

Administrative

No.	Question	Answer
1	Slide 32 or 52 OLV database, Can they access this database if the county contracts with another agency to administer the MA transportation program?	No, the county dss must designate a staff member to access the PPTD.
2	When the vendor takes appointments, schedules trips and transports, DSS has no log to compare it to. How do you handle the provider log and the DMA-2056, Medicaid Transportation Log comparison?	If administration of NEMT is contracted out, the vendor is required to carry out all of the responsibilities placed upon the county by NEMT policy, including completing the DMA-2056, Medicaid Transportation Log, or other form of documentation. The county remains the “oversight” of the NEMT program even if contracted out, and must provide accountability.
3	We have a contract with our Transportation Provider to also provide administrative duties. For example, the recipients directly contact the provider to schedule medical appointments. The provider also distributes gas vouchers and handles the no shows. If these items are in our contract and they are acting as our agent, will we be in compliance with the new policy?	If administration of NEMT is contracted out, the vendor is required to carry out all of the responsibilities placed upon the county by NEMT policy, including completing the DMA-2056, Medicaid Transportation Log, or other form of documentation. The county remains the “oversight” of the NEMT program even if contracted out, and must provide accountability.
4	Slide 27 Mileage reimbursement Explain how this requirement applies when DSS contracts with another agency to administer the MA transportation program from assessment to providing the actual transportation. In our case, the contracting agency pays the mileage to client and then bills DSS.	If administration of NEMT is contracted out, the vendor is required to carry out all of the responsibilities placed upon the county by NEMT policy, including completing the DMA-2056, Medicaid Transportation Log, or other form of documentation. The county remains the “oversight” of the NEMT program even if contracted out, and must provide accountability.
5	Our Van Service has been acting as our agent in logging requests for assistance. They always call and verify eligibility, do analysis for closest provider and will get covered service slips to verify received cover service. We always go over log when it comes in and deduct anything necessary. They use our log, DMA-2056, Medicaid Transportation Log. Does that have to change? They can use the new log?	If administration of NEMT is contracted out, the vendor is required to carry out all of the responsibilities placed upon the county by NEMT policy, including completing the DMA-2056, Medicaid Transportation Log, or other form of documentation. The county remains the “oversight” of the NEMT program even if contracted out, and must provide accountability.

6	Handout 15/slide 36. How is this requirement met when the county contracts with another agency to administer the program for direct reimbursement files?	If administration of NEMT is contracted out, the vendor is required to carry out all of the responsibilities placed upon the county by NEMT policy, including completing the DMA-2056, Medicaid Transportation Log, or other form of documentation. The county remains the “oversight” of the NEMT program even if contracted out, and must provide accountability.
7	When agents are responsible for completing 5047, Medicaid Transportation Assessment, and cannot see Certification Period information in EIS, how do we ensure that 5047 is current?	The DMA-5047, Medicaid Transportation Assessment is assumed to be current if the date of assessment listed on the form is within the past 12 months. The DSS must ensure that the agent gets the certification period information.
8	Transportation file must contain copy of DMA-5046, Medicaid Transportation Assistance, Notice of Rights/Responsibilities. We contract with another agency. DMA-5046 with MIC/NCHC exparte reviews – what is required for the agency who handles the entire program – how do they (agent) meet this requirement?	NCHC recipients are not entitled to NEMT. There is no requirement that the DMA-5046, or other form of notification be sent to MIC recipients; the DMA-5067, Children’s Medicaid/NC Health Choice Re-Enrollment Information Notice serves as notice for these recipients.
9	We currently collect a form similar to the DMA-5118, Medicaid Transportation – receipt of Medicaid Covered Service. The driver collects the form but currently they are maintained with the provider. Do we need to now have them in the DSS transportation file? (Currently we get them for audits - but only the ones that are audited) How can we get “ EIS lite” for transportation agents?	The county may use other forms of documentation as long as the required elements are collected. Contact the EIS unit at 919-855-4000.
10	Can a client’s Medicaid transportation be a separate file electronically and/or paper?	The transportation file may be electronic or paper.
11	There should be a designee to serve as backup for primary county employee to maintain OLV access. Because this is checked monthly, should the person be unavailable due to extended leave (vacancy) etc. there should be a backup	Counties may submit a request to have an additional employee assigned access to the PPTD as a backup.
12	Is the cost for background checks allowable on the DSS-1571?	Yes, reasonable cost for background checks may be included as administrative costs.

13	Is it ok to use email for sending the notices to clients if they provide an email address?	Notices are not to be sent by email.
14	Have these changes made a difference in DMA's plan to set up a statewide broker for NEMT services? What is your interpretation of DMA's plan for statewide broker?	Currently, there are no plans to set up a state-wide brokerage. The outcomes for the newly implemented changes are not yet known, but DMA will be providing a follow up.
15	Will DMA consider providing counties with a data tape containing case head name, ID or ssn and date of service so that the counties can match it with the list of trips provided? Reason: This would save county time and Medicaid billable hours spent calling providers verifying?	DMA will be exploring how to provide this to counties.
16	Will the new 2056 be available as a template?	Yes, the Excel spreadsheet is on-line. The link to the spreadsheet is: http://www.ncdhhs.gov/dma/county/DMA-2056.xls .
17	Is the Medicaid 10-day notice policy required when transportation services are suspended?	The no-show notices provide the appropriate notice to the recipient.
18	List of Medicaid enrolled providers – how to access? Are reports available in exporter?	DMA does not have a full list of enrolled providers at this time; however please see the links below for a list of dentists for Medicaid and NCHC children. Medicaid Dental Referral List Health Choice Dental Referral List
19	Policy indicates all trips should be on DMA 2056, however, policy also states DSS staff time providing transportation should be on 1571. If it's on the 1571, it won't be on 2056.	All trips or services must be on the DMA-2056 or other form of documentation. However, any administrative services must be filed on the DSS 1571.
20	Also, if 2% of trips are to be audited- you will not be auditing trips on 1571?	The 1571 must contain your administrative costs. Therefore, there will not be any trips or services on the 1571.
21	What is record retention for the actual vouchers, invoices, etc...?	Follow standard Medicaid Eligibility record retention policy.

Assessment		
No.	Question	Answer
22	Counsel on Aging – Funds. Currently our dept of aging calls us to find out if client has Medicaid and are terminating their free transportation because they have Medicaid. Their guidelines say this- believe other funding sources are doing this as well. Can we share this info with Counsel on Aging?	You should not report Medicaid eligibility to other agencies that are not providing Non Emergency Medical Transportation.
23	On same day approved assessments how is insurance for the transportation vendor verified?	All required information on vendors should already be on file.
24	How to handle when the assessment is done by phone? Mail other forms?	Follow normal procedures and send the appropriate notice (DMA-5024, Transportation Assessment Notification or other form of notification).
25	Are dually eligible clients still eligible for transportation services?	Yes. A dually eligible recipient is one who has full Medicaid and MQB-Q/B/E. Individuals who only receive MQB-Q/B/E are not eligible for transportation.
26	Can a CAP recipient receive transportation assistance?	CAP recipients can qualify for NEMT and are entitled to transportation for services listed in the Medicaid column of their plan of care, in addition to the regular Medicaid covered services as long as the service they are receiving does not include transportation.
27	If an individual applies for Medicaid and there is a delay in approval (i.e. disability), can the assessment and others be approved once coverage is approved?	Transportation services are only available to Medicaid eligible individuals.
28	As a transportation provider (vendor) will we continue to receive the DMA-5047, Medicaid Transportation Assessment? Is it required?	Whether a transportation vendor receives a copy of the DMA-5047, or other form of documentation depends upon the contract between the vendor and the county. There is no policy requirement that the vendor receive this form.
29	Noticed on the new Medicaid assessment DMA 5047 that there is no place to list the a/r doctors. Is that not required, because it really helped us to know if we have approved the a/r to see a specific doctor/practice?	The assessment is to evaluate for the need for Medicaid transportation, not for transportation to specific providers.
30	Do we need to have to do a new assessment (with files effective 1/1/12) or will the old ones be sufficient until recertification periods.	Use the existing assessment until the redetermination of Medicaid eligibility or a change is reported.
31	Assessments at least every 12 months: with larger counties, would this also apply for individuals who receive bus passes?	An assessment is required for a NEMT eligible recipient when a change is reported or at least every 12 months regardless of the mode of transportation.

32	SSI recipients are assessments required every 12 months if transporting sporadically during 12 months.	Yes, assessments are required for SSI recipients who receive NEMT at least annually.
33	Can assessments be done by phone?	Yes, assessments may be done by telephone and DSS cannot require the individual to come into the office to be assessed.
34	Does assessment have to be done for each ride?	No. An assessment is not required for each ride.

Closest Provider

No.	Question	Answer
35	The nearest appropriate provider. What type of tool is required to verify this?	When transportation to a provider at a significantly greater distance is requested, the county should use the DMA-5048 or other form of documentation to verify necessity.
36	How much leeway do we have to deny trips based on proximity of the providers?	When transportation to a provider at a significantly greater distance is requested, the county should use the DMA-5048 or other form of documentation to verify necessity.
37	If a client is CCNC and their PCP provider is out of county (listed in EIS as PCP) do we provide transportation? Or do we request they get a closer provider?	The county is not obligated to transport any recipient to a provider at a significantly greater distance when an appropriate enrolled provider is available at a closer distance.
38	If a client moves to our county, or goes on Medicaid, and their primary (established) care provider is, for example, two counties over and hours away, can we compel them to change?	We cannot compel a recipient to change their provider, however; we must explain that we cannot transport them there because we must only transport to the closest appropriate provider.
39	When the client calls to schedule a trip, how much detail are we allowed to ask for concerning the purpose of their trip? What point are we crossing the line?	Obtain necessary information to ensure policy requirements are met.
40	Dialysis center in 3 sections of town, it is required to have form completed? May document conversation with provider and need to transport to a farther location.	Yes, you may use the documentation of a phone call to verify a need to transport a recipient to a significantly further location.
41	If the client is receiving services from a doctor who operated both in our county and a neighboring county, can we require the client to have their appt. in our county? Also, this provider wants client to have physical therapy in their office in the next county, can we require the doctor to set them up with local therapy?	Yes, unless there is a medical reason for the client to go to the more distant location. For example, the PCP has the medical equipment necessary for the recipient's treatment only at the more distant location. Keep in mind that if the recipient has an urgent medical need that requires immediate attention we could transport to the facility at a greater distance.
42	How far can we go for questioning doctor on going to a provider not closest?	Accept the provider's statement provided that the DMA-5048, Medicaid Transportation Exception Verification, or other form of documentation has been completed (including details) and there is no valid reason to question the statement.

43	What if the nearest provider (such as a pharmacy) does not have what the client needs or cannot take the client? What is the county's responsibility? Can we take client's statement?	Verify with the provider if the service/prescription can be obtained at their facility. The county should also have a working knowledge of which Medicaid-enrolled providers in the community are accepting new patients.
44	Client is discharged from pain clinic or any medical provider for not following prescribed regime, are we required to transport to a clinic or provider at a further distance now (in this case, we are going out of county)?	Yes.
45	Client states he cannot find a local doctor who accepts Medicaid and wants help with gas to go to a doctor in a neighboring county. The county knows which doctors accept Medicaid, but does not know which ones are no longer accepting patients.	The county can contact the provider to determine if they are accepting new patients.
46	If client receives dialysis in town A but lives in town B where there is a dialysis, can we ask why client needs to go to the one over the other.	Yes, the county needs to verify why the recipient cannot be scheduled at the closer dialysis center. This is not a change from the previous policy.
47	How specific do the explanations need to be on the DMA-5048, Medicaid Transportation Exception Verification, and what do we look for when lodging reimbursement is requested?	The question(s) have to be answered and a reason given for the exception. When lodging is requested, a reason has to be provided for it. For example, patient needs to return the following day for follow-up; or patient cannot travel for 12 hours following procedure.
48	DMA-5048, Medicaid Transportation Exception Verification, has to be signed by client/Medicaid recipient. So why can't they be responsible for having doctor to complete and return the form to DSS.	The DMA-5048 or other form of documentation can be faxed or mailed to the provider by the counties to ensure that the response comes from provider.
49	If Medicaid requires the assigned doctor for each recipient to refer for services outside their office, why do we need to get doctor to sign form for services outside the county at hospitals, etc.?	NEMT is limited to the closest appropriate medically necessary provider. The mere fact that a referral has been made does not justify transporting a recipient at a significantly greater distance. (A provider might refer to another provider because of preference and not medical reasons).
50	Since many citizens generally go to Baptist, Cone or Chapel Hill hospitals (all	Yes, if the care can be provided locally, you must have the DMA-5048, or other form of

	out of the county), do we need to get the special needs form for all of these.	documentation completed by the referring physician. This is not a change from the previous policy.
51	What do we do with a client that has been seeing a provider that is not the nearest provider and is now an established patient of the greater distance provider?	NEMT is only provided to the closest medically appropriate provider unless justification for a trip to a provider at a significantly greater distance is provided on the DMA-5048, Medicaid Transportation Exception Verification or other form of documentation. This is not a change from the previous policy.
52	Policy states that we are allowed to take people out of state to give them the care they need. However, our local transit company which is the cheapest will not take them out of state, so we have to get other transportation providers which are more expensive to do out of state trips.	If the out-of-state provider is the closest medically appropriate provider, then the county must transport the recipient to that provider which may mean securing other vendors.
53	What is the cheapest transportation if the client has been turned down as patient by closest medical providers?	Because resources vary from county to county, you must determine which method available to you is the most appropriate, cost-effective in this situation. Be sure to clearly document.
54	On the 5048, what provider is to complete form (primary or specialist)?	The DMA-5048 or other form of documentation should be completed by the referring physician.

Contracts

No.	Question	Answer
55	When the vendor is a county department (employee) is a contract needed?	Yes, a contract, memorandum of understanding, etc. is needed to clarify the agreements and responsibilities of the entities.
56	In January the DSS/Transportation Department are merging to form Cab company Human Services with the Director of DSS over transportation. Is a contract needed? If so, can this be added to Handout 15 rather than making it a note?	If this company is a separate entity from DSS, a contract is required.
57	Can the DSS require the vendor to obtain the form 5118 from the contract?	Counties should require in the contract for the vendor to obtain from the recipient the MA-5118 form or some other form of documentation.
58	Are criminal background checks required every three months for DSS employees who transport Medicaid recipients to MCS and code 250T on day sheets?	Yes.
59	If DSS cost allocates travel for social workers, are background checks required?	Yes, if social workers/staff are providing NEMT, background checks are required.
60	Background checks – if county DSS travel is cost allocated to all programs, does a background check need to be done on staff transporting Medicaid clients?	
61	Who will monitor federal safety requirements such as blood borne pathogens, ADA training, emergency vehicle evacuation, first aid, etc.?	Vendors are responsible for ensuring that they meet all applicable state, federal, and Medicaid policy requirements. Counties must monitor their contracted vendor's compliance.
62	Will private providers have to abide by the same safety requirements as NCDOT public transportation? If not, why?	NC NEMT policy is designed to assure that all transportation providers adhere to the standards which we have established. Those entities who are accessing DOT funding must meet another set of requirements.
63	If a friend/neighbor or non FRP is providing transport, do you need proof of car insurance and registration on file prior to them transporting?	Due to liability issues, if the county is reimbursing or providing a gas voucher to the friend/neighbor, or non FRP directly, the information required by MA2910, IX.A.4.b. must be obtained prior to transport.
64	Who performs drug/alcohol assessment for private providers? Does DSS need to retain copies?	The contract between the county and the vendor must require the vendor to perform testing. The county is responsible for monitoring to ensure that it takes place. DMA holds counties responsible for meeting the compliance with the policy.

65	Does DSS need to obtain/retain copies of driving records for all drivers employed by a private vendor?	The county is responsible for monitoring its vendors to make sure that the vendor has the required documents on file. The county has the option to request copies for their vendor files.
66	MA-2910, Heading IX.H. states “Exclude county transportation systems from these inquiries.” What exactly is the definition of “county transportation?” We contract with out local transit provider for some of our trips, so we want clarification to determine if they would be considered “county transportation”, which we think they would. This is the link to website: www.mygreenway.org	Please see the definition of “public transportation” in MA2910, II. To check whether a particular transit system is a public transit system, use the following web link: http://www.ncdot.gov/nctransit/resources/default.html . A check of this website shows that Western Piedmont Regional Transit Authority, operating as “Greenway Public Transportation and Albemarle Regional Health Services, operating as Inter-County Public Transportation Authority are listed. However, it has been decided that the public transportation vendor is subject to the Medicaid and Medicare Exclusion policy. Inquiries will be completed on the Managers. Also, if the public transportation system contracts with a private vendor, the public transportation system must provide the private vendor’s organization/business names, owner’s names and/or managers’ names to the county.
67	Medicaid/Medicare Exclusions: Policy says to exclude county transportation systems from the inquiries. Does this include the Inter-County Public Transportation Authority? Not sure what they are considered.	Please see the definition of “public transportation” in MA2910, II. To check whether a particular transit system is a public transit system, use the following web link: http://www.ncdot.gov/nctransit/resources/default.html . A check of this website shows that Western Piedmont Regional Transit Authority, operating as “Greenway Public Transportation and Albemarle Regional Health Services, operating as Inter-County Public Transportation Authority are listed. However, it has been decided that the public transportation vendor is subject to the Medicaid and Medicare Exclusion policy. Inquiries will be completed on the Managers. Also, if the public transportation system contracts with a private vendor, the public transportation system must provide the private vendor’s organization/business names, owner’s names and/or managers’ names to the county.

68	Our transportation provider (Western Piedmont Regional Transit Authority, DBA Greenway) told us that they are exempt from the exclusion checks because they provide public transportation. Is this correct?	It has been decided that the public transportation vendor is subject to the Medicaid and Medicare Exclusion policy. Inquiries will be completed on the Managers. Also, if the public transportation system contracts with a private vendor, the public transportation system must provide the private vendor's organization/business names, owner's names and/or managers' names to the county.
69	Onslow United Transit System, Inc. (OUTS) Private, non-profit – Who do I put down as owner (OUTS is designated the Community Transportation Provider by Onslow County and NC DOT PTD)?	It has been decided that the public transportation vendor is subject to the Medicaid and Medicare Exclusion policy. Inquiries will be completed on the Managers. Also, if the public transportation system contracts with a private vendor, the public transportation system must provide the private vendor's organization/business names, owner's names and/or managers' names to the county.
70	MA-2910, Heading IX. States DSS must assure that all contracted transportation vendors, agency staff, agency-approved volunteers, relatives and friends who transport for mileage reimbursement“ To me, this means that if they are not being reimbursed for mileage then we don't need to do any of the items that follow in A. through I., since they all fall under heading IX. Is this correct?	All of the listed entities/individuals are required to comply with the safety and risk management provisions.
71	Background Checks – please describe quarterly reporting procedure.	See MA2910/3550, Transportation, IX.F.
72	Gas vendors write down the gas orders each day on paper or we fax a paper list to them. Does this meet the vendor requirement to keep a log?	The gas vendor must keep either a log or an invoice showing the name of the individual who received the gas, the amount and date.
73	How do transportation providers access NC Law Enforcement Division?	http://www.nccrimecontrol.org/Index2.cfm?a=000001,000658 or http://www.nccourts.org/Citizens/GoToCourt/Obtainingongoing.asp
74	Currently, our county only contracts with the local county transportation and we have Memorandum of Understanding with them because they are also Harnett County employees. Are we required to do a contract or can we continue to do the MOU, now adding the additional requirements?	This is a local business decision for which we will hold the counties responsible.

75	Are Quarterly background checks required on our county employees who drive for the local county transportation agency?	Yes, a county transportation system is required to meet all of the applicable policy requirements, including background checks.
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Covered Services

No.	Question	Answer
76	When authorizing transportation for a mother to the hospital to provide breast milk for her new born preemie and the newborn is the recipient, how would this trip get logged?	Use the MID for the newborn and billing code for an attendant; document why the mother is being transported; under “number of people being transported” note “mother being transported to provide care for child.”
77	If client is transported from the medical provider and then goes to a pharmacy, does the pharmacy also need to sign the 5118, Medicaid Transportation Verification of Receipt of Medicaid Covered Service?	Receipt of a Medicaid covered service needs to be verified. Pharmacy can be called, DMA-5118 can be used, or any other method of verification.
78	On the form DMA-5048, Medicaid Transportation Exception Verification, there is no mention of the attendant the provider must indicate in special section.	Use “Are there special transportation needs that you are aware of?” until form can be modified. We will post a revised DMA-5048 as soon as possible.
79	Will counties have to ask a client to reschedule an appointment if the (5048) is not completed and returned to the county by the provider?	Counties cannot request reimbursement from DMA unless the transportation exception has been verified. The verification can be verbal or in writing.
80	Can we refuse transportation if a DSS-5118, Medicaid Transportation Verification of Receipt of Medicaid Covered Service, is not signed?	No, the county must verify by other means. If the recipient did not go the provider, follow the no-show policy.
81	Is the DMA-5118, Medicaid Transportation Verification of Receipt of Medicaid Covered Service, required for each trip? (The county DSS must confirm each trip. The DSS is responsible for collecting this information.)	The county must verify each trip using the DMA-5118 or other method.
82	For subscription trips (dialysis 3/week, MH outpatient treatment for adolescents M-F), do we have to have the 5118, Medicaid Transportation Verification of Receipt of Medicaid Covered Service, for each trip?	You may verify more than one trip with the same provider using the DMA-5118 or other method.
83	When should the verification occur? (The 5118 form or call needs to be completed after the service has been provided.) (It seems excessive to verify before and after the services is received.)	If the service the recipient will be receiving is questionable as a Medicaid covered service, you must verify. After the trip, you are verifying that the recipient received the service on the date of transport.
84	Can we ask providers (including pharmacies) to fax the 5118 Medicaid Transportation Verification of Receipt of Medicaid Covered Service, to us?	Yes.

85	If a recipient goes to an approved trip and the doctor is called out for an emergency resulting in the appointment being rescheduled, can the transportation provider still bill for service? Is it still reimbursable?	Yes. Document the file as to why the recipient did not receive a covered service.
86	Do non-PCP appointments (dental, mental health, etc.) or clients exempt from CCNC have to have a referral to go to a specialist?	No, non-CCNC recipients do not need referrals.
87	If recipient wants to be transported to pick up a prescription, can we transport since Medicaid will not actually be billed for a service? My understanding is that DSS cannot transport unless there is a Medicaid service billed (actually part of past audit)	Yes. Prescriptions are a “Medicaid covered service” even if Medicaid is not being billed for the service.
88	What if client misses appointment because of vendor being late and doctor’s office refuses to see the client?	Document the file that recipient was late because of vendor tardiness and was not seen by provider. The contract with the county should address this situation. Reimbursement must not be requested from DMA for this trip.
89	How many pharmacy trips per month can the client have?	Recipients must be transported as needed to a Medicaid covered service.
90	What if the doctor’s office refuses to verify that a Medicaid covered service was received?	The county cannot request reimbursement from DMA for the transportation unless the county verified that it was a Medicaid covered service. Notify DMA when provider fails to cooperate with Medicaid policy.
91	Doctors’ offices are refusing to verify covered service receipt because of HIPPA. They are also complaining that they do not have the time to do it.	DMA has notified providers through the Medicaid Bulletin of the NEMT requirements. HIPPA is not an issue due to business associate agreements and reason to know allowance. 45 CFR 154.502 (e) (1) Standard: Disclosures to business associates. Notify DMA when provider fails to cooperate with Medicaid policy.
92	When the DMA-5118s (Medicaid Transportation Verification of Receipt of Medicaid Covered Service) are returned to us as verification of the trip, where do they go? We understand that there is a transportation file they need to go in. However, if the file is in Northwoods, does each 5118 have to be scanned in to the individual’s file?	Scan the document into Northwoods or maintain a paper file.

93	Can we use a print out from the dialysis clinics and from a mental health program called Community Living Skills (where some clients go everyday) as verification that covered service was provided?	Yes, as long as the dates of service are identified.
94	If we issue bus tickets or gas vouchers and do not receive the Medicaid verification of service form back from the client or the provider, can we deny issuing other tickets or gas vouchers to the client until we receive the verification form? Can this be counted as a no-show to the client?	No.
95	Two Medicaid recipients were transported to Charlotte for dental appointments today: Rider #1 was not seen/treated because she did not bring required x-rays. Rider #2 was not seen because she did not have proper documentation/identification. Should we bill Medicaid or not?	In both scenarios, the answer is no because a Medicaid covered service was not received due to client fault.
96	It is stated that facilities must be a Medicaid enrolled provider. We were instructed in the past to provide Medicaid transportation to Womack Army Hospital and the military pharmacy/distribution center. Do we still provide that transportation to Womack and military pharmacies to Medicaid recipients? They still do not bill Medicaid and have stated in the past they are not a Medicaid enrolled provider.	No, you cannot provide Non-Emergency Medicaid transportation to a non-enrolled Medicaid provider.
97	We have started using the DMA-5118, Medicaid Transportation Verification of Receipt of Medicaid Covered Service, and are already getting providers calling us saying they do not want to sign the form b/c they do not know that Medicaid will actually pay for the service. They know it's a service that can be billed to Medicaid but it's not guaranteed. I assume their fear could be that if they sign it and Medicaid denies it for some reason, then the client was given a paper that says it was a Medicaid covered service and could refuse to pay it if Medicaid doesn't b/c the provider has signed saying it was covered. What should we tell the providers?	The verification is that the recipient was seen and the service that he received is one that Medicaid covers. It is not verification of payment by Medicaid. If the claim is later denied, that does not change the fact that the recipient received a Medicaid covered service.

Log

No.	Question	Answer
98	If a client receives some or all of their trips via a “free” service, what is our tracking requirement? Note: we actually now have a free bus route in Thomasville with one starting in Lexington sometime early next year. The one in Thomasville goes to the hospital and by most doctors’ offices.	If the recipient requests transportation by contacting the DSS, the county must log the request and outcome. The county would deny the request if the recipient has transportation available to him without cost. Provide the recipient with a DMA-5119, Denial of Transportation Request(s) notice. This is required to provide tracking of all trip requests and outcomes.
99	Unduplicated recipient: if a recipient has more than one trip under separate codes how is the unduplicated number reported?	“Unduplicated recipients” means the number of distinct individuals for each code provided transportation during the month.
100	What happens if the mode of transportation changes (i.e. starts out on a van, changes to a bus)?	You must use different lines on the DMA-2056, Medicaid Transportation Log, or other form of documentation for each code used.
101	How do you log a series of trips?	Log each trip separately.
102	What is the difference between van service and taxi?	Taxi services are specifically licensed and hold themselves out to be taxis, cabs or the like.
103	Our transportation provider relies on a database which is completed for all eligibles that have been authorized for transportation. If a client is not in the db when they call they refer the call to us (DSS) to have assessment completed- would this call go on the log as a denial? Transportation request is really not denied might be delayed if client doesn’t immediately call worker. Client might be a MQB and would not be in db- would this be a denial?	Unless the county has a contract with the vendor to administer NEMT, the recipient should not be calling the vendor with his request. If there is no assessment on file, the trip is logged as a denial, and the county would provide the recipient with a DMA-5119, Denial of Transportation Request(s) notice, and complete an assessment.
104	All of our vans are wheelchair vans. Is the wheelchair van code used even when the client is not wheel chair bound?	No, only use wheelchair van code when this mode of transportation is needed because of the client’s medical/physical need.
105	Should the cost be filled in when the form is completed? (Form 2056, Medicaid Transportation Log)?	The cost can be filled in when the invoice is received from the vendor, unless it is a set cost or known cost.
106	Should I have a form for each month?	Yes, the county should have a DMA-2056, Medicaid Transportation log, or other form of documentation for each month.
107	Can the DMA 2056, Medicaid Transportation Log, be changed?	The county may add to the log, but any form of documentation must include all the elements on the DMA-2056.

108	As a transportation provider (Transportation Authority) all 26 vans except 2 are wheelchair equipped. Ambulatory clients will be riding on them. This redefinition can only be provided on monthly billings. Will this be acceptable? Computer changes maybe required and may not be available by 1/12/12.	If the individual or parent/attendant requires a wheelchair van for a medical/physical reason, including needing the lift to board the van, then the code for wheelchair van is used (AO130). If there is not a medical or physical requirement for a wheel chair van, but a wheelchair van is used to transport, use code A0120.
109	If recipient is a child and parent (attendant) is in a wheelchair, what would the code be?	If the individual or parent/attendant requires a wheelchair van for a medical/physical reason, including needing the lift to board the van, then the code for wheelchair van is used (AO130). If there is not a medical or physical requirement for a wheel chair van, but a wheelchair van is used to transport, use code A0120.
110	What code is used if client needs a wheelchair van solely because of need for the lift (not in a wheelchair)?	If the individual or parent/attendant requires a wheelchair van for a medical/physical reason, including needing the lift to board the van, then the code for wheelchair van is used (AO130). If there is not a medical or physical requirement for a wheel chair van, but a wheelchair van is used to transport, use code A0120.
111	We have only a Mitchell County Transportation Authority. We approve gas to be pumped by the client or a designee. What is the code we use for the 2056, Medicaid Transportation Log?	Use code A0090 for gas vouchers and reimbursement.
112	Is it an allowable expense to take a recipient to a doctor's office to pick-up a prescription (although the recipient does not have an appointment with the doctor), then take him to the pharmacy? How is coded on the 2056, Medicaid Transportation Log?	Most of the time, the provider can call in the prescriptions to the pharmacy. If the patient is required to pick up the prescription at the doctor's office, this is an allowable transport. If the recipient is returned home, this would be 3 one-way trips. Code according to the mode of transportation used.
113	Can the answer to the "Recipient Medicaid Eligible on Date of Trip" question be the current month (ex. January)? Am I no longer required to keep a separate journal entry if I am keeping the DMA-2056, Medicaid Transportation Log?	The question applies to the time (date) of the trip request. It only requires a "yes" or "no". You are required to document the elements contained on the DMA-2056, Medicaid Transportation Log in only one place.

114	Please format the MID column to repeat beside recipient name on additional pages of the DMA2056, Medicaid Transportation Log, because some names are very common and MID will better identify the name.	The DMA-2056, Medicaid Transportation Log has been revised and is now only one page.
115	If both parents want to go on a van trip with their child and they are told that only one parent can go and the parents then decide not to use the service, is that a denial of service from DSS? Does the form have to be sent?	Yes, a denial notice would be sent indicating that they did not accept the transportation assistance.
116	What code do you use for attendant pay?	A0170 Ancillary Costs.
117	Is it necessary to divide trips between two different codes when we calculate the charges for each trip exactly the same?	It does not matter if the cost is exactly the same. A trip is a one-way pickup and drop-off. You can only have one mode of transportation for a trip.
118	Our transportation coordinator handles mileage reimbursement to some clients. Does this trip information need to be logged on the DMA-2056 as well?	All trips must be on the log regardless of which method is used. Mileage reimbursement is a method of transportation assistance.
119	We know that we can not do blanket approvals for trips. But, if they get specified date/times say for a month for places like the Life Enrichment Center where they go 5x's a week, dialysis where they go 3x's a week, and this information is verified, can we place these dates/times on the bottom of the Passenger Referral Transportation Request for out of county where it states "notes" and go ahead and log them onto the log when they get it verified instead of doing it day to day?	Yes.
120	If recipient calls during suspension to request transportation, do we have to log or give another notice?	No. Recipient receives counseling twice or 2 written notices before he is suspended.
121	Can we keep the Medicaid Transportation Log on paper? Does DMA only want to see one leg "trip" for a person regardless of where they go? Example: Mary Smith to Asheville one way 100 miles, PERIOD. Or is the trip . . . Mary Smith home to Asheville 1 trip, 50 miles. Mary Smith Asheville to home 1 trip, 50 miles?	Yes, you may keep the 2056 as a paper log. Each leg of the trip is a separate trip. Please see the training packet and policy for definition of a trip. In your example, Mary Smith home to Asheville is one trip (leg) and Mary Smith Asheville to home is another trip (leg).
122	Is each leg of the trip a one way trip, regardless of number of destinations? Does this mean that EACH destination	Yes, this is 3 trips.

	<p>and the mileage from the point of pickup to drop off? Example: Spruce Pine to Asheville to Dr Jones 50 miles, Asheville to Spruce Pine Pharmacy 40 miles, Spruce Pine CVS to home 10 miles.</p>	
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Miscellaneous		
No.	Question	Answer
123	How will clients be notified of changes?	Counties must inform recipients of how to request/cancel a trip, as well as other county specific instructions when they are found eligible for NEMT.
124	If a client goes to pharmacy for a prescription and has reached their prescription limit, (or any service with a limit), would this be a Medicaid covered service for transportation? How would counties know?	Yes, it is a Medicaid covered service. The county is not responsible for verifying whether the recipient has exceeded his annual visit limit or other covered service limitations prior to the provision of transportation services.
125	Regarding the DMA-5118 shouldn't something be said about Medicare for dually eligible?	All Medicaid covered services must be verified regardless of whether Medicaid is billed.
126	Will the time it takes to get the 5048 back for out of county approval come out of the 5 day notice for our county trips? Or does the 5 days begin after the 5048 is received?	The five-day notice time frame is from the date of request.
127	Are all the monthly and annual checks for background and driving required for contracts with public transportation providers?	Public Transportation providers must meet federal requirements which are equal to or exceed the DMA Safety and Risk Management requirements
128	Are Foster Parents considered Agency Volunteers or friends of the recipient?	Foster Parents are considered as a Non-FRP Relative/Friend.
129	5125B-Suspension Dates: Is the "from" date on the letter or can we allow mailing time? Example: Letter is dated 1/6/12; is suspension 1/6/12 through 2/5/15 or 1/9/12 through 2/8/12?	The suspension effective date is 2 business days after the day that the DMA-51215B, Medicaid Transportation Suspension Notice is mailed or given to the recipient.
130	If prior assessment and policies are not followed by DSS, are the providers responsible for the pay-back even though a transportation request form had been sent to the transportation provider?	When county error results in overpayments, DMA seeks to recoup the overpayment from the county since they are the biller of record. Recoupment from the transportation vendor is a contractual issue between the county and the vendor.
131	Can an outside vendor have access to OLV?	No.
132	Is there any recourse if it is determined that "urgent" trip requests are being abused?	No.

133	Can you put a “Best Practices” on the website that other counties can use?	Yes, counties should forward their Best Practices suggestions to the DMA Transportation Coordinator.
134	Can transportation reviews come out on the case management report some how?	DMA will explore access to other data places.
135	If hospital calls for us to pay lodging do we have to have a contract with the motel?	No, but you should verify that lodging is necessary and look for the most reasonably priced lodging in the area.
136	What about parking fees – do we have to have a contract with a company?	No.
137	How do we keep all family members in one (transportation) file if they have different names?	Counties should establish their own transportation filing system.
138	Implementation – are there allowable extensions and or penalties for not having everything implemented immediately? Would there be a corrective action plan, fines, etc?	Refer to DCD Letter dated 3/15/2012, Adjusted Timelines for Implementation of Changes to the NEMT Policy. A corrective action plan may be required if NEMT policy is not implemented by the timelines given and/or a recoupment could occur.
139	Can you tell me what (if any) flexibility we may have with the 3% sampling number and with the form itself? In Mecklenburg, 3% of trips are averaging 900 trips a month and to QS that amount would be problematic. Additionally, so that we can drill down more information, we would like to alter the form (5078) to make it more user friendly for QS.	Policy has been revised to require that counties review 2% of trips per quarter to ensure compliance. You may revise the form as long as you are including additional information.

No Show & Conduct

No.	Question	Answer
140	Would we continue to transport critical needs patients (i.e. dialysis and chemo) during suspension? Routine/regular appts?	NEMT can be provided during a suspension to and from critical needs services only.
141	What services are considered life sustaining? Dialysis, chemo, radiation, methadone clinic?	Dialysis, Radiation and Chemo = yes. Methadone Clinics are not a critical need service. The Methadone clinic was discussed with Peter Bernardini.
142	Client No show. Is this when a vendor goes to pick-up a client and they are not available?	That is correct, and it is also when a client is provided NEMT and does not go to the stated medical appointment. This includes gas vouchers.
143	There should be a uniform cancellation policy, maximum number of, illness, exemptions, etc	If the trip is cancelled within the prescribed period, it is not considered a no-show.
144	If a client is suspended for no shows can it be overridden if client contacts Director or Supervisor or should we follow guidelines?	DMA expects that the policy will be followed by the county. If the request for transportation does not meet policy, the county cannot request reimbursement for it.
145	If someone is suspended from a transportation vendor for behavior, the only other option available is our county gas vouchers. If the individual cannot find someone to take him to all necessary appointments, is the county still responsible for providing assistance?	The county would be responsible for transport if the recipient has a critical medical need.
146	On vendor bill, can recipients who are no shows be listed with other recipients who are no shows?	All no-shows can be shown together on a single invoice.
147	Is it optional that counties pay for no-shows?	Counties may choose to reimburse for no-shows according to their contract with a vendor; however, counties may not submit no-shows costs to DMA for reimbursement.
148	How many times is a client suspended for 30 days before the suspension period is increased?	At this time, policy does not address an increase in the suspension period.
149	Will the suspension period be extended for 2 nd and 3 rd violations?	At this time, policy does not address an increase in the suspension period.

150	Van transports client to doctor and arranges to pick the client up at 3:30. The client then calls a relative and asks to be picked up but does not call the county/vendor to cancel the return trip. Is this considered a no-show? Is the answer different if the van transports several clients to an out of county appointment and only one makes other arrangements to return without notifying the county/vendor?	Yes. This would still be considered a no-show by the recipient who left before being picked up.
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Other Form Issues

No.	Question	Answer
151	Not clear that 5046, Medicaid Transportation Assistance Notice of Rights/Responsibilities, not required in file for SSI clients (5078 for example)	For recipients who do not complete full Medicaid reviews, i.e. SSI recipients, MIC recipients, a copy of the DMA-5046, or other form of documentation is not required in the recipient's NEMT file.
152	How do we get clients to sign the DMA 5048, Medicaid Transportation Exception Verification, when we only talk to them on the phone? Mail it to them and have them reschedule trip?	You may mail the DMA-5048 or other form of documentation to the client or verify verbally or in writing with the provider.
153	It is June 2012. You receive request for reimbursement or find something you forgot to request for dates from Jan 2012. Do you bill the DMA 2055 as a Jan 2012 request and mark it as "amended" for Jan 2012? Or do a new one dated June 2012?	Complete a new DMA-2055, or other form of documentation, with only the additional January 2012 charges. This would be marked as "Amended" by the Month field.
154	Should we keep a copy of the form 5119, Denial of Transportation Request(s), on file?	Copies of <u>all</u> DMA-5119, Denial of Transportation Requests, must be kept in the recipient's transportation file.
155	We have been doing transportation assessments with the head of household's certification period. Do we have to complete more than one assessment if the children have different certification periods than the head of household?	No, you do not need to complete multiple assessments based on each individual's certification period.
156	Do we (DSS) have to immediately re-evaluate those already approved for transportation services using the new assessment form or just wait until recertification?	You will use the new assessment form or other form of documentation with additional information, when a recipient reports a change that may impact their need for NEMT, at the next recertification, or reapplication.
157	Client calls and requests the same trip three times in a week and the trip is denied. Do we send a DMA-5119, Denial of Transportation Request(s), each day?	No, the request is for the same trip and only has to be denied once.
158	If a client has to reschedule or cancel a trip, does this require a denial notice? Is any action required other than a note on the log?	No, the agency is not denying the trip.

159	Currently our transportation fills up 1 to sometimes 3 weeks in advance. If we deny them I know they have to be logged in but since our resources are at limit, will logging the denial and sending denial letters suffice? This is for both in and out of town.	No. Counties must develop an adequate transportation network to meet the needs of recipients in your area. Filling up is not acceptable.
160	If the assessment period is one year, isn't that the same for the entire certification period? We never worried about blanket approval since our "on-going" referrals are for dialysis, cancer treatments, etc. to the same dr./facility. We verify eligibility every few months and track no shows and other activity like other appointments. For call in requests, eligibility/assessments are checked each time and we do not accept requests more than three months in advance. Is this still the acceptable or preferred way when it comes to an approval?	An assessment is not a blanket approval for trips. Eligibility must be verified for each request.
161	If 5046 is not returned, what does transportation coordinator need for the file?	Save a copy before mailing it or document that it was mailed and the date it was sent.
162	Does the client have to come in to do the 5047 since he has no place to sign?	No. This can be completed over the telephone.

Quality Control

No.	Question	Answer
163	Will Information be going out to pharmacies (via Medicaid Bulletin, etc) to inform them of 5118 reg.? This form may be confusing to them as it indicates "Medicaid Covered Service".	Yes Prescriptions are a Medicaid covered service.
164	Should it be the medical provider's responsibility to verify that the patient is receiving a Medicaid covered service?	It is the county's responsibility.
165	Current NC vehicle registration now includes information on inspection and liability insurance. Why do we need to get additional verification of liability insurance for mileage reimbursement?	You must verify the information on the vehicle registration is current.
166	What we do with the 2% random reviews?	Complete the DMA-5078, Medicaid Transportation Monitoring Report, or other form of documentation, for each trip reviewed and place in a Monthly Monitoring file. These may be checked by DMA staff or during an audit.
167	Should the 2% sample be conducted by trip or the recipient?	Consider as one trip, transportation to and from a provider for monitoring purposes.
168	May we deny transportation if verification is not received within 3 day time limit?	You cannot deny NEMT for this reason.
169	If client receives monthly bus pass, will every trip have to be verified to Medicaid appt. or just one trip per month? At this time, we are unable to verify because all appointments are not noted.	Yes, all appointments must be logged.
170	Is there a standard way to determine or verify that actual mileage from a client's home to the medical provider, or are county's to accept the client's statement of mileage?	Use online Map sites. If a recipient disagrees, and the distance is within a few miles, and it is still the most cost effective mode, allow the recipient the greater miles.
171	DMA 5124, will this also be for large providers such as greyhound?	If a county has a contract with Greyhound, the inquiries must be completed.
172	Provider logs, background checks, initial background check is performed by Division of Police Department PVH (passenger vehicle for hire), is this acceptable?	If a vendor has completed a background check in order to obtain a status of "vehicle for hire," we can accept a copy of that document.

Reimbursement		
No.	Question	Answer
173	If we schedule a trip and find out that the service is not covered, would the provider not receive reimbursement for this trip?	Payment of the provider under these circumstances is a matter of the county's contractual agreement, however; the county cannot request reimbursement from DMA.
174	Can our contract with public transit vendors exceed .28 per mile?	Yes. The county will negotiate the costs with the vendor and include that in their contract. The .28 per miles is the current reimbursement rate for recipients and their FRP.
175	Can the transportation provider request a no show? Can services be suspended until the recipient pays?	The provider is obligated to report no-shows to the county. Services cannot be suspended until a recipient pays for a no show. The county may only suspend services based on the no-show policy.
176	What to do if? Amount requested for reimbursement may not be the same as the amount actually received: For ex. 2 gas vouchers for \$25 ea are issued, the client goes to get gas, decides he wants both vouchers, but vehicle only holds \$40. Since we do not allow the client to go back & get the rest, the DMA 2055 would not match the log. Will that be a problem at audit?	The county or their agent may adjust the log as long as proper correction methods are used. No white out, (line thru text you are changing) and document the reason the change is being made.
177	If client brings in her verification that she had a Medicaid covered service, but she did not call before she went, do we deny?	Yes. The request must be logged and denied using the DMA-5119 which includes hearing rights. Reimbursement should only be made for approved trips.
178	Client is improperly denied for MA but later found eligible and case is opened. Client paid for MA transportation during time of improper denial, is client now entitled to reimbursement for payment of transportation during improper denial?	No, because the client was able to get to his appointment(s) without assistance.
179	If someone is having a surgery next day but has pre-op today, which is not covered, can we bill Medicaid for this service?	Yes, the pre-op is necessary to receive the Medicaid covered service and therefore NEMT is permitted to pre-op. Be sure to document the reason for the trip.
180	Do you bill for the trips paid for within the month or the trips approved?	The 2055, or other form of documentation, must reflect the trips that occurred during the month for which you are billing.

181	We have been using a flat rate based on the provider location, is this acceptable?	This is acceptable as long as the flat rate does not exceed the applicable mileage reimbursement rate, and all other requirements are met.
182	Can we reimburse friends & others non FRP's. The IRS rate, ie, currently .285? If so, does this require written policy?	Policy states that mileage costs incurred by non-financially responsible family members or friends <u>shall not exceed</u> the current IRS business rate (55.5 cents per mile) when payment is made directly to the friend or relative.
183	The vendors can charge more than the mileage reimbursement rate to the recipient	Yes. This will be a negotiated rate in the contract.
184	If a parent needs to come to the office to pick up a gas voucher, is the parent reimbursed for the trip to DSS?	No. They would not be receiving a Medicaid covered service.
185	How do you bill for gas voucher?	Use billing code A0090
186	Is the mileage reimbursement person a vendor?	No.
187	What happens if there is not a vendor return trip for the recipients? Will we have to call?	If recipient cancels or is a "no-show" for the return trip, the vendor must communicate this to the county.
188	If someone is receiving mileage reimbursement, will they have to call before each trip?	Yes.
189	Does the service transportation provider need to display the new DMA 2056 code on invoices (billing documents)?	Yes, as stated in policy at MA2910/3550 X.I.11.
190	When a recipient takes children with him/her to an appointment that the child/children do not have appointments and the vendor charges additional cost for the children. Is this a reimbursable expense?	Yes, if it is part of the county's contract with the vendor, the vendor may bill for all individuals approved for the trip by the county. The county should have determined the number of individuals that needed to be transported when the trip was requested.
191	Can DSS be responsible for billing codes since they are not to use vendor invoices (see Handout 14, #11)?	The policy requirement is that the vendor and the county must use the billing codes. The county must not use vendor invoices as their transportation log.

192	An attendant rides to the doctor with a Medicaid client. We pay by the hour but what if it is dialysis and they have to wait for 4 hours? Can we pay the wait time because they do not have a ride home?	The county can choose to pay the attendant for the wait time and include this in their contract, but they cannot submit the cost for wait time to DMA for reimbursement.
193	If client is not in a wheelchair but is riding in a wheelchair van, what code should be used?	A0120.
194	Is there a maximum mileage reimbursement for private providers?	No, rates should be negotiated based on cost.
195	Six year old has an appointment. Mother must accompany and take four other children because she has no child care. Will the vendor be able to bill for all six individuals? Ex: There are two one way trips @ 26 miles per trip. Provider bills by the mile @ \$1:20 per mile. Can the provider bill \$1:20 per mile X 52 miles /x 6 persons?	Yes
196	We would like more clarification for gas vouchers issued to the recipient and the reimbursement process for these vouchers.	Use code A0080 or A0090, depending upon who is driving the vehicle.
197	Is it OK to submit multiple 2055 Addendums along with current month 2055 each month in order to balance with the County Finance Office's general ledger according to the amount paid in a given month? Example: If the Finance Office's general ledger indicates \$100 paid in February for Medicaid Transportation, the trips paid for consist of trips from November, December and January. Can I send 2055 Addendums for November, December trips paid for in February (2 separate 2055 Addendums, 1 for each month) along with the 2055 for January trips paid for in February (3 separate forms will be sent to request reimbursement for February amount paid of \$100)?	For Finance and Reporting purposes, each 2055, or other form of documentation, must contain trips for just one month. Addendums can be sent in future months to cover those trips from a previous month for which reimbursement had not been requested. Your example is correct. It does not matter when the vendor is paid for the trips, the month of reimbursement requested from DMA should include the trips provided during that month.
198	For determining who is a Financially Responsible Person (FRP) for reimbursement of trip, is a step-parent considered an FRP?	No, follow existing policy for determining who is a Financially Responsible Person (FRP) (See MA-3305 or MA-2910, IV.E.).
199	The van department bills a flat rate fee plus a per trip fee for each person. Does the van department need to include the flat rate fee in each person's charge/fee?	Yes, DMA needs to know the cost per person per trip.

200	If a client is using the train to get to their appointment, what code should be used on the 2056/2055?	Use code A0110.
201	What billing code is used for attendant's wages (for example, a nurse)?	Counties cannot be reimbursed by DMA for more than the state minimum wage for an attendant who does not perform a medical service during the trip. Use billing code A0170.

Scheduling and Mode		
No.	Question	Answer
202	What constitutes an urgent need to transport during suspension?	Refer to MA3550 or MA2910 II. For the definition of an urgent transportation need.
203	What happens if a recipient needs urgent transportation, but the TP can not provide it?	County must find a method to provide the urgent transportation such as utilizing a taxi, volunteer, or agency staff.
204	What is required of recipients when services are being requested via answering services/message?	Name, telephone number, and the reason for the call, such as request a trip, cancel a trip or make a complaint.
205	DSS provides some transportation directly and also contracts with transit system. Client's who are determined to be appropriate for public transit transportation contact transit directly to schedule a trip, not DSS. Will this process still be allowed or will client have to call to DSS first?	If the DSS pays the public transit, the trip must be logged. All trips which are covered by Medicaid transportation regardless of the method must be logged on the DMA-2056, or other form of documentation.
206	Are dialysis patient's exempt from the 3 day rule?	No, but remember to consider dialysis as an urgent need.
207	Should a rescheduled trip be considered a denial? If a client calls less than 3 work days notice, can it be denied?	It is not a denial if the person requesting the trip agrees to reschedule the appointment. It must only be denied if you can not accommodate the recipient.
208	If a client has to cancel a trip, is this a "denial"? Any action required on our part other than a note on the log?	No. Document who canceled, date/time and telephone # if possible. You may need to notify the vendor.
209	What constitutes "a series of appointments"? And, how long? Dialysis? Chemo?	Any service that is being provided by a single provider throughout a period of time, such as methadone clinics, chemotherapy and dialysis, There is no time limit.
210	For cancellation, are we saying that the client should notify DSS not the service provider?	Counties should provide these instructions to recipients who have been approved for Non Emergency Medical Transportation.

211	If the customer calls to request transportation after the cut off time, which for us is after 2 pm for next day trip requests, and we deny the trip for that reason, should we still send a denial letter?	If county is unable to accommodate the recipient's request, it would be considered a denial and would require a denial notice.
212	We have a client, long established, who has Asperger's Syndrome and has severe issues with anxiety and change. We have settled her with a transportation provider who suits her needs well, but for some trips, cost more. Can we continue to keep her with this provider? Will we need an exception form if we do?	You must have documentation in the file regarding this mode as the most appropriate, cost-effective means. You may have notes and some other documentation based on the history of transport for this client.
213	We have a provider who requires clients to be ready and waiting for pickup 2 hours before the time of their medical appointment. We are a rural county. Can we enforce this? It might take client's up to an hour from home to their appointment, and if there are other client's who must also ride, the provider, a public transit company, sometimes needs the 2 full hours.	Counties or vendors should always advise recipients of their pick up time for each trip.