

# Minnesota Department of **Human Services**

## **Health Care Access Services Biennial Plan**

Effective March 1, 2011, through December 31, 2012

Local Agency: **Otter Tail County Human Service**

**535 Fir Ave W**

**Fergus Falls MN 56535**

**PO Box N**

**New York Mills MN 56567**

**Person Responsible for Development of the Health Care Access Services Biennial Plan:**

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**Telephone Number (218) 998-8229 or (218) 998-8281**

**Name of Person Responsible for Coordination of Health Care Access Transportation Services: Darryn Toso**

**Telephone Number: (218) 998-3002**

**General Purpose Statement:** To ensure that applicants/recipients of Medical Assistance (MA), and Minnesota Care pregnant women and children under 21 years of age are provided with or reimbursed for the appropriate level of needed transportation and other travel related expenses to enable them to access necessary medical treatment. Access transportation services are available for trips to participating providers for services covered under the state MA plan. Transportation to non-participating providers shall also be paid under this plan if:

*1) the service is covered under the MA state plan;*

*2) the non-participating provider could be a participating provider if application was made; and*

*3) it results in proper and efficient administration of Minnesota Health Care Programs due to cost effectiveness.*

**Cost Effectiveness:** As per Federal Regulations, transportation for each trip made by a recipient must be by the most cost effective means available that suits the medical needs of the recipient.

- Local agencies shall direct recipients to utilize all available sources of free transportation services (such as relatives, friends, other public options if available) if it meets the needs of the recipient.
- The next most cost effective means of transportation under this plan is transport by the recipient's private vehicle.
- Reimbursement will not be made to a recipient or other person if the mode of transportation used or related travel expenses are furnished at no cost to the recipient, such as transportation provided by health care plans.
- Reimbursement will not be made for trips/mileage traveled without a recipient in the vehicle (no load miles).
- The local agency must document/describe the method/process of establishing the "least costly" method of transportation.
- The local agency must document/describe the method/process of establishing the transport

### **Part I. Transportation and Related Travel Costs**

Recipients/applicants must use the most cost effective method of transportation available to them.

Whenever possible, the recipient's own vehicle must be used.

**A. Services available** for recipients receiving medical care from a MA certified provider:

1. Mileage reimbursement:

- 20 cents per mile for non-emergency transportation - vehicle provided by individual (family member, self, neighbor, etc.) with vested interest
- Current IRS business mileage deduction rate for non-emergency transportation - vehicle provided by volunteer (individual or organization), with no vested interest and licensed foster parents.

2. Parking fees reimbursed at actual cost.

3. County/Tribe reimburses volunteer drivers at the IRS business deduction rate in place at the time of service.

4. Taxicab, bus and other commercial carrier fare is reimbursed at actual cost.

5. **MEALS REIMBURSEMENT POLICY:** Alcohol and tips are not reimbursable expenses)

<b>Breakfast</b>	Must be in transit to, from or at medical appointment prior to 6:00 AM <b>\$5.50 maximum</b>
<b>Lunch</b>	Must be in transit to, from or at medical appointment between 11:00 AM and 1:00 PM <b>\$6.50 maximum</b>
<b>Dinner</b>	Must be in transit to, from or at medical appointment after 7:00 PM <b>\$8.00 maximum</b>

6. Lodging: Limited to \$50.00 per night unless prior-approved by the local agency.

7. When another individual is needed to accompany the recipient or to be present at the site of a health service, the accompanying individual will be reimbursed for the cost of meals, transportation, and lodging at the same standard as the recipient. Reimbursement may be made for more than one person if required by the physician's treatment plan.

8. Transportation and other related travel expenses of family members of recipients in covered treatment programs, such as chemical dependency, if the family member's involvement is part of the recipient's written treatment plan.

9. If persons had travel expenses during the three retroactive MA months and are later found eligible, they may be eligible for reimbursement at the rates stated in this plan.

10. Transportation and other related travel expenses to out-of-state medically necessary services prior authorized by the DHS contracted reviewer which are not otherwise available within the state of Minnesota or its local trade area. Includes the recipient and when necessary one responsible person or attendant.

11. Transportation and other related travel expenses to out-of-state medically necessary services prior authorized by a Managed Care Organization (MCO) for its enrolled member which are not otherwise available within the state of Minnesota or its local trade area. Includes the recipient and when necessary one responsible person or attendant.

**B. Procedures to Obtain Services:**

1. Prior authorization may be arranged in writing or by telephone to the provider of the service.

Prior authorization from the recipient's financial worker will always be required for the following situations:

- a. Lodging and meal expenses for an MA recipient and/or responsible person accompanying the MA recipient
  - b. When the agency has determined that the transportation reimbursement has been misused (for instance, if an able-bodied individual living on a public bus route uses a taxicab rather than a bus).
  - c. Transportation and related costs to receive DHS contracted reviewer or health plan prior approved out-of-state medically necessary services.
2. Access services to the closest provider capable of providing the level of care needed **DO NOT** need to be prior authorized.

### **3. Emergency Needs Procedure:**

Prior authorization is not required. In emergency situations, recipients/applicants must secure transportation and related expenses, using the most cost effective and medically necessary transportation. Recipients/applicants are required to notify this agency immediately after the emergency to secure reimbursement of expenses.

### **C. Billing and Payment Procedures:**

1. Providers of transportation and other travel-related services must submit bills for services to County Human Services for payment. The bill should include date of service, origin and destination of the transportation mileage from point A to point B, and the cost of service. Origin/destination must be to a covered or coverable service in order for this bill to be paid under this plan.
2. Recipients and other persons eligible for reimbursement for costs of transportation and other related services shall submit to County Human Services actual receipts, when available, or signed, dated, and itemized statements of mileage and/or other allowed expenses.
3. All bills will be paid by County Human Services/Tribal Agency within 30 days of receipt. Financial workers may choose to provide a recipient with a voucher for transportation or other travel-related service. Vouchers submitted for services provided **90 days or more** from date of service will not be honored.

### **D. Service Restrictions:**

1. Payment shall be made for the most cost-effective available means of transportation which is suitable to the recipient's medical needs. As mentioned in Section I.B., prior authorization of transportation and other related travel expenses may be required *except when* there is an emergency or in cases of retroactive eligibility.
2. Fee-for-Service recipient services should always be obtained from the closest provider capable of providing the level of medical care needed.
3. Otter Tail County will not reimburse the recipient for transportation provided at no cost to the recipient.

## **Part II. ADA & Meaningful Access to Services**

### **A. Services Available:**

Otter Tail County Human Services will provide interpreter services to Deaf,

blind, hard of hearing and Deaf/blind persons, and individuals with Limited English Proficiency (LEP) who are seeking or receiving assistance from County Human Services.

Otter Tail County Human Services will provide other assistance or services such as training, videos, information pamphlets or other services to individuals seeking or receiving assistance from Otter Tail County Human Service.

Medical or other service providers, regardless of size, shall provide interpreter services to Deaf, blind, hard of hearing and Deaf/blind persons, and individuals with LEP who are seeking or receiving assistance as soon as the Deaf, hard of hearing, Deaf/blind person, individual with LEP makes the request or the when the need is determined. If subsequent appointments are necessary they also need to be arranged prior to appointment.

Providers must offer this service at no cost and in a timely manner to the recipient as pertaining to State and Federal laws. This service only applies when the interpretation is provided in conjunction with another covered service, and does not apply to scheduling or arranging medical services.

**B. Procedures to Obtain Services:**

Otter Tail County staff are responsible for providing an interpreter if it is deemed necessary to serve a Deaf, hard of hearing, Deaf/blind client or individual with LEP, or if the Deaf, hard of hearing, Deaf/blind client or individual with LEP requests an interpreter. If staff do not know how to locate a sign language interpreter, they may go to <http://www.interpreterreferral.org> . For a spoken language interpreter, staff may go to the spoken language interpreter roster maintained by the Department of Health, at <http://www.health.state.mn.us/interpreters>. For further information, staff should follow the county's LEP plan about how to contact either a sign language interpreter or a foreign spoken language interpreter. Otter Tail County Human Services will make the request as early as possible for the referral agency to locate a qualified interpreter.

**C. Billing and Payment Procedures:**

Otter Tail County Human Services will negotiate fees with the referral agency or interpreter. County Human Services will pay the interpreter for the service and charge the expense to the MA administrative account for reimbursement purposes. All bills will be paid by County Human Services within 30 days of receipt.

**D. Service Restrictions:** None

### Part III. Access to Appeal Hearing Services

**A. Services Available:**

1. Reimbursement for reasonable and necessary expenses of applicants/recipients attendance at an appeal hearing, such as meals, lodging, parking, transportation, and child care costs.
2. Assistance from County Human Services staff in locating transportation.

**B. Procedures to Obtain Services:**

Applicants/recipients shall contact their worker at Otter Tail County Human Services if assistance in locating transportation or reimbursement for transportation and/or child care expenses will be needed to ensure the applicants/recipient's attendance at an appeal hearing.

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**C. Billing and Payment Procedures:**

Transportation expenses will be reimbursed according to the same criteria established in Part I.

Providers of transportation services must submit dated, itemized bills for service to Otter Tail County Human Services for payment. Applicants/recipients and other persons eligible for cost of transportation services shall submit to Otter Tail County Human Services actual receipts, when available, or signed, dated, and itemized statements of mileage. All bills will be paid by Otter Tail County Human Services within 30 days of receipt. Financial workers may choose to provide a recipient with a voucher for transportation.

Child care costs are reimbursable to the applicant/recipient for the time duration of the hearing, including travel to and from the child care provider. Child care will be reimbursed at the current "Child Care Program" hourly rate. Otter Tail County Human Services will reimburse applicants/recipients directly for their transportation and/or child care costs and then charge the expense to the MA Program administrative account for reimbursement.

**D. Service Restrictions:**

Otter Tail County Human Services will not pay for child care if services are provided at no charge to the applicant/recipient.

**Part IV. County Vouchers SEE attached**

If a client cannot afford to pay up-front for bus pass or taxi service each case is handled on case by case basis. Arrangements are made for services with the provider and provider is sent a voucher to be submitted to Otter Tail County for medical reimbursement.

Do you provide bus passes or taxi vouchers to clients? Yes, see attached OTC #254

**Part V. Administration of Common Carrier**

Do you contract for common carrier services Yes \_\_\_\_\_

If yes, please submit a copy of your 2011 through 2012 contract. Attached

**Part VI. Notification to MA Recipients of Health Care Access Services**

A. The local agency or tribe shall inform a recipient of the Health Care Access transportation plan. Applicants must be informed of available services at time of application, recertification and if the county adjusts their access transportation service plan.

B. Applicants/Recipients may be given a copy of the sample "Notice of Access Service Availability to Eligible Minnesota Health Care Program Recipients" found in OTC 245 revised the policy regarding mileage reimbursement. The notice sent out to recipients informing them of this new process is found at Attachment OTC 245. The Voucher that clients may use to claim mileage reimbursement is an attachment. Distribute these documents and inform clients of the new process as necessary.

D. Please supply a copy of all handouts given to applicants/recipients informing them of Access Service availability along with the completed pre-print.

**Part VII. Other County/Tribe Specific Policies/Procedures/Circumstances.**

What are the identified gaps, issues, and/or barriers for transportation services in your area?

What coordination efforts is the county/tribe involved in to provide transportation services to its members such as Regional Transportation Planning initiatives?

In the space below, please communicate any policies and procedures not covered in the document that reflect local agency or tribe administration of Access Services.

**Part VIII. Outside Provider Contracting**

Counties/tribes entering into a contract with an outside organization/provider for providing transportation service(s) or coordination activities for ATS provided to/for the MHCP recipient **MUST:**

1. Submit a copy of the contract(s) with ALL outside entities related to ATS to DHS
2. Submit a statement of the per trip rate(s) or administration fee paid to the provider/coordinator
3. Submit documentation to show how the rates for transport or administrative fees were established

Counties/tribes utilizing an outside provider/coordinator to provide access transportation or administration should not enter into such contracts and provide reimbursement until they have submitted their contract(s) to DHS for review. Counties/tribes should send contracts to:

Bob Ries

Health Service and Medical Management  
Minnesota Department of Human Services

540 Cedar St

St. Paul, Minnesota 55164-0984

Email: [Bob.Ries@state.mn.us](mailto:Bob.Ries@state.mn.us).

Fax: (651) 431-742.

## **ATTACHMENT B**

### **NOTICE OF ACCESS SERVICE AVAILABILITY TO ELIGIBLE MINNESOTA HEALTH CARE PROGRAM**

#### **See attached OCT # 245**

You may be able to get paid for expenses to help you get medical care or to attend an appeal hearing.

You may also receive reimbursement when your eligibility is made retroactive.

*Please read this information sheet carefully.*

The (**Otter Tail**) Health Care Access Plan will pay for the most cost effective form of transportation to get you to the closest provider capable of providing the level of care needed. If you

have your own vehicle and can drive, you must use it whenever possible.

- If you drive your car or have a friend, someone in your household or a relative that may drive your car for you, you will be paid at a rate of 20 cents a mile.
- If a volunteer driver provides transportation, the volunteer driver will be paid the IRS business deduction rate effective on the date the service was provided.
- Bus, cab, or other commercial carrier fares will be reimbursed at the rate charged. You **DO NOT NEED** prior authorization from your worker.
- If your doctor says that you must have medical care which you cannot get locally, you may get paid for gas, meals, lodging, and parking to help you get this care at the closest provider capable of providing the level of care needed.
- Someone who must go with you to get necessary medical care may also be paid meals and lodging costs at the same rate
- You may also be eligible for reimbursement of transportation and related expenses during the months you were found to be eligible before the date you applied.
- If you appeal a decision on your MA or Minnesota Care case, you are eligible for transportation, related expenses and, if necessary, child care costs while you are attending the appeal hearing.

#### **TO GET PAID**

**(PUT ANY REQUIREMENTS FOR PRIOR AUTHORIZATION HERE or NOTICE REQUIREMENTS TO GET TRANSPORTATION THROUGH THE COUNTY.**

**EXAMPLE:** Contact the above number to get a voucher, before you go for your medical appointment. Twenty-four (24) hours advance contact is needed. Bring or send your appointment slip and a letter from your doctor that says you need to go out of area for medical care. (You must attach to signed voucher.) The appointment slip and letter must be provided to your financial worker for payment approval.

**YOU MUST PROVIDE** receipts for meals, lodging, and parking, except for parking meters, with the signed voucher. Provide mileage and state whether your car or another person's was used.

A. Meals are paid up to the following amounts: Breakfast - \$5.50, Lunch - \$6.50, Dinner - \$8.00.

B. Lodging will be limited to \$50.00 per night unless prior-approved by the local agency.

C. Parking fees, bus, cab and other commercial carrier fares will be paid at actual cost.

**IF YOU CHOOSE** to get medical care from a provider that is not the closest provider capable of providing the care you need, you may have to pay for your own costs. This includes emergencies when you can get the services needed at a closer location.

**IF YOU HAVE AN EMERGENCY** contact your worker immediately after the emergency to make arrangements for reimbursement of allowed expenses.

**IMPORTANT REMINDER:** If you want to be paid, you must get approval before you get certain non-emergency medical transportation services. Prior authorization is not required for emergencies, retroactive eligibility, and appeal hearings.

### **ATTACHMENT C**

June 1, 2009

Dear Minnesota Health Care Programs Enrollee:

We see that in the past you have received reimbursement for gas mileage to medical appointments.

We want to make it easier for you to get paid for gas mileage when you drive your own car to medical appointments. This letter has information about how to do this. You do not need to contact Otter Tail County before your appointment. Instead, you can send us the information after your appointment. You will put the information on a new form called a "Trip Log". A copy of a Trip Log is sent with this letter. Here is how you use it:

1. Fill out one line on the Voucher for each separate appointment.
2. Have the health care provider you saw sign that line.
3. You can have more than one appointment on the same Voucher.
4. If there are empty boxes, we will send the form back to you.
5. Send it to Otter Tail County no later than 30 days after the appointment.
6. Mail it or Fax it to the address on the trip log.

Sometimes we will call the health provider to check and see that you showed up for your appointment. You do not have to add up the number of miles for each appointment. We will figure that out.

If you do not drive but have a friend or family member who can drive you, that is fine. You still use the same Voucher and we will pay for the miles.

You can make extra copies of the Trip Log. We will send you one blank Voucher with each check we mail to you.

If you want to get paid for parking at your Health Care Provider appointment, send the original or a copy of the receipt with the voucher.

If you would rather continue to call us before each trip, instead of using this form, that is OK. But you must do it one way or the other way.

If you have any questions about the Voucher, call us at Otter Tail County *PHONE #* (218) 998-8229 or (218) 998-8281. *Ask for your case worker.*

Sincerely,

*Otter Tail Financial Worker*

### **ATTACHMENT D**

See Otter Tail County Voucher