



State of California-Health and Human Services Agency
Department of Health Services



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N.L.: 01-0104
Supercedes: Numbered Letter: 16-0801)
Index: Transportation

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS,
CHIEF/SUPERVISING THERAPISTS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL
OFFICE STAFF

SUBJECT: MAINTENANCE AND TRANSPORTATION TO ASSIST CLIENTS IN
ACCESSING CCS AUTHORIZED MEDICAL SERVICES

I. BACKGROUND

This Numbered Letter (N.L.) on maintenance and transportation (M and T) is the result of the efforts of the CCS Executive Committee Workgroup on M and T. Representatives from each region met between December 2002, and June 2003, to provide county-level input on revisions to M and T policy. Statewide "alignment" was achieved based on the overall premise that the new criteria for the M and T benefits outlined in this letter are to serve as the "minimum standards". Counties that have resources to expand the M and T benefits may do so at the discretion of the CCS County Administrator based on the established county policy that is consistently applied to meet the needs of the county's CCS clients and their families. This NL provides specific guidelines to implement this policy. This N.L. supercedes N.L.: 16-0801.

This N.L. provides:

- County CCS Programs with uniform policies for approving M and T benefits to support optimum access to authorized medical services for CCS clients

- Procedural guidelines for reimbursement for the costs of **M** and **T** benefits through the administrative support budget.

A. Mand T

1. M and T benefits are defined in the Health and Safety Code, Section 123840(j) as a "service" to be available through the CCS Program. CCS Manual of Procedures describes **M** and **T** as follows:

Mand T for the CCS client and parent(s), or legal guardian(s), may be provided when the authorizing agency, as part of its case management responsibility, determines that the family needs assistance, there are no other available resources and the assistance is an essential element of the diagnostic or treatment plan (CCS Manual of Procedures, Chapter 1.4.1/C.11).

2. In general, it is the responsibility of the client or parent(s)/legal guardian(s) to provide M and T. However, the CCS Program approves M and T services when the cost to the client or family presents a barrier to the CCS client's access to authorized CCS care. The intent is to assist the client to get to medical appointments at an outpatient provider or a hospital for admission, testing or other procedures. This assistance is not intended to sustain a parent or guardian at a hospital for the CCS client's entire stay or to pay for the parent or guardian's frequent trips to visit the child while hospitalized.

B. Reimbursement for M and T Costs

1. Until Fiscal Year (FY) 2000-2001, the costs of CCS-approved M and T services of all CCS-eligible clients were reimbursed as a CCS-only diagnostic or treatment expenditure, even if the CCS clients were Medi-Cal recipients.
2. The CMS Plan and Fiscal Guidelines Manual for FY 2000-2001, Section 7, Page 7-31, 111., C., states that costs incurred for M and T were to be transferred to the CCS Administrative Budget, effective July 1, 2000. County CCS programs were instructed to add a line item to the CCS Administrative Budget under "Other Expenses" to include the estimated annual cost for providing M and T." This change to the Administrative Budget allows Medi-Cal administrative funding to be used for M and T services for CCS/Medi-Cal clients.
3. Non-emergency medical transportation is not covered in the M and T Administrative Budget line item. Non-emergency medical transportation is a service that requires prior authorization by the CCS Program based

on medical necessity.

- a. Non-emergency medical transportation is defined as transport in an ambulance or medical transport van when the client's medical condition(s) does not allow the client to travel by bus, passenger car, taxicab, or other form of public or private conveyance.
- b. Funding for medically necessary non-emergency medical transportation is a direct treatment service cost.
- c. Non-emergency medical transportation must be authorized to an enrolled Medi-Cal medical transportation provider.

II. DEFINITIONS

M and T services are defined as follows:

- Transportation cost(s): The cost(s) for the use of a private vehicle or public conveyance to provide the client access to authorized CCS medical services (For medical transportation, see Section 1.4.1/C.12, CCS Manual of Procedures).
- Maintenance cost(s): The cost(s) for lodging (such as a motel room, etc.) and food for the client, parent(s), or legal guardian(s) when needed to enable the client to access CCS authorized medical services.

III. POLICY

A. M and T Authorization Requirements

M and T for the CCS client and parent(s)/legal guardian(s) may be approved to provide the client with access to CCS authorized medically necessary services when:

- a. The client has met one of the following: Has an authorization for diagnostic services and a signed CCS application or
- b. The client is a full scope, no share of cost Medi-Cal beneficiary; or
- c. The client is a Healthy Families (HF) Program subscriber; or
- d. The client has been determined to be CCS-eligible and has a signed Program Services Agreement (PSA) and

B. The CCS Program has determined that no other available resources exist to assist the client/parent(s)/legal guardian(s) to access the medically necessary authorized service. This should include:

- a. The determination that the client and/or parent(s)/legal guardian(s) have no means of reaching the authorized facility or provider without outside help; and
 - b. The determination that alternative resources for M and T services in the community are not available.
- B. The CCS Program may authorize the most appropriate, medically necessary, and cost effective mode of transportation to access the CCS authorized medical services. If the client and/or parent(s)/legal guardian(s) chooses to go to a facility/provider that is not the closest CCS approved facility/paneled provider, the transportation costs beyond those to reach the closest provider capable of delivering the level/type of service required by the client's CCS-eligible condition should be borne by the client and/or parent(s)/legal guardian(s).
- C. A client/family should not be reimbursed for meals or lodging if the client/family could make the trip in one day if they had traveled to the nearest appropriate provider for services.
- D. Maintenance may be authorized when:
1. The client is obtaining authorized outpatient services and the distance from the client's home is such that it precludes the family from making the trip in one day; or
 2. The parent(s)/legal guardian(s) are staying with and supporting a hospitalized client and the distance precludes the family from making the trip in one day; and
 3. Alternative resources have been explored and are unavailable; and
 4. The client and/or parent(s)/legal guardian(s) have no means of providing for their maintenance without assistance from the CCS program.
- E. Transportation to a Medical Therapy Unit (MTU)
Transportation to a MTU for physical or occupational therapy or to attend a Medical Therapy Conference may be approved if a transportation need has been identified jointly by the family and the MTU treating therapist as necessary for the client's access to therapy services and when:
1. Criteria in Ill., A. 1 and 2 above have been met; and
 2. Transportation is not included in a child's Individualized Education Plan (IEP). Note: County CCS programs should ensure that, when possible, transportation is included in the client's IEP.

F. M and T for Out-of-State Services

Mand T may be a benefit for CCS authorized medical care provided outside California. Consultation must be sought from the State Regional Office consultant staff before out-of-state services or M and T are authorized.

G. Denial of M and T Requests

When a county CCS Program receives a clearly stated written request from the medical provider/client/parent/legal guardian, or verbal request from the client/parent/legal guardian, for M and T services and the request is denied or modified, the county shall issue a denial or Notice of Action to inform the CCS client/parent/legal guardian of the decision.

O. POLICY IMPLEMENTATION

A. County CCS Program Procedures

1. County CCS programs shall develop procedures to review, approve, and pay for M and T services to assure that CCS clients can access medically necessary services. The *CCS Maintenance and Transportation Assistance Worksheet* can be utilized to document the request, alternative resources explored, qualifying criteria for M and T services, and the decision of the county program (See Attachment A).
2. The following minimum standards/parameters for authorization of the costs of M and T services have been established for accessing both in-patient and out-patient services.
 - a. To access in-patient services
 - Maintenance
 1. For intensive care settings when the parent/legal guardian is not permitted to stay at the client's bedside, county CCS programs may initially authorize up to seven days lodging and meals per hospitalization for one or two parent(s)/legal guardian(s). The need for additional days of lodging nights and meals should be evaluated based on the client's circumstances.
 - ii. For non-intensive care settings when parent(s)/legal guardian(s) are able to stay at the client's bedside, the county CCS program may authorize one day of lodging for one or two parent(s)/legal guardian(s) after every **six** nights of client hospitalization.
 - iii. The total maximum M and T authorization when the

CCS client is in an intensive or non-intensive care setting shall be 15 days of lodging and associated meals for each 30 days of client hospitalization, beginning with the day of the client's admission. Each new client hospitalization shall begin a new 30-day M and T benefit period.

- Transportation
 - i. Two round trips per client hospitalization can be authorized for stays of less than seven days duration.
 - ii. One round-trip for every seven days of client hospitalization can be authorized in addition to the initial two trips, if the hospitalization lasts longer than seven days.

- Post-hospitalization

If the client's discharge plan documents the need for daily medical visits for treatment of the CCS-eligible condition, and the distance precludes making the trip to the hospital in one day, lodging and meals may be authorized for the client and parent or guardian.

- b. To access out-patient services

- Maintenance
 - i. If the family's trip to the outpatient provider can be completed in one day (round trip travel and appointment time included) there should not be reimbursement for meals or lodging.
 - ii. If the total time for the trip will exceed one day, lodging and meals for one or two parent(s)/legal guardian(s) and the CCS client may be authorized.
- Transportation
 - i. If the distance to the provider is such that the trip may be made in one day, then the family may be assisted with transportation if lack of transportation is a barrier to the family's compliance with the treatment plan.
 - ii. Prior approval is required for each trip. Approvals may be given as a block for multiple trips when it is known a client must make a specified number of visits to the provider for treatment, such as radiation therapy,

chemotherapy, etc.

- iii. County CCS Programs may develop procedures to determine when and upon what basis advance payment will be made to a CCS client/family for the reimbursement of authorized M and T services.
- iv. County CCS Programs shall develop procedures to inform clients or parent(s)/legal guardian(s):
 - a). How to submit requests for reimbursement
 - b). How to submit required receipts and/or other documentation for expenses incurred as M and T (gasoline, hotel/motel, meals, parking, tolls, etc.).
 - c). That failure to comply with these requirements could preclude future authorization of M and T services for the client/family.

8. County CCS Program Review and Approval of M and T Services

- 1. Requests for authorization of M and T services shall be reviewed by county CCS program Administrators or designees to determine that:
 - a. Medically necessary services linked to the request for M and T services have been authorized by the CCS Program; and
 - b. The client is eligible for M and T services based on the criteria outlined in III.A above.
- 2. CCS Medical Consultants or their designees should review the M and T services requested in relationship to the authorized CCS treatment services and provide recommendations to the Administrator on the number of trips needed by the client or the anticipated length of stay if services require inpatient care.

V. SCHEDULE FOR REIMBURSEMENT

A Private Car Mileage

Reimbursement will be at the mileage reimbursement rate established for California State employees for which documentation is not required (\$0.34 per mile as of 01/01/04). The rate paid will be the rate in effect on the date the travel occurred, not the rate in effect at the time the claim is submitted for payment.

B. Lodging Costs for Client/Parent(s)/Legal Guardian(s)

Reimbursement shall be based on actual costs of one room up to the maximum amount per night based on the State of California employee lodging (Note: Reimbursement for the cost of lodging provided by facilities sponsored by charitable organizations should not be greater than the customary charges to families). If circumstances exist that require approval of lodging reimbursement at higher levels, these circumstances should be documented.

C. Meals

Reimbursement for meals should be at actual costs per person up to \$15 per day. Hospital meal voucher(s) will be credited as part of the \$15 per day meal assistance. Reimbursement will be based on actual costs supported by receipts for meals. Hospital meal vouchers provided to the clients or parent(s)/legal guardian(s) will be paid based upon the invoice submitted by the hospital.

D. Other Necessary Expenses

Reimbursement may be made for other necessary expenses (e.g., parking, tolls) based on actual costs supported by receipts.

VI. RECORD KEEPING

A. Log of Authorized M and T Services

1. County CCS Programs should develop and maintain a log of authorizations of M and T services.
2. The log should contain, at a minimum, the following:
 - a. Start and end dates of authorization of maintenance and/or transportation services and
 - b. Name of the CCS-eligible child
 - c. CCS record number
 - d. Type and number of authorized services
 - e. Identification of the funding category of client (CCS, Medi-Cal, or HF)
 - f. Name of individual approved to submit claims for reimbursement of authorized M and T

B. Reimbursement Record

County CCS Programs should keep records on reimbursements for M and T. These records should be linked to the M and T services log.

VII. CLAIMING MANDT SERVICES COST AS A COUNTY CCS PROGRAM ADMINISTRATIVE EXPENDITURE

State share financial reimbursement for expenditures by county CCS programs for M and T services shall be claimed on the quarterly CCS Administrative Invoice form. Instructions for invoicing M and T expenditures for CCS clients or parent(s)/legal guardian(s) are found in the CMS Plan and Fiscal Guideline Manual, Section 9.

If you have any questions, please contact your Regional Office Administrative Consultant.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Attachment

CCS Maintenance and Transportation Assistance Worksheet

CCS Dx: _____

M&T requested by: _____ Client ___ Parent/guardian ___

CCS Provider: _____ Location: _____ Date(s) _____

Language spoken: _____ Will interpreter accompany family? ___yes___no

Authorized person(s) for M&T (including interpreter if necessary):

The following assistance has been requested for authorized person(s)

o Lodging: Site: _____ Dates: _____ Actual costs: _____

o Meals: Dates: _____

Actual costs: _____

o Transportation: Bus ___ Train ___ Private car ___ Taxi ___ Other (specify) _____

Private car departure point (e.g. home address): _____

Total car mileage: _____ Other transportation costs: _____

Review alternative sources of services with client and/or responsible adult:

____ Friends, family, faith institution, neighbors

____ Amer Cancer Soc

____ Easter Seals

____ Regional Center

____ Hemophilia Society

____ Ronald McDonald House, etc.

____ Managed care plan

____ Picnic cooler

____ Alternative appointment schedules to minimize need for M&T

____ Parent in-room option

Other organizations (specify) _____

Comments: _____

Client/adult initial present; CCS staff initial per phone interview with (name): _____

The client/responsible adult:

_____ States that there are no other resources available to obtain the needed services.

_____ Has been informed of need to submit receipts and appropriately use funds in order to obtain CCS services.

_____ Has been informed that misuse of funds or failure to follow above requirements may result in denial of future requests.

_____ Has been informed that the County of _____ is not responsible for any incidents/injury that occur in conjunction with the authorized appointment or associated travel.

_____ Has submitted proof of current auto insurance, vehicle registration, and driver's license for vehicle driven and driver if gas vouchers, parking fees or toll fees have been requested.
(optional --per county policy)

Client: _____ CCS #: _____ M-C__ CCS__ HFP__

CCS Use Only

1. Request is for service authorized by CCS Program.
2. Request is not for Non-Emergency Medical Transportation.
3. CCS client with a signed Program Service Agreement or
 CCS client with full-scope Medi-Cal, no share of cost or
 CCS client is member of Healthy Families Program
4. Alternative community resources are not available (see above) and
 Client or parents/legal guardian have no means of reaching authorized service on their own and

Authorized care is to the closest medical facility capable of providing the appropriate medical service.

Comments: _____

____ Request approved by: _____ Date: _____

Service(s) authorized: Vendor/individual: _____
Amount(s): _____
Date(s): _____

Service(s) authorized: Vendor/individual: _____
Amount (s): _____
Date(s) _____

Service(s) authorized: Vendor/individual: _____
Amount(s): _____
Date(s): _____

____ Request denied—reason: _____

____ NOA sent—date: _____

- Recorded on M&T Tracking Log
- Recorded on M&T Client Log
- M&T authorization generated and sent

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Client: _____ CCS #: _____ M-C__ CCS_ HFP