

RESOLUTION

IN THE MATTER OF REVIEWING AND APPROVAL OF THE MEDICAID NON-EMERGENCY TRANSPORTATION/COMMUNITY TRANSPORTATION PLAN – DEPARTMENT OF JOB AND FAMILY SERVICES

Whereas: The Licking County Department of Job and Family Services is the designated Medicaid eligibility agent for the community; and,

Whereas: Medicaid Services include the provision of Non-emergency Transportation Services to specific eligible populations; and,

Whereas: OAC 5160-24-02 stipulates that each County Department of Job & Family Services shall develop and maintain a Community Transportation Plan for the delivery of these services; NOW, THEREFORE,

BE IT RESOLVED by the Board of County Commissioners, County of Licking, State of Ohio:

That we do hereby review and approve the Licking County Job and Family Services Non-Emergency Transportation/Community Transportation Plan and that said Plan update is effective September 1, 2018. A copy of said Plan is on file at the Licking County Department of Job & Family Services.

Motion by **BUBB** seconded by **BLACK**

that the resolution be adopted was carried by the following vote:

YEAS: *[Signature]* * *[Signature]* * *[Signature]*
NAYS: _____ * _____ *

CC: Michael L. Smith, Auditor FILE
John Fisher, Director/LCDJFS

Duane H. Flowers
Rick Black
Timothy E. Bubb

Adopted: August 7, 2018

[Signature]
Beverly Adzic, Clerk/Administrator

Non-Emergency Transportation Plan

Licking County

Background:

The Non-Emergency Transportation (NET) program provides transportation for Medicaid eligible customers for whom transportation cannot be provided through other transportation or community resources. NET transportation is only provided to and from medical providers who provide Ohio Medicaid covered services. The NET program is not designed for emergency services.

While Licking County has many medical providers and services, selected medical services and specialists are unavailable within the community (Licking County); therefore, we have many requests for travel within and outside the community to obtain medical services and/or care.

Description of customer access to services:

LCJFS has a primary agreement with one (1) provider of transportation services, The Licking County Transit Board (LCTB). The LCTB is a public transportation provider and coordinator of services. This service is procured through a Request for Proposals (RFP) process and usually effective for three years, provided all renewal options are taken.

The current contractual agreement with Licking County Transit is as follows:

Duration:	July 1, 2018 – June 30, 2019 (with option to renew each year through June 30, 2022).
Projected Costs:	Estimated at \$373,834.00 for the above contract period.

Licking County Transit Board (LCTB) provides both in county and out-of-county services. Their current hours of operation are 5:00 A.M.-11:00 P.M. Monday-Friday, 6:00 A.M.-6:00 P.M. Saturday, and 8:00 A.M.-3:00 P.M. Sunday. These hours of operation are subject to adjustment by the LCTB. LCTB arranges the overwhelming majority of transportation needs for the NET Program. Customers contact LCTB directly to arrange transportation to and from Medicaid covered appointments. Individuals must call at least two full business days in advance but emergencies may be accommodated. Before the ride is authorized, LCTB submits a list of individuals requesting transportation to LCJFS to verify eligibility for NET. LCJFS, on rare occasions, based on need, reserves the right to contact transportation providers directly and arrange travel. If a customer needs transportation to a Medicaid provider outside of the county, such customers must obtain written

documentation from the referring physician stating that the out of county facility is the most appropriate facility that such needed treatment can be provided. If treatment can be provided at a local provider this would be preferred, however, in some cases LCTB can transport out of county. Approval of out of county rides would be determined by LCTB. LCTB reserves the right to deny out of county transportation based on availability of drivers. In this case LCJFS would work with LCTB to develop an alternative transportation solution for the customer.

Individuals that have their own vehicles or access to vehicles may contact LCJFS for gas assistance. LCJFS purchases gas cards through a vendor selected through a competitive bid process. The individuals requesting assistance with gas contact the NET Coordinator with their transportation request. Invoices are completed with the trip information and amount of gas cards issued. The individual picks up the gas cards at LCJFS. Gas cards are purchased in \$5.00 and \$10.00 increments. The amount issued is based upon the location/distance of the travel destination (see Gas Card Program guidelines.)

Transportation costs for services not delivered by LCTB:

On rare occasions, customers need to travel outside of Ohio in order to receive medical treatment. In this situation, customers must obtain written documentation from the referring physician stating that the out of state facility is the only facility that such needed treatment can be provided. In these instances, the customer will be reimbursed based on mileage for travel by car or at cost for other modes of transportation e.g. bus or plane. Mileage reimbursement shall be set at the same rate established for employees of LCJFS. This rate is adjusted periodically by the Board of County Commissioners. If the customer has no resources for the travel expense up front, a warrant is drawn on the County PA Fund in advance of travel expenses of the trip. The warrant is then reimbursed through the NET program upon confirmation of actual expenditures/costs.

Meals are an occasional expense which must be authorized in advance. Depending on circumstances, they may be reimbursed at the rate of \$5.00 for breakfast, \$7.00 for lunch, and \$10.00 for dinner. If the customer has no resources to purchase meals a warrant is drawn on the County PA Fund in advance of the trip. The warrant is then reimbursed through the NET program.

Since lodging is seldom needed, NET Coordinator/designee arranges it on an as needed basis through the county purchase order system. These expenses are paid at actual cost. NET funds are encumbered by purchase order, which is certified by the County Auditor. A copy is sent to the place of overnight stay and is returned with bill attached. The same method is used for attendants.

A listing and brief synopsis of payment amounts and methodology of all contractual and purchase arrangements made for the NET Program:

Based on the most recent RFP, the LCJFS shall primarily utilize the Licking County Transit Board for the coordination and delivery of NET Services.

In addition, the LCTB shall competitively bid and secure a primary transportation provider for the delivery of NET Services.

The LCJFS shall, per approved contractual agreement, reimburse the LCTB for coordination, delivery and transportation costs.

The “per hour” unit rate enables a greater overall efficiency by coordinating trips and riders into fewer vehicles and therefore sharing the costs among all riders and other programs.

Based upon need and availability of services, the LCTB may also utilize private cab services for NET clients. Cost of these approved services will be reimbursed by LCJFS.

In addition, based upon need and emergency situations, the LCJFS reserves the right to directly contact and reimburse private providers (cabs, etc.) for the delivery of transportation services.

Policies and procedures to address quality control issues with vendors:

Currently LCJFS contracts primarily with one provider, which is LCTB. LCTB then sub-contracts the actual transportation services to provide the most appropriate transportation. The LCTB, periodically along with LCJFS, conducts service reviews; LCJFS staff periodically accompanies LCTB on monitoring visits. As a county/public agency, the LCTB is audited each year as part of the County’s A-133 single audit. The results of the audit are also reviewed by LCJFS staff.

1. NET requirements, processes, and definitions:

- a) The person must be Medicaid eligible at the time of the request.
- b) The medical service which the customer is traveling to or from must be Medicaid coverable. (Note: VA, WIC and SSI Eligibility appointments are not Medicaid coverable.)
- c) No other suitable transportation can be readily available through a community source, either public or private, without charge to the customer.
- d) LCJFS must select the most cost effective (not necessarily the least expensive) type of transportation assistance that is appropriate to the customer's medical condition and enables the customer to access Medicaid covered services in a timely manner.
- e) Transportation assistance is normally provided within the customer's community. If a customer must travel outside the community in order to obtain a Medicaid covered service, then LCJFS may choose to provide only enough assistance to enable travel to or from the nearest location where the Medicaid covered service can be obtained.
- f) In some instances, LCJFS may choose to approve transportation assistance outside of the customer's community. In these cases, customers must obtain written documentation from the referring physician stating that the out of county facility is the most appropriate facility that such needed treatment can be provided. One trip to and from the out of community provider will be provided in order for the customer to obtain needed documentation, if necessary.
- g) Customers may request that an attendant accompany them. An attendant cannot be a minor child. Allowable individuals to accompany NET recipients are as follows:
 - i. "Attendant" is a person who accompanies a customer who is unable to travel independently during a Medicaid covered service. (As set by OAC Chapter 5160-24-02).
 - ii. "Relative" is defined as a spouse, child, grandchild, parent, grandparent, sibling, step-child, step-parent, step-sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or legal guardian, or other person who stands in place of a parent. (As set by OAC Chapter 5160-4-02)
 - If an attendant accompanies a customer to an appointment and the status of the customer changes and they are transported elsewhere the attendant can receive a return trip home.
- h) The following criteria are used in the determination of eligibility and mode of transportation;
 - i. Resources of family members
 - ii. Availability of vehicle owned by recipient/recipient's family or friend.
 - iii. Availability of contracted provider service.
 - iv. Emergency/non-emergency nature of medical care.
 - v. Health condition of recipient
 - vi. Handicapped (i.e., walker, crutches)
 - vii. Destination

- viii. Valid driver's license and current car insurance
(This list is not all inclusive)

2. Request for Transportation Services with LCTB

- a) Individuals contact LCTB directly to request transportation. LCTB compiles a list of these requests, on the NET Trip Request form, which is sent via secure email to LCDJFS to verify eligibility for each individual.
- b) Processing the NET Trip Request Form
The NET Trip Request form is used to verify that all individuals using LCTB for medical transportation are, in fact, currently eligible for Medicaid. LCTB sends the list of customers to LCJFS daily, LCJFS verifies eligibility, and the form is returned to LCTB. The NET Coordinator, the Coordinator's back-up, or the Supervisor checks eligibility and responds back to LCTB with the eligibility information. LCTB informs the individual of pick-up time, ineligibility, etc.
- c) Safeguarding Customer Information
In order for LCJFS staff to quickly determine eligibility, Social Security Numbers must be provided. In order to protect the confidentiality of this list LCJFS follows the following procedures:
 - i. LCTB sends their list each day via secure email. This email is sent to the NET Coordinator, the Coordinator's back-up, and the Supervisor.
 - ii. The NET Coordinator or designee will import the document into OnBase, which is the JFS internal document imaging system. This particular document type is protected and can only be viewed by 4 people – the Administrator, the Supervisor, the NET Coordinator, or designee who completes the Trip Request Form.
 - iii. The NET Coordinator or designee who verifies eligibility from this list will print it out on a secure, confidential printer and retrieve it immediately.
 - iv. The NET Coordinator or designee will mark each person as eligible or ineligible, scan it back into OnBase, and destroy the hard copy.
 - v. The NET Coordinator or designee will then e-mail the completed document back to LCTB directly using secure e-mail.

Note: Through this process a hard copy of this sensitive information will only exist for as long as it takes our staff to verify eligibility and rescan the document. It will never be out of that employee's sight. The only permanent record at LCJFS will be a protected document in OnBase.

- d) NET customers may request transportation through their Managed Care provider but are not required to do so prior to using LCTB or NET services.

3. Gas Card Program

- a) If an individual has their own transportation and needs NET gas card services, they must contact the NET Coordinator, the Coordinator’s back-up, or the Supervisor with this request. Requests must be made within 3 business days (includes day of request) of the appointment date. Below is an example of the required NET Call-in Dates. This example is given to each person who uses the gas card program and is included in the NET brochure that is printed by the agency (copy attached).

Net Call-in Dates					
Appt day	Monday	Tuesday	Wednesday	Thursday	Friday
Call by	Wednesday	Thursday	Friday	Monday	Tuesday
Requests must be made during business hours					

- b) An invoice (“NET Form”) is completed for each request with date, time, destination and eligibility is verified. If a customer requests two cards for same day appointments for anyone in the household, gas card allowance will be based on the furthest destination.
- c) Gas cards are to be issued directly to the individual. If the individual is unable to pick up the gas cards, they may be released to a pre-arranged designee. In order for the gas cards to be picked up by anyone other than the participant, the participant must write a statement with their designee’s name, specifying the date the designee will be picking up the cards, and signed by the participant. The designee must be prepared to provide photo ID to the front desk staff, along with the note, at the time of pick up. The note and ID will be scanned into the case record. The designee must then sign their name to the invoice. This process will be followed each time anyone other than the participant picks up gas cards, unless the designee is listed as the participant’s authorized representative.
 - i. In order for a person to act as an authorized representative, the “Designation of Authorized Representative (6723)” form must be completed and “Medicaid” must be marked on that form with “NET” noted in the “Other” box. This form must be signed and dated by the participant and by the authorized representative.
- d) Gas cards must be picked up on the day of the appointment, unless other arrangements have been made.
- e) Participants must be Medicaid eligible at the time of the appointment.
- f) Participants will receive a “Welcome to the NET Gas Card Program” letter. This letter will explain the program and will give the customer instructions. This letter will be given each



time a gas card request is processed, along with a business reply envelope. (Copy of letter attached.)

- g) Participants will receive a “New Client Acknowledgement Page” when they begin using the Gas Card Program, which is to be signed and dated by the participant or by the participant’s authorized representative. This form is simply an acknowledgement that they have received the Welcome letter.
- h) Participants may only receive one gas card allotment per day, per household. The agency will issue gas cards, in accordance with the current reimbursement table below, for the greatest distance of travel needed per day.
- i) Customers with a Newark, Granville, or Heath address that are 12 miles or more from the agency one way, will be given an additional \$5 gas card due to the extra travel expense to pick up the card. If an additional \$5 is given, the “No. of Miles” field on the NET Form must be completed after checking mileage on www.mapquest.com.

Current Issuance Amount (based on gas prices)

Gas prices \$4.00/gallon or below:	
To Newark, Granville, Heath (local up to 12 miles one way)	\$5.00
To Utica, Johnstown, Buckeye Lake, Pataskala (from local up to 20 miles one way)	\$10.00
To Zanesville, Pickerington, Reynoldsburg, New Albany, Mt Vernon (from local up to 39 miles one way)	\$15.00
To Columbus, Lancaster, Chillicothe (from local up to 65 miles one way)	\$20.00
To Cleveland, Cincinnati, Dayton (from local up to 150 miles one way)	\$50.00

Gas prices \$4.01/gallon to \$4.99/gallon:	
To Newark, Granville, Heath (local up to 12 miles one way)	\$10.00
To Utica, Johnstown, Buckeye Lake, Pataskala (from local up to 20 miles one way)	\$15.00
To Zanesville, Pickerington, Reynoldsburg, New Albany, Mt Vernon (from local up to 39 miles one way)	\$20.00
To Columbus, Lancaster, Chillicothe (from local up to 65 miles one way)	\$25.00
To Cleveland, Cincinnati, Dayton (from local up to 150 miles one way)	\$55.00

Gas prices \$5.00/gallon or above:	
To Newark, Granville, Heath (local up to 12 miles one way)	\$15.00
To Utica, Johnstown, Buckeye Lake, Pataskala (from local up to 20 miles one way)	\$20.00
To Zanesville, Pickerington, Reynoldsburg, New Albany, Mt Vernon (from local up to 39 miles one way)	\$25.00
To Columbus, Lancaster, Chillicothe (from local up to 65 miles one way)	\$30.00
To Cleveland, Cincinnati, Dayton (from local up to 150 miles one way)	\$60.00

- * For gas card requests over 150 miles, the mileage will be determined based on www.mapquest.com. The number of miles will be multiplied by the current county employee reimbursement rate
- * Amount would be doubled for round trips, to the location and return.

- j) On the first working day of each month the NET Coordinator, the Coordinator's back-up, or the Supervisor will check the average gas prices for the state of Ohio. This information will be obtained using http://www.gasbuddy.com/GB_Price_List.aspx?cntry=USA and clicking on "Ohio." A digital copy of the results will be saved. Reimbursements will then be issued based on this once per month average.
- k) An appointment verification letter is required to verify that the individual attended the medical appointment. A "Proof of Appointment Instruction Letter" (copy attached) is given to



each customer along with their gas cards. The instruction letter must be given to the medical provider by the customer. The letter explains that the proof of appointment must be written on the provider's letterhead or must include the office's stamp. The completed proof of appointment letters are then returned by the customer to the NET coordinator either by mail, in person, faxed, or emailed. The NET Coordinator or the Healthchek/PRS coordinator will verify the information. The participant will have 10 business days from the date of their medical appointment to provide the verification.

- l) If the customer fails to return verification, a notice of "Outstanding Verifications" letter will be mailed to the customer. This letter tells the customer which verifications are outstanding and instructs them that further NET gas card requests will be denied until those verifications are received. If after 10 days from the first notice the verification is still not received a second notice will be mailed.
- m) If verifications are not received, the case will be forwarded to the benefit recovery staff for review and consideration for re-payment.
- n) In the event the card was used and appointment was not kept, the customer may attend a different eligible medical appointment and bring acceptable verification from that appointment to redeem the used gas card and continue usage of the gas card program.
- o) If the verification is determined not to be valid, the benefit amount must be repaid to the agency. If repayment is not arranged, the benefit recovery unit will complete an investigation and collection may be initiated.

4. Confidential Cases/Conflict of Interest

- a) Cases in the confidential caseload must have journal notes entered by a supervisor before cards are issued by the worker.
- b) If an employee issuing NET services is related to, or is a close personal acquaintance of the customer requesting NET/Gas Card Program Services, the supervisor must issue the card and follow the same process as listed above for the confidential caseload. These requests must be forwarded to the supervisor immediately upon receipt.

5. Children Services AOD Medicaid Transportation

The LCJFS/Children Services Division has established relationships with selected Medicaid eligible Alcohol and Other Drug (AOD) providers. Said providers provide various Medicaid AOD counseling and case management services to individuals being served by Children Services (parents/caregivers, and children).

Many of the Medicaid eligible Children Services customers have barriers related to transportation to attend Medicaid AOD counseling and case management services. The LCJFS, in an effort to better serve abused and neglected children and their parents/caregivers, may contract with various Medicaid eligible AOD providers to perform Medicaid Non-Emergency Transportation (NET) services.

The LCJFS and selected providers shall negotiate a specific NET unit rate to provide transportation services. The Medicaid AOD providers, when providing NET services, shall invoice LCJFS for said transportation services to eligible Medicaid recipients involved with Children Services. LCJFS shall confirm Medicaid eligibility and involvement with Children Services for each consumer of transportation services and reimburse said provider through NET.

Appendix

Form Samples:

- Licking County Transit Trip Request Form (pg. 14)
- NET Form (pg. 15)
- Welcome to the NET Gas Card Program Letter (pg. 16)
- New Client Acknowledgement Page (pg. 17)
- Designation of Authorized Representative 6723 (pg. 18)
- Proof of Appointment Instruction Letter (pg. 19)
- Outstanding Verification Letter (pg. 20)

Riana Veatch

NET Coordinator, Riana Veatch

Tonya Minton

Supervisor, Tonya Minton

John Fisher

LCJFS Director, John Fisher

This plan hereby amends/replaces the Non-Emergency Transportation Plan dated January 1, 2016, and is hereby effective September 1, 2018.

[Signature]

Commissioner

[Signature]

Commissioner

[Signature]

Commissioner

NON-EMERGENCY TRANSPORTATION
 LICKING COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
 74 South Second Street • P.O. Box 5030 • Newark, Ohio 43058-5030
 Phone • 740 670-8713

Tax Exempt #A284057 (State), 31-73-0454 (Federal Excise)

No.

Provider:		Date:		
Address:		Case Name:		
		Case Number:		
Recipient Name and Number	Appointment Date & Time	Destination	Doctor's Name	Amount
		From:		
		To:		
		From:		
		To:		
		From:		
		To:		
		From:		
		To:		
		From:		
		To:		
		From:		
		To:		
		TOTAL		
Mileage Reimbursement: No. of Miles				
Parking (Receipt Required)				
Meals: Breakfast _____ Lunch _____ Dinner _____ Not to exceed \$5.00 for breakfast, \$7.00 for lunch, and \$10.00 for dinner.				
Other: Gas cards for a medical appointment				

Approved by Coordinator: _____ Date: _____

Remarks: Card Numbers: _____

Certificate: I certify that the services have been delivered/received and authorized in the amount shown above.

Recipient/Payee Signature _____ Date _____ Provider Signature _____ Date _____

White copy must be presented for payment within thirty (30) days.



Welcome to the NET Gas Card Program

The NET Program allows eligible adults, children, and pregnant women to receive the transportation resources necessary to attend Medicaid covered medical, dental, and vision appointments.

Riana Veatch is our NET Coordinator for **adults**. You can contact her by phone at 740.670.8760, by fax at 740.670.8980, or by email at Riana.Veatch@jfs.ohio.gov. Linda Stewart is our NET Coordinator for **children**. You can contact her by phone at 740.670.8832, by fax at 740.670.8992, or by email at Linda.Stewart@jfs.ohio.gov. Enclosed you will find both of their business cards.

In order to request gas cards, you'll need to call the appropriate coordinator 2 full business days prior to the appointment date. Here is a chart to refer when calling in;

Net Call-in Days					
Appointment day	Monday	Tuesday	Wednesday	Thursday	Friday
You should call by	Wednesday	Thursday	Friday	Monday	Tuesday

When you call please leave a message with your full name, your social security number, the date and time of the appointment, and the name and full address of the medical provider.

If you don't call us at least 3 business days ahead of time or if you don't leave us all of the information that we need, we probably won't be able to fulfill your request.

You can pick up your cards on the day of the appointment, prior to your appointment time, at our Front Desk in the lobby at 74 S. 2nd St in Newark. Sometimes we can make special arrangements if you need to pick them up at a different time. Just let us know what the special circumstances are and we'll let you know if we can work it out. Each time you pick up your gas cards we'll ask you to sign a form showing that you got the right amount, so make sure that you check the cards. Also, if you are sending someone who is not on your case to pick up the gas cards please send a signed note stating they are allowed to pick up those cards for you. They should also bring their photo ID. This will be required each time you have someone pick up for you that is not on your case.

When you're at the provider's office we'll need you to get a letter from them showing that you were there. You can ask the provider to fax it to us at the fax numbers above, email it to us at the email addresses above, or you can bring it in to the Front Desk yourself or mail it to us. If we don't get verification for each appointment that we give you gas cards for, we'll have to stop allowing you to use the gas card program.

We've included a copy of our NET brochure that has a little more information about the program.

Should you have any further questions please call either of the coordinators at the numbers above or our Customer Service Call Center at 740.670.8988.

I have received a copy of the “Welcome to the NET Gas Card Program” information sheet and am aware of my responsibilities.

Signature of Customer or Authorized Representative

Date

Ohio Department of Medicaid			
DESIGNATION OF AUTHORIZED REPRESENTATIVE			
First Name of Applicant/Recipient	MI	Last Name	Medicaid billing # or SSN
Street Address, including Apt. #		City	Zip
County			
I hereby authorize the following person or company to act as my representative:			
First Name	MI	Last Name	Home Phone
Title	Company		Work Phone
Mailing Address		City	State
Zip			
I authorize this person or company to represent me regarding:			
Child Care Medicaid Cash Assistance Food Assistance			
This authority lasts until:			
My application has been approved I rescind this authority, or appoint a new representative Other (please specify a date or action) _____			
I authorize this person or company to do the following on my behalf:			
Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above			
OR only the specific actions selected below			
Represent me at a state hearing Present my application for benefits			
Collect my medical records Provide verifications to the CDJFS on my behalf			
Receive and respond to copies of all correspondence regarding my application			
Other (please specify)			

While this authorization is in effect, all notices sent by the County Department of Job & Family Services or the Ohio Department of Medicaid will also be sent to your authorized representative.			
Signatures. This form has no effect unless signed by the person granting authority and by the authorized representative or an employee of the company appointed to be the authorized representative.			
Signature of Person Granting Authority			Date
Signature of Authorized Representative		Title (if employee of authorized company)	Date

Date:

Case Number:

Provider's Name:

Address:

City, State, Zip:

Patient's Name:

Patient's Date of Birth:

Appointment Date:

Dear Provider;

Please provide a proof of appointment letter for this patient. **Please also include a statement on that letter stating whether or not this is for a service that will be billed to Medicaid.** The letter should be written on your letterhead and should include your office's stamp. Please do not provide the requested proof of appointment on this letter.

Should you have any questions or concerns please call me at 740-670-8760.

Thank you,

Riana Veatch
NET Coordinator
riana.veatch@jfs.ohio.gov

Subject: Outstanding Medical Appointment Verifications

Dear

This letter is to let you know that you have outstanding medical appointment verifications for which you have already received gas cards. We need you to provide verifications from the doctor showing that you have attended these appointments. The dates that are missing are as follows:

If you have any questions please let me know. We will not fill any other gas card requests until all of the above appointments have been verified. Thank you for your cooperation.

Licking County Non-Emergency Transportation Plan (NET)

Coordinator: Riana Veatch
(740) 670-8760

Supervisor: Tonya Minton
(740) 670-8780

Effective/Revised
September 1, 2018