



Policy: GG.1547
Title: **Maintenance and Transportation**
Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 01/29/2025

Effective Date: 07/01/2019

Revised Date: 01/01/2025

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

I. PURPOSE

This policy defines the criteria and process for administration of the Maintenance and Transportation benefit for CalOptima Health Members eligible with the California Children's Services (CCS) program.

II. POLICY

- A. CalOptima Health is responsible for authorizing and reimbursing Maintenance and Transportation for CCS-eligible Members enrolled in CalOptima Health or a Health Network. The Health Networks shall be responsible for identifying CCS-eligible Members that may be eligible for the Maintenance and Transportation benefit and forward the necessary information to CalOptima Health to determine benefit eligibility.
- B. CalOptima Health shall provide Maintenance and Transportation benefits to CalOptima Health CCS-eligible Members or such Member's family seeking transportation to a Covered Service related to their CCS-Eligible Condition when the cost of Maintenance and Transportation presents a barrier to accessing authorized diagnostic or treatment services.
- C. CalOptima Health may authorize Maintenance and Transportation when CalOptima Health determines:
 - 1. No other available resources exist to assist the CCS-eligible Member/parent(s)/legal guardian(s) to access authorized Medically Necessary medical services related to the Member's CCS-Eligible Condition, including:
 - a. The Member, parent(s)/legal guardian(s) have no means of reaching the approved provider/facility without outside help; and
 - b. Alternative resources for these services are not available in the community.
- D. A Health Network shall coordinate with the CalOptima Health Case Management Department to ensure timely and appropriate delivery of Maintenance and Transportation services in accordance with Section III.B. of this Policy.
- E. Transportation
 - 1. CalOptima Health will arrange the most appropriate and cost-effective mode of transportation to access authorized medical services. If the CCS-eligible Member and/or parent(s)/legal

guardian(s) choose to go to a provider/facility that is not the closest CCS approved facility/paneled provider, transportation costs beyond those to reach the closest provider capable of delivering the level/type of services required are the responsibility of the Member and/or parent(s)/legal guardian(s).

- F. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) are not covered under the Maintenance and Transportation benefit. For services not related to a Member's CCS-eligible condition(s) or if a Member's transportation needs exceed the Maintenance and Transportation (M&T) benefit as set forth in CCS Numbered Letter (NL) 03-0810, NMT and NEMT may be provided in accordance with CalOptima Health Policy GG.1505: Transportation: Emergency, Non-emergency and Non-Medical.
- G. CalOptima Health may approve Transportation to a Medical Therapy Unit (MTU) for physical or occupational therapy, or to attend a Medical Therapy Conference if a transportation need has been identified jointly by the family and the MTU treating therapist, as necessary for the CCS-eligible Member's access to these services in accordance with the provisions of this Policy and when transportation is not included in the Member's Individualized Education Plan (IEP).
- H. Maintenance and Transportation may be a benefit for authorized medical care provided outside the state of California for a CCS-Eligible Condition in accordance with the provisions of this Policy.
- I. A Member, family or legal guardian may appeal a denial for Maintenance and Transportation assistance in accordance with CalOptima Health Policy GG.1510: Member Appeal Process.

III. PROCEDURE

- A. CalOptima Health or a Health Network shall identify a CCS-eligible Member who may be eligible for the Maintenance and Transportation benefit through communication with the Member, family or legal guardian and confirmation of an approved treatment request meeting the criteria in this Policy.
- B. The Health Network shall forward the following information to CalOptima Health via fax or other secure method:
 - 1. Completed WCM Maintenance and Transportation Assistance Worksheet;
 - 2. Approval notification for the Medically Necessary diagnostic and/or treatment services for the CCS-Eligible Condition for which Maintenance and Transportation is requested; and
 - 3. Name and contact number for Health Network case manager.
 - 4. The CalOptima Health case management transportation coordinator shall review the Maintenance and Transportation request and documentation submitted.
 - a. If the request meets the requirements for Maintenance and Transportation assistance, as outlined in this Policy, CalOptima Health shall send notification of approval to the WCM Member/family or legal guardian and the Member's Health Network.
 - i. CalOptima Health shall coordinate with CalOptima Health's transportation vendor to ensure approved Maintenance and Transportation arrangements are made, either prospectively or for reimbursement of allowable expenses incurred by the CCS-eligible Member, family, or legal guardian.

- ii. CalOptima Health shall be responsible to pay approved Maintenance and Transportation costs to the contracted vendor.
 - b. If the request does not meet the requirements for Maintenance and Transportation assistance as outlined in this Policy, CalOptima Health shall issue a Notice of Action (NOA)/Notice of Adverse Benefit Determination (NABD) to the CCS-eligible Member, family, or legal guardian and provide a copy of the notice to the Health Network.
 - i. CalOptima Health or a Health Network case manager shall work with the WCM Member, family, or legal guardian to provide alternative resources.
- C. CalOptima Health shall identify CCS-eligible Members assigned to CalOptima Health Community Network who may be eligible for the Maintenance and Transportation benefit through communication with the CCS-eligible Member, family, or legal guardian and approval for treatment request meeting the criteria in this Policy.
 - 1. The assigned CalOptima Health case manager shall complete the WCM Maintenance and Transportation Assistance Worksheet, attach the document in the medical management system and send a request for action in the medical management system to the CalOptima Health case management coordinator.
 - 2. The CalOptima Health case management coordinator shall review the Maintenance and Transportation request and documentation submitted.
 - a. If the request meets the requirements for Maintenance and Transportation assistance as outlined in this Policy, notification of approval will be sent to the Member/family or legal guardian and a request for action will be sent to the assigned Case Manager.
 - i. CalOptima Health shall coordinate with CalOptima Health's transportation vendor to ensure approved Maintenance and Transportation arrangements are made, either prospectively or for reimbursement of allowable expenses incurred by the CCS-eligible Member, family, or legal guardian.
 - b. If the request does not meet the requirements for Maintenance and Transportation assistance as outlined in this Policy, CalOptima Health shall issue a NOA/NABD to the Member, family, or legal guardian.
 - i. The assigned case manager shall work with the WCM Member, family, or legal guardian to provide alternative resources.
- D. CalOptima Health may authorize Maintenance when:
 - 1. The CCS-eligible Member is obtaining authorized outpatient services and the distance from the CCS-eligible Member's home to the facility/provider authorized for outpatient services is such that the trip cannot be made in one (1) calendar day; or
 - 2. If the parent(s)/legal guardian(s) are staying with and supporting a hospitalized CCS-eligible Member and the distance from the Member's home to the facility is such that the trip cannot be made in one (1) calendar day; and
 - 3. Alternative resources have been explored and are unavailable; and

4. The CCS-eligible Member and/or parent(s)/legal guardian(s) have no means of providing for their Maintenance without the assistance from CalOptima Health.
5. CalOptima Health shall not reimburse a family for meals and lodging if the family could make the trip in one (1) calendar day if they had traveled to the nearest appropriate provider for services.

E. Access to Inpatient Services

1. Maintenance

- a. For intensive care settings, when the parent/legal guardian is not permitted to stay at the CCS-eligible Member's bedside, CalOptima Health may initially authorize up to seven (7) calendar days of lodging and meals per hospitalization for one (1) or two (2) parent(s)/legal guardian(s). CalOptima Health will evaluate the need for additional lodging and meals based on the Member's circumstances.
- b. For non-intensive care settings when parent(s)/legal guardian(s) are able to stay at the CCS-eligible Member's bedside, CalOptima Health may authorize one (1) calendar day of lodging for one (1) or two (2) parent(s)/legal guardian(s) after every six (6) nights of Member hospitalization.
- c. CalOptima Health may authorize the total maximum Maintenance and Transportation authorization when a CCS-eligible Member is in intensive or non-intensive care setting shall be fifteen (15) calendar days of lodging and associated meals for each thirty (30) calendar days of Member hospitalization, beginning with the day of the Member's admission. Each new Member hospitalization shall be a new thirty (30) calendar day Maintenance and Transportation benefit period.

2. Transportation

- a. Two (2) round trips per CCS-eligible Member's hospitalization for stays of less than seven (7) calendar days duration.
- b. One (1) round trip for every seven (7) calendar days of a CCS-eligible Member's hospitalization in addition to the initial two (2) trips, if the hospitalization lasts longer than seven (7) calendar days.

3. Post-hospitalization

- a. CalOptima Health may authorize lodging and meals for a Member and the Member's parent or guardian if the Member's discharge plan documents the need for daily medical visits for treatment of the CCS-Eligible Condition, and the distance precludes making the trip to the hospital in one (1) calendar day.

F. Access to Outpatient Services

1. Maintenance

- a. If a family's trip to the outpatient provider can be completed in one (1) calendar day (round trip travel and appointment time included), there should not be reimbursement for meals or lodging.

- b. If the total time for the trip will exceed one (1) calendar day, lodging and meals for one (1) or two (2) parents/legal guardian(s) and the CCS-eligible Member may be authorized.

2. Transportation

- a. If the distance to the provider is such that the trip may be made in one (1) calendar day, then the family may be assisted with Transportation if lack of transportation is a barrier to the family's compliance with the treatment plan.
- b. CalOptima Health may provide approval for a block of multiple trips when it is known that a CCS-eligible Member must make a specified number of visits to the provider for treatment, such as radiation therapy, chemotherapy, etc.

G. Reimbursement

1. Private Car Mileage: Reimbursement will be at the Internal Revenue Service (IRS) standard mileage rate for medical transportation. The rate paid will be the rate in effect on the date the travel occurred, not the rate in effect at the time the claim is submitted for payment.
2. CalOptima Health will use IRS per diem rates for lodging and meals as reference guide per DHCS All Plan Letter (APL) 22-008: Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses:
 - a. Lodging costs for Member/parent(s)/ legal guardian(s): Reimbursement shall be based on the usual or actual costs of one (1) room up to the maximum amount per night. Reimbursement for the cost of lodging provided by facilities sponsored by charitable organizations should not be greater than the customary charges to families.
 - b. Meals: Reimbursement will be based on actual costs supported by receipts for meals. Hospital meal vouchers provided to the Member/parent(s)/legal guardian(s) will be paid based upon the invoice submitted by the hospital.
3. Other necessary expenses: Reimbursement may be made for other necessary expenses, including, but not limited to, parking and tolls based upon actual costs supported by receipts.
4. CalOptima Health shall inform CCS-eligible Members or parent(s)/legal guardian(s), in writing, of the following, upon approval of the Maintenance and Transportation request:
 - a. How to submit requests for reimbursement;
 - b. How to submit required receipts and/or other documentation for expenses incurred as Maintenance and Transportation (gasoline, hotel/motel, meals, parking, tolls, etc.); and
 - c. That failure to comply with these requirements could preclude future authorization of Maintenance and Transportation services for the Member/family.
 - d. CalOptima Health must approve and reimburse the Member or Member's family no later than sixty (60) calendar days following confirmation that all required receipts have been received.

- D. CalOptima Health shall maintain a record of authorizations for Maintenance and Transportation services, which includes:

1. Start and end dates of authorization for Maintenance and/or Transportation services;
2. Member name;
3. Member Client Index Number (CIN);
4. CCS number;
5. Type and number of authorized services; and
6. Vendor contact information.

IV. ATTACHMENT(S)

- A. WCM Maintenance and Transportation Assistance Worksheet

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. Department of Health Care Services (DHCS) All Plan Letter 24-015: California Children's Services Whole Child Model Program (Supersedes APL 23-034)
- C. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-008: Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses (Supersedes APL 17-010)
- D. CCS Numbered Letter 03-0810: Maintenance and Transportation for CCS Clients to Support Access to CCS Authorized Medical Services
- E. Department of Health Care Services (DHCS) California Children's Services (CCS) Numbered Letter (NL) 10-1224: California Children's Services Program Whole Child Model (Supersedes N.L. 03-0421)
- F. CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency & Non-Medical
- G. CalOptima Health Policy GG.1510: Member Appeal Process
- H. California Health and Safety Code, §123840(j)
- I. U.S. Code Title 26, Subtitle A, Chapter 1, Subchapter B, Part VII, §213

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
10/29/2018	Department of Health Care Services (DHCS)	Approved as Submitted
03/22/2022	Department of Health Care Services (DHCS)	Approved as Submitted
05/02/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
10/04/2018	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2019	GG.1547	Maintenance and Transportation	Medi-Cal
Revised	08/01/2020	GG.1547	Maintenance and Transportation	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	07/01/2021	GG.1547	Maintenance and Transportation	Medi-Cal
Revised	11/01/2023	GG.1547	Maintenance and Transportation	Medi-Cal
Revised	04/01/2024	GG.1547	Maintenance and Transportation	Medi-Cal
Revised	01/01/2025	GG.1547	Maintenance and Transportation	Medi-Cal

IX. GLOSSARY

Term	Definition
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
California Children's Services (CCS)- Eligible Condition	A medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 et seq.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
Covered Services	<p>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, this Contract, and APLs that are made the responsibility of Contractor 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 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 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 this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in 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 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 Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis);

Term	Definition
	<ol style="list-style-type: none"> 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, Contractor is responsible for all Covered Services as specified in 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, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in 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; 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 Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 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; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and 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 APL 22-012.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, health care service plan, such as a Health Maintenance Organization (HMO), Subcontractor, or First Tier Entity, that contracts with CalOptima Health to provide Covered Services to Members
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.

Term	Definition
Maintenance	For Purposes of this Policy, the cost(s) for lodging (such as motel room, etc.) and food for the Member, parent(s), or legal guardian(s) when needed to enable the Member to access authorized services for a CCS-Eligible Condition.
Medically Necessary or Medical Necessity	<p>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.</p> <p>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>
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Non-Emergency Medical Transportation	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.
Transportation	For purposes of this Policy, the cost(s) for the use of a private vehicle or public conveyance to provide the Member access to authorized services.