Medicaid Transmittal Letter (MTL) No. 3336-00-00

TO: Providers of Ground Ambulance Services
Providers of Air Ambulance Services
Providers of Wheelchair Van Services
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services
Other Interested Parties

FROM: Scott Partika, Medicaid Director

SUBJECT: Five Year Rule Review 5160-15-01 Transportation: Definitions and 5160-15-10 Transportation: Non-emergency Services Through a CDJFS

Summary

Pursuant to section 106.03 of the Ohio Revised Code, a systematic review has been made of the following rules in Chapter 5160-15 of the Ohio Administrative Code:

5160-15-01 "Transportation: definitions" sets forth definitions that apply to OAC Chapter 5160-15.

- The definition of Non-emergency Medical Transportation (NEMT) will be added to the rule.

5160-15-10 "Transportation: non-emergency services through a CDJFS"

- A provision to the title of the rule will be made, changing the title to Transportation: non-emergency medical transportation through a CDJFS.
- A provision to the language will be changing the term non-emergency transportation to NEMT.
- A provision will be added to paragraph (D)(1)(j) stating transportation is available for medicaid-eligible individuals residing in assisted living or group home settings.
- The existing language in paragraph (D)(1)(j) will be updated to paragraph (D)(1)(k).
- A provision will be made adding paragraph (E) to the rule stating each CDJFS unit "will develop a community transportation plan to describe how it implements relevant provisions of" the NEMT rules by completing the ODM 10241 form. The ODM 10241 form is to be revised and submitted to ODM whenever the CDJFS makes a significant change and every twelve months from the date of the last annual submission

Questions pertaining to this clearance should be sent to Rules@Medicaid.Ohio.gov.

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5160-15-01 **Transportation: definitions.**

(A) Provisions in this chapter do not necessarily apply to transportation furnished in accordance with other chapters of agency 5160 of the Administrative Code.

(B) The following definitions apply to this chapter:

(1) Terms that have the same meaning as in 42 C.F.R. 414.605 (October 1, 2020) include the following items:

(a) "Advanced life support, level 1 (ALS1)";

(b) "Advanced life support, level 2 (ALS2)";

(c) "Basic life support (BLS)";

(d) "EMT-basic," "EMT-intermediate, and "EMT-paramedic" (collectively, "advanced life support (ALS) personnel");

(e) "Fixed wing air ambulance";

(f) "Rotary wing air ambulance"; and

(g) "Specialty care transport (SCT)."

(2) "Ambulance" is a collective term for air ambulance and ground ambulance.

(a) "Air ambulance" is a collective term for "fixed wing air ambulance" and "rotary wing air ambulance."

(b) "Ground ambulance" is a collective term for land ambulance and water ambulance.

(3) "Attendant" is an individual employed by a transportation provider, in addition to the minimum crew of a wheelchair van or a ground ambulance, who aids in the non-emergency transportation of medicaid-eligible individuals who need extra assistance.

(4) "County department of job and family services (CDJFS)" is an entity established under section 329.01 of the Revised Code or a group of such entities acting together under a formal collaborative agreement.

(5) "Documentation" is information recorded in an appropriate medium for the purpose of substantiating an assertion. Information that is not relevant to a situation or does not support a statement about a situation is not documentation.

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(6) "Eligible provider" has the same meaning as in Chapter 5160-1 of the Administrative Code.

(7) "Emergency" is a situation that calls for an immediate response for the provision of medical treatment, particularly a situation in which the sudden onset of a medical condition manifests itself in acute symptoms so severe that the absence of immediate medical attention could reasonably be expected to result in serious harm to an individual's health, significant impairment of a body function, or failure of a body organ or part. An ambulance service may be considered to be of an emergency nature when an individual, at the time of transport, needs health-related assistance including but not limited to the following services:

(a) Immediate medical attention for a serious injury, an acute illness, or the sudden instability of a physical condition;

(b) Prophylactic immobilization; or

(c) Transport to a trauma center.

(8) "Emergency medical technician (EMT)" is a collective term for EMT-basic, EMT-intermediate, and EMT-paramedic.

(9) "Loaded mileage" is the distance traveled to or from a medicaid-coverable service with a medicaid-eligible individual in the vehicle. Air ambulance mileage is expressed in statute miles.

(10) "Long-term care facility" is a collective term for intermediate care facility for individuals with intellectual disabilities (ICFIID), nursing facility (NF), and skilled nursing facility (SNF). Neither an assisted living facility nor a group home is an LTCF.

(11) "Manual review" is the examination of a claim by an employee of the department for the purpose of determining whether it meets criteria for payment.

(12) "Medicaid-eligible individual" is an individual who meets eligibility criteria of the medicaid program.

(13) "Medicaid-coverable service" is a service or procedure, exclusive of the transportation services specified in this chapter, that either is itself payable under the Ohio medicaid program in accordance with agency 5160 of the Administrative Code or is intrinsically related to a payable service or procedure.

(14) "Mobility-related assistive device" (or "mobility device") is a piece of equipment that is intended primarily to facilitate human locomotion and cannot be

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classified as a motor vehicle, common carrier, or similar conveyance. For purposes of this chapter, a mobility device is a manual wheelchair, power wheelchair, power-operated vehicle (scooter), or wheelbench (a device, similar in function to a wheelchair, that is used by a person in a recumbent position).

(15) "Non-emergency" is a situation for which immediate response is not needed for the provision of medical treatment.

(16) "Non-emergency medical transportation" (NEMT) is defined as transportation provided to medicaid-eligible members for services that are covered by the Ohio department of medicaid (ODM) and for which immediate response is not needed for the provision of medical treatment. These services may be provided, as an administrative service, by the local county department of job and family services (CDJFS) acting on behalf of ODM and the Ohio department of job and family services (ODJFS). The types of assistance offered range from fuel subsidy to actual rides furnished by vendors under contract with the CDJFS. Additionally, NEMT may be provided as a medical service through qualified wheelchair van or stretcher van transport providers, when claims are submitted to ODM for payment as described in rules 5160-15-22 and 5160-15-23 of the Administrative Code.

~~(16)~~(17) "Personal assistant" is an individual who accompanies and provides necessary assistance to a medicaid-eligible individual during non-emergency transport that has been arranged through a county department of job and family services.

~~(17)~~(18) "Point of transport" is the terminus of a trip, either the place of origin or the destination.

~~(18)~~(19) "Signature" is a distinctive mark (usually taking the form of a name) that is made in order to indicate a person's responsibility for a document or other material. A signature may be written in someone's own hand or produced in any other legally valid manner.

~~(19)~~(20) "Transportation provider" is an eligible provider that furnishes wheelchair van or ambulance services and meets the minimum criteria specified or referenced in this chapter. For purposes of this chapter, a vendor under contract with a CDJFS to transport medicaid-eligible individuals is not considered to be a medicaid transportation provider.

~~(20)~~(21) "Wheelchair van" is a vehicle that meets the definition of "ambulette" set forth in section 4766.01 of the Revised Code, meets the standards and

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conditions for licensure specified in Chapter 4766. of the Revised Code, and meets standards specified in Chapter 4766-3 of the Administrative Code.

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5160-15-10 **Transportation: non-emergency medical transportation ~~services~~ through a CDJFS.**

(A) Pursuant to 42 C.F.R. 431.53 (as in effect on October 1,2025), the Ohio department of medicaid (ODM) is obligated to ensure necessary transportation for medicaid-eligible individuals to and from providers of covered healthcare services. ODM fulfills this obligation in large measure through three-way subgrant agreements with the Ohio department of job and family services (ODJFS) and with each county department of job and family services (CDJFS). This rule sets forth the responsibilities and expectations placed by ODM on each CDJFS in the administration of this medicaid-funded non-emergency medical transportation (NEMT) ~~assistance~~ benefit. In signing a subgrant agreement, a CDJFS agrees to be bound by this rule and by any other applicable provision of the Administrative Code.

(B) For each individual to whom ~~non-emergency transportation assistance~~NEMT is provided, a CDJFS is expected to select the type of assistance that is most cost-effective, is suitable to the individual's needs and circumstances, and enables timely access. If one type of assistance proves infeasible, a CDJFS may select another type.

(1) A CDJFS may decline to provide medicaid-funded ~~non-emergency transportation assistance~~NEMT to a medicaid-eligible individual under this rule if either of the following criteria is met:

(a) The associated healthcare service is not part of the individual's medicaid benefit package; or

(b) The requested ~~non-emergency transportation assistance~~NEMT is not necessary for any of the following reasons:

(i) A medicaid managed care organization (MCO) is obligated to furnish transportation to the individual under its provider agreement with ODM;

(ii) The individual is a resident of a long-term care facility (nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities), for whom transportation is provided in accordance with Chapter 5160-3 or Chapter 5123:2-7 of the Administrative Code;

(iii) A medicaid hospice provider is obligated to provide or arrange transportation that is necessary for the individual to receive care related to a terminal illness;

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(iv) Suitable transportation is available free of charge to the general public; or

(v) Failure to provide the requested assistance will have no effect on the individual's ability to obtain the healthcare service.

(2) A request made on behalf of a minor child for ~~non-emergency transportation assistance~~NEMT entails additional considerations.

(a) Responsibility for transporting a child normally falls to a parent or guardian. In reviewing a request, a CDJFS should take into account the impact, if any, of the following factors:

(i) Whether a family member or friend is available to provide transportation;

(ii) Whether the family has ready access to a reliable vehicle;

(iii) Whether the family has sufficient financial resources (including any adoption or foster care subsidy); and

(iv) Whether another entity such as a school system is or should be involved.

(b) A request for ~~non-emergency transportation assistance~~NEMT to enable another person, such as a parent, to be with a child in a healthcare facility may be approved if two criteria are met:

(i) The presence of the other person is needed for an identifiable healthcare purpose that will benefit the child; and

(ii) The other person lacks the resources necessary to make the trip (or trips).

(3) A CDJFS may temporarily restrict or suspend a particular type of ~~non-emergency transportation assistance~~NEMT or ~~non-emergency transportation assistance~~ NEMT in general for an individual for reasons including but not limited to the following examples:

(a) Misuse by the individual, as determined by the CDJFS;

(b) Dangerous, threatening, or disruptive behavior on the part of the individual; or

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(c) Presence in the individual of a communicable disease or condition (other than a mild endemic illness such as the common cold) that constitutes a danger to public health.

(4) A CDJFS is to provide a notice of state hearing rights whenever it proposes to withhold, reduce, suspend, or terminate the medicaid-funded ~~non-emergency transportation assistance~~ NEMT benefit or whenever a medicaid-eligible individual formally expresses disagreement with an action or lack of action taken by the CDJFS on a request for ~~non-emergency transportation assistance~~ NEMT. The following examples, however, do not constitute restrictions by the CDJFS of the medicaid benefit and are not subject to state hearing:

(a) The refusal of a request for a specific trip, particularly because of factors beyond the control of the CDJFS such as a scheduling conflict, lack of sufficient advance notice, or adverse weather conditions; and

(b) Failure to provide further ~~non-emergency transportation assistance~~NEMT when all options have been exhausted.

(C) The community service area of a CDJFS is the geographical area within which medicaid-eligible individuals and the general population in the county routinely access healthcare services.

(1) The community service area comprises at least the county or counties served by the CDJFS, and it may also include specific locations in contiguous Ohio counties, non-contiguous Ohio counties, and bordering states.

(2) It is expected that medicaid-eligible individuals will access covered healthcare services within the community service area. If a covered healthcare service can be obtained only outside the community service area, the CDJFS may choose to provide assistance sufficient to enable travel only to or from the nearest location, unless a documented consideration other than distance overrides such a limitation.

(D) Every CDJFS may offer a variety of transportation assistance options.

(1) These options include the following examples:

(a) Contracted livery service;

(b) Payment for fixed-route or demand-response transportation;

(c) Vouchers for fuel at participating service stations;

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(d) Prepayment of fares;

(e) Prepayment for fuel;

(f) Transportation by a CDJFS staff member in a CDJFS vehicle;

(g) Payment of mileage reimbursement;

(h) Reimbursement for travel-related expenses (such as lodging, meals, cost of an attendant) that represent a necessary out-of-pocket cost to a medicaid-eligible individual;

(i) Transportation, or payment for transportation, of a parent or legal guardian accompanying a medicaid-eligible individual who is younger than twenty-one years of age; ~~and~~

(j) Transportation for medicaid-eligible individuals residing in assisted living or group homes settings; and

~~(j)~~(k) Other services approved in advance by ODM.

(2) The types of ~~non-emergency transportation assistance~~NEMT offered by a CDJFS generally reflect the resources available within its community service area. In a large metropolitan area with an extensive public transit system and numerous taxicab and transportation network companies, for example, the CDJFS may choose to offer rides rather than payment of vehicle costs; in a very rural area with no public transit and few livery options, the CDJFS may choose to offer fuel subsidy as its main form of assistance. Every CDJFS, however, regardless of community service area, is expected to develop a process for identifying transportation sources and to make a good-faith effort to secure rides for individuals who need actual transportation.

(E) ~~Each CDJFS shares basic information about its administration of the transportation assistance benefit by submitting form ODM 10241, "Medicaid County Transportation Profile" (rev. 4/2021), to ODM and revising the document whenever changes are made but not less often than every twelve months.~~ Each CDJFS will develop a community transportation plan to describe how it implements relevant provisions of the NEMT rules by completing the ODM 10241 form. The ODM 10241 form is to be revised and submitted to ODM at least every twelve months from the date of the last annual submission and also whenever the CDJFS makes a significant change in its plan.

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(F) Of all the records created in the course of administering medicaid-funded ~~non-emergency transportation assistance~~NEMT, ODM expects a CDJFS to collect the following ~~types~~information for purposes of data analysis and program integrity:

(1) Documentation of each request for ~~non-emergency transportation assistance~~ NEMT, maintained in such a manner that ODM can readily verify the following information:

(a) The individual's medicaid identification number;

(b) The date on which the request for transportation assistance was made;

(c) The identity and location of the healthcare provider where the individual planned to obtain a covered service;

(d) The trip date or dates requested;

(e) The number of one-way trips involved;

(f) The type of transportation assistance provided or the reason why transportation assistance was not provided;

(g) The name of the transportation vendor, when applicable;

(h) The scheduled pick-up and drop-off times and the actual pick-up and drop-off times, when applicable; and

(i) The name of the medicaid program area (such as pregnancy-related services, healthchek/EPSDT, or general non-emergency transportation) to which the cost should be allocated;

(2) Results of criminal background checks and database searches conducted in accordance with rule 5160-15-14 of the Administrative Code; and

(3) Complaints and suggestions received from passengers and, if applicable, from vendors.