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Allen County Job and Family Services Non-Emergency Transportation (NET) Plan

Effective: July 1, 2019

Revised: February 4, 2020

Allen County Job and Family Services (ACDJFS) acting under the Ohio Administrative Code 5160-15-13 must establish a Non-Emergency Medicaid Transportation Program (NET). The Non-Emergency Transportation program is a county-designed program separate and apart from the Ohio Works First program. **Effective July 1, 2019**, the NET Plan is hereby amended.

The NET program provides transportation for Medicaid eligible customers for whom transportation cannot be provided or arranged through other Medicaid transportation or community resources. NET transportation is only provided to and from medical providers who provide Medicaid covered services. These Medicaid covered services are to be within the customer's community, unless the specific service is not available within the community. The following describes implementation of the NET program by Allen County Job and Family Services.

A listing of contact information for those who are responsible for administering NET:

Rachael Reeder, Social Services Supervisor
(419) 999-0291
Rachael.Reeder@jfs.ohio.gov

Josh Parker, Fiscal
(419) 999-0299
Joshua.Parker@jfs.ohio.gov

A description of how the Medicaid-eligible individuals are aware both of the availability of transportation assistance and of the guidelines for using it:

Information is on the county website (www.acjfs.org) (See Appendix A). Additionally, Social Services Caseworkers provide NET information during intake and re-determination appointments.

Eligibility and Application

1. To request transportation for a medical appointment, customers need to contact ACDJFS at least five (5) business days prior to the appointment unless service is required due to illness, injury or follow up appointments. The customer may submit the request face to face with an ACDJFS worker verbally or in writing using the Medical Transportation Application (the most recent version can be found on www.acjfs.org). During business hours, requests via phone can be made by calling **(419) 999-0224** or in person by coming to the Agency. If after business hours, a voicemail may be left at that same number.
2. Once the request is received, it will be assigned for eligibility determination and service arrangements. A Social Services caseworker checks eligibility for

transportation utilizing the Ohio Benefits Worker Portal or the MITS system. All Medicaid categories qualify for NET transportation services except for MA M, QMB only, SLMB and QI-1.

3. Customers will be encouraged to use their Managed Care Plan (MCP) including Buckeye, CareSource, Molina Healthcare, Paramount, United Healthcare. Customers who are enrolled in one of the MCP programs will be referred to their managed care provider for transportation assistance. If the managed care provider cannot provide transportation or the customer expressly requests transportation through ACDJFS, and the customer is found eligible, transportation services will be approved.
4. If the client has reached trip limit for their Managed Care Plan, NET services will be arranged.
5. Medicaid consumers may not access NET if they qualify for transportation through: hospice services, ambulate, land ambulance, PRS (Pregnancy Related Services), long term care, nursing homes, or intermediate care facilities. Referrals will be made as necessary.
6. Qualified customers will provide the following:
 - a) Social Security Number
 - b) Medicaid identification number
 - c) Verification from the provider that the service is a Medicaid-covered service and that the appointment has been scheduled
 - d) The name, address, and telephone number of the healthcare provider where the individual plans to obtain a Medicaid-coverable service
 - e) The trip date or dates, time and approximate duration requested
 - f) The purpose of visit or name of the Medicaid program area
7. The ACDJFS case worker will explain to the client the procedure to follow to ensure that transportation is arranged and will mail or hand deliver the Non-Emergency Transportation Rights and Responsibilities to the client upon approval. (Appendix B)
8. NET Transportation will be provided only to locations that provide medical services and pharmacy stops.
9. It's encouraged for clients to organize all their pharmacy trips as one stop or combined with medical appointment.
10. Customers will receive verbal notification of approval or denial of their transportation requests in addition to an approval or denial letter being mailed along with the notice of state hearing information. In addition, the client will receive a confirmation of the transportation scheduled.
11. NET customers with a local medical appointment should be prepared for their ride one hour prior to their scheduled appointment time and 15 minutes after. The driver may arrive any time during the hour before the scheduled appointment. NET customers with out-of-town transports pick up times will vary based on the location of the medical provider.
12. Minors under the age of 18 MUST be accompanied by a parent, guardian or authorized adult to all medical appointments.
13. A parent or legal guardian may also accompany the consumer when he/she is younger than twenty-one (21) years of age.

14. The services of an attendant may be provided with written verification by the attending physician of the medical necessity. The attendant may be paid at the current minimum wage per hour up to eight hours per day. Relatives of the consumer cannot receive an attendant's salary. Approval of this service will be addressed on a case-by-case basis and determined by the Social Services Supervisor or designee.

Once the client is determined eligible, the Caseworker may also complete the NET Customer Request form (Appendix C) with the client to get all the trip information. This information will be entered in the ACDJFS's database system.

ACDJFS will NOT schedule a departure after 8 pm.

Arranging transportation assistance for trip(s) outside the community:

1. Community is defined as any Medicaid provider within Allen County.
 - a. In some circumstances, out-of-county transportation may be necessary because a medical service cannot be provided or is unavailable in Allen County. Requests for transportation outside the Allen County geographical area will be reviewed by the Social Services Supervisor. The customer is required to provide written documentation from his/her physician on their letterhead or prescription pad of the following:
 - the name of the necessary medical service,
 - a statement explaining the service is unavailable in Allen County and client is being referred outside of Allen County, and
 - appointment confirmation with the date, time, name, address, and telephone number of the provider.
2. This documentation should be provided to the Social Services Caseworker, as soon as possible, but not more than five business days, prior to the medical appointment. The Caseworker will determine eligibility for the out-of-the-county medical transportation request. Customers will be verbally notified if an out-of-the-county transportation request is approved or denied and a letter stating the outcome will be mailed.
3. Once an initial out-of-the-county transportation trip is approved, subsequent customer requests for transportation to the same provider for continuing or ongoing services will not require verification of the need for an out-of-the-county provider but any future transportation needs for the same provider will require the appointment date and whether any special services are needed.

For those customers able to provide their own out-of-the community transportation (self, friends or family member), there is potential for a gas voucher. See Gas Voucher section of this Plan.

Method of Transport:

For approved trips, the ACDJFS will determine the most cost-effective means of transportation, taking into consideration the unique circumstances of the customer and their specific transportation needs. Transportation may be provided by a contracted provider or issuance of a gas voucher. ACDJFS will assign the most cost-effective mode of transportation with the following priority given:

1. Clients able to take an RTA bus: Clients living on or within a half mile from an RTA bus route and the destination is on or a half mile from an RTA bus route and who are physically able to ride the bus, will be given bus tickets provided the transportation is needed during RTA bus route hours of operation.
2. Clients will receive gas vouchers when the client has a vehicle or has someone they can get a ride from.
3. Contracted Services will be scheduled using the most cost effective means available.

If the eligible individual does not have access to a vehicle, has access only to an unreliable vehicle or does not have a valid driver's license or automobile insurance, or the individual is instructed not to drive after the Medicaid-eligible service, and transportation cannot be provided by a friend or family member, the ACDJFS provides transportation through a contract provider for the eligible individual to and from their Medicaid reimbursable medical appointment. See Transportation Priority and Procedures in Appendix D.

Gas Vouchers

Gas vouchers may be issued depending upon the unique circumstances of the customer's specific transportation needs. Customers can drive themselves or have a family member or friend drive them when utilizing a gas voucher. Proof of current auto liability insurance, registration and a valid driver's license will be checked with each transportation request. The current list of approved gas vouchers vendors can be found in Appendix E.

When utilizing a gas voucher, the customer must have the medical provider complete a Provider Verification form (Appendix F) documenting he/she attended the appointment. This verification must be returned to ACDJFS within 30 days. Failing to provide the provider verifications may make the individual ineligible for future gas vouchers.

Gas vouchers must be presented to the gas station attendant prior to pumping fuel. The Gas station attendant will verify the gas voucher is still valid, by checking the void date on the voucher.

No monetary change is returned to the customer when using a gas voucher if the full amount of the voucher is not utilized. If a customer is issued a gas voucher but is unable to attend the medical appointment, the voucher needs to be returned to ACDJFS or destroyed.

Contract Services

ACDJFS contracts for transportation services to be provided to eligible Medicaid recipients who do not have their own transportation or a friend or family member who can transport them. The current contract providers can be found in Appendix G.

The individual requests transportation services through ACDJFS and upon the eligibility determination, is approved or denied for services. If the individual is eligible, transportation arrangements will be confirmed by the contracted driver and the individual through the caseworker. An authorization form is provided to the applicant and to the provider.

Contract providers will not provide transportation to an emergency service. If the customer is in need of ambulance services, ACDJFS can make a referral to appropriate providers.

When utilizing a contract services, the customer must have the medical provider complete the Provider Verification form documenting they have attended the appointment. This verification must be returned to ACDJFS within 30 days. Failing to provide the provider verifications may make the individual ineligible for future trips.

Complaints Regarding Contract Services

Customer complaints are referred to the Social Services Supervisor who then communicates them to the ACDJFS Fiscal Administrator who addresses the complaints with the appropriate provider and the customer. Customer complaints usually fall into one of the following categories:

- Ride did not arrive
- Late arrival
- Ride came too early
- Rudeness
- Miscellaneous

Contracted agency invoices are reconciled by the Fiscal staff prior to payment. The Fiscal staff will have all invoices reviewed and submitted for payment within 30 days of receipt.

Misuse of Transportation Assistance

If the customer does not accept the ride at the time the driver is at their pick-up location, it will be considered a “No Show.” If a customer has three “No Shows,” it is considered an occurrence. Individuals will lose NET contracted services per occurrence as follows:

Occurrence	Suspension Period
First	30 days
Second	60 days
Third	90 days

Clients must abide by a Code of Conduct. Disrespectful conduct and loud/obscene language toward personnel of contracted vendors **will not** be tolerated. In appropriate behavior such as threats, physical intimidation or physical violence is not acceptable and will result in NET termination and/or criminal prosecution.

Customers who utilize a gas voucher but fail to attend the medical appointment for which the voucher was issued will be ineligible to receive further gas vouchers until it is repaid to the Agency. Failure to return the Provider Verification form when the appointment was attended will also make the individual ineligible for further gas vouchers. Provider verifications must be returned to ACDJFS within 30 days.

NET Client Responsibilities

Customers **MUST** provide a two (2) business-day notice if their appointment needs to be rescheduled or canceled. If not, the trip will be considered a “No show.” To cancel a trip, customers may call the transportation team or leave a voice mail at (419) 999-0224. If an appointment needs to be rescheduled or canceled the same day due to circumstances out of the client’s control, the client must call transportation provider directly within two (2) hours then call ACDJFS at (419) 999-0224 immediately.

A written copy of the “Non-Emergency Transportation Rights and Responsibilities” (Appendix B) will be given to each NET transportation customer at the time of the first arrangement for transportation to an appointment. It will be signed by the client. These guidelines outline how to access NET services, what information is needed to process the request, transportation policies, the use of gas vouchers, and cancellation policy, etc.

Customers who disagree with transportation denials or suspensions will be advised of their right to a county conference or a state hearing.

Referrals Through Other Transportation Sources

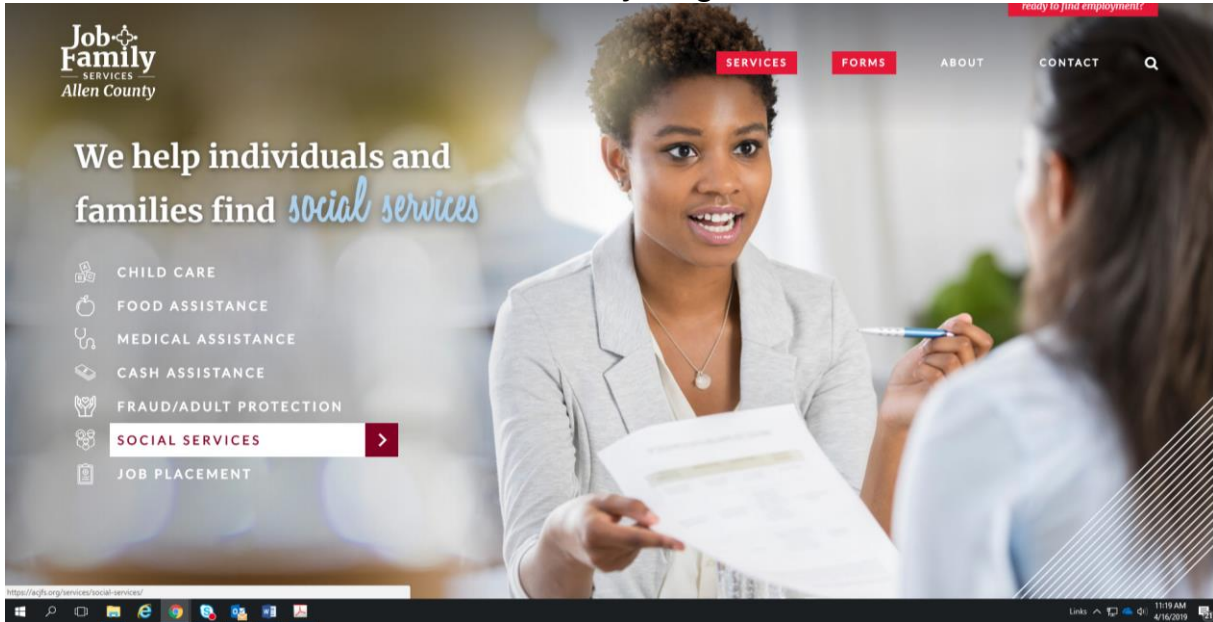
Allen County is a managed care county with services provided through CareSource, Molina, Buckeye Community Health Plan, Paramount Advantage and United Health Care. Customers enrolled in one of the managed care programs will be referred to their managed care provider for transportation assistance. If the managed care provider cannot provide transportation or the customer expressly requests transportation through ACDJFS, and the customer is found eligible, transportation services will be provided by ACDJFS.

No emergency, ambulette, hospice or nursing home transportation will be provided by ACDJFS. ACDJFS will refer customers to the appropriate provider (Ohio Administrative Code 5160-56-05 and 5160-15-03).

Appendix A

Allen County Job & Family Services NET Website Information

www.acjfs.org



Appendix B: Non-Emergency Transportation Rights and Responsibilities

Allen County Job and Family Services (ACJFS) RIGHTS AND RESPONSIBILITIES NON-EMERGENCY TRANSPORTATION (NET) and TITLE XX

How to Access NET Services: Contact the ACJFS (419-999-0224) Transportation Unit at least five (5) business days prior to your scheduled medical appointment unless service is required due to illness, injury or follow up appointment. Transportation must be to a Medicaid-eligible service within Allen County, unless the Medicaid-reimbursable service is not available in Allen County. The individual will need to provide documentation that the services are not available within Allen County.

I understand that ACJFS will determine the mode of transportation and use the most cost-effective means.

If I am not Medicaid eligible but eligible for Title XX medical transportation, I will only receive three in-county trips and one out-of-county trip per month unless on dialysis (see Social Services Supervisor for additional information). Additionally, if I am receiving Title XX, I will have my services open for six (6) months and then will have to re-apply. I must notify ACJFS if I have any income changes anytime during those six (6) months.

I need to provide ACJFS the following information to process any NET request:

1. Social Security number of the individual with the medical appointment. All Medicaid categories are eligible except MAM, QMB only, SLMB and Q-1
2. The individual's Medicaid identification number
3. Medical Provider information required:
 - a. Name and type of medical provider
 - b. Address and telephone number
 - c. Purpose of appointment
 - d. Date and time of the appointment
4. A signed copy of the Rights & Responsibilities Form
5. Verification from the provider that the service is Medicaid-covered service and that it has been scheduled

TITLE XX (customers) ONLY: If you are using your Title XX funding, you are able to receive one out-of-county and three in-county trips per month unless an alternate (see Social Services Supervisor for additional information).

Contracted Provider Transportation:

1. Transportation is only provided to and from the designated scheduled appointments. Transportation cannot be changed unless approved by a ACJFS Transportation Specialist two (2) business days prior to the day of the appointment.
2. I will call the contract provider 24 hours prior to my appointment to get the time they will be picking me up. When I have been scheduled a designated pick-up time, I will be ready at least one hour prior until 15 minutes after the arranged time for pick up. If not, and they come to get me, I will be considered a "no show."
3. If I need to cancel my ride, I will follow the cancellation policy noted on page 2. If I do not cancel my ride appropriately and timely, I will be considered a "no call/no show."
4. I must comply with rules and regulations of the contracted agency.
5. Only the customer who has the appointment will be provided transportation, unless the appointment is for a minor accompanied by a parent/guardian or a caregiver who has been deemed necessary by a medical provider.
6. If I live on or within a half mile from an RTA bus route and the destination is on or a half mile from an RTA bus route (and the appointment is scheduled during RTA operational hours) and I am physically able to ride the bus, bus tickets will be provided.
7. Attendance of the appointments must be verified by the provider. A signature other than the provider or a representative will constitute a case of fraud. Failure to provide a completed attendance verification form within 30 days after the scheduled appointment may make me ineligible for future transportation.

I understand that disrespectful conduct and level of abuse language toward personnel of contracted vendors will not be tolerated. In appropriate behavior such as threats, physical intimidation or physical violence is not acceptable and will result in an occurrence, NET termination and/or criminal prosecution.

Gas Vouchers:

1. I need to provide a valid driver's license, proof of insurance and current registration to be eligible.
2. If the gas voucher is not used, I will either return it to ACJFS or destroy.
3. I am not permitted to fill multiple vehicles with one voucher or fill a gas tank.
4. Attendance at the appointment must be verified by the provider. A signature other than the provider or representative will constitute a case of fraud. Failure to provide a completed attendance verification form within 30 days after the scheduled appointment may make me ineligible for future transportation.

Managed Care Transportation: ACJFS may refer customers to their Managed Care Provider for NET transportation.

Area: 1-800-364-0974 Backlogs: 1-888-311-0613 Case Source: 1-800-488-0134
 Helpline: 1-888-842-0279 Permanent: 1-800-482-5389 United Health: 1-844-211-9428

Cancellation Policy for NET:

1. I MUST provide a two (2) business-day notice if my appointment needs to be rescheduled or canceled. If not, the trip will be considered a "no show." To cancel or reschedule my appointment, I will call the transportation team or leave a voice mail at (419) 999-0224. If an appointment needs to be rescheduled or canceled the same day due to circumstances out of my control, I must call the transportation provider directly within two (2) hours then call ACJFS at (419) 999-0224.
2. I understand if I have three (3) "no shows" within a 30-day period, it is an occurrence. My assistance group will lose NET Transportation services according to the following:

# of Occurrences	Suspension Period
First	1 month
Second	3 months
Third	6 months

Hearing Rights: If I do not agree with a denial of services, I have a right to a County Conference or a State Hearing. The request for the County Conference or State Hearing must be requested within 90 days of the mailing date of the notice of action by calling 1-888-453-3748, option 1. I will receive a notice of termination of services. It will be mailed out 15 business days prior from ACJFS.

Providers:

Black and White Cab	(419) 222-6180
Daphne St. Citizens	(419) 695-1331
RAP Medical	(419) 745-1348, Fax: 6
Right At Home	(419) 234-2850

If I have issues with any of the providers, I will call Allen County Job & Family Services - Social Services Unit at (419) 999-0224.

ACJFS may call medical providers as a quality assurance measure to verify that I am attending scheduled appointments. I have received a copy of the NET Rights and Responsibilities or they have been read to me, and I understand them. I agree with the above information and will provide the information requested to maintain eligibility for NET services.

Client Name Printed	
Client Signature	Date
Careworker Signature	Date

Revised 12/2019

Appendix C: NET Customer Request Form



Non-Emergency Transportation (NET) Request

Return completed form to:

ACDJFS Social Services, 1501 S. Dixie, PO Box 4506, Lima, OH 45802
 FAX: 419.999.0420 allen_social_services@jfs.ohio.gov Questions? Call 419.999.0385

Person using Transportation Service Information						
Applicant Name (First Name, Middle Initial, Last Name)			Date of Birth	Medicaid Identification Number		
Address (Number Street/Apt Number)				City/State/Zip		
Social Security Number		Phone Number		Email Address		
Medical Appointment Information						
Date	Time	Pickup Address	Appointment Address	Length of Appt	Return Time	Drop off Address
Medical Provider _____ <input type="checkbox"/> Documentation Provided Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Medical Provider _____ <input type="checkbox"/> Documentation Provided Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Medical Provider _____ <input type="checkbox"/> Documentation Provided Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Medical Provider _____ <input type="checkbox"/> Documentation Provided Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Medical Provider _____ <input type="checkbox"/> Documentation Provided Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Consumer's Signature:				Date of request:		
Office USE ONLY: Type: <input type="checkbox"/> Bus Ticket <input type="checkbox"/> Gas Voucher/Client's Own Vehicle Provider: <input type="checkbox"/> Black/White Cab <input type="checkbox"/> RTA <input type="checkbox"/> Right at Home <input type="checkbox"/> K&P Medical <input type="checkbox"/> Delphos Sr. Citizen						

Appendix D: Transportation Priority and Procedures

Once applications have been approved and client is eligible for service, and client has requested a specific trip, transportation may be arranged using the following procedure. The most cost-effective mode of transportation will be used.

Bus Tickets: The “Receipt of Bus Ticket” form in the Supervisor’s office must be signed with the number of tickets given to client and the following information completed: client name, client SSN, purpose, number of tickets being given out by adult and child, and correct funding source/program (PRC, TXX, EMT, SSI, etc) and client signature. The client and the worker issuing the tickets--even if they are being mailed--need to sign. The form is then scanned into EDMS which can be done with the signature pad and green checking the form, if client is in the office. For tickets that are mailed, they must still be signed by the client. When mailing tickets, returned forms must be scanned into EDMS. The original signed form is kept in the supervisor's office.

Gas Vouchers: Will be issued per the Agency process. Calculate the number of miles by using Google Maps. All clients will receive \$.25 per mile. So the calculation is .25 cents multiplied by the number of driving miles. Verify that client or person driving, has a valid driver’s license, insurance, and valid car registration. The trip calculation only needs to be done the first time as long as the trip is the same. The calculated amount should be noted on the voucher in the description section. Scan the calculation into EDMS. The gas voucher will be signed by caseworker, supervisor and client. Once all signatures are received, it is given to the client to use at the location listed on the voucher to redeem.

NET Gas Vouchers: Will be issued per the Agency process. Calculate the number of miles by using Google Maps. Effective May 1, 2017: All clients will receive the same rate as CDJFS reimbursed employees. The current county rate is \$.40 per mile. So the calculation is .40 cents multiplied by the number of driving miles. . Verify that client or person driving, has a valid driver’s license, insurance, and valid car registration. The trip calculation only needs to be done the first time as long as the trip is the same. The calculated amount should be noted on the voucher in the description section. Scan the calculation into EDMS. The gas voucher will be signed by caseworker, supervisor and client. Once all signatures are received, it is given to the client to use at the location listed on the voucher to redeem.

Contracted Service: Any specific information per provider is attached to this document. Transportation Re-Cap sheet is updated by fiscal and will be sent out with each update.

Call service to verify trip rate. Complete Transportation Authorization form. Before forwarding to the provider, make sure that the SSN numbers show the last 4 digits ONLY. Green check to EDMS or scan as appropriate, Email the Transportation Authorization Form to provider. No signed Travel Authorization forms will be returned to you. Fiscal maintains signed Transportation Authorization records. If car seats are needed, it needs to be identified on the authorization sheet.

OWF applicants and recipients will be provided transportation for the purpose of participation in the STEPS Program – this will be done by the STEPS caseworker.

Transportation Authorizations Forms must be filled out completely. Trip rate, Employed, etc. including last 4 digits of SSN needs to be on all forms.

Contracted Services use of the Transportation Authorization Form

Contracted Services must have a Transportation Authorization Form prior to transport.

If car seats are needed, it will be identified on the authorization sheet.

Black and White Contracted Services –Client must sign each trip ticket. Tickets without a signature will not be paid. Trip rate will be calculated using Google Maps miles multiplied by the rate quoted on the transportation recap sheet. Calculated miles should be entered in the comment section of the authorization form. The completed Authorization Form should be emailed to B&W.

Appendix E: Gas Voucher Vendors

Wally's Fillin Station
2295 N. Cole St.
Lima, OH 45801

The Point Marathon
1150 Elida Ave.
Delphos, OH 45833

Marathon/Certified Oil
4170 N. West Street
Lima, OH 45801

Appendix F: Provider Verification Form



Medical Provider Verification Form

This confirms that _____ was seen in our office on _____ during _____ timeframe.

Patients next appointment with _____ on _____ at _____.

We are a Medicaid provider and the service provided was a Medicaid covered service.

Purpose of Visit (or Medicaid Program):
Medicaid Provider Representative Name (Printed)
Medicaid Provider Representative Signature
Date

Medicaid Provider's Name, address & phone number (an address stamp with this information may also be used).

If you have questions, please call the Social Services Supervisor at (419) 999-0291.

RETURN TO: FAX: (419) 228-0420 or **Email:** allen_social_services@jfs.ohio.gov

Appendix G: Contract Vendor Summary

Vendor Name	Address	Phone #	Terms	Projected Costs
Black & White Cab Co.	420 W. Elm St. Lima, OH 45801	419-222-6161	10/1/19- 9/30/20	\$250,000
Delphos Senior Citizens	301 E. Suthoff Delphos, OH 45833	419-692-1331	10/1/19- 9/30/20	\$15,000
K&P Medical	24862 Elliott Rd. Defiance, OH 43512	419-785-3246 (ext. 6)	10/1/19- 9/30/20	\$6,000
Right At Home	128 W. High St. Lima, OH 45801	419-224-2610	10/1/19- 9/30/20	\$40,000

Allen County Job and Family Services agrees to implement the NET Plan as written above effective February 4, 2020.

Joe Patton, Director

Date