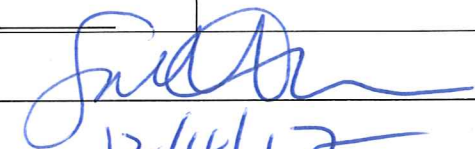
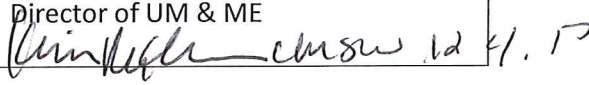


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Subject: Provider Transportation to/from SUD Detoxification and/or Residential Treatment		Accountability: UM/Clinical/SUD	Effective Date: 5/1/2017	Pages: 3	
Overarching Policy: Transportation to SUD Treatment			Last Reviewed Date: 11/10/17	Past Reviewed Dates: 4/28/17	
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		Last Revised Date: 11/10/17	Past Revised Dates: 4/28/17
Approved :  Date: <u>12/4/17</u>			Required Reviewer: Chief Clinical Officer Director of UM & ME 		

I. Purpose

This procedure establishes a role responsibility and prospective authorization process for substance use disorder (SUD) transportation service that ensures medical necessity of the service.

II. Scope

The scope of this procedure covers transportation service to and from SUD detoxification and residential services. Transportation assistance is meant to reduce barriers to participation in treatment and recovery services; it is not intended cover 100% of the transportation costs for every consumer. All other transportation options must be exhausted before Southwest Michigan Behavioral Health (SWMBH) funding can be requested. There must be documentation of the attempts to arrange those options. Authorization and use of transportation would be individualized based on consumer need and as a supplement to other natural supports and community resources the consumer has access to, or that the provider has facilitated.

III. Procedural Steps

A. Non-Sub capitated SUD Outpatient Providers

1. The outpatient service provider is responsible for assessing and determining the customer's transportation needs during the course of the screening and discharge planning process.
2. Initial and continued assessments should represent and support the assessed potential need for authorization of transportation. However, service plan goals and objectives need to be written with a focus toward enhancing consumer independence, i.e. working with the consumer to actively problem solve alternative transportation solutions without full reliance on SWMBH funding.
3. When a customer is in treatment with an outpatient provider, that provider is responsible for coordinating with the detox/residential provider to arrange for and pay for transportation to the facility/next level of care
4. All transportation (Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) service codes) shall be prospectively authorized by

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SWMBH. The method for requesting transportation is varied based on the detox/residential admission date and is as follows:

- a. Admission date more than seven (7) days out, should be requested through an authorization request in SWMBH's Managed Care Information System (MCIS).
 - b. Admission date between four (4) and six (6) days out, should be requested through an authorization request in SWMBH's MCIS and marked as "urgent".
 - c. Admission date is in three (3) days or less, should be verbally requested by calling SWMBH's SUD Access Line.
5. The provider should include the following information in the authorization request, and represent and support the assessed potential:
 - a. Date of service/transportation
 - b. Rationale/Exploration of other transportation options
 - c. Location of anticipated departure and location of arrival
 - d. Actual or Estimated cost
 6. Upon receipt of the request, a SWMBH Care Manager reviews the request for medical necessity and to ensure the provider has accurately documented all attempts to obtain transportation through any other available avenues.
 7. If medical necessity criteria are not met AND/OR if there is determined to be alternative transportation available to the consumer, the request will be denied and the SWMBH Care Manager will issue the determination in writing to the consumer and the requesting treatment provider.
 8. If the SWMBH Care Manager determines that the request for transportation services is medically necessary and clinically warranted in accordance with the SWMBH policy, the authorization will be generated and/or approved in SWMBH's MCIS.
 9. Provider staff must follow their organizations internal policies and procedures for payment and arrangement for methods of transportation they utilize.
 10. If a bus or train ticket is the method of transportation, the provider must purchase a one-way refundable ticket in order to ensure reimbursement from SWMBH. If the customer does not use the ticket, the amount not reimbursed by the bus company can be paid out by SWMBH (the additional fee for the reimbursable ticket). If the provider purchases a non-refundable ticket, the provider will not be reimbursed for the cost of the ticket if the ticket is not used.
 11. The provider must retain supporting documentation of the purchase (i.e.: receipt for Greyhound bus ticket, cab receipt etc.), in the customer's record.

B. Sub capitated SUD Outpatient Providers

1. Sub-capitated providers must follow the guidelines outlined in this policy when authorizing customer transportation to a detox/residential facility, including, but not limited to, the use of the approved billing codes , operating within the limitations of said billing codes, as well as documentation requirements as defined below
2. Provider staff must follow their organizations internal policies and procedures for payment and arrangement for methods of transportation they utilize.
3. The following documentation must be present in the customer's record regarding the utilization of block grant funds for transportation, and be made available upon SWMBH's request:
 - a. Date of service/transportation
 - b. Rationale/exploration of other transportation options
 - c. Location of anticipated departure and location of arrival
 - d. Actual or Estimated cost

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- e. Supporting documentation of the purchase (i.e. receipt for bus ticket, cab receipt etc.)

C. SWMBH Direct Referrals

- 1. If the customer is not involved with an outpatient provider, and is directly referred to a detox/residential provider, a SWMBH Care Manager may arrange the transportation to a detox/residential facility in compliance with SWMBH Procedure 11.22.2: Direct Referral to Detox/Residential Transportation.

D. Detox/Residential Providers

- 1. The detox/residential provider is responsible for arranging and paying for transportation upon completion and discharge from treatment back to the facility/next level of care.
- 2. If a customer leaves detox or residential against medical advice, transportation assistance will not be funded by SWMBH.
- 3. SWMBH funding can only be used if the customer is transported to, and has an appointment with, the provider who is offering the next level of care.
- 4. In the event the discharging facility is unable to arrange transportation directly to an appointment at a facility/next level of care due to the length of travel time, late discharge, etc., impacting ability for an appointment within the provider's standard business hours, the appointment must occur within one (1) business day from discharge.
- 5. The provider must retain supporting documentation of the purchase (i.e.: receipt for Greyhound bus ticket, cab receipt etc.), in the customer's record.

E. Available Transportation Codes and Limitations

- 1. Non-Emergency Taxi Transportation (A0100 HF): \$150.00 Maximum per event
- 2. Non-Emergency Bus Transportation (A0110 HF): \$150.00 Maximum per event
- 3. Non-Emergency Mileage Transportation (S0215 HF): 500 Miles Maximum per day (IRS mileage reimbursement rate per mile)
 - a. May be used by treatment center to bill for transportation expense in cases where treatment center staff members or the member has to pay a support to provide transportation to the client.
 - b. May only be used when long-distance bus transportation is not available or if this is the least costly means of transportation.
 - c. May be used in combination with long-distance bus transportation to transport client from the bus station to the treatment center.

IV. Definitions

None

V. References

None

VI. Attachments

None

