

# Transportation Cost Plan Guidelines

The Waiver does not cover transportation that is medical in nature or activities that are purely recreational. In all cases of transportation, if other resources are available (State Plan, Voc Rehab, Schools, family, the person's personal resources if they have a job are examples), those should be accessed before the waiver reimburses. Please use this document in conjunction with the waiver(s), the members plan of care, DDP billing documents, the DDP Services Manual, Commute Toolbox, and others as appropriate. Each category of transportation may be provided by different transportation providers, depending on who is transporting the member. In ALL cases, estimated activities, miles, fees, etc. should be documented in the plan of care. The categories of transportation are described below. In ALL cases the miles allowed are only when the individual is in the vehicle and is transported.

- Transportation Commute (including wheelchair) - This is for rides from the individual's residence to/from a community job, a DD funded Supported Employment (SE) job, or Day/work services and can be individual or shared. This is paid to the enrolled DDP day or work provider, residential provider, or a transportation company (if applicable) contracting with DDP. The individual does not need to have DDP funded Supported Employment to receive commute dollars to get to their community job. All other reasons for commute require a correlating DDP funded service. Commute services are provided by a paid staff on shift, costs are incurred by a contracted agency, and the mileage rates include the driver's time.
  - The cost plan amount for each member is based on the average weekly number of miles needed to transport the person from their home to a job or DD funded SE or Day/work service, and back to their residence using the most direct route and preferably is determined using the Commute Toolbox. DDP implemented 33 miles per week as the MINIMUM paid which is calculated by the toolbox. There is also a maximum of 650 miles per month at the *individual rate* which is also calculated by the toolbox. This should be established or reviewed at the member's annual PSP meeting, or sooner if warranted. A new cost plan or billing amount does not necessarily need to be re-calculated if there are slight variations during the person's PSP year, however it will need to be reevaluated and changed at the person's next PSP. In the case of a variation, if the member or provider want the cost plan allocation amended before the next PSP meeting then it should be reviewed and changed as appropriate. If not using the toolbox, detailed information should be maintained to justify the amount determined in the person's cost plan and the amounts billed.
  - The unit is billed as a monthly unit. The individual must have a minimum of one documented ride one way at least one time during the month for the provider to bill for this service for that month. Since the allocation is determined during the PSP meeting the provider does not need to track actual miles provided each month, only that at least one ride was given during the month. Case Managers and Providers will need to work closely together to make sure the cost plan allocation and commute monthly billing come from the same member information. Providers need to have justification of how the monthly amounts billed are derived. (the toolbox is the preferred option)

- A shared commute is assigned for those individuals that live in a DD funded congregate setting and is \$.50 per mile. A congregate site for the purposes of determining shared rides is a facility routinely housing three or more residents who receive on site DDP funded Residential Habilitation or other DDP funded residential support (temporary vacancies do not change the status) and:
  - This group of three or more persons live in the same building/complex.
  - The residences are owned or managed by the corporation providing the service.
  - “Managed” is defined as, the corporation assumes responsibility to fill any rental vacancies, absorbs the cost of lost rent due to vacancies, etc.
  - The residential facility is listed on the Regional Manager’s list of Shared Ride - Congregate Living Facilities.
  - Each regional office and case manager will have a list of congregate sites for their region.
  
- An individual commute is generally assigned for commute transportation that does not fall under the shared commute definition and/or where the individual’s living situation does not fall into a shared commute definition and is \$1.00 per mile.
- See bottom of page 3 for AwC Commute.
- See cost plan and billing info later on in this document.
  
- Work/Day Integration (including wheelchair) - This is for community integration and activities-related transportation provided by the agency as a part of a DDP funded Supported Employment (SE) or Day/work service. The member **MUST** have DDP funded Day/work service or Supported Employment service to receive this item in their cost plan.
  - Each individual receives a maximum 12 rides per full fiscal year (or prorated rides if applicable) for Work/Day Integration. Each unit is derived using 30.6 miles at \$.42 per mile, however the miles do not need to be tracked for reimbursement.
  - The unit billed is per ride or occurrence. The individual must have a minimum of one ride, one way, for this purpose for the provider to bill for this transportation type. Multiple rides can be billed in a single month, but will not exceed 12 units annually. **There is no minimum mileage requirement to bill more than one unit in a single month.**
  - Per the Manual, to bill work/day integration use procedure code T2003 with an XU modifier on the claim.
  
- Residential Integration (including wheelchair) - This is for integration in conjunction with residential and community activities, and are not purely recreational in nature. The member **does not need** to be receiving DDP residential services to receive this transportation type in their cost plan. This is generally billed by a residential service provider staff, and covers activities to meet specific outcomes and actions, access to community events, and/or socialization activities within their community. Bus passes and taxi rides for residential integration purposes can be

accommodated under Trans OTHER in the cost plan. Reasons for the rides, activities, and anticipated frequency will be noted in the person's plan of care.

- 12 base units (or prorated units if applicable) per year are assigned through transportation funding equally to everyone. Extra units can be added if applicable.
  - Each unit is derived using 99.45 miles, at \$.42 per mile. The individual must have a minimum of one documented ride during the month for the provider to bill for this service.
  - Extra units can only be allocated for activities related to and correlating with providing other DDP funded services for that person and dollars from other parts of the cost plan may be required. Extra units are acceptable when more than 99.45 miles in a month are expected to be driven (with the individual in the vehicle) and must be clearly documented in the plan of care as a need above & beyond. Extra units for longer trips or out of town can only be considered when the activity cannot be reasonably provided within their community. **If extra units are included in the cost plan line, providers cannot bill an extra unit unless they document that more than 99.45 miles of transportation was delivered for that month.** These are expected to be the most direct routes.
    - For example, a unit is based on 99.45 miles and a ride was provided that month. Then we'll say an extra unit was planned and allocated for the person. For this example, let's say that 115 total miles was provided and documented during the month – in that particular month it's appropriate to bill 2 units.
    - In another example, a person received two rides in a month. 1 ride was 60 miles, the other was 32, totaling 92 miles. Only ONE unit can be billed since the miles provided did not exceed 99.45 in that month.
  - Any unusual circumstances that result in an unexpected miscellaneous transport expenses must be pre-approved in the cost plan system before billing. These must be brought to the attention of the Regional Office within the month they occur, and dollars may need to be moved from other areas, with team approval.
  - Per the Manual, to bill residential integration use procedure code T2003 on the claim.
- Mileage Reimbursement – This type of transportation is for both commute or integration reasons and is provided by legally responsible persons, relatives, legal guardians and other persons (including the individual if they own their own car) who are not employees of agencies with a DDP contract to be reimbursed for rides given to individuals. Mileage reimbursement is also for the provision of transportation under both Self Direct options. The mileage allowed and reimbursed are ONLY for the miles the individual is in the vehicle, and is meant to assist with costs in operating a private vehicle.
    - For traditional transportation through an Agency or the Self Direct option of Agency with Choice, the contracted provider can bill DDP at a maximum rate of \$0.42 per mile. The provider may choose to withhold a processing fee, but that fee comes within the \$.42 and is not above and beyond. (provider needs to establish the fee they will charge per mile) If an agency is offering to route payment of non-employee mileage reimbursement as AwC, this type of

transportation would be creating a Transportation AwC Mileage Reimbursement service line in the cost plan.

- For Self Direct Employer Authority transportation, the fiscal agent bills DDP at the agreed rate, up to \$0.42 per mile. The fiscal agent fee is a separate line item and is not part of this specific cost plan line. This is created under the service Transportation – SD Mileage Reimbursement in the cost plan.
  - Generally mileage reimbursement is intended for additional transportation needs specific to the individual’s developmental disability, and/or for rides above and beyond what a family or extended friends/family/guardians normally would provide.
  - On the claim enter procedure code S0215. For either self direct option, enter procedure code S0215 with an SC modifier on the claim.
- **Transportation OTHER** - This is for specialty transport situations and non-transport costs such as licensure, insurance, other costs (see waiver definition) associated with an individual’s dependence on the use of a personal vehicle owned by the person. This will have its own service line in the cost plan.
    - Bus passes, taxi, etc. should also be created in the Transportation OTHER service category. Documentation of the ride and/or the charges from the 3<sup>rd</sup> party should be maintained by the Provider contracting with DDP.
    - This ‘OTHER’ category is also available in the self-directed options. Use Trans OTHER – SD for the Employer Authority (Acumen) option. Employers will obtain reimbursement using the MT SDEO Request for Payment Form for transportation reimbursements for non-transport expenses such as licensure or insurance when the individual in service owns their own car. Go to the Fiscal Agent website or call them to request forms. For AwC, use the service called AwC Commute, Integration, Other for allocating funds that fall in this category.
    - On the claim, use T2004 as the procedure code. For either self direct option, use T2004 with an SC modifier on the claim.

*\*\*\*From the information above, it is possible that an individual could be receiving several different types of transportation services with a different provider for each of the transportation types.*

Please read more about the following service line:

- **Transportation AwC Commute, Integration, Other:** For transportation provided by, and costs incurred by a provider agency offering Agency with Choice transportation (usually in conjunction with offering other AwC services), the same rules and tools for the different transportation categories in this document apply. Using the units/rates for Integration, and the Commute toolbox, all AwC Commute, AwC Residential Integration, AwC Work/Day Integration, and AwC OTHER service needs should be added together and consolidated into this one service line in the individual’s cost plan.
- On the claim, enter the procedure code T2002 with an SC modifier when billing.

## Case Managers/Regional Office Cost Plan Creation for Commute Transportation

Residential and Work/Day Integration transportation types have been converted to rate-based services, and are integrated into regular processes.

The Commute toolbox will determine the amounts to enter into a member's cost plan when **setting up Commute transportation** services, and will also calculate the monthly billing amount for providers. The file is: **CommuteToolbox.xlsx**

### Calculating the Commute amount for the Cost Plan:

Transportation		OPTIONAL						
Work/Day Commute Provider	MEDICAID ID	Fund Code 00=TitleXX 01=XIX	Average Commute miles from residence to and from work/day site, per WEEK (33 MIN). Days per week do not matter. Enter whole numbers. (see instructions tab)	# of Commute Months you want to calculate this fiscal year	Does the individual reside in a congregate living residence? (review Guideline document)	Does the individual require a wheelchair lift vehicle to transport?	Work/Day Commute prorated amount to be entered into Member's cost plan for CURRENT Fiscal Year	Amount needed in Cost Plan for a full fiscal year
Provider Name (if grouping by provider)					Y or N	Y or N		
Member's Name							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -

The above screenshot is of the member info & cost plan tab of the toolbox. (some parts of the screen shot may not be the most updated compared to the real toolbox...for visual reference) Other instructions in the toolbox will walk users through the process, but the following are highlights:

- Enter the name and Medicaid ID of the person you are working on. (This can provide a record on how the allocation was developed for future use and to enter information into the cost plan)
- Enter the *average* round-trip miles per week using the most direct route from the member's residence to and from their community job, or DDP funded Day or Supported Employment service. (a person working a community job does not need to have DDP supports attached to receive commute transportation). We suggest using Map Quest ( <https://www.mapquest.com/> ) which will help to determine miles for the most direct route. Do not add in miles for a job that involves miles for work crews or enclave. (that transportation cost should be recouped from the provider's 3<sup>rd</sup> party revenue) You may add miles if the individual has more than one SE job for which they are getting transported or go to a work day site and then to a Supported Employment job or vice versa. Only miles the person is in the vehicle are allowed. Days per week do not matter here. Note the 33 mile minimum as a general rule.
- Enter the months of the fiscal year you need to calculate the Commute service. If the member is entering services part way through the year, adjust for the

number of months remaining in the year. Partial months for people entering mid-month can be counted as a whole month.

- Use the drop-down menu to enter whether or not the member resides in a congregate living residence. Answer “Y” if the individual lives in a group home or congregate Supported Living environment (see definition starting on page 2 of this document).
- Use drop down menu to enter whether or not the member is in a wheelchair and requires a specialized wheelchair van for any of their rides. If so, mark as wheelchair.
- The amount calculated in the first green column is the amount to enter into estimated cost box when adding and/or creating the individual’s cost plan if you are calculating a service line that does not start July 1<sup>st</sup> and end June 30th.
- The last green column instructs you to create another line for the next fiscal year to ensure a full year’s funding.
- Save the toolbox (File, Save AS, name your file and save) for documentation back up.

## Provider billing for Commute Transportation

The Commute toolbox will determine the amounts to enter into a member’s cost plan when setting up Commute transportation services, as well as **calculate and justify the monthly billing amount for providers based on the member info and cost plan tab**. The file is: **CommuteToolbox.xlsx**

Instructions can be found on the instruction tab of the toolbox. Information filled out on the member info & cost plan amounts tab will populate the billing tab. The commute monthly billing tab is where the provider can go to calculate monthly charges per person.

Billing for Month/year										
TRANSPORTATION - COMMUTE										
Commute Provider										
Provider Name (if grouping by provider)										
Member’s Name (copied from Member tab)	Medicaid ID (copied)	fund	If Person rode this month enter 1 unit, otherwise leave blank	congregate living residence (shared commute)	wheel chair access required?	rate per mile	total annual miles	miles over yearly maximum	Commute description. For all claims use T2002 to bill. For AWC add an SC modifier on the claim	Per person Commute Charge this month
	0	0		0.00	0	FALSE	1716.00	0.00		\$ -
	0	0		0.00	0	FALSE	1716.00	0.00		\$ -

- Type in the month/year you are billing.
- This tab is mostly pre-filled based on the information in the member info & cost plan amounts tab.
- On the billing tab, the provider will fill in “Units”. The contractor must provide one documented ride to OR from their community job, or DDP funded work or day site per month to receive full transportation compensation for that month of

service. Enter a **1** in the yellow column if the member had at least ONE documented ride. If the member did not receive at least one ride during the month, the provider can leave the field blank or enter a 0.

- The Commute Charge this month is in the last green column. Enter this amount on the claim using procedure code T2002. 1 month is one unit for this service. For AwC Commute transportation, the provider can use the toolbox for the amount, and enter T2002 with an SC modifier on the claim.

Save your file separately each month for justification on what you have billed on your claims. Having the information on the member info and cost plan amounts tab together with the monthly billing tab provides justification for the amount billed.