PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPTP2503 (previously MCCP2030)</td><td colspan="2">Lead Department: Transportation</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Transportation-Related Travel Expenses: Lodging, Meals, Attendants, Parking and Tolls</td><td colspan="2">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="4">Original Date: (MCCP2016) 10/21/2015
(Effective 01/08/2020 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT) Policy split)</td><td colspan="2">Next Review Date: 04/09/2026
Last Review Date: 04/09/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="2">☒ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="2">Approval Date: 04/09/2025</td></tr>
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I. RELATED POLICIES:

A. MCCP2024 - Whole Child Model for California Children's Services (CCS)
B. MCCP2022 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
C. MCCP2016 - Transportation Guidelines for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)
D. CMP09 - Investigating & Reporting Fraud, Waste and Abuse
E. CGA024 - Medi-Cal Member Grievance System

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Grievance
E. Finance
F. Provider Relations

III. DEFINITIONS:

A. California Children's Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
B. Medical Necessity (Age 21 and over): As defined per Partnership HealthPlan of California's (Partnership's) contract with the Department of Health Care Services (DHCS), medically necessary means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
C. Medical Necessity (Under Age 21): In addition to the definition noted in III.B. above, medical necessity for members under age 21 is also defined as services necessary to correct or ameliorate defects and physical and mental illnesses that are discovered by the screening services (per Section 1396d(r)(5) of Title 42 of the United States Code)
D. Partnership Advantage: Effective January 1, 2026, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Members will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member

Handbook.

E. Whole Child Model (WCM): A comprehensive program for the whole child encompassing care coordination in the areas of primary, specialty, and behavioral health for any pediatric member insured by Partnership.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To outline the circumstances by which Partnership HealthPlan of California (Partnership) will approve parking, toll(s), meal(s), lodging, attendant salary reimbursement and/or any other qualifying necessary expenses related to travel in accordance with state and federal regulations.

VI. POLICY / PROCEDURE:

A. TRANSPORTATION-RELATED TRAVEL EXPENSES BENEFITS

1. Upon approval of Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT) services, members and their attendant may be eligible for the following services:
   a. Advance booking or reimbursement of reasonable and necessary expenses for lodging.
   b. Advance payment or reimbursement of reasonable and necessary expenses for meals.
   c. Reimbursement of reasonable and necessary expenses for an accompanying attendant's salary.
   d. Reimbursement of reasonable and necessary expenses for parking and tolls.
   e. Other necessary expenses, for which reimbursement is requested, will be reviewed on a case by case basis.
2. Requests made for these services without an approved accompanying NEMT or NMT service will be reviewed on a case by case basis. If approved, the provided service will not exceed what is described in this policy.
3. Parking, toll(s), meal(s) and/or lodging costs shall not be authorized if volunteer, community, or other transportation-related travel services are available to the member at no charge.
4. If approved, parking, toll(s), meal(s) and/or lodging shall be arranged for the least expensive and most appropriate services.
5. Requests for transportation-related travel expenses within 50 miles of the member's residence may be subject to additional review, up to and including Medical Director review for necessity.
6. Reimbursements for transportation-related travel expenses require attendance verification before reimbursements will be issued.
   a. Attendance verification may include discharge instructions, signed note from medical staff office on letterhead or a screenshot of printout from an online patient portal. Attendance verification must have date of service, member information and facility name clearly visible

B. LODGING

1. Lodging must be requested prior to the approved check-in date.
   a. If requested a minimum of five (5) calendar days prior to the approved check-in date, lodging can be booked in advance by Partnership.
   b. Members can choose to be reimbursed for lodging in lieu of advanced booking; however, if lodging is requested with fewer than five (5) calendar days' notice, advanced booking will not be available.
   c. In order for reimbursement to be issued or subsequent advanced bookings to be made, the following documentation must be provided to Partnership within ninety (90) calendar days of the check-out date.

1) Attendance verification as outlined in section VI.A.6. above.
2) If the request is for reimbursement, a receipt showing proof of payment must be provided.

d. Members will be reimbursed for lodging based on the cost documented on the receipt, not to exceed $131 per night.
   1) The form of reimbursement offered by Partnership is decided by Partnership and may be in the form of cash, check, or other forms of prepaid cards.
   2) Reimbursement will be issued within sixty (60) calendar days of receiving the required receipts and/or proof of payment.

2. If multiple members in the same family and/or household request lodging, both the size of room and/or number of rooms booked will be in accordance with the number of members and attendants approved for lodging.
3. Reimbursement for the cost of lodging provided by facilities sponsored by charitable organizations should not be greater than the customary charges to families.
4. Members seeking outpatient care are eligible to receive lodging if the member's trip to the outpatient provider cannot be completed in one twelve (12) hour day, including roundtrip travel and foreseen appointment duration.
   a. Round trip travel time will be calculated using publicly available online mapping services. These estimated travel times are used as a guide to calculate eligibility and may not be representative of the actual time it took to complete the drive on any given date of service.
   b. The appointment duration must be verified with the outpatient provider's office prior to the scheduled appointment; if the duration is not verifiable it cannot be included in the travel time calculation. If the actual appointment duration was longer than projected at the time of verification and results in the travel time exceeding one twelve (12) hour day, Partnership will review the request for reimbursement.
   c. For members who have diagnoses that prevent them from traveling in a vehicle for the above length of time, Partnership may authorize lodging services upon confirmation from the treating provider that the condition(s) limit their ability to travel for that duration in one day.
   d. For members whose appointment time requires a departure prior to 6:00 am, or the return to residence is anticipated to be after 10:00 pm, Partnership may cover lodging on a case-by-case basis.
      1) Estimated departure and return times are calculated using the projected travel times provided by publicly available online mapping software. These estimated travel times are used as a guide to calculate eligibility and may not be representative of the actual time it took to complete the drive on any given date of service.
5. Members under the age of 21, seeking inpatient care may be eligible for lodging for their parent/legal guardian in the following situations:
   a. For intensive care settings when the parent/legal guardian is not permitted to stay at the member's bedside, Partnership may initially authorize up to seven (7) nights of lodging per hospitalization for one parent/legal guardian. The need for additional nights of lodging shall be evaluated on a case-by-case basis per the member's circumstances.
   b. For non-intensive care settings when the parent/legal guardian is able to stay at the member's bedside, Partnership may authorize one (1) night of lodging for one (1) parent/legal guardian after every six (6) nights of member hospitalization.
   c. The total maximum authorization when the member is in an inpatient setting shall be fifteen (15) nights of lodging for each thirty (30) days of member hospitalization, beginning with the day of the member's admission. Each new hospitalization shall begin a new thirty (30) day benefit period.

6. Authorization for lodging needed to obtain medically necessary services for major organ transplants is covered for living donors.

C. **MEALS**

1. Meals must be requested prior to the date of service for which they are needed.
   a. If the request for meals is made a minimum of two (2) business days prior to the date of service, meals payments can be issued in advance by Partnership upon request.
2. Reimbursement for meals is based on the US General Services Administration's (GSA) standard per diem rate.
   a. If the request was for advance payment, the reimbursement will be $66 per day.
   b. If the request was for reimbursement, the payment will be made based on the cost documented on the receipt, not to exceed $66 per day.
   c. The form of reimbursement offered by Partnership is decided by Partnership and may be in the form of cash, check, or other forms of prepaid cards.
   d. Reimbursement will be issued within sixty (60) days of receiving the required receipts and/or proof of payment.
3. In order for reimbursement to be issued or subsequent advanced payments to be made, the following documentation must be provided to Partnership within ninety (90) days of the approved date of service.
   a. Attendance verification as outlined in section VI.A.6. above.
4. Meals payments will be issued for each approved member and their one (1) accompanying attendant.
   a. For members age 21 and up, the attendant must be deemed medically necessary as explained in section VI.D. of this policy.
   b. Members under the age of 21 can receive meals payments for one (1) accompanying parent/legal guardian.
5. Hospital meal vouchers provided to the member can be reimbursed to the hospital when billed via invoice. The value of the provided meal vouchers will be deducted from the member's meal reimbursement.
6. Members seeking outpatient care are eligible to receive meals if the member's trip to the outpatient provider cannot be completed in one twelve (12) hour day, including roundtrip travel and foreseen appointment duration.
   a. Round trip travel time will be calculated using publicly available online mapping services. These estimated travel times are used as a guide to calculate eligibility and may not be representative of the actual time it took to complete the drive on any given date of service.
   b. The appointment duration must be verified with the outpatient provider's office prior to the scheduled appointment, if the duration is not verifiable it cannot be included in the travel time calculation. If the actual appointment duration was longer than projected at the time of verification and results in the travel time exceeding one twelve (12) hour day Partnership will review the request for reimbursement.
   c. For members who have diagnoses that prevent them from traveling in a vehicle for the above length of time, Partnership may authorize meal services upon confirmation from the treating provider that the condition(s) limit their ability to travel for that duration in one day.
   d. For members whose appointment time requires a departure prior to 6:00 am, or the return to residence is anticipated to be after 10:00 pm, Partnership may cover meals on a case-by-case basis.
      1) Estimated departure and return times are calculated using the projected travel times provided by publicly available online mapping software. These estimated travel times are used as a guide to calculate eligibility and may not be representative of the actual time it

took to complete the drive on any given date of service.

7. Members under the age of 21, seeking inpatient care may be eligible for meals for their parent/legal guardian in the following situations:
   a. For intensive care settings when the parent/legal guardian is not permitted to stay at the member's bedside, Partnership may initially authorize up to seven (7) days of meals per hospitalization for one (1) parent/legal guardian. The need for additional days of meals shall be evaluated on a case-by-case basis per the member's circumstances.
   b. For non-intensive care settings when the parent/legal guardian is able to stay at the member's bedside, Partnership may authorize one (1) day of meals for one (1) parent/legal guardian after every six (6) nights of member hospitalization.
   c. The total maximum authorization when the member is in an inpatient setting shall be fifteen (15) days of meals for each thirty (30) days of member hospitalization, beginning with the day of the member's admission. Each new hospitalization shall begin a new thirty (30) day benefit period.
   d. Member's age two (2) and younger may qualify for meals for their mother for the entire hospitalization if the mother is breastfeeding, regardless of intensive care status.
8. Authorization for meals needed to obtain medically necessary services for major organ transplants is covered for living donors.

D. **ATTENDANTS**

1. Qualified Attendants
   a. In order for member to be approved for meals, lodging and/or salary reimbursement for their attendant, the attendant must be determined to be medically necessary to facilitate the approved NEMT or NMT.
   b. Attendants must be able to safely accompany the member and not require additional assistance.
   c. The services provided by the attendant must exceed the capabilities of the NEMT or NMT staff facilitating the transport.
   d. Requests for meals, lodging & salary for attendants are subject to Partnership Medical Director review. Members may be asked to provide medical records justifying the necessity of the attendant; if not provided, the request may be denied.
2. Attendant Salary
   a. Members who require the services of a paid attendant may be eligible to receive reimbursement for the attendant's salary for the duration of their approved NEMT or NMT request.
   b. Requests for attendant salary reimbursement must be made to Partnership, in advance, regardless of the mode of transport provided.
   c. Attendant salary will not be reimbursed if the attendant is related to the member.
   d. In order for reimbursement to be issued, a receipt including proof of payment must be supplied to Partnership within ninety (90) days of the date of service.
   e. The form of reimbursement offered by Partnership is decided by Partnership and may be in the form of cash, check, or other forms of prepaid cards.
   f. Reimbursement will be issued within sixty (60) days of receiving the required receipts and/or proof of payment.

E. **PARKING & TOLLS**

1. Members will be reimbursed for parking up to $50 per day and tolls at the full cost, as long as the cost is reasonable and supported by receipts.
   a. In order for reimbursement to be issued, the following documentation must be provided to Partnership within ninety (90) days of the approved date of service:
      1) Attendance verification as outlined in section VI.A.6. above.
      2) A receipt showing proof of payment must be provided.

b. The form of reimbursement offered is decided by Partnership and may be in the form of cash, check, or other forms of prepaid cards.
c. Reimbursement will be issued within sixty (60) days of receiving the required receipts and/or proof of payment.
d. Parking and tolls reimbursement needed to obtain medically necessary services for major organ transplants is covered for living donors.

F. **RETROACTIVE REQUESTS**
1. Partnership will review retroactive reimbursement requests for the services listed in this policy if the member paid out of pocket for the services during a month in which retroactive eligibility to Medi-Cal and Partnership has been assigned. Partnership's review for eligibility to the requested services will follow all applicable criteria listed in this policy except for the requirement to have requested the service in advance.

G. **OTHER TRAVEL EXPENSES**
1. Requests for other reasonable necessary expenses will be reviewed on a case by case basis. If approved, reimbursement is the only option for payment and will require receipts to be provided.

H. **WHOLE CHILD MODEL (WCM) / CALIFORNIA CHILDREN'S SERVICES (CCS) – MAINTENANCE AND TRANSPORTATION**
1. For Partnership Whole Child Model (WCM) members, maintenance & transportation costs are covered pursuant to CCS program guidelines and in accordance with the Department of Health Care Services (DHCS) All Plan Letter (APL) 22-008. For more information on transportation, please see Partnership policies MCCP2024 Whole Child Model for California Children's Services (CCS) and MCCP2016 Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT).
2. For a CCS/WCM-eligible member whose post-hospitalization 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 twelve (12) hour day, lodging and meals may be authorized for the member and parent(s)/legal guardian(s).
3. A CCS/WCM eligible member and/or the member's parents(s)/legal guardian(s) will be responsible for payment of parking/toll(s), meal(s), and/or lodging when choosing to go to a facility or provider that is not the closest CCS-approved facility/paneled provider. Parking, toll(s), meal(s) and/or lodging that occurs beyond the closest provider capable of delivering the level/type of service required by the member's CCS-eligible condition are the responsibility of the CCS/WCM eligible member and/or the member's parent(s)/legal guardian(s).
4. Parking, toll(s), meal(s) and/or lodging may be a benefit for CCS/WCM members for whom Partnership or the CCS State Regional Office authorized medical care outside of California.

VII. REFERENCES:

A. DHCS APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses (05/18/2022)
B. DHCS Transportation Workgroup Frequently Asked Questions (FAQs) re: APL22-008 (05/18/2022)
C. DHCS CCS Numbered Letter (N.L.): 03-0810 Maintenance and Transportation for CCS Clients to Support Access to CCS Authorized Medical Services (8/19/2010)
D. DHCS APL 24-015: California Children's Services Whole Child Model Program (Dec. 2, 2024 *supersedes* APL 23-034 and 21-005)
E. DHCS APL 23-005: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (03/16/2023)
F. Title 42 United States Code (USC), Sections 1396, 1396d(a) and (r), 1396s(c)(2)(B)(i)

G. DHCS APL 22-013 Provider Credentialing / Recredentialing and Screening / Enrollment (07/19/2022 and *Revised for FAQs 01/02/2025*)
H. DHCS APL 21-011 Grievance and Appeal Requirements, Notice and "Your Rights" Templates (*Revised* 08/31/2022)

VIII. DISTRIBUTION:
A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Director of Transportation Services

X. REVISION DATES:
Medi-Cal
N/A
Partnership Advantage
N/A

PREVIOUSLY APPLIED TO:
MCCP2030 (Archived 04/09/2025)
02/10/21; 02/09/22; 10/12/22; 02/08/23; 04/12/23; 02/14/24

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.