

Medicaid Services Delivered Out of State

Overview

In response to a request from a state, NASUAD sent a survey to the state agencies asking if they allow reimbursement of Medicaid providers for short-term community-based services delivered outside of the state and, if so, details about this reimbursement. Twenty-four states responded to this inquiry.

Response Summary

Over half (14 states) of the 24 states that responded said they allow reimbursement of Medicaid providers for short-term community-based services delivered out of the state.

- 14 states that allow reimbursement: Alaska, Arkansas, California, Idaho, Kansas, Louisiana, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Tennessee, Vermont, Washington
- 10 states that do not allow reimbursement: Alabama, Arizona, Commonwealth of Northern Mariana Islands, Illinois, Indiana, Massachusetts, Missouri, New Mexico, Oklahoma, Virginia

Many states commented on provisions put in place to support and regulate out-of-state service delivery.

- Five states (ID, NV, NH, VT, WA) described a contract, agreement or enrollment process each provider must work through in order to be reimbursed for services.
- Several states described state rules or regulations guiding out-of-state Medicaid service delivery.
- A few states specified nearby areas or states in which services could be provided on a temporary basis.

States providing reimbursement of Medicaid providers for short-term community-based services delivered out of the state noted specific limitations to this reimbursement.

- Six states (AR, KS, MN, TN, VT, WA) provided reimbursement for the cost of service but would not reimburse for the travel expenses of an aide.
- Seven states (AK, ID, MN, NH, TN, VT, WA) provided out-of-state services on a time limited basis of one month or less.
- A few states also required pre-approval and planning prior to the individual's departure from their home state.