

# APD Community (Non-Medical) Transportation Guide and Frequently Asked Questions (FAQ)

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## **The purpose of Community Transportation**

Community Transportation (also known as Non-Medical Transportation [NMT]), is an in-home services option provided by regional contracted transportation providers or homecare workers (HCWs) and In-Home Care Agency (IHCA) caregivers ([OAR 411-030-0055](#)). Community transportation:

- Provides person-centered and flexible transportation services to support an individual's care needs and goals as specified in their service plan.
- Allows in-home service eligible individuals to gain access in their community to non-medical activities, resources, and services.

Definition of Community Transportation in the [Medicaid State Plan](#):

“Community Transportation is provided to an eligible individual to gain access to community-based state plan and waiver services, activities, and resources. Trips are related to the individual's service plan needs, are not covered in the 1115 medical benefit, are not for the benefit of others in the household and are provided in the most cost-effective manner that will meet needs specified on the plan.”

Community Transportation services are not to be used to:

- 1) Replace rides available from natural supports, volunteers, and other transportation services available to the individual; and
- 2) Compensate the service provider for travel to or from the service provider's home.

## **Eligibility for Community Transportation**

Community Transportation is available to individuals who meet the established priorities for Medicaid service eligibility requirements described in [OAR chapter 411-15](#), and who reside in an in-home living arrangement described in [OAR 411-030-0033](#).

Community Transportation is referenced in [OAR 411-015-0007\(9\)](#) and ([OAR 411-030-0055](#)) as a paid service for individuals who receive in-home services provided by a HCW or IHCA, including Spousal Pay, Independent Choices Program (ICP), State Plan Person Care (SPPC) In-home, Healthier Oregon, Oregon Project Independence-Medicaid (OPI-M), Family Caregiver Assistance Program (FCAP) and Specialized Living programs. It is *not* an available service option for individuals who receive Oregon Project Independence (OPI) or services in a Community-Based Care (CBC) or Nursing Facility (NF) care settings.

"Transportation," as a service option and in accordance with a plan of care, refers to an individual's:

- Ability to arrange rides,
- Ability to get in or out of a vehicle,
- Need for assistance during a ride (for a physical or cognitive need, ([OAR 411-015-0007\(9\)](#))).

Community Transportation services are also authorized to support individuals to get to and from a place of employment when an individual is approved for the Employed Persons with Disabilities Program (OSIPM-EPD).

### **Providers of Community Transportation services**

Community Transportation services are made available through:

- 1) Regional contracted transportation providers (available in some service areas), or by,
- 2) A HCW or IHCA caregiver who has hours and mileage reimbursement prior authorized in the individual's service plan, when providing rides for the individual in their personal vehicle.

Contracted transportation providers are connected to a local government, tribe, or regional district that has governance authority (i.e., Rogue Valley Transportation District). They have a contractual agreement with the Oregon Department of Human Services (ODHS) to provide rides for non-medical purposes to eligible individuals in a defined the service area. Transportation providers receive referrals for NMT services from individuals or their CM to initiate ride services. The contract defines the cost reimbursed for each one-way ride, the transportation service area, and a statement of work defining the contractor's responsibilities to eligible participants.

### **The scope of Community Transportation services**

Community Transportation services may be authorized for:

- Individuals to gain access to community activities, services, and resources to support their health and safety and that meet a need or goal specified in their Person-Centered Service Plan (PCSP), during transportation to and from a location or at a ride destination.
- Ride destinations include locations within an individual's home community or nearby community, where resources are available to meet an Activity of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) service need and which do not require unnecessary travel.

Community Transportation services may not be authorized to provide rides:

- For individuals who are assessed as independent in the IADL of Transportation ([OAR 411-015-0007\(9\)](#)).

- To and from a location where the individual does *not* require and/or receive authorized ADL/IADL services specified in the individual's service plan, during a ride or at a ride destination.
- For the benefit of others in the household.
- To replace transportation from natural supports, and other transportation services available to the individual at no charge or nominal charge.
- To obtain items that can be mailed/delivered to a residence without extra cost to the consumer or services that can be provided online.
- For travel to or from the residence of a HCW.
- To provide rides to community or family events (i.e., religious services, family gatherings, entertainment venues, sporting events, etc.).
- To pay for more than the total number of hours, miles, or rides authorized by ODHS or Areas Agency on Aging (AAA) and documented in the individual's service plan.
- To cover rides to and from medical appointments to a physician, hospital, clinic, or other medical service providers (covered under Non-Emergent Medical Transportation [NEMT]).
- To cover travel expenses to a local APD/AAA office to meet with staff.

### **Authorizing Community Transportation in an individual's service plan**

Community Transportation must be prior authorized by an individual's CM and documented in the individual's service plan.

- During an assessment, a CM works with the individual to identify locations in the community where the individual can access supports and services that meet an ADL or IADL need during travel to and from or at the destination.
- The ODHS or AAA only authorizes transportation hours and mileage from the home of an individual to destinations prior authorized in their service plan ([OAR 411-030-0055\(6\)\(c\)](#), [OAR 411-034-0020\(2\)\(b\)\(C\)](#)).
- Approved destinations are based on an estimate of one-way trips per month (i.e., a ride to the grocery store is one trip, the ride back is another trip).
- Any mileage reimbursement authorized for a HCW/IHCA caregiver must be based on an accurate estimate of the maximum miles required to drive to and from destinations authorized in the individual's service plan.
- CMs are to authorize the most cost-effective means of transportation available that meets the individual's assessed needs and goals as documented in the individual's service plan.
- ODHS does not pay any provider under any circumstances for more than the total number of hours, miles, or rides prior-authorized in the individual's service plan. Transportation hours are authorized in accordance with [OAR 411-030-0070](#).

- SPPC allows for community transportation by a HCW/IHCA caregiver or contracted transportation provider when rides are authorized in an individual's service plan and linked to a personal care need (ADL/IADL) ([OAR 411-034-0020\(2\)\(b\)\(C\)](#)).

### **Hours and mileage authorization for HCWs (OAR 411-030-0055(6)(b)(c))**

Transportation as a paid service option authorized in the individual's service plan means a HCW/IHCA caregiver can arrange rides for an individual, assist an individual to get in or out of a vehicle, and provide assistance during a ride ([OAR 411-015-0007\(9\)](#)). HCW mileage reimbursement and payment for travel time is found in [OAR 411-031-0040\(11\)\(12\)](#).

#### **Mileage authorization**

- HCWs providing transportation are not paid for more than the total number of hours, miles or rides authorized in the individual's service plan.
- HCWs/IHCA caregivers must possess a valid license and up-to-date motor vehicle insurance to provide rides for an eligible individual in the caregiver's vehicle.
- Mileage reimbursement is only authorized when a HCW/IHCA's vehicle is used.
- Mileage reimbursement is for rides provided from and back to the individual's home (not from and back to the HCW's home). HCWs/IHCA caregivers may not receive mileage reimbursement for traveling between the homes of eligible individuals.
- The CM should determine the maximum miles required to travel to and from a destination (i.e., beauty shop, store, meal site, etc.), authorized in an individual's service plan.
- Mileage is based on the distance from the individual's home to the destination and return to the home, and is determined by:
  - An estimate of the maximum miles required to drive to and from the destination(s), or
  - The distance published in an internet-based mapping program (i.e., Google Maps), or
  - Actual vehicle odometer readings.
- Authorized mileage should be based on the minimum distance needed to accomplish the task. Example: one trip to the grocery store would be authorized each week unless there was a compelling reason to add more.
- An attempt to group ride destinations together (to develop less costly ride services), should be made to limit the number of miles and hours used.
- HCWs/IHCA caregivers using their personal vehicle for NMT are repaid at the mileage reimbursement rate established in the current Collective

Bargaining Agreement with the SEIU, Local 503, OPEU ([OAR 411-031-0040\(11\)\(a\)](#)).

### Hour allocation

- Community transportation hours are authorized in accordance with the time allotments in [OAR 411-030-0070\(3\)\(a\)\(B\) and \(3\)\(d\)](#).
- Reimbursement for transportation is issued based on the hours assigned to address ADL/IADL needs. Mileage for provided rides is billed separately.
- Time performing NMT services is part of the authorized service hours and must be claimed in the OR PTC DCI time tracking system.

### Prior-authorizing rides with contracted transportation providers ([OAR 411-030-0055\(6\)\(a\)](#))

The contracted transportation provider determines the number of one-way rides they can provide monthly as documented in their contract with ODHS. Local APD/AAA offices use this information to determine the number of rides that can be prior authorized for an eligible individual per the contract agreement with the provider. Unused authorized ride hours do not carry over to the next calendar month.

### Responsibilities of contracted transportation providers:

- Work with the individual's CM to assure the individual is eligible for this service.
- Clarify the available service area and monthly one-way rides with local office staff as specified in the contract with ODHS (i.e., within city or county boundaries).
- Determine the individual's access, days/dates ride services are available, and the time periods NMT rides are available.
- The transportation provider may require, as part of the initial eligibility process, the individual to indicate whether they require the assistance of a personal care attendant and may require the individual to reserve a space for a personal care attendant when scheduling their own ride.

### Documenting Community Transportation

CMs are responsible to authorize services to support the health and safety of the individual ([OAR 411-028-0010\(4\)](#), [OAR 411-015-0008\(2\)\(b\)](#)).

#### During initial and annual assessments:

The CM should ensure that the individual understands the purpose and scope of Community Transportation.

- During initial or annual assessments, the CM should work with the individual to determine the number of monthly *one-way rides* needed to destination(s)

in the community linked to the individual's ADL/IADL care needs and authorize these rides in their service plan.

- Examples: Rides for grocery shopping (eating/meal preparation), clothes and shoe shopping (dressing), purchasing/picking-up medicine (medication management), beauty or barbershop and nail salon (grooming), gym/swimming pool (mobility), to an Adult Day Service center or a congregate meal site for lunch (eating).
- Once rides are authorized in the individual's service plan, the CM should contact the transportation provider with information needed to initiate transportation services.
- A transportation provider may have an established process in place with a LO to initiate ride services with a new consumer. If that is not the case, a CM may use the *Referral Form for Community Transportation with Contracted Providers* found on [In-Home Support Services](#) under the Programs and Services section of the CM Tools page, and securely email an individual's information to the contractor to initiate services.
- The individual or their Consumer Employer Representative (CE Rep) is responsible to contact the transportation provider to set up each ride, following the scheduling requirements set by the contractor.

#### In Oregon ACCESS (OA):

Community Transportation services must be documented in OA to ensure contractual obligations are being met. Staff should record in the CA/PS Transportation tab pertinent information related to transportation services being provided that cannot be documented in the drop-down options.

CMs can check a HCW's driver's license and insurance proof in OA by clicking on the view/maintain provider tab, the provider cred/MMIS tab, and the data-field at the top of the page in the section labeled "Credentials" ([APD-AR-18-066](#)).

#### In Case Narration:

- The CM should document how specific transportation services support a eligible individual's ADL/IADL needs/goals (i.e., identifying rides for grocery shopping (eating), clothes shopping (dressing), medication purchase/pick-up (medication management), gym/swimming pool (mobility), beauty/barbershop (grooming), regularly scheduled rides to a meal site for lunch (eating), etc.).
- The CM should record the date range being authorized for Community Transportation services (not to exceed the individual's service plan year).
- Examples of Narration:
  - For individuals using contracted providers: "Because there is no available transportation through natural supports, the Branch's contracted transportation provider (name) was contacted by this CM to

begin NMT services on (date). This CM talked with the individual to determine approved ride destinations and recorded this information in their service plan. Twelve rides per month have been authorized for this individual for the period of (date) to (date) (not to exceed the current service plan dates). The rides are for grocery shopping once per week, going to the beauty shop twice per month, and rides to the senior center for lunch each week. A *Referral Form for Community Transportation* with this individual's contact information was emailed to (Contractor's Name/email) and a copy was uploaded to EDMS."

- HCWs: "Because there is no available transportation through natural supports or a regional contracted provider, this CM has authorized 14 one-way rides per month provided by the individual's HCW (name) as documented in the individual's service plan. This CM has verified that the HCW (name) has a valid driver's license and auto insurance. The rides are authorized for grocery shopping once a week, going to the beauty shop twice per month, and travel to the senior center for lunch two times each week. Authorized mileage to cover rides to and from these destinations is 45 miles per month."

#### 546N Form:

The CM should record the authorized mileage from the service plan on the mileage allowance section of the form and document information regarding the need for additional mileage (if applicable), on the fillable "Section 3: Remarks" section. Note: Mileage for Non-Emergent Medical Transportation (NEMT) rides should not be recorded through the 546N mileage authorization process.

### **Overview: Non-Emergent Medical Transportation (NEMT)**

Medical or Non-Emergent transportation is not authorized by APD under Community Transportation (NMT). The Health Systems Division (HSD) of Medical Assistance Programs (DMAP) is a resource for medical transportation to a physician, dental appointments, physical therapy appointments, urgent care, hospital admissions, or other medical service providers. Coordinated Care Organizations (CCOs) provide and pay for NEMT services for their members and HSD provides and pays for NEMT services for consumers not enrolled in a CCO.

Prior authorization is required for all non-emergency medical transportation services provided by local transportation brokerages before providing services ([OAR 410-136-3020](#) and [OAR 410-136-3120](#), see also: [Non-Emergency Medical Transportation \(NEMT\)](#)).



## Frequently Asked Questions

### Scope of Community Transportation services

Q- If the consumer is independent in the IADL of Transportation, is the HCW allowed to transport an individual in the HCW's vehicle?

Yes, if the reason for authorizing mileage for a HCW/IHCA caregiver is because the individual cannot drive themselves (although the individual does not need assistance during a ride and if no NS or public transportation is available). If the individual is assessed as independent in transportation, then no hours should be authorized for Transportation in the service plan, but a CM can authorize mileage for a HCW/IHCA caregiver to take the individual shopping (assuming they're assessed as eligible), to an Adult Day Service site for congregate meals, etc.

Q- I was trained that HCWs can only get mileage reimbursement for shopping miles (on the 546N). But can they be authorized to get miles/transportation hours for more than shopping, such as beauty shop visits or trips to the senior center?

If the purpose of a ride is service related (meets ADL/IADL need) and prior-authorized in the service plan, rides do not have to be limited solely to shopping. For example, hours, miles, or rides can be authorized for grocery shopping (eating/meal preparation), clothes and shoe shopping (dressing), purchasing/picking-up medicine (medication management), restaurant/fast food (eating [if regularly scheduled and prior authorized in the service plan]), beauty or barbershop and nail salon (grooming), gym or swimming pool (mobility/ambulation), and to an Adult Day Service (Senior) Center or a congregate meal site for lunch (meal prep and eating).

Q- How many rides can an individual be prior-authorized to receive each month?

- CMs should work with the individual, review their ADL/IADL needs, and authorize trips to destinations that meet the individual's needs as documented in their service plan.
- It is important that needs and destinations for rides are grouped together as much as possible to limit the total number of trips and miles required.
- It is also important for the CM to consider:
  - 1) the reasonableness of the trip (to meet ADL/IADL needs), and
  - 2) the minimum necessary rides required to meet the individual's need.
    - Going to the store or to a fast food restaurant every day isn't reasonable or necessary.
    - If the individual lives 30, 40, 50+ miles from the closest Walmart or Fred Meyer, and those stores provide more products and services and cheaper prices than the local market, it would be reasonable to authorize one to two trips each month to these stores.

Q- What are the requirements/limitations for trips per month that we are allowed to pay for (i.e. grocery store, congregate meal site, beauty shop, etc.)? How many times can an individual get miles for prior authorized destinations in one month?

There is not a set limit on the number of miles a HCW can be authorized to provide per month. The individual's service plan provides the parameters that the CM can use to evaluate and authorize appropriate mileage and number of rides to reasonable transportation destinations linked to ADL/IADL needs.

Q- Some local offices require the use of an internet-based map program (i.e., Google Maps) to authorize HCW mileage and allow travel only to certain stores within a specified distance. I thought only a reasonable conversation to understand the needs and preferred destinations of the consumer was required. For rural areas especially, we often authorize higher mileage for travel, but some CMs put restrictions on the number of miles permitted, and don't authorize mileage for certain destinations.

A CM should assign hours (based on the time allotments in [OAR 411-030-0070\(3\)\(B\)](#)), and determine the mileage needed to travel from and to the individual's home for authorized destinations during a particular shift of a HCW/IHCA caregiver ([OAR 411-030-0055\(6\)\(b\)\(c\)](#)).

- The CM authorizes miles based on the individual's needs for transportation as documented in the service plan. If an individual's needs change or they move to another residence, a CM can increase or reduce mileage and hours related to the transportation need.
- A CM should consider the reasonableness of a destination related to the individual's services and authorize the minimum necessary mileage/rides to access that site/those sites. If the distance is great between the individual's home and the destination where the individual needs to shop (i.e., one way driving time is 30 minutes or more), the minimum necessary mileage and hours may be authorized (i.e., two trips per month).

Q- In previous trainings we were told mileage reimbursement did not include picking up medications as this was part of NEMT coverage and consumers needed to work with their CCO or OHA. Can individuals have mileage/rides authorized for their HCW to pick up prescriptions separate from picking up their groceries?

Yes. Per [OAR 411-015-0007\(8\)](#), "Shopping' means the ability to purchase goods that are necessary for the health and safety of the individual being assessed and are related to the individual's service plan. Goods that are related to the service plan include items such as . . . *medicine* (medication management)." However, since many medications can be delivered to the individual's home, it may be more cost effective to have prescriptions or other medical supplies delivered to the home.

Q- Are there examples when a HCW should NOT transport an individual and/or claim mileage?

- CMs should always consider all available and less costly service alternatives (i.e., NS help, public transportation, or free rides available – those should be the first choice). If the individual cannot access rides through these sources, a CM can authorize rides from a HCW or contracted transportation provider (if available).
- Rides to marijuana dispensaries are not authorized (marijuana is federally illegal and Community Transportation services are federally funded).
- We should not authorize miles for any transportation need related to medical transportation (NEMT).
- HCW's must have a valid license and up-to-date insurance to provide rides for an individual. They may not provide rides if these things are not in place.

Q- I have an individual on my caseload with dementia who lives with significant fear and anxiety. He experiences hallucinations, is agitated, and seeks to escape from the home. However, he calms down when he goes on rides in a car. Can hours and mileage be added to the service plan so that the HCW can take the individual on rides to help alleviate these behaviors?

Unfortunately, hours for Transportation and HCW mileage cannot be authorized solely to address an individual's behavioral needs.

- The intent of authorizing and utilizing transportation hours and mileage is to assist an individual before, during and after a ride to address specific ADL or IADL needs specified in the individual's service plan.
- Authorizing mileage requires fixed destinations prior authorized in the individual's service plan based on an estimate of one-way trips per service period ([OAR 411-030-0055\(1\)\(6\)\(b\)\(c\)](#)).

Q- Is NMT with contracted providers available for consumers in CBC facilities?

No, the facility must provide or arrange transportation for medical and social purposes and other services necessary to support the resident ([OAR 411-054-0030\(2\)](#)).

### Contracted transportation providers

Q- If an individual is authorized to use a contracted transportation provider services, do those services always assist an individual to get in and out of the vehicle with their assistive devices at the destination and when they need to return home?

- Most transportation providers will provide some assistance (door-to-door), but they are usually not required to do so. The transportation provider may require an individual to indicate whether they require the support of a personal care attendant, HCW or IHCA caregiver to assist with their mobility

and care needs before, during and after a ride. These details should be clarified before the transportation provider initiates services.

- If possible, when the individual needs assistance getting to the vehicle and/or in and out of the vehicle, it may be better to authorize the HCW or IHCA caregiver to provide needed assistance and transportation using their personal vehicle.

### In-Home Care Agency (IHCA) providers

**Q- Can IHCA employees be reimbursed just like a HCW for transportation mileage?**

Yes. A CM would follow the same procedure for authorizing mileage for an IHCA employee using their personal vehicle to transport an individual as they do for a HCW. Transportation must be prior authorized in the individual's service plan ([OAR 411-033-0030\(5\)\(c\)\(D\)](#)).

### Non-Emergent Medical Transportation (NEMT)

**Q- Is it true that APD cannot provide medical transportation for individuals to help them get to medical appointments?**

Neither HCWs nor IHCA caregivers are authorized to provide medical transportation (NEMT) for in-home individuals. Mileage reimbursement for medically related trips is part of the services provided by the Oregon Health Plan and an individual's coordinated care organization (CCO) ([Non-Emergency Medical Transportation \(NEMT\)](#)). CMs should not authorize miles or hours for HCWs/IHCA caregiver for rides to and from medical appointments.

**Q- Although a HCW cannot transport an individual to a medical appointment, can they stay with them during the appointment (to provide assistance with ambulation, transfers/toileting, etc.)? Would the individual need to use medical transport and have the HCW meet them at the appointment, or should the individual rely on medical staff at the appointment to help with these ADLs?**

- It would be best if medical staff at the appointment site provide needed ADL assistance. Available assistance should be verified beforehand.
- If the individual needs ADL support from a HCW at a medical appointment, since hours are not prior-authorized for assistance needed during appointments, the individual would need to adjust hours from the task list, so that sufficient paid time is available for the HCW to assist with ADL needs at the appointment.
- The CM should help the individual understand what is involved in adjusting available hours from other service areas to free up time to provide ADL-needs while at a medical appointment.
- Remember that Medicaid does not pay a provider for "standby", "in case of" nor "what if" care.