



Last Updated: 07/13/2022

Employment and Community Transportation (ECT)

The purpose of the memorandum is to notify providers on the required service authorization and billing procedures for Employment and Community Transportation services under the three (3) Developmental Disability (DD) Waivers (Community Living, Family and Individual Support, and Building Independence Waivers).

Service Definition and Provider Requirements:

Employment and Community Transportation offers transportation to waiver and other community services or events, activities and resources, inclusive of transportation to employment or volunteer sites, homes of family or friends, civic organizations or social clubs, public meetings or other civic activities, and spiritual activities or events as specified by the service plan and when no other means of access is available and not offered by your Non-Emergency Medical Transportation (NEMT) program (NEMT program is what is covered by Medicaid or the Medicaid-contracted MCOs).

The goal of this service is to promote independence and participation in community life. Use of ECT service must be related to the individual's desired outcomes as stated in the ISP. This ETC service is offered in addition to your NEMT program as required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a), **and does not replace your NEMT program**. The individual or legal guardian must attest that he/she/they does not have sufficient personal financial resources (e.g., through wages) to cover the cost of the transportation himself.

The ECT service will be offered through an administering agency that possesses:

1. Any Department of Behavioral Health and Developmental Services (DBHDS) license to provide services to individuals with developmental disabilities:

Or offered through an administering agency that is:

1. A current provider of Benefits Planning, Group and/or Individual Supported Employment, or Workplace Assistance Services [Employment Service Organizations];
2. A Center for Independent Living.

The administering agencies shall be enrolled with DMAS (i.e., has a participation agreement) to provide these services. An administering agency delivering other waiver services to an individual may not utilize staff to provide ECT and may only bill ECT if the transportation is not a normally required element of service provision (i.e., an allowable activity for the other service(s) the provider delivers to that individual). **ECT arrangements are not made through your NEMT program.**

The ECT service may include transportation in a private vehicle by a person such as a co-worker or other community member or the purchase of tickets for public transportation (e.g., bus, etc.). An administering agency will coordinate and bill DMAS. ECT does not cover on-demand transportation



MEDICAID MEMO

such as taxis, or gig services (e.g., Uber, Lyft). This ECT service has no affiliation with your NEMT program nor NEMT providers.

Up to three individuals may be transported in a single, private vehicle per trip. When a private driver is transporting more than one individual to a single destination, the trip rate for all individuals is the same and is determined by the distance between the first individual picked up and the final destination. For example, the driver picks up individual A and then individual B to take them both to the same workplace. Individual A lives 15 miles from their place of employment. Individual B lives 9 miles from that destination. The administering provider may bill the 10 - 20 mile trip rate for both individuals. Included in that rate is reimbursement for the driver's return trip after dropping off the individuals.

In the case of private transportation, the administering agency will be responsible for screening community persons to drive the individual to the designated location(s) according to the ISP.

The private driver must:

- Be 18 years of age or older;
- Possess a valid driver's license;
- Possess and maintain at a minimum (1) proof of general liability insurance coverage in compliance with federal and/or state statutory requirements and (2) a satisfactory driving record defined as no reckless driving charges within the past 24 months. The insurance should insure the insured or the passengers:
 1. Against loss from any liability imposed by law for damages;
 2. Against damages for care and loss of services, because of bodily injury to or death of any person;
 3. Against injury to or destruction of property caused by accident and arising out of the ownership, use, or operation of such motor vehicle or motor vehicles within the Commonwealth, any other state in the United States, or Canada;
 4. Subject to a limit of exclusive of interest and costs, with respect to each motor vehicle of \$25,000 because of bodily injury to or death of one person in any one accident and, subject to the limit for one person, to a limit of \$50,000 because of bodily injury to or death of two or more persons in any one accident; and
 5. Subject to a limit of \$20,000 because of injury to or destruction of property of others in any one accident.

Examples of ECT:

Example #1: Mariah participates in a bowling league every Wednesday night. Her sister, Roberta lives several blocks away in Richmond. Roberta picks up Mariah at her apartment to take her to the bowling alley, which is 5 miles away from Mariah's apartment. (TRIP A) Afterwards, Roberta takes Mariah back to her apartment from the bowling alley. (TRIP B). ***Procedure code A0090 ROS is utilized.***

Example #2: Susan uses the Richmond GRTC bus to go back and forth from her apartment to work every

Monday-Friday. In addition, she uses the GRTC to go to the grocery store every Sunday. Weekly,



MEDICAID MEMO

Susan uses the GRTC 12 times. She goes to and from work (10 trips weekly) and to the grocery store (2 trips weekly). Susan enjoys her routine and plans to continue using the GRTC to facilitate her trips throughout her ISP year. Based on this schedule, Susan will use the bus 624 times this year (12 trips weekly / 52 weeks per year). **Procedure code A0110 is utilized.** The total amount billed would be \$586.56.

Service Authorization:

Service authorizations submitted for ECT must include a completed **DMAS P258 [Employment and Community Transportation Trip Plan]** and documentation of the trip distance estimate in the form of a MapQuest, Google Maps, or similar printout with point of origin/destination and mileage. All service authorizations for ECT must be **pre-authorized by the DBHDS Service Authorization Consultant** not your NEMT service.

Documentation

In addition to the above mentioned items to be submitted for service authorization and standard provider documentation such as a quarterly review and relevant correspondence, the administering agency must retain the following.

Documentation to support units of service delivered must be maintained in the form of a monthly trip log (**DMAS P259**) signed by the individual or caregiver/guardian, as appropriate, recording trips taken. Documentation must correspond with billing.

For private drivers:

1. Copies of valid drivers' licenses;
2. Copies of the automobile insurance policies;
3. Copies of driving records; and
4. Criminal records attestations and Virginia Sex Offender Registry record checks.
5. The driver is responsible for notifying the agency if there are any changes to previously submitted attestations or significant driving record changes vs. requiring the agency to have to obtain these every year (or whatever time period).

For public transportation, receipts for purchases of bus tickets or fare cards.

Procedure Codes, Units, Rates and Other Billing Information

Private transportation is reimbursed according to a "trip" (which is reimbursed for the round-trip) and the number of individuals being transported to the location (maximum of three). There are three trip rates depending on the one-way distance traveled.

<u>Employment & Community Transportation</u>				
Trips Under 10 Miles (one way)	Proc. Code	Area	Rate as of 07/01/2020	Unit
1 Member	A0090	ROS	\$8.91	Per Trip
		NOVA	\$10.25	



MEDICAID MEMO

2 Members	A0090	ROS	\$4.90	Per Trip/Per Member
		NOVA	\$5.64	
3 Members	A0090	ROS	\$3.56	Per Trip/Per Member
		NOVA	\$4.10	
Trips of 10 to 20 Miles (one way)	Proc. Code	Area	Rate as of 07/01/2020	Unit
1 Member	A0090	ROS	\$17.82	Per Trip
		NOVA	\$20.49	
2 Members	A0090	ROS	\$9.80	Per Trip/Per Member
		NOVA	\$11.27	
3 Members	A0090	ROS	\$7.13	Per Trip/Per Member
		NOVA	\$8.20	
Trips Over 20 Miles (one way)	Proc. Code	Area	Rate as of 07/01/2020	Unit
1 Member	A0090	ROS	\$29.70	Per Trip
		NOVA	\$34.15	
2 Members	A0090	ROS	\$16.34	Per Trip/Per Member
		NOVA	\$18.79	
3 Members	A0090	ROS	\$11.88	Per Trip/Per Member
		NOVA	\$13.66	
Public Transit	Proc. Code	Area	Rate as of 07/01/2020	Unit
Bus/Metro	A0110	Statewide	\$0.94	Per Trip
Para-Transit	A0120	Statewide	\$3.89	Per Trip

Please note that Employment and Community Transportation is a service exclusive to the DD Waivers (Community Living, Family and Individual Supports, and Building Independence). This is NOT the same as the DMAS Non-Emergency Medical Transportation (NEMT) service covered via the



MEDICAID MEMO

state plan option.

ADDITIONAL INFORMATION MAY BE FOUND AT:

DBHDS website:

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS is launching an appeal portal in late May 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/#/appealsresources
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

MEDICAID MEMO

Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for- service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or Call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com