

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

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 appointments. Transportation must be to a Medicaid-reimbursable 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. Additionally, if I am receiving Title XX, I will have my service open for six (6) months and then will have to re-apply. **I must notify** ACDJFS if I have any income changes anytime during those six (6) months.

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

1. Social Security number of the individual with the medical appointment. All Medicaid categories are eligible except MAM, QMB only, SLMB and QI-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 its been scheduled

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 at 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 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 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 can.
4. Attendance at the appointments 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.

Aetna: 1-855-364-0974

Buckeye: 1-866-531-0615

Care Source: 1-800-488-0134

Molina: 1-866-642-9279

Paramount: 1-800-462-3589

United Health: 1-844-251-9428

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 ACDJFS 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	2 months
Third	3 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 1-866-635-3748, option 1. I will receive a notice of termination of services. It will be mailed out 15 business days prior from ACDJFS.

Providers:

Black and White Cab	(419) 222-6161
Allen County RTA	(419) 222-2782, Option 0
Delphos Sr. Citizens	(419) 692-1331
K&P Medical	(419) 785-3246, Ext. 6
Right At Home	(419) 604-0017

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
Caseworker Signature	Date