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**METHODS OF PROVIDING TRANSPORTATION**

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The State Plan assures that necessary transportation is available to individuals eligible for Title XIX benefits who are in need of medical services.

**1. Categorically Needy****Payment for Transportation**

The agency is responsible for assuring that necessary transportation is available to members eligible for Title XIX benefits who are in need of medical services in accordance with 42 CFR 431.53. The agency contracts with a broker to provide statewide curb to curb coverage for non-emergency transportation. The broker provides the most appropriate and least costly mode of transportation necessary to meet the individual needs of Title XIX members. Attendant services, to include transportation and transportation related expenses, are available upon request by the member to the broker at no charge to the member. Payment for covered services to the broker is reimbursed under a capitated methodology. The agency contracts with ambulance and air providers for all other transportation needs for eligible members not provided by the non-emergency transportation contract. Ambulance and air providers are reimbursed a rate published statewide based on the Medicare-established rates for covered services. Transportation must be for a medically necessary treatment in accordance with 42 CFR 440.170.

**2. Authorization for Transportation by Bus or Private Automobile**

Transportation by bus or private automobile is administered through the broker when it is necessary for an eligible individual to receive medical services. Eligible members traveling by bus will need to be issued bus passes distributed by the broker and eligible members traveling by private automobile will be reimbursed for mileage by the broker.

**3. Authorization for Out-of-State Transportation**

Reimbursement for out-of-state transportation that is medically necessary is authorized through the agency when transportation exceeds 100 miles from the Oklahoma border. The broker will contact the agency for authorization when a request is received from a member for transportation that will exceed 100 miles from the Oklahoma border.

**4. Provider and Driver Requirements (1902(a)(87) of the SSA)**

To verify drivers of NEMT, the Agency requires the NEMT broker to submit attestations that enrolled providers/individual drivers meet all applicable requirements at the time of enrollment in the NEMT program, and annually thereafter. The attestation verifies that the broker is ensuring compliance with all driver requirements inclusive of the following minimum requirements: ensuring that drivers are not excluded from participation in any federal health care program, ensuring that drivers have valid driver's licenses, requiring providers to have a process in place to address violations of state law, and requiring providers to have in place a process to disclose to the state Medicaid program the driving history of each individual driver employed inclusive of any traffic violations.