

## DBH FLEX FUNDS

### General – Medicaid

1. What expenses are not covered by Medicaid?
  - a. Transportation (excluding services listed under Medicaid's Non-emergency Medical Transportation (NEMT) and Value-added Benefits (VAB) documents)
  - b. Housing (including one-time deposit on apartments, rent per month, furnishings, storage fees)
  - c. Utilities
  - d. Food
  - e. Clothing
  - f. Birth certificates and other documents needed to secure housing etc.
  - g. Bedbug remediation
  - h. Cleaning products
  - i. Phones and phone plans
2. Can a consumer be retroactively enrolled in Medicaid?
  - a. Yes
3. How far back can a consumer be enrolled in Medicaid?
  - a. Three (3) months prior to the month of plan selection.

### Transportation – Medicaid

1. Who needs notified when a member requires NEMT?
  - a. The client's MCO needs to be contacted to arrange for NEMT home from the hospital. Please refer to Medicaid's NEMT document for MCO contact information.
2. Who can schedule a ride for a member?
  - a. Member, member's spouse, member's parents, member's guardian, foster parent or authorized care givers, clinical providers and/or healthcare providers.
3. What does the caller need to schedule a ride?
  - a. Member's full name, Member's date of birth, Medicaid ID number, Member's home address. Additional information required to transport a member includes, pickup address, drop off address, name, and telephone number of provider if not a discharge, trip purpose (i.e., medical appointment, physical therapy), date and time of appointment, pick up time after appointment, any special accommodations such as member uses a wheelchair/walker/cane, additional passenger.
4. How much notice is needed to arrange transportation home from medical appoints or the hospital for members?
  - a. The MCO should be contacted as soon as the provider or member has the information for the trip. Two to three days is preferred.
5. What is the wait time for NEMT?
  - a. Wait times vary based on provider availability and location to and from the client and provider.

6. What about discharges or urgent trips?
  - a. Discharges and urgent trip requests should be scheduled as soon as all the information has been obtained Urgent care is determined by the client's medical care provider. An appointment must be considered urgent if the medical service provider grants an appointment within 48 hours of the client's request. An inpatient or outpatient hospital discharge must be considered an urgent trip.
7. Who is available to provide immediate transportation home for Medicaid-eligible clients from a hospital ER if symptoms resolve and it is the middle of the night or otherwise outside of normal transportation hours (8 am – 8 pm for example)?
  - a. Members or providers can call the same numbers as they would during regular business hours.
8. What, if any, limit is there on length of trip for Medicaid-eligible clients?
  - a. 20 miles from the members residence.
9. Can longer trips be approved and how?
  - a. Yes, longer trips can be approved. The NEMT vendor will contact their MCO to obtain approval.
10. Will Medicaid pay for transportation if it is not for a medical reason (looking for housing, groceries/errands, work, school, etc.)?
  - a. Medicaid offers Value Added Benefits (VAB) through each of the 3 contracted MCOs. Each MCO offers different VABs. Please refer to Medicaid's NEMT VAB document for more information.
11. Does Medicaid authorize and provide secure transport for eligible clients?
  - a. Medicaid NEMT does not provide secured transportation.
12. When a Medicaid-eligible clients is committed to the LRC, will Medicaid cover transportation from a local hospital to the LRC?
  - a. Yes, this transportation occurs by ambulance.

## Medications – Medicaid

1. How does a provider receive payment for prescriptions filled for a consumer who is retroactively enrolled in Medicaid?
  - a. Medicaid can only reimburse a pharmacy if the charge for the prescription originally went to Medicaid to pay. Medicaid cannot reimburse the pharmacy for a prescription that was not billed to them. If a pharmacy bills a patient for a medication, then determines the patient has Medicaid, the pharmacy will need to reimburse the patient for what they paid for the medication. Then, the pharmacy would need to bill Medicaid for the medication and Medicaid will pay the pharmacy. This would be a payment to the pharmacy, not a reimbursement.
2. Are there medications Medicaid does not cover, including off-label uses? If so, how can coverage be requested?
  - a. Medicaid can use a compendium to determine when/how medications can be used
  - b. If Medicaid denies the medication, the prescriber needs to contact the MCO to appeal the decision
  - c. Prior authorizations are not required for off-label use
3. Does Medicaid provide refills for lost or stolen medications?
  - a. Yes, the patient needs to go to the pharmacy for assistance
4. What, if any, limits are there for refilling lost or stolen prescriptions?
  - a. There is not a set limit but repeated early refills will be flagged by the MCO
5. Does Medicaid provide early refills for clients who are traveling?
  - a. Yes

## General Flex Fund Questions (non-Medicaid)

1. Can flex funds be used for Medicaid clients for expenses not covered by Medicaid?
  - a. Yes, flex funds can be used to purchase items, resources, or services for Medicaid enrolled clients that are not covered by Medicaid.
2. What payor sources should Regions/Providers work with first to secure the following client needs before requesting DBH flex funds?
  - a. Food
    - i. SNAP, local food pantries
  - b. Clothing
    - i. Goodwill, local thrift stores
  - c. Utility bills
    - i. LIHEAP, utility providers, Community Action Agencies
  - d. Rent, security deposits, moving expenses, household items
    - i. Community Action Agencies, churches
  - e. Phones
    - i. Lifeline/Nebraska Telephone Assistance Program
  - f. Tobacco Cessation Products (non-prescription)
    - i. Nebraska Tobacco Quitline
3. Can Regions use flex funds to pay share-of-cost for clients?
  - a. No, this is prohibited in the Nebraska State Constitution. State funds cannot be used to make someone eligible for services.
4. Can Regions use flex funds to pay out-of-pocket costs for clients seeing private/non-network providers?
  - a. No. Consumers are allowed to choose an out-of-network provider and the provider can be paid in other ways if they enroll in the network.

## Transportation (non-Medicaid)

1. Can Regions/Providers use flex funds for transportation to behavioral health appointments for consumers (including gas, gas cards, bus tickets, vouchers etc.)?
  - a. Yes, if the service does not already cover transportation in the rate
2. Can Regions/Providers use flex funds to pay for transportation to access technology or internet to attend behavioral health telehealth appointments at a location outside of the home (ex: a library, other location with public Wi-Fi)?
  - a. This depends on the DBH service the client is enrolled in and whether the service covers transport.
3. Can Regions/Providers use flex funds for transportation to non-medical appointments (work, school, etc.)?
  - a. Yes, if submitted documentation clearly demonstrates why the cost was billed and how transportation will be sustained.
4. Can Regions/Providers use flex funds to transport a consumer discharging from the LRC to another clinical setting?
  - a. Yes, if not covered by the client's insurance provider. Documentation showing insurance denial may be required.
5. Can Regions/Providers use flex funds to transport a consumer discharging from the clinical setting to home or similar private residence?
  - a. Yes, and Medicaid rules apply for Medicaid-enrolled clients.

## Medications (non-Medicaid)

1. Will DBH pay for behavioral health medications for consumers who are not Medicaid-eligible?
  - a. Yes
2. Will DBH cover physical health medications for consumers who are not Medicaid-eligible?
  - a. No
3. Will DBH cover medications prescribed for off-label use?
  - a. Yes, if prescribed for a behavioral health use
4. Will DBH cover refills for lost or stolen medications?
  - a. Yes
5. Will DBH cover medications if a client is traveling and needs a refill sooner than allowed?
  - a. Yes