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07-12-2021

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

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TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 27 NON-EMERGENCY TRANSPORTATION (NET) SERVICES

001. SCOPE AND AUTHORITY. The regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statute §§ 68-901 et seq.

002. DEFINITIONS. The following definitions apply:

002.01 BASE RATES. Non-emergency medical transportation base rates include all services, equipment and other costs, including: vehicle operating expenses, services of personnel, first five "Loaded" miles of the trip, unloaded mileage, and usual waiting or standby time.

002.02 EXEMPT PROVIDER. Transportation carriers exempted from Nebraska Public Service Commission certification as defined in Neb. Rev. Stat. §§ 75-303 to 75-303.03.

002.03 FREE TRANSPORTATION. An appropriate mode of transportation that can be secured by the client without cost or charge, including the client's personal vehicle or through access to a vehicle in the household that is owned by a legally responsible individual for the client.

002.04 INDIVIDUAL PROVIDER. An individual carrier who meets the requirements of Neb. Rev. Stat. § 75-303 (11), (12), or (13), has an approved service provider agreement with the Department and is chosen by the client.

002.05 LEGALLY RESPONSIBLE INDIVIDUAL. A parent or guardian of a minor child, or spouse.

002.06 LOADED MILEAGE. Miles traveled while the client is present in the vehicle. Loaded mileage is covered for non-emergency medical transports when travel exceeds six or more miles. The first five loaded miles are included in the payment for the base rate.

002.07 MODE. The method used to provide transportation services to clients. This includes personal vehicle owned by individual provider; fixed route public transportation; ambulatory sedan, van, handi-bus; wheelchair-accessible van; and commercial airlines.

002.08 MOST APPROPRIATE. The least costly mode of transportation to meet a client's medical needs that accommodates the client based on the client's physical, cognitive or developmental capabilities.

002.09 NON-EMERGENCY TRANSPORTATION (NET) BROKER. An entity under contract with a Heritage Health Managed Care Organization provider to perform all administrative brokerage functions including, but not limited to establishing a transportation network; receiving non-emergency transportation (NET) service requests; verifying client program(s) eligibility; screening clients for mobility status and existing transportation resources; determining appropriateness and coverage of program services; approving and arranging for transport; notifying client of transportation arrangement; and facilitating provider payment for completed services.

002.10 NON-EMERGENCY TRANSPORTATION (NET) SERVICE PROVIDER. Non-emergency transportation (NET) services provided by an approved individual, exempt or public service commission (PSC) provider.

002.11 NON-EMERGENCY TRANSPORTATION (NET) SERVICE. Non-emergency transportation (NET) Services are a ride, or mileage reimbursement for a ride, and escort or attendant services provided so that a Medicaid eligible client with no other transportation resources can receive Medicaid coverable services. By definition, non-emergency transportation (NET) services do not include transportation provided on an emergency basis, such as trips to the emergency room.

002.12 NO SHOW. A trip that is not cancelled where the client or non-emergency transportation (NET) provider does not arrive as scheduled; or a scheduled trip that is not cancelled prior to the service when either the client or the non-emergency transportation (NET) provider fails to arrive.

002.13 PUBLIC SERVICE COMMISSION (PSC) CERTIFIED CARRIER. Transportation providers requiring Nebraska Public Service Commission certification as defined in Neb. Rev. Stat. § 75-302 including the following carriers:

002.13(A) COMMON CARRIER. Any person who or which undertakes to transport passengers or household goods for the general public in intrastate commerce by motor vehicle for hire, whether over regular or irregular routes, upon the highways of this state.

002.13(B) CONTRACT CARRIER. Any motor carrier which transports passengers or household goods for hire other than as a common carrier designed to meet the distinct needs of each individual customer or a specifically designated class of customers without any limitation as to the number of customers it can serve within the class.

002.14 UNLOADED MILEAGE. Miles traveled when a client is not present in the vehicle. All unloaded mileage is included in the payment for the base rate.

002.15 URGENT. A serious, but not life threatening, illness or injury. Urgent care is determined by the client's medical care provider. An appointment must be considered urgent if the medical service provider grants an appointment within 48 hours of the client's request. An inpatient or outpatient hospital discharge must be considered an urgent trip.

002.16 WAIT TIME. Periods of time that a non-emergency transportation (NET) provider spends waiting for the client prior to or in between the provision of covered non-emergency transportation (NET) services.

003. COVERED SERVICES. Medicaid covers the most appropriate non-emergency transportation (NET) services necessary to obtain Nebraska Medicaid reimbursed services when one of the following criteria is met:

- (A) Client does not own or does not have access to a working licensed vehicle;
- (B) Client does not have a current valid driver's license;
- (C) Client is unable to drive due to a documented physical, cognitive, or developmental limitation;
- (D) Client is unable to travel or wait by himself or herself due to a documented physical, cognitive, or developmental limitation; or
- (E) Client is unable to secure free transportation as defined in this chapter.

003.01 NON-EMERGENCY TRANSPORTATION (NET) SERVICES PROVIDED FOR CLIENTS RESIDING IN NURSING FACILITIES OR INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICF/DD'S) WHEN MEDICAID IS THE PRIMARY INSURANCE. Non-emergency transportation (NET) services for clients residing in nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD) may be covered under this chapter for facility discharge transportation to a private residence within boundaries of the State of Nebraska.

003.02 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES. All transportation services for medically necessary early and periodic screening, diagnosis, and treatment (EPSDT) covered services will be provided without regard to service limitations defined within this chapter, and with prior authorization.

003.03 PROVIDER LOCATION. Non-emergency transportation (NET) services are available to the nearest Nebraska Medicaid coverable services within a 20-mile radius of the client's residence, able to meet the client's medical needs, and willing to accept the client as a patient, unless otherwise exempted or approved by the Department.

004. NON-COVERED SERVICES. The following non-emergency transportation (NET) services are not covered by Nebraska Medicaid:

- (A) Transportation to obtain services not coverable by Nebraska Medicaid;
- (B) Transportation for clients residing in nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD), except for circumstances when facility discharge transportation to a private residence within boundaries of the State of Nebraska;
- (C) Transportation of family members to visit a hospitalized or institutionalized member;
- (D) Transportation to a durable medical equipment (DME) provider that provides a delivery service that can be accessed at no cost to the client, in addition to the delivery of durable medical equipment (DME) products in lieu of transporting the client;
- (E) Transportation for Medicaid covered services provided in the client's home such as personal care, home health, etc.;
- (F) Transportation to a pharmacy that provides a delivery service that can be accessed at no delivery cost to the client, with the exception of a new prescription requiring immediate

use not otherwise reasonably accessible to the client; in addition to the delivery of pharmacy products in lieu of transporting the client;

- (G) Transportation to a hospital emergency room;
- (H) Client-provided transportation utilizing his or her own personal vehicle;
- (I) Wait times;
- (J) Services provided by Department staff or a legally responsible individual for the client; and
- (K) No shows.

**005. AUTHORIZATION PROCEDURES.** Authorization for non-emergency transportation (NET) services must be requested for a scheduled trip at least three business days in advance, with the exception of an unscheduled trip for urgent medical care as defined in this Chapter. The authorization will be requested through the non-emergency transportation (NET) brokerage contracted by the Heritage Health managed care organization or if fee-for-service (FFS), through the Customer Service Center according to the most appropriate mode of transportation for the service provided to the client.

**005.01 MINOR CHILDREN.** A minor child under age 13 may not be transported by a non-emergency transportation (NET) provider without adult supervision by a legally responsible individual or an adult designated by a legally responsible individual.

**005.02 ADDITIONAL PASSENGERS.** The transportation for one legally responsible adult, or an adult designated by a legally responsible adult, may be authorized to accompany a minor child under age 19 as an additional passenger. The transportation for a personal assistance services provider may be authorized to accompany a client as an additional passenger.

**006. PAYMENT FOR SERVICES.**

**006.01 CONDITIONS FOR PAYMENT.** The provider may bill Medicaid only when:

- (A) The transportation is furnished by a Medicaid enrolled provider to whom a direct venter payment can be made; and
- (B) The client is actually in the vehicle.

**007. PROVIDER PARTICIPATION.** To participate in the Nebraska Medicaid Program, providers of non-emergency transportation (NET) services must fully meet all applicable local, state, and federal laws and regulations governing the provision of their services.

**007.01 DRIVER QUALIFICATIONS.** Providers must ensure drivers:

- (A) Be age 19 or older;
- (B) Possess a current and valid driver's license with no more than three points assessed against his or her Nebraska driver's license within the past two years, or meet a comparable standard in the state in which he or she is licensed to drive; and
- (C) Not had his or her driver or chauffeur's license revoked within past three years.

**008. BACKGROUND CHECKS.** Records of screening results must be maintained by these carriers and providers, and must be made available to the Department upon request. The following background check requirements apply:

- (A) Individual Providers: If the provider is an individual, prior to enrollment and annually, the Department will:
- (i) Conduct the Nebraska State Patrol Sex Offender Registry screening;
  - (ii) Conduct the Criminal History Check; and
  - (iii) Notify the provider when and how to conduct the Nebraska Adult and Child Abuse and Neglect Central Registry screening.
- (B) Public Service Commission (PSC) and Exempt Providers: Public service commission (PSC) certified carriers and exempt providers must perform the following screenings on all drivers, whether employees or independent contractors prior to being allowed to provider transportation to Nebraska Medicaid clients:
- (i) Nebraska State Patrol Sex Offender Registry;
  - (ii) Criminal History Check; and
  - (iii) Nebraska Adult and Child Abuse and Neglect Central Registry.

008.01 NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT CENTRAL REGISTRY. A Nebraska Adult and Child Abuse and Neglect Central Registry check must be completed for each potential driver prior to providing services and annually thereafter. Any person whose result is "record found" must not be enrolled or allowed to provide transportation to Nebraska Medicaid clients.

008.02 NEBRASKA STATE PATROL SEX OFFENDER REGISTRY CHECKS. A Nebraska State Patrol Sex Offender Registry check must be completed for each potential driver prior to providing services and annually thereafter. Any person whose name appears on the Nebraska State Patrol Sex Offender Registry must not be enrolled or allowed to provide transportation to Nebraska Medicaid clients.

008.03 CRIMINAL HISTORY CHECKS. Provider staff must ensure criminal history checks are completed for each potential driver prior to providing services and annually thereafter. Any person whose result includes the driver being the respondent of a protection order, crimes against a child or vulnerable adult, drug-related crimes, or crimes that if repeated could harm a Medicaid client, must not be enrolled or allowed to provide transportation to Nebraska Medicaid clients.