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## DMA CHANGE NOTICE FOR MANUAL

### DATE: 12/01/08

#### I. BACKGROUND

Change No: 18-08

To: County Directors of Social Services

Effective: Immediately

Make the following change(s)

#### I. BACKGROUND

MA-3550, Medicaid Transportation, incorrectly identifies several mental health/substance abuse services as having transportation reimbursement added into the Medicaid provider's fee. Although these errors were corrected by DMA Administrative Letter No. 17-06, Medicaid Transportation Revisions, they were never corrected in the manual. This change notice obsoletes DMA Administrative Letter 17-06.

#### II. CONTENT OF CHANGE

MA-3550, Medicaid Transportation, III.A.17.b. has been revised to remove the following services from the MA/SA Enhanced Benefit Service table:

Ambulatory Detoxification Child and Adolescent Day Treatment Diagnostic Assessment Opiod Outpatient Treatment Partial Hospital Psycho-Social Rehabilitation (PSR) Substance Abuse Comprehensive Outpatient Treatment Substance Abuse Intensive Outpatient Program

#### III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt.

Family and Children's Medicaid Manual Page 2 Change No: 18-08

#### V. MAINTENANCE OF MANUAL

# Remove:MA-3550, Medicaid Transportation, pages 5 and 6.Insert:MA-3550, Medicaid Transportation, pages 5 and 6.

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any issues that are not able to be handled through that venue, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

#### Tara R. Larson, Acting Director

(This material was researched and written by William Appel, Policy Consultant, Medicaid Eligibility Unit)