



Policy: GG.1505
Title: **Transportation: Emergency, Non-Emergency, and Non-Medical**

Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 05/23/2024

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Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the scope of coverage and authorization or approval requirements, as applicable for Emergency, Non-Emergency, and Non-Medical Transportation services for CalOptima Health Members.

II. POLICY

- A. CalOptima Health or a Health Network shall provide emergency medical transportation under the direction of paramedics, without Prior Authorization, to the nearest Facility capable of meeting a Member's medical needs.
- B. CalOptima Health or a Health Network shall cover Ground Transportation by ambulance that meets all CalOptima Health program requirements for coverage in accordance with the terms and conditions of this policy, Title 22, California Code of Regulations, Section 51323, the Medi-Cal Provider Manual, and Medicare Benefit Policy Manual Chapter 10.
- C. CalOptima Health or a Health Network shall cover air ambulance transportation to the nearest Facility capable of meeting the Member's needs when Medically Necessary and if the Member's condition is such that transportation by basic or advanced life support ground ambulance is not appropriate.
- D. CalOptima Health or a Health Network shall provide Non-Emergency Medical Transportation (NEMT) by the following four (4) modes of transportation: ambulance, litter van, wheelchair van, or air, in accordance with this Policy and Title 22, California Code of Regulations, Section 51323 and the Medi-Cal Provider Manual if the transportation is required for the purpose of obtaining Medically Necessary Covered Services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, and California Children Services (CCS) when the Member's medical/physical condition does not allow that recipient to travel by bus, passenger car, taxicab, or another form of public, or private conveyance, and transportation is required for the purpose of obtaining medical care rendered by licensed providers.
 - 1. For Medi-Cal services that are carved-out of the CalOptima Health Medi-Cal program, including but not limited to; Specialty Mental Health Services, substance use disorder services,

pharmacy services, and dental services, CalOptima Health and a Health Network shall make a best effort to refer and coordinate NEMT services, except as provided in this Policy.

- a. Effective no sooner than January 1, 2022, CalOptima Health or a Health Network shall provide NEMT services for pharmacy trips for medications required by Members to access pharmacy services for prescribed Medi-Cal covered medications administered through the Fee-For-Service (FFS) Medi-Cal Rx program, in accordance with this Policy.
2. For Medi-Cal Members who are Transplant recipients, CalOptima Health or a Health Network shall provide NEMT or NMT for the Member's living Donor in accordance with this Policy.
 - a. Physician Certification Statement (PCS) forms are not required for Major Organ Transplant (MOT) living Donors requesting NEMT services to ensure the living Donor has the ability to get to the hospital for the MOT transplant.
 - b. CalOptima Health will allow an attendant for the living Donor if it is determined that an attendant is necessary to accompany the living Donor.
3. CalOptima Health or a Health Network shall ensure door-to-door assistance for all Members receiving NEMT services.
4. Non-Emergency Medical Transportation (NEMT) Authorization Request Form
 - a. NEMT services are subject to Prior Authorization. The Member must have an approved PCS form authorizing NEMT by the provider. The provider must submit a signed Non-Emergency Medical Transportation Authorization Request Form in accordance with Section III.B. of this Policy:
 - i. CalOptima Health, Health Networks, and NEMT transportation vendors shall utilize a Non-Emergency Medical Transportation Authorization Request Form, as approved by the Department of Health Care Services (DHCS), to determine the appropriate level of service.
 - ii. The Non-Emergency Medical Transportation Authorization Request Form shall include, at a minimum, the information pursuant to Section III.B of this Policy and as outlined in the requirements of the Department of Health Care Services (DHCS) All Plan Letter (APL) 22-008: Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses.
 - iii. CalOptima Health, Health Network, and NEMT transportation vendors shall not modify an authorization once the Member's treating physician prescribes the form of transportation unless multiple modalities are selected. In this case, CalOptima Health, a Health Network, or NEMT transportation vendor may choose the lowest cost modality.
 - iv. Non-Emergency Medical Transportation Authorization Request Form must be fully and accurately completed by the physician, dentist, podiatrist, physician extender, mental health, or substance use disorders providers before NEMT can be provided.
 - v. CalOptima Health or a Health Network shall communicate the approved mode of NEMT and dates of service to the transportation services vendor or provider for the arrangement of NEMT services.

- vi. CalOptima Health and Health Networks shall have a mechanism to capture and submit data from the Non-Emergency Medical Transportation Authorization Request Form to DHCS and shall maintain a copy on file for all Members receiving NEMT services.

5. Non-Emergency Medical Transport (NEMT) Modalities

- a. A Member with the following conditions may qualify for ambulance services:
 - i. Transfers between facilities for Members who require continuous intravenous medication, medical monitoring, or observation;
 - ii. Transfers from an acute care facility to another acute care facility;
 - iii. Transport for Members who have recently been placed on oxygen (does not apply to Members with chronic emphysema who carry their own oxygen for continuous use); or
 - iv. Transport for Members with chronic conditions who require oxygen if monitoring is required.
- b. A Member may qualify for litter van services when the Member does not meet the need for NEMT ambulance services but meets both of the following:
 - i. Requires that the Member be transported in a prone or supine position, because the Member is incapable of sitting for the period of time needed to transport; and
 - ii. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
- c. A Member may qualify for wheelchair van services when the Member's medical and physical condition does not meet the need for litter van services but meets any of the following:
 - i. Renders the Member incapable of sitting in a private vehicle, taxi, or other form of public transportation for the period of time needed to transport;
 - ii. Requires that the Member be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental limitation; or
 - iii. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
- d. A Member with the following conditions may qualify for wheelchair van transport when their provider submits a signed Non-Emergency Medical Transportation Authorization Request Form:
 - i. Members who suffer from severe mental confusion;
 - ii. Members with paraplegia;
 - iii. Dialysis recipients; or
 - iv. Members with chronic conditions who require oxygen but do not require monitoring.

6. CalOptima Health and Health Networks shall not impose a limit on NEMT for a Medi-Cal Member obtaining Covered Services as long as the Member's medical services are Medically Necessary and the NEMT has Prior Authorization, to include the Non-Emergency Medical Transportation Authorization Request Form in accordance with Section III.B. of this Policy.
 7. If an Alternative Access Standard (AAS) request has been approved by the Department of Health Care Services (DHCS) pursuant to CalOptima Health Policy GG.1600: Access and Availability Standards, CalOptima Health or a Health Network shall provide NEMT to an Out-of-Network core specialist who does not meet time and distance standards as long as the Member's medical services are Medically Necessary and the NEMT has Prior Authorization, to include the Non-Emergency Medical Transportation Authorization Request Form in accordance with Section III.B. of this Policy.
 8. CalOptima Health or a Health Network shall provide NEMT to an appointment with an OB/GYN PCP that is outside of time and distance standards and upon a Member's request, as long as the Member's medical services are Medically Necessary and the NEMT has Prior Authorization, to include the Non-Emergency Medical Transportation Authorization Request Form in accordance with Section III.B. of this Policy.
- E. CalOptima Health shall provide emergency, NEMT and Non-Medical Transportation (NMT) services for a Member to access Specialty Mental Health Services under the Medi-Cal program, in accordance with CalOptima Health Policy GG.1103: Specialty Mental Health Services.
 - F. Effective no sooner than January 1, 2023, CalOptima Health or a Health Network shall allow a Member who newly transitions from Medi-Cal FFS to keep the modality of transportation under the previous Prior Authorization with that NEMT or NMT network provider until CalOptima Health or a Health Network is able to reassess the Member's continued transportation needs.
 1. Continuity of care shall be provided to Members who have transitioned into CalOptima Health or a Health Network, in accordance with, CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.
 - G. A Member managed directly by CalOptima Health shall receive NEMT services from a vendor that has executed a Contract for Non-Emergency Medical Transportation Services with CalOptima Health.
 - H. A Local Education Agency (LEA) shall provide LEA Specialized Medical Transportation to an eligible Medi-Cal Member, in accordance with the Member's Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP).
 - I. Round trip NMT by passenger car, taxicab, or other forms of public or private transportation (private vehicle), as well as mileage reimbursement for medical purposes when conveyance is in a private vehicle arranged by a Member and not through a transportation broker, as well as bus passes, taxicab vouchers or train tickets, is a Covered Service for Medi-Cal Members as follows:
 1. CalOptima Health shall provide NMT to ensure access Medi-Cal Covered Services, including services that are carved-out, such as, Specialty Mental Health Services, substance use disorder services, dental services, pharmacy services (effective no sooner than January 1, 2022), and any other services delivered by the Medi-Cal Fee-For-Service (FFS) delivery system.
 2. For Medi-Cal Members who are Transplant recipients, CalOptima Health or a Health Network shall provide NMT for the Member's living Donor in accordance with this Policy.

3. CalOptima Health shall require Prior Authorization for NMT requests that are not a form of Ground Transportation.
4. CalOptima Health provides two (2) one-way rides for every round-trip request.
5. NMT is available to eligible Members to obtain transportation to Medically Necessary services:
 - a. For Medi-Cal Members: Medi-Cal services, whether covered under or carved-out of the plan;
 - b. CalOptima Health shall not deny NMT for an appointment to an out-of-network provider if the appointment is for a carved-out service and must provide the NMT service within timely access standards;
 - c. For Medi-Cal Members:
 - i. Pick up of drug prescriptions that cannot be mailed directly to the Member, including Medi-Cal RX services that are carved out; and
 - ii. Pick up of medical supplies, prosthetics, orthotics, and other equipment.
6. CalOptima Health shall include transportation costs for the Member and one (1) attendant, such as a parent, guardian, or spouse, to accompany the Member in a private vehicle or on public transportation, subject to approval at the time of the initial NMT request.
7. CalOptima Health shall provide NMT in a form and manner that is accessible, with respect to physical and geographical accessibility, for the Member and consistent with applicable state and federal disability rights laws.
8. A physician, dentist, podiatrist, physician extender, mental health, or substance use disorder provider may suggest NMT for Members if they are currently using a wheelchair, but the limitation is such that the Member is able to ambulate without assistance from the driver.
9. CalOptima Health shall not provide NMT services to a non-medical location or for appointments that are not Medically Necessary.
10. For private conveyance (private vehicle), a Member must attest to CalOptima Health in-person, electronically, or over the phone that the Member reasonably exhausted other transportation resources. The attestation may include confirmation the Member:
 - a. Has no valid driver license;
 - b. Has no working vehicle available in the household;
 - c. Is unable to travel or wait for medical or dental services alone; or
 - d. Has a physical, cognitive, mental, or developmental limitation.
11. The NMT requested must be the least costly method of transportation that meets the Member's needs.

12. The NMT transport shall be to the closest, in-network and/or most appropriate provider from the Member's home, unless otherwise approved in advance by CalOptima Health.
 - a. If an Alternative Access Standard (AAS) request has been approved by DHCS pursuant to CalOptima Health Policy GG.1600: Access and Availability Standards, CalOptima Health or a Health Network shall provide NMT to an Out-of-Network core specialist who does not meet time and distance standards in accordance with this Policy.
 - b. CalOptima Health or a Health Network shall provide NMT to an appointment with an OB/GYN PCP that is outside of time and distance standards and upon a Member's request and in accordance with this Policy.
13. CalOptima Health shall ensure the approval process for NMT is consistently applied to medical/surgical, mental health, and substance use disorder services as covered and authorized by CalOptima Health.
13. The Member's pick-up location shall be within Orange County and transportation to nearest appropriate provider, unless otherwise approved in advance by CalOptima Health.
14. Return trip from Medically Necessary service must be to a location in Orange County, unless otherwise approved in advance by CalOptima Health.
15. Out-of-county NMT requests shall be subject to prior approval.
16. CalOptima Health may require validation with the provider of an appointment prior to approval of NMT.
17. Out-of-county transportation requests shall be reviewed on a case-by-case basis.
18. CalOptima Health may review Members with high utilization for Medical Necessity.
19. CalOptima Health may require a Member to access the nearest pharmacy location to the Member's home to pick up prescriptions, unless otherwise approved in advance by CalOptima Health.
20. NMT shall be provided only by or through CalOptima Health's contracted NMT vendor or other CalOptima Health approved mode (e.g., private driver) as specified by CalOptima Health at Member's specific request in accordance with this Policy, unless multiple modalities are selected. In this case, CalOptima Health, a Health Network, or NEMT transportation vendor may choose the lowest cost modality.
- I. CalOptima Health shall provide a OneCare Member who requires a taxicab to obtain Covered Services within Orange County without any mileage restrictions for transportation to Medically Necessary services; as follows:
 1. A Member that requires a taxicab to obtain Covered Services by CalOptima Health shall receive taxicab services from a vendor that has executed a Contract for Non-Medical Transportation services with CalOptima Health.
- J. NEMT and NMT Services for Minors
 1. CalOptima Health or a Health Network shall provide transportation for a parent or guardian when the Member is a minor.

2. With the written consent of a parent or guardian, CalOptima Health or a Health Network may arrange for NEMT or NMT for a Medi-Cal Member who is a minor and is unaccompanied by a parent or guardian.
 - a. The contracted transportation vendor shall provide a fully and accurately completed signed minor consent form from the Member's parent or guardian and submit it to CalOptima Health.
 3. CalOptima Health or a Health Network shall provide NEMT and NMT for unaccompanied minors when state or federal law does not require parental consent for the minor's service.
 4. CalOptima Health or a Health Network shall ensure all necessary written consent forms are received prior to arranging NEMT or NMT for an unaccompanied minor.
- K. CalOptima Health shall cover transportation for Medi-Cal carved-out programs only as stated in this Policy.
- L. CalOptima Health or a Health Network shall require Prior Authorization or prior confirmation that criteria are met for NEMT and NMT, as applicable, in accordance with the terms and conditions of this Policy and CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, and GG.1508: Authorization and Processing of Referrals, or the Health Network's authorization process, as appropriate.
- M. CalOptima Health and a Health Network shall ensure timely access to Covered Services in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards.
1. General Access
 - a. A Member shall request NEMT at least fifteen (15) business days prior to an appointment, or as soon as possible when the Member has an urgent appointment.
 - b. A Member shall request NMT two (2) business days prior to an appointment, or as soon as possible when the Member has an urgent appointment.
 - c. CalOptima Health shall ensure that Members have the necessary transportation to obtain Medically Necessary services regardless of time of day or day of the week-24/7 (after hours).
 - i. However, the time of day that the transportation occurs must fall within the hours of operation of the Medically Necessary service.
 - d. CalOptima Health shall inform Members they will be dropped off within fifteen (15) minutes of their scheduled appointment. If the NMT provider does not arrive at the scheduled pick-up time, CalOptima Health shall provide alternate NMT or allow the Member to schedule alternate out-of-network and reimburse for the out-of-network NMT.
 2. Non-Emergency Medical Transportation Scheduling and Timely Access
 - a. A Member or provider may call CalOptima Health's Customer Service Department or the contracted NEMT transportation vendor direct line to request and schedule urgent and non-urgent NEMT transportation and receive status updates on their NEMT request.

- b. CalOptima Health shall ensure that the NEMT transportation vendor authorizations are being processed during and after business hours.
 - i. The NEMT transportation vendors must arrive within fifteen (15) minutes of their scheduled appointment.
 - ii. If the NEMT transportation vendor is late or does not arrive at the scheduled pick-up time for the Member, CalOptima Health may authorize urgent NEMT to ensure the Member does not miss their appointment.
 - c. CalOptima Health may provide telephone authorization for NEMT requests when a Member requires a covered Medically Necessary service of urgent nature, and a PCS form could not have reasonably been submitted beforehand. The Member's provider must submit a PCS form post-service within forty-eight (48) hours for the telephone authorization to be valid.
- N. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Health Policies GG.1510: Appeal Process, HH.1102: Member Grievance, HH.1104: Complaints of Discrimination, HH.1108: State Hearing Process and Procedures, MA.9002: Enrollee Grievance Process, MA.9003: Standard Pre-Service Appeal, and MA.9004: Expedited Pre-Service Appeal.
 - 1. NMT and NEMT transportation vendors shall maintain a process to identify specific NEMT or NMT providers, including the name of the drivers based on service date, time, pick-up/drop-off location, and Member name, including, a process for Members to be able to identify specific drivers in a grievance.
- O. Related Travel Expenses for Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
 - 1. CalOptima Health and its Health Networks shall cover transportation-related travel expenses determined to be necessary for NMT and NEMT, including the cost of transportation and reasonably necessary expenses for meals and lodging for Members receiving Medically Necessary Covered Services and their accompanying attendant.
 - 2. CalOptima Health and its Health Networks shall cover retroactive reimbursement of related travel expenses if the related expenses are appropriately documented in accordance with this policy.
 - a. Lodging: CalOptima Health shall reimburse the Member for actual lodging expenses, as long as those expenses are reasonable and supported by receipts.
 - b. Meals: Reimbursement for approved meal expenses, as long as those expenses are reasonable and supported by receipts.
 - c. Other Necessary Expenses: Reimbursement of other necessary expenses (e.g., parking, tolls) incurred by the Member and accompanying attendant shall be covered, as long as those expenses are reasonable and supported by receipts.
 - 3. CalOptima Health or a Health Network shall cover travel expenses for Major Organ Transplant (MOT) living Donors.

4. If the Member or the Member's family paid for travel expenses up front, CalOptima Health shall approve and reimburse the Member or Member's family no later than sixty (60) calendar days following confirmation that all required receipts and documentation have been received.
5. If the Member and the accompanying attendant are unable to pay in advance, then CalOptima Health shall prepay vendors for related travel expenses, including expenses for meals and lodging. The Member must attest to CalOptima Health in person, electronically, or over the phone that they are unable to pay in advance for related travel expenses.

P. NEMT and NMT Provider Participation

1. CalOptima Health shall allow NEMT and NMT providers to participate in its network for up to one hundred twenty (120) calendar days, pending the outcome of their enrollment process.
 - a. CalOptima Health shall terminate its contract with a NEMT or NMT provider upon notification from DHCS that the provider has been denied enrollment in the Medi-Cal program, or upon expiration of the one hundred twenty (120) calendar day period.
2. CalOptima Health shall track the one hundred twenty (120) calendar day timeframe for contracted NEMT and NMT providers with pending applications to ensure the contracts do not exceed one hundred twenty (120) calendar days.

Q. Monitoring and Oversight

1. CalOptima Health and its Health Networks shall ensure that NEMT transportation vendors meet the contracted requirements. CalOptima Health's Office of Compliance may issue a Corrective Action Plan (CAP) if non-compliance is identified through the oversight and monitoring activities in accordance, with CalOptima Health Policy HH.2005: Corrective Action Plan and as outlined in the requirements of DHCS APL 22-008: Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses.
 - a. At least quarterly monitoring and oversight may include but not limited to;
 - i. Enrollment of transportation providers;
 - ii. Provider no show rates;
 - iii. Provider punctuality; and
 - iv. Door-to-Door assistance for Members receiving NEMT services.
2. CalOptima Health shall establish and maintain a monitoring and oversight process of NMT and NEMT in accordance with Section II.N, Section II.P of this policy and the requirements set forth in DHCS All APLs 23-006: Delegation and Subcontractor Network Certification, 21-011: Grievance and Appeals Requirements, Notice and "Your Rights" Templates, and 22-012: Provider Credentialing/Re-Credentialing and Screening/Enrollment. CalOptima Health does not delegate monitoring and oversight activities or Utilization Management functions to the contracted NMT and NEMT Transportation Vendors and shall include, but not be limited to:
 - a. Grievances and Appeals;
 - b. Enrollment of NEMT or NMT providers as Medi-Cal providers; and

- c. Review of PCS forms.
- 3. CalOptima Health shall designate an NEMT liaison who is the primary point of contact responsible for NEMT eligible Members' Care Coordination.
 - a. The NEMT liaison shall receive training on the full spectrum of rules and regulations pertaining to NEMT, including referral requirements and processes, authorization processes, monitoring and oversight, annual review processes for CalOptima Health and its Health Networks.
 - b. The liaison may also be a point of contact for the NEMT requesting physician, dentist, podiatrist, physician extender, mental health or substance use disorders providers, and the transportation vendors that serve NEMT eligible Members.

III. PROCEDURE

A. Emergency Medical Transportation

- 1. Emergency medical transportation is covered without Prior Authorization.
- 2. All emergency medical transportation requires a statement of emergency. A transportation services vendor shall provide such statement, which shall include:
 - a. The name of the person or organization that requested the transportation service;
 - b. The nature of the emergency;
 - c. The name of the Facility to which the Member was transported;
 - d. Clinical information regarding the Member's condition;
 - e. The reason the services were considered immediately necessary; and
 - f. The name of the physician accepting responsibility for the Member at the Facility.
- 3. If the nearest Facility serves as the closest source of emergency care and a Member is promptly transferred to a more appropriate care Facility, transportation between the two (2) Facilities is considered a continuation of the initial emergency trip, provided that the emergency vehicle did not leave the Facility to return to its place of business, or to accept another call. Such transport includes, but is not limited to, transport of a Member from an emergency department to an acute psychiatric hospital, or evaluation center.
- 4. Air ambulance services shall only be covered for emergency medical transport to the nearest hospital capable of meeting a Member's medical needs when:
 - a. Such transportation is Medically Necessary; and
 - b. The medical condition of the Member precludes the use of other forms of medical transportation; or
 - c. The Member's location or nearest hospital capable of meeting a Member's medical needs, is inaccessible by ground medical transportation; or

- d. Other considerations make ground medical transportation not feasible.

B. Non-Emergency Medical Transportation

1. NEMT necessary to obtain Covered Services, including EPSDT services covered by CalOptima Health, and services carved out of CalOptima Health's Medi-Cal program as specified in this Policy, shall require a completed Non-Emergency Medical Transportation Authorization Request Form that includes, at a minimum:
 - a. The purpose and mode of the transportation; and
 - b. The frequency of necessary NEMT or the inclusive dates of the requested medical transportation, up to a maximum authorization of twelve (12) months;
 - c. The Member's specific medical or physical condition or limitations that make normal public or private transportation medically contraindicated; and
 - d. A certification statement by the prescribing physician, dentist, podiatrist, physician extender, mental health, or substance use disorders provider certifying that Medical Necessity was used to determine the type of transportation being requested.
2. For a Member managed directly by CalOptima Health:
 - a. A transportation services vendor shall obtain Prior Authorization from CalOptima Health for the provision of NEMT services, including NEMT by air, in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.
 - b. A physician, dentist, podiatrist, physician extender, mental health, or substance use disorders provider shall submit a request for Prior Authorization to the CalOptima Health Utilization Management (UM) Department using the Non-Emergency Medical Transportation Authorization Request Form, with the physician, dentist, podiatrist, physician extender, mental health, or substance use disorders provider's signature. In the event that the service needed is of such an urgent nature that the physician, dentist, podiatrist, physician extender, mental health, or substance use disorders provider could not have reasonably submitted the Non-Emergency Medical Transportation (NEMT) Authorization Request Form, the transportation services vendor may request authorization by telephone. The authorization is valid only if confirmed by a written request for authorization.
3. For a Health Network Member, a transportation services vendor shall obtain authorization from the Member's Health Network, in accordance with the Health Network's specific authorization requirements for NEMT.
4. Physicians and hospitals must adhere to CalOptima Health's authorization requirements and admit and refer Members to contracted Facilities capable of meeting the necessary medical needs of the Member whenever possible.
5. CalOptima Health or a Health Network shall authorize the least costly method of NEMT that meets the Member's needs.
6. CalOptima Health or a Health Network shall waive Prior Authorization requirements for NEMT services when a Member requires such services for transfer from an acute care hospital

immediately following a stay as an inpatient at the acute level of care to a Skilled Nursing Facility (SNF) or an Immediate Care Facility (ICF) licensed pursuant to Section 1250 of the California Health and Safety Code.

7. NEMT by air ambulance to obtain Covered Services may be covered if the requirements as described in Title 22, California Code of Regulations, Sections 51323 and 100280 and Medicare Benefit Policy Manual Chapter 10 Section 10.1 are met.
8. Air ambulance transport is covered for transfer of a Member from one (1) hospital to another if:
 - a. The Medical Necessity criteria is met;
 - b. The transferring hospital does not have adequate Facilities to provide the medical services needed by the Member (i.e., burn care, cardiac care, trauma care, and critical care);
 - c. The receiving hospital is not readily accessible to ground medical transportation; and
 - d. A written order of a physician, dentist, podiatrist, physician extender, or mental health or substance use disorder provider shall substantiate the necessity for transportation by air.

C. Non-Medical Transportation

1. The request for NMT shall include:
 - a. The purpose of the transportation including, upon request to and from address and appointment validation.
 - b. The frequency of necessary NMT or the inclusive dates of the requested transportation, up to a maximum approval of twelve (12) months.
 - c. Other information as requested to determine requests are in accordance with the terms of this Policy.
2. NMT necessary to obtain Medi-Cal- Covered Services shall require prior determination that criteria are met for Medi-Cal Members in accordance with this Policy. OneCare Members may receive NMT in accordance with this Policy after exhausting the OneCare supplemental taxi benefit, if any.
 - a. NMT services provided by a transportation services vendor:
 - i. A transportation services vendor shall obtain confirmation from CalOptima Health that criteria are met for the provision of NMT services for a Medi-Cal Member, in accordance with this Policy (or, if applicable, vendor shall confirm criteria are met based on process established by CalOptima Health) or for air transportation, CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, as applicable.
 - ii. Member may request a replacement bus pass one (1) time in the event a pass is lost or stolen once in a twelve (12)-month period.
 - b. NMT by Private Conveyance (Private Vehicle)
 - i. A Member who requires NMT to obtain Medi-Cal Covered Services shall make every effort to receive NMT services via public conveyance or from a vendor that has

executed a Contract for Non-Medical Transportation services with CalOptima Health. CalOptima Health shall approve the use of a private vehicle when no other methods of NMT are reasonably available to the Member and the Member provided an attestation to CalOptima Health as described in Section II.H.10. of this Policy.

- a) In order to receive gas mileage reimbursement for use of a private vehicle, the driver (cannot be the Member) must be compliant with all California driving requirements and submit proof of driving requirements, including:
 - 1) Valid driver's license;
 - 2) Valid vehicle registration;
 - 3) Valid vehicle insurance; and
 - 4) Form W-9.
- b) CalOptima Health and a Health Network shall only reimburse the driver for gas mileage consistent with the Internal Revenue Service (IRS) standard mileage rate for medical transportation in effect at the time the NMT is provided.
- c) The driver must submit reimbursement requests for a Member at the end of each month, and no later than thirty (30) calendar days after the end of the month in which the travel occurred and is subject to mileage verification.

3. NMT necessary to obtain OneCare Covered Services:

- a. A OneCare Member may obtain transportation services via the OneCare taxi supplemental benefit, if applicable, by contacting CalOptima Health's contracted transportation services vendors directly, or by calling the CalOptima Health Customer Service Department for assistance. NMT under Medi-Cal shall be available after OneCare supplemental taxi benefit is exhausted and shall require prior determination that NMT criteria are met.

IV. ATTACHMENT(S)

- A. Non-Emergency Medical Transportation (NEMT) Authorization Request Form

V. REFERENCE(S)

- A. California Business and Professions Code, §4040
- B. California Education Code, §56032
- C. California Health and Safety Code, §1250
- D. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- E. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- F. CalOptima Health, Health Network Service Agreement
- G. CalOptima Health Contract for Health Care Services
- H. CalOptima Health Contract for Non-Emergency Medical Transportation Services
- I. CalOptima Health Contract for Non-Medical Transportation Services
- J. CalOptima Health Policy GG.1103: Mental Health Services
- K. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Supplemental Services

- L. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- M. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- N. CalOptima Health Policy GG.1547: Maintenance and Transportation.
- O. CalOptima Health Policy GG.1600: Access and Availability Standards
- P. CalOptima Health Policy HH.1102: Member Grievance
- Q. CalOptima Health Policy HH.1104: Complaints of Discrimination
- R. CalOptima Health Policy HH.1108: State Hearing Process and Procedures
- S. CalOptima Health Policy GG.1510: Member Appeal Process
- T. CalOptima Health Policy HH.2005: Corrective Action Plan
- U. CalOptima Health Policy MA.9002: Enrollee Grievance Process
- V. CalOptima Health Policy MA.9003: Standard Pre-Service Appeal
- W. CalOptima Health Policy MA.9004: Expedited Pre-Service Appeal
- X. Department of Health Care Services (DHCS) 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Issued 08/07/2023
- Y. Department of Health Care Services All Plan Letter (APL) 21-011(Revised 08/31/2022): Grievance and Appeals Requirements, Notice and “Your Rights” Templates (Supersedes APL 17-006)
- Z. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-015 (Revised 10/14/2022): Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative (CalAIM) and attachments 1, 2.
- AA. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-008: Non-Emergency and Non-Medical Transportation Services (Supersedes APL 17-010)
- BB. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-012 (Revised 12/30/2022): Governor’s Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal RX (Supersedes APL 20-020)
- CC. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013 (Revised 08/24/2022): Provider Credentialing/Re-Credentialing and Screening/Enrollment
- DD. Department of Health Care Services All Plan Letter (APL) 23-001: Network Certification Requirements (Supersedes APL 21-006)
- EE. Department of Health Care Services All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- FF. Department of Health Care Services All Plan Letter (APL) 23-006: Delegation and Subcontractor Network Certification (Supersedes APL 17-004)
- GG. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
- HH. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (Supersedes APL 22-032)
- II. Department of Health Care Services All Plan Letter (APL) 23-034 California Children’s Services Whole Child Model Program (Supersedes APL 21-005)
- JJ. Medicaid Mental Health Parity Final Rule (CMS-2333-F)
- KK. Medicare Benefit Policy Manual, Ch.10: Ambulance Services
- LL. Title 22, California Code of Regulations (CCR), §§51151, 51231.1, 51152, 51231.1, 51231.2 and 51323
- MM. Title 35, Code of Federal Regulations (CFR), §300.34
- NN. Title 42, Code of Federal Regulations (CFR), §§431.53, 440.130, 440.170, 441.62 and 431.53
- OO. Welfare and Institutions Code (WIC), §§14115.8, 14132(s)(11), 14132(ad)(1), and 14132.06

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/08/2010	Department of Health Care Services (DHCS)	Approved as Submitted
08/01/2017	Department of Health Care Services (DHCS)	Approved as Submitted
03/21/2018	Department of Health Care Services (DHCS)	Approved as Submitted
10/13/2020	Department of Health Care Services (DHCS)	Approved as Submitted
02/10/2021	Department of Health Care Services (DHCS)	Approved as Submitted
11/29/2021	Department of Health Care Services (DHCS)	Approved as Submitted
09/08/2022	Department of Health Care Services (DHCS)	Approved as Submitted
05/02/2023	Department of Health Care Services (DHCS)	Approved as Submitted
12/14/2023	Department of Health Care Services (DHCS)	Approved as Submitted
04/05/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1996	GG.1505	Transportation, Emergency & Non-Emergency	Medi-Cal
Revised	04/01/2007	GG.1505	Transportation, Emergency & Non-Emergency	Medi-Cal
Revised	03/01/2010	GG.1505	Transportation, Emergency & Non-Emergency	Medi-Cal
Revised	10/01/2015	GG.1505	Transportation, Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare Connect
Revised	11/01/2016	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	07/01/2017	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	11/01/2017	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	08/01/2018	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	09/01/2019	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	05/01/2020	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	01/01/2022	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect

Action	Date	Policy	Policy Title	Program(s)
Revised	09/01/2022	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare
Revised	04/01/2023	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare
Revised	10/01/2023	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare
Revised	12/31/2023	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare
Revised	04/01/2024	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare
Revised	05/01/2024	GG.1505	Transportation: Emergency, Non-Emergency & Non-Medical	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorization Request Form (ARF)	CalOptima Health's form to request authorization for Covered Services.
California Children's Services Program (CCS)	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health	For purposes of this policy, CalOptima Health means CalOptima Health Direct (COHD) and CalOptima Health Community Network (CHCN).
Care Coordination	<p><u>Medi-Cal</u>: Care coordination involves deliberately organizing member care activities and sharing information among all of those involved with patient care. CalOptima Health's coordination of care delivery and services for Members, either within or across delivery systems including services the Member receives by CalOptima Health, any other managed care health plan; Fee-For-Service (FFS); Out-of-Network Providers; carve-out programs, such as pharmacy, Substance Use Disorder (SUD), mental health, and dental services; and community and social support Providers. Care Coordination services may be included in Basic Case Management, Complex Case Management, Enhanced Care Management (ECM), Person Centered Planning and Transitional Care Services.</p> <p><u>OneCare</u>: A collaborative process of assessment, planning facilitation, care coordination, evaluation and advocacy for options and services to meet the comprehensive medical, behavioral health and psychosocial needs of an individual and the individual's family, while promoting quality and cost-effective outcomes.</p>
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver

Term	Definition
	<p>programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</p> <ol style="list-style-type: none"> 2. California Children's Services (CCS) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services;

Term	Definition
	<p>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</p> <p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers for Medicare & Medicaid Services (CMS) Contract.</p>
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Donor	For the purposes of this policy, refers to an individual who undergoes a surgical operation for the purpose of donating a body organ for transplant.
Door to Door	Door-to-Door assistance is provided for Members requesting transportation. If the Member resides in a non-ADA compliant building- assistance will be provided from the outside of their building residence. If the member requires assistance from their front door inside the non-ADA compliant building, assistance will be provided by a different mode of transportation for the Member (e.g., request assistance from local Fire Department or Emergency Medical Technician).
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.
Facility	For the purposes of this policy, a Facility may include a hospital, a long term care Facility (including skilled nursing facilities), and/or a critical access hospital.
Ground Transportation	Pre-approved transportation provided through a CalOptima Health contracted NEMT broker/vendor, taxi vendor, Orange County Transportation Authority (OCTA) or OC Access passes purchased by CalOptima Health or private driver reimbursement in accordance with the requirements of this Policy.

Term	Definition
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Immediate Care Facility (ICF)	<p><u>Medi-Cal</u>: A health Facility that is licensed as such by the Department of Health Care Services (DHCS) or is a hospital or SNF that meets the standards specified in Title 22, California Code of Regulations, Section 51212, and has been certified by DHCS for participation in the Medi-Cal program.</p> <p><u>OneCare</u>: A Facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.</p>
Individualized Education Plan (IEP)	A written document for an individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with Sections 300.320 to 300.328, inclusive, of Title 34 of the Code of Federal Regulations and California Education Code, Title 2, Division 4, Part 30. It also means “individualized family service plan” as described in Section 1436 of Title 20 of the United States Code if the individualized education program pertains to an individual with exceptional needs younger than three (3) years of age.
Individualized Family Service Plan (IFSP)	IEP as defined in this policy.
Local Education Agency (LEA)	A school district, county office of education, charter school, community college district, California State University or University of California campus.
Local Educational Agency (LEA) Specialized Medical Transportation	Medical transportation services provided to an LEA-eligible Member who requires a specially adapted vehicle or use of specialized equipment, including but not limited to lifts, ramps, or restraints, to accommodate the LEA-eligible Member’s disability.
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member’s current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-</p>

Term	Definition
	appropriate growth and development, and attain, maintain, or regain functional capacity.
Member	A beneficiary enrolled in the CalOptima Health OneCare program.
Non-Emergency Medical Transportation (NEMT)	Ambulance, litter van and wheelchair van medical transportation services when the Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care, per Title 22, CCR, Sections 51231.1 and 51231.2, rendered by licensed Providers.
Non-Medical Transportation (NMT)	Transportation of Members to medical services by passenger car, taxicabs, or other forms of public or private conveyances provided by persons not registered as Medi-Cal providers. Does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members by ambulances, litter vans, or wheelchair vans licensed, operated and equipped in accordance with State and local statutes, ordinances or regulations.
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.</p> <p><u>OneCare</u>: A process through which a physician or other health care provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.</p>
Skilled Nursing Facility (SNF)	<p><u>Medi-Cal</u>: As defined in Title 22 CCR Section 51121(a), any institution, place, building, or agency which is licensed as a SNF by the California Department of Public Health or is a distinct part or unit of a hospital, meets the standard specified in Section 51215 of these regulations (except that the distinct part of a hospital does not need to be licensed as a SNF) and has been certified by DHCS for participation as a SNF in the Medi-Cal program. Section 51121(b) further defines the term "Skilled Nursing Facility" as including terms "skilled nursing home", "convalescent hospital", "nursing home," or "nursing facility."</p> <p><u>OneCare</u>: A Facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</p>
Transplant	For purposes of this policy, a non-experimental procedure for a major organ transplant.