NYS DOH Plan of Care Grid for Social and Non-Medical Transportation for the TBI Waiver, CFCO and HARP BH HCBS

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

1. Medicaid Beneficiary 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 ☐

Is beneficiary enrolled in a Health Home Management Agency? Y ☐ N☐ Health Home Care Manager: _____
Is beneficiary within a Community First Choice Option (CFCO)? Y ☐ N ☐
Is beneficiary within a Health and Recovery Plan (HARP)? Y ☐ N ☐
Is beneficiary within a 1915(c) Waiver? Y ☐ N ☐

Transportation Services Requested

Goal from Plan of Care	Specific Activity, Support or Task	Provider of Services	Start Date	End Date	Frequency	Trip Destination & Address	Mode of Requested Transportation	Round Trip or One Way?	Non-BHHCBS Trip? (Yes or No)	Trip Cost *Completed by Transportation Manager*

2. Managed Care Organization (MCO) Information [for Managed Care beneficiaries only]

MCO: _____ Name: _____ Telephone: _____ Email: _____ Street Address: _____ City: _____ State: ____ Zip Code: _____

Is plan of care/service plan approved? Y☐ N☐ For the following period: _____

3. Regional Resource Development Center (RRDC): Based on Medicaid policy and as supported on provided Grid, are Transportation services approved? 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 Medicaid beneficiary must be submitted to the appropriate transportation manager 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 beneficiary. 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. **Waiver Participant Information**. Complete the Waiver Participant Information. The Medicaid ID # is the participant's Medicaid Number. The County is the county where the enrollee resides.
2. **Service Coordinator's Information.** Complete the Waiver Participant's medical provider information. Please be sure to include all requested information.
3. **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 appointment time and the return pickup time if known. Return pickup times can be "will call." The Medicaid beneficiary 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.
    h. Enter the trip cost. If needed you may call a supervisor to assist you with calculating the trip cost. The trip cost is derived from NYS approved transportation fees and may be a calculation of a base rate, approved mileage and other approved NYS costs.

For Non-Medical Transportation for HARP Enrollees: Use of Non-Medical Transportation should follow guidelines as stated in the Guidance for Behavioral Health Home and Community Based (BH HCB) Non-Medical Transportation Services for Adults in HARPS and HARP Eligibles in SNPs.

1. **Health Home Care Manager:** Complete the Medicaid beneficiary Information and send to MCO with Plan of Care. If the Medicaid beneficiary is not enrolled in a Health Home, the Managed Care Organization (MCO) completes the ***Grid*** based on the beneficiary's ***Plan of Care***. The MCO will send the ***Grid*** to the Transportation Manager.

2. **MCO Information:** The MCO is responsible for approving the Person-Centered ***Plan of Care*** and for forwarding the completed ***Grid*** to the Transportation Manager. For beneficiaries not enrolled in a Health Home, the **MCO will be responsible for completing the *Grid*** based on the individual's ***Plan of Care*** and for forwarding on to the Transportation Manager. The ***Grid*** should include documentation for Non-Medical Transportation including documentation of which goals in a beneficiary's ***Plan of Care*** the trips will be tied to. The ***Grid*** should be completed based on the beneficiary's ***Plan of Care.***

3. **Transportation Manager:** The Transportation Manager is responsible for authorizing transportation services in accordance with Medicaid policy and is supported on the MCO-provided ***Grid***. **$2,000 Cap:** There is a $2,000 cost cap per Medicaid beneficiary per year for non-medical **Non-Behavioral Health Home & Community Based Services** transportation.

For TBI/NHTD Waiver Enrollees:

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 LogistiCare for each Waivered Services Beneficiary that requires Ambulette or a higher level of service. The attached user forms must be filled out, signed and faxed to the LogistiCare at 855-848-8640 to request transportation services.