



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

MEDICAID PROGRAM

**NON EMERGENCY MEDICAL TRANSPORTATION
(NEMT) GUIDE**

LOGISTICARE SOLUTIONS LLC

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What should I do if I have an emergency?

Call 911

What is Non-emergency Medical Transportation?

Non-Emergency Medical Transportation (**NEMT**) is a limited transportation benefit that is provided to Medicaid members (Husky A, C, D and limited benefit members) who have no other means of transportation, to a Medicaid covered Medical, Behavioral Health, or Dental service.

A member can go to any provider they choose that is in the network. However, transportation can only be provided to the closest appropriate Medicaid covered service provider within a 15 mile radius. In some cases you may be able to be transported to a provider who is further away. A Closest Provider Certification Form (CPC) form may be required from your medical, dental or behavioral health provider in order to arrange for a ride. The CPC form can be found on :

<https://facilityinfo.logisticare.com/ctfacility/Downloads>
or
<http://memberinfo.logisticare.com/ctmember/en-us/downloads>

Rides are not provided to pick up prescriptions or medical equipment that does not need to be fitted.

There are multiple kinds of transportation available.



If you, a family member or friend has a car and are able to drive you to your appointment but cannot afford to pay for gas you may be eligible to be paid for gas. If you are able to ride the bus a bus pass may be provided. If you are not able to ride the bus then a ride with the type of vehicle based on your medical and transportation needs will be scheduled. This may be a car, wheelchair accessible vehicle, non-emergency ambulance or other public transportation. Your doctor may need to fill out a Physician Transportation Restriction (PTR) form

The PTR form can be found on:

<https://facilityinfo.logisticare.com/ctfacility/Downloads>
[or
http://memberinfo.logisticare.com/ctmember/en-us/downloads](http://memberinfo.logisticare.com/ctmember/en-us/downloads)

There are multiple ways to request a ride / make a reservation.



You can request a ride by calling LogistiCare Solutions LLC at **(888-248-9895)** Monday through Friday between 7:00 a.m. and 6:00 p.m. Rides on mass transit should be requested at least 5 business days before you need it to allow for delivery of tickets/passes/tokens. For other types of transportation, the request must be made a minimum of 2 full business days before the. You can schedule a trip up to ninety (90) days before your appointment.

You may reserve up to three (3) appointments per phone call to LogistiCare.

You need to call no later than:	If you have an appointment on:
Monday at 6pm	Wednesday
Wednesday at 6pm	Friday
Thursday at 6pm	Monday

If an **urgent** condition should arise, you may request a ride calling the reservation line with **less than the 2 business days**, at any time or day. An urgent trip request is when a medical, dental or behavioral health provider determines that you must receive services in less than 2 business days (today or tomorrow). LogistiCare will contact the provider to your appointment is urgent and not routine. Discharges from a hospital or other facility can also be arranged in less than the 2 business day requirement, 24 hours a day. Please note, it may take up to 3 hours to make the arrangements.



You may also request a trip using the online trip request portal (Member Services Website): <https://member.logisticare.com>
<https://facility.logisticare.com>

Once you register on the website, you can use it to make ride requests (at least 2 business days in advance) or you may continue to call in your request.

Depending on your personal situation, different **forms** may need to be completed.

- **Physician Transportation Restriction Form (PTR)** May be when a member has a medical need to travel by a mode other than Mass Transit.
- **Closest Provider Certification Form (CPC)** May be when there is a medical need to travel past the fifteen (15) mile radius limit.
- **Companion Referral Form (CRF)** May be needed when a member has a medical need to have someone travel with them to a Medicaid covered service.

Each form can be downloaded from the LogistiCare website: <https://facilityinfo.logisticare.com/ctfacility/downloads> or <http://memberinfo.logisticare.com/ctmember/en-us/downloads>

You can find out the status of your form(s) approval by calling: **888-248-9895** and choosing **option 2**.

Forms must be signed by a licensed treatment professional (MD, LCSW, LMFT, APRN, RN etc.). Signatures from, Certified Nursing Assistants, Patient Techs, Receptionist, Medical Assistants, etc. are not acceptable. Information on the form needs to be refreshed every 6 months or sooner if conditions change.



A parent, guardian, or caregiver is required to travel with any child under 16 years of age. Parents may fill out, sign and return the Parent Consent to Travel Form to LogistiCare to allow their

child who is 12-15 years old to ride without them. A parent/guardian may ride with their child who is under the age of. Any child who behaves inappropriately while riding alone, will need to be accompanied by an adult for future rides.

A medically required escort/aide/assistant /companion may ride with you if you need help. Your healthcare provider will need to fill out and submit the Companion Referral Form (CRF). A person who your healthcare provider says is needed at the appointment may ride with you. For example, a sibling and/or parent for family counseling.

Your newborn or nursing infant may ride with you.

Except as stated above, no other person(s) may accompany the member who is being transported to or from a Medicaid-covered service.

Other people that can request a ride for you:

A relative, a caregiver, and healthcare provider may call on your behalf to request transportation. CT BHP, CT DHP and CT-CHN may also assist you in requesting your transportation.

Providers such as hospitals, dialysis centers and nursing homes may make a reservation for you. Facility requests may be submitted on-line through the Facilities Service Web portal or by phone.

When you call LogistiCare to request a ride / make a reservation be sure to have the following information available:

- Your Medicaid ID/Client identification number, Name, Date of Birth, Address, and Phone Number
- The address where you will be picked up if it is different than your home address on file with DSS.
- Date and time of your appointment
- Name, Phone Number and Exact Address of Healthcare Provider (including floor, suite or door number) you are going to
- Any other information that will assist in a successful trip such as if you will be traveling with an aide/companion, type of wheelchair, other medical equipment you will have with you, etc.



You will know if you are approved for NEMT when you call LogistiCare to ask for your status or a LogistiCare staff person calls to confirm your appointment. **888-248-9895**



You will know you are denied for services when you call LogistiCare to ask about your status or you receive a Notice of Action (NOA) letter informing you that you were denied. With the denial, you will receive instructions on how to challenge the denial by submitting a request for an Administrative Hearing to question the decision. This process is called “Requesting a Hearing”. If you do not submit the request for an Administrative Hearing paperwork within 60 days from the receipt of the paperwork you will lose your right to challenge the denial. **888-248-9895**

What you need to know about your ride.....



The transportation provider will pick you up between 15 minutes before and 15 minutes after your scheduled pickup time. You must be ready 15 minutes before your scheduled pickup time. You must enter the vehicle immediately upon its arrival. When you enter the vehicle as soon as it arrives, not only do you help the driver stay on time for everyone, but it allows for possible traffic delays.



Please wait in a safe area where you can see when the provider has arrived. If the ride is more than 15 minutes late you may call the "Where's My Ride" number **(1-800-592-4291)** to ask for an update on your ride.



Remember: You will need to bring your own equipment needed to travel such as a car seat or wheelchair.

You may be sharing a ride with another member who is traveling to and from the same area as you. Shared rides with other Medicaid members are allowed. If there are special health circumstances which prevent you from sharing a ride with other individuals please tell us when you call to schedule your ride. Your health care provider will need to note this on the Physician Transportation Restriction form so that you will not be scheduled for a shared ride.



All riders should be thoughtful of any additional passengers. You may not bring alcohol, drugs, or weapons in the vehicle. You cannot smoke, eat or drink while in the vehicle. You must use your seatbelt while traveling.

You will be asked to sign the driver's log after you are driven to your drop off location. You should sign only for the trip that you just received. If you have a return trip, you will sign for that trip after it is completed. This is used to document that the trip was provided to you so that the provider can get paid.

If you do not have a prescheduled return trip time, you must call the "Where's My Ride? Line at: **1-800-592-4291** to let them know when you will be ready. Your ride should arrive within 1 hour of your call.



The driver has rules to follow too:

All drivers and cars must be properly licensed and insured. Drivers must follow all the normal rules of the road including not using a cell phone without a hands free device unless the vehicle is parked.

Drivers may help you get from the outside door of where you are picked up to the vehicle and to the outside door of where you are going if you ask for their help. The amount of assistance you receive depends on the type and level of service you receive.



Drivers must not smoke while you are in the vehicle. Drivers should reduce the volume on the radio if you request them to. They should also maintain the air-conditioning or heat at a reasonable temperature. Drivers must secure passengers who are in a wheelchair as appropriate for safe travel in the vehicle. They must store any unoccupied wheelchairs or other medical equipment safely. Drivers must wait *up to* 15 minutes after the scheduled pick up time for you to enter the vehicle.

When there is a snowstorm or the weather is bad:



If you do not feel it is safe to be on the road you may decide to reschedule your appointment. Please contact the medical provider you have an appointment with and LogistiCare to reschedule your appointment for another day.



Check with the provider that you have an appointment with to make sure they have not closed due to the weather. If they have, please call LogistiCare to tell them that you will not need the trip that day.



If a town closes school for the day or has an early dismissal due to weather, kids will not be

transported to after school treatment programs if the schools in the town they live in are closed or the schools in the town the program is located in are closed.

Every effort is made to continue to operate transportation services during bad weather however delays can be experienced and cancelations may occur due to unsafe travel conditions. In severe weather, transportation is prioritized to ensure those most at risk can get the care they need. This typically includes members who need to get to dialysis, radiation, chemotherapy treatment and urgent care.

If you are not able to make your appointment and need to cancel or reschedule your ride:

Please call LogistiCare at **888-248-9895** to cancel your trip even if it is a bus ride or gas reimbursement. We ask that you cancel a ride when someone is scheduled to pick you up at least 24 hours (or as soon as possible before the pickup time including weekends).

If your appointment time or day has changed, please call LogistiCare at **888-248-9895** to request the change as soon as possible.



If you have a complaint:

You or your representative can make a complaint through the website <https://wecare.logisticare.com/>, by phone **888-248-9895** or by mail. A complaint can be about many different things like a late pick up, the

condition of the car, behavior of another passenger, courtesy of the call center staff. Please have the following information ready to put in your complaint:

- Your name
- Your client identification number
- Date of the trip
- Trip number
- A description of the problem
- Any additional information that can help us investigate the problem.

You will receive a call/written response within One (1) to three (3) business -days depending on what kind of complaint it is. You must also ask for a call back in order to receive one.



NEMT Services are based on the determination of Medical Necessity.

Medical Necessity is:

Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site,

extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition

LogistiCare is responsible for responding to client requests in a timely manner, appropriately evaluating the request, and for ensuring timely and appropriate transportation to medically necessary services for eligible clients.

They are responsible for obtaining documentation of medical necessity from a Physician or Physician's Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), or Registered Nurse (RN) that attests that they have personal knowledge of the client's condition at the time transport is ordered. The certifying individual must be employed by the client's attending physician or by the hospital or facility where the beneficiary is being treated and from which the beneficiary is being transported to or from.

In all cases, LogistiCare must keep the medical necessity documentation on file and present it to the Department upon request.

CT Call Center Operation information:

- Toll free Reservation Phone Line - 24/7 to accommodate Urgent Care & Discharge Transports **(1-888-248-9895)**
- Regular business hours Monday through Friday 7 am to 6 pm

- Dedicated Where's My Ride Phone Line (800-592-4291)
- Dedicated Facility Phone Line (888-866-3287)



LogistiCare's Online Resources:



<https://facilityinfo.logisticare.com/ctfacility/FAQ.aspx>

Or

<http://memberinfo.logisticare.com/ctmember/en-us/faq.aspx>

From here, you may access the Frequently Asked Questions (FAQ) and may download the following forms:

- Member Information Brochures
- Closest Provider Certification form (CPC)
- Physician Transportation Restriction Forms (PTR)
- Gas Reimbursement Guidelines
- Gas Reimbursement Forms
- Companion Referral Form (CRF)
- Parental Consent to Travel Form
- Covered Non-Covered Service List.

The **Member Services Web Portal** is available 24 hours a day/7 days a week at:

<https://member.logisticare.com>

To use the Member Services Website you must:

- ✓ Have an e-mail account

- ✓ Have scheduled at least one reservation by phone. The LogistiCare staff can then register you to use the Online Member Services Website.
- ✓ Receive your ID so that you will be able to finish setting up your account online.

*The portal works with most common web browsers.

From the Member Services Web Portal home page a member can:

- ❖ Review Alerts**
- ❖ Make and manage their Transportation Reservations
- ❖ Manage their My Profile, including members associated with the account
- ❖ Access the Help option



**Alerts: When a member clicks the *Alerts* option a snapshot of the current trips and the status (i.e. Pending, Denied, Requires More Information, and Scheduled) for each trip for the member associated with the account. It also provides notifications, system maintenance, and system updates. To close the *Alerts* page, click the *Close* button on the lower right of the screen.



FACILITY SERVICES WEBSITE (FSW)

<https://facility.logisticare.com>

LogistiCare's online Facility Services Web portal is available to providers serving the CT Medicaid population and can provide significant benefits for healthcare providers such as:

- More reliable estimated time of arrival
- Fewer no-shows and cancelled appointments
- Pre-assigned return trips to reduce patient waiting
 - Specialized toll free access for healthcare facilities

- Dedicated service representatives for case managers and discharge planners
- Case management support State specific web site for form download and program information
- Can make member reservations online
- Access Forms at: <https://facilityinfo.logisiticare.com>, under the Downloads section of the website for members that visit their provider more than three (3) times per week at the same time.

- Notify LogistiCare to cancel a ride if a member's discharge is canceled or rescheduled. Online reservations can be canceled online (at least 24 hours in advance); otherwise the facility representative may call **1 888-866-3287**
- Cancellations need to be made at least 24 hours in advance.

Facilities would still have the option to call the Facility Reservation Line at **1-866-866-3287**, to make the members reservations.

Facilities interested in using the FSW should contact LogistiCare to set up an account.

FORMS

Forms are updated as needed so they are not included with this brochure.

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Physician Transportation Restriction Form

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Husky A, C, and D Mileage Reimbursement Forms

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Closest Provider Certification Form

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Request for Reimbursement of Medical Transportation by Personal Car

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Companion Referral Form (CRF)

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Parental Consent to Travel Form

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Webpages:

<https://facilityinfo.logisticare.com>

<https://memberinfo.logisticare.com>

<https://member.logisticare.com>

www.facility.logistiCare.com

www.wecare.logisticare.com

LogistiCare Phone Numbers

Members:

Request a ride Cancel /Reschedule/ Urgent Rides/
Form Status/Mass Transit/Gas reimbursement:

888-248-9895

“Where’s my ride?” **800-592-4291**

Complaints: **888-248-9895**

Facilities:

Facility Assistance: **888-866-3287**

Hospital Discharges: **866-529-1946**

Complaints: 888-866-3287



Glossary of Terms

Administrative Hearing - This is where you challenge the decision for a denial of service. You are allowed to have your request for transportation denial reviewed.

CPC – Closest Provider Certificate- A form that is required for treatment at a healthcare provider that is more than fifteen (15) miles from the members' residence

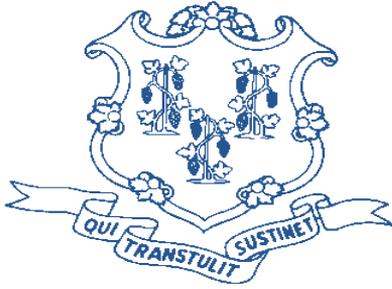
Companion Referral Form (CRF): The necessary form that documents medical/mental/intellectual/physical need of a traveling companion.

N.O.A.- Notice of Action- A letter informing you that your request has been changed or denied.

PTR- Physician Transportation Restriction Form- A form stating your medical condition(s) that makes it necessary for a specific type of service other than Mass Transit.

Standing Order- Scheduled to the same place on the same day and time for up to two (2) months.

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AND

LogistiCare®

August, 2016



Companion Referral Form

The purpose of this form is for Health Care Professionals to communicate to LogistiCare when a member needs to travel with a companion or aide due to a physical, mental or intellectual medical condition that prevents the member from traveling alone safely. The requirements declared by physicians using this form will be used by LogistiCare to approve the appropriate companion or aide for the patient as defined by the Health Plan.

The statements made by the Health Care Professionals regarding patient/companion medical necessity are made under the penalty of Medicaid Fraud.

Today's date: _____ Patient's Name: _____

Patient's Medicaid ID Number: _____ Patient's D.O.B.: ____/____/____

To be Completed By Health Care Professional (Please Print where applicable):

Companion Medical Necessity: (Please check one)

- Patient is medically able to travel without a companion or aide.
- Patient is medically unable to travel without a companion or aide. (If chosen, answer questions below)

If patient is unable to travel without a companion or an aide, please describe the medical condition that requires the assistance of a companion or aide?

Does this patient need a companion or aide for all medical appointments, or specific visits (Dialysis, Chemo, etc)?

Does this patient travel with a companion or aide for other purposes such as shopping, etc.?

Yes _____ No _____

Health Care Professional's Name (print): _____

Health Care Professional's phone no.: (_____) _____ - _____

Medicaid Provider Number: _____

Please make sure form is filled out accurately and completely before signing.

Health Care Professional's Signature: **X** _____ Date: _____

*** Companion Referral Forms Expire twelve (12) Months from Signature Date***

Fax form to LogistiCare attention: Utilization Review Unit fax: 866-529-2137 for approval or call: 866-684-0409 ext. 2006 with questions.

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CLOSEST PROVIDER CERTIFICATION

MEMBER INFORMATION		REFERRING PROVIDER INFORMATION	
DOB:	MEDICAID ID#	BILLING (OFFICE) NPI #	PHONE # ()
MEMBER NAME:		PROVIDER NAME & ADDRESS	
STREET ADDRESS:			
CITY, STATE, ZIP CODE			
PHONE NUMBER:			
<i>***Treatment Location Must Be a Participating Medicaid Provider***</i>			
PROVIDER NAME AND ADDRESS BEING REFERRED TO		TO TYPE OF FACILITY:	
		<input type="checkbox"/> Behavioral Health <input type="checkbox"/> Office <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Dental <input type="checkbox"/> Other _____	
PLEASE DOCUMENT The NECESSITY for the provider greater than 15 Miles for TREATMENT: <input type="checkbox"/> Services not available within 15 miles of member's home <input type="checkbox"/> Closest Provider for critical care/advanced treatment/medical service <input type="checkbox"/> Closest provider available for urgent treatment <input type="checkbox"/> Engaged in additional level of care at Facility <input type="checkbox"/> Dismissed from Program <input type="checkbox"/> Other – Please Explain _____			
PRINT-Document the <u>MEDICAL REASON</u> that dictates traveling beyond 15 miles for care or treatment: 			
PRACTITIONER'S SIGNATURE		DATE:	

*** CPC Expire twelve (12) Months from Signature Date***

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Fax form to LogistiCare attention: Utilization Review Unit fax: 866-529-2137 for approval or call: 866-684-0409 ext. 2006 with questions.



Physician Transportation Restriction Form

FAX Completed Form to: 1-866-529-2137

Member Name: _____
DOB: _____
Medicaid ID: _____
Phone: _____
Address: _____

The Medicaid Physician Transportation Restriction Form should only be used to request transportation for HUSKY Health members whose medical condition prevents them from using the public transit system. If during the course of their everyday activities the member uses public transportation, this form should not be used to request transportation for any other type of service.

The type of transportation approved for the member is based on the information provided by the member's health care provider below. Please include the member's diagnosis and ICD-10 code(s).

All medical conditions and recovery times vary by patient. Please choose how long this patient will require the level of service indicated below:

3 Months 6 Months 9 Months 1 Year

Livery— member can walk to the curb, board and exit the vehicle without assistance.

Diagnosis/Medical Necessity

Wheelchair- member is a wheelchair user, requires a wheelchair accessible vehicle. The member may or may not require driver assistance.

Morbidly Obese Number of stairs _____

Diagnosis/Medical Necessity

BLS Basic Life Support —member is confined to bed, **cannot** sit in a wheelchair, and requires minimal medical monitoring during transport.

Diagnosis/Medical Necessity

ALS Advanced Life Support— member is confined to bed, **cannot** sit in a wheelchair, and requires advanced medical attention/monitoring during transport for:

Diagnosis/Medical Necessity

Special Instructions:

- No Multi-loading
- Multi-load Restrictions (specify below i.e. with same sex only; no adults, etc.)

Diagnosis/Medical Necessity

Special Behavioral Health Instructions:

Detail Necessity

For re-occurring appointments, please indicate the number per week, /which days per week and the expected duration for treatments:

Explain

This form must be completed in its entirety and signed by a Licensed Medical/Behavioral Professional in order to be approved. (Please Print)

Provider Name: _____

Provider Phone#: _____

Provider NPI #: _____

Provider's Signature: _____

Date: _____

** must be submitted at least 2 business days prior to appointment day**

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