

Personal Transportation Services

*(Mileage, meals, and lodging
coverage for Medicaid clients)*

*Medicaid and Other Medical
Assistance Programs*

This publication supersedes all previous Personal Transportation Services (Mileage, meals, and lodging coverage for Medicaid Clients). Published by the Department of Health and Human Services, July 2003.

CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

Table of Contents

Table of Contents	i.1
Key Contacts	ii.1
Introduction.....	1.1
Overview.....	1.1
Getting Questions Answered	1.1
Covered Services	2.1
What Are Travel Assistance Benefits?	2.1
Personal transportation	2.1
Specialized non-emergency transportation.....	2.1
Commercial transportation	2.2
Which Type of Transportation Would Be Approved?.....	2.2
When Is Travel Assistance Covered? (ARM 37.86.2402)	2.2
Nursing facility clients.....	2.2
Presumptive eligibility (pregnant women)	2.3
Deceased client	2.3
What Services Are Covered?	2.3
Mileage, meals, and lodging.....	2.3
Attendant.....	2.3
What Is Not Covered? (ARM 37.86.2402).....	2.4
Other Programs	2.4
PASSPORT and Prior Authorization Requirements	3.1
Clients Enrolled in PASSPORT TO HEALTH	3.1
What Is Prior Authorization? (ARM 37.86.2401 and 37.86.2402)	3.1
Requesting Authorization	3.1
Appeals	3.2
Payment	4.1
Transportation and Lodging Payment (ARM 37.86.2405).....	4.1
Personal vehicle mileage	4.1
Meals.....	4.1
Lodging.....	4.1
Cancelled Travel Plans	4.1
Definitions and Acronyms.....	A.1

Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated.

Prior Authorization

The Mountain Pacific Quality Health Foundation (Medicaid Transportation Center) is the Department's contractor that reviews transportation requests and grants authorization.

Phone:

(800) 292-7114 In and out of state

(406) 443-6100 In Helena

Fax:

(800) 291-7791 In and out of state

(406) 443-0684 In Helena

Send written inquiries to:

MPQHF/Medicaid Transportation Center

P.O. Box 6488

Helena, MT 59604-6488

PASSPORT Client HelpLine

Medicaid clients who have general Medicaid or PASSPORT To Health questions may call the Client HelpLine:

(800) 362-8312

Send written inquiries to:

PASSPORT To Health

P.O. Box 254

Helena, MT 59624-0254

Department of Public Health and Human Services (DPHHS)

When a trip is cancelled or rescheduled, return any travel funds to this address:

DPHHS

Health Policy and Services Division

P.O. Box 202951

Helena, MT 59620-2951

Key Web Sites	
Web Address	Information Available
Medicaid Client Information www.dphhs.state.mt.us/hpsd/medicaid	Select <i>Client Information</i> for this manual and more information
Virtual Human Services Pavilion (VHSP) vhsp.dphhs.state.mt.us	Select <i>Human Services</i> for the following information: <ul style="list-style-type: none"> • Senior and Long Term Care: Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning. • DPHHS: Latest news and events, Mental Health Services Plan information, program information, office locations, divisions, resources, legal information, and links to other state and federal web sites. • Health Policy and Services Division: Children's Health Insurance Plan (CHIP), Medicaid provider information such as manuals, newsletters, fee schedules, and enrollment information.
CHIP Website www.chip.state.mt.us	<ul style="list-style-type: none"> • Information on the Children's Health Insurance Plan (CHIP)
Health Policy and Services Division (HPSD Home Page) www.dphhs.state.mt.us/hpsd	<ul style="list-style-type: none"> • CHIP: Information on the Children's Health Insurance Plan • Public Health: Disease prevention (immunizations), health and safety, health planning, and laboratory services • Administration: HPSD budgets, staff and program names and phone numbers, program statistics, and systems information. • News: Recent developments

Introduction

Overview

This manual tells Medicaid clients how to get transportation assistance to and from medical appointments. The Montana Department of Public Health and Human Services (DPHHS) maintains the Medicaid Transportation Center. The Transportation Center evaluates and approves all trip requests.

Getting Questions Answered

The Transportation Center reviews requests and grants approval for trips that meet requirements. All trips must be approved before traveling. For instructions on getting trips approved, see the *PASSPORT and Prior Authorization Requirements* chapter in this manual. For questions about transportation or approval, contact the Transportation Center at (800) 292-7114 or (406) 443-6100.

This manual and other information is available on the Client Information website (<http://www.dphhs.state.mt.us/hpsd/medicaid>). Use this manual with the Administrative Rules of Montana (ARM). The ARM is available at <http://www.dphhs.state.mt.us/hpsd>. Select *Legal Section* followed by *Administrative Rules of Montana*.

Covered Services

What Are Travel Assistance Benefits?

Travel assistance benefits are funds that help Medicaid clients with transportation costs. These funds help clients get to and from medical appointments. When the client meets certain requirements, he or she may get help with mileage, meals, and lodging. These benefits are for clients who have Full or Basic Medicaid coverage. The Transportation Center must approve all trips before the travel. The *PASSPORT and Prior Authorization Requirements* chapter in this manual explains how to request transportation.

Meals and lodging are covered when the client must remain overnight. Coverage of meals begins the second day the client stays.

Transportation is covered to and from the client's appointment. The transportation method is based on the client's medical needs. The client may use the following types of transportation:

- Personal transportation (privately owned vehicle)
- Specialized non-emergency transportation (wheelchair or stretcher van)
- Commercial transportation (taxi, bus, etc.)

When a client needs transportation, the client or a representative must contact the Transportation Center at 1-800-292-7114 or 406-443-6100. The client can get paid only when the Transportation Center approves the trip. The *PASSPORT and Prior Authorization Requirements* chapter in this manual explains how to request transportation. The client or the driver gets paid when the client returns from the trip. See the *Payment* chapter in this manual for more information on getting travel funds.

Personal transportation

Personal transportation is for clients who do not have special transportation needs. The client travels in a personal vehicle driven by the client or a friend or relative. Personal transportation is covered when it is the least costly method of transportation. Client reimbursement is based on mileage. This manual covers personal transportation requirements.

Specialized non-emergency transportation

Specialized non-emergency transportation is for clients who are wheelchair-bound or must be transported by stretcher. Medicaid-enrolled providers supply this transportation. Clients must get prior authorization for this transportation. Specialized non-emergency transportation providers should see the *Commercial and Specialized Non-Emergency Transportation* manual.



All requests for transportation must be authorized before the trip (see the *PASSPORT and Prior Authorization Requirements* chapter in this manual).



A client's freedom of access to health care does not require Medicaid to provide financial assistance beyond the closest site of service or to cover the client's personal choice of health care providers.

Commercial transportation

Commercial transportation is for clients who do not have special transportation requirements. This transportation is covered only when other, less costly means of transportation are not available. This transportation includes taxicab, bus, airplane, etc. Medicaid-enrolled providers supply this service. Clients must get prior authorization for this transportation. The *PASSPORT and Prior Authorization Requirements* chapter in this manual explains how to request transportation. Commercial transportation providers should see the *Commercial and Specialized Non-Emergency Transportation* manual.

Which Type of Transportation Would Be Approved?

Approval is always based on the least expensive available means of transportation suitable to the client's medical needs. Clients must get prior authorization for all transportation requests. The *PASSPORT and Prior Authorization Requirements* chapter in this manual explains how to request transportation.

When Is Travel Assistance Covered? (ARM 37.86.2402)

The Department provides financial assistance for a Medicaid client (and an attendant when required) when all of the following requirements are met:


- The Medicaid client obtains Medicaid-covered services.
- The medical services are determined medically necessary.
- The client selects the least expensive means of transportation suitable to his or her medical needs.
- No other financial resources are available.
- Other methods of transportation (such as city bus) are not available, or circumstances or disability prevent the use of such transportation.
- Applicable prior authorization and PASSPORT To Health requirements are met. See the *PASSPORT and Prior Authorization Requirements* chapter in this manual.

The mileage allowed per trip is based on the nearest facility, regardless of where the client chooses to receive health care.

Nursing facility clients

Nursing facilities must provide non-emergency routine transportation (visits to physicians, pharmacy or other medical providers) when the destination is within 20 miles of the facility. Medicaid may provide financial assistance for transportation in one of the following circumstances:

- If a client is wheelchair-bound or requires transport by stretcher.
- If a client must travel farther than 20 miles to a Medicaid covered appointment.



All clients or their representatives, including adoptive and foster parents, must obtain authorization before the trip.

Presumptive eligibility (pregnant women)

Transportation help is available for uninsured pregnant women. The client must provide a copy of her Eligibility Determination letter until she receives her Medicaid ID card. Please contact your local office of public assistance for more information on presumptive eligibility.

Deceased client

Transportation is paid if a client dies on the way to or during treatment outside his or her community. The cost of returning a deceased person is not covered.

What Services Are Covered?***Mileage, meals, and lodging***

Clients may receive financial assistance for mileage, meals, and lodging while receiving Medicaid covered medical care outside the client's community. Mileage is a set amount per mile for a Medicaid client to travel in a privately owned vehicle. Allowances for meals and lodging are also a set amount. The *Payment* chapter in this manual lists payment amounts. Meal coverage begins on the client's second day. The Transportation Center must approve all travel assistance before the trip.

Attendant

Financial assistance is provided for one attendant to accompany a client for whom age or disability requires attendant services. Medicaid covers transportation, meals, and lodging for the attendant to travel to and from medical services outside the client's own community.

Once an adult client reaches the destination for medical services, coverage of the attendant will be whichever is lowest:

- The Medicaid allowed amount for transportation, meals, and lodging for the attendant's stay during the client's course of treatment
- The allowed amount for a second round trip (go home then return to take the client home)

Lowest cost comparisons are usually not applied when the client is a child. Attendant meals and lodging can be allowed for the child's entire stay if the attendant chooses to remain with the child throughout the course of treatment. The Transportation Center must approve attendant assistance before the trip. The *PASSPORT and Prior Authorization Requirements* chapter in this manual explains how to request attendant services.



Medicaid only covers transportation to the nearest Medicaid provider.

What Is Not Covered? (ARM 37.86.2402)

- Meals and/or lodging are not covered for a round trip that can reasonably be made in one day.
- Payment for mileage is not available for local travel within the town or city where the client lives.
- Additional travel expenses such as parking costs, toll charges, gas, car maintenance, laundry, phone calls, etc. are not covered.
- Transportation assistance is not covered for clients who have been determined retroactively eligible for Medicaid when the transport occurred before retroactive eligibility was determined.
- Medicaid does not cover services that are free to the client such as meals or lodging provided by a friend or relative.
- Medicaid does not cover transportation that is provided in a state or government vehicle.

Other Programs

Transportation expenses for Mental Health Services Plan (MHSP) and Children's Health Insurance Plan (CHIP) are not covered.

PASSPORT and Prior Authorization Requirements

Clients Enrolled in PASSPORT To Health

Most Medicaid clients are enrolled in the PASSPORT To Health primary care case management (PCCM) program. Financial assistance may be available when medical services are provided or authorized by the client's PASSPORT provider. The Transportation Center will contact the client's PASSPORT provider to verify this information.

The mileage allowed per trip is based on the nearest facility, regardless of where the client chooses to receive health care services. If the client does not select the nearest PASSPORT provider, mileage is paid to the nearest provider. The client is responsible for the difference between the nearest provider and his or her selected provider.

What Is Prior Authorization? (ARM 37.86.2401 and 37.86.2402)

Prior authorization (PA) is when the Department (or the Department's contractor) reviews and approves the medical necessity and coverage of a service before delivery of the service. The Medicaid Transportation Center evaluates and authorizes clients' trip requests (see *Key Contacts*).

The client must call in or fax all trip requests to the Transportation Center before the medical appointment. Please call in requests as early as possible. The Transportation Center needs time to verify current eligibility, check PASSPORT approval if necessary, consider the nearest appropriate medical provider, and determine the least expensive and most appropriate mode of travel. If advance notice is insufficient to allow these steps to be taken, the trip may not be covered.

Requesting Authorization

To request prior authorization, the client must contact the Transportation Center with trip details. If a client is unable to communicate the need for transport, an authorized client representative such as facility personnel, a case manager or a family member may request authorization. To request transportation, follow these two steps:



All transportation requests should be called in as soon as the appointment is scheduled.

1. Write down the required information about your trip. You may use the *Travel Request Form* located at the end of this chapter to record the required information, or simply write it down on paper. The following information is required for all transports:
 - Patient's name
 - Medicaid ID # (Social Security Number)
 - Date of appointment
 - Reason for transport (diagnosis)
 - Name of driver
 - Physician's full name, phone number and address
 - Time of appointment
2. Contact the Medicaid Transportation Center. You may call or fax the required information. Transportation Center staff are available from 8:00 a.m. to 5:00 p.m. Monday through Friday. After hours, leave a detailed message on the voice mail (available around the clock). You may reach the Transportation Center at:

MPQHF/Medicaid Transportation Center
 P.O. Box 6488
 Helena, MT 59604-6488

Phone:
(800) 292-7114 In and out of state
(406) 443-6100 In Helena

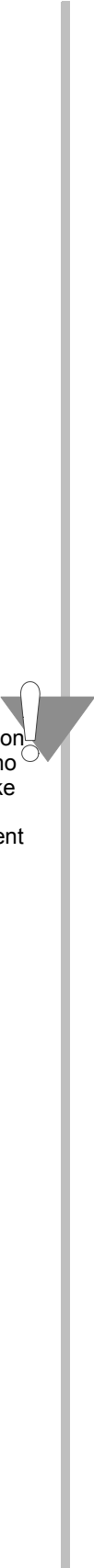
Fax:
(800) 291-7791 In and out of state
(406) 443-0684 In Helena

The Transportation Center is required to follow all Department rules and regulations, and has no authority to make exceptions or waive rules.

When transportation requests are approved, the client will not receive notification unless he or she specifically requests it. Clients are informed of adverse decisions in writing, as well as by phone whenever possible. Adverse decisions may include approval of reduced distance or denial of travel funds.

Appeals

When trip requests are denied, clients receive written denial notices from the Transportation Center. Denial notices contain instructions for appeals.



The transportation contractor has no authority to make exceptions or waive Department rules.

If the client disagrees with a denial or the amount of payment issued, he or she may submit a written appeal to the Transportation Center within thirty (30) days of the denial notice. Written appeals must contain all details of the transportation request. The Transportation Center will then perform a second review.

If the request is approved after review and additional funds are to be released, the Transportation Center will notify the client or the client's authorized representative.

If the request remains denied, the Transportation Center will send the client a letter indicating a second review was conducted and the request remains denied. All denial notices contain instructions for requesting a fair hearing.

Completing a <i>Travel Request Form</i>	
Field	Description
Name of requester	Name of the client or the person who is requesting transportation for the client
Phone #	Phone number of the person requesting transportation for the client
Patient name	Medicaid client's full name
Medicaid ID#	Medicaid client's Medicaid ID number
Patient phone number	Medicaid client's phone number
Date of birth	Medicaid client's date of birth
Patient's mailing address	Medicaid client's mailing address
Street address	Medicaid client's street address
City, state, zip code	Medicaid client's city, state, and zip code
Date(s) of appointment	Date of client's appointment or procedure
Return date (if different)	Date client will return from appointment if different from appointment date (e.g., over-night stay)
Appointment time	Time the appointment is scheduled for
Is this for multiple dates?	Does this cover multiple visits over several days?
Number of trips	Number of trips the client will be making
Reason for appointment	Purpose for the appointment (list services that will be provided)
Referred by	If the client's doctor referred the client to another physician, or for tests, etc., put the name of the doctor who referred the client here.
Doctor's phone number	Phone number of referring doctor
Going to (Name of Dr., facility, etc.)	Enter the name of the doctor and/or facility where this appointment will take place.
Dept. (e.g., Radiology, ER, etc.)	Enter the department where the appointment will take place (e.g., Radiology, CT Scan, MRI, etc.)
Phone #	Phone number where appointment will take place
Extension/Name	Department's phone number extension (if applicable) and/or name of contact
Complete physical address	Street address of department where appointment will take place
Is this a round trip?	Will the client be making a round trip, or is travel one way
Is an attendant required?	Is an attendant necessary due to age or disability?
Reason for attendant	State the specific reason that an attendant is needed for the trip.
Mode of transportation	Fill in the details regarding the transportation mode/source. Complete only one box.
Any special conditions or concerns	Specify any unusual travel needs (e.g., needs oxygen on board, needs help transferring to wheelchair)
Comments	Include details about the trip such as if a second or third appointment will be completed during the trip. For additional appointments include where, when, purpose, etc.

Travel Request Form

Name of requestor: _____ Phone # _____

Patient Name: _____ Medicaid ID#: _____

Patient phone number: _____ Date of Birth: _____

Patient's Mailing Address: _____ Street Address: _____

City, State Zip code: _____

Date(s) of Appointment: _____ Return Date (if different): _____

Appointment time(s): _____

Is this for multiple dates of service? Yes No Number of trips: _____

Reason For Appointment: _____

Referred by: _____ Referring Doctor's Phone number: _____

Going to (Name of Dr, facility, etc): _____

Dept (ie Radiology, ER, etc.): _____

Phone #: _____ Extension/ Name: _____

Complete Physical Address of destination: _____

Is this a round-trip? Yes No

Is an attendant required? Yes No Reason for an Attendant: _____

Mode of transportation (complete only one box):

<input type="checkbox"/> Patient driving <input type="checkbox"/> Other Driver (not patient)* *Name of Driver: _____ Complete Mailing address: _____ _____

<input type="checkbox"/> Taxi <input type="checkbox"/> Wheelchair van Name of Provider: _____ Pick-up time: _____ ***Note: taxi dispatches require 24 hours notice whenever possible

<input type="checkbox"/> Other Transportation Please explain mode and need: _____ _____ _____

Any special conditions or concerns: _____

Comments: _____

For MPQHF use only: Ref: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pended Faxed back response: _____ Clerk: _____ _____ Comments: _____

Payment

Transportation and Lodging Payment (ARM 37.86.2405)

Payment may be made for mileage, meals and lodging for the client and a required attendant. Mileage is measured directly to and from the Medicaid client's home community and the community of destination. Meals and lodging are not covered when a trip can be reasonably made in one day. Payment for meals begins the second day of the client's stay. Receipts are required for lodging allowance.

Personal vehicle mileage

Personal vehicle mileage is paid at \$ 0.13 per mile. The Transportation Center determines total miles per trip based on the number of miles from the client's community to the community with the closest site of service.

Meals

Meal receipts are not required for payment. Payment for meals shall not exceed the following:

Breakfast	\$ 5.00
Lunch	5.00
Dinner	<u>5.00</u>
Total	\$15.00 per day maximum

Lodging

When lodging is necessary, financial assistance is provided to a maximum of \$25.00 per day. **Lodging receipts are required** and can be mailed or faxed to the Transportation Center (see *Key Contacts*). Most hotels/motels are willing to fax receipts. Payment for lodging shall not exceed the following:

Lodging Plus Three Meals	\$40.00 per day
Lodging Only	\$25.00 per day

The Transportation Center issues a check for travel funds as soon as it can be confirmed that the trip was taken and necessary medical services were received. Only one mileage payment check will be issued per trip regardless of the number of individuals transported.

Cancelled Travel Plans

If the client's travel plans are cancelled or rescheduled, all travel funds must be returned to the Department (see *Key Contacts*). Funds that are not returned to the Department will be recovered by garnishment of tax refunds.



Checks for less than \$5.00 will not be issued.

Definitions and Acronyms

This section contains definitions, abbreviations, and acronyms used in this manual.

Administrative Rules of Montana (ARM)

The rules published by the executive departments and agencies of the state government.

Allowed Amount

The maximum amount paid to a client for travel by Medicaid. Medicaid's allowed amount for each covered service is listed on the Department fee schedule.

Attendant

A person who accompanies the Medicaid client to Medicaid-covered medical appointments. The Medicaid client's age or disability determine the necessity of attendant services. Attendant services must be prior authorized.

Authorization

An official approval for action taken for, or on behalf of, a Medicaid client. This approval is only valid if the client is eligible on the date of service.

Basic Medicaid

Patients with Basic Medicaid have limited Medicaid services. See the *General Information For Providers* manual, *Appendix A: Medicaid Covered Services*.

Client

An individual enrolled in a Department medical assistance program.

Code of Federal Regulations (CFR)

Rules published by executive departments and agencies of the federal government.

Commercial Transportation

Travel services provided by air or ground commercial carrier, taxicab, or bus necessary for a Medicaid client to receive medical care.

DPHHS, State Agency

The Montana Department of Public Health and Human Services (DPHHS or Department) is the designated State Agency that administers the Medicaid program. The Department's legal authority is contained in Title 53, Chapter 6 MCA. At the federal level, the legal basis for the program is contained in Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations (CFR). The program is administered in accordance with the Administrative Rules of Montana (ARM), Title 37, Chapter 86.

Emergency Services

Those services which are required to evaluate and stabilize a medical condition manifesting itself by acute symptoms of sufficient severity (including pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or unborn child) in serious jeopardy, serious impairment to bodily function or serious dysfunction of any bodily organ or part.

Full Medicaid

Patients with Full Medicaid have a full scope of Medicaid benefits. See the *General Information For Providers* manual, *Appendix A: Medicaid Covered Services*.

Medicaid

A program that provides health care coverage to specific populations, especially low-income families with children, pregnant women, disabled people and the elderly. Medicaid is administered by state governments under broad federal guidelines.

Medically Necessary

A term describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client. These conditions must be classified as one of the following: endanger life, cause suffering or pain, result in an illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or mal-function. There must be no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this definition, "course of treatment" may include mere observation or, when appropriate, no treatment at all.

Mileage

The distance traveled by a Medicaid client in a privately owned vehicle from one community to another in order to receive Medicaid-covered medical care. This service must be prior authorized.

PASSPORT To Health

A Medicaid managed care program where the client selects a primary care provider who manages the client's health care needs.

Personal Transportation

Transportation provided in a privately owned vehicle by the Medicaid client or the client's friend or relative.

Prior Authorization (PA)

The approval process required before certain services or supplies are paid by Medicaid. Prior authorization must be obtained before providing the service or supply.

Provider or Provider of Service

An institution, agency, or person who provides a Medicaid covered service to a Medicaid client and is eligible to receive payment from the Department.

Retroactive Eligibility

When a client is determined to be eligible for Medicaid effective prior to the current date.

Specialized Non-Emergency Transportation

Transportation services supplied by a provider with a class B public service commission license. The provider has a vehicle specially equipped to transport persons with disabilities such as a wheelchair van or stretcher van.

Index

A

Additional travel expenses	2.4
Administrative Rules of Montana (ARM) (definition)	A.1
Advance notice of trip	3.1
Adverse decisions	3.2
Airplane, travel by	2.2
Allowed amount (definition)	A.1
Appeals	3.2
Approved transports	3.2
Attendant	2.3, A.1
Authorization (definition)	A.1
Authorization, how to request	3.1
Authorized by PASSPORT provider, services must be	3.1
Authorized client representative	3.1

B

Basic Medicaid (definition)	A.1
Bus, travel by	2.2

C

Cancelled travel plans	4.1
Check for travel funds, when issued	4.1
Child, coverage	2.3
Children's Health Insurance Plan (CHIP)	2.4
Client (definition)	A.1
Client is a child	2.3
Clients who are wheelchair bound	2.1
Code of Federal Regulations (CFR) (definition)	A.1
Commercial transportation	2.2, A.1
Coverage, Full or Basic	2.1
Covered services, what is not	2.4
Covered services, what is	2.3

D

Deceased client	2.3
Definitions and Acronyms	A.1
Denied transports	3.2
Denied transports, when client disagrees with	3.3
DPHHS, State Agency (definition)	A.1

E

Eligibility determination letter	2.3
Emergency services (definition)	A.1

F

Financial assistance for travel, when covered	2.2
Free services	2.4
Full Medicaid (definition)	A.2
Full or Basic Medicaid	2.1

G

Government or state vehicle	2.4
-----------------------------------	-----

H

Health Policy and Services Division web page	ii.2
--	------

K

Key web sites	ii.2
---------------------	------

L

Lodging payment	4.1
Lodging receipts are required	4.1

M

Meals and lodging coverage	2.1
Meals, payment for	4.1
Meals, when coverage begins	4.1
Medicaid (definition)	A.2
Medicaid Transportation Center	3.2
Medical necessity	3.1
Medically necessary (definition)	A.2
Mental Health Services Plan (MHSP)	2.4
Mileage	
allowed to nearest facility	2.2
definition	A.2
how measured	4.1
including meals and lodging	2.3
when not covered	2.4

N

Nearest facility	3.1
Nearest facility, mileage based on	2.2
Non-covered services	2.4
Nursing facility clients	2.2

B.2

O

One day trip 2.4

P

PASSPORT provider authorization 3.1
 PASSPORT To Health..... 3.1, A.2
 Personal transportation 2.1, A.2
 Personal vehicle mileage payment..... 4.1
 Presumptive eligibility (pregnant women) 2.3
 Prior authorization (PA)..... 3.1, A.2
 Provider Information web site ii.2
 Provider or provider of service (definition)..... A.2

Q

Questions answered 1.1

R

Receipts required 4.1
 Representative..... 3.1
 Requesting authorization 3.1
 Retroactively eligible for Medicaid (retroactive eligibility)..... 2.4, A.2

S

Services covered 2.3
 Services provided or authorization by PASSPORT provider 3.1
 Specialized non-emergency transportation 2.1, A.2
 State or government vehicle 2.4

T

Taxicab, travel by 2.2
 Transportation
 and lodging payment..... 4.1
 Center ii.1, 2.1
 coverage 2.1
 which type will be approved 2.2
 Travel assistance benefits 2.1
 Travel assistance, when covered..... 2.2
 Travel cancelled 4.1
 Trip requests, call in..... 3.1
 Trip, required information 3.2
 Types of transportation 2.1

U

Uninsured pregnant women 2.3

V

Virtual Human Services Pavilion (VHSP)..... ii.2

W

Web sites ii.2

What Services Are Covered? 2.3

Wheelchair bound clients..... 2.1

Which type of transportation would be approved? 2.2