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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 97 LCM-7

Date: February 11, 1997

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Home and Community-Based Services Waiver for Persons with
Traumatic Brain Injuries (HCBS/TBI Waiver): Authorization,
Provision and Payment of Transportation

ATTACHMENTS: None

Since release of 96 LCM-37 in April, 1996, we have received some additional questions from social services districts about the authorization, provision and payment of medical and non-medical (waiver) transportation under the Home and Community-Based Services Waiver for Persons with Traumatic Brain Injuries (HCBS/TBI Waiver). The purposes of this memorandum are to share and respond to these inquiries, using a Question (Q.) and Answer (A.) format, and to advise you of a change in the qualifications for providers of transportation services under the waiver.

- Q. We know that HCBS/TBI waiver transportation is defined as non-medical transportation and can be authorized to take a waiver participant to and/or from a social or religious activity. Are there any restrictions on the types of social or religious activities for which waiver transportation may be authorized or on the frequency of the transportation to and/or from these activities?
- A. Under the HCBS/TBI waiver in general, no limits exist on the types of social or religious activities for which waiver transportation may be authorized or on the frequency of the transportation to and/or from these activities. However, the amount and frequency of any waiver transportation needed by a waiver participant must be specified in the participant's service plan. If a weekly trip to and from a religious service or a daily trip to a volunteer position at a local school is specified in the plan and the plan is approved by the Department's waiver management staff, a request for authorization of waiver transportation would be appropriate.

Q. How can we make a decision to authorize waiver transportation when we don't see the waiver participant's service plan and the only information we have is the requested destination and frequency of travel to and/or from that destination?

A. You should base your decision on the information in the request. If you are uncomfortable about the amount of detail you have or the frequency of the requested transportation seems unusual or excessive, you should contact the participant's service coordinator to discuss the request and obtain additional information on which to base your decision. If you believe there is need for documentation to support all requests for authorization of waiver transportation, you should work with the TBI Regional Resource Development Specialist (RRDS) in your area to establish standard documentation requirements that provide the information you need for authorization decisions and enable these decisions to be made on a timely basis.

As we emphasized in 96 LCM-37, accountability for any waiver transportation provided rests with the waiver participant's service coordinator. Each participant's service coordinator must maintain complete and current records to track the utilization and cost of waiver transportation provided to that participant.

Q. Do authorization policies and procedures differ from existing policies and procedures if medical or non-medical (waiver) transportation is requested for a waiver participant but the participant is the fiscal responsibility of another district?

A. No. If transportation for a waiver participant to and/or from a medical or non-medical service or activity located or occurring in your district is needed and the participant is the fiscal responsibility of another district, the fiscally responsible district must authorize the transportation. If the transportation is provided by a transportation provider located in your district, the fiscally responsible district may elect to pay the provider at the same rate your district pays or may choose to negotiate its own rate.

Q. What is the current policy for authorization and payment of transportation to and/or from a Structured Day Program under the HCBS/TBI Waiver?

A. Transportation to and/or from a Structured Day Program under the HCBS/TBI Waiver must be authorized by social services districts and reimbursed as a fee-for-service cost. Policies in 96 LCM-50 discontinuing authorization of transportation by social services districts and including transportation costs in the per diem rate apply only to Office of Mental Retardation and Developmental Disabilities (OMRDD) day treatment programs and to day habilitation services under the Home and Community-Based Services Waiver for Persons with Developmental Disabilities (HCBS/OMRDD Waiver).

Qualifications for Providers of Waiver Transportation

As indicated in 96 LCM-37, providers of waiver transportation are currently required to be approved providers of transportation under the Medicaid (MA) program and additionally, to be specifically approved by the New York State Department of Health to supply the service. The requirement for an additional level of state approval has been eliminated. Effective February 1, 1997, any approved MA transportation provider may be used to provide waiver transportation. This change will expand the pool of potential waiver transportation providers allowing social services districts more flexibility in the selection of providers and control over waiver transportation costs.

If you have further questions about the provision of transportation for HCBS/TBI waiver participants, you may contact the Transportation Unit at (518) 473-5983.

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