

Medicaid's Transportation Benefit and Children and Youth with Special Health Care Needs (CYSHCN)



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Introduction

Transportation is essential for children and youth with special health care needs (CYSHCN) to regularly access health care and support chronic health conditions that require ongoing treatment. However, CYSHCN are significantly more likely to delay care due to transportation barriers than children and youth without a special health care need.ⁱ State Medicaid agencies are required to administer the non-emergency medical transportation (NEMT) benefit, which provides coverage for rides to and from medical appointments for all Medicaid beneficiaries.ⁱⁱ States determine when a ride is necessary (e.g., a beneficiary has a mental or physical disability). Knowledge of the NEMT benefit can assist state health officials, including state Title V program staff, in supporting access to care for CYSHCN enrolled in Medicaid.

Non-emergency medical transportation (NEMT) is a required Medicaid benefit that provides rides to and from medical appointments to beneficiaries who require assistance with transportation. States determine the scope of the NEMT benefit, but generally a broad range of services are covered including trips in cars, vans, and buses.

The NEMT benefit plays a large role in providing Medicaid beneficiaries with transportation to medical appointments. In fiscal year (FY) 2018, 3.2 million people used NEMT, with people with disabilities among the most frequent users.ⁱⁱⁱ With Medicaid and CHIP covering about 47 percent (or 6.1 million) of CYSHCN, the NEMT benefit has the potential to support their access to care.^{iv} However, some families can experience disparities when accessing NEMT services such as families whose primary language is not English.^v CYSHCN who live in rural areas also face potential barriers in accessing transportation to medical and behavioral health care.^{vi} In 2018, among the Medicaid population, 5.2 percent (or 2.5 million people) reported delaying care due to transportation barriers.^{vii} Of those, 39 percent were children aged 0-18 and had a special health care need that required ongoing care.^{viii}

During the COVID-19 pandemic, many states expanded the use of telehealth services, which can ameliorate the impact of transportation barriers on access to care.^{ix} Telehealth allows for some increased access to certain forms of health care, especially to those with limited mobility or who live in rural areas.^x However, there are limitations to this method of care. Many low income and rural families lack access to broadband and necessary technology, safe locations to have private appointments, and knowledge of how to use or request telehealth.^{xi} Moreover, some medical appointments may require attendance in person for which transportation is required.

Medicaid Coverage of Transportation Services

Federal regulation requires states to specify in their Medicaid state plan the methods they will use to ensure necessary transportation for beneficiaries to and from Medicaid-enrolled providers.^{xii} States must also include coverage for related necessary travel expenses to secure medical examinations and treatment.^{1, xiii} The Consolidated Appropriations Act of 2021 mandates that each state's Medicaid program ensure transportation providers, including transportation network companies (i.e., ridesharing companies) and individual drivers, meet specific requirements such as the holding of a valid driver's license and the reporting of any traffic violations a driver may hold, among others.^{xiv} Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, state Medicaid agencies are responsible for providing families with transportation and scheduling assistance to access care if requested.^{xv}

The scope of the Medicaid NEMT benefit varies by state, but generally covers a broad range of transportation services including trips in taxis, buses, vans, and mileage reimbursement.^{xvi} States can also choose to cover non-medical transportation (NMT) to enable individuals, such as those receiving Medicaid-funded home- and community-based services (HCBS), access to activities and resources when private transportation is unavailable.^{xvii} Examples of non-medical transportation include rides to grocery stores, prescribed pediatric extended care centers, community centers, and places of employment.^{xviii}

1 Related necessary travel expenses include the cost of the beneficiary's appropriate means of transportation, meals and lodging en route to and from medical care and while receiving medical care, and the cost of an accompanying attendant's transportation, meals, lodgings, and if the attendant is not a member of the beneficiary's family, salary, if necessary.

State Approaches to the Medicaid Transportation Benefit

States use a variety of approaches to operationalize the Medicaid NEMT benefit, including contracting with transportation brokers to manage services. Many states also integrate NEMT services into their Medicaid managed care programs (MMC) by requiring managed care organizations (MCOs) include coverage of the NEMT benefit as part of state MMC contracts. Some state Medicaid agencies administer NEMT on a fee-for-service basis at either the local, regional, or state level. Other states adopt a combination of these approaches to operationalize the NEMT benefit. Within each approach, there are opportunities states can consider to support transportation access for Medicaid-enrolled CYSHCN.

Contracting with Transportation Brokers

Some state Medicaid agencies contract directly with a third-party transportation broker to provide NEMT services. Through this approach, transportation brokers manage the service and contract with transportation providers to implement the NEMT benefit. States that contract with transportation brokers can adopt statewide or regional models of service.^{xxix} Statewide brokers are typically national, for-profit brokers, while regional brokers can be for-profit or not-for-profit entities.^{xxx}

The Idaho Medicaid agency, for example, contracts with a transportation broker to administer, coordinate, and manage the statewide network of transportation providers to deliver NEMT services.^{xxxi} The transportation broker operates a call center to receive and review NEMT requests for Medicaid beneficiaries. The broker is also responsible for ensuring that contracted transportation providers deliver NEMT in a safe and professional manner. The state reimburses the transportation broker at a fixed, per member per month (PMPM) rate based on the cost of both NEMT services for eligible Idaho Medicaid beneficiaries and the administration of the brokerage program.^{xxxii}

Kentucky Medicaid established its regional broker model, the Human Service Transportation Delivery (HSTD) program, in 1998.^{xxxiii} Under the state's 1915(b) waiver and subsequent state plan authorities, the state Department for Medicaid Services (DMS) contracts with the Kentucky Transportation Cabinet to administer the HSTD program, which provides non-emergency, non-ambulance medical transportation services to Medicaid beneficiaries.^{xxxiv} Depending on the beneficiary's needs, transportation is provided by taxi, van, bus, or public transit and wheelchair service is provided if medically necessary.^{xxxv} Approved local community-based regional brokers throughout fifteen transportation regions coordinate and provide transportation services to Medicaid beneficiaries within their region by subcontracting with additional providers.^{xxxvi} The Kentucky Transportation Cabinet, the executive agency responsible for overseeing the development and maintenance of the state's multi-modal transportation system, is reimbursed at a monthly capitated rate set by the DMS for each Medicaid beneficiary receiving NEMT services.^{xxxvii}

Maryland's Transportation Grants program is a state program that awards grants to local jurisdiction agencies to administer non-emergency medical transportation services to Medicaid beneficiaries. The program is funded as an administrative expense under an approved cost allocation plan.^{xxxviii} Each year, the Maryland Department of Health, which houses the state's Medicaid program, allocates medical transportation funds to each county in the form of human service contracts. Some counties directly oversee NEMT services, including operating as brokers by arranging trips and monitoring use.^{xxxix} Others contract with brokers to provide NEMT services. Local transportation contact resource guides enable Medicaid beneficiaries to self-screen for eligibility and schedule transportation services.^{xxx} In addition to the resource guides, each county has a Transportation Grant Manager who assists members experiencing issues in obtaining transportation.^{xxxxi}

Contracting with Medicaid Managed Care Programs

Nearly all states (47 states and the District of Columbia) use some form of Medicaid managed care (MMC) to serve CYSHCN.^{xxxii} States that operate a MMC service delivery system often include transportation benefits in their MMC

State Medicaid programs and their contracted managed care organizations (MCOs) often include the phone number to access transportation services on a beneficiary's Medicaid ID card. States and MCOs will sometimes also include this information in welcome packets for newly enrolled members or other outreach materials regarding medical and behavioral health benefits.

programs, requiring MCOs to provide these services to members. According to the 2021 Medicaid Health Plan Survey, 95 percent of Medicaid MCOs provide NEMT services and 84 percent of Medicaid MCOs provide non-medical transportation (NMT) services to their members as an enhanced benefit.^{xxxiii}

Medicaid MCOs use a variety of approaches to ensure access to care and typically contract with transportation brokers to provide NEMT services. In Florida, for example, each Medicaid MCO contracts with one of three national brokers to provide NEMT for Medicaid beneficiaries.^{xxxiv} The brokers contract with a variety of transportation providers including taxicabs, public transit, human services transportation providers, and in some counties, the community transportation coordinator. In Texas, NEMT services provided by Medicaid MCOs include demand response transportation services² as well as NMT services, shared rides, public transportation services, mass transit, individual transportation participant (ITP) mileage reimbursement, meals, lodging, and commercial air travel.^{xxxv}

States with specialized Medicaid managed care (MMC) programs or targeted benefits for disabled beneficiaries, such as CYSHCN, typically include requirements and considerations for their unique transportation needs. Texas, for example, requires Medicaid MCOs and their subcontractors to provide physical assistance to members who need to use wheelchair lifts or ramps to enter and exit vehicles.^{xxxvi} Drivers must also assist with placing mobility aids in the vehicle and folding wheelchairs. These efforts can help ensure adequate access for Medicaid beneficiaries, including CYSHCN, who have unique transportation needs. Texas also provides support for people to request accommodation when scheduling a ride.^{xxxvii} Beneficiaries in the state can identify the use of items including a wheelchair, lift, or a walker, so the appropriate type of vehicle is sent.^{xxxviii}

Florida's Children's Medical Services Health Plan serves children under age 21 who have special health care needs that require extensive preventive and ongoing care.^{xxxix} Under this health plan, transportation methods can include a bus, taxi, van, or other kinds of vehicles designed to accommodate the needs of individuals with disabilities.^{xl} Additional NEMT benefits include out-of-state travel for medical appointments, transfers between hospitals or facilities, and medically necessary escorts who assist beneficiaries in walking to and from the vehicle. These services are especially useful for CYSHCN who may need to seek care outside their state or at multiple facilities.

States often review the adequacy of Medicaid MCO transportation networks to ensure transportation services are efficiently provided to beneficiaries. In Texas, the state review includes an assessment of whether enough transportation providers are included in the transportation network of certain geographic areas. This review ensures that beneficiaries in areas with a lack of transportation (e.g., rural areas) have access to an adequate network of transportation providers. In addition, the state also assesses if member complaints regarding timely and quality service are addressed.^{xli}

Additional State Approaches to Administering NEMT

More recently, some states are utilizing partnerships with ridesharing companies (i.e., transportation network companies) such as Uber and Lyft to deliver NEMT to Medicaid beneficiaries. These entities can expand access to NEMT services, especially since they utilize technology with which beneficiaries are often familiar. Florida allows ridesharing companies (e.g., Uber and Lyft) to provide NEMT to Medicaid beneficiaries if they are under contract with an MMC plan, a transportation broker that is under contract with an MCO or Florida's Medicaid agency, or if they receive referrals from a transportation broker contracted with an MCO or the state Medicaid agency.^{xlii} In Texas, the state's Medicaid agency and MCOs contract with ridesharing companies to provide NEMT services to beneficiaries. The partnership between Uber, Lyft, or other third-party ridesharing companies and the Texas Medicaid program aims to directly address barriers to care, reduce costs for the state government, and streamline population health management at scale.^{xliii}

Some state Medicaid agencies administer NEMT for beneficiaries at a state, regional, or local level without contracting with an independent transportation broker. South Dakota's Department of Social Services operates a fee-for-service NEMT model which pays transportation providers directly.^{xliv} Mileage incurred by the beneficiary or volunteer driver from traveling to or from medical appointments outside the beneficiary's city of residence is reimbursed by the Department of Social Services.^{xlv} Beneficiaries are required to complete and submit a NEMT form for each medical trip along with any necessary documentation to their local Finance/EBT office, located in the Department of Social Services, to receive reimbursement.

2 Demand response transportation services involve a transportation provider that dispatches vehicles in response to requests for individual or shared one-way trips.

Title V Supports Access to the Medicaid Transportation Benefit for CYSHCN

Transportation is a key social determinant of health, and state Title V programs can play an important role in supporting access to transportation services for CYSHCN. Knowledge of their state's Medicaid NEMT benefit can help them connect CYSHCN and their families to transportation services. Collaboration with state Medicaid programs can also support both awareness of NEMT services and an opportunity for continued enhancement of transportation services for CYSHCN and their families. State Title V programs can also share feedback about NEMT services from CYSHCN and their families with their Medicaid colleagues. Finally, state Title V programs can support state Medicaid programs in addressing the unique challenges CYSHCN and their families have related to transportation access.

Some state Title V programs connect CYSHCN enrolled in Medicaid to NEMT services by educating families about the benefit and helping them schedule transportation appointments. The New York Title V program provides funding and program guidance to local health department-based CYSHCN programs to provide an array of services including connecting CYSHCN to transportation services.^{xlvi} Ensuring CYSHCN and their families have access to transportation to their medical appointments can also be a key part of state Title V care coordination activities. Care coordinators from the Connecticut Medical Home Initiative (CMHI) and local health departments in Maryland help families of CYSHCN obtain transportation to medical appointments.^{xlvii}

To support opportunities for family engagement, Title V and Medicaid programs can partner to use the results of the federally required Title V Maternal and Child Health Services Block Grant needs assessment to obtain feedback on access to transportation. New York's FY 2021 MCH Services Block Grant Application, which includes a comprehensive statewide MCH needs assessment, contains feedback from families on how the state Title V program can support access to transportation services. Families requested more informational resources about available transportation services and more accessible transportation to accommodate wheelchairs.^{xlviii} Efforts to obtain feedback from CYSHCN and their families on using NEMT services can also potentially support state Medicaid quality assurance efforts to improve access to transportation.

Conclusion

Transportation to and from medical appointments is available to all Medicaid beneficiaries, including CYSHCN, through the NEMT benefit. States have flexibility in the administration of this benefit, resulting in variability across Medicaid programs. State Medicaid agencies utilize a variety of approaches to implementing the benefit including contracting with a transportation broker to provide NEMT services at a regional or state level, incorporating NEMT services into MMC programs, partnering with other entities to provide NEMT, or a combination of strategies. State Title V agencies can leverage knowledge about their state's approach to administering NEMT to further advance efforts to connect CYSHCN and their families to care.

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