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New York State Department of Health (DOH)
Office of Health Insurance Programs
One Commerce Plaza
Albany, NY 12210-2820

Subject: Appeal Regarding Managed Long Term Care (MLTC) Transportation Assessment Practices for Social Adult Day Care (SADC) Participants

Dear DOH Colleagues:

I am writing on behalf of the New York State Adult Day Services Association (NYSADSA) to express significant concerns regarding the current practices of MLTC plans in assessing and funding transportation needs for SADC participants, particularly in light of the new Minimum Needs Requirements outlined in MLTC Policy 25.04 (effective Sept. 1, 2025) and the transportation management mandate under MLTC Policy 24.01 (effective Jan. 1, 2025). We respectfully request your review and intervention to ensure that MLTC plans adequately assess participants' functional needs and provide appropriate reimbursement for transportation services, including higher-level services such as ambulette transportation with wheelchair accessibility or lift-equipped vehicles, which are increasingly necessary due to the updated eligibility criteria.

Concern: Inadequate Assessment of Transportation Needs

Under MLTC Policy 24.01, SADC programs are required to manage transportation to and from our programs, either through our own vehicles or by contracting with Medicaid-enrolled transportation providers (MLTC Policy 24.01, Pages 1-2). However, we have observed that MLTC plans are not consistently conducting individualized assessments of participants' transportation needs, as required to align with their functional and mobility limitations. Instead, MLTC plans are applying a single Current Procedural Terminology (CPT) code—A0100 $12.50 one-way, T2003 $25 round-trip (S5105) ($100 daily, bundling transportation) —for all SADC transportation, regardless of the participant's specific needs.

This one-size-fits-all approach fails to account for the diverse mobility and functional needs of SADC participants, particularly those requiring ambulette services with wheelchair accessibility or lift-equipped vehicles and hands-on care (e.g., door-to-door assistance for wheelchair users or those needing help navigating stairs). The Medicaid Transportation Policy Manual emphasizes that transportation must be the "most cost-effective, medically appropriate mode" determined by an ordering practitioner based on the participant's condition (Page 12). However, MLTC plans' reliance on a single CPT code fails to provide the individualized assessments needed to comply with this standard.

Impact of MLTC Policy 25.04 Minimum Needs Requirements

The introduction of MLTC Policy 25.04's Minimum Needs Requirements, effective Sept. 1, 2025, exacerbates this concern. The policy mandates that new MLTC enrollees in MLTC Partial Capitation (MLTCP) and Medicaid Advantage Plus (MAP) plans require Community Based Long Term Services and Supports (CBLTSS) for more than 120 days and meet one of the following criteria:

- Limited assistance with physical maneuvering for more than two Activities of Daily Living (ADLs) (e.g., mobility, bathing, dressing); or
- For participants with a dementia or Alzheimer's diagnosis, supervision with more than one ADL, documented via Form DOH-5821 (MLTC Policy 25.04, Page 2).

These stricter eligibility criteria mean that new MLTC enrollees are likely to have significant mobility or functional impairments, increasing the demand for ambulette services with wheelchair accessibility or lift-equipped vehicles and hands-on care. For example, participants requiring assistance with mobility and other ADLs (e.g., bathing, toileting) may need ambulette transport with lift capabilities and door-to-door personal assistance to navigate wheelchairs or stairs, as outlined in the Medicaid Transportation Policy Manual (Page 45). Similarly, dementia/Alzheimer's participants requiring supervision may need transportation with enhanced oversight or physical assistance, which group transportation (e.g., SADC transportation for multiple participants without personal assistance) cannot adequately provide.

Despite this, MLTC plans are limiting reimbursement to the A0100 code for general transportation or bundling transportation within the daily SADC rate, without accounting for the higher costs and specialized requirements of ambulette services with wheelchair accessibility, lifts, or personal assistance (e.g., New York State Department of Transportation (DOT) licensure, certified drivers, lift-equipped vehicles, Global Positioning System (GPS) compliance, transportation aides) (Medicaid Transportation Policy Manual, Pages 41-47). This practice risks undermining participant access to SADC programs, as providers may struggle to afford or arrange appropriate transportation for those with higher needs. Programs are finding that transportation vendors are unable to serve such high-needs participants with general CPT codes.

Regulatory Misalignment

Title 9 New York Codes, Rules, and Regulations (NYCRR) § 6654.20 governs SADC programs and lists transportation as an optional service that "may" be provided to ensure safe and accessible access to the program (Title 9 NYCRR § 6654.20(c)(2)). While MLTC Policy 24.01 mandates that SADCs manage transportation (Pages 1-2), it does not relieve MLTC plans of their responsibility to ensure that transportation arrangements are appropriate for each participant's needs, as emphasized by their oversight role (Page 2). The Medicaid Transportation Policy Manual further requires that transportation modes be determined by an ordering practitioner (e.g., physician, nurse practitioner) based on medical necessity, with documentation such as the Verification of Medicaid Transportation Abilities (Form 2015) for higher-level services like ambulettes (Page 45).

By applying a single CPT code without individualized assessments, MLTC plans are not adhering to these requirements. This practice disregards the practitioner's role in determining medical necessity and the SADC's need to arrange transportation modes that align with participants' ADL limitations or dementia/Alzheimer's needs, as determined in their person-centered care plan and as assessed by the New York Independent Assessor Program (NYIAP) and recorded in the Uniform Assessment System (UAS-NY) (MLTC Policy 25.04, Page 4).

Impact on SADC Providers and Participants

The lack of individualized transportation assessments and reliance on a single CPT code have significant consequences:

1. **Financial Strain on SADCs**: Ambulette services with wheelchair accessibility or lift-equipped vehicles require DOT-licensed vehicles, certified drivers, and specialized equipment, which are significantly more costly than group transportation (Medicaid Transportation Policy Manual, Pages 41-45). According to DOH's Medicaid Ambulette Rate Review Report (2022), the self-reported average cost per ambulette trip in downstate New York in 2021 was $70.24, with a statewide average of $79.61 ($80.19 upstate). After accounting for 11% non-allowable costs (e.g., government relations, travel, advertising), the adjusted average cost per trip is approximately $70.85 statewide ($62.51 downstate, $71.37 upstate). In New York City, current base rates for ambulette services start at $52.90 for up to five miles, still significantly higher than the MLTC reimbursement rates of A0100 ($12.50 one-way) and T2003 ($25 round-trip, S5105), which cover less than 24% of the downstate cost per trip and less than 20% of the statewide average. Additional expenses, such as congestion surcharges ($2.75 per single trip or $0.75 per passenger for pool trips) (Medicaid Transportation Policy Manual, Page 29), further exacerbate this shortfall. In upstate areas, where participants often travel longer distances to access SADC programs, costs frequently exceed $80 per trip due to mileage-based adjustments, rendering MLTC reimbursements even less sufficient. These inadequate rates threaten the financial viability of SADC programs, as up to 80% of attendees may require ambulette services due to MLTC Policy 25.04's stringent eligibility criteria, forcing providers to absorb significant losses or reduce services, ultimately limiting participant access.

2. **Access Barriers for Participants**: Participants with significant ADL limitations or dementia/Alzheimer's diagnoses may be unable to attend SADC programs if appropriate transportation (e.g., ambulette with lift capabilities and hands-on transportation assistance) is not provided, violating 42 Code of Federal Regulations (CFR) § 440.170(a)'s mandate to ensure transportation access and 42 United States Code (USC) § 12182's prohibition on discrimination based on disability (Medicaid Transportation Policy Manual, Pages 10, 19).

3. **Compliance Risks**: SADCs contracting with ambulette providers must ensure compliance with DOT and Medicaid regulations (e.g., licensure, GPS, recordkeeping), risking sanctions from the Office of the Medicaid Inspector General (OMIG) if MLTC

reimbursements are insufficient to cover compliant services (Medicaid Transportation Policy Manual, Pages 18-24, 46).

Request for Intervention

We respectfully request that DOH take the following actions to address these concerns:

1. **Mandate Individualized Assessments**: Require MLTC plans to ensure that transportation modes are determined based on individualized assessments. This should include documentation for participants with ADL limitations or dementia/Alzheimer's diagnoses (MLTC Policy 25.04, Page 2).

2. **Expand Reimbursement Codes**: Direct MLTC plans to adopt additional CPT codes (e.g., A0130 for ambulette services, as used in similar Medicaid contexts) or adjust reimbursement rates to reflect the higher costs of ambulette services with wheelchair accessibility, lift-equipped vehicles, or hands-on care, ensuring alignment with participant needs and provider costs (Medicaid Transportation Policy Manual, Page 29).

3. **Enhance MLTC Oversight**: Enforce MLTC plans' responsibility to oversee SADC transportation arrangements, ensuring that they align with NYIAP assessments and practitioner recommendations recorded in UAS-NY (MLTC Policy 24.01, Page 2; MLTC Policy 25.04, Page 5).

4. **Provide Additional Support**: Expand DOH support (e.g., through medtrans@health.ny.gov) to help SADCs contract with Medicaid-enrolled ambulette providers and navigate the financial and regulatory challenges of providing higher-level transportation (MLTC Policy 24.01, Page 2). SADC programs have no experience or support to oversee Medicaid transportation.

5. **Request for Policy Adjustment: Enhance Accessibility via Medical Answering Services (MAS)**: Permit individuals with higher needs (e.g., those requiring ambulette or wheelchair-accessible transportation) to access SADC programs through MAS, ensuring equitable and non-discriminatory access for all participants. This would guarantee accessibility in full compliance with federal regulations like 42 CFR § 440.170(a) and 42 USC § 12182, thereby preventing disparities that could undermine program equity and expose stakeholders to compliance risks. This adjustment would alleviate financial and logistical barriers for SADC providers while maintaining participant safety and program attendance.

6. **Clarify Funding Mechanisms**: Ensure that MLTC plans provide adequate funding for ambulette services with wheelchair accessibility or lifts within SADC reimbursements, particularly for participants meeting the Minimum Needs Requirements, to prevent access barriers (MLTC Policy 24.01, Page 1).

Conclusion

The current practice of MLTC plans limiting SADC transportation to a single CPT code (A0100 or T2003 (S5105)) fails to address the diverse needs of participants, particularly those with significant ADL limitations or dementia/Alzheimer's diagnoses under MLTC Policy 25.04's Minimum Needs Requirements, who are likely to require ambulette services with wheelchair accessibility, lift-equipped vehicles, or transportation aides. This practice will result in inadequate reimbursement, financial strain on SADC providers, reduced access for participants, **failure to provide reasonable accommodation**, and non-compliance with federal and state regulations. We urge DOH to intervene to ensure that MLTC plans conduct individualized assessments, provide appropriate reimbursement, and support SADCs in meeting the transportation needs of our participants.

We are committed to collaborating with DOH and MLTC plans to ensure safe and accessible transportation for SADC participants. Please direct any responses or requests for further discussion to nysadsa@leadingageny.org. We also welcome the opportunity to engage with Dave Spagnolo, MAS Director of MLTC Relations, at dspagnolo@medanswering.com or 716-946-3427, as outlined in the Non-Emergency Medical Transportation (NEMT) Transition Frequently Asked Questions (FAQs) (Page 3).

Sincerely,

Ann Marie Selfridge
President
NYSADSA

cc: Daniel Carmody, DOH
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