

Medicaid  
Non-Emergency Medical Transportation  
(NEMT)  
Procedure Manual



Department of Vermont Health Access



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## **1. General Information**

### **1.1. Introduction**

Non-Emergency Medical Transportation (NEMT) is a covered service for beneficiaries enrolled in traditional and Primary Care Plus (PC Plus) Medicaid and the Dr. Dynasaur programs. NEMT is a statewide service for providing transports for eligible people to and from necessary medical services. It is provided through Personal Services Contracts between the State of Vermont, Agency of Human Services (AHS), Department of Vermont Health Access (DVHA) and local public transit brokers (Brokers).

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 the state.

This manual is primarily for use by transportation brokers to help determine eligibility and the least costly, most appropriate NEMT for eligible Medicaid beneficiaries. This manual is to be used in conjunction with the Vermont Medicaid Provider Manual and the CMS 1500 Supplement, which can be found at [www.vtmedicaid.com/Downloads/manuals.html](http://www.vtmedicaid.com/Downloads/manuals.html).

### **1.2. Transportation Program Information**

The AHS is charged with the administration of all human service programs. The AHS delegates operational responsibility for individual programs to various departments, offices, boards and councils. Responsibility for the administration of the Medicaid program has been assigned to DVHA.

The DVHA is responsible for assisting eligible beneficiaries in accessing clinically appropriate health services. The DVHA defines covered services, authorizes providers for participation in Medicaid, contracts with a fiscal agent for claims processing, authorizes non-routine medical care, processes non-routine claims, and reviews medical service utilization by Medicaid providers and beneficiaries. The DVHA web site is [www.dvha.vermont.gov](http://www.dvha.vermont.gov).

The DVHA oversees and monitors NEMT, issuing policies and procedures to coincide with changing circumstances and directives. Additionally, the DVHA is responsible for approval of various trips and exceptions, including authorizing trips outside of a 30 mile radius, out of state trips and out-of-area and out-of-state

transports for specialized medical services.

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

### **1.3. Transportation Program Administration**

The DVHA contracts with a system of transportation brokers to provide statewide access to transportation services for eligible beneficiaries. The brokers screen for eligibility, schedule transports to medical appointments/services and submit claims to the DVHA's fiscal agent, HP Enterprise Services (HP) for processing and payment.

Brokers secure appropriate transportation using volunteer drivers, taxis, vans, buses, etc. Brokers are subject to service approval, claims processing and utilization review, and they are also required to abide by the terms of their personal services contracts with the DVHA and the provider enrollment agreement.

### **1.4. Definitions**

**Beneficiary:** Medicaid enrollee (or beneficiary) eligible for NEMT.

**Broker Employee or Volunteer:** an employee or volunteer who, through a Broker, provides transportation services or otherwise has direct contact with eligible Medicaid beneficiaries as part of his/her job responsibilities.

**Carrier:** mode of transport engaged to provide NEMT; for example, volunteer drivers, taxis, vans, buses, etc.

**Contractor:** local public transit broker who has contracted with the DVHA to provide services.

**Cancellation:** the termination, withdrawal or revocation of a trip request by a beneficiary that occurs within the prescribed acceptable period for such action. Twenty-four (24) hours notice of cancellation is generally accepted. Acceptable cancellation varies from 4:00 PM on the day prior to an early morning departure (before 8:00 am) to a minimum of two (2) hours prior to passenger pickup time in an emergency situation.

**Contractor's Fiscal Year:** July 1<sup>st</sup> - June 30<sup>th</sup>.

**Counting Trips:** a trip is counted each time a beneficiary enters a vehicle. This is based upon the federal definition of one-way, unlinked passenger trips. For example, a round trip from a beneficiary's

home to a medical appointment and return home counts as two trips. There is no limit on the number of trips submitted electronically, as long as trips are listed by procedure code and date of service.

**Emergency Medical Condition:** the sudden and, at the time, 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):** ETA is 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.

**GSA rate:** the General Services Administration (GSA) privately-owned vehicle mileage reimbursement rate.

**Fiscal Agent:** HP Enterprise Services (HP), whose address is P.O. Box 888, Williston VT 05495.

**HP:** HP Enterprise Services is the DVHA's fiscal agent, responsible for processing claims for NEMT provided under contract.

**Hospital:** a medical institution that provides acute care.

**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 beneficiary'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 beneficiary's health, or prevent deterioration or palliate the beneficiary's condition, or prevent a likely onset of a health problem or detect an incipient problem.

Additionally, for those beneficiaries eligible for Early and Periodic Screening, Diagnoses and Treatment (EPSDT), medically necessary

includes a determination that a service is needed to achieve proper growth and development or prevent the onset or worsening of a health condition.

**Mode:** modes of transportation include:

- Free fixed-route public transportation
- Fixed and deviated route bus tokens or fares
- Monthly bus pass
- 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
- Personal Choice Driver (only available as an option through an exception as granted by DVHA).

**Multiple Riders (billing for):** when more than one beneficiary uses the same carrier during the same time or overlapping timeframe, separate charges should be billed. Pro-rated costs (total standard fare) divided by the number of all riders apply in all cases.

**No-Show:** beneficiary failure to show for a service (trip) provided in good faith. A “No-Show” has occurred when the vehicle has arrived within the pick up 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.

**Personal Choice Driver:** An individual who meets the definition of a volunteer driver except they are not provided through a broker, but rather the individual has been recruited to provide transportation for the beneficiary by the beneficiary or the beneficiary’s guardian. In no case may a parent, natural or adopted, be reimbursed as a personal choice driver for a child less than 18 years of age. If the child is in the custody of the Department for Children and Families, that child’s foster parents will be reimbursed as volunteers. Those parents will not have to go through the background check process, however, as they must pass DCF requirements to become foster parents. **Mileage reimbursement for this program will begin at the beneficiary’s starting location, not at the driver’s. Individuals seeking reimbursement for this program are only eligible with explicit written prior approval from the DVHA.**

**Primary Care Plus (PC Plus):** The name for Vermont’s primary care case management program in which a beneficiary must select a primary

care provider to assist in the management of medical care. This managed health care delivery system is administered by the DVHA.

**Pick Up Point:** Generally speaking, the pick up point for all rides should be at the beneficiary's home address. Special requests may require approval by the DVHA.

**Prior Authorization (PA):** 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 beneficiary was granted retroactive Medicaid eligibility and had transportation expenses from the newly covered period that had not been paid but met all of the criteria for Medicaid transportation eligibility.

**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 law.

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

**SFY:** State Fiscal Year is July 1<sup>st</sup> – June 30<sup>th</sup>.

**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:** see "counting trips".

**Volunteer Driver:** a driver provided through the Broker who does not reside in the same physical household as the Medicaid beneficiary and who provides the vehicle for transport; or a driver provided through the Broker who resides in the same physical household as the Medicaid beneficiary, is not related to the Medicaid beneficiary, and provides the vehicle for transport. In no case will a volunteer driver be reimbursed for driving a vehicle owned by the Medicaid beneficiary or a member of the Medicaid beneficiary's family, except in cases where reimbursement is provided under the *Hardship Mileage Reimbursement Program*. In no case may a parent, natural or adopted, be reimbursed as a volunteer driver for a child less than 18 years of age. Foster parents may serve as volunteer drivers if the child is in the custody of the Department for Children and Families (DCF). Court-appointed (non-parent) legal guardians for children under 18 years old are considered volunteer drivers. Court-appointed legal guardians for adults 18 and older are considered volunteer drivers.

**Unavailable Vehicle:** see section 2.2 – Criteria.

## **1.5. Abbreviations**

AAG	Assistant Attorney General
ADAP	Alcohol and Drug Abuse Programs
AHS	Agency of Human Services
CFC	Choices for Care (1115 Long Term Care Medicaid Waiver) Program
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
DAIL	Department of Disabilities, Aging & Independent Living
DCF	Department for Children and Families
DHRS	Day Health Rehabilitation Services
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
DDS	Disability Determination Services
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESD	Economic Services Division
HIPAA	Health Information Portability and Accountability Act of 1996
HP	HP Enterprise Services
MMIS	Medicaid Management Information System
NEMT	Non-Emergency Medical Transportation
VCIC	Vermont Criminal Information Center
VDH	Vermont Department of Health
VHAP	Vermont Health Access Plan
WIC	Women, Infants and Children

## **2. NEMT Eligibility**

### **2.1. Eligibility of Beneficiary**

- 2.1.1. Beneficiaries must be enrolled in one of the following programs to be eligible for NEMT

- Traditional, fee-for-service Medicaid
- Primary Care Plus (PC Plus) managed care Medicaid
- Dr. Dynasaur

2.1.2. Beneficiaries in the following programs are ineligible for NEMT

- VHAP-Limited
- VHAP PC Plus
- Pharmacy programs
- Catamount Health
- Employer-Sponsored Insurance (ESI)

2.1.3. The Broker is responsible for verifying eligibility. Eligibility is verified using any of the following resources:

- HP Voice Response System, phone 1-800-925-1706
- 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)

## **2.2. Transportation is Not otherwise Available**

Medicaid will provide transportation for eligible beneficiaries only when they have no other means of getting to scheduled appointments. Medicaid will not pay for transportation if the beneficiary could have been transported for free or if the transportation was otherwise unnecessary. It must be proven by the beneficiary that no other transportation options exist. All transportation that exists within a Medicaid-defined household is to be considered available transportation. All reasonable efforts to access other means of transportation must be exercised.

Transportation is not otherwise available to a beneficiary if any of the following conditions are met:

2.2.1. The beneficiary or beneficiary's family does not own an appropriate vehicle

2.2.2. A Vehicle is Unavailable or No Driver is Available

- The beneficiary or beneficiary's family owns an appropriate vehicle but the vehicle is unavailable. A vehicle is considered unavailable, on the day needed, if the vehicle is
  - not registered; or

- o not insured; or
- o there is no licensed driver in household; or
- o there is no one in the household capable of driving the vehicle; or
- o the vehicle is being used for work purposes (documentation of employment and hours worked must be provided by beneficiary claiming such status) and
- o the wage earner is not able to take time off of work for the medical appointment,
- o the appointment cannot be scheduled around the wage earner's working hours; or
- o the wage earner works at such a distance that they are not able to be dropped off and picked up at work so that the vehicle may be used for the transport to a medical appointment.

2.2.3. If the beneficiary/family owns a vehicle that is unavailable according to any of the above criteria, they must complete and sign a form declaring the vehicle unavailable. The form must be kept on file and maintained by the Broker, and must be updated by the beneficiary on a monthly basis.

2.2.3.1. Proof of Inoperable Vehicle

If a registered vehicle from the household is said to be inoperable, the beneficiary must provide proof. Such proof must be in the form of a document from a certified mechanic on company letterhead outlining the issue(s) with the vehicle and stating why it is inoperable. If the issue can be easily addressed, the transportation may be denied or a short timeline will be presented for the beneficiary to get the vehicle repaired. For vehicles with more serious issues, an extended timeframe may be developed.

DVHA's Care Coordination staff can also complete and submit documentation of an inoperable vehicle. Staff must fill out the appropriate form and submit it to the DVHA for consideration. If accepted, the form will be forwarded to the broker for their files.

2.2.3.2. Procedure and Documentation for License Suspension or Lack of Insurance

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

be provided. In the case of the insurance, a period in which the beneficiary has to pay the insurance will be set by the DVHA. If insurance coverage is not established in that period, further rides will be denied. If a suspended license is eligible for reinstatement, but the beneficiary is lacking the necessary funds to pay off any outstanding fines or levies against that license, then rides will be denied. The beneficiary must provide proof of current status.

2.2.4. The beneficiary cannot obtain the trip from any public transit system or other organization using transportation programs funded by sources other than Medicaid. Examples of such programs are:

- Long term Care providers supplying patient transportation (unless the patient receives Level 3 residential care)
- Substance abuse treatment programs that supply transportation to their participants
- Churches that provide transportation to members
- Hospital social service departments with lists of programs that provide free transportation
- Organizations that provide transportation to the general public for free

2.2.5. Ride is not available from family members or friends

2.2.6. Rides that can be provided by Broker using programs funded by sources other than Medicaid.

### **2.3. Transport is to a Medical Appointment/Medical Service**

Medicaid transports eligible beneficiaries to and from necessary medical appointments/medical services.

- The medical appointment/service must be with or provided by a health care provider enrolled in the Vermont Medicaid Program.
- The medical service must be recognized by the Vermont Medicaid Program as a covered medical service.
- The necessary medical service requirement and the appointment/service must be verified.
- Individual pharmacy trips **may** not be covered if the designated pharmacy has either a mail or home delivery program. In this situation, the broker will act upon the direction of the DVHA. The broker may need to find out from the beneficiary the name of the prescribed medication to determine the validity of the trip.

## **2.4. NEMT is to a Provider Enrolled in Medicaid**

The medical service must be provided by a health care provider 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>

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

Chiropractors

Dentists

Ophthalmologists

Optometrists

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

Generally, if the examination or treatment is covered by and billable to Medicaid, and other necessary conditions have been met, such as referral from the Primary Care Provider (PCP) or psychiatrist, then Medicaid covers NEMT.

## **2.5. Provider is Available To and Used by Others**

Medicaid transports eligible beneficiaries to the health care provider/medical service generally available to and used by other members of the community in which the beneficiary is located. **A**

**beneficiary's freedom of access to health care does not require Medicaid to cover transportation at unusual or exceptional cost in order to meet a beneficiary's personal choice of provider.** In addition, if a beneficiary's actions and/or behaviors have caused removal from a closer provider, DVHA shall not be held responsible for transporting the beneficiary to a more distant location.

## **2.6. Health Care Provider is the Closest Provider**

Medicaid reimbursement for NEMT to and from medically necessary services is provided when no other transportation is available to the beneficiary and when the medical service is generally available to and used by other members of the community or locality in which the beneficiary is located. The Broker must ensure that the medical service is the closest appropriate provider to the beneficiary's residence unless a medical referral has been provided, and has been reviewed and approved by the DVHA.

The Broker must distinguish between services for goods (for example, items provided by pharmacists and durable medical equipment suppliers), and treatment services such as which physicians and other licensed practitioners provide.

- For goods, transportation is limited to the nearest available pharmacy or durable medical equipment provider (if delivery or mailing is not an option).
- For treatment services, "services available within the beneficiary's community" consist of any medical service within 30 miles of the beneficiary's residence. If the closest available service is beyond 30 miles, then the Broker may transport to the service nearest the beneficiary's residence.

If the trip is for a medically necessary, non-hospital, non-specialized service, transportation is allowed to any site within 30 miles of the beneficiary's residence. Reasonable flexibility is allowed for the Broker's discretion regarding the 30-mile limit. That is, if the trip is 31 or 33 miles (or whatever is reasonable considering the geographical location of services within the beneficiary area), then the Broker may transport without DVHA approval. Most circumstances should be covered by completing and submitting an "Out-of-State, In-State/Out-of-Area, Medicaid Transportation Physician Referral Form", subject to the following exceptions:

If the closest medical office or facility is further than 30 miles from

the beneficiary's residence, then the Broker may transport to the closest facility.

For family or primary physician care when a beneficiary moves to a new city or town and must travel beyond the 30-mile limit, the Broker may transport to the beneficiary's still current doctor for not more than 60 days from the date of the first request to go beyond the limit. The Broker should inform beneficiaries that if they expect transportation assistance to continue, they must enroll with a doctor within the 30-mile limit or closest to the new residence. Any exceptions to this rule must be prior authorized by DVHA's Medical Director.

Medicaid beneficiaries will be transported to specialists beyond the 30-mile limit if the PCP, psychiatrist or treating physician confirms medical necessity by completing and submitting an "Out-of-State, In-State/Out-of-Area, Medicaid Transportation Physician Referral Form".

A beneficiary with Medicaid as secondary insurance is allowed to have the physician making the referral to the specialist complete an "Out-of-State, In-State/Out-of-Area, Medicaid Transportation Physician Referral Form".

**Other exceptions may be granted by the DVHA for good cause, such as an unique medical condition or if the beneficiary has a proven existing relationship with a provider. The Broker must contact the DVHA to discuss "other" exceptions and to request approval to transport.**

There may be situations where Medicaid will pay for transportation for a beneficiary to a service that is *not* a normal covered service under current Medicaid guidelines. These situations will be dealt with on a case-by-case basis.

If a beneficiary has been removed from a closer practice due to his or her actions, DVHA may not be held responsible for transporting that beneficiary to a more distant provider. These situations will also be looked at on a case-by-case basis.

## **2.7. Mode of NEMT is the Least-Costly and Most Appropriate for the Beneficiary's Medical Condition**

Beneficiaries in the NEMT program are eligible only for the least costly, most medically appropriate means of transport.

Transportation Brokers must arrange NEMT based on the medical needs of the beneficiary and the least costly mode of transport. Medicaid is not required to provide transportation at unusual or exceptional cost to meet a beneficiary's choice of providers or preference in transportation mode. Any medical necessity for transport other than the least costly, most available mode shall require proper documentation from a physician. Such documentation will need to be reviewed by the DVHA Medical Director before approval. If the beneficiary refuses to use the transportation provided by Medicaid, Medicaid is not required to incur exceptional costs to transport that beneficiary.

If the appointment is not an emergency, the Broker may ask that it be rescheduled to assure transport or to provide the least expensive mode.

**The Broker must provide the least expensive mode of transportation possible that will meet the beneficiary's medical needs.**

The following modes/manners of transportation are commonly used:

Free fixed-route public transportation

Fixed and deviated route bus tokens or fares

Monthly bus pass

Volunteer driver trip (may have multiple riders)

Taxi (may have multiple riders)

Demand response public transport vehicle

Personal Choice Driver (only available as an option upon prior approval from DVHA)

Requests for transports more than 30 miles one way require a written referral completed by the beneficiary's primary care physician (PCP). If the beneficiary does not have a PCP, a psychiatrist may complete the referral for mental health transports or the referral may be completed by the physician treating the beneficiary for the condition requiring the referral.

Requests for transports to out-of-state non-border facilities require a completed, written referral from the PCP or the physician (as described above). Referrals should be received by the local transportation broker two weeks in advance of the medical appointment whenever possible. See Section 4.3 of this Manual for special procedures relating to requests for out of state transportation.

### **3. NEMT Brokers**

#### **3.1. Broker Responsibilities**

Brokers are contracted with the DVHA and are responsible for arranging and securing transportation in their areas/towns for eligible Medicaid beneficiaries who do not have transportation as defined in this manual.

Brokers must provide the least expensive means of transportation possible that will meet the beneficiary's medical needs. Brokers must establish and maintain a list of available carriers ranging from volunteer drivers to professional transportation carriers (buses, taxis, etc.). Social service and community organizations offering transportation for a variety of reasons may also serve as resources.

Transportation must be provided at no cost to the Medicaid beneficiary. Medicaid Rule 7105.2 states: "A provider must accept as payment in full the amounts paid in accordance with the fee schedule established by Medicaid". Brokers are strictly prohibited from allowing transportation carriers to impose additional transportation charges on Medicaid beneficiaries for trips paid for by Medicaid. DVHA will not reimburse any costs or fees which are not explicitly outlined in the contract.

Requests for Medicaid transportation should be submitted to the brokers with as much advance notice as possible, but with a minimum notice of 2 days (48 hours). Brokers will attempt to accommodate requests with as little notice as 24 hours whenever possible.

The receipt of a transportation request may result in the broker contacting the requesting provider to verify that a medical appointment is scheduled. The broker is required to verify 5% of all appointments with the specific provider and will keep a log that includes specific beneficiary information, appointment date and time, and the physician/location. Upon verification, if the appointment is found to not exist, the broker will not schedule that ride, and that information will be entered in the log along with the other rides/appointments that were verified. The log will be sent to the DVHA by the end of the first week of each month, for the previous month.

Post appointment, DVHA will review all scheduled rides to verify that a matching claim was submitted by a medical provider. A recurring pattern of misuse by a beneficiary may require case management by the DVHA, or further oversight by broker staff.

When a broker provides the driver, the broker must establish that the driver is appropriately licensed and insured and that the vehicle is inspected and insured.

Whenever possible, trips should originate at the beneficiary's residence. Beneficiaries will be returned to their residence or a drop off point at a shorter distance than their residence, but only at the beneficiary's request. Special circumstances may require DVHA approval.

### **3.2. Background Checks**

#### **3.2.1. Adult Abuse Registry and Child Abuse Registry**

All Broker employees and volunteers providing transport services shall be subject to record checks for records of substantiated abuse of a child or a vulnerable adult on the respective abuse registries maintained by the State of Vermont, to the extent permitted by Vermont and federal law.

Broker will:

- Check the Adult Abuse Registry in the Department of Disabilities, Aging and Independent Living (DAIL) and the Central Child Abuse Registry. (See 33 V.S.A. §4919 & 33 V.S.A. §6911).
- Conduct Registry checks of all persons who provide transport services on initial hire or engagement to provide services and annually thereafter.
- Not allow direct transport services by any Broker employee or volunteer who does not have a Clear Registry Check.
- Include the name of the person providing the transportation service on each invoice submitted. The person providing the transportation service must sign the invoice attesting to the trips that he/she has personally provided. **Invoices which do not bear the name and signature of the person who provided the service shall not be eligible for reimbursement.**
- Maintain records of Registry checks in a manner consistent with contract Attachment F, paragraph 8.*

Contractor/Broker agrees to undergo audit of Registry Checks at the DVHA's discretion.

Clear Registry Check: a check of the Adult Abuse Registry and the Child Abuse Registry that does not show a substantiated finding of

abuse, neglect or exploitation of a child or vulnerable adult. **The DVHA will provide no reimbursement for arranging or providing transport services by any Broker employee or volunteer who does not have a Clear Registry Check.**

3.2.2. Vermont Criminal Record Check

All Broker employees and volunteers providing transport services shall be subject to criminal conviction record checks to the extent permitted by Vermont and federal law.

Broker will:

-Conduct background conviction checks of all persons who provide services on initial hire or engagement to provide service, by making the offer of employment conditional upon the applicant's clearing the Vermont Crime Information Center (VCIC) check, and annually thereafter.

-Not arrange or provide direct transport services by any Broker employee or volunteer whose VCIC Check reveals 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 assault

Aggravated sexual assault

Aggravated stalking

Arson

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

Simple assault

Stalking

-In addition, if a check reveals a non-restricted conviction or motor vehicle violation, the Broker shall follow the Agency of Transportation (AOT) contract requirements. Variances of this policy may be granted only under exceptional circumstances, and only with the DVHA's specific authorization for the variance.

-Maintain records of VCIC Checks in a manner consistent with contract Attachment F, paragraph 8.

- Broker agrees to undergo audit of VCIC checks at the DVHA's discretion.

-Clear Vermont Criminal Information Center (VCIC) Check: a check with the Vermont Criminal Information Center (VCIC) that does not show conviction of any of the crimes listed above. The DVHA will provide no reimbursement for arranging or providing transport services by any Broker employee or volunteer who does not have a Clear VCIC Check.

### 3.2.3. National Criminal Record Check

Broker is required to maintain and update the Criminal Record Check plan that is on file with DVHA on an annual basis.

At a minimum, the Broker's national criminal record check plan must include:

Detailed information about the vendor that the Broker plans on using to perform the checks

Types of databases and records that will be checked

Frequency that the checks will be conducted

States, territories and countries that will be checked

Type of report and information that constitutes a national criminal record check that will be provided to the Broker from the vendor

How the plan aligns with the VCIC check or can replace the VCIC

Implementation schedule

Estimated costs (estimated number of checks conducted multiplied by the cost of the check)

### 3.2.4. Taxi Transports

In circumstances where it is cost-effective and the most appropriate means to meet a beneficiary's medical needs, the Broker may use a Taxi Company to provide transportation services, subject to the following conditions:

Require that no Taxi Company Employee may provide transportation services unless that Taxi Company Employee has cleared the Adult Abuse Registry, the Child Abuse Registry, the Vermont Criminal Record Check and the national criminal record check as described in this manual.

The Broker must perform VCIC checks on Taxi Company Employees who provide transportation services on an annual basis after the initial verification that a current Clear VCIC Check is on file.

Maintain a list of Taxi Companies the Broker uses to provide services, including the names of Taxi Company Employees who have cleared both abuse registry checks and both criminal background checks, and copies of signed invoices for Taxi Company services.

Agree to make this information available to DVHA auditors upon request and to maintain such records in a manner consistent with contract Attachment C, paragraph 8.

Require any Taxi Company that it engages to provide services to agree to audit by the State at the State's discretion for compliance with abuse registry checks and criminal background checks. The State will not pay for services provided by a Taxi Company that has not agreed to such audits. In connection with such audits, the State may audit Contractor/Broker's records relating to Taxi Company services.

The costs associated with the VCIC checks for Taxi Company Employees are not included in the Contractor/Broker monthly administrative payment; the costs are "pass-through" costs and are to be included as part of the Broker's monthly invoice but as a line item separate from the monthly administrative payment. The DVHA will only reimburse for actual costs incurred.

The State shall make no payment for any service provided by a Taxi Company that is not billed on an invoice identifying the Taxi Company Employee who provided the service. Notwithstanding any other provision of the contract, the signature of the Taxi Company Employee is not required on the invoice in order to obtain payment from the State, so long as the invoice identifies the employee.

### **3.3. Volunteer Drivers**

**Volunteer Driver** means a driver provided through the Broker who does not reside in the same physical household as the Medicaid beneficiary and who provides the vehicle for transport; or a driver provided through the Broker who resides in the same physical household as the Medicaid beneficiary, is not related to the Medicaid beneficiary, and provides the vehicle for transport. In no case will a volunteer driver be reimbursed for driving a vehicle owned by the Medicaid beneficiary or a member of the Medicaid beneficiary's family, except in cases where reimbursement is provided under the *Hardship Mileage Reimbursement Program*. In no case may a parent, natural or adopted, be reimbursed as a volunteer driver for a child less than 18 years of age. Foster parents may serve as volunteer drivers if the child is in the custody of the Department for Children and Families (DCF). Court-appointed (non-parent) legal guardians for children under 18 years old are considered volunteer drivers. Court-appointed legal guardians for adults 18 and older are considered volunteer drivers.

**Volunteer Driver Mileage:** If a volunteer driver is asked to wait while a beneficiary keeps a medical appointment, he or she may be reimbursed for extra mileage as follows:

Drivers will be paid for wait-times in excess of one (1) hour calculated in half-hour increments after the first full hour. For example, when a volunteer driver must wait 1½ hours, he or she will be paid additional mileage for ½ hour.

Wait-time mileage is calculated at 17 miles per hour based on the current GSA reimbursement rate per mile.

Drivers are paid either mileage back to their home or wait-time mileage, whichever is lower. However, if the driver is called back by the Broker to make another, separate transport during what otherwise would have been a wait-time period, the driver will, under only those circumstances, be paid at the higher rate for actual mileage.

Drivers are reimbursed at the current rate for volunteers as set by the GSA and as adopted by the IRS.

### **3.4. Wait Time**

"Wait Time" is the amount of time that a vehicle remains at the pick up site. The driver, in cooperation with the dispatcher, should provide adequate and reasonable wait time for the passenger. Reasonable accommodations such as additional wait time are

provided for individuals with special circumstances. The driver should be made aware of persons with disabilities who need special notification and/or consideration.

The standard wait time is five (5) minutes for a public transit vehicle (van/bus) and ten (10) minutes for a volunteer car or taxi after scheduled or actual arrival time, whichever is later.

Wait time during a beneficiary appointment is also covered under *Volunteer Driver Mileage*.

### **3.5. Information Required for Transport**

The broker must register calls received in a log. That log should include the following:

Date and time of the call

Beneficiary name, address, and Medicaid number

Beneficiary status as a Medicaid beneficiary

Name of the health care provider

Town in which medical appointment/service is located

Date and time of the medical appointment/service

Whether or not the request is ultimately granted

Whether or not the transport was made

If this was a last minute transport request, what resources/organizations were contacted to meet this need and how was this situation resolved (church transported beneficiary, public health nurse transported beneficiary, hired a taxi for the transport, etc)

Any unusual situations that may have occurred during the transport (driver was late, beneficiary was late, accident occurred during transport, beneficiary was not at home/medical facility to be picked up at appointed time, etc)

If out-of-state transportation for the service/stay was authorized by the DVHA before the transport occurred.

### **3.6. Verification of Medicaid Eligibility**

Brokers must verify a beneficiary's Medicaid eligibility.

Check beneficiary eligibility at [www.vtmedicaid.com](http://www.vtmedicaid.com), or call the HP Voice Response System (VRS) at 1-800-925-1706, or use the PES software, which is free and available for downloading

at [www.vtmedicaid.com/Downloads/software.html](http://www.vtmedicaid.com/Downloads/software.html)

### **3.7. Verification of Transportation Program Eligibility**

The broker must:

Verify that transportation is not otherwise available to the beneficiary/family.

Verify the trip is to a medical service/appointment.

Verify the service/ appointment is provided by a health care practitioner recognized by the Vermont Medicaid program.

Verify this provider is the closest to provide the service. An exception to this provision may be granted if the beneficiary has a proven existing relationship with a provider. This exception must be approved by the DVHA.

Determine the least costly mode/means of transportation (consideration is given to the beneficiary's medical condition and transportation needs).

Schedule and provide the transport.

If the appointment is not an emergency, the broker may ask that it be rescheduled to assure transport or to provide the least expensive means.

If a broker opts to verify eligibility after a ride is provided, it must be indicated on the ongoing log that such was the case. If a broker transports a beneficiary and chooses not to verify all of the requirements for the transportation, the broker absorbs the costs of the transport if it turns out to be an improper ride.

### **3.8. Confidentiality, Disclosure of Information**

Brokers are required to maintain the confidentiality of all information pertaining to each specific Medicaid recipient per the Business Associate agreement found in the current DVHA NEMT contracts.

### **3.9. Community Resources for Transportation**

Brokers should be knowledgeable of the services that are available in the community and that may be available at no cost to Medicaid. Medicaid will reimburse the broker for transportation only when transportation is not otherwise available to the beneficiary, as described above in this Manual. Medicaid will not

pay for transportation if the beneficiary could have been transported for free or if the transportation was unnecessary. Reasonable efforts to locate other means of transportation must be exercised. DVHA may request an updated listing of available community resources, which should be updated quarterly.

### **3.10. Distance Limitations**

NEMT is provided when no other transportation is available and the "medical service is generally available to and used by other members of the community or locality in which the beneficiary is located."

If the trip is for a medically necessary, non-hospital, non-specialized service, transportation is allowed to any site within 30 miles of the beneficiary's residence. Reasonable flexibility is allowed for broker discretion regarding the 30-mile limit. That is, if the trip is 31 or 33 miles (or whatever is reasonable considering the geographical location of services within the beneficiary area), then brokers may transport without DVHA approval. Most circumstances should be covered by obtaining or filling out a PCP referral letter or Physician's Referral.

If the closest medical office or facility is further than 30 miles from the beneficiary's home, then brokers may transport to the closest facility.

When a beneficiary moves to a new city or town and must travel beyond the 30-mile limit for family or primary physician care, brokers may transport to the beneficiary's (current) doctor for not more than 60 days from the date of the first request. Brokers must inform beneficiaries that if they expect transportation assistance to continue, they must enroll with a doctor within the 30-mile limit or closest to the new residence. A form letter must be sent to the beneficiaries advising them of this time period and required change. Any exceptions to this rule must be preapproved by the DVHA's Medical Director.

In order for a beneficiary to receive transport to a more distant facility or provider who is not found to be the closest available, an exception request must be submitted to the DVHA's Medical Director for preapproval.

A beneficiary with Medicaid as a secondary insurance is allowed to have the physician making the referral to the specialist complete the transportation referral form. DVHA still retains the right to deny a transport if it cannot be proven that the trip is to the closest

available provider. Exceptions to this must be preapproved by the Medical Director.

Other exceptions may be granted by DVHA for good cause shown, such as unique medical conditions. Brokers should contact the DVHA (802) 879-5900.

Special procedures apply if a beneficiary requests transportation out of state. See Section 4.3.

### **3.11. Report Suspected Fraud, Waste, and Abuse**

If Broker, contractor/broker employees, volunteers or carriers become suspicious of fraud, waste or abuse in relation to the Medicaid or Reach-Up transportation programs by a beneficiary, contact the DVHA IMMEDIATELY.

Suspected fraud, waste or abuse by carriers, for example, padding of mileage or time reports by volunteer or personal choice drivers or others shall be reported for investigation to the Medicaid Fraud and Residential Abuse Unit of the Vermont Attorney General's Office at 802-241-4440.

Suspected abuse, neglect or exploitation of vulnerable adults must be reported to Adult Protective Services at 1-800-564-1612. Please let it be noted that since the Broker is a contractor of the State of Vermont, Agency of Human Services, as such Contractor/Broker is mandated by state law to report such suspected abuse, neglect or exploitation whether such can be verified or not.

### **3.12. Incident Reporting**

The Broker shall notify the DVHA within 24 hours of finding out that an incident occurred related to the transport of a beneficiary that required either the police or an ambulance to be called.

### **3.13. Disputes**

Prior to the institution of litigation concerning any dispute arising under the contract, the Secretary of the AHS of the State of Vermont 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, a Contractor/Broker relating to a contract entered into by the AHS on behalf of the State or any State department or office, including a claim or controversy based on a contract, mistake, misrepresentation, or other cause for contract modification or rescission, but excluding any claim or controversy involving penalties or forfeitures prescribed by statute or regulation where an

official other than the Secretary of the AHS is specifically authorized to settle or determine such controversy.

A "contract dispute" shall mean a circumstance whereby a Contractor/Broker and the State entity 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 Contractor/Broker and State entities upon the submission of a request in writing from either party, which request 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 AHS Secretary 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 Contractor/Broker. If the Secretary does not issue a written decision within 30 calendar days after written request for a final decision, or within such longer period as might be established by the parties to the contract in writing, then the contractor may proceed as if an adverse decision had been received.

Appeals of the AHS 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.

### **3.14. News Releases and Publicity**

News releases pertaining to contract services, study, data, program or project to which it relates, shall not be made without prior DVHA approval (verbal or written as specified by the DVHA), and then only in accordance with the explicit written instructions from the DVHA. No results of the program are to be released without prior written approval of the DVHA and then only to persons designated.

Any publicity given to the program or services provided herein, including, but not limited to, notices, information pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Contractor/Broker, shall not be released without prior written approval from the DVHA.

## **4. Procedures, Programs and Special Circumstances**

### **4.1. NEMT Normal Process**

If a request for NEMT is within a 30 mile radius, the process by which a Medicaid beneficiary would obtain transportation is as follows:

- beneficiary gets appointment from participating physician
- beneficiary contacts local NEMT broker to schedule ride
- broker verifies beneficiary eligibility for requested services
- broker contacts requesting physician to verify appointment
- broker schedules ride by least-costly, most-appropriate means available in area

If the appointment is either out of the area, or out of state, the broker shall follow the instructions as outlined in Section 4.3 "Out of Area, Out of State", later in this manual.

### **4.2. After-Hours Transportation**

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

The transport is covered by Medicaid if:

- the broker verifies the beneficiary's Medicaid eligibility, and

- the trip originates from a health care facility utilized for treating emergency medical conditions (hospital emergency room), and
- the trip from the health care facility to the beneficiary's home is necessary to facilitate the beneficiary's discharge from the health care facility.

If a trip to/from a hospital emergency room is made by an individual using their own vehicle and the trip is reported to the broker within 48 hours of occurring, that trip may be eligible for hardship reimbursement, but only if all other conditions for eligibility are met.

At no time is a broker expected to provide a volunteer or employee to transport a beneficiary in an emergency situation to a health care facility, taking the place of an ambulance.

### **4.3. Bus Pass Program**

In Chittenden County, eligible Medicaid beneficiaries who live on an existing bus route will be required to access that mode of transportation. Those beneficiaries will be provided the opportunity to obtain a 10-ride bus pass from the local program administrator. Once the beneficiary has that pass, they will not be issued a new one unless the following process is followed:

1. Beneficiary has appointment with qualified provider
2. Beneficiary calls program administrator to register appointment
3. Program administrator logs [and randomly verifies] appointment
4. Repeat steps 1-3 until beneficiary reaches last two rides on card
5. Administrator sends new card to beneficiary

The program administrator will be required to provide weekly and monthly reports to DVHA with regard to this program. The weekly reports shall include the entire log of beneficiary contacts by the administrator, including appointments, verifications, and incidents. The monthly reports shall include a list of beneficiaries who received new ride cards, along with documentation of the required 5% pre-trip verification of all appointments.

### **4.4. Out-of-State and In-State/Out-of-Area Travel**

Requests for travel to 1) out-of-state (non-border) and 2) in-state/out-of area (more than 30 miles one way) providers require that the primary care physician (PCP) or other eligible referral source (e.g., psychiatrist, treating physician) complete an "Out-of-State, In-State/Out-of-Area, Medicaid Transportation Physician Referral Form" and submit the form to the DVHA.

The DVHA will review the form/information and decide whether to grant or deny the request, including any associated overnight lodging and/or meal reimbursement. Approved requests should be made available to the Broker two weeks in advance of the medical appointment whenever possible.

**Out-of-State and in-state/out-of-area trips must be prior authorized (i.e., approved) by the DVHA or the Broker will not be reimbursed.**

When beneficiaries are authorized to stay overnight in conjunction with approved travel, the Broker must arrange for the least expensive, most appropriate lodging available. If a beneficiary declines Broker-arranged lodging, then the beneficiary must pay for the lodging; there will be no reimbursement from Medicaid. If it appears that overnight lodging would be less expensive than the mileage cost for multiple trips, the Broker may arrange the lodging upon approval from DVHA.

When possible, the Broker should arrange for and pay the lodging expenses directly to the facility providing lodging to the beneficiary. If this is not possible, arrangements should be made to have the bill sent directly to the Broker. If the beneficiary must pay out-of-pocket for the lodging, the Broker will reimburse the beneficiary upon the submission of approved trip receipts.

Reimbursement of meal expenses will not occur unless the DVHA authorizes an overnight stay. **Meals taken en route are not a reimbursable expense.** Meal claims must be accompanied by dated and detailed receipts, and are reimbursed at cost up to \$5.00 per person per meal. Meals are only authorized for the beneficiary seeking medical treatment and for the authorized individual(s) accompanying the beneficiary. Lodging and meals for additional non-authorized individuals will not be reimbursed.

In order for an individual(s) to be authorized to accompany the beneficiary, a letter or "Out-of-State, In-State/Out-of-Area, Medicaid Transportation Physician Referral Form" must be obtained from the beneficiary's primary care physician or other referral source stating the medical need for this individual(s) to accompany the beneficiary. For example, if a child is hospitalized and the

provider states the medical need for both parents to accompany the child, then lodging and meal reimbursement may be approved for both parents. Such requests for the medical necessity of more than one person to accompany a beneficiary to an appointment will have to be prior-approved by the DVHA's Medical Director.

Billing Process - follow the instructions included in the "**VPTA Out of State Lodging Manual**", last edited 9/2008, with any subsequent updates, to facilitate billing for out-of-state and in-state/out-of-area travel.

The Broker 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) and lodging.

If the Broker learns of any unruly, dangerous or illegal behavior occurring during an approved overnight lodging, such information should be relayed to the DVHA immediately.

#### **4.5. Child Transports**

The Broker shall 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. Otherwise, except as provided herein, no reimbursement is allowed for use of a personal vehicle.

Foster parents whose foster children are in DCF custody are considered volunteer drivers and will be reimbursed at the volunteer mileage rate for transports to eligible medical services only that they provide to children placed in their care by the DCF.

Foster parents must request reimbursement for the following transports from their foster child's caseworker for:

- Transportation to and from hospitals for visits with their foster child(ren).
- Transportation to and from special trainings on medical conditions, to help support the care of their foster child(ren).
- Transportation to and from any facilities to support the foster child's family reunification plan.

Court-appointed (non-parent) legal guardians for children under 18 years old are considered volunteer drivers.

**The Broker may request that an adult accompany a minor for the transport to be provided if the Broker is uncomfortable providing**

transportation to a minor who is to be transported alone.

#### **4.6. Court-Ordered Services**

The following apply if a beneficiary is mandated by a court to attend a service such as counseling or other form of therapy:

- If the service meets Medicaid guidelines, Medicaid covers the transport.
- If the service is outside the normal distance limit but is offered by an ADAP provider, Medicaid covers the transport.
- If the service is outside the normal distance limit and is not offered by an ADAP provider, the Broker must obtain approval from the DVHA before transporting.

#### **4.7. Adult Day Services**

Persons 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.

To verify eligibility for transportation for this service, the Broker must obtain documentation from the requesting Adult Day Service provider, which includes the DAIL's Choices for Care Waiver Service Plan approved and signed by DAIL personnel. The plan will indicate the Adult Day Service provider approved to provide services and the number of hours every two weeks the Medicaid beneficiary is approved to receive this service.

Regarding persons receiving services through the Choices for Care Moderate Needs group, and because these persons are not necessarily also eligible for Medicaid, the Broker must verify that the person is eligible for Medicaid. In addition, the documentation from the requesting Adult Day Service provider will be a signed authorization from the DAIL that indicates with a check mark that the person is approved for adult day services and the number of hours per week the person is approved.

#### **4.8. Day Health Rehabilitation Services (DHRS)**

Persons receiving day health rehabilitation services are eligible for Medicaid transportation to/from the adult day/day health rehabilitation center as long as all other Medicaid Transportation requirements are met. To verify eligibility for transportation for this

service, the Broker must obtain a copy of the *Vermont Day Health Rehabilitation Services Prior Authorization Form* from the requesting Day Health Rehabilitation Services provider. This notice will specify the approved number of hours per week and the period of eligibility during which the Medicaid beneficiary may attend.

Note: There may be occasions when an Adult Day or Day Health Rehabilitation provider refers a person whose eligibility for services is pending final approval. If the provider requests transports for this person prior to receipt of final approval, Broker should require the request in writing to include a payment guarantee (from either the provider or the Medicaid beneficiary, with the beneficiary's signed agreement), with a specified start and end date, in the event Medicaid eligibility is denied. Upon receipt of the written request and coverage guarantee, the Broker should begin providing transport but hold all billing until verification of final approval is received.

#### **4.9. 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 eight trips (four round trips) of up to 20 miles round trip in any given month. If any given round trip exceeds 20 miles, Medicaid will reimburse for the excess mileage.

The Broker must require that the Residential Care Facility submits verification that they have met their obligations for the transportation of the beneficiary. This verification must be submitted to the broker within one week of the transport in question.

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.

#### **4.10. Substance Abuse Trips**

Transportation to regular alcohol or drug counseling is eligible for Medicaid reimbursement if the service is recognized by Medicaid as a medical service and the provider is enrolled as a Medicaid provider. This automatically includes all ADAP providers.

Methadone Treatment Centers:

- Beneficiaries will be transported to the facility closest to the beneficiary's residence.
- In order for a beneficiary to receive transportation to a facility that is not the closest facility to their residence, the

beneficiary must provide documentation from the closest facility documenting that no treatment slots are available there and that the beneficiary has been placed on a waiting list to receive treatment at that facility once a slot becomes available.

- The beneficiary must provide the Broker with written notification that the beneficiary is on a waiting list for the facility closest to his/her residence on a monthly basis.

The following indicates the clinics where each Contractor/Broker may be transporting to:

- Burlington, VT:
  - Addison County Transit Resources
  - Special Services Transportation Service, Inc.
  - Green Mountain Transit Agency
- West Lebanon, NH:
  - Marble Valley Regional Transit District
  - Stagecoach Transportation Services, Inc.
- Mobile Methadone Units:
  - Rural Community Transportation, Inc.
  - Green Mountain Transit Agency
- Brattleboro, VT or Greenfield MA (whichever is closest):
  - Green Mountain Community Network
  - Connecticut River Transit, Inc.

#### **4.11. Ladies First Transports**

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

The Ladies First Program transportation process is as follows:

A letter of notification is sent to eligible applicants providing the name(s), address(es), and other pertinent data for her to make an appointment for screening at a participating provider office and mammography facility. That same letter of notification will also contain information the participant needs to contact the Broker serving her area to arrange transportation and that she needs to provide a minimum of 2 days notice, if the program office has confirmed that there is no other transportation option for her.

A membership card sent by Ladies First with a transportation serial number will be included for her to present to the Broker. Instructions for any necessary follow-up trips are handled in the same way; initiation by telephone request from the participant and correspondence from program office.

The Ladies First program office will first make a determination that transportation is not otherwise available to the Ladies First participant; prior authorization is required. The membership card sent to a participant will be serial-numbered. A list of the serial numbers issued in the Broker's service area will be mailed to the Broker to use for requests for transportation.

Transportation will be provided only for Ladies First approved services: one to two round trips to a participating provider's office, another one to a mammography facility, and for follow-up appointments as needed.

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.

Payment is made for the least expensive mode of transportation that suits the needs of the participant.

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

The contact person for questions regarding the Ladies First Program is: Kerri Frenya, M.S., Public Health Specialist, Ladies First Program, Vermont Department of Health, 108 Cherry Street, P.O. Box 70, Burlington, VT 05402; Email [kerri.frenya@ahs.state.vt.us](mailto:kerri.frenya@ahs.state.vt.us); Telephone 802-863-7332.

The Broker (after receiving call from beneficiary):

- Verifies woman's eligibility - Ladies First membership card (with serial number)
- Identifies transportation mode
- Arranges for transport.
- Provides transport
- Submits a bill for services in a timely manner with accompanying CPT codes (outlined in the current Ladies First fee schedule). Program fees are based on the Medicaid reimbursement schedule
- Agrees to accept payment of allowable costs as payment in full and not bill the patient.

- Will use a (08/05) claim form and send claims to HP Enterprise Services, PO Box 888, Williston, VT 05495-0888.
- 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).
- Can resubmit bills with corrections by placing a sticker or correction tape over boxes (for paper submissions).
- Shall utilize the following codes for Ladies First transportation services ONLY:

A0110 NON-EMERGENCY TRANSPORTATION AND BUS, INTRA-OR INTERSTATE CARRIER

A0080 NON-EMERGENCY TRANSPORTATION, PER MILE-VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL /ORGANIZATION), WITH NO VESTED INTEREST

A0100 NON-EMERGENCY TRANSPORTATION - TAXI

A0170 TRANSPORTATION ANCILLARY, PARKING FEES, TOLLS, OTHER

#### **4.12. Disability Determination Trips**

The following outlines the process for transportation requests from the Office of Disability Determination Services (DDS) in the Vermont Department for Children and Families (DCF). DDS makes medical eligibility determinations for clients who have applied for Social Security and SSI Disability, or who need to be found disabled to qualify for Medicaid. DDS also reviews the medical eligibility of clients who are on these programs. DDS clients need rides to special medical examinations that have been scheduled by DDS as needed to determine their eligibility.

If transportation cannot be arranged, the Broker need only notify the designated DDS contact.

The Broker will:

- Receive the request for transportation from a DDS staff person via fax or email on a "Transportation Authorization" form. The request will include the following: requesting division; necessary client information (name, case number, telephone number, etc.); ride details (date, time, location of pickup, drop-off, return, etc.); cost limitations (requires DDS approval prior to arrangement); other client needs (car seat, accessibility/mobility issues, accompanying children or adult, etc.); DDS staff person contact information.

- Identify the least expensive mode of transportation available and inform the DCF/ESD/DDS contact person of the cost before scheduling the ride. The Broker must fax the ride information to the DDS contact person, which shall include: mode of transportation (volunteer, taxi, van); verification of ride details (dates and times of pick ups and drop offs); cost to be billed to DDS if ride is approved; contact fax number for DDS to notify the Broker of approval or refusal of charges; contact telephone number for ride changes or cancellations.
- Provide requested transportation only upon written approval of cost by DDS.
- Confirm that the ride, as approved, has been scheduled and provide additional information that the client will need to identify the ride. The Broker may rely upon DDS to inform the clients and remind them a few days before the appointment.
- Notify the DDS staff contact within 2 work days, or sooner if possible, especially when the ride was for an appointment in the very near future, if a ride cannot be scheduled or must be cancelled.
- Immediately report client no-shows to the DDS contact person for the ride request. If client "no shows" occur, carrier costs will be reimbursed by DDS.
- Include the client's name, case number, date of ride, and addresses of the 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
- Direct questions about specific rides to the DDS Scheduling Unit - the contact information will be on the "Transportation Authorization" form.

Please direct questions about billing to the DDS Provider Relations Specialist or the Financial Specialist. Both can be reached at 802-241-2464.

#### **4.13. Transportation of Individuals with Disabilities**

The Broker and the DVHA are in agreement that special efforts are and will continue to be made to assure that transportation is

provided to individuals with disabilities, including wheel chair and semi-ambulatory persons.

#### **4.14. Special Services Transportation**

This section provides a mechanism for the transport and payment of urgent transport services associated with involuntary psychiatric admissions for individuals who are:

- Eligible for benefits from the DVHA.
- NOT eligible for benefits from DVHA and who do not have the financial means to reimburse the Broker as determined by the Department of Mental Health (DMH).

The Broker shall:

- Provide transportation services for mental health patients identified by the DMH or a mental health screener of a Designated Agency (a mental health practice specifically identified as a Designated Agency); pediatric patients will typically be transported to the Brattleboro Retreat and adult patients will typically be transported to a hospital identified by the DMH as a Designated Hospital. The Designated Hospitals are included as Attachment J of contracts.
- Make transportation services available 24 hours/day, 7 days/week with as much advance notice as possible by the DMH or the mental health screener regarding the potential need for a transport with the goal of having patients en route to the receiving hospital within one hour of the decision to transport the patient.
- Provide the screener or the DMH an estimated time of arrival when called for a potential transport. If a driver cannot respond in a time frame acceptable to the screener or DMH given the patient's circumstances, DMH or the screener may seek an alternative means of transport.
- Provide the mode of transportation identified as medically appropriate by the mental health professional requesting the transportation.
- Ensure that the contract Attachment I is updated so DMH personnel, designated agency screeners and designated Hospital mental health professionals are provided with a backup system for contacting participating organizations that provide transport services which do not utilize a

dispatcher (e.g., a secondary or alternate person to call in the event of no response from the primary contact).

- The Broker must notify DMH immediately if there are any changes to contract Attachment I.
- Follow DMH transport protocols and training. All patients under transport shall be accompanied by at least one adult approved by the DMH. Transportation services shall include the return of the adult to the location at which they were picked up.
- If the Broker is notified of a potential transport and no transport occurs due to cancellation, the Broker shall be paid; contact DMH for instructions. All such calls shall be billed to DMH whether or not the patient is a DVHA beneficiary.
- If the Broker cannot provide transport within a medically appropriate time frame, as determined by the screener or DMH, and discussed with the Broker at the time of the transportation request, no compensation will be due the Broker.
- Reimbursement for the transport of Medicaid beneficiaries under this section will be paid at the same reimbursement rate as any other Medicaid transport and billed according to the "[VPTA Reconciliation and Remittance Advice Processing Instructions](#)", with any subsequent updates.
- If the individual is not Medicaid eligible, the payment arrangements are as follows:
  - The Broker will submit a standardized bill (e.g., a HCFA 1500) for services in a timely manner to the DMH, Attention of Frank Reed, 103 South Main Street, Wasson Hall, Waterbury, VT 05671-2510.
  - The bill will include the same fields of information completed for bills submitted to DVHA and shall contain as a minimum the following information: date of submission, billing period, Contractor/Broker name and signature, address and telephone number, contact (program participant names and information), trip mode, number of trips, date of each trip, requesting individual (e.g., name of mental health screener), pickup and delivery destinations, amount due to a volunteer driver, total per trip and total of totals for each Broker. An administrative fee equal to that cited under contract Attachment B can be billed to the DMH for non-Medicaid

transports on an annual basis and shall be submitted as an invoice, not on a standard billing form such as a HCFA 1500.

Billing questions should be directed to Frank Reed at 802-241-2601.

#### **4.15. Hardship Mileage Reimbursement Program**

The Hardship Mileage Reimbursement Program is for Medicaid beneficiaries who have a vehicle and who are transported over 50 miles per week (Sunday to Saturday) or over 215 miles per calendar month for medical appointments/services. All travel needs to be prior authorized through the broker (if local) or through the DVHA (if out-of-area or out-of-state). **The DVHA reserves the right to review specific hardship requests to determine true economic necessity.**

The following individuals may be eligible to receive Hardship Mileage:

- Any natural or adoptive parent of a child less than 18 years of age. Such an individual may receive Medicaid transportation reimbursement only through the Hardship Program.
- An individual living in the Medicaid household providing transportation to a Medicaid beneficiary using a vehicle owned/provided by the Medicaid household.

The beneficiary may be reimbursed for mileage if the beneficiary uses his or her own automobile for medically necessary transports if the beneficiary has a condition that:

- Requires repeated treatment on at least a weekly basis (such as dialysis, chemotherapy, physical therapy, psychotherapy etc.) and beneficiary mileage for these trips totals more than 50 miles per week., OR,
- Requires multiple trips and/or treatments each month and beneficiary mileage for these trips totals more than 215 miles per month.

Hardship mileage reimbursement is currently at the rate of \$.18 per mile. It is necessary for trips to be pre-authorized by the Broker under the hardship provision. To obtain reimbursement for hardship mileage, the beneficiary must submit to the Broker: 1) the time and place of each medical appointment, 2) the name of the medical provider, and 3) actual miles traveled.

The Broker must verify the trip/mileage using maps or (online) Google Maps information, and date/time of the appointment.

**Beneficiaries will not be reimbursed for trips that do not meet Medicaid eligibility guidelines.**

Trips to/from a hospital emergency room, made by an individual using their own vehicle, are potentially eligible for hardship reimbursement if all eligibility criteria is met and the trip is reported to the Broker within 48 hours of occurring.

#### **4.16. Acknowledgement and Waivers: Hardship or Personal Choice Driver**

When Medicaid beneficiaries or Reach-Up or Ladies First program participants/clients/recipients (hereafter called "recipients") voluntarily choose to drive his or her own vehicle (hereafter a "Hardship Driver") and qualify for the *Hardship Mileage Reimbursement Program* or receive permission from DVHA to select a "Personal Choice Driver" to drive the them in either the recipient's or another vehicle) for eligible transportation, as defined by rule, in every such instance, the Broker shall secure from the recipient and separately from the Driver, an Acknowledgment and Waiver of Liability which is signed and dated by each:

- which notifies the Recipient and the Driver that it is the Recipient's and the Driver's responsibility (and not the responsibility of the Broker or the State/DVHA) to assure that the vehicle is properly registered and inspected; that the Driver is currently licensed to drive the vehicle and that the vehicle will be operated in compliance with all motor vehicle laws that apply to the Driver and vehicle, and
- in which the Recipient and the Driver each assume full responsibility for all liability and all risk of injury or loss and each waives and releases any claims which the Recipient or the Driver may have against the Broker or the State/DVHA in connection with such transportation. Each Acknowledgment and Waiver of Liability shall be filed with the Broker prior to the first time that the Broker authorizes reimbursement for the recipient's use of a Hardship or Personal Choice Driver. All such forms/documents shall be retained by the Broker.

The Acknowledgment and Waiver of Liability forms are found in Section 6 of this manual.

**NOTE: Mileage reimbursement for preapproved Personal Choice Drivers will begin at the point of pick up, not at the driver's point of departure.**

## **4.17. Reach Up Program**

Reach Up is a training and work program primarily for parents receiving Reach Up grants and support services through the Department for Children and Families (DCF), Economic Services Division (ESD).

The Reach Up transportation process is as follows:

The Reach Up case manager will establish eligibility for transportation by completing a Vermont Department for Children and Families (DCF), Economic Services Division (ESD) "Transportation Authorization" form and providing two copies to the Broker. Once eligible, the beneficiary is responsible for contacting the Broker. Services requested may include ESD approved activities for the beneficiary and children. The Reach Up case manager will contact the Broker to collect the cost and mode information before finalizing authorizing the transport.

Additional trips can only be approved with another authorization form.

If the Broker is contacted by a Reach Up beneficiary but has no "Transportation Authorization" form, the beneficiary should be referred to the local DCF District Office.

Once a Broker receives final approval from the ESD case manager and has been contacted by the Reach Up beneficiary, transportation may be arranged. If a trip is cancelled, beneficiaries should contact the Broker 24 hours prior to the arranged trip.

The Broker will:

- Arrange only the transportation authorized on the authorization form.
- Not provide transportation to Reach Up beneficiaries without receipt of the completed "Transportation Authorization" form from the beneficiary's case manager.
- Notify the Reach Up case manager cited on the authorization form if transportation cannot be arranged.
- Immediately report no-shows to the ESD District Director or designee. In addition, the Broker shall follow the no-show process. If "no shows" occur, carrier costs will be reimbursed.
- Bill monthly based on the approved "Transportation Authorization Form":

- Each bill must be by district, participant receiving a ride, number of children participating in the ride, mode of transportation, start and end date, destination of ride, cost per trip, cumulative cost from the very first ride, number of no-shows, case manager's name and purpose of the ride. Purpose of the ride may be to participate in work activity, education, training, Making it Work, assessment or other federal work countable activities.
- Provide a summary bill of cost identifying the provider, provider number, claim date and signed by whoever prepared the bill and report.
- Invoices submitted more than 60 calendar days after the month of service will not be honored.
- Bill according to the instructions included in the "VPTA **Reach-Up Procedure Manual**", last edited 4/2008, with any subsequent updates, to facilitate billing for Reach-Up transports.
- Submit bills for Reach Up trips to AHS/DCF/Economic Services Division, Attention of Marcia Guyette, A Building, 2nd Floor, 103 South Main Street, Waterbury, VT 05671-1201.
- Submit copies of bills for Reach Up trips to the appropriate ESD District Manager.
- Copies of denials for transportation should be sent to:
  - Application and Document Processing Center
  - Dale Building – Ground Floor
  - 103 South Main Street
  - Waterbury, VT 05671-1500
- Direct questions about specific rides to the DCF Staff contact - the contact information will be on the "Transportation Authorization" form.
- Direct questions about billing to Marcia Guyette at 802-241-3981.

#### **4.18. Providing Transportation to Others**

When requests for transportation include other riders in addition to the Medicaid beneficiary, it must be established that it is medically

necessary for those other riders to be included. Such situations may include:

- An adult accompanying a minor child
- A companion accompanying a disabled person
- A parent visiting a sick minor child in a hospital

Beneficiaries requesting others to assist them or accompany them on a ride must receive prior approval from the DVHA. A letter from the referring physician proving medical necessity must be forwarded to the DVHA for review. The broker may request further information from the beneficiary as well. The result of the any determination will then be passed on to the broker.

In the case of a parent visiting a minor child in a hospital or a long term care situation, that parent must be categorically eligible to receive the transportation service. In addition, medical necessity for the visit must be submitted by the referring physician to DVHA for review and prior approval.

#### **4.19. Visitation Limitation**

Medicaid will cover one round trip transport for the parent(s) (natural or adoptive) to visit a minor child in medically stable condition, admitted to a sub acute facility (nursing home or long term care facility) with prior approval from the DVHA, when the duration of minor child's stay is expected to exceed 30 days. If the visit is scheduled for the weekend, overnight lodging may be covered.

Visitation will not be covered in cases where a parent has chosen for their child to receive treatment from a facility other than the closest available facility.

#### **4.20. Broker/Subcontractor Relations**

When necessary, brokers are responsible for establishing subcontractor relationships to assist in meeting NEMT requirements according to the contract. Through the brokers, subcontractors must meet all of the requirements as set forth in the contract while performing directed NEMT requirements. If issues surface between the broker and a designated subcontractor that cannot be worked out according to the contract, the DVHA will serve as an initial arbitrator to resolve any potential disputes.

## 5. Beneficiary Communication

### 5.1. Notification of Beneficiary “No Shows”

At the time of the first “no show” by a beneficiary, the broker shall send out a letter outlining the DVHA’s “no show” policy. The first “no show” shall not count against the beneficiary. A copy of this letter may be found in Section 6.

On subsequent “no shows”, however, the broker should document the “no show” in their computer system. After the third “no show” the broker must send written notification that the beneficiary has “no showed” for the third time and, therefore, will be required to adhere to the new guidelines concerning “no shows”. A copy of the policy letter may be found in Section 6.

According to the rules of this policy, a beneficiary with three “no shows” will still be required to call in advance to set up their ride. They now will also be required to call in, 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, to confirm that they are going to be needing the ride. If the beneficiary does not call in, the driver will not be sent for the pick up, and the ride shall not take place.

**NOTE: Late or last-minute appointment cancellations by providers shall not be counted as “no shows” for beneficiaries. Also, good cause for missing appointments and/or rides may be taken into consideration by the broker and/or DVHA when addressing specific “no show” incidents.**

The “no show” notice to the beneficiary must include the following elements:

- 1) How long the beneficiary will be required to adhere to the new policy.
- 2) When the policy change begins.
- 3) The reason for the adherence requirement.
- 4) A reference to this policy.
- 5) An explanation of the beneficiary's right to appeal this decision to the Human Services Board by calling the Health Access Member Services Unit (Maximus) at 1-800-250-8427 or by writing to the director of the local DCF District Office within 90 days of the date of the policy notice. (See below in this Manual for how to handle an appeal.)

After six months of successful adherence to this new policy, a beneficiary may be allowed to access further rides in the normal fashion. Any subsequent "no show", however, will result in the beneficiary again being forced to comply with the new call in guidelines.

If a Reach Up beneficiary is a "no show," copies of all "no show" notification letters will be sent to the beneficiary's Reach Up Case Manager at the local DCF office.

"No shows" count for the entire immediate family (all members living in the same household). For example, a "no show" by a child shall count as one "no show" for all members of that household.

The broker must send written notification to the beneficiary when the penalty period has ended informing the beneficiary that they may access their broker arranged transport in a normal fashion once again.

**NOTE: If a broker does not follow this policy per direction (if notices are not sent out, etc), then the beneficiary's "no shows" cannot be counted against them until the policy is followed correctly.**

## 5.2. Denial of Transportation

When a request for transportation is denied, a Medicaid beneficiary must be given a written notice explaining the reason for the denial and informing the beneficiary of the right to appeal. The Broker must use the most recent version of DVHA-220MT, a standard form provided by the DVHA for this purpose.

The Broker will complete the DVHA-220MT by listing the identification (ID) number, name and address of the head of household, the name and address of the Broker and by checking the 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, the Broker should contact the DVHA for guidance.

Copies of the notice will be distributed as follows:

White	-	Medicaid beneficiary
Yellow	-	DVHA
Pink	-	Broker File

The Broker must contact the DVHA to replenish their supply of form DVHA-220MT.

### **5.2.1. Beneficiary Unruly, Dangerous or Illegal Behavior**

The Broker must assure that transportation to and from necessary medical services is available for eligible beneficiaries. The Broker may not deny transportation services because the beneficiary is “unpleasant” (i.e., disagreeable, displeasing or generally obnoxious).

In some circumstances, the Broker should report a beneficiary's behavior to the police; an example is if a beneficiary's behavior is dangerous, threatening, or threatens to become physically abusive to employees or the public. If the Broker believes the beneficiary is engaging in behavior that is against the law, such as using illegal drugs (for example, smoking marijuana while being transported), such behavior should be reported. After making a report, the Broker will notify the beneficiary in writing that the beneficiary's threats, physical abuse, dangerous or illegal behavior has been reported to the appropriate agencies/authorities and that it may result in the beneficiary's suspension from the NEMT program or denial of future requests for NEMT.

In cases where beneficiary behavior is obnoxious or offensive but not dangerous or illegal, the Broker should inform the beneficiary in writing that the behavior is unacceptable. The Broker may also inform the beneficiary, in writing, that if the behavior continues, the DVHA may be willing to reimburse a personal choice driver that the beneficiary obtains to provide the transports to medical services/appointments (but at no greater cost than otherwise would have been incurred). All Personal Choice drivers must be prior authorized by the DVHA before initiation, and every transport provided by that Personal Choice driver must be prior authorized by the Broker.

Transportation brokers, in accordance with DVHA, reserve the right to “lock-in” beneficiaries to one specific volunteer driver due to repeated instances of offensive or inappropriate behavior. If the beneficiary chooses not to ride with that driver, then transportation will not be provided.

In cases where a beneficiary has a history of abusive, offensive, dangerous or threatening behavior and as a result no carrier can be found who is willing to transport the beneficiary, a written denial notice must be given the beneficiary with the reason stated as “No carrier or driver willing to transport”.

### **5.3. Beneficiary Appeal for Fair Hearing**

A beneficiary may appeal **any denial of a request for transportation**.

All beneficiaries denied transportation must receive a written denial from the Broker. DVHA 220-MT informs beneficiaries that they may request a hearing by calling the Health Access Member Services Unit (Maximus) at 1-800-250-8427 within 90 days of the date of the denial.

The DVHA contacts the Broker to obtain any other available information and notifies the Human Services Board which will hear the appeal. The Human Services Board then notifies the beneficiary of the time and place for the hearing.

A copy of a Fair Hearing decision may be requested by contacting the Human Services Division of the Attorney General’s Office at (802) 241-2840.

Beneficiaries who use private transportation to and from a fair hearing may be reimbursed for mileage. A request for reimbursement is handled by the applicable DCF District Office. Most persons are reimbursed for travel to a Fair Hearing outside of their town of residence by submitting an AAF-6A State of Vermont Personal Expense Claim.

Beneficiaries with special transportation needs (such as a ramp or lift equipped vehicle), with no car or those who live in remote locations may be provided transportation by the designated broker serving the beneficiary’s town of residence. Such transportation will be provided for those with special needs regardless of whether the hearing is held inside or outside of the applicant's town of residence.

## 6. Forms and Reference Materials

## **APPENDIX A: COVERED/NON-COVERED SERVICES**

### **Examples of NEMT eligible services**

Medicaid-approved Abortions

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 beneficiary transport to and from fair hearings

Hearing Aids – Medicaid will cover transportation for beneficiaries to have their hearing tested or to have hearing aids repaired.

OBGYN, Greenfield, MA – is considered part of the Brattleboro area for obstetrical and gynecological care.

Parents in Distress – a group therapy, family-counseling program in the White River Junction area.

Sex Offenders’ Group Therapy – if a licensed psychiatrist or psychologist leads or directly supervises the group.

Therapists – if licensed psychiatrists or directly supervised by a licensed psychiatrist.

Well Child Clinics – only if no other means of transportation is available.

WIC Clinics – restricted to trips where the beneficiary will receive a medical service.

### **Examples of Non-Eligible NEMT Services**

Trips to fill out paperwork or pick up benefits are not covered.

Transportation to any activity, program or service that cannot be directly billed to Vermont Medicaid or is not directly provided by an enrolled health care provider.

Services required by a child’s Individualized Educational Plan (IEP)

Self-directed activities

Smoking cessation workshops and programs, including hypnosis

- Exception – these rides will be covered if the Medicaid beneficiary is pregnant, and if the program is covered by Medicaid.

A pharmacy for non-medical items

Horse-riding therapy

Experimental treatments where a control-group is used or 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 programs to obtain benefits

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

Anger Management classes

Support Groups – battered women, cancer, Alcoholics Anonymous, etc.

University of Vermont (UVM) Substance Abuse Treatment Center in Burlington

Other (not an all-inclusive list, but examples):

- Free clinics, such as WIC, are generally exempt from this rule if necessary medical services are provided. The local Health

Department will refer beneficiaries for allowable trips. However, trips to fill out forms or pick up benefits apart from a medical service are not covered. If transporting to and from free clinics, all questions about the nature of the visit should be directed to DVHA to ensure confidentiality.

- When the service would normally be covered by Medicaid but is free (such as flu shots).
- When beneficiaries have exceeded the dollar-cap for a covered service but have agreed to pay for additional medical/dental care themselves.

**Situations may arise where Medicaid will pay for transportation for a beneficiary to a service that is not a normal covered service under current Medicaid guidelines. The Broker must contact the DVHA to discuss these situations and to receive approval to transport.**

**NEMT Procedure Manual**  
**Department of Vermont Health Access**

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Vermont Department for Children and Families  
Economic Services Division  
Disability Determination Services

ESD 160  
R 10/08

**TRANSPORTATION AUTHORIZATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Claim Number \_\_\_\_\_

Address \_\_\_\_\_ Home telephone no. \_\_\_\_\_  
\_\_\_\_\_

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 broker** \_\_\_\_\_ Telephone no. \_\_\_\_\_

Fax Number \_\_\_\_\_

Mode of Transportation \_\_\_\_\_ Cost per Trip \_\_\_\_\_

DCF Staff Contact \_\_\_\_\_ Date \_\_\_\_\_

Office or location \_\_\_\_\_ Telephone no. \_\_\_\_\_

Fax Number \_\_\_\_\_

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Cost Approved  Cost Disapproved  By \_\_\_\_\_ Date \_\_\_\_\_

## IN-STATE, OUT-OF-AREA/OUT-OF-STATE MEDICAID TRANSPORTATION PHYSICIAN REFERRAL FORM

*The Department of Vermont Health Access provides travel assistance to eligible Medicaid recipients to access necessary medical services. Please provide the following information to help us provide that assistance. Thank you.*

*Physician's Office: Please mail or fax completed form to:  
Medicaid Transportation, Department of Vermont Health Access,  
312 Hurricane Lane, Suite 201, Williston, VT 05495 / Fax: (802) 879-5919.*

Client Name \_\_\_\_\_

Medicaid Number \_\_\_\_\_ DOB \_\_\_\_\_

Appointment Date and Time \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_

Name of physician to whom  
patient is being referred \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Is overnight lodging necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Medically, how many people should accompany the patient? \_\_\_\_\_

Local Transportation Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

---

DVHA Decision: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

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Please describe the specific service or care requested: \_\_\_\_\_

\_\_\_\_\_

---

Please check "yes" or "no" to all of the following questions. If necessary, use an additional sheet of paper:

- | <u>YES</u>               | <u>NO</u>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this service obtainable in Vermont?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Have efforts been made to find a closer provider?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the requested physician possess special expertise?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it medically necessary for this physician to treat this patient? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the patient have a history with this specific provider?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Can another physician take over this case if a history does exist?  |

If necessary, please add any further information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print name of Doctor or Doctor's Staff providing information

\_\_\_\_\_  
Signature of Doctor or Doctor's Staff providing information  
(if phone contact, broker staff filling out this form)

\_\_\_\_\_  
Date

*[Place on local broker Letterhead]*  
**HARDSHIP MILEAGE REIMBURSEMENT LETTER**

*(Place on local broker letterhead)*

PLEASE CAREFULLY REVIEW THIS NOTICE.

Effective October 1, 2010, should you require reimbursement through Medicaid for transportation to Medicaid covered services, you must comply with these procedures.

If you are in receipt of Medicaid, Vermont's Medicaid Program requires that you are assured necessary transportation to and from available providers of medical care and services covered under Medicaid. Assuring transportation does not necessarily mean payment for transportation through DVHA, however. It is your responsibility to plan your medical appointments so the least amount of trips will be needed. If you have access to other means of transportation which you use for daily living activities, this should be used first. If you have no other way to get to covered medical services you may request assistance in obtaining and paying for medical transportation. If an undue financial hardship exists payment may be considered on a case by case basis, depending on client infirmity/limitations, frequency and distance of trips, and trips by private vehicles or taxi to Medicaid covered services.

If you are requesting mileage reimbursement the following policy applies:

- 1) Any mileage reimbursement for medical transportation must be prior authorized. To request authorization, the requesting provider must complete a Medicaid Prior Authorization form at least 10 days in advance of the medical appointment, unless it is an emergency or urgent care in which case you must contact us as soon as possible after the appointment.
- 2) Keep track of all your appointments to Medicaid covered services on a Monthly Authorization Voucher for Medical, Travel and Incidental Expenses. Vouchers can be obtained by contacting your local Medicaid transportation broker. Unless approved otherwise, Google Maps will be used to determine the number of miles reimbursed. It is very important that you include a physical address for all providers.
- 3) Obtain written verification from your physician that you kept your appointment. Verification may be the signature on the voucher, a statement or FAX on physician letterhead or prescription form or receipt for that day's appointment.
- 4) Submit your monthly *voucher* and verification of kept appointments to your local transportation broker by the end of the following calendar month. Make sure your voucher is signed.
- 5) If determined eligible, the local transportation broker will then make arrangements for you to receive reimbursement at a rate of .18 per mile.
- 6) In the event your private vehicle is mechanically out of service, you must present supporting documentation from a registered mechanic at an authorized auto repair service before arrangements will be made for an alternative mode of transportation (Public Transportation, DSS driver or taxi). That documentation needs to be submitted to your local transportation broker.

*[Place on local broker Letterhead]*

## MEDICAID MOTOR VEHICLE EXCEPTION REQUEST FORM

Please mail or fax this completed form directly to your  
local transportation broker's office.

Name: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Reason for Exception Request: A vehicle is considered unavailable, on the day needed, if (please check all that apply):

- the vehicle is not operating; or
- the vehicle is not registered; or
- the vehicle is not insured; or
- there are no licensed drivers in the household; or
- there is no one in the household capable of driving the vehicle; or
- the vehicle is being used for work purposes and (**select one or more below**):
  - the wage earner is not able to take time off of work for the medical appointment,
  - the appointment cannot be scheduled around the wage earner's working hours; or
  - the wage earner works at such a distance that they are not able to be dropped off and picked up at work so that the vehicle may be used for the transport to a medical appointment.

Vehicle #1: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Operating? \_\_\_\_\_

Vehicle #2: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Operating? \_\_\_\_\_

Vehicle # 3: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Operating? \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date of Exception Request: \_\_\_\_\_

DVHA Decision: \_\_\_\_\_ Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

## DRIVER'S ACKNOWLEDGEMENT AND WAIVER OF LIABILITY – PERSONAL CHOICE – MEDICAID

This is a Legal Document Which Contains A Release of Legal Rights – Review Carefully and Understand Before Signing

**TRANSPORTATION PROVIDER.** is a Medicaid broker and provides transportation for Medicaid clients to and from medically necessary appointments. Instead of using a driver and vehicle selected by **PROVIDER**, a Medicaid client may select a driver and vehicle of his/her own choosing to drive him or her to and from medically necessary appointments which are authorized for payment by Medicaid.

**PROVIDER**, in turn, will send the Medicaid payment to the driver selected by the Medicaid client.

As a driver, I understand that \_\_\_\_\_(insert name of Medicaid Client) (referred to in this document as the “Client”) has personally and voluntarily selected me to drive him/her to one or more of his/her medically necessary appointments.

**I understand, acknowledge and agree to the following with respect to any and all transportation which I provide to the Client for any medically necessary appointments:**

I am not an employee or agent of **PROVIDER**. **PROVIDER** has not selected me as a driver for the Client, 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 **PROVIDER** is to provide reimbursement to me, as the driver, at a rate set by the State of Vermont. I assume full responsibility for all injury or damage which may arise out of my transporting the Client and I both waive any claims against and agree to hold harmless **PROVIDER** and its employees and directors from any and all claims arising from injury, damage, expense or loss which may occur in my driving the client to and from medically necessary appointments. 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 HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY. I UNDERSTAND ITS CONTENTS AND I AFFIRM MY AGREEMENT TO ITS TERMS. I AM AGE 18 OR OLDER AND CAN SIGN LEGAL DOCUMENTS, INCLUDING THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Witness

## CLIENT ACKNOWLEDGEMENT AND WAIVER OF LIABILITY – PERSONAL CHOICE – MEDICAID

This is a Legal Document Which Contains A Release of Legal Rights – Review Carefully and Understand Before Signing

**TRANSPORTATION PROVIDER**, is a Medicaid broker and provides transportation for Medicaid clients to and from medically necessary appointments. As a Medicaid client, I understand that I can use the drivers and vehicles provided by **PROVIDER** to take me to my medical appointments. I also understand that if I prefer to do so, I can select my own driver to take me to and from such medically necessary appointments instead of having a **PROVIDER** driver, operating a **PROVIDER** vehicle, take me to such appointments.

**I have decided to select my own driver and understand and agree to the following:**

I have selected the driver and the vehicle for my medically necessary transportation. I understand that the only responsibility of **PROVIDER** is to provide transportation reimbursement to the driver at rates set by the State of Vermont. I waive any and all claims against **PROVIDER** and its employees and directors arising from injury, damage, expense or loss which may occur in connection with my medically necessary transportation. I also understand that it is my sole responsibility to make sure that 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 medically necessary transportation in which I have selected a the 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. Finally, I understand that I am free at any time to once again use the transportation provided by **PROVIDER** and this acknowledgement and Waiver of Liability will not apply to any transportation that is provided by a **PROVIDER** driver and vehicle.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medicaid Client  
ATTACH COPY OF MEDICAID CARD

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client's Parent/Guardian if Client  
Is under age 18 or under legal Guardianship

\_\_\_\_\_  
Witness

## DRIVER'S ACKNOWLEDGEMENT AND WAIVER OF LIABILITY – PERSONAL CHOICE - DVHA

**This Is a Legal Document Which Contains A Release of Legal Rights**  
**Review Carefully and Understand Before Signing**

**TRANSPORTATION PROVIDER.** \_\_\_\_\_ (name of provider) (“PROVIDER”), provides transportation for DVHA clients (the “Client) to and from appointments with the Reach-Up, Fair Hearing and Ladies First Programs. Instead of using a driver and vehicle selected by PROVIDER, a client may select a driver and vehicle of his/her own choosing to drive him or her to and from appointments with one of the programs named above. PROVIDER, in return, will send the DVHA authorized transportation reimbursement to the driver selected by the client. Transportation to or from any of the above named programs shall be referred to in this document as a “DVHA transportation”. \_\_\_\_\_ (name of client) has personally and voluntarily selected me to provide him/her with DVHA transportation.

I understand, acknowledge and agree to the following with respect to any and all DVHA transportation which I provide to the client:

I am not an employee or agent of PROVIDER. PROVIDER has not selected me as a driver for the Client, 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 PROVIDER is to provide reimbursement to me, as the driver, at a rate set by the State of Vermont. I assume full responsibility for all injury or damage which may arise out of my transporting the Client with DVHA transportation and I both waive any claims against and agree to hold harmless PROVIDER and its employees and directors from any and all claims arising from injury, damage, expense or loss which may occur in connection with my providing DVHA transportation to the client. 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 HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY. I UNDERSTAND ITS CONTENTS AND I AFFIRM MY AGREEMENT TO ITS TERMS. I AM AGE 18 OR OLDER AND CAN SIGN LEGAL DOCUMENTS, INCLUDING THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Driver

## **CLIENT ACKNOWLEDGEMENT AND WAIVER OF LIABILITY – DVHA**

This is a Legal Document Which Contains A Release of Legal Rights – Review Carefully and Understand Before Signing

**TRANSPORTATION PROVIDER** provides transportation for DVHA clients such as myself (the “Client”) to and from DVHA program appointments for the Reach-Up, Ladies First and Fair Hearing programs (“DVHA Programs”). As a client, I understand that I can use the drivers and vehicles provided by **PROVIDER** to take me to and from my DVHA Programs. I also understand that if I prefer to do so, I can select my own driver to take me to and from such DVHA Programs instead of having a **PROVIDER** driver, operating a **PROVIDER** vehicle, take me to and from DVHA Programs.

**I have decided to select my own driver and understand and agree to the following:**

I have selected the driver and the vehicle to take me to and from my DVHA Programs. I understand that the only responsibility of **PROVIDER** is to provide transportation reimbursement to the driver at rates set by the State of Vermont. I waive any and all claims against **PROVIDER** and its employees and directors arising from injury, damage, expense or loss which may occur in connection with my transportation to DVHA Programs. I also understand that it is my sole responsibility to make sure that 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 transportation for DVHA Programs in which I have selected a the 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. Finally, I understand that I am free at any time to once again use the transportation provided by **PROVIDER** and this acknowledgement and Waiver of Liability will not apply to any transportation that is provided by a **PROVIDER** driver and vehicle.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medicaid Client  
**ATTACH COPY OF MEDICAID CARD**

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client’s Parent/Guardian if Client  
Is under age 18 or under legal Guardianship

\_\_\_\_\_  
Witness

## ACKNOWLEDGEMENT AND WAIVER OF LIABILITY BY DRIVER FOR TRANSPORTATION OF HARDSHIP CLIENT

**This Is a Legal Document Which Contains A Release of Legal Rights**  
**Review Carefully and Understand Before Signing**

The following individual \_\_\_\_\_ (can be driver or a dependent family of driver) is a Medicaid client (the "Client"). Because I own and drive a vehicle, I can drive the Client to and from qualified medically necessary appointments in my vehicle. I understand that the following conditions must be met in order for me to qualify for Medicaid transportation reimbursement:

The Client has a condition that requires multiple treatments at least once a week (such as dialysis, chemotherapy, physical therapy, etc.) and the client mileage for these trips totals more than 50 miles per week.

-OR-

The Client has a condition that requires multiple trips and/or treatment each month and the client mileage for these trips totals more than 215 miles per month.

I understand, acknowledge and agree to the following with respect to any and all transportation which I provide to the client for any medically necessary appointments:

I am not an employee or agent of **TRANSPORTATION PROVIDER**. **PROVIDER** has not selected me as a driver for the Client, 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 **PROVIDER** is to provide reimbursement to me, as the driver, at a rate set by the State of Vermont. I assume full responsibility for all injury or damage which may arise out of my transporting the Client and I both waive any claims against and agree to hold harmless **PROVIDER** and its employees and directors from any and all claims arising from injury, damage, expense or loss which may occur in my driving the Client to and from medically necessary appointments. 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 HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY. I UNDERSTAND ITS CONTENTS AND I AFFIRM MY AGREEMENT TO ITS TERMS. I AM AGE 18 OR OLDER AND CAN SIGN LEGAL DOCUMENTS, INCLUDING THIS ACKNOWLEDGEMENT AND WAIVER OF LIABILITY.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Driver

## MEDICAID HARDSHIP CLIENT/FAMILY WAIVER OF LIABILITY

**This Is a Legal Document Which Contains A Release of Legal Rights**  
**Review Carefully and Understand Before Signing**

I am a Medicaid client (the "Client"). I understand that a family member of mine who owns and drives a vehicle may be entitled to reimbursement for transporting me to and from medically necessary transportation. Reimbursement may be provided by **TRANSPORTATION PROVIDER** the regional Medicaid transportation broker, if I have a condition that requires:

multiple treatments at least once a week (such as dialysis, chemotherapy, physical therapy, etc.) and the client mileage for these trips totals more than 50 miles per week.

-OR-

multiple trips and/or treatment each month and the client mileage for these trips totals more than 215 miles per month.

I also understand and agree to the following:

I have selected the driver and the vehicle for my medically necessary transportation. I understand that the only responsibility of **PROVIDER** is to provide reimbursement to the driver at a rate set by the State of Vermont. I waive and all claims against **PROVIDER** and its employees and directors arising from injury, damage, expense or loss which may occur in connection with my medically necessary transportation. I also understand that it is my sole responsibility to make sure that my driver follows all laws governing vehicles and drivers. This waiver in 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 the terms.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medicaid Client  
ATTACH COPY OF MEDICAID CARD

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client's Parent/Guardian if Client  
Is under age 18 or under legal Guardianship

\_\_\_\_\_  
Witness

## “NO-SHOW” POLICY ADVISORY LETTER

The Department of Vermont Health Access provides travel assistance to eligible Medicaid recipients to access necessary medical services. This letter is to advise you, however, that you recently scheduled transportation but you were not present for the pick up by our driver on [DATE] for an appointment at [PRACTICE, LOCATION].

Per Vermont Medicaid/Reach Up policy, the process by which you access your transportation benefit may be changed after excessive “no show” incidents. After three of these incidents, your transportation benefit will be changed. .

According to the rules of this policy, a beneficiary with three “no shows” will still be required to call in advance to set up the ride. You now will also be required to call in to confirm that you are going to be needing the ride either the afternoon before you are scheduled (if appointment is before 11 am), or the morning of the appointment if it is scheduled for after 11 am. If you do not call in, the driver will not be sent for the pick up, and the ride shall not take place

**NOTE: Late or last-minute appointment cancellations by providers shall not be counted as “no shows” for beneficiaries. Also, good cause for missing appointments and/or rides may be taken into consideration by the broker and/or DVHA when addressing specific “no show” incidents.**

*You have the right to appeal any decision to the Human Services Board by calling the Health Access Member Services Unit at 1-800-250-8427 or by writing to the director of the local DCF District Office within 90 days of the date of your change of benefit notice.*

In the future, you must call our office ahead of time to let us know that you are unable to attend a scheduled appointment so that a “no show” is not recorded. If you have any further questions, please feel free to contact our office at [BROKER PHONE].

Thank you.

Local Transportation Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**BENEFIT CHANGE LETTER**  
*[Place on local broker Letterhead]*

***[Insert beneficiary first and last name]***  
***[Insert street address]***  
***[Insert city, state, zip]***

***[Insert today's date]***

Dear [ ***Mr./Ms. Insert beneficiary last name***]:

This is to advise you that that you recently scheduled transportation but were not present for the pick up by our drivers on **[insert date / time of "no show".]**

In the future, you must call our office ahead of time to let us know that you are unable to attend a scheduled appointment so that another "no show" is not recorded.

Vermont Medicaid/Reach Up policy states that your transportation benefit will be changed after three "no show" incidents. The following explains the change to your transportation benefit:

According to this policy, a beneficiary with three "no shows" will still be required to call in advance to set up the ride. You now will also be required to call in to confirm that you are going to be needing the ride either the afternoon before you are scheduled (if appointment is before 11 am), or the morning of the appointment if it is scheduled for after 11 am. If you do not call in, the driver will not be sent for the pick up, and the ride shall not take place.

If you have any further questions, please feel free to contact our office at **please add number.**

Sincerely yours,  
[Signed by Medicaid Coordinator or Responsible Individual]

**Copy to: DVHA**

**BENEFIT REINSTATEMENT LETTER**  
*[Place on local broker Letterhead]*

*[Insert beneficiary first and last name]*  
*[Insert street address]*  
*[Insert city, state, zip]*

*[Insert today's date]*

Dear *[ Mr./Ms. Insert beneficiary last name ]*:

This letter is to advise you that your Medicaid/Reach Up transportation benefits previously amended on **[insert date]** will be reinstated on **[insert date of change]**.

You may again call our office to arrange your Medicaid/Reach Up transportation. Please be aware that if you have three more "no shows", you will again be required to call in and confirm your rides.

Please remember to call our office in advance if it is necessary to cancel your transportation.

Sincerely yours,

Signed by Medicaid Coordinator or Responsible Individual]

**Copy to: DVHA**