DMAP Worker Guide XII

Medical Transportation

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Medical Transportation

Staff will find detailed instructions for the authorization process in this section of the manual. In addition, anyone who authorizes non-emergency medical transportation should be knowledgeable of Medical Transportation Services Administrative Rules (OAR 410-136 *et al*). This section of the DMAP Worker Guide includes:

- State requirements and authority
- Covered transports
- Authorizing the transport, including:
- Branch/agency standards
- Using a brokerage
- Eligibility screening
- Procedures to complete DMAP 405T, Medical Transportation Order
- After hours rides
- Special circumstance transports, including:
- Out-of-state transports
- Special transports within Oregon
- Out-of-state transports to obtain DMAP approved medical services
- Helpful hints for lodging and meals
- Hospital to hospital, home or other facility transports
- Not covered transports and related services
- Client reimbursed travel, meals, lodging
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- Fee schedule for client travel
- Revolving fund procedures and instructions for completing CMS-1500 Form
- Place of service codes
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- Samples of forms Requirements/Authority

Federal regulations 42 CFR 431.53 requires the State to "assure necessary transportation to recipients to and from providers". Further, 42 CFR 440.170(3) states: "Travel expenses" include:

(i) The cost of transportation for the recipient by ambulance, taxicab, common carrier, or other appropriate means;

(ii) The cost of meals and lodging in route to and from medical care and while receiving medical care; and

(iii) The cost of an attendant to accompany the recipient, if necessary, and the cost of the attendant's transportation, meals, and lodging.

In addition, Part 6 - General Program Administration of the Medical Assistance Manual concerning Transportation of Recipients (6-20-00) reads:

Administrative Controls

States have an obligation to assure that:

- Transportation will be available for recipients to and from medical care;
- Payment is made only where transportation is not otherwise available;
- Payment is made for the least expensive available means suitable to the recipient's medical needs; and
- Transportation is available only to get individuals to qualified providers who are generally available and used by other residents of the community.
- DMAP Administrative Rule 410-136-0160 – Non-Emergency Medical Transportation (Without Need For An Emergency Medical Technician) states:
- DMAP will not make payment for transportation to a specific provider based solely on client or client/family preference or convenience. For purposes of authorizing non-emergency medical transportation, the medical service or practitioner must be within the client's local area. Local area is defined as "in or nearest" the client's city or town of residence. If the service to be obtained is not available locally, transportation may be authorized to a practitioner within the accepted community standard or the nearest location where the service can be obtained or to a location deemed by DMAP to be cost-effective to DMAP.
- A Branch may not authorize and DMAP will not make payment for non-emergency medical transportation outside of a client's local area when the client has been noncompliant with treatment facility refusing to provide further service or treatment to the client. In the event supporting documentation is submitted to DMAP that demonstrates inadequate or inappropriate services are being (or have been) provided by the local treatment facility or practitioner, transportation outside of the client's local area may be authorized on a case-by-case basis.
- If a managed care client selects a Primary Care Physician (PCP) or Primary Care Manager (PCM) outside of the client's local area when a PCP or PCM is available in the client's local area, transportation to the PCP or PCM is the client's responsibility and is not a covered service.
- The client will be required to utilize the least expensive mode of transportation that meets their medical needs and/or condition. Ride-sharing by more than one client is considered to be cost effective and may be required unless written medical documentation in the branch record indicates ride sharing is not appropriate for a particular client. The written documentation will be made available for review upon request by DMAP. Mileage reimbursement will be made to one of the clients who are sharing a ride. Payment will not be made to more than one client for each ride.

Covered Transports

DMAP will reimburse for medical transportation, for eligible Title XIX and Title XXI (for exceptions see Not Covered Transports in this guide) and TANF eligible clients (unless non-emergent transportation is excluded from the client's benefit package), when the following occurs:

- It has been determined by the branch authority that the client has no other means of transportation available; and
- When a properly completed Medical Transportation Order (DMAP 405T) or its equivalent has been forwarded to the transportation provider; AND
- The transportation provider is actively enrolled with DMAP as a provider of Medical Transportation services and the service to be obtained is one of the following covered services:
  - Administrative Medical Exam (Branch must complete the
  - DHS 729 form before transportation can take place)
  - Adult day care service, where medical services are provided
  - Ambulatory Surgical Center service
  - Chemotherapy
  - Chiropractic service
  - Day treatment for children (DARTS)
  - Dental/denturist service
  - Diabetic/self-monitoring training and related services
  - Family sex abuse therapy, when provided by a mental health clinic
  - Federally Qualified Health Care Center service
  - Hemodialysis
  - Hospital service. (Includes inpatient, outpatient, and emergency room.)
  - Maternity management service. (Reimbursement for transportation is for client transport only. These services are provided for pregnant women and are provided only at medical offices, hospitals, public health departments and other medical facilities.)
  - Mental health and alcohol and drug service. (When provided by mental health organizations, mental health clinics or other providers subcontracted with prepaid health plans to provide mental health and/or alcohol and drug services.)
  - Naturopathic service
  - Nurse practitioner service
  - Nursing facility service
  - Pharmaceutical service*

- o Physical and occupational therapy
- o Transports to swimming pool therapy will be reimbursed only if the therapist is providing therapy "one-on-one" in the pool with the client and the therapy has been prior authorized.
- o Physician service
- o Podiatrist service
- o Prosthetic/orthotic repair/adjustments
- o Special transports to obtain out-of-state services not available in Oregon. Must be authorized by the DMAP Out-of-State Services Coordinator and Medical Transportation Program Manager or the managed care contractor.
- o Speech/hearing/audiology service
- o Transplant. Must be authorized by the DMAP Transplant Coordinator or the client's prepaid health plan.
- o Vision service (including ophthalmic services)
- o Waivered service as follows: DMAP will reimburse for transportation from a nursing facility to a Title XIX waivered living situation (*i.e.*, AFC, SLC, RCF, Group Home) or from one Title XIX waivered living situation to another Title XIX waivered living situation or nursing facility.
- o Transports to Title XIX psych hospitals for inpatient or outpatient psych services (covered for clients of all ages)

REMEMBER: Some pharmacies may provide free delivery of prescriptions. Also, the OHP contracted home-delivery pharmacy services are available for those clients who are on maintenance medications and who can reasonably utilize home delivery services. OHP Home-Delivery includes a 3-month supply instead of a one-month supply on most medications, and shipping is free to the client's home or clinic.

Wellpartner is the contracted home delivery pharmacy for DMAP. Contact Wellpartner at 1-877-935-5797 for more information. Prescription order forms and additional information are available from the DHS Web site at <http://www.oregon.gov/DHS/healthplan/clients/mailrx.shtml>

Covered Transports Provided by Volunteers

(These are Title XIX matchable.) DMAP will reimburse a DHS Volunteer for a transport provided to any of the above listed services and to the following services as well:

- Family sex abuse therapy
- Transportation to Shriners Hospital for Children or Doernbecher Children's Hospital
- Transportation to Stepping Stones A&D facility for outpatient treatment

- Transportation to Veterans Administration facilities. (Unless the transport is from one Veterans facility to another Veterans facility. Generally, the Veterans Administration contracts with taxi or ambulance providers to provide these rides.)

NOTE: Volunteers may also be reimbursed for mileage expenses incurred when the client fails to keep the appointment. In addition, volunteers using State Motor Pool cars may be reimbursed for miles driven in their personal vehicle from home to the Motor Pool and from the Motor Pool to home.

Miscellaneous

A client's family member may be reimbursed for mileage for medically necessary treatment or follow-up visits to Shriners, Doernbecher, or VA Hospitals. (Services provided by these are considered to be cost effective.)

Reimbursement for medical transportation is NOT included in spousal support payments. If a person receiving spousal support requests reimbursement for mileage, it may be approved.

OAR 410-136-0160, Medical Transportation Services, clearly states that client reimbursed travel requires authorization in advance. The rule also defines when retroactive authorization may be made. Once authorized initially, client reimbursement for mileage may be approved for ongoing trips after the fact but only after the client has provided verification of all medical trips taken. Payment for such trips shall be at the rate calculated by the original authorization.

Do not authorize continuing trips beyond 30 days in advance.

Authorizing the Transport

1. Branch/Agency Standards. The branch or agency shall not deny an individual services based on grounds of race, color, sex, religion, national origin, creed, marital status, or the presence of any sensory, mental or physical disability.

Each branch or agency will designate a primary contact and backup person for the purpose of authorizing non-emergency medical transportation.

The branch or agency will inform clients regarding:

- The availability of non-emergency medical transportation, and
- The administrative rules regarding authorization of non-emergency medical transportation, and
- The procedures the client must follow to obtain non-emergency medical transportation.

The branch or agency will ensure that the client has actually received the services for which transportation has been authorized. Branch or agency should attempt to confirm with the

medical provider that the client actually received services on the date of the transportation for each ride authorized or trip reimbursed.

The branch or agency will ensure that if any request for non-emergency medical transportation is denied, the client receives a written denial notice. Clients will also be informed about the fair hearing process.

The branch or agency should require the client to call with medical transportation requests as soon as medical appointments are made. Clients who call with "same day" requests may be asked to reschedule their appointment if the appointment is not urgent or not essential to maintaining continuity of care or monitoring of client medical condition.

2. Brokerage. Most regions in the state are within brokerage areas now. These brokerages are consolidated call centers that will verify client eligibility and provide the most cost-effective ride suitable to the client's needs. All requests for transportation originating within a brokerage region, except for ambulance services and client meals and lodging, should first go through the brokerage (this includes client mileage requests).

In some brokerage areas, the brokerage also has the authority to prior authorize mileage, meals, and lodging for clients, DHS volunteers and foster care parents. Check with the brokerage to ensure that the proper prior authorizations are requested.

Coordinate with the local brokerage, by phone, e-mail, etc. when providing client reimbursements in order to ensure that the client is not double dipping by getting a ride from the brokerage at the same time.

Clients who are sent into brokerage areas from non-brokerage areas and need return transportation must have their eligibility information provided by the branch to the appropriate brokerage so the brokerage can arrange for the transportation originating within their area. Clients from one brokerage area going to another brokerage area will be coordinated between the brokerages.

Brokerage locations

Broker/Call Center	Phone/Fax	Counties
Central Oregon Intergovernmental Council *Cascades East Ride Center*	541-385-8680 1-866-385-8680 Fax 541-548-9548 TDD 1-800-735-2900	Baker Crook Deschutes Grant Harney Jefferson Malheur Wallowa Union
Oregon Cascades West Council of Governments *Cascades West Ride Line*	541-924-8738 1-866-724-2975 Fax 541-791-4347 TDD 541-928-1775	Benton Linn Lincoln
Lane Transit District *RideSource*	541-682-5566 877-800-9899 TTD 800-735-2900	Lane
Sunset Empire Transportation District *Northwest Ride Center*	503-861-7433 1-866-811-1001	Clatsop Columbia Tillamook
Rogue Valley Transportation District *TransLink*	541-842-2060 1-888-518-8160 Fax 541-618-6377	Coos Curry Douglas Jackson Josephine Klamath Lake
Mid-Columbia Council of Governments *Transportation Network*	541-298-5345 1-877-875-4657 Fax 541-296-5674 TDD 7-1-1 Relay Service	Gilliam Hood River Morrow Sherman Umatilla Wasco Wheeler
Salem Area Mass Transit District *Trip Link*	530-315-5544 1-888-315-5544 Fax 503-315-5144	Marion Polk Yamhill
Transportation Services *Tri-Met*	503-802-8700 1-800-889-8726 TDD 7-1-1 Relay Service	Clackamas Multnomah Washington

Authorization Process

The following information suggests minimal processes that must take place in the authorization of any non-emergency transport. Different client populations and their unique needs or circumstances mean that the process will vary. Certain procedures are required, however, regardless of the client or the specific level of need. This worker guide refers tp a recommended Medical Transportation Screening Form, which the branch may choose to adopt. Regardless of the form used, a "paper trail" clearly documenting the client's need for medical transportation services, including miles, meals and lodging, must be available for review by DMAP Quality Assurance Audit staff. If the branch is currently using the AFS 405M, that form is also appropriate.

1. Eligibility Screening:

- Determine client eligibility for reimbursable transportation. The client must actually be eligible, not pending eligibility, for any non-emergent medical transportation, including client reimbursement. Rides associated with Administrative Examinations would be the exception.
- Has Transportation Screening or Rescreening interview been conducted?
- Is completed Transportation Screening form (or equivalent) in branch record? (The form only needs to be completed for those clients who have requested ongoing Medical Transportation Services.)
- Have all special needs of the client been identified on the form?
- Is the client requesting transport to an eligible (covered) Title XIX service?
- If the Transportation Screening form (or equivalent) indicates "other transportation resources are available," has the client attempted to find transportation other than through the branch?
- Is volunteer transportation available?

NOTE: Re-screenings should be conducted at least semi-annually to ensure the client's transportation needs (or level of need) are ongoing. In all instances, the branch has the responsibility to ensure that the least expensive mode of transportation (suitable to the client's needs) is authorized. When a client requests transportation to medical services out of the client's local area, it is the branch's responsibility to determine medical appropriateness (*i.e.,* has client been referred out of area by primary care physician rather than going to the provider of their choice?). Written documentation supporting the authorization should be retained in the branch record for DMAP audit review.

2. Eligibility Screening - Children in the Care of DHS

Children in the care and custody of DHS are not considered to have familial, financial or other resources available to them for medical transportation. The monthly Foster Care Maintenance payment does not include moneys to cover the costs of transportation to medical appointments. Many children who are under the jurisdiction of DHS have a high

volume of medical appointments for counseling, therapies, etc. More often than not, these children are extremely difficult to place. Refusal to make moneys available to the foster parent could potentially jeopardize the child's placement.

Keeping in mind that mileage reimbursement is nearly always the least expensive mode of medical transportation, DMAP's position is as follows:

- Where the foster parent has approached the caseworker and made a request for mileage reimbursement, the moneys should be provided in the same manner as described in the guidelines for client reimbursed mileage. It remains the caseworker's responsibility to ensure the appointment is a covered Title XIX service. In addition, there should be a written statement on the AFS 405M (or whatever screening form is used) to the effect that "Foster parent has requested reimbursement for medical transportation provided to (child's name and prime number). Child has no other resource available."
- If a DHS (or other) branch arranges the reimbursement aspect or otherwise arranges the transportation they should ensure that the caseworker has forwarded a written request containing the above (or similar) statement. All paper documentation is to be retained in the branch record. If DHS handles all aspects of the reimbursement, the paper documentation should be retained in the branch record.

IT IS IMPORTANT TO REMEMBER that while we are required to ensure client access to needed medical services, medical transportation moneys are not considered to be an "entitlement." If the foster parent is willing to provide the transportation and has not requested reimbursement for such, the foster parent is considered to be a resource. Requests for reimbursement on the part of the foster parent should not be encouraged or solicited.

Medical transportation for DHS children in subsidized adoptions should be arranged through DMAP's Claims Management Unit at (503) 945-6522.

3. Procedures for Completing the Medical Transportation Order

The Medical Transportation Order (OMAP 405T) or an equivalent form that includes all DMAP required information must be completed for ALL non-emergency provider transports. The branch is to initiate the order. The provider is only to initiate orders when the ride has been provided "after hours." The VP883 form is required for DHS volunteer transports.

The following information must be included on all Medical Transportation Orders for DMAP Quality Assurance Audit:

- Provider Name or Number
- Pickup Address
- Client Name and Prime Number
- Destination Name and Address

- Trip Information, indicate:
  - 1 way
  - Round trip
  - 3 way
- Mode of Transportation
  - Ambulance
  - Taxi
  - Stretcher Car
  - Wheelchair Van
  - Stretcher Car by Ambulance
  - Other (use for secured transports, ambulatory [able to walk] or other special transports - buses, trains, etc.)
- One Time Trip, indicate:
  - Appointment Date
  - Appointment Time
  - Pickup Time
- On-Going Trips (should not exceed a period of 30 days in advance), indicate:
  - Begin Date
  - End Date: Sun Mon Tues Wed Thurs Fri Sat
  - Appointment Time
- $ Authorized (if special, secured transport, or the total for an on-going period)
- Today's Date
- Branch Number
- Wkr/Clk ID

Each Branch will need to add specific instructions to the Medical Transportation Order that are unique to the needs of the individual client. If a Secured Transport is being authorized, then ensure this level of transport was medically appropriate and that the client was taken to a Title XIX facility. Indicate on the lower portion of the Order the reason secured level is required. The only acceptable reasons for secured transport are: a risk to self (suicidal) or others (assault). A flight risk is not considered appropriate for secured transport. Enter the name and phone number of the medical professional requesting the secured level.

The Medical Transportation Order should be faxed, mailed or routed at the end of each work day to the selected provider. If the branch currently batches and routes requests to providers on a weekly (or other) basis, that process can remain in place, but remember the provider cannot bill DMAP until the Order is received.

Urgent (same day) transports: A phone call to the selected provider should be made immediately, followed up by a completed Medical Transportation Order. A copy of all Medical Transportation Orders (regardless of the form used) must be retained in the branch record for the period of time described in the General Rules.

4. Additional Client Transport – Same Ride

The fact that more than one DMAP client has been transported during the same ride is not always known to the branch. (Many nursing facilities, etc., contact providers directly to arrange rides.) When this happens the branch is required to verify client eligibility for the ride, etc., and forward a new (or changed) transportation order to the provider. (Administrative Rules require the provider to have branch authorization for EACH client transported. The rules also address those provider types that can bill DMAP for an additional client - same ride.)

5. After Hours Rides

Unless the client resides in a brokerage area, the provider will generally initiate the Transportation Order for “after hours” rides. (This is the only time a provider can initiate an order.) The rules instruct the provider to submit the partially completed order to the branch within 30 calendar days after the services was provided. After confirming the ride was appropriate, the branch is required to return the completed Order to the provider within 30 calendar days after receipt of the Order.

6. Helpful Hints for Completing the Medical Transportation Order

For Taxi, Wheelchair Van/Lift/Stretcher Car/Ambulance/Secured Transports and Other:

- Be sure to complete all required information.
- Be sure to fill in the client’s prime number (not case number).
- Circle either: one-way, round trip or three-way in the Trip Info box. (Number of Base Rates and miles is no longer required on the order. The number of base rates and miles billed to DMAP will be reviewed by DMAP Audit staff at the time of provider audits.)
- Volunteers are usually authorized mileage only. On occasion, however, meals and/or lodging may be authorized in addition to mileage. Refer to the Client Reimbursed Travel in this worker guide for general guidelines and criteria.
- Special Instructions - Complete as needed based on client needs. Include on the order all information the volunteer or provider might need to know to provide the best transport possible for the client.
- The Medical Transportation Order must be retained in the branch record for audit purposes for the time described in General Rules.

NOTE: By ordinance, Stretcher Cars are not allowed to operate in all areas in Oregon. In the case where a client is required to travel in a supine position, arrangements can be made with an ambulance to provide the transport. Certain ambulance providers will provide

these transports at Stretcher Car rates, and the Order should indicate Stretcher Car Ride. The provider should bill DMAP directly using the Stretcher Car Procedure Codes. If the ambulance provider is NOT willing to provide the stretcher car transport at stretcher car rates, the Order should indicate "Stretcher Car by Ambulance". The provider should be instructed to bill DMAP directly using the new procedure codes listed in the Guide.

Special Circumstances Transports

1. Out-Of-State Transfers

Occasionally, due to deteriorating condition/prognosis or other client circumstances, a client (or their family member) may request a transport to leave Oregon. These are generally nursing home clients with poor medical prognosis who want to relocate nearer to next of kin or other family members. It is often a reasonable request with obvious advantages for the client, their family and DMAP.

In order to facilitate a move of this nature DMAP has established basic protocol that must be adhered to in order to complete the successful transfer of a client to another state. That process consists of:

- The client or the client's family must express in writing a desire and a commitment to make the transfer. *
- The case manager must provide assurance that the receiving state has the necessary services the client requires.
- The family and case manager must make the appropriate contacts with the receiving state. Whenever possible, written confirmation from the receiving state is desirable. *
- Any necessary medical documents must be made available to the receiving state to assist that state in the determination of client eligibility.
- A written statement from the client's attending physician that the client is capable of making the transfer (traveling) without any detrimental effects to his/her medical status. *
- If going to a facility, written confirmation from the receiving facility acknowledging their willingness to accept the client and that a bed is available. *
- Determine the appropriate mode of transport, *i.e.,* is the client bed-bound? If so, is ground transport more appropriate than air? If air transport is necessary, the appropriate ground transport must be arranged at the departure and destination points. Obtain written cost estimates from all providers contacted. *

* Any of the above information with an asterisk (*) must be routed (or faxed) to the DMAP Medical Transportation Program Manager for final approval. Retain a copy of all information in the branch record.

Once the transport has been approved by DMAP, the branch will be notified as soon as possible.

Remember: DMAP does not reimburse moving a client's personal belongings, furniture, medical equipment or for the services of an escort or an attendant. The client's family will be responsible for providing escort/attendant services, and moving of any medical equipment, furniture, etc.

2. Special Transports Within Oregon (Bid Rides)

Occasionally, due to client medical condition, circumstance or length of transport, an DMAP provider may be unwilling to provide a non-emergency transport at DMAP rates. When this happens, the following must occur:

- Determine the reason for the refusal. Is it simply DMAP rates are too low?
- Is there another reason? For example, is the patient extremely obese? Provider does not have vehicle or sufficient extra attendants to facilitate transport?
- Are other providers available in the area that would provide the transport at DMAP rates?
- Do staff in another branch (in the same area) know of any provider who might provide the service?

If at all possible, obtain the transport at DMAP rates. If absolutely no provider can be found who will accept DMAP rates, obtain three written estimates from various providers (if possible). Select the lowest estimate provider that can meet the client's medical need. Authorize as you would any other transport. (DMAP does not need to be contacted in advance for in-state transports.) Ensure the dollar amount authorized is entered in the lower right box of the Order if the OMAP 405T is used. If another form is used, ensure the authorized amount is indicated on the form. Also include the reason the special rate was authorized. Rides to services in the provider's local service area are not considered to be special transports, and shall not be authorized as such.

Retain a copy of all estimates, the billing and the Transport Order in the branch record.

NOTE: For clients residing in brokered areas, the broker will arrange for and provide these transports. Non-emergency ambulance transports will still be arranged by the branch, however.

3. Out-of-State Transportation to Obtain DMAP Approved Medical Services

If a Managed Care Plan subcontracts for services to be provided to a client out of state, and that service is available in-state, the Managed Care Plan is responsible for transportation and all associated costs (*i.e.,* meals and lodging for both the client and any required attendant. (DMAP Administrative Rule 410-141-0420 (11)).

If a Managed Care Plan approves out-of-state services for a client because the services are not available in-state, the Managed Care Plan should send a copy of the approval to the branch for branch client records. Upon receipt of the letter of approval, the branch will be authorized to disburse non-emergency transportation funds (including *per diem*) as required.

If a client's Primary Care Case Manager or fee-for-service practitioner requests out-of-state services, the request must be submitted to the DMAP Out-of-State Coordinator for prior authorization.

If DMAP approves an out-of-state service, a letter of approval will be sent to the branch by the DMAP Out-of-State Coordinator. Upon receipt of the letter of approval, the branch will be authorized to disburse non-emergency transportation funds (including per diem) as required.

NOTE: Providers within 75 miles of the Oregon border are not considered out-of-state.

4. Secured Transports

If the branch is presented with a need for a secured transport, a 405T must be completed to indicate the reason for the need (*e.g.,* suicidal tendencies; a flight risk is not considered appropriate for secured transport). A provider of secured transport is selected by calling three (if possible) available DMAP secured transport providers and accepting the most cost efficient bid for the transport. The 405T is sent to the provider and the transport of the client takes place.

Ensure that the client is Title XIX eligible, that the facility being transported to is a Title XIX provider (if in doubt call the facility and get the six digit Medicaid Provider Number), and that the client is not in the custody of the police/court.

5. Miscellaneous Information

The worker may be able to obtain free or reduced airfare for a client (usually a child) through one of the following resources:

- Air Life Lines (1-916-446-0995)
- American Airlines Miles For Kids
- Make a Wish Foundation (The Medical Social Worker at the receiving hospital may have this information.)
- Angel Flight (1-888-426-2643) or <www.angelflight.org> (Provides free non-emergency medical air transport.)

Often the receiving hospital (Medical Social Worker or Nurse Coordinator) has additional information regarding transportation and "special agreements" they have with various organizations for flight and lodging.

It will be the branch's responsibility to determine the least costly mode of travel (*i.e.,* the use of family vehicle, train, bus).

If the client is a child, DMAP may provide transportation for the child and one parent or escort. Most airlines will not charge for the escort, or will discount the escort's rate, if the medical need is known.

6. Helpful Hints

- Lodging
  - Is there a Ronald McDonald house at the hospital?
  - Is there free (or reduced) lodging at or near the hospital that the hospital can recommend? Costs?
- Meals
  - Does the hospital provide a meal ticket (or card) or subsidized meals for clients being seen on an outpatient basis? For parents while the child is being hospitalized?
  - Where the client/parent/escort will remain at the facility for a lengthy period of time, the branch may want to make arrangements to send incremental amounts of money to the client in the form of checks made payable to the client. This type of arrangement can be made through the Hospital Social Worker.
- Where the branch has a concern for the client or parent/escort's ability to budget funds over a period of time, arrangements can be made with the Hospital Social Worker to disburse incremental amounts as needed to the client, parent or escort.

Additional information for ordering out-of-state transports can be found in Client Reimbursed Travel, Meals and Lodging of this worker guide.

7. Hospital to Hospital, Home or Other Facility Transports

Hospital to Other Hospital and Return. Certain hospitals may have admitted a client but not have equipment for certain services, testing, or X-rays ordered by the client's attending physician. The client may have to be transported to another hospital where the testing or service can be provided. In these instances, and where the client is transported back to the admitting hospital within 24 hours, the provider must bill the hospital for the transports. No authorization by the branch is appropriate for these transports since the hospital reimburses the transportation provider directly.

Hospital to Hospital Transfer. An attending physician may transfer a client directly from one hospital to another hospital for further inpatient care. It is the responsibility of the transportation provider to determine from the hospital if the client has Medicaid coverage and to obtain prior authorization from the branch (or PHP) for these non-emergency transports.

Hospital Discharge to Home or Nursing Facility. As above, the Hospital Discharge Planner is responsible (per Hospital Rules) to contact the branch, or request the transportation provider contact the branch to let the branch know the client is being discharged and needs a transport. If the hospital chooses to pay the transport provider without obtaining authorization from the branch, no reimbursement will be made by DMAP to the hospital.

8. Not Covered Transports and Related Services

Following are examples of services/situations where DMAP will NOT reimburse for medical transportation:

- Transportation for a client whose benefit package excludes non-emergency transportation (*e.g.*, OHP Standard).
- Transportation for a client who resides in a brokerage area without prior brokerage knowledge or authorization (this does not include ambulance transport).
- Transportation reimbursement for mileage and per diem in those brokerage areas that by contract are to be authorized solely by the brokerage (check with the brokerage in your area to ensure compliance).
- Secured transports to non-Title XIX facilities. Branch must research prior to completion of Transportation Order.
- Secured transports to return a client to their home or place of residence UNLESS written documentation stating the circumstances is signed and submitted by the treating physician. (OAR 410-136-0240) This written documentation must be retained in the branch record for DMAP review.
- Return a client from any foreign country to any location within the United States even though the medical care needed by the client is not available in the foreign country. (OAR 410-136-0300)
- Return a client to Oregon from another state unless the client was in another state for the purpose of obtaining DMAP approved services and/or treatment. (OAR 410-136-0300)
- Transportation for QMB clients
    - Program P2 or M5 clients where the only "Q" Case Descriptor on eligibility segment is "QMB". (DMAP only pays the Medicare premiums, coinsurance and deductible on services that Medicare covers. Medicare does not pay for any transportation other than emergency ambulance; rarely does Medicare cover non-emergency ambulance.)
- Transportation for SMB clients
    - Program P2 or M5 clients where the only Case Descriptor present on the eligibility segment is "SMB". (DMAP pays only the Medicare premium for these clients. They do not get a Medical Identification form and DMAP does not pay for any medical services.)
- Transportation to medical services before spend-down is met.
- Non-emergency medical transportation for undocumented non-citizens (CAWEMs) —except for Admin Exams.
- Out-of-state transportation to obtain services that are not covered by the client's benefit package, even though the client may have Medicare or other insurance that covers the service to be obtained.

- Transportation to a specific provider based solely on client preference or convenience, when the service to be obtained is available from a provider in or nearer the client's city (or town) of residence.
- Transportation to obtain primary care physician/case manager services in a service area outside of the client's local area when a primary care physician/case manager is available in or nearer the client's city (or town) of residence (OAR 410-136-0160).
- Numerous transports to obtain services that could reasonably be scheduled on the same day for the same client or for more than one (1) family member.
- Transportation to recreational activities (*e.g.,* asthma camp), even when doctor prescribed.
- Transports for court-ordered services of any kind (*e.g.,* urinalysis for drug testing).
- Transports occurring while client in custody of law enforcement agency, juvenile detention center, or non-medical public institution.
- Transports to medical facilities where Title XIX dollars cannot be used to reimburse the facility for treatment or services.
- Non-emergency transports not authorized in advance by the client's branch office or brokerage, including client/attendant, private car mileage, meals and/or lodging (in non-brokerage areas and those areas where the brokerage does not by contract have authority to approve).
- Transports provided by a provider not enrolled with DMAP, or a provider who refuses to enroll with DMAP or is unwilling to accept DMAP scheduled or negotiated rates.
- "After hours" transports where the branch office was not notified within 30 days of the transport.
- Transports where no actual client transport occurred even though the transport may have been authorized by the local branch office.
- Transports to non-covered services, non-medical services, school or social activities, parenting classes or relief nurseries provided while parents are attending parenting classes, weight loss or anger management classes, WIC, Citizen's Review Board Hearings, YWCA, YMCA, Alcoholics Anonymous, Narcotics Anonymous, Pioneer Trails, etc. Transportation to Ponderosa Residential Facility or J Bar J Residential Facility in Bend may only be authorized if a client is going to or being returned from a covered medical service.
- Transports for visitation purposes.
- Transports for visits to the client's 'DD' caseworker for group or individual counseling or other sessions. (Transports for MH and A & D are allowed).
- Transportation of a client for the purpose of picking up purchased or repaired durable medical equipment. Administrative rules for DME stipulate that pick-up or

delivery of purchased/repaired equipment is included in the purchase or repair price of the item. This does not include prosthetic/orthotic repair or adjustments.

- Additional paid transports should not be authorized for clients when the branch has already issued a monthly bus pass. (Note: change in client level of need or other circumstances would be an exception.)
- Transports to visit sick infant/child or critically ill/injured spouse with poor prognosis.
- Transport of Medicaid clients when those same transports are available at no cost to the general public or when the general public is being transported in the same vehicle at no cost.
- Transports provided to ineligible clients. Always verify client eligibility prior to authorizing transports.
- Transportation to obtain an exam ordered by Social Security, VRD, etc. For Title XIX purposes, these exams are not considered to be medically necessary. VRD has funding to pay for transports to exams required by VRD.
- Transports for the sole purpose of nursing facility "shopping"; *i.e.,* client already in the nursing facility, is looking for another. Exceptions would be a "step-down" to a lower level of care, or "step-up" to a higher level of care with the prior approval of the DMAP Transportation Program Manager.
- Moving client's personal possessions, (*e.g.,* TV or furniture) from home or facility to another facility, or transports for the purpose of picking up a deceased client's medical equipment purchased by DMAP. (This equipment becomes a part of the estate of the deceased.)
- Transports to obtain prescriptions from a pharmacy that offers free delivery.
    - See DMAP Worker Guide 14, for information on the Home-Delivery (Mail Order) Pharmacy Program.
- Transports of any nature after a client is deceased. The above list is not intended to be all inclusive but is provided for illustrative purposes only.

Client Reimbursed Travel, Meals, Lodging

1. Guidelines (If the branch lies within a brokerage area, the brokerage may have the authority for the following services. Coordinate with the local brokerage, by phone, e-mail, etc. when providing client reimbursements to ensure that the client is not double dipping by getting a ride from the brokerage at the same time.)

After verifying that appointments scheduled by clients are for covered medical services, and when the client has indicated and the branch has verified the need for financial assistance to access those services (see Brokerages section), the branch is authorized to issue a check payable directly to the client (or guardian, etc.) for travel expenditures. Occasionally, the client may need to travel away from their local area. In this case, it may be appropriate for

the branch to provide financial assistance for meals and lodging. (See Attendant and Meals [Client/Attendant] sections.) In all instances, however, it remains the branch's responsibility to ensure the abuse of services does not occur, and to ensure the required screening documentation is completed for retention in the branch record. As with all non-emergency medical transportation, client mileage (including gas only), meals and lodging must be authorized in advance by the branch.

Reimbursements under the amount of $10.00 shall be accumulated until the minimum of $10.00 is reached.

2. Mileage/Gas Only (If the branch lies within a brokerage area, the brokerage may have the authority for the following services. Coordinate with the local brokerage, by phone, e-mail, etc. when providing client reimbursements to ensure that the client is not double dipping by getting a ride from the brokerage at the same time.)

All non-emergency medical transportation must be authorized by the DHS branch in advance of the transportation and the actual transportation should occur prior to reimbursement. DHS branches cannot retroactively reimburse clients for trips taken without prior authorization. However, once the DHS branch has authorized the reimbursement, if the client has no other means of making the trip prior to reimbursement, the DHS branch may provide the reimbursement in advance of the trip. Periodic checks by branch personnel should be made to ensure that non-emergency medical transportation disbursements are, in fact, for trips to and from covered medical services.

DHS branch offices may either issue gas vouchers/tickets or direct mileage reimbursement to clients seeking assistance. Any such reimbursement shall be based on the following formula: Total miles multiplied by $.25 per mile.

An exception to this reimbursement policy is a DHS Volunteer, who will be reimbursed at the current rate of represented state employees.

For the purpose of calculating client reimbursed mileage, miles should ordinarily be calculated on a "city limit to city limit" basis. However, a client's destination may be to a service or facility 10-15 miles inside or beyond the city limit, particularly in the Tri-County area, Salem, and Eugene. A client may also be required to travel additional miles to access a main highway or freeway in order to reach their destination. (Example: There is no direct route from Gold Beach to Sutherlin, so a client may be allowed additional mileage for having to travel an indirect route).

3. Common Carrier Transportation (If the branch lies within a brokerage area, the brokerage may have the authority for the following services.)

When deemed cost effective and providing the client can safely travel by common carrier transportation, (*e.g.,* inter/intra-city bus, train, commercial airline) reimbursement can be made either directly to the client for purchase of fare or the branch may purchase the fare

directly and disburse the ticket (and other appropriate documents) directly to the client. (OAR 410-136-0840)

4. Personal Care Attendant (PCA) (If the branch lies within a brokerage area, the brokerage may have the authority for the following services.)

If a PCA is required to accompany either an eligible child or an eligible adult who is unable to travel alone, payment is allowed for the PCA's transportation*, and meals. Lodging for the PCA may be reimbursed if the PCA does not share the same room with the client. If the client and PCA share the same room, $40.00 per night is still the maximum payable. If the client is required to stay at the site of medical care, payment can be made for the PCA's return trip by the most appropriate mode available.

*Transportation (if mileage) is payable to either the client or PCA, but not both. DMAP does not reimburse for escort or PCA services. As a rule, the branch should use the following criteria to determine if a PCA is necessary:

- Client is a minor child.
- Client is mentally/physically unable to get to medical appointment alone.
- Client's attending physician has signed a statement indicating the need for a PCA because of the medical/mental condition of the client.
- Client is unable to drive self home after treatment or service.

NOTE: Reimbursement for meal allowances provided under the Medical Transportation program are to be treated as "extra expenses" and are not considered to be an expense paid by program benefits. These reimbursement moneys should therefore be excluded from calculation of the client food stamp benefit. (Refer to FSM, Counting Client Assets, OAR 461-145-0440).

5. Meals (Client/Attendant) (If the branch lies within a brokerage area, the brokerage may have the authority for the following services.)

Client/attendant meals may be reimbursable when a client is required to travel for a minimum of four hours out of their local geographical area, and when the course of that travel spans the recognized "normal meal time". For reimbursement purposes meal allowance will be made when:

- Breakfast (allowance) - travel begins before 6:00 a.m.
- Lunch (allowance) - travel begins before 11:30 a.m. or ends after 1:30 p.m.
- Dinner (allowance) - travel ends after 6:30 p.m.

The branch should monitor repeat requests for single day meal allowances closely to ensure the client is not requesting meal allowance excessively. Counseling on appointment scheduling should occur.

6. Lodging (Client/Attendant) (If the branch lies within a brokerage area, the brokerage may have the authority for the following services.)

Occasionally a client's medical appointment may necessitate a overnight stay. Lodging is reimbursable for the client when the travel must begin before 5:00 a.m. in order to reach a scheduled appointment or when the travel from a scheduled appointment would end after 9:00 p.m. Again, lodging is payable for the attendant only when the shared room is not with the client.

The branch should determine the actual lodging costs. Lodging may be available below DMAP's reimbursement rate (*e.g.,* Ronald McDonald House is available for $10.00 per night.) When lodging is available below the allowance rate, the branch should only reimburse for the actual cost of the lodging. Reimbursement may only be authorized for one escort, attendant or parent.

NOTE: If lodging is available closer to the facility where the medical service is being provided, it may be more cost effective to reimburse at the full allowance for lodging, if staying at Ronald McDonald House would necessitate an additional taxi ride to the service. The branch needs to look at these options closely.

7. Miscellaneous

When ordering out-of-area/out-of-state transportation, remember that the client has to get to the airport, train depot, etc.

Consider the least costly/most appropriate means of transportation; *e.g.,* family, volunteers, bus, cab, stretcher car, etc. Determine from the client (or attendant) if there are special needs:

- Oxygen
- Wheelchair
- Early loading
- Reclining position
- Any other condition which would be a problem for transportation provider

If client is going out of state, work with local travel agents. They can get a better price on tickets, and travel agents are usually aware of the price of shuttles, taxi fares, etc., at the destination point.

Make sure treatment has been approved by the DMAP out-of-state coordinator (if client is going out-of-state).

Contact social work department at the medical facility to be used. They can help the client obtain a room(s) at local Ronald McDonald Houses or other low cost housing in the area.

In the case of a transplant, it is sometimes less expensive for the client/attendant to rent an apartment near the facility than to pay $40 a day for lodging. When renting an apartment on a weekly or monthly basis, the daily allowable amount for lodging is for one person. The allowable amount does not double because of the escort/parent.

Remember to make allowances for transportation to and from the hospital for the attendant.

If the client is released from the hospital, but must remain in the area for further treatment, food and lodging can be paid for the client as well as the attendant, if necessary.

An eligible client (or attendant) from another branch may need meals and/or lodging unexpectedly. (Example: The client may have had a medical evaluation and the attending physician is preparing to admit them to a hospital the following day.) When these situations occur, be prepared (after communication with the client's worker) to disburse moneys from your branch for meals and lodging. Always check with the client's local branch first, however, to ensure moneys have not already been provided to the client. In some cases, ongoing appointments are needed. Rather than providing mileage/food/lodging moneys to the client on a piecemeal basis, and after initial branch approval the branch has the option to request the client to submit reimbursement requests on a monthly basis. When this situation occurs, the client is required to provide the following documentation:

- Date of appointment
- Time of appointment
- Actual miles traveled (odometer)
- Doctor/hospital/clinic name
- Lodging receipts (if stays were overnight)

All documentation must be retained in the branch record. The meals and lodging criteria defined above apply to DHS Volunteers also.

8. Fee Schedule - Client Travel

Procedure Code	Allowance	-or-
A0090 – Private Car Mileage	$ .25 per mile	
A0190 – Client Meals	Breakfast $3.00	$12.00 per day
A0210 – Attendant Meals	Lunch $3.50 Dinner $5.50	$12.00 per day
A0180 – Client Lodging	$40.00 per night	
A0200 – Attendant Lodging	$40.00 per night (if staying in separate room)	
A0110 – Bus, (*i.e.*, Greyhound)		
A0140 – Airplane (commercial)		

NOTE: Common carrier transportation such as bus, train or airplane, should be made for the least expensive mode suitable to the client's needs.

9. Revolving Fund Procedures

Each DHS branch is able to complete an DMAP 409, which explains the reasons for the services to be paid, and use the SPL1, SPL2 screens to order a check on-line to be prepared and mailed to the client or attendant. Or, the branch may decide to write the check in their

branch (especially when there is no time to wait for the check to be issued from Salem) and then complete the information to reimburse the branch for that revolving fund check.

The DMAP 409 form has instructions on the backside of the form. The Computer Guide has the instructions for the SPL screens. When the branch does a revolving fund check, the Financial Accounting Unit must have the revolving fund tissue copy of the check written, in order to reconcile the Revolving Fund account. Reconciled revolving fund checks will appear on the RCIQ check record.

The DMAP 409 with a copy of the AFS 288 Supporting Document Transmittal and the Revolving Fund check tissue copy are sent to:

MicroImaging Unit
PO Box 14006
Salem, OR 97309

- If the branch (or you) originated an on-line check to be sent from Salem to the client, the DMAP 409 copy remains in the branch record. The DMAP 409 copy is intended as the branch record of that service.
- If preparation of a CMS 1500 sent to Salem to Financial Accounting to reimburse the branch is necessary, then:
- Route the completed original CMS 1500 to the financial clerk designated in the branch for preparation of the RF check. After the RF check has been typed:
  - Obtain the client's (or their agent) signature on the third (tissue) copy of the RF check. Retain this copy in the financial clerk files.
  - Give RF check to client (or their agent) after presentation of identification.
  - Attach the second (tissue) of the RF check to the completed CMS 1500.
  - Route all CMS 1500s via completed AFS 288 (Revolving Fund Check & Supporting Document Transmittal) to:

    MicroImaging Unit
    PO Box 14006
    Salem, OR 97309

Retain the copy of the CMS 1500 and the yellow copy of the AFS 288 with all supporting documentation in the branch record.

Place of Service Codes:

E – Home to Medical Practitioner

F – Home to Hospital

G – Home to Nursing Facility

H – Home to Other (Specify)

J – Nursing Facility to Medical Practitioner

K – Nursing Facility to Hospital

L – Nursing Facility to Home

M – Nursing Facility to Other (Specify)

N – Hospital

P – Hospital to Nursing Facility

Q – Hospital to Other Hospital

R – Hospital to Other (Specify)

S – Medical Practitioner to Hospital

T – Medical Practitioner to Nursing Facility

U – Medical Practitioner to Home

V – Medical Practitioner to Other (Specify)

W – Other (Document in Client Record) to Hospital

X – Other (Document in Client Record) to Other (Document in Client Record)

Volunteer transports (if available in your Service Delivery Area)

Branch Referrals/Responsibility (If the branch lies within a brokerage area, the brokerage may have the authority for the following services.)

The branch authority is to determine that the client has no other means of transportation available and public transportation is not an option, then consider the DHS volunteer driver program as a resource for the provision of medical transportation to obtain covered services for eligible clients.

- Ensure that the medical service the client is being transported to is a covered medical service.
- Use the lowest cost transport that meets the client's needs.
- Confirm client eligibility.
- Submit a completed written ride request on the appropriate form to the volunteer driver program office.

DHS Volunteer Coordinator Responsibility

The DHS Volunteer Coordinator will review the ride request form and match it to an appropriate volunteer driver. The ride request will be denied if:

- The service is not an appropriate volunteer activity.
- The ride request form is not completed.
- A volunteer driver is not available.
- The transport is not a Title XIX service.

Forms are available online

<http://dhsforms.hr.state.or.us/forms/databases/FMPRO?-db=FormTbl.fp5&-lay=Main&-format=Findforms_FMP.htm&-findany>

- Revolving Fund Check & Supporting Document Transmittal (AFS 288) OBSOLETE
- Health Insurance Claim Form (CMS-1500)
- Medical Transportation Screening/Input Document (DMAP 409)
- Medical Transportation Screening Documentation (DMAP 410)
- Medical Transportation Eligibility Screening and Medical Transportation Order (DMAP 406)
- Medical Transportation Order (DMAP 405T)