

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Jennifer Baumann

**Phone Number:** 517-241-8862

Initial

Public Comment

Final

## Brief description of policy:

This policy removes the requirement that families/individuals obtain approval from the Local Health Department (LHD) for non-emergency medical transportation (NEMT) prior to travel to be eligible for reimbursement. This policy applies to CSHCS reimbursement of NEMT only and does not change requirements that may be in place through commercial insurance, Medicaid Fee-for-Service (FFS), or Medicaid Health Plans.

## Reason for policy (problem being addressed):

To reduce barriers to reimbursement of NEMT ground transportation and lodging expenses. This change will assist families/individuals in receiving NEMT reimbursement without obtaining written approval prior to travel. All other requirements for NEMT reimbursement remain unchanged.

## Budget implication:

budget neutral

will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation

will save MDHHS \$ \_\_\_\_\_

## Is this policy change mandated per federal requirements?

No

## Does policy have operational implications on other parts of MDHHS?

No

## Does policy have operational implications on other departments?

No

## Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

## Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: _____ Approval	Date: _____

<b>DRAFT FOR PUBLIC COMMENT</b>		
<b>Michigan Department of Health and Human Services</b>	<b>Project Number:</b> 2130-CSHCS	<b>Date:</b> December 16, 2021

**Comments Due:** January 20, 2022  
**Proposed Effective Date:** March 1, 2022  
**Direct Comments To:** Jennifer Baumann  
**Address:**  
**E-Mail Address:** [BaumannJ@michigan.gov](mailto:BaumannJ@michigan.gov)  
**Phone:**

**Fax:**

**Policy Subject:** Children's Special Health Care Services (CSHCS) Non-Emergency Medical Transportation (NEMT)

**Affected Programs:** CSHCS

**Distribution:** Local Health Departments (LHDs)

**Summary:** This policy removes prior authorization requirements for CSHCS NEMT reimbursement for non-emergency ground transportation and lodging.

**Purpose:** To reduce barriers to reimbursement of NEMT ground transportation and lodging expenses. This change will assist families/individuals in receiving NEMT reimbursement without obtaining written approval prior to travel. All other requirements for NEMT reimbursement remain unchanged.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** None

**State Plan Amendment Required:** Yes  No   
**If yes, date submitted:**

**Public Notice Required:** Yes  No   
**Submitted date:**

**Tribal Notification:** Yes  No  - **Date:**

**THIS SECTION COMPLETED BY RECEIVER**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Approved</b>    | <input type="checkbox"/> <b>No Comments</b>          |
| <input type="checkbox"/> <b>Disapproved</b> | <input type="checkbox"/> <b>See Comments Below</b>   |
|   | <input type="checkbox"/> <b>See Comments in Text</b> |

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
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# Proposed Policy Draft

Michigan Department of Health and Human Services  
Health and Aging Services Administration

**Distribution:** Local Health Departments (LHDs)

**Issued:** January 28, 2022 (Proposed)

**Subject:** Children's Special Health Care Services (CSHCS) Non-Emergency Medical Transportation (NEMT)

**Effective:** March 1, 2022 (Proposed)

**Programs Affected:** CSHCS

The purpose of this bulletin is to update requirements for CSHCS-enrolled families/individuals to receive reimbursement for NEMT ground transportation and lodging expenses.

## **CSHCS NEMT Prior Authorization**

Families and individuals enrolled in CSHCS will no longer be required to obtain prior authorization from the LHD to be eligible for reimbursement of expenses associated with in-state NEMT ground transportation and lodging to obtain qualifying medical care and treatment from a CSHCS approved provider. Families and individuals are encouraged to contact their LHD representative prior to travel to ensure that travel meets reimbursement requirements but will no longer be required to obtain written authorization prior to travel taking place. Requests for NEMT reimbursement should be submitted to the LHD within 30 days of travel. All requests for reimbursement must be received by Michigan Department of Health and Human Services (MDHHS) within 90 days of travel to be considered for payment.

This policy change applies only to non-emergency ground transportation and lodging and does not change prior authorization requirements for air transportation or out-of-state medical care. This policy applies to CSHCS reimbursement of NEMT only and does not change requirements that may be in place through commercial insurance, Medicaid, or Medicaid Health Plans. Beneficiaries enrolled in Medicaid Fee-for-Service (FFS) or in a Medicaid Health Plan receiving Medicaid-covered services must follow Medicaid requirements to receive NEMT. All other requirements of CSHCS NEMT assistance remain unchanged.