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## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #:14-004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

July 17, 2014

Steven M. Costantino, Secretary  
Executive Office of Health and Human Services  
State of Rhode Island and Providence Plantations  
57 Howard Avenue, LP Building  
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No. 14-004, submitted April 7, 2014. Effective May 1, 2014, this SPA grants authority to implement a Non-Emergency Transportation Broker Program. This approval is subject to the state submitting within 30 days of the date of this approval, a plan that is acceptable to CMS, to transition the NEMT program away from use of the Rhody 10 bus pass. The termination of the Rhody 10 bus pass program is to occur within 90 days of the date of this approval.

If you have any questions regarding this matter you may contact Lynn DeVecchio (617) 565-1201 or by e-mail at [Lynn.DeVecchio@cms.hhs.gov](mailto:Lynn.DeVecchio@cms.hhs.gov)

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

Cc: Deidre Gifford, MD, Medicaid Director  
Elena Nicolella, Director of Policy and Innovation  
Darren J. McDonald, Ph.D., Interdepartmental Project Manager

MD-S-30-RI

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
14-004

2. STATE  
RI

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
May 1, 2014

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN      XX  AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440.170(a)(4), section 1902(a)(70) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014      \$5,000,000  
b. FFY 2015      \$12,300,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 9  
Attachment 3.1-A Supplement to page 9  
Attachment 3.1-A Supplement to page 9, pages 9.1-9.10 (NEW)  
Attachment 3.1-B Page 8  
Attachment 3.1-B Page 8 Supplement to page 8, pages 8.1-8.10 (NEW)  
Attachment 3.1-D, Page 1  
Attachment 3.1-D, Page 2 (NEW)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A Page 9  
Attachment 3.1-A Supplement to Page 9  
Attachment 3.1-B Page 8  
Attachment 3.1-B Supplement to Page 8  
Attachment 3.1-D

10. SUBJECT OF AMENDMENT:  
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

XX  OTHER, AS SPECIFIED:  
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Steven M. Costantino

14. TITLE: Secretary

15. DATE SUBMITTED: April 7, 2014

16. RETURN TO:

EOHHS Policy Office  
600 New London Avenue, Bldg. 57  
Cranston, RI 02920

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: April 7, 2014

18. DATE APPROVED: June 9, 2014

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
May 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator,  
Division of Medicaid & Children's Health,  
Boston Regional Office

23. REMARKS:

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

State: Rhode Island**OFFICIAL**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
TO CATEGORICALLY NEEDY

24. Any other medical and remedial care recognized under State law, specified by the Secretary.

- a. 1. Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative service.

Provided             No limitation             With limitations\*  
 Not Provided

- a. 2. Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

Provided             No limitation             With limitations\*  
 Not Provided

- b. Services of Christian Science Nurses.

Provided             No limitation             With limitations\*  
 Not Provided

- c. Care and Services provided in Christian Science sanatoria.

Provided             No limitation             With limitations\*  
 Not Provided

- d. Skilled nursing facility services provided for patients under 21 years of age.

Provided             No limitation             With limitations\*  
 Not Provided

- e. Emergency hospital services.

Provided             No limitation             With limitations\*  
 Not Provided

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

Provided             No limitation             With limitations\*  
 Not Provided

Description provided on attachment, including prior authorization requirements specified in pages 9, 10, and 11.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

OFFICIAL

State/Territory: Rhode Island

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

24a. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

- Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.
  - Without limitations
  - With limitations (Describe limitations in a Supplement to 3.1B either a Supplement or in Attachment 3.1D)
- Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding “school-based” transportation.
  - Without limitations
  - With limitations (Describe limitations in either a Supplement to 3.1B or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, the state should describe in Attachment 3.1D how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act 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)-(i).

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

(1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

(10)(B) comparability

(23) freedom of choice

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(2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation
- other transportation (if checked describe below other types of transportation provided.)
  - Non-emergency basic life support
  - Non-emergency advanced life support
- mileage reimbursement is not provided

(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 transportation is timely and 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 and timeliness 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)
- Deemed AFCD-related eligibles
- Poverty-level related pregnant women
- Poverty-level infants
- Poverty-level children 1 through 5
- Poverty-level children 6 – 18
- Qualified pregnant women AFDC – related
- Qualified children AFDC – related
- IV-E foster care and adoption assistance children
- TMA recipients (due to employment) (section 1925)
- TMA recipients (due to child support)

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- [X] SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- [X] Optional poverty-level - related pregnant women
  - [X] Optional poverty-level - related infants
  - [X] Optional targeted low income children
  - [X] Non IV-E children who are under State adoption assistance agreements
  - [X] Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - [X] Individuals who meet income and resource requirements of AFDC or SSI
  - [X] 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
  - [X] Children aged 15-20 who meet AFDC income and resource requirements
  - [X] Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
  - [ ] Individuals infected with TB
  - [X] Individuals screened for breast or cervical cancer by CDC program
  - [X] Individuals receiving COBRA continuation benefits
  - [X] 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
  - [X] Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
  - [X] Individuals terminally ill if in a medical institution and will receive hospice Care
  - [X] Individuals aged or disabled with income not above 100% FPL
  - [ ] Individuals receiving only an optional State supplement in a 209(b) State
  - [X] Individuals working disabled who buy into Medicaid (BBA working disabled group)
  - [X] Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group

- [X] Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
- [X] Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)

(6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The state will pay the broker a capitated rate by calculating per member per month fee multiplied by the total number of eligible beneficiaries

(B) Please describe how the transportation provider will be paid:

The transportation provider will be paid the capitated rate at the beginning of each month.

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State general revenue constitutes the non-Federal share of the transportation payments. It is funded through two sources:

- 1) Appropriation to the single state Medicaid agency (EOHHS) from the Legislature; and
- 2) Intergovernmental transfer (IGT) from the Department of Human Services

Agency	Total Expenditure	State General Revenue
EOHHS	\$1,663,295,781	\$772,296,682
DHS Appropriation	\$4,009,017	\$3,573,760
DHS TANF	\$3,871,590	N/A
DHS Title XX	\$255,152	N/A

A portion of the non-federal share is provided through an IGT from the Department of Human Services. The Department of Human Services is the State entity that administers the SNAP, TANF, and other human service programs. DHS has no taxing authority.

When EOHHS pays the claim through the MMIS, the State share amount is billed to the DHS account. There will be certain people who are Medicaid eligible, but whose transportation is funded from TANF or Title XX. The transportation PMPM associated with those individuals will not be claimed for Federal Medicaid Match. The MMIS is not allowed to report a federal expense for funding aside from Medicaid, therefore, these funds cannot be claimed as a Federal Medicaid match.

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



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credit any savings to the program.

- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.
- (7) The broker is a non-governmental entity:
  - The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
    - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
    - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
  - Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
  - Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
  - Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.
- (9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker ( call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

The Broker shall manage and oversee the quality of services by reviewing and modifying service rules, regulations, and policies to establish a cost-effective service delivery system throughout the duration of the contract. Management oversight controls shall include the following:

- The Broker shall monitor beneficiary access and complaints.
- The Broker shall ensure that transportation is timely and that transport personnel are licensed, qualified, competent, and courteous.
- The Broker will perform annual audits and oversight to ensure the quality and timeliness of the transportation services. A report will be submitted to EOHHS on July 1, each year of the contract.
- The Broker shall perform all services in compliance with local, state, and federal guidance and regulations (including, but not limited to 440.170(a)(4)(ii))
- Prior to the start date of May 1, 2014, of the contract and during the duration of the contract, the Broker will assure that 100% of all providing transportation follow all sections of The Executive Office of Health and Human Services Regulations for Transportation.
- The Broker is liable for the full cost of services resulting from a prohibited referral or subcontract.
- Authorizing providers without appropriate credentialing will trigger a review to recoup for services paid to the Broker.
- Failure to submit annual audits will result in a possible financial adjustment to the contract for the next year.

The Broker shall coordinate call centers, trip assignment functions, and eligibility verification for all beneficiaries. Furthermore, the Broker shall ensure that call center staff are able to assign trips to all modes and have access to the least costly, most appropriate option.

- By May 1, 2014, the Broker shall have a Rhode Island location and address, toll free phone line(s) that members and healthcare providers can receive a live, courteous, trained customer service representative(s) for urgent care requests and ride assistance calls 24 hours a day, 7 days a week.
- By May 1, 2014, the Broker shall not have an answering service and is expected that the response be consistent with that during Monday- Friday work hours of 9am-5pm
- By May 1, 2014, the Broker must fully disclose all names of the providers and make available evidence that all transportation needs will be met on the first day of the contract.

The Broker is responsible for ongoing recruitment and maintaining a diverse and flexible statewide network of transportation providers that provides NEMT services to RI Medicaid members and elders. The Broker is to provide in writing the following:

- NEMT services are available and provided 24 hours a day, seven days a week, every day of the year, without exception.
- NEMT Transportation network will be comprised of fixed route bus, fixed route train/rail services, fixed route subway/streetcar services, ferry boats, para-transit vehicles, ambulance and wheelchair vans, taxi and public motor vehicles (PMVs).
- Innovative strategies to reduce per trip costs and enhancements to the existing NEMT transportation system and provide them in an annual report to the EOHHS
- Payments to transportation providers shall be reasonable to ensure adequate access to transportation services.
- Negotiate rates through competitive bidding or use other strategies to ensure the provision of the most appropriate and least costly transportation services.
- On-going collaboration with medical providers, adult day care providers, nursing homes, dialysis centers and methadone treatment clinics, and other medical provider facilities to achieve NEMT efficiencies.

Specifically, prior to May 1, 2014, the Broker shall be able to implement or have the following in place:

- Able to accept daily member eligibility files (Medicaid and CNOM) members;
- Establish and maintain an effective Call Center, website, and printed materials for communication with members, transportation providers, and facilities such as nursing homes, dialysis centers, methadone clinics, adult day care centers and meal sites;
- Provide a seamless prior authorization mechanism for all NEMT requests, including:
  - a. Verification of member eligibility for Medicaid, CNOM and elderly transportation program;
  - b. Verification of appointment for Medicaid-covered services by a Medicaid provider; or verification that the trip purpose and destination meets the programmatic rules of the NEMT transportation program;

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- c. Conduct a functional assessment of the member;
- d. Assignment to the least expensive, medically-appropriate mode of transportation.
- A diverse network of transportation providers to transport eligible members to Medicaid and elderly covered services throughout Rhode Island and to out-of-state medical providers only when medically necessary;
- Operate an efficient method for arranging such services that requires members to request transportation with 48 hour advance notification (except for urgent or sick visits);
- Manage and maintain rigorous quality assurance, utilization review, and auditing mechanisms to ensure that services are delivered to eligible members within performance standards;
- Ensure that only appropriate claims and costs are paid;
- Implement a mechanism to manage claims data including:
  - a) An industry-acceptable means to accept claims data from transportation providers and provide prompt payment;
  - b) A mechanism to match and verify claims data with prior authorizations and other required information;
  - c) An industry-acceptable means to authorize payments to transportation providers.
  - d) An industry-acceptable means to communicate and transmit HIPAA compliant paid claims data to the EOHHS (or its designee) on a regular schedule.
- Maintain records and supporting data (including but not limited to member data, trip authorizations, claims data and provider records) in a retrieval and storage mechanism that complies with all Federal and State requirements;
- Ensure that records comply with State and Federal record retention requirements which are ten (10) years for medical records, source records and financial records and seven (7) years for litigation
- Failure to maintain all required documentation or to provide such records to the EOHHS upon request may result in the disallowance and recovery by the EOHHS of any amounts paid for which the required documentation is not maintained or provided;
- Provide prior authorization for all NEMT services for all modes of transportation;
- Ensure that all Transportation providers will receive a prior authorization from the Broker before remitting payment for the transportation they provided to members;
- Provide and operate a claims processing system sufficient to support the provider payment and data reporting requirements specified elsewhere in this Agreement;
- Expand claims processing or MIS capacity when the volume of trips and/or eligible members or populations increase over time;
- Perform utilization review functions by verifying requests for medical transportation to ensure that such requests for transportation are for scheduled Medicaid covered services and to verify that an appointment is actually scheduled for the Medicaid-eligible member and performed by a Medicaid-participating provider;

Coordinate out-of-state travel for those members requiring such travel;

- Verify the medical necessity based upon a “functional assessment” for out-of-state travel appointment and determine the closest medical provider able to perform the service, including to medical providers in border state communities (See Section 13).
- Have Policies a Procedural Manual for all of the above thirty (30) days prior to the start date of May 1, 2014.

The Broker shall not provide transportation directly and will maintain the following performance standards:

- Routine: within 15 minutes of the scheduled pick up
- Urgent: within 3 hours of the Broker receiving the request
- Will-call: within 60 minutes of the Broker receiving the request
- Drop off: no more than 30 minutes early

The Broker will arrange such services that require members to request transportation with 48 hour advance notification (except for urgent or sick visits). Therefore, beneficiaries must call Monday for transport Wednesday, call Tuesday for transport Thursday, Call Wednesday for transport Friday, Saturday or Sunday, call Thursday for

transport Monday, call for Friday for transport Tuesday. The Broker shall ensure that all clients receive confirmation of their trip details by 6 pm the night before a scheduled trip.

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The purpose of the call center is for the intake and processing of transportation needs for eligible Medicaid members that includes, but is not limited to:

- 100% of all calls will have verification of Medicaid
- 100% of all calls will determine the most appropriate and cost effective transportation mode to meet the identified needs
- Authorization of transportation;
- Dispatching non-emergency transportation trips;
- Resolving problems that may arise during a trip;
- Responding to reports of fraud and/or abuse; &
- Responding to requests for general information about transportation services.
- The Broker is to provide documentation of confirming all trips prior to 6pm before a scheduled trip
- Prior to May 1, 2014, the Broker shall locate the Customer Service Call Center in Rhode to accept transportation requests, assign trips, and address trip concerns minimally during normal business hours, Monday through Friday from 9am-5pm.
- The Broker shall designate a Backup Call Center for business continuity purposes.
- The Backup call center may be located inside or outside of Rhode Island and must be equipped to handle all the same services during anytime that main Customer Call Center is closed.
- The Broker's Backup Call Center must have access to all resources and key management staff after hours as those working at the call center Monday through Friday 9am- 5pm.

Key management staff shall be located during normal business hours in Rhode Island for ease of meeting with State staff, transportation and medical providers.

During the course of the contract, the Broker shall increase the number of telephone lines, depending on demand or by request of the EOHHS.

- The Broker shall utilize an automated method to schedule member trips once they are authorized and shall ensure that dispatching activities are performed efficiently.
- The scheduling method used must be capable of accommodating recurring trips, one-time trips, advance reservations, and requests for urgent trips.
- The Broker shall ensure that all clients receive confirmation of their trip details by 6 pm the night before a schedule trip.

The Broker shall comply with all Federal and State confidentiality policies and procedures in performance of the call center activities.

The Broker shall maintain records and supporting data (including but not limited to member data, trip authorizations, claims data, and provider records) in a retrieval and storage mechanism that complies with all federal and state requirements and ensure that records comply with state and federal record retention requirements which are ten (10) years for medical records, source records, and financial records and seven (7) years for litigation.

Medicaid NEMT services delivered by the Broker are only reimbursable when the member is being transported to or from a Medicaid-covered service delivered by a Medicaid provider. Reimbursement is only available for the beneficiary with the medical appointment (i.e., if an adult with an appointment is accompanied by a child, FFP is only available for the adult's trip). The Broker shall provide NEMT transportation to all beneficiaries who request NEMT services and are currently enrolled in Medicaid, meet the criteria for the elderly transportation program, have a medical condition that prevents him/her from using fixed route bus services, or is requesting transportation to/from an origin/destination address that is more than 1/2 mile from the bus route. The Broker must verify member Medicaid eligibility by accessing daily the Rhode Island Medicaid Management Information System (MMIS) using the unique Medicaid identification number. The Broker must verify member eligibility regardless of who initiates the request. The Broker shall have policies and procedures submitted to EOHHS that provide NEMT services on a non-discriminatory basis to eligible members irrespective of the regions, communities, or neighborhoods they live in or their age, race, religion, creed, national origin, sexual orientation, gender, ability, health status, or based on others

with whom they live.

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The Broker's Policies and Procedures shall comply with all applicable state and federal laws pertaining to member rights, privacy, and accommodation. The Broker shall require its employees and network providers to respect those rights when providing services to members. The Broker shall allow and/or arrange for no more than one attendant to accompany any member who requires one during transportation. The Broker shall ensure that an attendant accompanies all children under the age of 18. The Broker shall allow adult members who need transportation to their own medical appointments to have no more than one child accompany them during transportation. The Broker shall identify and plan for the special needs of passengers (e.g. cannot be left alone, cannot identify him/herself by name).

The Broker shall be responsible for informing and educating members and key stakeholders including, health care providers, provider associations, community-based organizations, and consumer representatives about the NEMT management services. The Broker shall emphasize the availability of NEMT services, eligibility for these services, the authorization process for single trips and standing orders, medical documentation of need, and how to access and use these services properly. The Broker shall maintain and operate a telephone device (TDD) for the deaf and hard of hearing callers who need such a device.

#### Performance Holdbacks

The State may hold back up to 2% of monthly payments if the Broker's performance falls below acceptable quality standards, including but not limited to the standards listed below:

Activity	Standard	Current Average (May 2013)
Average Speed of Answering	Exceeds 3:00 minutes	1:26 minutes
Percent of Calls Abandoned	Exceeds 20%	7.04%
Percent of Trips Unfulfilled	Exceeds 5%	2.18%
Percent of Members with Valid Complaints Per Month	Exceeds 5%	4 Per Month

24f. Personal Care Services:

1. Personal care services are available for individuals who are in residential facilities for the chronically mentally ill which have less than 17 beds and which are licensed by the Department of Behavioral Healthcare, Development Disabilities, and Hospitals.
2. Personal care services are available to all EPSDT-eligible individuals, based on medical necessity, under the age of 21 and in all settings where personal care services are furnished. Personal care services are offered in accordance with 42 CFR 440.167. Services are available in beneficiary homes as well as in facilities providing residential treatment programs licensed by the Department of Children, Youth, and Families.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
TO MEDICALLY NEEDY

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22. Respiratory care services in accordance with sections 1902(e)(9)(A) through (C) of the Act.

Provided                       No limitation                       With limitations\*  
 Not Provided

23. Any other medical and remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Act and 42 CFR 440.170.

a. 1. Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative service.

Provided                       No limitation                       With limitations\*  
 Not Provided

a. 2. Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.

Provided                       No limitation                       With limitations\*  
 Not Provided

b. Services of Christian Science Nurses.

Provided                       No limitation                       With limitations\*

c. Care and Services provided in Christian Science sanatoria.

Provided                       No limitation                       With limitations\*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided                       No limitation                       With limitations\*

e. Emergency hospital services.

Provided                       No limitation                       With limitations\*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

Provided                       No limitation                       With limitations\*

Description and prior authorization requirements are specified on supplement to this page and on pages 13, 14, and 15.

Transportation requirements are detailed in Attachment 3.1-D.

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TN # 14-004  
Supersedes  
TN# 01-017

Effective Date May 1, 2014

Approval Date June 9, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

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State/Territory: Rhode Island

SECTION 3 -- SERVICES: GENERAL PROVISIONS

**3.1 Amount, Duration, and Scope of Services**

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

**B. Medically Needy**

**23. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.**

- Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.
- |                     |   |
|---------------------|---|
| Without limitations | With limitations (Describe limitations in a Supplement to 3.1B either a Supplement or in Attachment 3.1D) |
|---------------------|---|

- Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding "school-based" transportation.
- |                     |  |
|---------------------|--|
| Without limitations | With limitations (Describe limitations in either a Supplement to 3.1B or in Attachment 3.1D) |
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(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.)

- Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

- The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act 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)-(i).

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

- (1) state-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)

- (10)(B) comparability

- (23) freedom of choice



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(2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation
- other transportation (if checked describe below other types of transportation provided.)
  - Non-emergency basic life support
  - Non-emergency advanced life support
- mileage reimbursement is not provided

(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 transportation is timely and 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 and timeliness 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)
- Deemed AFCD-related eligibles
- Poverty-level related pregnant women
- Poverty-level infants
- Poverty-level children 1 through 5
- Poverty-level children 6 – 18
- Qualified pregnant women AFDC – related
- Qualified children AFDC – related
- IV-E foster care and adoption assistance children
- TMA recipients (due to employment) (section 1925)
- TMA recipients (due to child support)

- [X] SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional **OFFICIAL** populations:
- [X] Optional poverty-level - related pregnant women
  - [X] Optional poverty-level - related infants
  - [X] Optional targeted low income children
  - [X] Non IV-E children who are under State adoption assistance agreements
  - [X] Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
  - [X] Individuals who meet income and resource requirements of AFDC or SSI
  - [X] 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
  - [X] Children aged 15-20 who meet AFDC income and resource requirements
  - [X] Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
  - [ ] Individuals infected with TB
  - [X] Individuals screened for breast or cervical cancer by CDC program
  - [X] Individuals receiving COBRA continuation benefits
  - [X] 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
  - [X] Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
  - [X] Individuals terminally ill if in a medical institution and will receive hospice Care
  - [X] Individuals aged or disabled with income not above 100% FPL
  - [ ] Individuals receiving only an optional State supplement in a 209(b) State
  - [X] Individuals working disabled who buy into Medicaid (BBA working disabled group)
  - [X] Employed medically improved individuals who buy into Medicaid under TWWIA Medical Improvement Group

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- [X] Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
- [X] Individuals eligible under 1902(a)(10)(A)(i)- new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)

(6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The state will pay the broker a capitated rate by calculating per member per month fee multiplied by the total number of eligible beneficiaries

(B) Please describe how the transportation provider will be paid:

The transportation provider will be paid the capitated rate at the beginning of each month.

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State general revenue constitutes the non-Federal share of the transportation payments. It is funded through two sources:

- 1) Appropriation to the single state Medicaid agency (EOHHS) from the Legislature; and
- 2) Intergovernmental transfer (IGT) from the Department of Human Services

Agency	Total Expenditure	State General Revenue
EOHHS	\$1,663,295,781	\$772,296,682
DHS Appropriation	\$4,009,017	\$3,573,760
DHS TANF	\$3,871,590	N/A
DHS Title XX	\$255,152	N/A

A portion of the non-federal share is provided through an IGT from the Department of Human Services. The Department of Human Services is the State entity that administers the SNAP, TANF, and other human service programs. DHS has no taxing authority.

When EOHHS pays the claim through the MMIS, the State share amount is billed to the DHS account. There will be certain people who are Medicaid eligible, but whose transportation is funded from TANF or Title XX. The transportation PMPM associated with those individuals will not be claimed for Federal Medicaid Match. The MMIS is not allowed to report a federal expense for funding aside from Medicaid, therefore, these funds cannot be claimed as a Federal Medicaid match.

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

credit any savings to the program.

- (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). **OFFICIAL**
- (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.
- (7) The broker is a non-governmental entity:
- the broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
  - The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
    - Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
    - Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
    - The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
  - Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
  - Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service.
- (9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker ( call center, over-sight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided

The Broker shall manage and oversee the quality of services by reviewing and modifying service rules, regulations, and policies to establish a cost-effective service delivery system throughout the duration of the contract. Management oversight controls shall include the following:

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- The Broker shall monitor beneficiary access and complaints.
- The Broker shall ensure that transportation is timely and that transport personnel are licensed, qualified, competent, and courteous.
- The Broker will perform annual audits and oversight to ensure the quality and timeliness of the transportation services. A report will be submitted to EOHHS on July 1, each year of the contract.
- The Broker shall perform all services in compliance with local, state, and federal guidance and regulations (including, but not limited to 440.170(a)(4)(ii))
- Prior to the start date of May 1, 2014, of the contract and during the duration of the contract, the Broker will assure that 100% of all providing transportation follow all sections of The Executive Office of Health and Human Services Regulations for Transportation.
- The Broker is liable for the full cost of services resulting from a prohibited referral or subcontract.
- Authorizing providers without appropriate credentialing will trigger a review to recoup for services paid to the Broker.
- Failure to submit annual audits will result in a possible financial adjustment to the contract for the next year.

The Broker shall coordinate call centers, trip assignment functions, and eligibility verification for all beneficiaries. Furthermore, the Broker shall ensure that call center staff are able to assign trips to all modes and have access to the least costly, most appropriate option.

- By May 1, 2014, the Broker shall have a Rhode Island location and address, toll free phone line(s) that members and healthcare providers can receive a live, courteous, trained customer service representative(s) for urgent care requests and ride assistance calls 24 hours a day, 7 days a week.
- By May 1, 2014, the Broker shall not have an answering service and is expected that the response be consistent with that during Monday- Friday work hours of 9am-5pm
- By May 1, 2014, the Broker must fully disclose all names of the providers and make available evidence that all transportation needs will be met on the first day of the contract.

The Broker is responsible for ongoing recruitment and maintaining a diverse and flexible statewide network of transportation providers that provides NEMT services to RI Medicaid members and elders. The Broker is to provide in writing the following:

- NEMT services are available and provided 24 hours a day, seven days a week, every day of the year, without exception.
- NEMT Transportation network will be comprised of fixed route bus, fixed route train/rail services, fixed route subway/streetcar services, ferry boats, para-transit vehicles, ambulance and wheelchair vans, taxi and public motor vehicles (PMVs).
- Innovative strategies to reduce per trip costs and enhancements to the existing NEMT transportation system and provide them in an annual report to the EOHHS
- Payments to transportation providers shall be reasonable to ensure adequate access to transportation services.
- Negotiate rates through competitive bidding or use other strategies to ensure the provision of the most appropriate and least costly transportation services.
- On-going collaboration with medical providers, adult day care providers, nursing homes, dialysis centers and methadone treatment clinics, and other medical provider facilities to achieve NEMT efficiencies.

Specifically, prior to May 1, 2014, the Broker shall be able to implement or have the following in place:

- Able to accept daily member eligibility files (Medicaid and CNOM) members;
- Establish and maintain an effective Call Center, website, and printed materials for communication with members, transportation providers, and facilities such as nursing homes, dialysis centers, methadone clinics, adult day care centers and meal sites;
- Provide a seamless prior authorization mechanism for all NEMT requests, including:
  - a. Verification of member eligibility for Medicaid, CNOM and elderly transportation program;
  - b. Verification of appointment for Medicaid-covered services by a Medicaid provider; or verification that the trip purpose and destination meets the programmatic rules of the NEMT transportation program;

- c. Conduct a functional assessment of the member;
- d. Assignment to the least expensive, medically-appropriate mode of transportation.
- A diverse network of transportation providers to transport eligible members to Medicaid and elderly covered services throughout Rhode Island and to out-of-state medical providers only when medically necessary;
- Operate an efficient method for arranging such services that requires members to request transportation with 48 hour advance notification (except for urgent or sick visits);
- Manage and maintain rigorous quality assurance, utilization review, and auditing mechanisms to ensure that services are delivered to eligible members within performance standards;
- Ensure that only appropriate claims and costs are paid;
- Implement a mechanism to manage claims data including:
  - a) An industry-acceptable means to accept claims data from transportation providers and provide prompt payment;
  - b) A mechanism to match and verify claims data with prior authorizations and other required information;
  - c) An industry-acceptable means to authorize payments to transportation providers.
  - d) An industry-acceptable means to communicate and transmit HIPAA compliant paid claims data to the EOHHS (or its designee) on a regular schedule.
- Maintain records and supporting data (including but not limited to member data, trip authorizations, claims data and provider records) in a retrieval and storage mechanism that complies with all Federal and State requirements;
- Ensure that records comply with State and Federal record retention requirements which are ten (10) years for medical records, source records and financial records and seven (7) years for litigation
- Failure to maintain all required documentation or to provide such records to the EOHHS upon request may result in the disallowance and recovery by the EOHHS of any amounts paid for which the required documentation is not maintained or provided;
- Provide prior authorization for all NEMT services for all modes of transportation;
- Ensure that all Transportation providers will receive a prior authorization from the Broker before remitting payment for the transportation they provided to members;
- Provide and operate a claims processing system sufficient to support the provider payment and data reporting requirements specified elsewhere in this Agreement;
- Expand claims processing or MIS capacity when the volume of trips and/or eligible members or populations increase over time;
- Perform utilization review functions by verifying requests for medical transportation to ensure that such requests for transportation are for scheduled Medicaid covered services and to verify that an appointment is actually scheduled for the Medicaid-eligible member and performed by a Medicaid-participating provider;

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Coordinate out-of-state travel for those members requiring such travel;

- Verify the medical necessity based upon a “functional assessment” for out-of-state travel appointment and determine the closest medical provider able to perform the service, including to medical providers in border state communities (See Section 13).
- Have Policies a Procedural Manual for all of the above thirty (30) days prior to the start date of May 1, 2014.

The Broker shall not provide transportation directly and will maintain the following performance standards:

- Routine: within 15 minutes of the scheduled pick up
- Urgent: within 3 hours of the Broker receiving the request
- Will-call: within 60 minutes of the Broker receiving the request
- Drop off: no more than 30 minutes early

The Broker will arrange such services that require members to request transportation with 48 hour advance notification (except for urgent or sick visits). Therefore, beneficiaries must call Monday for transport Wednesday, call Tuesday for transport Thursday, Call Wednesday for transport Friday, Saturday or Sunday, call Thursday for transport Monday, call for Friday for transport Tuesday. The Broker shall ensure that all clients receive

confirmation of their trip details by 6 pm the night before a scheduled trip.

The purpose of the call center is for the intake and processing of transportation needs for eligible Medicaid members that includes, but is not limited to:

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- 100% of all calls will have verification of Medicaid
- 100% of all calls will determine the most appropriate and cost effective transportation mode to meet the identified needs
- Authorization of transportation;
- Dispatching non-emergency transportation trips;
- Resolving problems that may arise during a trip;
- Responding to reports of fraud and/or abuse; &
- Responding to requests for general information about transportation services.
- The Broker is to provide documentation of confirming all trips prior to 6pm before a scheduled trip
- Prior to May 1, 2014, the Broker shall locate the Customer Service Call Center in Rhode to accept transportation requests, assign trips, and address trip concerns minimally during normal business hours, Monday through Friday from 9am-5pm.
- The Broker shall designate a Backup Call Center for business continuity purposes.
- The Backup call center may be located inside or outside of Rhode Island and must be equipped to handle all the same services during anytime that main Customer Call Center is closed.
- The Broker's Backup Call Center must have access to all resources and key management staff after hours as those working at the call center Monday through Friday 9am- 5pm.

Key management staff shall be located during normal business hours in Rhode Island for ease of meeting with State staff, transportation and medical providers.

During the course of the contract, the Broker shall increase the number of telephone lines, depending on demand or by request of the EOHHS.

- The Broker shall utilize an automated method to schedule member trips once they are authorized and shall ensure that dispatching activities are performed efficiently.
- The scheduling method used must be capable of accommodating recurring trips, one-time trips, advance reservations, and requests for urgent trips.
- The Broker shall ensure that all clients receive confirmation of their trip details by 6 pm the night before a schedule trip.

The Broker shall comply with all Federal and State confidentiality policies and procedures in performance of the call center activities.

The Broker shall maintain records and supporting data (including but not limited to member data, trip authorizations, claims data, and provider records) in a retrieval and storage mechanism that complies with all federal and state requirements and ensure that records comply with state and federal record retention requirements which are ten (10) years for medical records, source records, and financial records and seven (7) years for litigation.

Medicaid NEMT services delivered by the Broker are only reimbursable when the member is being transported to or from a Medicaid-covered service delivered by a Medicaid provider. Reimbursement is only available for the beneficiary with the medical appointment (i.e., if an adult with an appointment is accompanied by a child, FFP is only available for the adult's trip.) The Broker shall provide NEMT transportation to all beneficiaries who request NEMT services and are currently enrolled in Medicaid, meet the criteria for the elderly transportation program, have a medical condition that prevents him/her from using fixed route bus services, or is requesting transportation to/from an origin/destination address that is more than 1/2 mile from the bus route. The Broker must verify member Medicaid eligibility by accessing daily the Rhode Island Medicaid Management Information System (MMIS) using the unique Medicaid identification number. The Broker must verify member eligibility regardless of who initiates the request. The Broker shall have policies and procedures submitted to EOHHS that provide NEMT services on a non-discriminatory basis to eligible members irrespective of the regions, communities, or neighborhoods they live in or their age, race, religion, creed, national origin, sexual orientation, gender, ability, health status, or based on others with whom they live.

The Broker’s Policies and Procedures shall comply with all applicable state and federal laws pertaining to member rights, privacy, and accommodation. The Broker shall require its employees and network providers to respect those rights when providing services to members. The Broker shall allow and/or arrange for no more than one attendant to accompany any member who requires one during transportation. The Broker shall ensure that an attendant accompanies all children under the age of 18. The Broker shall allow adult members who need transportation to their own medical appointments to have no more than one child accompany them during transportation. The Broker shall identify and plan for the special needs of passengers (e.g. cannot be left alone, cannot identify him/herself by name).

The Broker shall be responsible for informing and educating members and key stakeholders including, health care providers, provider associations, community-based organizations, and consumer representatives about the NEMT management services. The Broker shall emphasize the availability of NEMT services, eligibility for these services, the authorization process for single trips and standing orders, medical documentation of need, and how to access and use these services properly. The Broker shall maintain and operate a telephone device (TDD) for the deaf and hard of hearing callers who need such a device.

Performance Holdbacks

The State may hold back up to 2% of monthly payments if the Broker’s performance falls below acceptable quality standards, including but not limited to the standards listed below:

Activity	Standard	Current Average (May 2013)
Average Speed of Answering	Exceeds 3:00 minutes	1:26 minutes
Percent of Calls Abandoned	Exceeds 20%	7.04%
Percent of Trips Unfulfilled	Exceeds 5%	2.18%
Percent of Members with Valid Complaints Per Month	Exceeds 5%	4 Per Month



23f. Personal Care Services:

1. Personal care services are available for individuals who are in residential facilities for the chronically mentally ill which have less than 17 beds and which are licensed by the Department of Behavioral Healthcare, Development Disabilities, and Hospitals.
2. Personal care services are available to all EPSDT-eligible individuals, based on medical necessity, under the age of 21 and in all settings where personal care services are furnished. Personal care services are offered in accordance with 42 CFR 440.167. Services are available in beneficiary homes as well as in facilities providing residential treatment programs licensed by the Department of Children, Youth, and Families.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

As required by federal Medicaid regulations, the State assures access to non-emergency medical transportation (NEMT) for Medicaid members to access Medicaid covered services provided by Medicaid participating providers. Requests for NEMT outside the State of Rhode Island require additional documentation of medical necessity and/or that the service is not available in Rhode Island.

If the recipient does not have access to his/her own means of transportation, then the member can request NEMT through Medicaid. NEMT will be provided by the least-costly, medically appropriate means.

Covered NEMT services include bus passes, cabs, ambulatory vehicles, wheelchair-life equipped vehicles and stretchers. Prior authorization is required for cabs, ambulatory vehicles, wheelchair-lift equipped vehicles and stretchers. While NEMT provider payments are available for out-of-state services, the State of Rhode Island does not provide direct reimbursement to members for meals, mileage and/or out-of-state transportation expenses.

Rite Care and Rite Share members as well as members of the new expansion population may obtain a Rhody Ten monthly bus pass by presenting their current Medicaid ID card at participating supermarkets. Eligibility is verified through a POS device. The Rhody Ten bus pass provides members with 10 trips per month and children under the age of five ride free. Additional trips may be authorized by the member's health plan, if determined medically necessary. Passes are available for members of the 25<sup>th</sup> of the month for the following month's pass.

Adults with disabilities and the elderly can access senior/disabled bus passes at the Rhode Island Public Transportation Agency Photo ID Office. If a member has a medical condition that requires a higher level of NEMT, or if the origin or destination of the medical trip is more than ½ mile from a bus route, the member can contact his/her health or the DHS Transportation line. The health plan or the DHS transportation line will verify the member's Medicaid eligibility, that the service is covered by Medicaid and that the provider participates in Medicaid. Members have freedom of choice of NEMT providers, so long as the provider is available at the requested date and time and able to provide the medically appropriate form of transportation.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

Effective July 1, 1970, there will be provision for assuring necessary transportation of recipients to and from providers of services, using the following methods:

Requests for transportation received from recipients will be evaluated on an individual basis to assure that each individual has access to transportation as indicated by this particular combination of medical need, geographic location, and appropriate source of care with due consideration to sources of transportation available to the individual without charge to the individual or agency.