

Medical Nonemergency Transportation

Update to 2011 Evaluation Report

Problems Identified

- **Confusing and Duplicative Administrative Structures.** Minnesota had two separate categories of medical nonemergency transportation: “access” and “special.” Although both categories shared the same goal, they differed regarding recipient eligibility, program administration, types of transportation, and data collection. Some transportation providers offered both types of services, and Medical Assistance (MA) recipients could move back and forth between the two categories, sometimes in the same day.
- **Weak Oversight.** The Minnesota Department of Human Services (DHS) collected very little data on the program statewide. It also administered key elements of “special” transportation (which offered the most costly and highest levels of service) in an ad hoc fashion, without using rulemaking procedures, developing formal policies, or notifying the public about changes in practice.
- **Eligibility Problems.** Through its broker, DHS frequently limited MA recipients’ eligibility for “special” services to very short periods of time—sometimes a single day—which was inconsistent with contract language. Also, some MA recipients in outstate Minnesota had problems obtaining appropriate types of medical transportation.

Changes Implemented

- **Advisory Council Formed and Report Submitted.** The 2011 Legislature required that DHS, with input from a temporary advisory council, develop a proposal for the 2012 Legislature to implement OLA’s recommendations, including creating a single administrative structure. Citing that much work remained, DHS did not submit any specific proposals, except for recommending that the advisory council be ongoing.
- **Advisory Council Extended.** The 2012 Legislature extended the advisory council through November 2014 and required DHS to propose any draft legislation needed for a single structure by January 15, 2013, with implementation of a single system on July 1, 2013.

Action Needed

- **Proposal for Single Administrative Structure.** DHS needs to develop specific proposals to address the issues set forth by the Legislature and OLA, including structural issues.
- **Clarify Eligibility.** Until “access” and “special” transportation are administered under a single structure, some outstate MA recipients will continue having problems finding medical transportation. To help address this time lag, the Legislature should clarify state law on eligibility for “special” transportation when appropriate “access” transportation is not available. Also, DHS should address issues regarding the frequency of eligibility assessments and length of time MA recipients are eligible for “special” transportation.