

Health Services  
Office of Medical Assistance Programs

Allison Knight, Acting Manager  
OMAP Program and Policy Section

**Number:** OMAP-IM-06-117  
**Issue Date:** 7/27/06

**Authorized Signature**

**Topic:** Medical Benefits

**Subject:** CMS Clarification of Non-Emergent Transportation Issues

**Applies to (check all that apply):**

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists

**Message:** OMAP is e-mailing the following memo to our non-emergent medical transportation brokerages. It clarifies the CMS stance on transportation to DME providers as well as the requirement for clients to request rides from brokerages 48 hours in advance.

*If you have any questions about this information, contact:*

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July 27, 2006

To: Medical Transportation Brokerages

From: Allison Knight, Acting Manager  
OMAP Program and Policy Unit



Subject: CMS Clarification of Non-Emergent Medical Transportation Issues

The Department of Human Services (DHS) has received additional guidance from the Centers for Medicare and Medicaid Services (CMS) regarding non-emergent medical transportation issues. This notice will serve as clarifying guidance from DHS until we can revise the Brokerage Operations Manual.

### **Durable Medical Equipment (DME)**

Currently the manual lists one example of non-covered transports as “Transports of a client to pick up purchased or repaired durable medical equipment.”

*Clarification:* DME is a covered Medicaid service. If the client must be present to get a fitting or realignment of prosthetics or other equipment, transportation is appropriate. However, if the client requests a ride in order to leave or pick up equipment for repair that does not require the owner to have a fitting or alignment, we will not pay for the transport.

All other screening questions still apply, such as “Is the destination an enrolled OMAP provider?” or “Is the client eligible for Medicaid on the date of service?”

### **48-hour notice**

Another clarification is that of requiring clients to give 48 hours’ notice in order to get a ride. DHS put the policy in place in order to arrange the most cost effective ride. We would like to reiterate that this is a guideline and not a firm requirement. We certainly want clients to be accountable and notify you as soon as possible, however, at times this doesn’t happen. We want the brokerages to accommodate these last minute requests when a driver is available.

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