STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _______________ UTAH _______________

TRANSPORTATION/ADMINISTRATIVE

In order to ensure necessary transportation of recipients to and from providers of medical services, the following options are provided.

Administrative transportation services that can be paid to a recipient or a designated representative are limited to:

a. Cost of transportation for a recipient by approved means. When traveling in a private vehicle, the cost of transportation is limited to a per mile reimbursement rate established by the Department for actual miles traveled.

b. A per diem not to exceed a maximum established by the Department, in Rule R414-306, to be applied toward the cost of meals and lodging when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.

c. Cost of transportation and per diem not to exceed a maximum established by the Department, in Rule R414-306, to be applied toward the cost of meals and lodging for one parent to accompany a dependent child to receive covered services, when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.

d. Transportation costs and a per diem not to exceed a maximum established by the Department, in Rule R414-306, for an attendant to accompany a recipient to receive covered services, when there is a justifiable medical need for an attendant. A parent or an individual can meet the existing medical need demonstrated by the patient. Salary is included if the attendant is not a member of the patient’s family.

e. These services are covered only for the period of time the attendant has responsibility for hands-on care of the recipient. Stand-by time is not covered.

Out of state travel must be prior authorized by Medicaid. Such travel will only be authorized when medical need cannot be met within the state.

T.N. # ___________ 10-007 ___________ Approval Date __5-24-10____

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