Medicaid
Non-Emergency Medical Transportation (NEMT)
Procedure Manual

Revised 7/1/17
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Introduction

Per Federal Rule 42 CFR 440.170(a), “Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatments for a recipient.”

Medicaid is an assistance program enacted to provide health care services to individuals who are low-income, aged, blind or disabled and families with children. Started in 1965, it is funded with federal and state monies and administered by each state.

Non-Emergency Medical Transportation (NEMT) is a covered service for members enrolled in Medicaid and Dr. Dynasaur programs. NEMT is a statewide service for providing transports for eligible people to and from necessary, non-emergency medical services. It is provided through a Personal Services Contract between the State of Vermont, Department of Vermont Health Access (DVHA) and the Vermont Public Transportation Association (VPTA), which is comprised of a regional network of public transit providers.

This manual is to be primarily used by contracted transportation providers to help determine member eligibility and to ensure the least costly, most appropriate NEMT for those eligible Medicaid members. This manual is to be used in conjunction with the Vermont Medicaid Provider Manual, which can be found at www.vtmedicaid.com/Downloads/manuals.html.

VPTA, as the contracted administrator of DVHA’s NEMT program, is responsible for ensuring compliance with the adherence to the guidelines set forth in this NEMT manual with regard to all subcontractors and any designees of those subcontractors.

Non-Emergency Medical Transportation (NEMT)

DVHA oversees and monitors NEMT, issuing policies and procedures to coincide with changing circumstances and federal and state directives. DVHA is also responsible for approving various trips and exceptions, including authorizing trips outside of a 60-mile radius from a member’s home and out-of-state trips.

As the contracted Vermont NEMT administrator, VPTA subcontracts with a network of public transportation providers to ensure statewide access to transportation services for eligible members. VPTA must ensure that these subcontractors screen for eligibility, schedule the least-costly mode of transportation to medical appointments/services, and submit claims to DXC Technology (DXC) for processing.

The VPTA is subject to service approval, along with claims processing and utilization review. They are also required to abide by the terms of their personal services contract with DVHA, the Provider Enrollment Agreement, and the latest approved version of this manual. The VPTA and their subcontractors must also abide by all aspects of the Federal Tax Code.

A member’s freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member’s personal choice of provider.
Definitions

**Contractor Employee or Volunteer:** An employee or volunteer who, through a contract or subcontract, provides transportation services or otherwise has direct contact with Medicaid members as part of his/her job responsibilities.

**Contractor:** Entity that has been contracted by DVHA to administer Vermont’s NEMT program.

**Cancellation:** The withdrawal of a trip request by a member that occurs within the prescribed acceptable period for such action. Twenty-four (24) hour notice of cancellation is generally encouraged.

**Centers for Medicare and Medicaid Services (CMS):** A division of the federal Department of Health and Human Services, CMS oversees the administration of all Medicaid programs.

**Department of Vermont Health Access (DVHA):** The department responsible for the administration of the Vermont Medicaid program.

**DXC:** DVHA’s fiscal agent, responsible for processing claims for NEMT provided under this contract.

**Eligibility:** In order to receive NEMT benefits, members must have active Medicaid coverage.

**Eligibility Verification System (EVS):** An automated system that enrolled providers can access to verify member eligibility prior to providing services. Eligibility can be verified either through the DXC Voice Response System or through the online Medicaid portal at [www.vtmedicaid.com](http://www.vtmedicaid.com).

**Emergency Medical Condition:** The sudden and unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine, to result in: placing the member’s physical or mental health in serious jeopardy; or serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

**Emergency Services:** Health care items and services furnished or required to evaluate and treat an emergency medical condition.

**Estimated Time of Arrival (ETA):** The projected time that the vehicle shall pick up the passenger. Due to traffic, weather, passenger needs, and the nature of coordinating numerous trips in the same vehicle, it is not always possible to have precise pickup/drop-off times. As such, a reasonable variance due to conditions is permitted. See “On Time Pick Up Window” for further definition.

**Fiscal Agent:** The contractor that processes and reimburses claims on behalf of the State of Vermont. Currently, that contractor is DXC Technology (DXC), P.O. Box 888, Williston VT 05495.

**Green Mountain Care Card:** The card provided to a member to use when accessing Medicaid-eligible services.
**Green Mountain Care Member Services:** The contracted entity that responds to member inquiries regarding eligibility and coverage for all health care programs. The Member Services number is 1(800) 250-8427.

**Health Insurance Portability and Accountability Act (HIPAA):** The federal law that governs the uniform electronic submission of claims and privacy of all insurers.

**Medically Necessary:** Health care services, including diagnostic testing, preventive services, and aftercare that are appropriate in terms of type, amount, frequency, level, setting and duration to the member’s diagnosis or condition. Medically necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or similar general specialty as typically treat or manage the diagnosis or condition and help restore or maintain the member’s health, or prevent deterioration or palliate the member’s condition, or prevent a likely onset of a health problem or detect an incipient problem.

Additionally, for those members eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), medical necessity includes a determination that a service is needed to achieve proper growth and development or prevent the onset or worsening of a health condition.

For transportation requests that ask for additional riders, “medically necessary” means that an additional person’s presence is required both during transport and while at the location of treatment. If the presence of this additional person is not required, then DVHA cannot pay for additional expenses if requested.

All determinations of medical necessity are subject to final review by DVHA’s Medical Director.

**Member:** A person eligible for NEMT under the Medicaid program managed by The Department of Vermont Health Access.

**Mode:** Modes of transportation include:
- Free fixed-route public transportation
- Fixed and deviated route voucher or fare
- Volunteer driver trip (may have multiple riders)
- Taxi (may have multiple riders)
- Demand response public transport vehicle
- Immediate family, other relatives, or friends with vehicles

**No-Show:** Member failure to show for a ride. A “No-Show” has occurred when the vehicle has arrived within the pickup window of the ETA, a valid cancellation of a trip request has not been made, and the rider has not boarded the vehicle within the specified wait time.

**Per Member Per Week (PMPW) Rate:** A pre-negotiated rate at which VPTA will be paid weekly for each unduplicated member who has received transportation services in the past 395 days from one of VPTA’s providers. These weekly payments are based on a formula which takes into account the number of unduplicated riders served in a set time period. Attachment B of the VPTA NEMT contract further defines this payment methodology.
**Pick Up Point:** The pickup point for all rides should be at the member’s home address as reported and displayed within Vermont Medicaid’s ACCESS and MMIS systems. Special requests for pick up or drop off deviations that are more distant than the home address will require prior approval by VPTA.

**Primary Care Plus (PC Plus):** The name for Vermont’s primary care case management program in which a member must select a primary care provider to assist in the management of medical care. This managed health care delivery system is administered by DVHA.

**Prior Authorization (PA):** A process used to assure the appropriate use of health care services and benefits. The goal of the PA process is to ensure that the proposed request meets all set criteria, and that all appropriate, less-expensive alternatives have been given consideration. All transports must be prior authorized to qualify for reimbursement. Prior authorization/approval for specific programs such as Reach Up, and specific travel such as out-of-state, in-state/out-of-area are referenced in this manual. The only exception to the PA requirement is if a member was granted retroactive Medicaid eligibility and had transportation expenses from the newly covered period that had not previously been paid but met all of the criteria for Medicaid transportation eligibility.

**Qualified Health Plan:** A certified health plan you can buy through Vermont Health Connect. These plans do not have a transportation benefit, however.

**Registry or Registries:** The Registries of substantiated instances of abuse, neglect or exploitation of a child or vulnerable adult, maintained by AHS as pursuant to federal law. See Background Check section below for more detailed information.

**Rider:** Passenger in a mode of transport.

**Service Animal:** Per ADA rule, a service animal is an animal that is individually trained to do work or perform tasks for people with disabilities.

**SFY:** State Fiscal Year is July 1st – June 30th.

**Taxi Company Employee:** An individual providing transportation services for a taxi company.

**Taxi Company:** An entity or company that provides taxi service and is identified as a taxi provider.

**Trip:** A trip is defined as any distance travelled with a clear origin and ending destination. For example, a member getting picked up at home and brought to a doctor’s office for an appointment counts as one trip. Getting picked up and returned home after the appointment counts as one trip. Please refer to the documentation section below for further billing/claims information.

**Unavailable Vehicle:** see No Other Transportation Available.

**Volunteer Driver:** A driver provided through one of VPTA’s providers who does not reside in the same physical household as the Medicaid member and who provides the vehicle for transport; or a driver provided through one of VPTA’s providers who resides in the same physical household as the
Medicaid member, is not related to the Medicaid member, and provides the vehicle for transport. All volunteers must go through a background check process, administered by the VPTA.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AABD</td>
<td>Aid to the Aged, Blind, and Disabled</td>
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<td>AAG</td>
<td>Assistant Attorney General</td>
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<td>ADAP</td>
<td>Alcohol and Drug Abuse Programs</td>
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<td>AHS</td>
<td>Agency of Human Services</td>
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<tr>
<td>ANFC</td>
<td>Aid to Needy Families with Children</td>
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<tr>
<td>CFC</td>
<td>Choices for Care (1115 Long Term Care Medicaid Waiver) Program</td>
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<td>CMHC</td>
<td>Community Mental Health Center</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<tr>
<td>DAIL</td>
<td>Department of Disabilities, Aging &amp; Independent Living</td>
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<tr>
<td>DCF</td>
<td>Department for Children and Families</td>
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<td>DDS</td>
<td>Disability Determination Services</td>
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<td>DHRS</td>
<td>Day Health Rehabilitation Services</td>
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<tr>
<td>DMF-SSA</td>
<td>Death Master File (DMF) from the Social Security Administration (SSA)</td>
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<tr>
<td>DOB</td>
<td>Date of Birth</td>
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<td>DOS</td>
<td>Date of Service</td>
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<tr>
<td>DMH</td>
<td>Department of Mental Health</td>
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<td>DMV</td>
<td>Department of Motor Vehicles</td>
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<td>DVHA</td>
<td>Department of Vermont Health Access</td>
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<td>DXC</td>
<td>DXC Technology</td>
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<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnosis and Treatment</td>
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<td>ESD</td>
<td>Economic Services Division</td>
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<td>GMC</td>
<td>Green Mountain Care</td>
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<td>HAEU</td>
<td>Health Access Eligibility Unit</td>
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<tr>
<td>HIPAA</td>
<td>Health Information Portability and Accountability Act of 1996</td>
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<td>LEIE</td>
<td>List of Excluded Individuals/Entities</td>
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<td>MMIS</td>
<td>Medicaid Management Information System</td>
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<tr>
<td>NCIC</td>
<td>National Criminal Information Center</td>
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<td>NEMT</td>
<td>Non-Emergency Medical Transportation</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
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<td>PC PLUS</td>
<td>Primary Care Plus</td>
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<tr>
<td>PMPM</td>
<td>Per Member Per Month</td>
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<tr>
<td>PMPW</td>
<td>Per Member Per Week</td>
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<td>RUFA</td>
<td>Reach Up Financial Assistance</td>
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<td>SAM</td>
<td>System for Award Management</td>
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<td>VCCI</td>
<td>Vermont Chronic Care Initiative</td>
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<tr>
<td>VCIC</td>
<td>Vermont Criminal Information Center</td>
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<td>VDH</td>
<td>Vermont Department of Health</td>
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<tr>
<td>VPTA</td>
<td>Vermont Public Transportation Association</td>
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<tr>
<td>WIC</td>
<td>Women, Infants and Children</td>
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Per Member, Per Week Reimbursement

DVHA will pay VPTA on a Per Member, Per Week (PMPW) basis to administer the program that delivers transportation services to eligible members. VPTA will be paid in accordance with Attachment B of their contract with the State.

For claims that exceed the payment threshold of $1,000, VPTA will be required to submit a payment exception request to DVHA. These claims should not be submitted directly to DXC, as they will either automatically deny or pay zero. Each request should include the CMS1500 form, the attached expense report, an approved copy of the physician referral form, and the associated receipts. DVHA will review the request and forward to DVHA management for payment approval. The request will then be sent to DXC for processing. DXC will contact the provider and attempt to resolve any incomplete documentation issues if needed.

Performance Standards

Failure to meet any of the performance standards listed below may result in financial penalties as described in Attachment B of VPTA’s current contract with the State. Whenever such a failure results in a significant negative impact on a member, VPTA must notify DVHA immediately.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure/Target</th>
<th>Reporting Requirements</th>
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<tbody>
<tr>
<td>Provide transportation (in accordance with this manual) whenever a trip request is received with at least two business days’ advance notice to the VPTA</td>
<td>95% of the time</td>
<td>VPTA will report all cases where standard isn’t met. This should be included in VPTA’s monthly report.</td>
</tr>
<tr>
<td>VPTA will provide professional and courteous customer service to all members.</td>
<td>95% of the time</td>
<td>VPTA will report all complaints and resolutions in the monthly report.</td>
</tr>
<tr>
<td>Calls will be answered by a live person within 3 minutes.</td>
<td>95% of the time</td>
<td>VPTA will report all cases where a member was on hold for more than 3 minutes. Include in monthly report.</td>
</tr>
<tr>
<td>Call abandonment rate shall be minimal. A call will be considered &quot;abandoned&quot; when a member hangs up before speaking with a live operator.</td>
<td>&lt;5% of all calls are abandoned</td>
<td>VPTA will report all cases where a member was on hold for more than 3 minutes. Include in monthly report.</td>
</tr>
<tr>
<td>Members will arrive on time for their appointments.</td>
<td>95% of the time</td>
<td>VPTA will report all exceptions as a part of their monthly report.</td>
</tr>
<tr>
<td>VPTA will pick up member within the timeline of the &quot;On Time Pick Up Window” as defined in the manual. This also applies to return trips.</td>
<td>95% of the time</td>
<td>VPTA will report all exceptions as a part of their monthly report.</td>
</tr>
<tr>
<td>All provisions of the transportation manual and contract shall be met.</td>
<td>95% of the time</td>
<td>VPTA will report all exceptions as a part of their monthly report.</td>
</tr>
</tbody>
</table>
Background Checks
In accordance with CFR455.436 (a Federal mandate regarding this issue), background checks must be performed on all VPTA employees, and all volunteer drivers, taxi company employees, and all other subcontractor staff – both administrative and direct service providers. They must clear all background checks prior to initial hire with the databases listed below, and these must also be rechecked annually unless otherwise noted:

- National Criminal Information Center (NCIC)
- Vermont Criminal Information Center (VCIC)
- Child Abuse Registry
- Adult Abuse Registry
- Department of Motor Vehicles (DMV)
- Office of Inspector General – List of Excluded Individuals/Entities (LEIE)
  - [https://oig.hhs.gov/exclusions/index.asp](https://oig.hhs.gov/exclusions/index.asp)
- Social Security Administration’s Death Master File (DMF)
- General Services Administration – System for Award Management (SAM)
  - [https://www.sam.gov/portal/SAM/#1](https://www.sam.gov/portal/SAM/#1)

Instructions on how to utilize the above sites may be found at [https://oig.hhs.gov/exclusions/tips.asp](https://oig.hhs.gov/exclusions/tips.asp).

To remain in compliance with ACA requirements, the following background checks must be performed monthly thereafter for the following databases. CMS may also prescribe new check requirements through new regulation and legislation.

- Office of Inspector General (LEIE)
- General Services Administration – System for Award Management (SAM)
- Social Security Administration’s Death Master File (DMF)
- The National Plan and Provider Enumeration System (NPPES)

Services may not be rendered by anyone who does not have a clear background check, including administrative staff. VPTA shall notify DVHA within 25 days of finding an exclusion. DVHA will not reimburse VPTA for transport services if such services were arranged or provided by someone who does not have clear background checks. Documentation of these checks must be kept on file for audit purposes.

**National Criminal Information Center (NCIC) & Vermont Criminal Information Center (VCIC)**

Individuals must not have a criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust, including, but not limited to:

- Abuse, neglect, or exploitation
- Aggravated sexual assault
- Arson
- Simple or Aggravated assault
- Stalking and Aggravated stalking
- Assault and robbery
Assault upon law enforcement  Cruelty to children
Domestic assault  Extortion
Embezzlement  Hate motivated crime
Kidnapping  Lewd and lascivious conduct
Manslaughter  Murder
Recklessly endangering another  Sexual assault

**Adult Abuse Registry & Child Abuse Registry**

Individuals must not have a substantiated finding of abuse, neglect, or exploitation of a child or vulnerable adult.

**Department of Motor Vehicles (DMV)**

If a DMV check reveals any violation, VPTA must request a variance from DVHA for approval if the services of this driver are still desired. Non-restricted convictions or motor vehicle violations such as a speeding ticket may be allowed depending upon the situation.

Other variances of this policy may be granted only under exceptional circumstances, and only with the DVHA’s specific authorization for the variance.

**Office of Inspector General (OIG)/LEIE**

This list includes the names of individuals who have been convicted of illegal activity regarding Medicaid fraud or abuse. The search function for this list can be found at both [http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/) and [http://sam.gov](http://sam.gov). If an OIG check reveals any violation, VPTA must request a variance from DVHA prior to approval, if such is requested.

In addition, the Death Master File (DMF) from the Social Security Administration needs to be checked upon initial hire. This site may be found at: [http://search.ancestry.com/search/db.aspx?dbid=3693](http://search.ancestry.com/search/db.aspx?dbid=3693)

VPTA must also maintain records of all completed background checks on any and all subcontractor staff who provide services to VT Medicaid members.
**Documentation Requirements**

All State of Vermont contracted entities are required to keep records for 7 years. All records must be available at any time for review by Federal or State authorized staff, including all audio and video recordings. These records must be available for review as requested by DVHA staff. This requirement also applies to all subcontracted drivers. These records may be kept in electronic form, as long as they are still readily obtainable upon request.

VPTA staff and subcontractors shall issue a Notice of Decision for any and all approved exemptions, providing the member with all information necessary, including the date of expiration of exemption.

**General Requirements**

All trip manifests must be retained, and they must include:

- Full date of trip
- Driver’s full name/signature
- Miles traveled (odometer readings)
- Client’s full name
- Pick-up and drop-off locations
- Pick-up and drop-off times (actual)
- The time the driver starts and stops billing

Copies of all notices and mailings sent to members (signed NEMT Rules Document, Notices of Decision, behavior contracts, no show letters and process warnings)

**Billing Requirements**

The following codes should be utilized by VPTA when filling out claims forms for submission:

- A0080 Non-emergency transportation, per mile – vehicle provided by volunteer (individual or organization), with no vested interest.
- A0090 Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest.
- A0100 Non-emergency transportation: taxi
- A0110 Non-emergency transportation and bus, intra or interstate carrier
- A0120 Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems.
- A0140 Non-emergency transportation and air travel (private or commercial), intra or interstate.
- A0170 Transportation: ancillary: parking fees, tolls, other.
**Taxis & Other Subcontractors**

VPTA must maintain a list of:
- Taxi companies subcontracted to provide NEMT services, including all documents related to the completion of the required background checks for all drivers providing direct service to VT Medicaid recipients.
- Any other subcontracted companies utilized.
- Names of subcontracted drivers who provide NEMT services, including documents attesting to completion of all required background checks.

In addition:
- All subcontracted or taxi invoices must include the name and signature of the driver.
- All subcontracted van manifests must meet the specifications listed in General Requirements.

**Waiver of Liability**

A signed Waiver of Liability must be on file before Hardship Mileage reimbursement can be paid.
NEMT Eligibility

**Member Eligibility**
Members must be currently enrolled in Vermont Medicaid to be eligible for NEMT.

- Medicaid
- MAGI (Modified Adjusted Gross Income) Medicaid
- Primary Care Plus (PC Plus) managed care Medicaid
- Dr. Dynasaur

Members in the following programs are not eligible for NEMT:

- Pharmacy programs
- Qualified Health Plans obtained through Vermont Health Connect

**Confirming Eligibility**
VPTA is responsible for verifying a member’s eligibility before each ride. DVHA will not reimburse for rides provided to members who are not eligible on the date of service. Eligibility is verified using any of the following resources:

- Transaction Services at [www.vtmedicaid.com/Interactive/login2.html](http://www.vtmedicaid.com/Interactive/login2.html)
- Provider Electronic Solutions (PES) software, free and available at [www.vtmedicaid.com/Downloads/software.html](http://www.vtmedicaid.com/Downloads/software.html)

**No Other Transportation Available**
Medicaid will provide rides to Medicaid-billable or Blueprint-sponsored appointments for eligible members when it has been determined that they have no other means of transportation available to them. Medicaid will not pay for transportation if the member could have been transported for free or if the transportation was otherwise unnecessary. It must be proven by the member that no other transportation options exist. All transportation that is present within a Medicaid-defined household is considered available transportation. All reasonable efforts to access other means of transportation must be exercised.

If a member or a member’s family member owns a vehicle but the vehicle is unavailable, the member may be eligible for a ride. A vehicle is considered unavailable if one of the following criteria exists:

- The vehicle is not registered per DMV records.
- There are no licensed drivers in the household per DMV records.
- The vehicle is not insured (policy cancellation documentation must be provided).
- There is no one in the household capable of driving the vehicle (medical exemption documentation must be provided).
The vehicle is being used for work purposes, or the appointment cannot be scheduled around the wage earner’s working hours (note from employer needed or Transportation Employment Exception Verification form submitted).

If the member/family member owns a vehicle that is unavailable per any of the above criteria, they must complete and sign a Medicaid Car Exception Request form declaring the vehicle unavailable. This form will be reviewed by DVHA for an appropriate approval or denial, and a denial form will be issued to the member. DMV questions should be directed to DVHA staff. The completed forms must be kept on file and maintained by the VPTA.

**Proof of Inoperable Vehicle**

Members must provide proof if a registered vehicle in the household is inoperable. A Medicaid Car Exception Request Form must be completed and signed by the member. A signed statement from a certified mechanic on company letterhead outlining the issue(s) with the vehicle and stating why it is inoperable must accompany the request.

If the issue can be easily addressed, the transportation may be denied, or a short time frame will be offered for the member to get the vehicle repaired. For vehicles with more serious issues, an extended time frame may be allowed.

DVHA’s Chronic Care staff can also submit documentation of an inoperable vehicle. VCCI staff must fill out the Medicaid Car Exception Request Form and submit it to DVHA for consideration. If accepted, documentation will be kept on file at VPTA for audit review.

**No License and/or Insurance**

If a member has a working, registered vehicle in the household but that member cannot drive due to 1) not having an active license or 2) no insurance on the vehicle, then the ride should be scheduled.

Proof of the license suspension can be obtained from DMV records, but the proof of a lack of insurance must be provided by the member. This proof should be in the form of a policy cancellation from the insurance carrier.

**No Public Transit or Free Transports Available**

Medicaid transportation may not be used whenever free transportation is available. Examples of such programs are:

- Free public transportation.
- Federally Qualified Health Centers that offer free transportation.
- Volunteer programs.
- Long-term Care providers supplying patient transportation (unless the patient receives Level III or IV residential care).
- Substance abuse treatment programs that supply transportation to their participants.
• Churches that provide transportation to members.
• Hospital social service departments with access to programs that provide free transportation.
• Any organization that provides transportation to the general public for free.

**Transportation To A Medical Appointment or Service**

Medicaid transports eligible members to and from necessary medical appointments/medical services, as long as:

• The medical appointment/service is with or provided by a health care provider enrolled in the Vermont Medicaid Program, and Medicaid will be billed for the visit.
• The medical service is recognized by the Vermont Medicaid Program as a covered medical service.
• The appointment/service can be verified by VPTA.
• The PCP’s office is within 30 miles of the member’s residence. If a member has been transporting themselves to a provider greater than 30 miles away, they should be provided with a 60-day notice once they first request NEMT services.
• If there are no specialists available within the 30-mile limit, VPTA will transport to the closest available specialist location.
• Individual pharmacy trips may not be covered if the designated pharmacy has either a mail or home delivery program. In this situation, VPTA will act upon the direction of DVHA. VPTA may need to receive confirmation from the pharmacy that the requested prescription cannot be either mailed or delivered.

**Enrolled Provider**

The medical service must be provided by a health care provider currently enrolled in the Vermont Medicaid program, and that service must be billable to Vermont Medicaid. The Medicaid Provider list is maintained and posted online at [http://www.vtmedicaid.com/index.html](http://www.vtmedicaid.com/index.html). Generally, if the examination or treatment is covered by and billable to Medicaid, and all other necessary conditions have been met, then Medicaid covers the transportation.

The following health care provider types are recognized by the Vermont Medicaid Program:

• Chiropractors
• Dentists
• Ophthalmologists
• Optometrists/Opticians
• Physicians
• Podiatrists
• Licensed Master’s and Doctorate-level Psychologists and Social Workers
• Certified Nurse Midwives
• Lay Midwives
• Physical Therapists
• Occupational Therapists
• Speech Language Pathologists
• Orthodontists
• Oral Surgeons
• Licensed Marriage and Family Therapists
• Naturopaths
• Enrolled Hospitals
• Freestanding Psychiatric Hospitals and State Mental Health Hospital
• Pharmacies
• Home Health Agencies
• Independent Labs and Radiologists
• Ambulances
• DME Suppliers
• Prosthetics and Orthotics
• Nursing Homes, including Vermont State Nursing Home
• Hospice Facilities
• Rural Health Clinics
• Outpatient Rehab Facilities
• Audiologists
• MH/NF Waiver Programs – i.e. NFI or Baird
• Dialysis Facilities
• Personal Care Aides/Assistants
• School Nurses
• Indian Health Service

Available Provider
Medicaid transports eligible members to the closest geographically available health care provider/medical service to where the member is located.

A member’s freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member’s personal choice of provider.

If a member has lost access to a closer provider due to inappropriate actions or behaviors, VPTA shall not be held responsible for transporting the member to a more distant location. These situations must be vetted through DVHA staff for the appropriate approval.
NEMT Program Administration

Least Costly Mode of Transport

VPTA should utilize the least costly, most medically appropriate and available mode of transportation based on current Medicaid rules. Each decision must be documented.

The following modes/manners of transportation are commonly used:

- Free fixed-route public transportation.
- Fixed and deviated route bus voucher.
- Volunteer driver trip (may have multiple, coordinated riders).
- Taxi (may have multiple, coordinated riders).
- Demand response public transport vehicle (may have multiple, coordinated riders).
- Personal Choice Driver (only available as an option upon prior approval from DVHA).

Ride Coordination

When scheduling rides, VPTA should coordinate all requests and ensure the least costly mode is being used for the most efficient utilization of services. As an example, if a member can be added to an existing or planned route if they adjust their appointment time, the provider does have the right to request that the member contact their doctor’s office to request to reschedule, whenever possible. If it can be documented that an appointment cannot be rescheduled, the member shall not be penalized. A ride should still be scheduled for that member to that appointment.

See “On Time Pickup Window” below for further information concerning coordination and timeliness of rides.

All exceptions to these guidelines must be prior-approved by DVHA staff before scheduled.

Medical Necessity

Medical necessity for transport other than the least costly, best available mode requires documentation from a physician. The physician must fill out and sign a DVHA NEMT Medical Exemption form, complete with the member’s diagnosis which supports the specific (more expensive) mode of transportation being requested. This form can be found at http://dvha.vermont.gov/for-providers. VPTA should also have these forms available on site for distribution upon request.

For an exception to be granted the member must not be utilizing other types of transportation. Example: a member diagnosed with Agoraphobia will not receive approval for a taxi transport to see their doctor if they take the bus on other occasions.

The submitted application and documentation may be reviewed by DVHA’s Medical Director before approval. If the member refuses to use the transportation authorized by
Medicaid, it is their responsibility to obtain and pay for the higher-cost transportation. Medicaid is not required to incur exceptional costs to transport the member. VPTA will then notify the member of DVHA’s decision.

**VPTA must provide a 30-day warning to members who have been granted medical exceptions that the exception is set to expire.**

**Public Transportation**

Members who live within three quarters of a mile of a bus route are required to utilize that mode of transportation, unless they can obtain documentation from their physician confirming they cannot walk that distance. Those who live within this walking distance must schedule their appointments to coincide with bus schedules.

**Advance Notice Guidelines**

If VPTA receives a transportation request with fewer than 48 hour notice, VPTA shall accommodate that request if the trip can be scheduled using either the same or a less-costly mode than would have been the case if more advanced warning had been provided. VPTA may also request (but cannot demand) that members try to reschedule their appointments if transportation with the least expensive mode may be available at another time. VPTA must also accept ride requests up until the close of the business day. Any reasonable accommodation should be made for ride requests made with less than 48 hour notice.

**Out-of-Area Transports**

Requests for transports more than 60 miles one way require a prior approval from DVHA. If the closest medical office or facility is further than 60 miles from the member’s home, then VPTA may transport to the closest facility available. Reasonable flexibility is allowed for VPTA discretion regarding the 60-mile limit.

The member’s primary care physician (PCP) or treating physician must complete a Physician Referral Form for out-of-area transports. This form must be submitted for review by DVHA’s Medical Director for prior approval of any exceptions to the distance limitation. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible. DVHA will review the submitted information and decide whether to grant or deny the request, including any associated overnight lodging.

**A member’s freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a member’s personal choice of provider.**

**Prescriptions & Durable Medical Equipment (DME)**

Transportation is limited to the nearest available pharmacy or durable medical equipment provider – as long as delivery or mailing is not an option for obtaining DME. If a more distant pharmacy or DME supplier is requested, the medical necessity for that choice must be outlined by the referring provider for DVHA determination.
VPTA reserves the right to request the member provide documentation that mailing or delivery of a prescription or DME is not an option. This documentation must be kept on file.

**Inappropriate Actions or Behavior**
If a member has lost access to a closer provider due to inappropriate actions or behaviors, VPTA shall not be held responsible for transporting the member to a more distant location. In all cases where a request is denied, a denial notice must be sent.

**Member Moves**
If a member moves and must travel beyond the 60-mile limit for medical care, VPTA may transport to the member’s current doctor up to 60 days from the date of the first request.

Members must be sent a notice advising them of this time period and that they are required to enroll with a doctor within the 60-mile limit (or closest to the new residence, if there are no available doctors closer) in order to receive transportation after the 60 days expire.

Any exceptions to this rule must be preapproved by DVHA’s Medical Director.

**Out-of-State Facility Transports**
A Physician Referral form must be submitted for review by DVHA for preapproval for all trips to out of state facilities for both elective outpatient office visits and inpatient hospital stays, except for participating border facilities. Requests should be submitted to DVHA at least two weeks prior to the medical appointment whenever possible. The Physician Referral form can be found at [http://dvha.vermont.gov/forms](http://dvha.vermont.gov/forms).

DVHA will review the submitted information and decide whether to grant or deny the request, including any associated overnight lodging and/or meal reimbursement. **If Medicaid is the primary insurance for a member, certain in- and out-patient services will need to have a prior authorization from DVHA’s Clinical Unit in place before any associated transportation requests will be approved.**

**Mileage, Meals, and Expenses Reimbursement**
VPTA will reimburse for mileage expenses incurred for travel to and from prior-approved out-of-state medical appointments. Reimbursement will also be paid for other trip-associated costs, including parking and/or tolls. Receipts must be submitted to VPTA within 30 days of return home for reimbursement to be paid.

Members and/or prior-approved parents or guardians may also receive reimbursement for meal expenses incurred during the stay at an out-of-state facility. All meal receipts must be submitted to VPTA upon return. Meals will be reimbursed at the following rates:
IN STATE (per meal):
  • Breakfast - $5.00 – must depart before 5:30 AM
  • Lunch - $6.00 – away 6 hours, and only after overnight stay
  • Dinner - $12.85 – for return after 6:30 PM only

OUT OF STATE (per meal):
  • Breakfast - $6.25 – must depart before 5:30 AM
  • Lunch - $7.25
  • Dinner - $18.50 – for return after 6:30 PM only

**Lodging**

If it appears that overnight lodging would be less expensive than mileage costs for multiple trips, VPTA will arrange the lodging upon approval from DVHA.

When members have been authorized to stay overnight, VPTA must arrange for the least expensive, most appropriate lodging available. If a member declines VPTA-arranged lodging, the member will be responsible for the entire cost.

- VPTA will arrange for and pay lodging expenses directly to the lodging facility.
- If this is not possible, arrangements should be made to have the bill sent directly to the VPTA.
- Except in prior-approved instances, DVHA will only reimburse VPTA for lodging expenses which are at or below the current maximum lodging rate as currently set by VPTA, under the review of DVHA.
- In cases where the member has been pre-approved to pay out-of-pocket for the lodging, VPTA will reimburse the member up to the current maximum rate upon the submission of approved trip receipts. No reimbursements shall be made for members who have paid for their own lodging without DVHA pre-approval.
- VPTA must have a credit card with a sufficient credit limit to accommodate paying for out-of-state and in-state/out-of-area travel (i.e., airline tickets, rental cars) and lodging.
- If VPTA learns of any unruly, dangerous, or illegal behavior occurring during an approved overnight lodging, such information should be relayed to DVHA immediately.
- VPTA will only pay for the member’s lodging if found to be medically necessary. If the member is a minor, or if there is physician-proven medical necessity, VPTA will pay for lodging and meals for one adult to accompany the member while the need exists. If a minor is admitted to a hospital, most facilities will allow one parent to stay with that minor. In these situations, no other lodging will be authorized unless it is proven that the adult cannot stay at the hospital.
- Lodging (and meals) for any additional non-authorized individuals will not be reimbursed.
On Time Pick Up Window
Members must be ready to board their ride within five minutes of the ride’s arrival. To maximize opportunities for ride coordination, VPTA will be allowed to request that members be picked up as early as one hour before their scheduled appointment time, but members shall not arrive at their scheduled appointment no greater than 45 minutes before the scheduled appointment time (see below). Contractors may also request that members wait up to 45 minutes past the scheduled completion time of their appointment for pick up. VPTA shall utilize the following guidelines regarding ride scheduling and coordination:

- The monthly average wait time for all pick-ups performed by subcontractors shall not exceed 15 minutes after the scheduled pick-up time.
- The subcontractor shall drop off the member within 15 minutes of the scheduled appointment time as standard practice; earlier drop offs may be acceptable on a case by case basis, with no drop offs to exceed 45 minutes before the scheduled appointment time.
- Under no circumstances shall a driver drop off a member at an appointment more than 15 minutes before the opening time of the office or facility.
- For “will call” return pick-ups after appointments, the subcontractor shall arrive within one hour after the time they are notified that the member is ready, or by the close of the business day for the medical facility – whichever is earlier.
- If a delay of 15 minutes or more occurs during the day, the subcontractor must contact waiting members to inform them of the delay and the new expected arrival time of their ride.

Verifying Medical Appointments
VPTA must contact the provider to verify that a medical appointment is scheduled. If the appointment cannot be verified, the ride will not be scheduled. At the very minimum, 5% of all appointments shall be verified by VPTA. The results shall be documented for DVHA review upon request.

Fraud, Waste, and Abuse
A member who schedules a ride without a corresponding medical appointment may be referred to DVHA’s Program Integrity Unit for further investigation.

Pick-up & Drop-off Points
Trips should originate at the member’s residence. Members will be returned to their residence or a drop off point at a shorter distance than their residence, but only at the member’s request. Special circumstances may require VPTA approval.

If a member is homeless, a specific address should be provided to VPTA for use as a pick up and after-appointment drop off location.
After-Hours Transportation

Unscheduled transportation outside of normal business hours is limited to transports from a hospital to facilitate discharge. VPTA must develop and maintain mechanisms to accommodate these situations.

The transport is covered by Medicaid if:
- VPTA verifies the member’s Medicaid eligibility, and
- VPTA confirms the member is being discharged from the health care facility, and that the member has no other option for transportation from the facility to the home address listed on file.

At no time will VPTA be expected to provide a volunteer or employee to transport a member in an emergency situation to a health care facility, taking the place of an ambulance. Additionally, NEMT services should not be used to transport members to the emergency department for routine medical care. If a true emergency exists, members should be directed to call 9-1-1.
NEMT Process

These steps must be followed for all NEMT requests for transport within 60 miles:

• Verify a member’s Medicaid eligibility.
• Verify that transportation is not otherwise available to the member/family.
• Verify the trip is to a medical service/appointment.
• Verify the service/appointment is provided by a health care practitioner who is enrolled as a Medicaid provider and that the appointment is being billed to Medicaid.
• Verify this provider is the closest to provide the service.
• Determine the most appropriate mode of transportation given the member’s medical needs.
• Schedule and provide the transport.

See “Out of Area Transports” section (page 21) regarding appointments that are not local.

Information Required for Transport

VPTA will record the following information for all trip requests:

• Date and time of the request.
• Member name, address, and Medicaid number.
• Eligibility status as a Medicaid member.
• Name of the health care provider.
• Address at which medical appointment/service is located.
• Date and time of the medical appointment/service.
• Whether or not the request is granted/denied. **If denied, ensure that an official denial form has been mailed to the member within 24 hours of the decision.**
• Whether or not the transport actually occurred.

Any unusual situations that may have occurred during the transport (driver was late, member was late, road detours or delays, accident occurred during transport, member was not at home/medical facility to be picked up at appointed time, etc.) should also be documented.

Scheduling requests may be made by others acting as representatives for members, as long as the member has submitted a signed approval to VPTA prior to the representative calling. Such approvals can be either mailed or faxed to either VPTA or DVHA.
Volunteer Drivers

In order to receive reimbursement, volunteer drivers must meet the following criteria:

- The transport is arranged by VPTA.
- The volunteer meets all current background check requirements.
- The volunteer provides their own vehicle.
- The volunteer driver cannot reside in the same physical household as the Medicaid member, or
- If they reside in the same physical household, they cannot be related to the Medicaid member.

Responsible relatives include:
  - Spouse/civil union partner
  - Unmarried parents with a child in common
  - Parents of minor children
  - Siblings
  - Any other blood relatives living in the household

- Volunteers will not be reimbursed for driving a vehicle owned by the member or a member of the member's family; however, these cases may be eligible for reimbursement under the Hardship Mileage Program.

- Foster parents may be volunteer drivers if the child is in the custody of the Department for Children and Families (DCF). Documentation of such must be available.

- Court-appointed (non-parent) legal guardians for children under 18 years old are considered volunteer drivers. Documentation of such must be available.

- Court-appointed legal guardians for adults 18 and older are considered volunteer drivers. Documentation of such must be available.

- Rides set up directly by a member through a volunteer will not be eligible for reimbursement.

- All communications with members must come from either VPTA or the subcontractors, not the drivers themselves.

Reimbursement

VPTA may set up any methodology to reimburse their subcontractors and volunteers as long as that process complies with all current tax and employment laws. To obtain reimbursement for hardship and volunteer mileage, drivers must complete and submit a Trip Manifest within 30 days of the first trip taken (ongoing trips) or within 30 days of the date of return (longer, extended duration stays and/or travel) to the VPTA.
Hardship Mileage

The Hardship Mileage Reimbursement Program is for Medicaid households who:

- Have a vehicle, and
- Have family members who are transported over 50 miles per week (Sunday to Saturday), or
- Travel over 215 miles per calendar month for medically necessary appointments or services.

All local travel must be prior authorized through VPTA in order to be authorized for reimbursement. All out-of-area or out-of-state travel must be prior authorized through DVHA in order to be authorized for reimbursement. Members will not be reimbursed for trips that do not meet all NEMT eligibility guidelines. This program is for households, so all miles accumulated for household members may be used to meet the mileage requirements.

The following individuals may be eligible to receive Hardship Mileage:

- Natural or adoptive parent of a child less than 18 years of age.
- An individual living in the Medicaid household providing transportation to a member using a vehicle owned/provided by the Medicaid household.
- Members using their own vehicle for trips totaling more than 50 miles per week or more than 215 miles per month (i.e.: dialysis, adult day, drug treatment, etc.).

Once prior authorized through VPTA, members may obtain reimbursement for hardship mileage by completing and submitting a trip manifest within 30 days of the first trip taken (ongoing trips) or within 30 days of the date of return (longer, extended duration stays and/or travel) to VPTA containing the following information:

- Starting point of the ride, and time and place of each medical appointment.
- Name of the medical provider.
- Actual miles traveled.

Before Hardship Mileage is paid VPTA must verify that the mileage submitted is correct using Google Maps and confirm that the member either had a valid Medicaid-billable appointment or picked up a prescription.
**Waiver of Liability**
When Medicaid, Reach-Up members or Ladies First program participants voluntarily choose to drive their own vehicle and request hardship mileage reimbursement, VPTA must obtain a signed Waiver of Liability from the member and driver.

The Waiver:
- Notifies the member and/or driver it is their responsibility to assure that the vehicle is properly registered and inspected.
- Verifies that the driver has a current driver’s license.
- Notifies the driver that the vehicle must be operated in compliance with all motor vehicle laws.
- Explains that the member and/or driver assumes full responsibility for all liability and all risk of injury or loss and waives/releases any claims which the member or the driver may have against VPTA or DVHA.

A Waiver of Liability must be on file with VPTA before any hardship mileage reimbursement can be paid.

**Allowing Other Passengers**
In order for individuals to accompany a Medicaid member on a ride, medical necessity for the need of that additional rider must be proven. Specific examples may include:
- An adult accompanying a minor child.
- A companion accompanying a disabled person.
- A parent visiting a sick minor child in a hospital.

VPTA will allow newborn infants younger than six months to accompany members during transports – but only if the member is actively breastfeeding. Infants over the age of six months and younger than the age of six years old will only be allowed on rides if the proper medical exemption paperwork has been submitted to and approved by DVHA staff prior to the ride.

Members requesting others to assist or accompany them on a transport must receive prior approval from DVHA. A letter from the referring physician proving medical necessity must be faxed with the completed and signed Physician Referral form for review by DVHA. VPTA will then notify the member of DVHA’s decision.

**Bus Voucher Program**
In Chittenden County, eligible Medicaid members who live on an existing bus route will be required to access that available public transportation. Members will be provided the opportunity to obtain a 10-ride bus voucher from Green Mountain Care Member Services (800-250-8427). Once the member has the voucher, they will not be issued a new one unless the following process is followed:
- Member has appointment with qualified provider.
- Member calls program administrator to register appointment.
- Program administrator logs [and randomly verifies] appointment.
- Repeat steps 1-3 until member reaches last two rides on voucher.
- Administrator sends new voucher to member.
**Member Communication**

**No-Show Procedures**

At the first recorded no-show by a member, VPTA will send out the “No-Show Warning Notice”. After the third no-show, VPTA must send a “No-Show Call Ahead Notice” to the member that advises that they will now be required to call the VPTA to set up rides and to confirm those rides before they take place.

A member with three no-shows will still be required to call in advance to set up their ride and they must call to confirm the ride either the afternoon before they are scheduled (if appointment is before 11 am), or the morning of the appointment (if it is scheduled for after 11 am). If the member does not call in, the driver will not be sent for the pick up, and the ride shall not take place.

Good cause for missing rides may be taken into consideration when addressing specific no-show incidents. Late or last-minute appointment cancellations by providers shall not be counted as no-shows for members.

If there are no no-shows in the next six months, the member may be allowed to revert to the normal process. A Ride Process Notice must be sent to the member. Any subsequent no-show, however, will result in the member again being forced to comply with the new call in guidelines.

If a Reach Up member is a “no show,” copies of all notification letters will be sent to the member’s Reach Up Case Manager at the local DCF office.

No-shows shall count for the entire immediate family (all members living in the same Medicaid household). For example, a no-show by a child shall count as one no-show for all members of that household, whereas a no-show by a non-related roommate shall not count against others in the home. All questions concerning the composition of the “Medicaid household” should be directed to DVHA.

**NOTE:** If VPTA does not send the appropriate notices, the member’s no-shows cannot be counted against them until the correct notices have been sent.

**Denial of Transportation**

When any request for transportation is denied, a Medicaid member must be sent a written notice explaining the reason for the denial and informing the member of the right to appeal. VPTA must use the most recent version of Notice of Decision for Medicaid Transportation (220MT).

VPTA will complete the notice and check the appropriate reason for denial. If the reason is not stated on the form, check “Other” and fill in the blank. All reasons must coincide with Medicaid policy. If in doubt, VPTA should contact DVHA for guidance. All denials must be mailed to the member’s home address within 24 hours of the action.
When a denial is issued for a member currently receiving a specific transportation benefit, that member shall be allowed to continue to receive that benefit for 10 days after the date of the decision. That needs to be clearly outlined in the denial. For example, if it is discovered that a member receiving rides has a vehicle, those rides need to be continued for 10 days before being shut off.

One copy of this notice shall be sent to the member, and the other shall be kept on file per rule with VPTA, available for review upon request during a site audit.

**Unruly, Dangerous or Illegal Behavior**

VPTA must ensure that transportation to and from necessary medical services is available for eligible members. VPTA may not deny transportation services because the member is unpleasant or disagreeable. In cases where member behavior is obnoxious or offensive but not dangerous or illegal, VPTA should inform the member in writing that the behavior is unacceptable and may jeopardize future transports. This should be done through the behavior contract process, outlined below.

VPTA, under direction from DVHA, also has the option to “lock-in” a member to one specific volunteer driver due to repeated instances of offensive or inappropriate behavior. If the member chooses not to ride with that driver, then transportation will not be provided.

A member should be reported to the police if their behavior is dangerous or threatening to VPTA or subcontractor employees or the public, or if VPTA believes the member is engaging in behavior that is against the law, such as using illegal drugs (for example, smoking marijuana while being transported). These actions should also be reported to DVHA.

After making a report, VPTA must notify the member in writing that the threats, physical abuse, or dangerous or illegal behavior has been reported to the appropriate authorities and that these actions may affect the member’s ability to obtain further rides. This notice can be in the form of a behavior contract, which outlines the need for compliance to ride and behavior guidelines. Any actions or behaviors which are in violation of set trip rules will result in a suspension of ride privileges. The member must sign this document to receive further rides. If no signature is received, further rides may be in jeopardy. The process of creating this document must be undertaken in conjunction with DVHA input.

In cases where a member has a history of poor behavior and as a result no driver is willing to provide a ride, the member must receive a denial notice advising them “No carrier or driver willing to transport.” Please alert DVHA about these cases as soon as possible.
Member Appeals
A member may appeal any denial of a request for transportation. The Notice of Decision for Medicaid Transportation (220MT form) includes information regarding the appeal process. All calls regarding appeals should be sent directly to Green Mountain Care at 1-800-250-8427. Members should not be directed to DVHA staff if they have questions concerning a denial; all questions and explanations shall be addressed through the appeal process. DVHA staff may contact the VPTA if more information is needed regarding the appeal.

Eligible and Ineligible Medical Services
Members are only eligible for transportation services to medical appointments or services that are covered by and billable to Medicaid. Situations may arise, however, where Medicaid will pay for transportation to a service that is not normally covered under current Medicaid guidelines. VPTA must contact DVHA to discuss these situations and to receive approval to transport.

Examples of NEMT Eligible Services
- Care Coordination visits – meetings with DVHA’s Care Coordinators (nurse or social worker) at their office location.
- Childbirth Education Classes – if not a Lamaze class, prior authorization is required from DVHA.
- Contraceptives – Medicaid will transport to pick up contraceptives if the pharmacy does not offer mail or delivery services.
- Fair Hearings – Medicaid covers member transport to and from fair hearings.
- Healthy Living Workshops – sponsored by the Blueprint For Health.
- Hearing Aids – Medicaid will cover transportation for members to have their hearing tested or to have hearing aids repaired.
- Meetings with VCCI staff (DVHA Care Coordinators)
- Sex Offenders’ Group Therapy – if a licensed psychiatrist or psychologist participating in Medicaid leads or directly supervises the group.
- Smoking cessation workshops and programs, including hypnosis.
- Well Child Clinics – only if no other means of transportation are available.
- WIC Clinics – restricted to trips where the member will receive a medical service or evaluation.

Examples of Non-Eligible NEMT Services
- Trips to fill out paperwork or pick up benefits at ESD offices.
- Transportation to any activity, program or service that is not funded by or billed to Vermont Medicaid or the Blueprint or is not directly provided by an enrolled health care provider.
- Services required by a child’s Individualized Educational Plan (IEP).
- Self-directed activities.
- A pharmacy for non-medical items.
- Experimental treatments where a control group is used or for clinical trials.
- Visiting sick friends or relatives.
- DCF District Offices to report changes or for reviews.
• Alcoholics Anonymous or other 12-step meetings.
• Vermont Association for the Blind meetings.
• Local Food Shelves.
• WIC program visits to obtain benefits (not medical services).
• Meetings with school counselors.
• Daycare facilities (children).
• Summer camps/schools.
• School tutoring/after school programs.
• Gyms/exercise facilities.
• Public or private pools for swimming.
• Homeless shelters.
• Civic organizations (American Legion, Lions, Elks, etc).
• Parenting classes (with the exception of child birth classes).
• Grocery/department stores (without pharmacies).
• Trip to a healthcare provider’s office solely to obtain medical records.
• Support Groups – battered women, cancer, Alcoholics Anonymous, etc.
• When the service would normally be covered by Medicaid but is free (such as flu shots).
• When members have exceeded the dollar-cap for a covered service but have agreed to pay for additional care out of their own pocket.

**Child Transports**

VPTA will not approve a request for transportation by a biological or adoptive parent who has an appropriate vehicle unless those transports qualify for hardship mileage reimbursement. VPTA may request that an adult accompany a minor for the transport to be provided if VPTA is uncomfortable having that minor receive transport alone.

Foster parents and court-appointed (non-parent) legal guardians for children under 18 years old are considered Volunteer Drivers and will be reimbursed as such. Additional background checks are not necessary, as those individuals already go through a rigorous process in order to become either fosters or guardians through DCF.

**Trips Not Covered by Medicaid**

The following trips are not covered by Medicaid. Foster parents must request reimbursement for these trips from their foster child’s caseworker:

• Transportation to and from a hospital for visits with an in-patient foster child.
• Transportation to and from a special training for a medical condition to help support the care of the foster child.
• Transportation to and from any facility to support the foster child’s family reunification plan.
Court-Ordered Services
Transportation may be authorized if a member is mandated by a court to attend a service such as counseling or other form of therapy, as long as the appointment is both a normally-covered Medicaid service and the provider is participating with Vermont Medicaid. Normal NEMT rules apply with regard to distance, available vehicles, and the possible need for a prior authorization.

Adult Day Services
Members receiving adult day services through the Department of Disabilities, Aging and Independent Living’s (DAIL) Choices for Care Program, Highest and High Needs groups are eligible for NEMT to/from the adult day center as long as all other Medicaid Transportation requirements are met.

VPTA must obtain a signed copy of the DAIL Choices for Care Waiver Service Plan. The plan will indicate the approved Adult Day Service provider and the number of hours for a two week period.

Day Health Rehabilitation Services (DHRS)
Members receiving Day Health Rehabilitation Services (DHRS) are eligible for Medicaid transportation as long as all other Medicaid Transportation requirements are met.

VPTA must obtain a copy of the Vermont Day Health Rehabilitation Services Prior Authorization Form from the requesting provider. The prior authorization will indicate the approved number of hours per week and the period of eligibility during which the Medicaid member may attend.

Note: There may be occasions when an Adult Day or Day Health Rehabilitation provider refers a person whose is pending health care eligibility. If the provider requests transports for this person prior to Medicaid being granted, VPTA should request a written guarantee of payment from either the provider or the member in the event Medicaid is denied. Upon receipt of the payment confirmation VPTA may begin providing transport but must hold all billing until Medicaid eligibility has been determined.

Residential Care and Nursing Facilities
Medicaid covers trips to and from medically necessary services for Residential Care Home residents, but only after the resident has already received two round trips in any given month. Residential Care Facilities must submit documentation that they have met their transportation obligations.

Skilled nursing facilities are required to transport or pay for transporting residents with Medicaid for all medical services except for admission, discharge, and/or dialysis treatments.
**Substance Abuse Trips**

Transportation to regular alcohol or drug counseling is a covered service for eligible members if the provider is an authorized Medicaid provider. This automatically includes all ADAP providers.

**Suboxone Providers and Methadone Treatment Centers**

Members will be transported to the provider or facility closest to the member’s residence that has accepted the member as a recipient for treatment services.

In order for a member to receive transportation to a provider or facility that is not the closest to their residence, the member must provide documentation from the closest provider or facility confirming that no treatment slots are available and that the member has been placed on a waiting list. The specific need for the transportation to more distant facilities must also be prior approved through coordination with ADAP. No trips to more distant facilities will be allowed without the prior consent from ADAP.

VPTA should be aware of the need for “call backs” with regard to specific member programs at participating providers. These “call backs” are to be set up with the VPTA providers with as much prior warning as possible, but no ride confirmations should be robo-called to the member in question the day prior, as this would act to provide the member with too much warning. ADAP will work with VPTA to ensure the success of this process.

In addition, it should be stressed that signed behavior contracts should be in place for all members receiving NEMT services to either “hub” or “spoke” providers participating in this program. On-board cameras and recording devices should also be utilized in these situations as well.
Ladies First Transports

VPTA will arrange NEMT for participants in the Ladies First breast and cervical cancer and cardiovascular risk factor screening program.

A notice will be sent to eligible applicants by Ladies First. The notice will contain the name and address of the participating provider’s office and mammography facility. The notice will also contain contact information for the member’s transportation subcontractor, along with the specific transportation rules and guidelines.

Ladies First will also send the member a membership card with a serial number. A list of the card serial numbers issued in the subcontractor’s service area will be mailed to VPTA so they may verify a member’s participation in the Ladies First program.

**Transportation Benefits**

Participants in the program are eligible to receive one to two round trips to a participating provider’s office, and a trip to a mammography facility. Trips for follow-up appointments will be covered, along with Trips for the YMCA Diabetes Prevention Program and weight management Lifestyle Programs including Weight Watchers® and Curves Complete®.

Payment is made for the least expensive mode of transportation that suits the needs of the participant. The participant’s freedom of access to health care does not require Ladies First to cover transportation at unusual or exceptional cost in order to meet the participant’s personal choice of provider.

Ladies First participants who believe their requests for transportation have been improperly denied may request to meet with Ladies First program staff to resolve the issue.

**Process**

When a Ladies First member contacts VPTA for a ride, VPTA staff will:

- Verify eligibility via Ladies First membership card (with serial number).
- Identify appropriate mode of transportation.
- Arrange for transport.
- Provide transport.
- Submit a bill for services with a zero balance in a timely manner with accompanying CPT codes as (outlined in the current Ladies First fee schedule) found at the website: [www.LadiesFirstProviders.vermont.gov/how-you-make-it-happen#Billing](http://www.LadiesFirstProviders.vermont.gov/how-you-make-it-happen#Billing)
- All Ladies First claims will be suspended for review and manually overridden or paid.
- Agree to accept payment of allowable costs as payment in full and not bill the patient.
- Submit a CMS 1500 (02/12) claim form. Send claims to DXC, PO Box 888, Williston, VT 05495-0888.
**Billing Codes**
For Ladies First transportation services, ONLY the following codes should be utilized (CPT Codes (Field 24 d. on CMS 1500 version 02/12 claim form)):
- A0110 Non-emergency Transportation and bus, intra- or interstate carrier
- A0080 Non-emergency Transportation, per mile – vehicle provided by volunteer
- A0100 Non-emergency Transportation – Taxi
- A0170 Transportation ancillary - parking fees, tolls, other

**Manual Claims**
Manual claims can be typed or legibly printed. All field locations that are required and the Ladies First fee schedule can be found on the Ladies First website [www.LadiesFirstVt.org](http://www.LadiesFirstVt.org). VPTA can resubmit bills with corrections by placing a sticker or correction tape over boxes (for paper submissions).

**Contact Information**
The contact person for questions regarding the Ladies First Program is:

Kerri Frenya, M.S.
Chronic Disease Program Specialist, Ladies First Program
Vermont Department of Health
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

Email kerri.frenya@vermont.gov;
(802) 863-7332
Disability Determination Trips
The Office of Disability Determination Services (DDS) makes clinical determinations for members who have applied for Social Security and SSI Disability or who need to be determined disabled in order to qualify for Medicaid. DDS also reviews the clinical eligibility of members who are on these programs. Members may need rides to medical examinations that have been scheduled by DDS in order to determine their eligibility.

VPTA Process

- DDS will fax or email a “Transportation Authorization” form to VPTA. The request will include:
  - The requesting division.
  - Member information (name, case number, telephone number, etc.).
  - Ride details (date, time, location of pick-up, drop-off, return, etc.).
  - Cost limitations (requires DDS approval prior to arrangement).
  - Other member needs (car seat, accessibility/mobility issues, accompanying children or adult, etc.).
  - DDS contact information.

- Identify the least expensive mode of transportation available and then fax the following information to DDS for approval before scheduling the ride:
  - The mode of transportation.
  - Verification of ride details (dates and times of pick-ups and drop-offs).

- The cost to be billed to DDS.
  - Provide requested transportation only upon written approval of cost by DDS.
  - Notify DDS if the transportation cannot be arranged.
  - Confirm that the ride, as approved, has been scheduled and provide additional information that the member will need to identify the ride.

- VPTA may rely upon DDS to inform the member and remind them a few days before the appointment.
  - Immediately report client no-shows to DDS.

- If no-shows occur, the incurred carrier costs will be reimbursed by DDS.
  - Include the member’s name, case number, date of ride, and pick-up and drop-off locations on the invoices.
  - Submit monthly bills for DDS trips to:

  Disability Determination Services
  Attn: Financial Specialist
  93 Pilgrim Park Road, Suite 6
  Waterbury, VT 05676

DDS Contact Info
Questions regarding specific rides may be directed to the DDS Scheduling Unit. Their contact information will be on the “Transportation Authorization” form. Billing inquiries may be directed to either a DDS Provider Relations Specialist or a Financial Specialist. Both can be reached at 802-241-2464.
Individuals with Disabilities
Special efforts will be made to assure that transportation is provided to individuals with disabilities, including wheelchair and semi-ambulatory transports. All rules, regulations, and guidance as outlined in the Americans with Disabilities Act must be followed at all times.

Specific questions concerning issues with transportation for members with disabilities should be first directed to DVHA staff.

Reach Up Program
Reach Up is a training and work program primarily for parents receiving grants and support services through the Economic Services Division (ESD). Rides may be provided for transportation to work or a work activity, education, training, assessments, case management meetings, or other countable activities.

Reach Up Process
- The Reach Up case manager will establish eligibility for transportation by completing a “Transportation Authorization” form.
  - Each trip requires a “Transportation Authorization” form.
  - Services requested may include ESD approved activities for the member and children.
  - Once eligible, the member is responsible for contacting VPTA.
- VPTA will provide an estimate of the cost of the ride to the Reach Up case manager who will then either approve or deny the ride.
- If VPTA is contacted by a Reach Up member but does not have a “Transportation Authorization” form, refer them to their Reach Up case manager.
- Once VPTA receives final approval from the Reach Up case manager and has been contacted by the member, transportation may be arranged.
- Members should contact VPTA 24 hours prior to the arranged trip to cancel a ride.

VPTA Process
- Arrange transportation for Reach Up members upon receipt of the “Transportation Authorization” and final authorization from the Reach Up case manager.
- Notify the case manager if the requested ride cannot be arranged.
- Report no-shows to the case manager within 24 hours of the missed ride.
  - If no-shows occur, carrier costs will be reimbursed.
- Submit bills monthly. Each bill must include the following:
  - District and case manager’s name
  - Number of riders (including children)
  - Mode of transport
  - Start and end dates
  - Destination of rides
  - Cost per trip (with a cumulative total from the first ride)
  - Number of no-shows
  - Purpose of each ride
• Provide a summary bill identifying the provider, provider number, claim date and the signature of the preparer of the bill and report.
• Invoices and copies of denials for transportation must be submitted within 60 calendar days of the end of the month of service to:

  ESD, Attention of Erin Oalican
  180 State Drive, HC1 South
  Waterbury, VT 05671-1201

- Send copies of submitted invoices for Reach Up trips to the appropriate Reach Up Supervisor in each district as identified below:
  o Beth Diederich, RU Supervisor, 27 Federal Street, Suite 400, St. Albans, VT 05478
  o Peggy Heath / Jessica Holmes, RU Supervisors 119 Pearl Street, Burlington, VT 05401-4405
  o Doug Kleintop, RU Supervisor 118 Prospect Street, White River Jct, VT 05001-2097
  o Eric Bach, RU Supervisor 67 Eastern Ave., Suite 7 St. Johnsbury, VT 05819
  o Aula Dewitt, RU Supervisor 232 Main Street, PO Box 70 Brattleboro, VT 05302
  o Sue Viens, RU Supervisor McFarland State Office Bldg 5 Perry Street., Suite 150 Barre, VT 05641
  o Renee Fortin, RU Supervisor 100 Main Street., Suite 240, Newport, VT 05855
  o Lori Sheridan, RU Supervisor 320 Asa Bloomer Bldg, Rutland, VT 05701
  o Jeanne Neal, RU Supervisor 100 Mineral Street., Suite 201 Springfield, VT 05156
  o Kara Pallman, RU Supervisor 200 Veterans Memorial Drive, Suite 6 Bennington, VT 05201-1918
  o Rebecca Wheelock, RU Supervisor 63 Professional Drive, Suite 4 Morrisville, VT 05661
  o Denise Keating, RU Supervisor 156 S. Village Green, Suite 201 Middlebury, VT 05753

**Contact Information**

Questions about specific rides should go to the Reach Up case manager listed on the “Transportation Authorization” form.

General program questions should be directed to Erin Oalican at 802-241-0632.
VPTA/Subcontractor Relations
VPTA is responsible for establishing subcontractor relationships which may assist in adhering to the NEMT program outlined in this contract. Subcontractors must meet all of the requirements set forth in the contract while performing directed NEMT duties. If issues surface between VPTA and a subcontractor that cannot be worked out according to the contract, DVHA staff may serve as initial arbiters to resolve any potential disputes.

Confidentiality & Disclosure of Information
VPTA is required to maintain the confidentiality of all information pertaining to each specific Medicaid member per the Business Associate agreement found in the current DVHA NEMT contracts.

Report Suspected Fraud, Waste & Abuse
If the VPTA, volunteer driver, or subcontractor becomes suspicious of fraud, waste or abuse in relation to transporting Medicaid or Reach-Up members, they should submit a Health Care Fraud, Abuse & Team Care Referral Form to the Program Integrity Unit at DVHA. The form can be found at http://dvha.vermont.gov/for-providers/forms-1.

Also report suspected fraud, waste, or abuse by subcontractors or any drivers to the Program Integrity Unit using the Health Care Fraud, Abuse & Team Care Referral Form.

Suspected abuse, neglect, or exploitation of minors must be reported to the 24-hour Child Protection Line run by the Department for Children and Families at 1-800-649-5285. The contact for the vulnerable adult population is Adult Protective Services at 1-800-564-1612. The VPTA is mandated by state law to report all instances of suspected abuse, neglect, or exploitation.

Incident Reporting
VPTA must notify DVHA within 24 hours of any incident involving the transport of a member where the police or an ambulance was called (i.e: illicit drug use or car accident, etc.).

News Releases & Publicity
Information pertaining to contract services shall not be released without prior DVHA approval, and then only in accordance with the explicit written instructions from DVHA. This includes, but is not limited to: notices, informational pamphlets, press releases, research, reports, signs, and similar public announcements.

- No program information shall be released without prior written approval of DVHA and then only to designated entities.
Disputes

Prior to the institution of litigation concerning any dispute arising under the contract, the Secretary of AHS is authorized, subject to any limitations or conditions imposed by regulations, to settle, compromise, pay, or otherwise adjust the dispute by or against or in controversy with, the VPTA relating to a contract with DVHA.

This includes any controversy based on an error, misrepresentation, or other cause for contract modification or rescission. This excludes any issue involving penalties or forfeitures prescribed by statute or regulation where an official other than the Secretary of AHS is specifically authorized to settle or determine such controversy. Issues involving claims must be handled according to the Provider Enrollment Agreement.

A "contract dispute" shall mean a circumstance whereby VPTA and DVHA are unable to arrive at a mutual interpretation of the requirements, limitations, or compensation for the performance of a contract. The Secretary of the AHS shall be authorized to resolve contract disputes between the VPTA and DVHA upon the submission of a request in writing from either party, which shall provide:

- A description of the problem, including all appropriate citations and references from the contract in question.
- A clear statement by the party requesting the decision of the Secretary’s interpretation of the contract.
- A proposed course of action to resolve the dispute. The Secretary shall determine whether:
  - The interpretation provided is appropriate.
  - The proposed solution is feasible.
  - Another solution may be negotiable.

If a dispute or controversy is not resolved by mutual agreement, the Secretary of AHS or his/her designee shall promptly issue a decision in writing after receipt of a request for dispute resolution. A copy of the decision shall be mailed or otherwise furnished to the VPTA. If the Secretary does not issue a written decision within 30 calendar days after written request for a final decision, or within a longer period as established by the parties to the contract in writing, then the VPTA may proceed as if an adverse decision had been received.

Appeals of the Secretary's decision may be taken to the Washington County Superior Court under the same conditions and under the same practice as appeals are taken from judgments in civil cases. If damages awarded on any contract claim under this section exceed the original amount of the contract, such excess shall be limited to an amount which is equal to the amount of the original contract. No person, firm, or corporation shall be permitted more than one money recovery upon a claim for the enforcement of or for breach of contract with the State.
Appendices A

Forms & Member Notices
Notice & Form Protocols

All forms are available on DVHA’s web site www.dvha.vermont.gov/for-providers. Please submit forms electronically to DVHA at 802-879-5919. Print as needed – VPTA letterhead is recommended.

Prior Authorization Requests
A number of situations require prior approval before the transport can be done. Requests for prior approval should be submitted at least 10 days in advance of the appointment. Prior authorization requests are needed for:

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Form needed</th>
<th>Additional Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-area/out-of-state transports</td>
<td>Physician Referral Form</td>
<td>A letter from doctor providing further information may be necessary.</td>
</tr>
<tr>
<td>Additional passengers</td>
<td>Physician Referral Form</td>
<td>A letter from doctor confirming medical necessity.</td>
</tr>
<tr>
<td>Medical Exemption</td>
<td>NEMT Medical Exemption Application Form</td>
<td>Notes/diagnosis on physician letterhead, if necessary.</td>
</tr>
<tr>
<td>Inoperable/Unavailable vehicle</td>
<td>Medicaid Car Exception Request Form</td>
<td>• A letter from a certified mechanic on company letterhead, or&lt;br&gt;• Proof of insurance expiration, or&lt;br&gt;• Note from doctor, or&lt;br&gt;• Note from employer.</td>
</tr>
<tr>
<td>Reach Up or Disability Determination Transports</td>
<td>Transportation Authorization Form</td>
<td>Final confirmation from the Reach Up Case Manager or DDS worker.</td>
</tr>
</tbody>
</table>

Submitting Transportation Prior Authorization Requests
- Fax completed form and supporting documentation (if appropriate) to DVHA at 879-5919.
- Each request will be reviewed and granted or denied the same day whenever possible.
- DVHA will fax the decision to the VPTA.

Member Notices
Members are required to receive a notice whenever DVHA/VPTA will restrict, deny, or end their transportation benefits. When completing a member notice:
- Mail original to member.
- Print a copy for your own records.
Transportation Authorization Form

Name ___________________________________  DOB____  Claim Number ____________

Address ___________________________________________  Phone ________________

Purpose __________________________________________

☐ FDP  ☐ Disability Determination  ☐ Fair hearing

Trip information:

Start date ____________________________________________________________________

End date _____________________________________________________________________

Travel from _________________________________________ Pick up time ______

Travel to ___________________________________________ Arrival time ______

Return to ___________________________________________ Pick up time ______

How often ____________________________________________________________________

Miles Per Trip ____________________________________________

Special needs, please describe: ☐ Children _________________________________

☐ Guardian ___________________________________________

☐ Disability _________________________________

☐ Other _________________________________

Transportation Provider    Phone:    Fax:

Mode of Transportation ___________________________  Cost per Trip___________________

DCF Staff Contact _______________________________  Date _____________________

Office or location _______________________________  Phone: ____________________

Fax: __________________________

Cost: Approved ☐  Denied ☐  By _______________________________  Date ____________

rev 7/14
Physician Referral Form

The Department of Vermont Health Access (DVHA) helps people on Medicaid or Dr. Dynasaur with transportation to get to their medical appointments or pick up prescriptions. If the requested trip is over 60 miles from a member’s home, please complete and sign this form in order for us to determine if this trip should be covered by Medicaid. Please mail or fax the form to:

Medicaid Transportation
DVHA
312 Hurricane Lane, Suite 201
Williston, VT 05495

Fax: (802) 879-5919

Client Name: ____________________________________________

Medicaid Unique ID: ____________________ DOB: _____________

Appointment Date and Time: __________________________________

Name of Primary Physician: __________________________________

Name of Physician to whom Client is Being Referred: ______________

If Applicable, Facility Name: __________________________________

Address: __________________________________________________

Phone: __________________________

Is overnight lodging necessary outside of a hospital? Yes [ ] No [ ]

If yes, please specify the dates requested for lodging: ________________________________

Medically, how many people should accompany the patient (other than the driver)? __________
Please explain on next page.

Local Transportation Provider:
Address:
Phone:

DVHA Decision: Approved [ ] Denied [ ]

Authorized by: ____________________________________________ Date: ____________
Please check “yes” or “no” to all of the following questions:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ☐   | ☐  | Is this service obtainable in Vermont (if applicable)?
| ☐   | ☐  | Is this the closest provider available to where the member resides?
| ☐   | ☐  | Please explain below if a member cannot be seen by the closest provider.
| ☐   | ☐  | Does the requested physician possess special expertise?
| ☐   | ☐  | Is it medically necessary for this physician to treat this patient?
| ☐   | ☐  | Does the patient have a history with this specific provider?
| ☐   | ☐  | If so, how long? __________________________
| ☐   | ☐  | Can another physician take over this case if a history does exist? (If no, please explain below why a closer provider could not step in).
| ☐   | ☐  | If this is an out-of-state/out-of-network request, is a Clinical prior authorization in place with Medicaid? This transportation request cannot be considered until the clinical PA has been approved. Please provide name of primary insurance if such is not VT Medicaid, as no clinical PA will be required in these instances.

Please describe the specific service or medical care that this member needs a ride to:

________________________________________________________

________________________________________________________

Please explain in detail if there is a medical reason for someone to accompany the member on this trip.

____________________________________________________________________________________

____________________________________________________________________________________

If necessary, please add any further information: _____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Print name of Doctor or Doctor’s Staff providing information

Phone

Fax

Signature of Doctor or Doctor’s Staff providing information

Date
PUBLIC TRANSPORTATION MEDICAL EXEMPTION APPLICATION FORM

***Instructions: Provider completes all sections and faxes form to DVHA at 879-5919***

APPLICATION SECTION:

Member’s UID#: ____________ Date of Birth: ____/____/____ Sex: [ ] Male [ ] Female

Last Name: ____________________ First Name_______________________ M.I.:______________

Street Address: ______________________ Apt. #: _______ City:_______________ State: _________

Zip Code: _____________ Home Phone: (____) ________________

Is this a [ ] House [ ] Apartment [ ] Nursing Home?

Does this individual use a wheelchair? ______

If the individual uses a wheelchair, can he/she transfer with minimal assistance into a sedan? ______

Type of wheelchair: [ ] Manual [ ] Motorized [ ] Scooter (Three wheeled) Not Applicable [ ]

APPLICANT’S RELEASE:

I understand that the purpose of this form is to determine which mode(s) of transportation are appropriate for my medical/physical abilities in accordance with the Americans with Disabilities Act (ADA) of 1990. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility.

I certify that, to the best of my knowledge, the information in this form is true and correct. I understand that providing false or misleading information could result in a Medicaid fraud investigation. I hereby authorize my medical provider to release any and all information required by DVHA for the purpose of determining the appropriate mode(s) of transportation for my Medicaid transportation benefit.

Applicant’s Signature: ___________________________________________ Date: _________________

If applicant is unable to sign this form, he/she may have someone sign and certify on applicant’s behalf.

Signing for applicant: ____________________________________________ Date: _________________

Print Name: __________________________________ Relationship to applicant: _______________
**MEDICAL VERIFICATION** (to be completed by a Vermont licensed physician/medical provider)

The Americans with Disabilities Act of 1990 (ADA) requires all public entities operating fixed-route transportation service for the general public to also provide complementary paratransit service to persons unable to use the fixed-route system. Fixed-route busses in Vermont are designed to accommodate a wide range of physical abilities. These busses have wheelchair lifts and wheelchair attachment points. The lifts can also be used by people who cannot climb steps in order to enter the bus. These busses allow service dogs when they are specifically trained to assist an individual with a specific disability.

The applicant who has asked you to review and sign this form is applying to DVHA to be considered eligible for alternate transportation services. This application form will assist DVHA to determine when and under what circumstances the applicant can use fixed route service and when they require specialized paratransit service.

**DVHA ELIGIBILITY CRITERIA:**

Applicants shall be individually evaluated, and eligibility shall be determined based on a functional ability to use conventional fixed route public transportation. Functional inability to use public transportation includes the Americans with Disabilities Act (ADA) Categories 1, 2 and 3 as described in this application.

**AMERICANS WITH DISABILITIES ACT (ADA) CATEGORIES:**

Check the categories of eligibility that you recommend should apply.

1. [ ] The individual is unable, as a result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual, (except the operator of a wheelchair lift or other boarding device), to board, ride, or disembark from an accessible bus.

2. [ ] The individual needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from accessible transit vehicles.

3. [ ] The individual has a specific impairment-related condition which prevents the individual from traveling to or from existing fixed route bus stops.

4. [ ] Check here if none of these categories apply.
MEDICAL PROVIDER’S LETTERHEAD OR PRESCRIPTION FORM REQUIREMENT:

In order to process this applicant’s request to become a qualified paratransit rider, we require certification from a qualified medical provider who is enrolled in Vermont Medicaid and is treating this individual for the condition(s) described in the medical certification. The certification should be written on a letterhead or prescription form with the name and address of both the medical provider and the applicant. To expedite applicant processing, please attach objective medical findings which substantiate the disability. Incomplete documentation may lead to an administrative denial of this application.

Specifically, the medical certification must address:

1. Describe in detail this individual’s disability/disabilities
2. Describe the duration of the disability (is the disability permanent or temporary
3. Is the disability controlled by medication?
4. What are the physical functional requirements this person needs when traveling? For example, does the individual require an assistive device/wheelchair? Can this individual walk short distances to and from bus stops? Can this person climb steps into a bus?
5. Describe any psychological or cognitive conditions that would make it impossible for this person to use a bus.
6. Considering the fact that busses are ADA compliant and designed to accommodate a wide range of disabilities, why is this individual’s condition incompatible with the use of a bus?
7. Please state how many appointments the member has missed due to this disability.
8. What is the expected outcome of this treatment and over what period of time?
9. How does the patient get to non-medical appointments/trips?

Attestation by provider:

I certify that the information I have submitted with this form is true and complete to the best of my knowledge. I further certify that I am treating this individual for the conditions described in this form.

Signature of Provider:

_________________________________________________ Phone #: __________________________

Fax #: ___________________________ Date: ___________________________

rev 7/17
**Hardship Mileage Program**

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- Have a car, and
- Drive to appointments over 50 miles per week (Sunday to Saturday), or
- Drive over 215 miles per calendar month.

The following people may be paid Hardship Mileage:

- A natural or adoptive parent of a child less than 18 years of age.
- Someone living in your house using your car.

Hardship mileage pays $.18 per mile. All trips must be arranged with your Transportation Provider ahead of time. Your Provider will need to get approval from the Department of Vermont Health Access (DVHA) for any trip over 60 miles or any trip out-of-state. You will not be paid for trips that do not meet all transportation guidelines.

To be paid Hardship Mileage, you must fill out and send in a Trip Manifest to your Provider.

How it works:

- It is up to you to plan your doctor appointments, etc. so the least number of trips are needed.
- If the trip is out-of-area or out-of-state, your doctor must complete a Physician Referral Form at least 10 days before the appointment.
- Keep track of the trips you took to see your doctor or to pick up prescriptions on your Trip Manifest.
- Get proof that you saw your doctor or picked up a script.
  - Proof may be a script receipt, the doctor’s signature on your Trip Manifest, or a signed note on your doctor’s letterhead.
- Send in the Trip Manifest and proof of your trips to your Provider at the end of each month.
  - Make sure sign your Trip Manifest.
- If the trips meet Hardship Mileage rules the Provider will send you a check.

- Before Hardship Mileage is paid your Provider will make sure the mileage is correct using Google Maps.
- Trips to the Emergency Room are not covered by Hardship Mileage.
- DVHA may deny payment of Hardship Mileage based on your family’s income.
Medicaid Transportation Exception Request Form

Name: _____________________________________  Medicaid ID: ______________

Address: ___________________________________  DOB: _____________________

Reason for the request (please check all that apply):

☐ Car is not insured (letter confirming insurance termination necessary), or
☐ Car does not run (note from certified mechanic on letterhead necessary), or
☐ No licensed drivers in the home, or
☐ No one in the home is able to drive due to medical reasons (please attach detailed medical explanation of member’s condition relating to this issue from a medical professional), or
☐ A family member is using the car for work purposes, and the member can’t take time off for the doctor appointment (completed employer form attached).

Car #1: Make_______________ Model__________________ Year ________ Running? _________

Car #2: Make _______________ Model__________________ Year ________ Running? _________

Signed: ____________________________________________________ Date: ______________

Fax completed form to:
DVHA Transportation Unit, 879-5919

DVHA Decision:  Approved ☐    Expires On: _____________________    Denied ☐

Authorized by: _________________________________________________ Date: ___________

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Transportation Employment Exception Verification Form

Employee Name: ________________________________ DOB: ________________

If known, name of family member needing ride: ________________________________

This is to certify that this employee’s work schedule is such that they are unable to leave the premises to travel home to provide transportation to a family member for an appointment.

WORK SCHEDULE:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

☐ Family member’s work schedule is variable and unpredictable, therefore unable to reasonably predict whether this family member will be able to transport this member to appointments.

Approximate number of miles from employee’s home to worksite: __________________________

Sincerely,

________________________________________

Company Name: _______________________

Title: ____________________________

Work Phone: _______________________

Date: ____________________________
Waiver of Liability: Personal Choice Driver (Driver)

Transportation Providers help people on Medicaid and Dr. Dynasaur get rides to doctor appointments and to pick up prescriptions. At times the Department of Vermont Health Access (DVHA) may allow clients to choose their own driver and vehicle. If this happens, the VPTA will pay the driver chosen by the Member.

I understand that ________________________________ has chosen me to drive him/her to one or more doctor appointments or to pick up prescriptions.

If I choose to drive the Client named above, I agree to the following:

I am not an employee or agent of the VPTA. The VPTA has not chosen me as a driver for this person, nor do they have any control over how I operate the vehicle used to transport the Client. I understand that the only responsibility of the VPTA is to pay me, as the driver, at a rate set by DVHA. I assume full responsibility for all injury or damage which may arise out of my driving the Member and I waive any claims against and agree to hold harmless the VPTA and its employees and directors from any and all claims arising from injury, damage, expense, or loss which may occur in my driving the Member to and from medically necessary appointments or to pick up prescriptions. I also understand that it is my sole responsibility to follow all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators.

- I understand that I may consult an attorney regarding this waiver.

- By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.

- I am 18 or older and can sign legal documents, including this Waiver of Liability.

______________________________  _______________________
Signature of Driver                              Date

______________________________  _______________________
Signature of Witness                             Date

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**Waiver of Liability: Personal Choice Driver (Member)**

Transportation Providers help people on Medicaid and Dr. Dynasaur get rides to doctor appointments and to pick up prescriptions. Typically, the VPTA will set up the rides and provide the drivers. However, I have been allowed by the Department of Vermont Health Access (DVHA) to pick my own driver.

If I have been allowed to have my own driver I understand and agree to the following:

I understand that the only responsibility of the VPTA is to pay the driver at rates set by DVHA. I waive any and all claims against the VPTA and its employees and directors arising from injury, damage, expense, or loss which may arise out of my being driven to my doctor appointments or to pick up scripts. I also understand that it is my sole responsibility to make sure my driver follows all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators and applies to all Medicaid rides where I have chosen my own driver.

- I understand that I may consult an attorney regarding this waiver.
- By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- I understand this waiver will not apply in the future if I have the VPTA provide rides for me.

_________________________________________________  ____________________
Signature of Member or parent/legal guardian if minor  Date

_________________________________________________
Signature of Witness  ____________________

Date
**Waiver of Liability: Hardship Mileage**

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- ☐ Have a car, and
- ☐ Drive to appointments over 50 miles per week (Sunday to Saturday), or
- ☐ Drive over 215 miles per calendar month.

I, ______________________________ own and drive a vehicle. I can drive myself or ______________________________ to and from doctor appointments or to pick up prescriptions.

**If I have been allowed to have my own driver I understand and agree to the following:**

I understand that the only responsibility of the VPTA is to pay me at rates set by DVHA. I waive any and all claims against the VPTA and its employees and directors arising from injury, damage, expense, or loss which may arise from driving myself or a family member to doctor appointments or to pick up scripts. I also understand that it is my sole responsibility to follow all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators and applies to all Medicaid rides where I have chosen my own driver.

- ☐ I understand that I may consult an attorney regarding this waiver.
- ☐ By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- ☐ I understand this waiver will not apply in the future if I have the VPTA provide rides for me.

_________________________________________  ________________
Signature of Member or parent/legal guardian if minor  Date

_________________________________________  ________________
Signature of Witness  Date

*rev 7/17*
Ride “No-Show” Warning Notice

Dear ,

The VPTA helps people on Medicaid and Dr. Dynasaur get rides to doctor appointments, to pick up prescriptions, or go to work or training activities for the Reach Up program. We scheduled a ride for you but you were not there to be picked up by our driver on for an appointment at .

It is important to let us know ahead of time if you need to cancel your ride for some reason.

If you have a good reason for missing the ride it will not count as a no-show. Late or last-minute cancellations by us do not count as no-shows for you.

If you do not show for three rides, without having a good reason, you must:

• Call to arrange the ride, AND
• Call again the morning of the appointment if it is scheduled for after 11 am, OR
• Call the afternoon before you are scheduled if the appointment is before 11 am.

If you do not call in before the ride, the driver will not be sent to pick you up.

In the future, please call us ahead of time to let us know if you do not need a ride. If you have any further questions, please call us at .

Sincerely,
Ride “No-Show” Call Ahead Notice

Dear ,

We scheduled a ride for you but you were not there to be picked up by our driver on for an appointment at . It is important to let us know ahead of time if you need to cancel your ride for some reason.

This is the third time you were a “no-show” for your ride. As of you must:

- Call to arrange the ride, AND
- Call again the morning of the appointment if it is scheduled for after 11 am, OR
- Call the afternoon before you are scheduled if appointment is before 11 am.

⇒ If you do not call in before the ride the driver will not be sent to pick you up.

If you have any questions, please call us at .

Sincerely,
Ride Process Notice

Dear

In the past you had to call ahead to confirm your rides as you had three ride “no-shows.” As of you no longer need to call us to do that. You only have to call to arrange for a ride.

Please be aware that if you have any more no-shows, you will be required to call in and confirm your rides ahead of time again.

It is important to let us know ahead of time if you need to cancel your ride for some reason.

If you have any questions, please call us at .

Sincerely,
The Rules and Guidelines of Medicaid Transportation

- Rides are only available for those members who are currently active on Medicaid and have no other way to get to their appointments (family, friends, public transportation).
- Rides are for Medicaid-billable medical/behavioral health appointments, VCCI case manager appointments, Blueprint-sponsored self-management courses, and pharmacy trips only.
- The transportation broker needs as much notice as possible when scheduling rides; 72 hours in advance is best.
- Please make sure you call the transportation broker as early as possible if there are any changes to your appointment or if you need to cancel.
- If a provider is located more than 60 miles away from your home, the referring provider will need to submit a transportation Physician Referral Form to Medicaid for prior approval. The request should be sent in with as much advance notice as possible so that the transportation broker can schedule your ride.
- No additional riders are allowed unless approved by Medicaid.
- You may need to be flexible with your time, as other riders who may be going to the same area may be riding with you.
- Before you call the broker to request a ride, please have the following information available:
  - Your doctor’s name and address
  - The time of your appointment
  - How long you think the appointment will last
- You must show up for all scheduled rides.
- You must behave in a courteous, non-confrontational and respectable manner to all drivers, provider staff, and other riders during your transport.
- You may report any complaints to Green Mt. Care Member Services @800-250-8427.

By signing this document, per Medicaid guidelines, you agree to follow these rules, knowing that you may be denied further rides for any future violations. Failure to sign or return this document will result in the denial of future rides.

Member Name: __________________________________________________________

Member Signature: _______________________________________________________

Date: ___________________________________________________________________