5-018 Transportation Services

5-018.01 Introduction: Transportation service is transporting an eligible client to and from allowable community resources when the client has no other transportation. Service may be provided by an individual, exempt provider, or by common carrier. ~~This section contains material which governs -~~

~~1. The authorization and provisions of Transportation Service for Adults; and~~
~~2. the evaluation and approval of transportation providers.~~

~~5-018.01A Service Need: Transportation service is not provided based on the demand of the client. Need for service implies that the provision of that service will assist the client in achieving program goals.~~

~~5-018.01B Transportation Goals: The goals which relate to transportation service are –~~

~~1. Achieving or maintaining economic self-support (Goal 1);~~
~~2. Achieving or maintaining self-sufficiency (Goals 2);~~
~~3. Preventing or remedying neglect, abuse, or exploitation of adults (Goal 3);~~
~~4. Preventing or reducing inappropriate institutional care (Goals 4); and~~
~~5. Securing referral and admission for institutional care (Goals 5).~~

5-018.01A Outcomes: HHSS staff must select one of the following outcomes to authorize transportation services:

1. Client is able to experience the optimal level of health, safety, and independence in a healthy and safe home environment.
2. Client is able to receive ongoing support from unpaid caregivers.
3. Client's risk of abuse, neglect, and/or exploitation is prevented, reduced, or eliminated.

5-018.01B Transportation Definitions:

Common Carrier means ~~is~~ any person who ~~or which undertakes to~~ transports passengers ~~or property for the general public in intrastate commerce~~ by motor vehicle for hire~~, whether over regular or irregular routes, upon the highways of this state~~ and is licensed as such with the Public Service Commission (PSC).

Escort Services means an attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision.

Exempt Provider means carriers exempted from PSC ~~Public Service Commission~~ licensure by law including those that: ~~This includes those which~~

1. ~~Haul~~ Transport for hire persons who are aged and their spouses and dependents under a contract with a municipality or county;
2. Are owned and operated by a nonprofit organization which has been exempted from the payment of federal income taxes as provided by Section 501(c)(4), Internal Revenue Code, and transporting solely those persons over age 60, their spouses and dependents, and/or persons experiencing disabilities;
3. Are operated by a municipality or county as authorized by law in the transportation of persons who are aged;
4. Are operated by a governmental subdivision or a qualified public purpose organization having motor vehicles with a seating capacity of 20 or less and are engaged in the transportation of passengers in the state; ~~or~~
5. Are engaged in the transportation of passengers and are operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska; and
6. Provide escort services under contract with the Department of Health and Human Services or with any agency organized under the Nebraska Community Aging Services Act.

Individual Provider means a person who is not in the business of providing transportation for hire; for example, a friend, neighbor, or non-legally responsible relative.

Medical Escort ~~means a person who accompanies or personally assists a client who is unable to travel or wait without assistance or supervision. An attendant/caregiver accompanying only those clients who are physically or mentally unable to travel or wait by themselves to obtain a Nebraska Medicaid-coverable service.~~ means an attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Nebraska Medicaid coverable service.

Nebraska Medicaid Coverable Services means a medical service that could be covered by the Nebraska Medical Assistance Program (NMAP) as specified in Nebraska Administrative Code (NAC) Title 471 (see 473-000-200).

Tariff means the geographic and rate parameters of operation assigned to a particular carrier by the Public Service Commission.

~~Transportation Service for Adults: Provides a means of transporting eligible service clients to and from specific community facilities and resources (see 473 NAC 5-018.04) when the client has no other transportation. The client must actually be in the vehicle to consider the service as a transportation service unit.~~

~~5-018.03 Clients Served~~

~~5-018.03A Eligibility Status: The worker shall authorize Transportation Service for Adults only for individuals age 19 or older who –~~

1. ~~Currently receive SSI or State Supplemental payments; or~~
2. ~~Meet the low income criteria for persons who are aged or experiencing disabilities.~~

~~Note: Persons who reside in nursing facilities, ICF/MR's, or other medical facilities are not eligible for transportation services (the facilities are responsible for securing transportation for their residents) unless the transportation is provided in conjunction with an alternate care plan.~~

~~See 473 NAC 5-018.03C in relation to Adult Protective Services.~~

~~5-018.03B Transportation Need:~~

5-018.02 Need for Service: HHSS staff must determine a client has the need for transportation services. Transportation services are not provided based on the demand of the client. Need for a service implies that the provision of that service will assist the client in achieving program outcomes. Eligible clients must:

1. Have no access to a working licensed vehicle or a valid driver's license ~~no current valid driver's license, or be unable to drive due to disability~~;
2. Be unable to drive due to physical or cognitive limitation;
3. Be unable to secure transportation from relatives, friends, or other organizations at no cost; or
4. Require transportation in relationship to ~~an area of need (see 473 NAC 5-018.04)~~ one or more of the transportation components in 473 NAC 5-018.03.

~~The worker shall determine whether another agency (e.g., SSI in relation to disability determination or Veterans Administration) will reimburse the client or provider for transportation costs. If so, the worker shall not authorize Social Services Block Grant payment.~~

~~If the client requires extensive health-related transportation, the worker shall explore the possibility of in-home treatment (e.g., home dialysis).~~

~~If the worker questions the client's ability to drive, s/he may request a doctor's statement as to the client's ability to drive suing Form DSS-3B, "Physician's Disability Determination," or other form/statement with similar information.~~

~~5-018.03C Limits for Adult Protective Services (WI) Clients: Based upon the needs assessment, the worker may authorize any of the transportation components for~~

~~clients eligibility without regard to income for a maximum of 31 days in situations of abuse or neglect of an individual age 18 or older under the following conditions:~~

~~1. Form DSS-60 will be filed with the State Central Register; and~~
~~2. The client or the client's representative has consented to the service by signing Form DSS-3A/DA-100.~~

5-018.02A Medicaid Managed Care Enrollees: If the client is enrolled in one of the Medicaid Managed Care HMO plans, the HMO is responsible for authorizing transportation for the client's medical services and HHSS staff must not authorize medical transportation. Exception: HHSS staff may authorize transportation for adult day care or mental health day rehab services and for dental-related appointments and pharmacy services under Medical Transportation codes. Staff may authorize non-medical transportation for Medicaid Managed Care enrollees if the client meets the SSAD program guidelines. If the client is enrolled in one of the Medicaid Managed Care "Primary Care" plans, the responsibility for transportation authorizations remains with the HHSS worker.

5-018.02B Medicaid Mental Health Managed Care Enrollees: If the client is enrolled in the Medicaid Mental Health/Substance Abuse Managed Care Plan, the Mental Health/Substance Abuse Plan is responsible for authorizing transportation for mental health/substance abuse services and HHSS staff must not authorize mental health or substance abuse related transportation. Exception: HHSS staff may authorize transportation for adult day care or mental health day rehab services, and for other medical appointments under Medical Transportation codes, unless the client is enrolled in the Medicaid Managed Care HMO Program. Staff may authorize non-medical transportation for Medicaid Mental Health Managed Care enrollees if the client meets SSAD program guidelines.

5-018.02C Residents of Nursing Facilities or ICF/MR's: Residents of nursing facilities or ICF/MR's are not eligible to receive transportation through the Social Services for the Aged and Disabled (SSAD) program, except discharge transportation. All other transportation is the responsibility of the facility (nursing facility or ICF/MR). Transportation, including moving the client's household goods or personal property, may not be authorized for these clients.

5-018.03 Transportation Service Components: Transportation must be authorized only to allow a client to meet the following areas of need: ~~Workers shall authorize Transportation Service for Adults only to meet client needs described in the following parts~~. [NEW TEXT STARTS ON PAGE 10]

~~5-018.04A Educational Needs: The worker shall -~~

~~1. Confirm that transportation is required to allow the client to make arrangements for participation in a formal educational or employment skill training program directed toward a self-support goal; and~~
~~2. Not authorize transportation service for regular participation in an~~

~~educational or skill training program when this transportation is a component or responsibility of the program (e.g., Vocational Rehabilitation Services, Job Training and Partnership Act Program (JTPA)).~~

~~Note: Education or training transportation is rarely provided and may be authorized only with an approved Form DSS-2A from Central Office.~~

~~5-018.04B Employment Needs: The worker shall -~~

1. ~~Confirm that transportation is required to allow the client to -~~
   a. ~~Obtain necessary application materials or secure necessary testing or vocational diagnostic assessments; or~~
   b. ~~Locate, apply for, or secure paid employment or training leading to paid employment; and~~
2. ~~Not authorize transportation to and from a client's home to place of employment. This transportation is a work-related expense and is the responsibility of the wage earner.~~

~~Note: Transportation to and from a volunteer placement is not an allowable service.~~

~~5-018.04C Housing Needs: The worker shall confirm that transportation is required to locate, secure, or retain adequate housing (or independent living arrangements). The worker may authorize transportation for a client to -~~

1. ~~Return home from a hospital or nursing home;~~
2. ~~Enter a nursing home from a hospital if the nursing home will not provide transportation. If the adult is a temporarily- hospitalized nursing home resident, the nursing home is responsible for the transportation; or~~
3. ~~In conjunction with an alternate care plan.~~

~~Transportation may not be authorized to include moving the client's household goods or personal property except in relation to deinstitutionalization.~~

~~5-018.04D Legal Needs: Transportation may be authorized to enable clients to receive legal counsel from legal aid societies, private attorneys, county attorneys, and other professional sources.~~

~~5-018.04E Maintenance or Budget Programs and Services: If the client is not otherwise reimbursed, worker may authorize transportation:~~

1. ~~To enable clients to apply for benefits, be recertified, or receive necessary materials (i.e., coupons) from the following programs:~~
   a. ~~Social Security;~~
   b. ~~Supplemental Security Income (SSI);~~
   c. ~~Income Maintenance, State Supplement;~~
   d. ~~Food Stamps;~~
   e. ~~Veterans Administration;~~

2. To allow the client to benefit from other defined social services. This includes those authorized by the service agency unless transportation is included in the provider's rate for that service;
3. To allow the client to take care of financial matters; or
4. To allow the client to obtain clothing or personal care items.

5-018.04F Medical Needs: Transportation may be authorized to allow a client to -

1. Receive a Nebraska Medicaid-coverable service. It is the service which must be Medicaid coverable, not necessarily the provider of the service. For example, a physician visit (coverable) at a Veterans Administration Hospital (not a Medicaid provider) would be coverable; immunizations (coverable) provided in a free clinic (not billable to Medicaid) would be coverable. If the Medicaid program sets limits on the amount of services/items covered, but the type is coverable, all transportation to that type is coverable; or
2. Attend an adult day care program where a documented medical need exists.

Note: For a list of Nebraska Medicaid coverable services, see 473-000-200. For further information, see 471 NAC 1-002.

5-018.04F1 Services Not Covered: DSS staff shall not authorize medical transportation services that are not coverable service, except to adult day care facilities. Non-coverable services include but are not limited to:

1. Chemical dependency treatment programs for adults (e.g., Drug and Alcohol)
2. Alcoholics Anonymous (AA) meetings or other AA-related support groups;
3. Other support groups (e.g., clubhouse activities, Overeaters Anonymous, co-dependency groups); and
4. An elective abortion.

5-018.04F2 Medical Escort: An attendant/caregiver who accompanies a client who cannot travel or wait alone while receiving a Nebraska Medicaid coverable service is considered a medical escort. The worker shall only authorize this component when the worker has identified and documented that -

1. The client is physically or mentally unable to travel or wait by him/herself to obtain a Nebraska Medicaid coverable service;
2. The attendant is not a legally-responsible member of the client's family (i.e., spouses and parents of minor children);
3. The client is unable to secure an attendant at no cost;
4. The attendant is not receiving reimbursement for care of the client from another source (e.g., personal care aide, private insurance, foster care, etc.).

~~Medical escort may be provided by an attendant/caregiver who also provides the transportation. The worker shall authorize the appropriate first hour rate for this escort service. For each additional hour of escort, the worker shall authorize a rate of no more than $3.00. Or, an attendant/caregiver may accompany a client, but not provide the transportation. The worker shall negotiate an appropriate hour rate not exceeding the allowable maximum for this escort service.~~

~~If the escort is not providing the transportation and provider charges for an extra passenger (e.g., taxi, bus, mini-bus, airplane, etc.), the worker shall authorize additional units under the client's number to allow for transportation costs of the attendant/escort.~~

~~Individual registered transportation providers may not charge for additional passengers (e.g., escort, spouse, parents, etc.). The maximum rate for these providers must not exceed the state reimbursement rate for state employees.~~

~~5-018.04G Nutritional Needs: Transportation may be authorized to enable clients to shop for food or to take advantage of available nutrition programs when a need has been identified (see 473 NAC 5-010).~~

~~5-018.05 Community-Based Mental Retardation (CBMR) Programs: No transportation may be authorized for participation in CBMR programs.~~

~~5-018.06 Staff-Provided Service Costs: As staff salaries are an administrative cost, reimbursement is not made through the service payment system for staff-provided service.~~

~~5-018.07 Maximum Rates and Allowable Units: The following information is used by workers when completing provider contracts, Forms DSS-4 and DSS-4A, and by providers when billing on Form DSS-5B.~~

~~Service Description~~	~~Unit~~	~~Maximum Unit Rate~~	~~Maximum Units/Month~~	~~Service Code~~
~~Transportation~~	~~Mile~~	~~$.20~~	~~250/per trip~~	~~1805~~
~~Transportation~~	~~Trip~~	~~$2.50~~	~~60~~	~~1806~~
~~Transportation (Bus)~~	~~Trip~~	~~$2.50 or Published Rate for Carrier~~	~~60~~	~~1807~~
~~Transportation (Taxi)~~	~~Trip~~	~~95% of Published Rate~~	~~60~~	~~1808~~
~~Medical Transportation~~	~~Trip~~	~~$2.50 or Published~~	~~60~~	~~1810~~

~~(Individual, bus mini-bus, or commercial carrier - all except taxi)~~		~~Rate for Carrier~~		
~~Medical Transportation (Individual)~~	~~Mile~~	~~$.20~~	~~250/per trip~~	~~1811~~
~~Medical Transportation (taxi)~~	~~Trip~~	~~95% of Published Rate~~	~~60~~	~~1812~~
~~Medical Escort~~	~~Hour~~	~~$3.00*~~	~~60~~	~~1813**~~

~~*The first hour rate is determined by the distance traveled; each additional hour is $3.00 per hour. To determine first hour rate, see 473-000-202. Distance is determined to/from the provider's door if the provider lives more than five miles from the client, to/from the client's home if the provider lives less than five miles from client. If the provider is not returning home from the previous assignment, the distance is determined from previous assignment.~~

~~**The rate for the medical escort code (1813) includes both distance and time, the worker shall not authorize a service code for mileage/trip when the escort provider is also transporting the client. When the escort provider is not transporting the client, the worker shall only authorize up to the $3.00 per hour rate.~~

~~5-018.08 Transportation Exceptions: The worker shall document in the client's case file when a need exists for more units. The worker shall complete Form DSS-2A "Social Services Exception" and submit it to the District Administrator or designeee for approval of the exception. The signed and approved NCR copy of Form DSS-2A must be routed to the Central Office.~~

~~The district designee may approve a per mile rate that exceeds the manual maximum rate, but this exception cannot exceed the state reimbursement rate per mile. The worker shall document in the provider's file the need for the higher rate. The worker shall complete Form DSS-2A, "Social Services Exception," and submit it to the district designee for approval of the exception. The signed and approved NCR copy of Form DSS-2A must be routed to Central Office.~~

~~Note: There is no process for exceeding the manual maximum trip rate. If an individual requests an increase in the trip rate, the worker shall use the per mile rate. The manual maximum rate may be exceeded in the following instance. The worker may authorize the state reimbursement rate (currently 27 1/2 cents per mile) if the provider is transporting the client only one way and the destination one way is at least 50 miles from the pick up. The worker may only authorize the state reimbursement rate for the miles the client is in the~~

~~car. For example: A provider drives the client from York to Omaha and leaves the client at the hospital and returns home alone. The worker shall authorize the state reimbursement rate for the trip from York to Omaha only. The provider would not be authorized for the return trip.~~

~~75-303, Section 4, Reissued Revised Statutes of Nebraska does not allow for a rate higher than the state reimbursement rate for individual providers; 68-1019, Section 4, R.R.S., allows the Department to set taxi reimbursements at less than published rate(s).~~

~~5-018.09 Authorization of Individual Providers: DSS staff shall contract with and authorize payments for individual providers only if -~~

1. ~~The proposed provider is the individual who will personally drive the vehicle;~~
2. ~~There is no certified carrier serving the area in which the client needs transportation; or the certified carrier is incapable of providing the specific service in question (an individual cannot be authorized unless the carrier(s) serving the area provides a written statement that they are incapable. If the provider refuses to provide such a statement, the worker shall contact Central Office for possible intervention by the Public Service Commission); and~~
3. ~~The provider is registered with the PSC, certifying that all provider requirements are met. Registration is complete and the provider may be authorized as soon asthe PCS's self-certification checklist (see 473-000-131) has been completed and a copy mailed/routed to the PSC.~~

~~5-018.10 Authorization of Exempt Providers: DSS staff may contract with and authorize services from a provider which is exempt from PSC licensure as appropriate to meet a client's needs. The availability of a licensed motor carrier does not limit the use of an exempt provider.~~

~~5-018.11 Transportation Provider Requirements: Provider standards for carriers and for individual providers are set by the Public Service Commission (see 473-000-131). Individual providers who contract with DSS for transportation service must meet these standards in regard to driver qualifications, equipment, insurance, and filing of notice. Department staff shall also apply these standards to carriers which are statutorily exempt from PSC licensure. (See 473 NAC 3-002.02 for general provider requirements.)~~

~~5-018.12 Transportation Form and Instructions: In addition to forms for general provider approval (Forms DSS-9 and DSS-10), the worker shall use forms requires by the Public Service Commission for individual escort or exempt providers.~~

5-018.03A Medical Transportation: Medical transportation must be authorized only for a client to receive medical care under the following conditions:

1. To allow a client to receive a Nebraska Medicaid-coverable service. It is the service which must be Medicaid coverable not necessarily the provider of the service (see 473-000-200). For example, a physician visit (Medicaid coverable) at a Veterans Administration Hospital (not a Medicaid provider) would be coverable for transportation services; and
2. To allow a client to attend an adult day service program or a mental health adult day rehab program.

5-018.03A1 Medicaid eligible clients who are not eligible for SSAD Services may be eligible for medical transportation. The client must meet the need for transportation services. The client is only eligible for medical transportation services; the client is not eligible for other SSAD services or non-medical transportation services. HHSS staff must submit Form HHS-2A to the Central Office Transportation Coordinator for review and approval.

5-018.03A2 Medical Escort Services: HHSS staff must determine whether a client requires medical escort assistance. To be eligible for Medical Escort Services, the client must:

1. Be physically or mentally unable to travel or wait by him/herself to obtain a Medicaid coverable service;
2. Require assistance with personal care; or
3. Require supervision.

5-018.03B Non-Medical Transportation: This service ~~can~~ must be authorized only for the following conditions:

1. Apply for Benefits: To allow the client to apply or be recertified for benefits and services from programs such as:
   a. Medicaid, Food Stamps, State Supplement, AABD, and SSAD Services;
   b. Social Security Administration;
   c. Veteran's Administration.

2. Shop for Food and Essential Items: To allow a client to:
   a. Shop for food;
   b. Receive commodities or food pantry services; or
   c. Obtain clothing or personal care items.

3. Obtain Legal and Financial Services: To allow the client to:
   a. Receive legal counsel from legal aid societies, private attorneys, county attorneys and other professional legal sources;
   b. Allow the client to take care of financial matters.

4. Secure Housing: To allow a client to locate, secure or retain adequate housing or independent living arrangement. Transportation may be provided for a client to return home from a hospital or nursing facility.

5. Receive SSAD Services: To allow the client transportation to and from congregate meals. (Transportation to and from Adult Day Services is covered under Medical Transportation, see 473 NAC 5-018.03A).

5-018.04 Transportation Services Provider Standards: HHSS contracts annually with common carriers, exempt providers, escort providers, and individual providers. Providers must meet all general provider standards in addition to the service specific standards.

5-018.04A Common Carrier Standards: The Public Service Commission certifies common carriers. Taxis, van companies, and limousine services are certified by the PSC as common carriers. Staff must:

1. Verify that the carrier is certified by the Public Service Commission;
2. Request and receive a copy of the carrier's tariff; and
3. Verify that the carrier has a special HHSS designation.

5-018.04B Exempt Provider Standards: Exempt providers must ensure that their employees meet the individual provider standards in 473 NAC 5-018.04D.

5-018.04C Escort Provider Standards: The provider must:

1. Be an individual age 19 or older;
2. Have training or experience in working with persons who are aged or who have a disability;
3. Have training or experience in providing personal assistance;
4. Agree to have his/her driving records reviewed, if the escort will drive;
5. Maintain information on specific needs of each client served; and
6. Report all changes observed to the client's services coordinator.

The escort provider who personally drives the client must also meet all individual provider standards in 473 NAC 5-018.04D. The escort provider must complete the individual transportation provider self-certification.

If the client requires an escort and the escort will not drive (for example, handibus, taxi, or airfare), HHSS staff must authorize sufficient transportation units for both the client and the escort.

5-018.04D Individual Provider Standards: HHSS staff is authorized to contract with individual providers by Neb. Rev. Stat. § 75-303.03 only if the following driver and vehicle standards are met at all times when the individual is providing transportation for a client.

5-018.04D1 Driver Standards: The individual provider must:

1. Have been chosen by the client or the usual caregiver to provide transportation;
2. Be age 19 or older;
3. Possess a current and valid driver's license;
4. Have no more than three points assessed against his/her Nebraska driver's license, or meet a comparable standard in the state where s/he is licensed to drive;
5. Currently have no limitations that would interfere with safe driving;
6. Personally drive his/her own vehicle to transport the client;
7. Use seat belts and child passenger restraint devices as required by law;
8. Not smoke while transporting the client;
9. Not transport the client while under the influence of alcohol or any drug that impairs the ability to drive safely;
10. Not provide transportation if s/he has a communicable disease which may pose a threat to the health and well-being of the client;
11. Have and maintain the minimum automobile liability and medical insurance coverage as required by law; and
12. Report disqualification from any HHSS program for intentional program violation.

5-018.04D2 Vehicle Standards: The individual provider's vehicle must be:

1. Currently licensed and registered as required by law;
2. Kept at all times in proper physical and mechanical conditions;
3. Equipped with operable seat belts, turn signals, lights, and horn;
4. Equipped with proper child passenger restraint devices as required by law when transporting children; and
5. Equipped to provide comfortable temperature and ventilation conditions.

5-018.04D3 Registry Checks and Criminal Background Checks: HHSS staff must complete and document registry checks and criminal background checks on each potential individual provider.

5-018.04D3a Registry Checks: HHSS staff must check:

1. Adult Protective Services Central Registry;
2. Central Register of Child Protection Cases; and
3. Nebraska State Patrol Sex Offender Registry.

If the potential provider does not reside in Nebraska or has resided in Nebraska for less than one year, HHSS staff must check registries in the state of residence or previous residence, if possible.

5-018.04D3a(1) HHSS staff must not contract with the potential individual provider if a report of abuse or neglect concerning the individual provider has been determined to be "Court Substantiated" or "Department Substantiated" on the APS Central Registry or "Court Substantiated", "Court Pending", or "Inconclusive" on the Central Register of Child Protection Cases.

5-018.04D3a(2) HHSS staff must not contract with a potential individual provider if the individual's name appears on the Nebraska State Patrol Sex Offender Registry.

5-018.04D3b Criminal Background Checks: HHSS staff must:

1. Obtain a criminal history statement from the potential individual provider; and
2. Perform a criminal history check of the potential individual provider.

5-018.04D3b(1) General Criminal History: HHSS staff must not contract with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of an client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, and crimes involving moral turpitude on the part of the potential provider.

5-018.04D3b(2) Specific Criminal History: HHSS staff must deny or terminate service provider approval when conviction has occurred in the following areas:

1. Child pornography;
2. Child or adult abuse;
3. Driving under the influence: a DUI conviction within the past eight years;
4. Domestic violence;
5. Shoplifting after age 19 and within the last three years;
6. Felony fraud within the last 10 years;
7. Misdemeanor fraud within the last five years;
8. Termination of provider status for cause from any HHSS program within the last 10 years;
9. Possession of any controlled substance within the last five years;
10. Possession of a controlled substance with intent to deliver within the last 10 years;
11. Felony or misdemeanor assault without a weapon in the last 10 years;
12. Felony or misdemeanor assault with a weapon in the

last 15 years;

13. Prostitution or solicitation of prostitution within the last five years;
14. Felony or misdemeanor robbery or burglary within the last 10 years;
15. Rape or sexual assault; or
16. Homicide.

Pending charges must be reviewed by HHSS staff to determine whether the client's safety is in jeopardy. Other convictions must be considered using the guidance in 473 NAC 5-018.04D3b(1) and weighted to similar offenses included in this list.

5-018.04D4 Individual Provider Approval Process: HHSS staff must obtain a copy of the individual's current driver's license, insurance card, and vehicle registration. The provider must complete and sign the provider self-certification and the provider agreement. In addition to having no more than three points assessed against his/her driver's license, each provider's past eight-year driving history must be considered. If a license has been suspended of revoked, the provider must not be approved for eight years from the date of suspension or revocation.

5-018.04D4a Renewal: The provider self-certification and the provider agreement must be renewed annually. The registry checks and criminal history checks required under 473 NAC 5-018.04D3 must be completed for each renewal. HHSS staff must obtain a copy of the individual's current driver's license, insurance card, and vehicle registration. HHSS staff must not renew any contract with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 473 NAC 5-018.04D3.

5-018.04D4b Termination: HHSS staff must terminate the provider agreement if the individual provider is found to be in violation of any of the standards in 473 NAC 5-018.04D1 and 04D2. HHSS staff must terminate any contract with a provider whose name appears on the registries or whose criminal history check indicates any convictions as specified in 473 NAC 5-018.04D3.

5-018.05 Authorization Procedures: Before authorizing transportation/escort services, HHSS staff must explore with the client the use of family, neighbors, friends, or community agencies that will provide this service without charge whenever possible. HHSS staff must discuss types and options of providers with the client before authorizing transportation services. HHSS staff must assure the client is aware of the associated costs.

5-018.05A Medical Transportation: HHSS staff must offer the client choice of providers for medical transportation.

5-018.05B Transportation for Out-of-State Medical Treatment: Medicaid may cover transportation for out-of-state medical treatment for Medicaid-eligible clients.

If out-of-state treatment is approved by Medicaid, HHSS staff may authorize transportation. The client is not eligible for transportation assistance if the client is driving him/herself.

If out-of-state treatment is not approved because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, transportation for out-of-state treatment may be approved. If out-of-state treatment is not approved for lack of medical necessity, transportation for out-of-state treatment must not be approved.

If prior authorization for out-of-state treatment is not required (for example, receiving services in a border state), HHSS staff may authorize transportation under the usual procedures.

5-018.05B1 Medicare (Primary) and Medicaid (Secondary): If the client has Medicare as his/her primary insurance and Medicaid is secondary, the client does not require out-of-state treatment approval from Medicaid. The HHSS central office transportation coordinator will determine if out-of-state transportation assistance is approved. The coordinator must use components of the definition of medical necessity found in 471 NAC 1-002.02A to determine whether out-of-state transportation may be authorized. If out-of-state transportation assistance is disapproved because the client is requesting routine medical services (for example, using a distant out-of-state clinic as the primary care provider), HHSS staff must deny the transportation service.

5-018.05B2 Private Health Insurance (Primary) and Medicaid (Secondary): If the client is using private insurance as his/her primary insurance and Medicaid is secondary, Medicaid prior authorization of the out-of-state medical treatment is required.

If out-of-state treatment is approved by Medicaid, HHSS staff may authorize transportation. The client is not eligible for assistance if the client is driving him/herself.

If Medicaid denies prior authorization of payment for out-of-state treatment because of a non-medical reason such as the out-of-state provider refusing to participate in Medicaid, HHSS staff must request prior authorization from the HHSS Central Office Coordinator. If the Coordinator denies out-of-state transportation, HHSS staff must deny the transportation service. If the Coordinator approves the out-of-state transportation, HHSS staff must approve the transportation service.

If Medicaid denies prior authorization for out-of-state treatment due to lack of

medical necessity, transportation for out-of-state treatment must also be denied.

5-018.05C Non-Medical Transportation: For areas where exempt providers are available or the client has chosen to use an individual provider, the client will not be allowed to use common carriers unless the exempt or individual provider cannot provide the service.

5-018.05D Authorization of Exempt Providers: HHSS staff may contract with and authorize services for a provider who is exempt from PSC licensure as appropriate to meet a client's needs. The availability of a common carrier does not limit the use of an exempt provider.

5-018.05E Medical Escort: HHSS staff must use the following criteria to determine when to authorize an hourly rate for medical escort services:

1. The escort is not a legally responsible member of the client's family;
2. The client is not able to secure an escort at no cost; and
3. The escort is not receiving payment from another source.

5-018.05E1 Utilization of Exempt Providers as the Driver: When transportation is provided by an exempt provider, HHSS staff may authorize the cost of the escort's transportation only if there is an extra charge for the escort's transportation, such as air fares, rural transit system, city bus systems, etc.

5-018.05E2 Utilization of Common Carrier: When transportation is provided by common carrier provider, the provider may not charge an extra cost for transporting the escort.

5-018.05E3 Utilization of Individual Providers as the Driver: When transportation is provided by an individual provider, the provider may not charge an extra cost for transporting the escort.

5-018.05F Individual Providers: HHSS staff must authorize an individual provider if the following criteria are met:

1. The client has chosen the individual provider;
2. The individual will personally drive the vehicle; and
3. The individual meets provider standards in 473 NAC 5-018.04D.

5-018.06 Transportation Services Rates, Frequency, and Maximum Allowable Units

5-018.06A Conditions for Payment: HHSS will pay for transportation services only:

1. When the client is actually in the vehicle; and
2. Using the most direct and logical route from the client's residence to the

service location.

5-018.06B Upper Limits: HHSS Central Office establishes transportation rates according to the following limits. HHSS staff assigned resource development responsibilities may negotiate rates lower than the established rates.

5-018.06B1 Common Carriers: Neb. Rev. Stat. § 75-303.02 limits the distance rates for common carriers at a rate no greater than three times the state employee mileage rate.

5-018.06B2 Taxis: Taxi rates may be no greater than 95% of published rates.

5-018.06B3 Exempt Providers: HHSS Central Office will establish rates for exempt providers.

5-018.06AB4 Escort Providers: The mileage rate for escort providers must not exceed the state employee mileage rate unless the escort is a certified carrier. The hourly rate is set by HHSS Central Office.

5-018.06B5 Individual Providers: As provided in Neb. Rev. Stat. § 75-303.03, HHS Finance and Support will reimburse the individual provider for costs incurred in transportation at a rate no greater than that paid for reimbursement of state employees under Neb. Rev. Stat. § 81-1176 only for mileage.

5-018.06C Frequency: The frequency for medical and non-medical transportation is by miles or trip. The frequency for medical escort services is by:

1. The hour(s) and miles; or
2. The hours and trip.

HHSS staff must authorize time and miles traveled separately.

5-018.06D Maximum Allowable Units: HHSS staff must authorize transportation units based on client need not to exceed the following limits:

1. Non-medical Transportation:
   a. 50 miles per one way trip;
   b. One round trip per week for shopping for food and essential items;
   c. Two round trips per month for necessary business; or
   d. One round trip per day for congregate meals.
2. Medical Transportation: Based on needed treatment and care.