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>> TERRY DONOVAN: Thanks, everybody, for joining us what should be an excellent presentation in our Project E3 webinar series. This morning you'll be hearing about non-emergency medical transportation from Maria Kemplin and Christina Bard with the University of Kentucky. For those of you interested in CRC credits, at the end of this session, Jennifer will describe how you can get CRC credits for this particular session, one CRC credit. With that, I'll turn it back to Maria and Christina.

>> CHRISTINA ESPINOSA BARD: Thank you so much, Terry. We're excited to be here today. My name is Christina Bard. I'm with the University of Kentucky institute and we are one of the E3 partners I'm going to do a quick review, a few minutes of our transportation start here in Kentucky. And then turn it over to Maria who is our true content expert to do an overview on non-emergency medical transportation. We work in both Oregon and Kentucky to identify ways to increase participation and positive outcomes for VR in rural and remote communities. So all of our communities in both Kentucky and Oregon are from rural and remote areas of those two states.

W we were beginning the work of E3 and talking to the people in these communities, transportation was consistently identified as one of the most significant barriers to finding and maintaining employment, to accessing necessary services, and to just overall community participation.

So we knew early on that we wanted -- one of our strategies, at least, trying to find ways to tackle this really complex issue. We knew it would take lots of different approaches to make any kind of progress really.

So we started with our effort to work collaboratively with our rural community by partnering with local government and local organizations and had early on identified April's world transportation voucher program as part of the toolkit that we wanted to try to implement. April is the association of programs for rural independent living so basically the SILs for rural areas.

We selected one of our counties and started by hosting a community conversation. We really wanted to try to bring together as many local partners as we could. So we invited our entire advisory council that we had identified, all the community partners we had met, and lots we hadn't yet, including civic partners, local government, the mayor, the county judge executive. The chamber president who we were working with closely already, the school personnel we had been working with including the bus drivers and other relevant school personnel, local community college, local churches and faith groups,

private colleges, and also our public transportation provider, amongst others. Anyone we could find that was working with people in that community that might have some ideas or some contact with transportation.

And through that process we met with lots of people, lots of potential partners and organization, but we ended up unable to identify a local organization that could really take a lead on implementation on that idea. We continued with topic of transportation. There were lots of ideas generated through that group that could help to solve different pieces of the issue, but we continued to have difficulty with finding a group that we could support and take a real leadership role in implementing offer actually making any of those ideas come to fruition.

Then Maria Kemplin joined our efforts at HDI. And her position is focused sole on transportation. She has truly developed a thorough understanding of our state's transportation system and different options for individualized scenarios. So this piece has been critical, having a big picture of what people qualify for, how to use their individualized services to tap into funding and transit options, what our existing systems are set up to offer, and how we can encourage that to happen. And then how to influence our state transportation plan for the benefit of people with disabilities in our rural communities.

So Maria has been working hard at developing successful modules and trainings around transportation options. Today she's going to walk us through how we can use non-emergency medical transportation. So thanks, Maria.

>> MARIA KEMPLIN: Hi. You're welcome. I'm going to talk for a few moments. And then I'm going to get my slides up. I wanted to tell you, my name is Maria Kemplin. I work at the University of Kentucky's Human Development Institute. I've been at the University of Kentucky for 17 years. For the last year I've worked on the transportation initiative.

Accessible transportation is an area of concern for me both professionally and personally. I'm the parent of a 15-year-old son with developmental disabilities and epilepsy, and he will not be able to drive. So transportation solutions so that he can work and participate fully in the community are really important to me on a personal level.

So with that said, I'm going to open my slide show and we'll get started. This is my son, he's 15 years old. His name is Gray.

I wanted to start with the framework to get us started. It's important to state that we are all learners and all ways of learning are valued. Because I had hearing difficulties, I wanted to assure you all that information that I'll be sharing verbally will also be shown in text on each slide.

In case I slip up and add something else, I also have closed captioning going at the bottom of the screen. As a final framework, I want us to all get in a toolkit mindset of

maximizing what is available and also seeking new uses for old tools. And the tool I'm going to tell you about today is significantly underutilized, but it's something that's available nationally to all Medicaid eligible individuals.

So what is Medicaid non-emergency medical transportation? Non-emergency medical transportation, we also call it NEMT, it's an important benefit for Medicaid beneficiaries that need to get to and from medical appointments.

So today we'll learn how NEMT can also be used for other qualifying plan of care associated services.

As the result of the completion of this module, you will understand how to most effectively access the full range of NEMT services available for Medicaid eligible individuals.

We'll talk later about Medicaid eligible and what I mean by that, because that is a much bigger group than what that definition would have included in the past.

For millions of Medicaid beneficiaries, a lack of transportation presents a serious barrier to accessing medical treatment and community-based services.

Nearly 60% of Medicaid beneficiaries report a lack of reliable and affordable transportation as a barrier to receiving healthcare services.

One study estimated that at least 3.6 million people miss or delay medical care each year because they lack available or affordable transportation.

So adults who lack transportation are disproportionately poor, elderly, and disabled and are more likely to have multiple health conditions.

So to address this issue, Medicaid provides transportation services to and from qualifying Medicaid-related services for eligible beneficiaries.

So what kinds of transportation are available under Medicaid? There are two categories. There are the traditional EMT services, the emergency medical transportation. That's your ambulance trips. But there's also a service called non-emergency medical transportation or NEMT.

NEMT services are required to be provided to each state through longstanding federal regulations. So why should vocational rehabilitation counselors or supported employment specialists or agency folks learn about NEMT? Well, there are several reasons.

Under federal regulations NEMT services must be available to every eligible Medicaid recipient. No matter how rural the location, no matter how limited other public transportation options. So NEMT service is something that is currently available in all locations across the United States.

The trick is accessing those services. So through this federally required benefit, states purchase hundreds of millions of rides from taxis, vans, busses, and public transit each year.

More than \$3 billion is spent annually on NEMT in the US.

And while that seems like a lot, it's actually less than 1% of total Medicaid expenditures.

So how NEMT is administered varies by state. And I looked at the registration list for this webinar, and it looked like there were 40 different states that signed up. Each of us may have different administration and regulations around NEMT. But the core services are consistent.

Here's an example of the different types of models that operate across the different states. This is as of 2015. You can see that some states to use public transit where it's available. So some states use public brokerage, a private brokerage, a nonprofit system. Some use a vendor. Some used managed care systems, and some operate on a fee for service basis with reimbursement. And the landscape of this is constantly changing as states change leadership as the governor changes and initiatives change in each state.

So here's an example of what one state is doing. I believe this is Massachusetts. They have hired a company to provide all NEMT services for their Medicaid enrollees. You can find out more information on LogistiCare and how they operate as the vendor for that service.

There are a number of other states that uses service called Veyo. Veyo is a dashboard type vendor. It's really a platform that's built on the Uber or Lyft model and they use private contractors to provide the transportation through a dashboard type service.

It's a really interesting model. I've seen really good things online, but I don't live in a state that participates in this systematic, so I can't comment on it personally.

Some states like Arizona have opened up regulations so that they can directly use Uber or Lyft to deliver EMT services. I know some folks out there have thought wouldn't it be great if we could use Uber or Lyft to do -- some states are. Some states are opening up their NEMT service to partner with those vendors.

So let me tell you about Kentucky because this is where our initiative is based. Kentucky previously offered NEMT using an old-fashioned voucher system. So it was a ride and a voucher. And it operated on a per trip basis.

That changed under a governor in the 1990s who changed our system to one called a regional broker model. And we operate under CAP grants. So Kentucky's broken down into 16 regional transportation systems, and a broker is awarded the contract in each of those systems. And they review, approve, and they provide those rides, or they subcontract out the service.

Many of the brokers that are operating the public transit service in their area are also operating the non-emergency medical transportation service. They're chosen for those contracts. How do the contracts work?

In Kentucky the regional transportation brokers may be a

for-profit entity. They can be a not-for-profit like a community access agency, or they can even be a human service program like a public transit bus system provider.

The regional transportation broker can accept that state contract to manage the transportation service in a region and then not actually have vans themselves. They might subcontract all the actual transportation services. Kentucky was one of the first models of this system and because it seemed to be very cost saving for Kentucky, other states have followed suit and adopted this model.

So how has it been cost saving for Kentucky? Here's the catch. In Kentucky we operate this transportation service through capitated funding. So what that means is each of these 16 regions in Kentucky, they do a headcount of the number of Medicaid recipients in that region. And they compute a formula, and the funding is provided based on headcount up front on a monthly basis to that transportation broker.

It's important to note that the transportation brokers are going to receive that same funding, that headcount funding, if they process 1,000 rides per month or only ten rides per month. This is why you see for profit or nonprofit agencies interested in obtaining these transportation broker contracts.

So because of the way it's set up in my state, it's very important to know NEMT eligibility and the covered services for my state, because there is not an incentive for the folks that provide transportation to drive up those numbers. Really there's a disincentive for ridership because a for profit person that has that contract, the more individuals that access that service, the less profit margin the company's going to have. It's important that those who have disabilities that we educate ourselves on the service and we communicate really clearly to individuals that this would benefit.

So what qualifies as a Medicaid-related trip? Are an obvious Medicaid trip I'm getting notes in the chat. I'm going to since it's blinking at me. Okay. I'm going to ignore the chat.

So dental care visits. Dental care visits are a covered service that would enable non-emergency medical transportation. Eye exams. Lab work and testing. Mental healthcare appointments. Behavioral health appointments.

>> CHRISTINA ESPINOSA BARD: Maria, would you like to share your slides again. I think maybe when you exited --

>> MARIA KEMPLIN: Okay. I'm seeing a lot of blinking from the chat and I just wanted to make sure there wasn't an issue going on with the chat room.

>> We'll keep track of the chat for you.

>> MARIA KEMPLIN: Thank you, I appreciate it. Christina, can you see?

>> CHRISTINA ESPINOSA BARD: Perfectly.

>> MARIA KEMPLIN: Okay great.

>> Behavioral health appointments. Individual and group counseling. Substance abuse counseling and treatment services. So transportation to physical therapy and rehabilitation appointments. Occupational therapy. Speech therapy appointments. Trips to pick up medical equipment prescribed by a physician. Picking up prescriptions at a pharmacy. Picking up prescription glasses or contact lenses. Kidney dialysis treatment. Adult day healthcare services. Adult day training. Supported employment. This is where it gets interesting. Activities related to goals and objectives on a Medicaid waiver plan of care. So if you think of that Medicaid waiver that's approved each year by Medicaid services, those activities, goals, and objectives, all associated services with that plan are related to Medicaid. That would include community access or community guide services provided under one of those Medicaid health and community-based service waivers.

Let's stop for a second and I'll give you an example of this. This is based on an actual individual I assisted. So Adam participates in a Medicaid waiver program. And he has annual goals and objectives that are authorized by Medicaid related to community access and life skill development. He talked a lot about animals and wanting to be involved with animals, and wanting to have a position in the community.

So Adam now has a part-time position at the local human society and Adam's goals and objectives were written around that skill set and that goal and so Adam's able to use non-emergency medical transportation

So Frankie is another example. Frankie works at the parks and recreation ball field. And he does a variety of different things from helping clear the field, rake the field, working in concessions, different things like that. And both Frankie and his direct service provider are using NEMT transportation through that Medicaid waiver plan of care.

These are not obvious solutions. Certainly the transportation vendors don't make it obvious or easy to know about that, but it is something that we've been able to successfully navigate.

When scheduling the NEMT rides related to a waiver participant's goals and objectives. One thing you will need to do is provide a copy of that plan of care document in whatever transportation system you have, whether that is a vendor or a state brokerage model or a fee for service model. They're going to want -- Medicaid is going to want to see the plan of care. But people in mind that Medicaid's already seen and approved that plan of care during the annual planning process. This is really an instance of reminding Medicaid what they've already approved and pointing out that transportation services are related to that.

Let's see how we can build an effective plan of care. It's important that each of us look at the Medicaid

transportation regulations and the operating procedures for your state. What I did was -- in Kentucky I pulled up the office of the governor, and I looked at Kentucky's governing regulations, and I used a search tool looking at transportation. Then I went through to find anything that related to Medicaid non-emergency medical transportation. I also looked at my state's administrative regulations. That's kind of the policy manual for how states push out the policy and procedure. So I did the same thing in the search box for that. And I was able to familiarize myself with what the requirements were. So that then I could use that tool as effectively as possible.

I also looked at the services outlined for each different Medicaid waiver in my state. My state has a number of Medicaid waivers. Each of them are different. They provide different transportation services. So it's important to have an idea of your individual waivers. Because any of your clients that have access to Medicaid waiver services will have a broader menu of transportation services available.

It is also important for to keep in mind activities of daily living and to think about transportation as a life skill and as a requirement across the life span. So during the case planning process, transportation certainly should be at the forefront when creating your case plan.

I also want to point out that those case plans in most states can be updated at any of the monthly meetings that clients are having. So if you have a case plan that doesn't really get at a goal or objective that you could use to make NEMT work for volunteering in the community, for working in the community, or supported employment. You want to take a look again at the case plan and do some revisions.

Another thing that's important, as with any Medicaid service is to know your state's appeal process. Some folks will need to be prepared to use the denial and appeal process.

So if transportation is denied, you'll want to ask for specific written documentation. In some cases you may get a denial from a transportation subcontractor and then the person who has the actual contract correct that for you. It might be the transportation broker or the person that's the vendor that's been under contract with your state may not understand the regulation. So you go to your state's Medicaid office.

There are a variety of ways to work through that. In every case where I have gone forward on an appeal or even just asking questions. It's opened the gateway. I have not yet experienced any complete denials.

So let's look at what NEMT eligibility looks like for individuals that receive Medicaid services.

Each state is able to set their own administrative regulations around NEMT services. But there are three main criteria that seem to be very consistent.

Obviously the person has to be a Medicaid recipient.

That includes traditional Medicaid. It includes the waiver, home and community-based service Medicaid waiver clients. This is big. It also includes individuals who are eligible for Medicaid under the Affordable Care Act's expansion, also known as Obama care. You may have seen over the last nine months to a year that there were a lot of challenges from individual states who did not want to provide NEMT transportation to the Affordable Care Act Medicaid recipients. My state, Kentucky, was one of the ones that petitioned to not have to provide that to Affordable Care Act recipients.

There were no cases where that was allowed. So right now in every state non-emergency medical transportation is accessible to those who have Affordable Care Act expansion. In a smaller population it's available for children from birth to age 21. So this is important for your transition age folks. Keep in mind, birth to age 21 and their families as part of the EPSDT service. The second eligibility requirement is that the trips must be to and from a Medicaid service or Medicaid-related service. Finally the individual has to lack other transportation. This could be that they lack a household vehicle, or it could be that an individual has a physical, cognitive, mental, or developmental disability that impacts their transportation options.

So in Kentucky, each of those 16 regional transportation brokers operates a call center. So they take the calls. They verify eligibility. They verify that the trip is an eligible trip, and they dispatch the transit.

One of the requirements in Kentucky is that they have to be scheduled 72 hours in advance so that the broker will have time to verify those eligibility criteria. So the broker will verify the valid Kentucky Medicaid card. They review the trip purpose. I have the client send a copy of that Medicaid waiver plan of care, circle it on the plan of care that shows this is Medicaid's plan of care for this waiver individual. And this is a trip that's related to that.

The broker also identifies if public records show that transportation should be available within the household. And this is that idea of natural supports. Are there natural supports in the household that can be providing that transportation that's needed.

So in most states what they're going to do is run an auto title verification.

If the individual or anybody else living in that household, even if it's a roommate, owns a vehicle, they're going to immediately deny that NEMT ride because they'll say that a natural support in the household should provide transportation.

How can we work around this? There are a number of exceptions that I would like to walk you through. And I think a lot of these exceptions really help open up the service to a lot

more people. So under some exceptions, individuals that have a vehicle registered to their household will still be eligible for NEMT.

So there are medical exceptions. If a person can't drive or ride in a household vehicle due a medical reason, the individual can get a statement signed by a doctor.

So let's look at Laura. Laura lives with her aunt who owns a car. Laura can't get rides from her aunt because she needs transportation in an accessible vehicle with a lift. And in Laura's case I want to comment on this. When Laura was younger and smaller, her aunt was transferring her to and from this small economy car that the household had. Now that Laura is getting older, the aunt's not able to do that anymore. So the vehicle in the household is no longer accessible.

(Sirens)

>> MARIA KEMPLIN: Laura gets a statement from her physician that the household has a vehicle, but it's not accessible to her needs. Shawn is a different situation. He not only drives but he owns his own car. But Shawn has a chronic medical condition that means that there are times when he is not able, either medically or legally to operate a vehicle.

So Shawn's neurologist writes a statement, that provides him eligibility for those NEMT rides, even though Shawn not only has a driver's license but also owns his own car.

So Parker has down's syndrome and lives with his grandmother. His grandmother owns a car. His grandmother is aging. When she becomes ill, there is no one in the household who can drive. And this presents a problem both for Parker and for the grandmother, so a physician statement could be obtained for both Parker and for the grandmother in both of these individuals would be eligible for Medicaid NEMT service.

Let's look at David. David is in drug and alcohol recovery, and he owns a car but he has currently lost his driver's license. So David has a physician related to his drug and alcohol recovery program, and they prepare a letter of medical necessity stating his current need for NEMT service.

So there are also work exceptions. If the person in the household who provides transportation is not available because they are at work, a statement from the employer will grant NEMT eligibility during those working hours.

So let's look at James. While James's mom is at work, she can't provide those natural supports, the transportation. So James's mom gets a statement from her employer that outlines that she's not able to provide transportation services for the person in her household during her working hours.

There are also school, university exceptions. If the person in the household that provides transportation is not available due to school, a statement from a school official

provided on a per semester basis allows that NEMT eligibility.

So Amari's father went back to school to complete a degree. Amari does not have transportation while his father is taking classes. A statement from the school provides that NEMT eligibility.

There are also nonworking vehicle exceptions. If a vehicle registered to a household is not drivable, a statement from a mechanic certifying that the auto is not working can be provided.

So Sherry's vehicle has mechanical problems and is not drivable. So Sherry can get a statement signed by a mechanic, and that makes her eligible for NEMT. It makes her whole household eligible for NEMT, anyone that's a Medicaid recipient can access those services.

This is a common issue. Liv drives a modified van. The lift on Liv's van needs repair. If she gets a statement from the mechanic, she can fax that, for example, to a transportation broker. And that would allow her to be eligible for non-emergency medical transportation.

A County Clerk document can also help with eligibility issues. So if there's a vehicle that is registered to the home address, it could be sold. It could be junked. It could be transferred. Or it could be cancelled out of the household through the local County Clerk's office. I've seen personally some individuals who have worked with their County Clerk on the home address that the vehicle is registered to, and that has taken care of issues with NEMT eligibility.

So Wanda is an example. Wanda found out about NEMT services. And when she applied, she thought she would have no trouble at all and received a denial letter. I want to point out that Wanda's denial letter did not say why she was denied. So if she had just gone with the denial letter, she would have thought, oh, I'm just not eligible for this so Wanda was encouraged to get a statement saying why she was denied. And she found out that a vehicle was still registered to that address. So Wanda needed some assistance, and she received some help with a social worker and a direct support provider helped her obtain a junked vehicle document from the County Clerk's office.

And then she became eligible for NEMT.

So troubleshooting. It really helps for folks to have this broad understanding of eligibility and some of the eligibility exceptions because it helps you work with an individual to take advantage of as much of the service as they're able to receive.

One issue that we see is time in transit. This is from Kentucky's regulation. It basically says that 45 minutes plus direct travel time is what a person should be -- the maximum expected for travel time.

Unfortunately what we see in practice is some individuals

are using NEMT, and they're grouping folks together on one route. I have individuals that have been on NEMT transit for two hours a day one way and two hours in the afternoon back. So it's important when you're talking with clients if you mention NEMT, know the regulation for your state, know how long. And let people know it's reasonable to expect 45 minutes plus that direct travel time. But times longer than that are a violation of that policy. So the individual would be entitled to bringing that timeline down.

The most common service issues that we see relate to customer service, late arrivals, no-shows, that could be individuals missing, showing up late, or having to reschedule appointments.

One thing that you might find if you look at your state is you can look at the service approval rating. So each state Medicaid is going to require them to do a survey or do some type of feedback from the riders to show how satisfied they are with the service, how the service is working.

In many states you'll see that there's a 99% satisfaction rate. So if you're working with individuals that express to you difficulties or no-shows or late arrivals, you might want to have a sign in your office with that 1-800 number where folks can call or help individuals know the process where they would bring that information to attention because some states contract that out. Some states contract it out and then the person holding the contract subcontracts the trips.

What we certainly don't want to have are individuals that really need the service that are getting a hard time and they don't know how to navigate that system with a 99% approval rating in their state. That's something you want to be mindful of.

There is something Medicaid has called freedom of choice. So per Medicaid guidelines, the NEMT program must offer riders freedom of choice among transportation providers, as long as that's the least costly service appropriate.

Vendors, though, cannot solicit Medicaid rides or advertise. So an individual would have to themselves know to request what vendor subcontractor or provider. So a rider has to know who to ask for. Because vendors are prohibited by regulation from encouraging people to ask for them.

So in your area find out who the vendors are, who the subcontractors are. You can ask for a list. In my state I'm encouraging individuals that are eligible for Medicaid non-emergency medical transportation to get a list of the subcontractors in their area. Sometimes that's a ten-page list. And there are taxi services, private drivers, et cetera, on that list that they have the ability to choose from.

So to recap, NEMT transportation can be provided by taxi, by sedan, by a vehicle that will accommodate a stretcher, through public bus tickets, through public bus passes, through

accessible vans, by paratransit system, and also by private auto.

So if on that list of vendors and subcontractors in your area there may be ten taxi services that provide NEMT transportation. Your client can ask for a specific vendor.

If your client's currently using paratransit for NEMT and they're able to use a taxi accessibly, then you may want to recommend they switch. Taxis usually operate on a more one-on-one personal trip versus the paratransit busses. They want to fill those up, and that would increase the travel time.

So what are some solutions within the system? So I had to think in my state of a way to map this out so that individuals could receive really the best service that they're entitled to. So that would include the freedom of choice among vendors. I have one client that really feels comfortable with a certain taxi service. So he requests that. He was not comfortable in a paratransit van because it was loud. The engine rumbled. It was disconcerting for him. So freedom of choice not helped him with sensory needs, but it also was a quicker trip, travel time.

You can request that list of vendors or subcontract providers that also uses that type of managed service. And you can also apply for a private driver program. So this is something really big that I want to highlight for you.

Individuals in the community can be approved to provide NEMT rides in a private car and be reimbursed by Medicaid. I want to give you a tip that if you're trying to figure this out for your state, you might want to first look at how foster care clients are being transported. Because in a lot of states there's an overlap between Medicaid NEMT private drivers and the process for private drivers for kids that are in out of home care foster care who are being driven to family appointments or other appointments.

In my state the form is the same. So that was a way for me when I'm working with a social worker, for example, in another part of the state, I've been able to direct them to that. A lot of folks are familiar with that form and that reimbursement process. So it's a way to use that as a point of reference.

What you'll find in most states is that only a person that has applied and been preapproved -- in my state they even approve the vehicle. They want to know that the vehicle's up to snuff, can drive an NEMT rider under the private auto provider program.

What Medicaid is they assign each private auto provider a Medicaid billing network. So they become an individual vendor and they document the trips. I'll tell you a little more about the documentation process. They document those, and then they submit the monthly for reimbursement.

That payment rate is a per mile rate set by Medicaid.

And the private auto provider may not have another person drive as a substitute. So if I have a client and his neighbor drives him to supported employment appointments, if the neighbor is sick, the neighbor's wife can't drive as a substitute. If someone is approved, it's only that person.

So if you're moving toward this solution with the client, you may want to have some contingency planning in mind.

Another thing I want to point out with private drivers is that they are paid directly by Medicaid in my state. So we talked about Kentucky having a capitated funding system for NEMT transportation where Kentucky counts the number of folks that receive Medicaid. They calculate a grant amount, and they provide that directly to the transportation broker.

The NEMT trips are outside that. So I've been able to set up some folks to use private drivers, and the transportation broker be helpful in that process because the transportation broker is not going to lose any of that budget that they've been provided under the headcount.

So what can be a private auto provider? Well, you shouldn't be surprised that Medicaid is not going to want to approve someone that lives in the same household. So anybody in the same household that's considered a natural support and they cannot be reimbursed as a private auto provider. A family member such as a parent that lives in a different household also may not be approved as a private auto provider.

However, friends, neighbors, coworkers, community members, a lot of other folks are able to complete this process. I try to tell individuals to think about who in their network of support would be able to provide transportation and to get this set up because individuals are a lot more willing to help provide transportation if they're reimbursed for it.

With one family there was a neighbor that was driving for Uber or Lyft, so it was already someone interested in providing transportation part time for income. So they had that fellow set up as a private auto provider, and he's able to provide NEMT service.

Now I want to point out, like with many things with Medicaid, this is not an overnight approval. So you'll want to complete that form. In my state there is a website on the transportation cabinet's web page. It gives instructions on how to become a private auto provider for an individual. The form is really easy. It's just a one-page form. But it can take four to six weeks. In some cases it can take longer to get that approved. If you're having issues, you can see on my screen, there is a customer service number. Always encourage your clients to reach out to the customer service line any time they have issues.

I was told in the state of Kentucky that they only received two complaint calls last year. So if individuals are having difficulty, no-shows, late shows, eligibility denials,

you definitely want them to have that 1-800 number available to them so they can communicate where things are going wrong.

In some areas riders who have access to a city bus system, Medicaid will pay for a bus pass for the individual. So then they're able to use that for their doctor's appointments, PT, OT, counseling also volunteering in the community, employment. They're able to use that for going to the movie theater. So if you have clients who are eligible for NEMT and you live in an area where there is some type of transportation system, Medicaid would much rather buy that person a pass than to pay for individual trips.

So this is something you want to think about. And I want to point out I've had many community members say that they don't have any kind of public transportation in their community. And they think that because they don't see city busses going down the street. But there are many communities that have small networks usually provided through rural transit grants provided through community access agencies through social service agencies. There are a lot of those in place. Some of those are underutilized. Their ridership might be low.

If that's available in your community, you definitely want to take advantage of it. In some communities, the person who holds the contract to provide NEMT transportation subcontracts with that service to provide transit. Definitely look into it to see if you have that in your area. When possible, I would recommend pursuing getting one of those passes so that they're able to use transportation across the board.

Now, some individuals are going to need an escort, or they're going to need assistance. And that's something that is provided in two different ways. Individuals are eligible to bring their own escort or assistant and have them ride in NEMT alongside. Individuals that don't have an escort or an assistant, under certain criterion, the transportation vendor is required to provide that door-to-door assistance for that individual.

So let's look at some scenarios. NEMT riders that are under the age of 13 must be accompanied by a parent, guardian, or an escort designated by the parent or guardian. The escort may not be an employee of the transportation provider. So if you're working with someone 13 and younger, they're going to need a designated escort on NEMT. It cannot be provided by the transportation company.

So ages 13 to 17 they may choose to be accompanied by a parent, a guardian, or an escort, or they may choose to ride independently.

They may also choose to ride with an escort provided by the transportation broker. They would need to qualify for that service.

NEMT escorts ride free. Parents, guardians, or escorts should not be charged a fare.

So I mentioned that some individuals would qualify for assistance provided by the transportation vendor. So what that's going to look like is that an individual would need to complete a form, usually a healthcare provider needs to sign off on that indicating some level of care, for example, someone with an intellectual or developmental disability that's getting off of paratransit service that may have to cross a driveway.

If the driver of the paratransit company is not able to leave the bus and walk them to the destination, if there's a form in place, then that paratransit company has to have an escort riding along.

So if you have a client with an intellectual disability or developmental disability or special healthcare need where they might need door-to-door assistance, this is something that's available. And that's something you would want to encourage people to explore, because if they have access to it, they need to know about it.

A lot of our clients aren't familiar with this at all. In fact, a lot of agencies and social workers, they aren't familiar with this. And so services end up underutilized.

One statistic that I saw for my area was that NEMT services that are paid for in advance through that capitated funding, they only had a 3% utilization rate. So I think it's important for us to be informed on NEMT on to use it as flexibly as we can.

So to wrap up, I want to take us back to that toolkit idea that I introduced at the beginning of the webinar. And I want us to consider NEMT as just one tool in that toolkit. So the tool that I've described is not a single use obvious tool. It's more like one of those multitool gadgets like you get for Christmas, and you're really not sure what you look at it what exactly you're going to use it for.

You need to think creatively and look at the full array of NEMT options that are available in your state. And you need to look at all the folks who might qualify for it. And you need to think of the full range of services that they could get approved to use it for. NEMT is available in every location across the United States, whether or not there is a public transit service of any type. States are required to provide NEMT for everyone.

NEMT right now is available to all Medicaid participants, including Affordable Care Act participants. Even young people under first steps in the EPSTD programs.

Knowing those eligibility exceptions that we covered is also important to navigate the mistaken denials some people get. So you'll have a client and they'll just receive a denial letter. Or they'll be told no when they call to schedule an NEMT service. Many folks might be eligible, and they just need to clarify their circumstances using the exceptions in order to access NEMT trips.

I have personally assisted clients who have used NEMT for transportation to work and to volunteer activities in a community. Others may find that they can transition other transportation trips that people are paying for out of pocket like trips to the doctor, trips to the pharmacy, picking up diabetes supplies, lab work and testing. If a family doesn't have transportation and they're paying for that out of pocket and you assist them in reallocating that part of their budget to Medicaid NEMT, then that family might have more budget available for other transportation needs.

Finally I want to assure that if a tool is available, that it's really accessible and available. I really have a hard time seeing transportation budget that's paid for in advance to folks holding contracts and individuals not benefitting from that in the community.

So I've taken a really strong approach in the communities that I'm working in to try to get folks to educate themselves on this service, to get direct support professionals educated, supported employment specialists to understand NEMT. It's a federal requirement that's in place. It can really assist a wide variety of people.

I'm going to stop sharing the screen. And we're going to move to questions. Let me close this. Because I have a hearing disability it was going to be difficult for me to hear somebody else through a webinar ask questions. So I requested that we do the questions in the question box, and I would be able to read down the list.

So I'm going to go down the list and read the questions and then answer them. If there are questions that we don't have time to get to today, we will respond to those online. And those will be available to you through E3.

I also want to leave a little time at the end so that folks can get the information they need on their CEUs.

Okay. So someone's asking, Minnesota has none. Each state is required to provide non-emergency medical transportation. So I think on that survey chart, some states may not have submitted in a timely fashion. That's the difficulty in updating that data. But there is a national agency that studies NEMT. They continue to do surveys to find out what each state is doing differently. And they update that. And they may look at four states one year and look at different states another year. So if you're interested in their work, I can provide that resource in that link.

But each state in the United States is required to provide non-emergency medical transportation. Some states have tried to not provide it. They wanted a waiver or exception to providing it to those Affordable Care Act participants states were saying the Affordable Care Act participants would be too costly. Keep in mind any NEMT is less than 1% of all Medicaid expenditures. So it is a small percentage currently. But some

states are trying to find a way out of providing the Affordable Care Act folks that service.

I'm moving on to another question. Can cities require a user to use a particular provider? Well, because of Medicaid freedom of choice, individuals should be able to access from the providers available in that area. Some individuals will be able to apply for a private driver so that something that you're going to want to look at in your state, it could be that a city doesn't have many vendors. But in my experience even in very, very rural areas in eastern Kentucky, there are several pages of available vendors.

I'm moving on. The question is, question about eligibility. I am a Voc Rehab provider with the VA. Many of the veteran patients I serve are Medicaid recipients. However, I am not a Medicaid provider. I don't believe any of my patients are currently working with a Medicaid waiver program outside of the VA. Based on this, would my patients who are Medicaid recipients be eligible to request NEMT meetings with me? I'm sure if our appointments would be qualifying appointments. That's a really good question.

The really clear and easy way is any time a client is going to someone's office that has a Medicaid vendor number, that eligibility is really easy. So the system can see the trip is to someone that is set up as a Medicaid vendor. If you're providing services and you're not a Medicaid vendor, there may be ways if you're working with a waiver client that you can work that in to goals and objectives, if the individual is interested in putting that in their case plan.

If your client is not a waiver recipient and they're just a traditional Medicaid, for example, then you may not be able to have your patients' visits qualify as an NEMT trip. However, if you work with that person and show them, you know, your doctor's appointments are -- your pharmacy trips are, your eye exam trips are, your counseling trips are, all these other trips that you're currently paying for out of pocket, let me tell you how you can get those set up where you'll now have budget available. For a lot of folks trying to make ends meet, it gives them additional budget that they can use for other transportation.

So someone is asking if a provider can refuse to allow a rider to bring a child with them to the doctor's appointment if they have no baby sitter. Here's something I can help you with. The ADA for ADA paratransit has established -- if you look at ADA paratransit rules and regulations, it states that children may provide assistance to an individual with a disability. Under ADA review guidelines they established that even small children can assist individuals with a disability in going to and from locations on public transit. So, for example, they can serve as an interpreter. They can Keri packages. They can open the door. That might expand that group for you.

Now if it's an individual that has a small baby, you're

probably not going to get that to work through the regulation. I think that's an example where a private driver would have more leeway. If you have a client that's established a relationship with a vendor and so using that freedom of choice, they have one taxi service that they're usually working with, I think you also see more leeway. Where you probably won't see it is on paratransit vans that are taking large numbers of people to and from things like sheltered workshops or day programs and things like that. I would expect that those would be where you would see denials.

So how can we access our state plan is another good question. Each state you're going to want to look at the -- at how Medicaid handles NEMT transportation for your state. I would suggest starting off on your state's website. I went to my state's website. I typed in the search bar, transportation. And I read through it until I found things that related to NEMT or Medicaid transportation. You can also find out how your system is administered, and then call that 1-800 number and ask them to send you the rules and regulations.

Each state has leeway from the federal requirement to make their own process and procedure. So a lot of things are consistent between the states, but how it's written may sound a little different. So you'll want to look at that for your state.

I have someone that says, I found this quite interesting. I live in the state of North Dakota, and I wonder why this is the first time I'm hearing of this. That has been my exact experience here in Kentucky. I educated myself on it, and I've tried to work with clients so that they would understand it. And then if you look at the system as a whole and you do research on how the funding works and how the approval rating process for satisfied riders works or you look at the utilization rate for your state, we all want to be good stewards of the resources that are appropriated for individuals with disabilities.

That's really important to me. If the state sets aside funding for non-emergency medical transportation, that would get someone to and from supported employment, I want to be sure that they have access to it. So I think this is a case where we as service providers and agencies need to dig in and educate ourselves and start educating the folks we work with. I don't think they're going to send out a brochure telling folks how to access the service because in some cases companies can make a profit by low utilization rate.

I have a question here that I think is not -- may not be relevant to the information that I have. It says if one has a nonprofit organization which they would like to transport their clients, can they get funding, state funding through a grant? So I'm not really sure what's available to agencies or organizations. I get that question a lot. I talked last week to a group of folks in Louisville Kentucky at a conference.

There were a lot of agencies in the audience, and they really wanted to know how they could tap into some of these funds.

So I want to point out that individuals that receive waiver services that are receiving traditional services, so services that are provided through an agency, in some cases the Medicaid is already reimbursing at a higher rate for traditional services. And part of the expectation is that the agency provide transportation.

I definitely see that being the case in my state. I know that it might be difficult. The agencies have trouble getting -- if a an agency has one van, and folks need to get somewhere else, they can have conflicts. But under traditional services, the agency in many cases there's language in the legislation that the agencies already -- it's part of the panel.

Individuals that have blended services or that have consumer directed option, usually what happens with that is the funds -- they're receiving less funds than someone in traditional service. Their budget is lower. So the NEMT is separate as a result of that.

I hope that clarifies. There may be grants available or funding available, but that would be on a state by state basis. Who would we reach out to in our state to get more information on NEMT? Definitely Medicaid. Medicaid office in your state, ask them. If you can't find the number easily through a Google search, the Medicaid office would -- should be able to fill you in on that information.

And then I have one last question on here. It says, it seems that the NEMT in my state only provides rides to a Medicaid healthcare provider. How do you get them to provide transport to a job? So that's part of what we talked about kind of going through the slides, about having a plan of care. So if the individual is on a waiver, then you be sure that the Medicaid waiver includes language talking about community access, volunteering in the community, working a job. For example, one person that I helped with their plan of care we wrote into the plan of care, Sammy will work ten hours in the community in a retail setting to gain life experience, to gain employment experience. So we wrote specifically ten hours per week in the community in a retail setting. And then that opened that up for non-emergency medical transportation.

Now in Sammy's case the broker denied it. They just said, we don't do this. We don't take anybody to anything other than to the doctor's office. So then that was a case of calling the broker and working with the broker. And when the broker didn't want to budge, it was calling the office in Kentucky that was over the broker. It may not be -- they may not roll out the red carpet for you to provide these services. But if it's something that your client is eligible for, you really want to impress on people they may have to have some of their natural supports in the community help them navigate getting that

access. It might not be easy, but it's worth jumping those hurdles to get that access.

For folks that I've helped, once they know their rights and once they know the eligibility criterion, they may get a hard time the first time, but then they're approved. And that client doesn't have trouble again. So it's been worth it to work with those clients.

I don't see any other questions. Do any of the other panelists have a question for me?

>> CHRISTINA ESPINOSA BARD: Those are some great questions. It seemed like it worked out just perfectly timing-wise.

>> Thank you, Maria.

>> MARIA KEMPLIN: You're welcome.

>> If you are in need of the CRC for today's webcast, the link I just added to the chat box contains steps to request the CRC. This can also be found on our webcast page within our website at Project E3.com. You will receive an email tomorrow with these instructions as well. If you have any questions about CRC direct those at ProjectE3.com. It is next week March 16th which is a repeat which is entitle the instructional strategies for acquisition and maintenance of customized job tasks which is presented by Tim reason. Today's webcast will be added to our archived list and will be available as soon as possible. We hope you all enjoyed today's webcast and thank you for joining us.

>> TERRY: We will leave the site up briefly just to make certain the links that Jen talked about everyone has a chance to look at or click on for just a couple more minutes. So thanks, everybody.
