical necessity for ambulance transport is established when the beneficiary's condition warrants and the use of any other method of transport is inappropriate. Ambulance transportation is medically necessary when the beneficiary was transported in an emergency situation (e.g., as a result of an accident, injury or acute illness). Emergency ambulance services shall include air ambulance transport by fixed and rotary wing aircraft.

Non-Emergency Ambulance Services

Non-emergency ambulance services are provided to a Medicaid covered service only when medically necessary. Medical necessity for non-emergency ambulance transport is established when the beneficiary's medical condition prohibits any other means of transportation. Non-emergency ambulance transportation is medically necessary when the beneficiary is unable to ambulate without assistance or where it is documented that other methods of transportation would endanger the beneficiary's health. Non-emergency ambulance services are provided when the beneficiary is non-ambulatory, restricted to transport in a supine or prone position and a health care professional certifies through SCDHHS Form 216 that the beneficiary's health condition requires the use of an ambulance transport. Non-emergency ambulance transportation may include basic life support (BLS) and convalescent. Transports exclude wheelchair ambulance since this service is the responsibility of the NET broker.

Special Needs Transportation

Special Needs transportation services by specially adapted school bus are provided directly by the Local Education Agencies for Special Needs Medicaid eligible pupils when Medicaid reimbursable services are provided either on-site or through referral to school-based services subcontractors and the Medicaid reimbursable services and transportation is identified in the Individual Education Plan (IEP). Reimbursable medically necessary school based covered services include Audiology; Physical Therapy; Occupational Therapy; Speech and Language Pathology; Psychological Testing and Evaluation; Orientation and Mobility; Behavioral Health, Nursing Services for Children Under 21 and Medicaid Adolescent Pregnancy Prevention Services (MAPPS).

Other Types of Transport Services (Non-Brokered)

- (1) NET services are provided to Medicaid eligible children who may require non-parental escort to receive therapeutic, behavioral and other Medicaid state plan services by enrolled/contracted local community-based providers. Transports are provided for Medicaid eligible children to receive such services under the Medicaid State Plan in the community or a non-school setting.

TN NO: 06-008

Supersedes:

Approval Date: 11/27/07

Effective Date: 07/01/06

TN NO: New page

- (2) State agencies provide NET for transportation of special populations (e.g., generally comprised of unescorted children, consumer of mental health and therapeutic services and other special Medicaid eligible beneficiaries who require Medicaid covered services. Transports are generally provided for Medicaid eligible beneficiaries to receive mental health or behavioral treatment services at community-based providers.
- (3) NET services are provided by local education agencies for off campus transport of Medicaid eligibles to and from medically necessary Medicaid covered services. Transportation services are provided during school hours for Medicaid eligible to receive Medicaid services at community-based providers or through referral to school-based services subcontractors. Transportation services are typically provided from the school to the Medicaid services and return trip to school or home. Administrative costs for schools to arrange transportation are not included in the school-based transportation program provided for in the State Plan and reimbursed by the Medicaid agency.
- (4) NET services are furnished by Individual Transportation Providers (ITP) using privately-owned vehicle transportation to and from medically necessary covered services under the Medicaid State Plan. Typical uses of ITP services are CLTC Adult Day Health Care providers and other providers of ancillary transportation services (i.e., State Travel Agent, Greyhound Bus Lines are enrolled as individual transportation providers). These providers and ancillary services are enrolled directly by SCDHHS. Individual transportation providers receive direct payment to provide voluntary or gas reimbursement for beneficiary transport via passenger automobile from NET brokers. NET broker services are not furnished for beneficiary transport to an Adult Day Health Care center within an exclusion zone of 15 mile radius of an Adult Day Health Care facility. Beneficiary transport within the 15 mile zone is the responsibility of the Adult Day Health Care provider. The cost of beneficiary transportation to Adult Day Health Care service within a 15 mile radius of a facility is borne by the Adult Day Health Care Provider.
- (5) Foster care providers are responsible for Medicaid eligible children in non-custodial and non-parental circumstances and furnish transportation by privately-owned vehicle transportation for beneficiaries to and from approved Medicaid services. Foster care access to non-emergency broker transportation service is unaffected except where privately-owned vehicle transportation has been previously rendered and reimbursed. These providers are enrolled directly by/with SCDHHS and reimbursed as fee for service.

TN NO: 06-008
Supersedes: _____
TN NO: New page

Approval Date: 11/27/07 Effective Date: 07/01/06

C. Coverage of Meals, Lodging and Escorts

(1) In-state services for lodging and meals for beneficiaries and escorts related to transport to Medicaid covered services, to include those provided by NET broker shall be made available to beneficiaries and attendants (escorts) and limited to prior approved arrangements and reimbursement as determined to be appropriate. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an attendant may accompany the recipient to and from covered medical services. SCDHHS in its role as the Medicaid State Agency shall provide final approval for meals, lodging, an attendant (escort) and any other payments. The Medicaid State Agency will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for in-state lodging and meals for beneficiaries and attendant (escorts).

(2) Out-of-state transportation services shall be made available to beneficiaries and escorts and limited to the arrangement or reimbursement, as may be appropriate for air fare, lodging, meals and ground transportation vehicle mileage to obtain an approved Medicaid service. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an attendant may accompany the recipient to and from covered medical services. SCDHHS in its role as the Medicaid State Agency shall provide final approval for meals, lodging, and attendant (escort). The Medicaid State Agency will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for out-of-state mode of transport (air, ground, taxi shuttle service or rental care) lodging and meals for beneficiaries and escorts. The Medicaid State Agency will make the determination of medical necessity for beneficiaries to access out-of-state services and pre-authorize all transportation related services.

Prior Approval For In-State and Out-of-State Transportation and Other Related Travel Expenses

As a condition of reimbursement for Medicaid beneficiaries and approved escort transportation and other related travel services, prior approval is required by the Medicaid State Agency. Prior approval pertains to medical necessity of the service and reasonableness and appropriateness of mode of transport and related services (meals, lodging, attendant (escort) and ground transportation) for the Medicaid beneficiary and approved escort as provided by established Medicaid State Agency protocol. The Medicaid State Agency shall authorize:

a. Arrangement or reimbursement for out-of-state air fare within limits established by the state.

TN NO: 06-008

Supersedes:

Approval Date: 11/27/07

Effective Date: 07/01/06

TN NO: New Page

- b. Reimbursement for in-state and out-of-state lodging and meals en route to and from medical care and while receiving medical care within guidelines established by the State for reimbursement for state employee travel.
- c. Reimbursement at the established state rates for out-of-state ground vehicle rental or ground vehicle mileage for travel directly related to the origination and designation for the approved medical services facility. Coverage for vicinity mileage is limited to travel directly related to the point of origination from lodging to the point of designation to the approved medical service facility
- d. Prior approval is required for transportation outside the South Carolina Medical Service Area (SCMSA) to an approved medical service facility considered in-state. The South Carolina Medical Service Area (SCMSA) is the area of the state of South Carolina and the area within twenty-five (25) miles of the South Carolina border. If any part of the metropolitan area of a city, such as Charlotte, Augusta, Savannah, etc., is within twenty-five (25) miles of the state border, the entire metropolitan area is considered as being within the SCMSA.

Non-Covered Ambulance Services

Ambulance services are not covered without medical justification or compliance with established Medicaid State Agency protocol in the following circumstances:

- (1) Routine service to and from a physician's office.
- (2) Service for ambulatory beneficiaries whose illness or injury does not justify medical necessity.
- (3) If the beneficiary was pronounced dead at the scene by authorized personnel; (i.e., coroner, M.D., etc).
- (4) Service to or from a hospital outpatient department for regularly scheduled treatment.
- (5) Service to or from a nursing facility to a hospital outpatient department for routine medical services.
- (6) Service from a hospital to a nursing facility which is out of the locality of the hospital.
Note: Exceptions to all of the above will be reimbursed only if the documented diagnosis, medical necessity, and circumstances adequately justify the services.
- (7) The ambulance was used solely because other means of transportation were unavailable, untimely or inconvenience.
- (8) The beneficiary was transferred to another facility at his/her request or that of the family for convenience.

- G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes and other supplies ordered by a physician or necessary to meet the needs of the resident because of the resident's medical condition.

24.e EMERGENCY HOSPITAL SERVICES - These services are subject to the limitations found in the introduction to the Limitation Supplement to Attachment 3.1-A.

24.g MIDWIFE SERVICE: - Medicaid coverage includes all obstetrical services, newborn care and medical services that are published in the South Carolina Medicaid Physician and Clinical Services Manual, with appropriate revisions and updates. All services must be medically justified and rendered in accordance with the standards of care and services prescribed by the appropriate licensing and regulation agency(ies) under the laws of the State of South Carolina.

TN NO: 06-008
Supersedes:
TN NO: 00-010

Approval Date: 11/27/07

Effective Date: 07/01/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. 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

☐ With limitations

a 2. Brokered Transportation

☒ 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, that 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) statewide (indicate areas of State that are covered)

☐ (10) (B) comparability (indicate participating beneficiary groups)

☒ (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

☒ wheelchair van

☒ taxi

☐ stretcher car

☒ bus passes

☒ tickets

☐ secured transportation

☒ such other transportation as the Secretary determines appropriate (please describe) Provision of non-emergency transportation to include, but not limited to, transport by minibus, passenger automobile, van and minivan and non-emergency ambulance transportation (stretcher).

TN NO: SC 06-008

Supersedes: Approval Date: 11/27/07

Effective Date: 07/01/06

TN No: New Page

differentiating features are the focus of the visit and the length of time required to perform the service. The reimbursement rate for the Pre-Discharge Home Visit is 50% of the Initial Postpartum/Infant Home Visit rate.

No cost reports are required nor any cost settlements made to the state owned providers of postpartum/infant home visit services.

D. Reimbursement for Enhanced Services to non-high risk pregnant women as described in Attachment 3.1-A were discontinued on October 1, 1996.

24.a Transportation:

A. Broker Transportation Services: See Supplement 2 to Attachment 3.1-A.

B. Non-Broker Transportation Services:

Emergency and Non-emergency Ambulance Services: Payment for emergency and non-emergency ambulance services will be the lesser of actual charges submitted by the carrier or the ceiling of the fees established by SCDHHS and published in the Ambulance Services Provider Manual. The fee schedule for ambulance services is inclusive of all supplies required during transportation to include EKG/DEF, airways, oxygen, and field drugs. The fee schedule will be applied uniformly without consideration of locality. State developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published in Medicaid Bulletins. For the covered Medicaid emergency and non-emergency ambulance services that have a comparable Medicare rate, the Medicaid fee payments will not exceed the payments calculated at one hundred percent of the Medicare Fee Schedule (in the aggregate).

Special Needs Transportation:

Special Needs Transportation (SNT), as defined on page 9e of Attachment 3.1-A, Limitation Supplement is reimbursed based on a statewide daily route rate per child. The public provider of this service, the State Department of Education (SDE), is reimbursed an interim rate, which is cost settled at year-end.

Description and Discussion of Cost Finding for SNT:

South Carolina is unique in that the state agency, SDE, and local school districts each contribute to the provision of school based transportation services in the state. The SDE maintains and fuels the buses and bus "shops", assists with routing, enforces state school bus policies, and trains district drivers. School bus drivers are employees of their local school districts. Each school district also employs staff to coordinate and schedule routes for that district.

Prior to billing for SNT services for a Medicaid recipient, the districts must ensure that a Medicaid service as specified in the Medicaid's recipient's IEP or IFSP was provided and billed on the date of the Special Needs Transportation service. Only transportation services provided in a Special Needs bus (i.e. buses specifically adapted to serve the needs of the disabled) are eligible for reimbursement.

TN NO: 06-008

Supersedes

Approval Dates: 11/27/07

Effective Date: 07/01/07

TN NO: 04-001

The rate development and cost finding methods for Special Needs Transportation are summarized below:

School Districts' Direct Costs:

1. The school districts' costs associated with state mandated student transportation is determined for all participating districts. The local school districts' accounting structure is established to isolate the direct costs of state mandated student transportation to include salaries and fringes of school bus drivers, schedulers and coordinators and districts' expenses such as supplies and purchased services for that function.

There is applied to each individual school district's costs described above, the district's specific indirect rate as calculated by the SDE in cooperation with the United States Department of Education. The result represents the indirect support provided in each district for student transportation services.

Costs of the participating districts are accumulated (net of equipment allowances) for the determination of the statewide rate.

State Department of Education (SDE) Direct Costs:

1. The costs incurred by the SDE related to the purchase and maintenance of equipment for statewide student transportation are identified. Costs included here include maintenance salaries and fringes, supplies, purchased services and other expenses associated with maintaining the statewide fleet of buses. This includes all costs associated with the operation of 44 bus shops statewide to include fuel purchases, parts and repairs, shop supplies, and insurance.

2. The costs incurred by the SDE, Office of Transportation, for the administration of the student transportation are identified. These costs are incurred for assistance with district routing, enforcement of state school bus policies, training of district drivers, and management of statewide operations. Costs included here include salaries and fringes, supplies, purchased services associated with student transportation administration.

3. State Department of Education costs as defined above are accumulated (net of allowances for capital items) for the determination of the statewide rate. The SDE's indirect cost rate is applied to reflect the indirect support of SDE provided to the Office of Transportation services.

Application of Use Allowances for Capital Items:

Use allowances for SDE and the local school districts' equipment items are determined in accordance with the use allowance provisions and policies of OMB A-87. Use allowances are determined for: 1) SDE's bus shop buildings and equipment and 2) the local school districts' equipment items used in the provision of transportation services. Special needs bus allowances will be addressed below at Distribution of Cost Pool, Item 3.

TN NO: 06-008

Supersedes

Approval Dates: 11/27/07

Effective Date: 07/01/07

TN NO: New Page

Total Transportation Cost Pool:

The total statewide Transportation Cost Pool is comprised of school district level accumulated costs, SDE identified student transportation costs, indirect costs and use allowances for related equipment of both SDE and the local school districts as described above.

Distribution of Cost Pool:

Since the cost pool accumulated above is based on statewide student transportation services, special needs transportation services must be carved out of statewide services.

1. Total **Special Needs** Mileage is accumulated for all Special Needs routes in participating school districts. Total Student Transportation Mileage is accumulated for all participating school districts. The percentage of special needs mileage to total student transportation mileage is determined.
2. The resulting **Special Needs** percentage is applied to the Total Transportation cost pool to determine **Special Needs** transportation costs.
3. A use allowance for **Special Needs** buses (i.e. buses specially adapted to serve the needs of disabled students), based on SDE inventory records, is determined in accordance with the use allowance provisions and policies of OMB A-87. This use allowance is added to previously determined **Special Needs** Transportation costs (item 2 above) to determine the Total **Special Needs** Transportation Costs Pool.

Utilization Data and Determination of Special Needs Daily Route Rate:

1. A determination of the total number of Special Needs students' enrolled for bus routes per school year is calculated. (This is a multiplication of the total number of Special Needs students enrolled for bus routes per school year by the number of school days in the school year.)
2. This utilization of Special Needs bus services is divided into the Special Needs Transportation Costs Pool to determine the Cost per Special Needs Student per route.
3. To determine a daily transportation rate for Special Needs Students, a factor is calculated to increase the route rate for those children who were also enrolled in "return" (mid-day or PM) routes. The ratio is determined by dividing the number of students enrolled in morning routes by those enrolled in the return routes. This ratio is then applied to the route rate to derive the Daily Rate per Special Needs Student.

The Special Needs Transportation reimbursement methodology described above will end effective June 30, 2008.

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Other Types of Transport Services (Non-Brokered) :

Targeted Populations: Other types of transports are provided to targeted Medicaid populations to Medicaid covered services. Typically these services are provided to Medicaid children who may require non-parental escort to Medicaid services, and Medicaid consumers of mental health and therapeutic services. These services may be provided by:

- 1) Private providers,
- 2) State agencies,
- 3) Local Education agencies (LEAs).

The mode of transportation for services provided by the Local Education Agencies is either school buses or mini-vans. In the instances of LEAs utilizing school buses, these buses transport groups of Medicaid eligible children from home or district schools to covered Medicaid services provided within the district (i.e. Therapeutic Behavioral Services and Psychosocial Rehabilitation Services). These buses are not specially modified buses for the physically handicapped (i.e. Special Needs Transportation).

For initial rate determination, all providers of NET services submit annual budgets for their upcoming rate cycles. Rates are determined on a per passenger mile basis. Provider budgets are comprised of:

Private Providers:

1. **Direct costs:** Salaries and fringe benefits of drivers and escorts, vehicle fuel, repairs and maintenance. Also, insurance, taxes, licenses and registration, and/or any associated vehicle leases. Depreciation is allowed on provider owned vehicles.
2. **Indirect costs:** Represents an allocation of administrative and overhead costs as defined by OMB A-87 guidelines the provider incurred to support the Medicaid Transportation contract.
3. **Service Utilization Statistics:** Service units are passenger miles. As cost is based on services provided to all passengers (i.e. total passengers), annual units of service projections are based on total passenger miles.

State Agency and School District Providers:

1. **Direct costs:** Salaries and fringe benefits of drivers and escorts, vehicle fuel, repairs and maintenance. Also, insurance, taxes, licenses and registration, and/or any associated vehicle leases. Depreciation is allowed on provider owned vehicles. A state agency or school based provider may allocate costs of fleet operations or a vehicle maintenance facility if applicable.
2. **Indirect costs:** To provide for the administrative and overhead costs the provider incurred to support the Medicaid Transportation contract, the provider is allowed to apply their specific indirect rate. For state agency providers, this will be the indirect rate as

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approved by USDHHS. For local school districts, this will be the unrestricted indirect rate as calculated by the SDE in cooperation with the United States Department of Education.

- 3. Service Utilization Statistics:** Service units are passenger miles. As cost is based on services provided to all passengers (i.e. total passengers), annual units of service projections are based on total passenger miles.

Annual Cost Reports (State Agency and School Based) :

Annual cost reports are required of all state agency providers of non-emergency transportation services described above to ensure that these providers have not received reimbursements in excess of actual allowable costs.

For all state agency providers of non-emergency transportation, the budgeted rate established at the beginning of the contract year represents their maximum per passenger mile reimbursement rate for the year. Cost reconciliation based on the annual cost reports of public providers is completed. If a state agency provider's interim payments exceed the actual allowable costs of non-emergency transportation services, the SCDHHS will establish a receivable to recover the excess payments. No additional payments will be made to a provider as a result of the cost reconciliation process.

For Local Education Agencies also participating in the Administrative Claiming program, services associated with coordinating and scheduling of transportation services are specifically excluded from allowable Administrative Claiming activities.

The Targeted Populations Transportation reimbursement methodology described above for both state agency, local education agencies and private providers will end effective June 30, 2008.

Individual Transportation Providers (ITP) :

Individual Transportation providers also provide non-emergency transportation services. ITP service providers are paid a fixed rate per mile. The fixed rate shall not exceed the legislatively approved state mileage rate for South Carolina state employees.

Transportation by Foster Parents:

Foster parents are eligible to receive reimbursement for transportation provided to beneficiaries to and from approved Medicaid services. These providers are paid a fixed rate per mile. The fixed rate shall not exceed the legislatively approved state mileage rate for South Carolina state employees.

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C. 1. Reimbursement of Meals and Lodging Associated with In-state Transportation:

Expenses associated with in-state transportation services are eligible for Medicaid reimbursement when required to obtain an approved Medicaid service. Upon DHHS approval of transport necessity and pre-authorization of transportation services, reimbursement for associated meals and lodging for the beneficiary and escort will be allowed at rates for state employee travel reimbursement for the applicable state fiscal year.

2. Out-of-State Transportation Reimbursement and Associated Expenses:

Out-of-State transportation services are eligible for Medicaid reimbursement when required to obtain an approved Medicaid service. Examples of expenditures that may be covered are airfare, lodging meals, and/or ground transportation. Upon DHHS approval of transport necessity and pre-authorization of transportation services, DHHS staff will directly coordinate airline or ground transportation reservation and payment on behalf of the beneficiary and escort, as applicable. Claims for associated expenses incurred in the location of the covered service (ex. meals, lodging, taxi, shuttle) are processed subsequent to the service. Claims for reimbursement are compared to the US General Services Administration limits for the location of the covered service. The recipient is reimbursed their actual cost not to exceed the GSA limitations per category of expense.

24.9 Midwife Services:

Reimbursement for midwifery services for a normal vaginal birth are based on the lesser of billed charges, 100% of the allowed provider reimbursement for a routine delivery* or the provider's lowest charge. For services provided at a birthing center, the midwife will receive an additional payment not to exceed 50% of the statewide average rate for a normal vaginal hospital birth.

All other obstetrical services provided by midwives are reimbursed at the allowed provider reimbursement (*) based on South Carolina's Physician Fee Schedule.

* Allowed provider reimbursement is based on provider type, i.e. certified or licensed midwife. A certified midwife receives 100% of the allowable reimbursement based on the South Carolina Physician's Fee Schedule while a licensed midwife receives 65% percent of the allowable reimbursement.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY 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 to be appropriate);
- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- ☒ Low-income families with children (section 1931)
 - ☒ Low-income pregnant women
 - ☒ Low-income infants
 - ☒ Low-income children 1 through 5
 - ☒ Low-income children 6 - 19
 - ☒ Qualified pregnant women
 - ☒ Qualified children
 - ☒ IV-E Federal foster care and adoption assistance children
 - ☒ TMA recipients (due to employment)
 - ☒ TMA recipients (due to child support)
 - ☒ SSI recipients

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- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- ☒ Optional low-income pregnant women
 - ☒ Optional low-income infants
 - ☒ Optional targeted low-income children
 - ☒ Individuals under 21 who are under State adoption assistance agreements
 - ☒ Individuals under age 21 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
 - ☒ 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
 - ☒ 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

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- ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group) NOTE: DHHS has opted to not require Buy-In; DHHS pays premium for beneficiaries.
- ☒ Employed medically improved individuals who buy into Medicaid under TWWTIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

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

- ☒ (i) risk capitation
- ☐ (ii) non-risk capitation
- ☐ (iii) other (e.g., brokerage fee and direct payment to providers)

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SOUTH CAROLINA DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL 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

☐ With limitations

- a 2. Brokered Transportation

☐ 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) statewide (indicate areas of State that are covered)

☐ (10) (B) comparability (indicate participating beneficiary groups)

☐ (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

☐ wheelchair van

☐ taxi

☐ stretcher car

☐ bus passes

☐ tickets

☐ secured transportation

☐ such other transportation as the Secretary determines appropriate (please describe)

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State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE MEDICALLY NEEDED

- (3) The State assures that transportation services will be provided under 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 to be appropriate);
- (4) The broker contract will provide transportation to the following medically needy populations under section 1905(a)(i) - (xiii):
- ☐ Under age 21, or under age 21, 19, or 18 as the State may choose
 - ☐ Relatives specified in section 406(b)(1) with whom a child is living if child is a dependent child under part A of title IV
 - ☐ Aged (65 years of age or older)
 - ☐ Blind with respect to States eligible to participate, under title XVI
 - ☐ Permanently or totally disabled individuals 18 or older, under title XVI
 - ☐ Persons essential to recipients under title I, X, XIV, or XVI
 - ☐ Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI

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- ☐ Pregnant women
 - ☐ Individuals provided extended benefits under section 1925
 - ☐ Individuals described in section 1902(u) (1)
 - ☐ Employed individuals with a medically improved disability (as defined in section V)
 - ☐ Individuals described in section 1902(aa)
 - ☐ Individuals screened for breast or cervical cancer by CDC program
 - ☐ Individuals receiving COBRA continuation benefits.
- (5) The State will pay the contracted broker by the following method:
- ☐ (i) risk capitation
 - ☐ (ii) non-risk capitation
 - ☐ (iii) other (e.g., brokerage fee and direct payment to providers)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: SOUTH CAROLINA

METHODS OF PROVIDER TRANSPORTATION

Medicaid Transportation provides for beneficiary transport to and from medically necessary covered services under the Medicaid State Plan. Providers are responsible for the provision of transportation to include, but not be limited to, transport by minibus, passenger automobile, van, minivan and stretcher vehicle or other appropriate methods (i.e., ambulance, rotary helicopter, etc.). Service providers furnish and coordinate emergency and non-emergency transportation services to assure beneficiaries arrive to and depart from Medicaid services and providers.

Net services shall be provided within each region as defined by the state through the broker and in accordance with Medicaid generally accepted normal service delivery areas as required to meet the needs of the general Medicaid beneficiary population to include but not limited to dialysis and special populations for both normal business hours and after normal business hours, including weekends and holidays, as needed. Broker(s) are responsible for provision of all non-emergency transportation to include ensuring the transportation of all Medicaid eligible beneficiaries and attendants (escorts) from a state point of origin which may include prior approved in-state meals and lodging facilities to a specific Medicaid covered service and from the covered service back to the stated point of origin. Broker-based transportation shall encompass beneficiaries who may be non-ambulatory, restricted to transport in a supine or prone position that do not require medical attention during transport via non-emergency ambulance.

Transportation services mode of transport will include:

- Wheelchair van
- Taxi
- Bus passes
- Tickets
- Minibus
- Passenger automobile
- Van
- Minivan
- Non-emergency ambulance transportation

Access To Non-Emergency Transportation for Dual Eligible Beneficiaries Receiving Medicare Part D Outpatient Drugs

Transportation to and from a pharmacy to obtain Part D prescription drugs is covered for full benefit dual eligible beneficiaries and is provided through the Broker. No transportation to and from a pharmacy is available when the pharmacy delivers or can provide medications by mail order.

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Coverage of Meals, Lodging and Attendants (Escorts):

1. In-state services for lodging and meals for beneficiaries and escorts related to transport to Medicaid covered services, to include those provided by NET broker shall be made available to beneficiaries and attendants (escorts) and limited to prior approved arrangements and reimbursement as determined to be appropriate. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an attendant may accompany the recipient to and from covered medical services. The South Carolina Department of Health and Human Services (SCDHHS) in its role as the Medicaid State Agency shall provide final approval for meals, lodging, an attendant (escort) and any other payments. The Medicaid State Agency will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for in-state lodging and meals for beneficiaries and attendants (escorts).

2. Out-of-state transportation services shall be made available to beneficiaries and escorts and limited to the arrangement or reimbursement, as may be appropriate for air fare, lodging, meals and ground transportation vehicle mileage to obtain an approved Medicaid service. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an attendant (escort) may accompany the recipient to and from covered medical services. SCDHHS in its role as the Medicaid State Agency shall provide final approval for meals, lodging, an attendant (escort) payments. The Medicaid State Agency will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for out-of-state mode of transport (air, ground, taxi shuttle service or rental care) lodging and meals for beneficiaries and attendants (escorts). The Medicaid State Agency will make the determination of medical necessity for beneficiaries to access out-of-state services and pre-authorize all transportation related services.

REFER TO ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT FOR DESCRIPTION OF THE ASSURANCE OF TRANSPORTATION.

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State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

The broker will not be a government entity. The broker will be an independent entity and may not itself provide transportation under the contract with the State, or refer or subcontract to a transportation provider with which it has a financial relationship, unless there are no other available qualified providers of transportation.

Broker Services:

Non-Emergency Medical Transportation Services:

Effective July 1, 2006, the South Carolina Department of Health and Human Services will provide Non Emergency Medical Transportation Services through a Broker System. Under this system, the broker(s) will be responsible for the administration and provision of non-emergency medical transportation services provided to eligible Medicaid recipients within the state. Six actuarially certified regional rates have been developed on a per member per month basis for this system. The regional rates were developed using historical non-emergency medical transportation Medicaid fee for service expenditures and Medicaid eligibility data that have been trended accordingly to the payment period. Brokers are reimbursed monthly on a per member per month basis using member months as determined by the SCDHHS applied against the applicable regional rate.

The Broker (s) shall provide administrative oversight and reporting, recruit and negotiate contracts with transportation providers, payment administration, gate-keeping, certification and verification of need and cost-effectiveness, reservations, scheduling and trip assignments, and quality assurance.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Provisions For Brokered Services

Non-Emergency Transportation (NET) services provides for beneficiary transport to and from medically necessary covered services under the Medicaid State Plan. NET services shall be provided within each region as defined by the state through the broker and in accordance with Medicaid generally accepted normal service delivery areas as required to meet the needs of the general Medicaid beneficiary population to include but not limited to dialysis and special populations for both normal business hours and after normal business hours, including weekends and holidays, as needed. Broker(s) are responsible for provision of all non-emergency transportation to include ensuring the transportation of all Medicaid eligible beneficiaries and escorts from a stated point of origin which may include prior approved in-state meals and lodging facilities to a specific Medicaid covered service and from the covered service back to the stated point of origin. Broker-based transportation shall encompass beneficiaries who may be non-ambulatory, restricted to transport in a supine or prone position that do not require medical attention during transport via non emergency ambulance.

Transportation services mode of transport will include:

- wheelchair van
- taxi
- bus passes
- tickets
- minibus
- passenger automobile
- van
- minivan
- non emergency ambulance transportation

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