NYS DOH Plan of Care/Service Plan Grid for Social and Non-Medical Transportation for the TBI/NHTD Waiver Participants

NEW YORK STATE | Department of Health | Office of Health Insurance Programs

Date received by Transportation Manager: _____ Transportation Service Authorization Period: _____

1. Waiver Participant Information

Last Name: _____ First Name: _____ Medicaid ID # _____ DOB ____ /____ / ____
Street Address: _____ City: _____ State: _____ Zip code: _____ County: _____Telephone #_____
Service Coordinator: _____ Agency: _____Telephone # _____Fax# _____Email: _____
Address: _____ City: _____State: _____ Zip Code: _____

Medical Justification Form Submitted Yes ☐ No ☐

Transportation Services Requested

Mode of Transportation Requested	ISP/RSP Approved Dates	Annual Units	Start Date	End Date	Frequency	Trip Destination & Address	Round Trip or One Way?	Trip Cost *Completed by Transportation Manager*

2. Regional Resource Development Center (RRDC) Contact: _____Region: _____ **Waiver Program: TBI** ☐ **NHTD** ☐

3. Based on Medicaid policy and as supported on provided Grid and goals indicated in the service plan, the RRDC approves this request for Transportation Services Y☐ N☐

Date: _____ Approved by: _____ Telephone: _____ Email: _____

Transportation for Medicaid Covered Services or approved Plan of Care services must be prior authorized by the appropriate transportation manager on behalf of NYSDOH under 18 NYCRR §505.10. A current plan of care for the Waiver Participant must support the transportation request and needs to specify the mode of transportation requested, a Medical Justification Form (#2015) if traveling out of the Common Medical Market Area and/or requires Ambulette or a higher level of service. Completing this form does not schedule transportation for a waiver participant. It allows the transportation manager to ensure that the transportation requested is clear and reflects current NYS approved Medicaid transportation cost for service. Service plans may need to be amended or updated if Medicaid transportation levels of service and cost are not included in the Waiver Participant's service plan and accurately reflect NYS approved transportation rates for non-emergency Medicaid transportation. Inaccurate information may cause a delay in the ability of the transportation manager being able to prior authorize transportation.

To complete the Transportation Services Grid

1. **The Service Coordinator (SC) will complete:** Waiver Participant Information. Include the Medicaid ID # of the participant. The County is the county where the enrollee resides.
2. **Provide the SC's contact information.** Complete the Waiver Participant's medical provider information. Please be sure to include all requested information.
3. The SC is responsible for developing the Person-Centered ***Plan of Care/Service Plan*** and for forwarding the completed plan to the Regional Resource Development Center (RRDC) with the completed Transportation *Grid*. The SC will be responsible for completing the *Grid* based on the individual's Plan of Care/Service Plan and for forwarding it on to the RRDC. Upon approval by the RRDC, the Grid will be sent to the Transportation Manager by the RRDC. The Grid should support the goals established in the plan of care/service plan that support the need and approved by the RRDC for Non-Medical Transportation.
4. **Transportation Service Requested**
    a. List Type of Transportation Service Needed, for example; wheelchair
    b. List the complete trip destination address the participant will be taken to. Enter the requested appointment time and the return pickup time if known. Return pickup times can be "will call." The waiver participant should be ready for pickup one hour prior to the appointment time.
    c. The pickup location for each trip for the participant will be the address listed on the ***Grid*** unless otherwise noted. The pickup address will also be the address the beneficiary is returned to after the trip unless otherwise noted.
    d. Enter the start date for the trip. If the transportation is ongoing (standing order) list the start date and the end date for the trip.
    e. All standing orders scheduled are for a maximum of six months in duration and must be renewed every six months, ten business days prior to January 1 and July 1 each year.
    f. Frequency; enter the days of the week transportation is required. For example (M-W-F).
    g. RT/OW. Enter RT if the trip is a round trip. Enter OW if the trip is one way only.

5. **Transportation Manager:** The Transportation Manager is responsible for authorizing transportation services in accordance with Medicaid policy and the approved plan of care and is supported on the provided ***Grid***. A verification Form is required to be on file with MAS for each Waiver Services Participant that requires Ambulette or a higher level of service. The Transportation Manager will notify the RRDC upon receipt and approval of the request. All questions regarding the request will be directed to the RRDC.