

1 AN ACT relating to Medicaid-covered nonemergency medical transportation.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
4 READ AS FOLLOWS:

5 *The cabinet shall oversee and administer nonemergency medical transportation*
6 *services for Medicaid beneficiaries and shall:*

7 *(1) Approve individual nonemergency medical transportation vendors throughout the*
8 *Commonwealth;*

9 *(2) Except as provided in subsection (10) of this section, ensure that any Medicaid-*
10 *enrolled provider, including any Medicaid-enrolled ambulance service provider*
11 *and any certified community health worker employed by a Medicaid-enrolled*
12 *ambulance service provider, is eligible for approval as a nonemergency medical*
13 *transportation broker for reimbursement purposes, including:*

14 *(a) Reimbursement for nonemergency medical transport via stretcher; and*

15 *(b) Billing at wheelchair transportation rates;*

16 *(3) Ensure that any public transit authority, locally operated public transit system,*
17 *and any other publicly operated provider of public transportation is eligible for*
18 *approval as a nonemergency medical transport broker for reimbursement*
19 *purposes;*

20 *(4) Establish a process by which any local school district, area development district,*
21 *and local health department may be approved as a nonemergency medical*
22 *transportation broker, be eligible to be a reimbursed broker, and provide*
23 *nonemergency medical transportation services reimbursable under the state's*
24 *Medicaid program;*

25 *(5) Establish a process for reimbursing ride-sharing services for providing*
26 *nonemergency medical transportation to Medicaid-covered services;*

27 *(6) Establish policies that permit a Medicaid beneficiary to request to add up to one*

1 (1) additional stop for additional Medicaid-covered services, including but not
2 limited to requesting a stop for pharmacy services, when utilizing nonemergency
3 medical transportation services;

4 (7) Permit, when possible, same-day scheduling for nonemergency medical
5 transportation services;

6 (8) Include information about nonemergency medical transportation benefits on
7 Medicaid membership cards provided to enrollees; and

8 (9) Take full advantage of all federally permitted nonemergency medical
9 transportation flexibilities that have the potential to:

10 (a) Improve access to nonemergency medical transportation services;

11 (b) Increase the efficiency of nonemergency medical transport services;

12 (c) Reduce the cost of nonemergency medical transportation services;

13 (d) Improve the quality of nonemergency medical transportation services; or

14 (e) Otherwise improve access to healthcare by Medicaid beneficiaries who are
15 in need of nonemergency medical transportation services.

16 (10) Subsection (2) of this section shall not apply to a Medicaid-enrolled entity
17 licensed under KRS Chapter 222.

18 ➔Section 2. If the Department for Medicaid Services or the Cabinet for Health
19 and Family Services determines that a state plan amendment, waiver, or any other form
20 of authorization or approval from any federal agency is necessary prior to implementation
21 of Section 1 of this Act for any reason, including the loss of federal funds, the department
22 or cabinet shall, within 90 days after the effective date of this Act, request any necessary
23 state plan amendment, waiver, authorization, or approval, and may only delay full
24 implementation of those provisions for which a state plan amendment, waiver,
25 authorization, or approval was deemed necessary until the state plan amendment, waiver,
26 authorization, or approval is granted or approved.

27 ➔Section 3. The Department for Medicaid Services or the Cabinet for Health and

1 Family Services shall, in accordance with KRS 205.525, provide a copy of any state plan
2 amendment, waiver application, or other request for authorization or approval submitted
3 pursuant to Section 2 of this Act to the Interim Joint Committee on Health Services and
4 the Interim Joint Committee on Appropriations and Revenue and shall provide an update
5 on the status of any application or request submitted pursuant to Section 2 of this Act at
6 the request of the Legislative Research Commission or any committee thereof.