Division of TennCare Long-Term Services and Supports Operational Protocol

## Protocol Title: Employment and Community First CHOICES and CHOICES Community Transportation and Stand-Alone Transportation Service Protocol

Effective Date: 10/15/25

### Community Transportation:

Background: Community Transportation services are non-medical transportation services offered to enable individuals, and their personal assistants as needed, to gain access to employment, community life, activities and resources that are identified in the person-centered support plan. This service is made available when public or other no-cost community-based transportation services are not available, and the person does not have access to transportation through any other means (including natural supports).

Whenever possible, family, neighbors, co-workers, carpools, or friends are utilized to provide transportation assistance without charge. When this service is authorized, the most cost-effective option should be considered first. This service is in addition to the non-emergency medical transportation (NEMT) service offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation and is coordinated through the Managed Care Organization (MCO) vendors.

### Two code/modifier combinations are available for Employment Community First (ECF) CHOICES and CHOICES transportation services.

- T2003 UC - To be authorized when reimbursing fare for use of public transit, taxi, paying someone for gas, etc. (monthly transportation budget). This code does not mean reimbursement is only made to a Consumer Directed (CD) worker; it means the member is consumer directing this budgeted amount.
- T2002 - Non-emergency transportation; per diem (for provider agency use only): This is separate and distinct from non-emergency transportation (NEMT) offered under the Medicaid State Plans with their respective vendors.
- T2002 U1 - Standard Ambulatory Unit Rate for Employment
- T2002 U2 - Standard Ambulatory Unit Rate for Community Activities
- T2002 U3 - Wheelchair Accessible Unit Rate for Employment
- T2002 U4 - Wheelchair Accessible Unit Rate for Community Activities

## Limits: MCOs will be responsible for implementing and monitoring compliance with the trip limits identified below:

- Maximum of two (2) one-way trips per day.
- Maximum of twelve (12) one-way trips per week for employment.
- Maximum of six (6) one-way trips per week for integrated community activities other than employment.
- Combined maximum of twelve (12) one-way trips per week.

## Billing: Billable only if:

1. Member not also receiving Community Living Supports (CLS) at reimbursement level 2 or higher;
2. No service provider, including Community Transportation (CT) provider, is providing a service immediately before or after trip. If service is being provided immediately before and/or after trip, the provider being reimbursed for the service would be expected to provide transportation, either as part of billable service time or using the Per Diem rate and billing code;
3. If member is receiving CLS 1a/1b in ECF CHOICES or CLS 1 in CHOICES, transportation assistance is being provided at a time when other CLS services/supports are NOT also needed (i.e., the member needs only transportation assistance at a time that does not precede or follow the delivery of CLS supports);
4. Trip is to transport member to:
    a. Employment where no paid support or assistance service will be provided during the individual's time working; or
    b. Integrated community activity that otherwise could be supported through Community Integration Support Services if the individual needed staff support to participate in the activity; or
    c. To visit a family member(s), friend(s) or significant other at his/her private residence, regardless of whether the person(s) being visited may have a disability and/or may be receiving support services during the time of the visit; AND
    d. No more than one (1) individual transported at the same time. If multiple individuals transported together, the CT provider shall receive the per diem rate.

## Guidance:

1. Members receiving CLS at the 1a/1b level for ECF CHOICES or at the 1 level for CHOICES of reimbursement (i.e., members not expected to receive daily CLS services/supports) are eligible to receive any type of Community Transportation services, including CT through Consumer Direction. The most cost-effective type of CT should always be utilized.

2. CHOICES members receiving Companion Care or Assisted Care Living Facility (ACLF) services are eligible to receive any type of Community Transportation services. The most cost-effective type of CT should always be utilized.
3. CHOICES Members receiving Adult Day Care (ADC) are eligible to receive any type of Community Transportation services; however, as specified in The Contractors Risk Agreement (CRA), Section A.2.11.1.8.1, in the event the MCO is unable to meet the access standard for adult day care the MCO shall provide and pay for the cost of transportation for the member to the adult day care facility until such time the MCO has sufficient provider capacity. The most cost-effective type of CT should always be utilized.
4. The MCO is required to determine that person's transportation needs cannot be more cost-effectively met using consumer-directed community transportation option (purchasing transportation from source other than contracted service provider – e.g. UBER, LYFT private taxi service), before authorizing stand-alone transportation by a provider agency.
5. If standalone transportation service is needed and consumer-directed community transportation would be a more cost-effective option, but for the monthly benefit limit of $225, the monthly limit of $225 for consumer directed community transportation can be exceeded as a cost-effective alternative to standalone transportation service by a contract service provider. This protocol serves as documentation of TennCare's approval for MCOs to offer this as a cost-effective alternative.
6. If a provider is determined to be the most cost-effective option, the provider may sub-contract with a transportation service (e.g. UBER, LYFT, private taxi service) but the provider is responsible for oversight of these arrangements, if used.
7. If a person is using this standalone transportation to get to and from competitive integrated employment, the MCO Support/Care Coordinator should ensure the person has information (and assistance as needed) to consider paying for their own transportation through use of the IRWE (Impairment Related Work Expense) work incentive available through Social Security Administration). The IRWE allows an eligible individual to retain Supplemental Security Income (SSI), that would otherwise be reduced because of earned income, to offset transportation costs for employment.
8. To address current member needs, the standalone CT transportation rates (and any of the CT options for individuals receiving CLS at the 1a/1b level for ECF CHOICES or at the 1 level for CHOICES of reimbursement) may be implemented in accordance with the guidance in this document. This means that Support/Care Coordinators can begin to address the need for standalone CT services in Person-Centered Support Plans (PCSPs), and MCOs can authorize services in accordance with this guidance.