



***MEDICAID***  
***QUALITY CONTROL/  
QUALITY ASSURANCE***  
***PLAN***



**SUBVENDOR BEING REVIEWED:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **TYPE OF REVIEW:**   MEDICAID  

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **REVIEW DATES:** \_\_\_\_\_

**PERSON CONDUCTING THE REVIEW:** \_\_\_\_\_

REVISED AUGUST 1, 2006

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## Beneficiary Access (Section 9.1)

| Is the sub-vendor compliant with the following?   | Yes | No |
|---|-----|----|
|   |     |    |
| a. Respond to transportation inquiries and requests made by beneficiaries residing in the service area as provided for in this section.   |     |    |
|   |     |    |
| b. Maintain a business location in the service area or assign a representative whose responsibility is the service area;  |     |    |
|   |     |    |
| c. Provide notification to beneficiaries and make oral interpretation services available to beneficiaries, free of charge, in areas where twenty (20) percent or more of the population is non-English speaking;  |     |    |
|   |     |    |
| d. Develop written procedures for dealing with beneficiary complaints internally; see Beneficiary Appeals Notice Section ( <b>obtain a copy</b> );  |     |    |
|   |     |    |
| e. Train customer service representatives in the area of dispute resolution ( <b>obtain a copy</b> );   |     |    |
|   |     |    |
| f. Establish and maintain an electronic mail (e-mail) identity;   |     |    |
|   |     |    |
| g. Establish one of the following:  |     |    |
| ▪ Beneficiary ombudsperson position; or   |     |    |
| ▪ Trained staff whose responsibility is resolving beneficiary complaints.   |     |    |
|   |     |    |
| h. Maintain a toll-free telephone access number for scheduling medical transportation specified as follows: Monday through Friday, eight (8) hours a day except nine (9) state holidays: New Year's Day, Martin Luther King's Day, Memorial Day, Independence Day, Labor Day, Veterans' Day, Thanksgiving Day and the Friday following, and Christmas Day.  |     |    |
|   |     |    |
| i. The Vendor must receive, from subcontracted transportation providers, thirty (30) calendar days written notice of any other intended days of closure. The Vendor shall deny any request given within ten (10) calendar days of the intended closure date.  |     |    |
|   |     |    |
| j. Provide twenty-four (24) hour toll-free telephone access to information on how to access transportation on holidays, weekends, and after business hours for urgent care, hospital discharge, or incidents beyond the control of the recipient or facility. In addition, access must be provided to a recipient who has a return pick-up after business hours if agreed to in advance by the subcontracted transportation provider and the beneficiary. |     |    |
|   |     |    |
| k. Provide transportation when trip requests are submitted no less than seventy-two (72) hours in advance.  |     |    |
|   |     |    |

| <b>Is the sub-vendor compliant with the following?</b>  | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| l. Provide adequate staff and telephone lines to allow ninety (90%) percent of all incoming calls, including Tele-Relay Services or TTY calls, to be answered within an average of three (3) minutes. A phone answering machine or electronic voice mail may be used when offered as an option to the beneficiary; however, beneficiaries shall be given the option of staying in queue or reaching a staff person. |            |           |
|   |            |           |
| m. The average queue time for a hearing-impaired system such as Florida Tele-Relay Services or TTY calls shall not exceed three (3) minutes.  |            |           |
|   |            |           |
| n. The Vendor and its subcontracted transportation providers shall provide staff to operate the hearing-impaired system such as Florida Tele-Relay Services or TTY equipment to ensure service levels similar to non-hearing impaired beneficiaries are met.  |            |           |

**Beneficiary Access  
Section 9.1**

Findings

Recommendations

## Eligibility Screening (Section 9.2)

| The Vendor's and/or its subcontracted transportation providers shall:   | Yes | No |
|---|-----|----|
|   |     |    |
| a. Review and document beneficiary eligibility to receive transportation services provided by the contract.   |     |    |
|   |     |    |
| b. Review that the individual is currently eligible for services by relying upon the eligibility information supplied by one of the following:  |     |    |
|   |     |    |
| <ul style="list-style-type: none"> <li>▪ Presentation of a valid medical card (Medicaid Gold Card) when smart card systems are in place and set to read the Medicaid Gold Card and capable of obtaining recipient eligibility information; <b>(NET should maintain a copy of the card.)</b></li> </ul>  |     |    |
|   |     |    |
| <ul style="list-style-type: none"> <li>▪ Documentation from a Medicaid Eligibility Verification System (MEVS) Vendor;</li> </ul>  |     |    |
|   |     |    |
| <ul style="list-style-type: none"> <li>▪ Documentation by FAXBACK with the Medicaid fiscal agent, or</li> </ul>   |     |    |
|   |     |    |
| <ul style="list-style-type: none"> <li>▪ Documentation by other Agency approved sources.</li> </ul>   |     |    |
|   |     |    |
| c. Regularly verify that the beneficiary is eligible for transportation services. Screening shall include:  |     |    |
|   |     |    |
| 1. Verification from the requesting beneficiary that they have no other available means of transportation to medical services;  |     |    |
|   |     |    |
| 2. That the transportation is not covered by other programs or funding;   |     |    |
|   |     |    |
| 3. That requested transportation is to the nearest Medicaid provider of covered services unless otherwise exempt by Medicaid rules or policy (see Applicable Laws and Regulations Section);   |     |    |
|   |     |    |
| 4. That transportation shall be authorized and provided to and from a service destination identified and covered by the Agency;   |     |    |
|   |     |    |
| 5. That volunteers gas vouchers are utilized where appropriate to administer private volunteer transportation. <b>When reimbursement or gas vouchers are utilized, the subcontracted transportation provider shall have on record: the driver's license, current vehicle registration and obtain documentation of, or proof of, insurance of the vehicle operator.</b> When documentation of the above-listed information is accepted in lieu of copies of the documents, the subcontracted transportation <b>provider shall obtain copies of these documents as soon as practicable;</b> and |     |    |
|   |     |    |
| 6. That requested transportation is necessary to the destination and to return from services as authorized under the contract.  |     |    |

**Eligibility Screening  
Section 9.2**

Findings

Recommendations

## Transportation Standards (Section 9.3)

| Also includes standards from Rule 41-2, F.A.C.  | <b>Compliant</b> | <b>Notes</b> |
|---|------------------|--------------|
| a. Arrange for the most appropriate, lowest cost transportation services available to beneficiaries who reside in the service area specified by contract (See Transportation Alternatives and Sect. t);           |                  |              |
| b. Ensure that services available to beneficiaries are comparable to the transportation services that the general public would receive in the same locale and with the same medical condition as the beneficiary. |                  |              |
| c. Comply with standards in accordance with Chapter 427, F.S. and Rules 41-2 and 14-90, F.A.C. (See Transportation Disadvantaged Service Plan)  |                  |              |
| <b>Commission Standards - Rule 41-2.006, F.A.C.</b>   |                  |              |
| a. Drug and Alcohol Testing   |                  |              |
| b. Transport of Escorts and dependent children policy   |                  |              |
| c. Rider Personal Property  |                  |              |
| d. Vehicle Transfer Points  |                  |              |
| e. Local toll free phone number and TD Helpline number must be posted in all vehicles   |                  |              |
| f. Out-of-Service Area trips [also see Section 9.12.11 (b and c)]   |                  |              |
| g. Vehicle Cleanliness [also see Section 9.9b (10 and 11)]  |                  |              |
| h. Billing Requirements [also see Section 9.10b]  |                  |              |
| i. Passenger/Trip Database  |                  |              |
| j. Adequate seating [also see Section 9.7e]   |                  |              |
| k. Driver Identification  |                  |              |
| l. Passenger Assistance   |                  |              |
| m. Smoking, Eating and Drinking   |                  |              |
| n. Passenger No-shows (measurable) [also see Section 9.6d (10)]   |                  |              |

| Also includes standards from Rule 41-2, F.A.C.  | <b>Compliant</b> | <b>Notes</b> |
|---|------------------|--------------|
| o. Two-way Communications [also see Section 9.8b(1 and 2)]  |                  |              |
| p. Air Conditioning/Heating [also see Section 9.8b (3)]   |                  |              |
| q. First Aid  |                  |              |
| r. Cardio Pulmonary Resuscitation   |                  |              |
| s. Driver Criminal Background Screening   |                  |              |
| t. Public Transit Ridership (measurable) [also see Section 9.4.3] <i>If applicable.</i>                   |                  |              |
| u. Pick-up Window (measurable)  |                  |              |
| v. On-time performance (measurable)   |                  |              |
| w. Advance reservation requirements [also see Section 9.1(k) – 72 hour in advance]                        |                  |              |
| x. Accidents (measurable) [also see Section 9.9 – report damages that exceed \$1,000]                     |                  |              |
| y. Roadcalls (measurable)<br>Average age of fleet:  |                  |              |
| z. Call-Hold Time (measurable) [ also see Section 9.1.1 (90% answer with 3 minutes)]                      |                  |              |
| aa. Complaints/Quality of Service (measurable)<br><b>Number filed:</b><br><b>Verify complaint process</b> |                  |              |

**Transportation Standards  
Section 9.3**

Findings

Recommendations

| <b>Appropriate Level of Transportation (Section 9.4)</b>   | <b>Compliant</b> | <b>Notes</b> |
|--|------------------|--------------|
| 1. Door-to-door or curb-to-curb services are appropriate for persons whose physical or mental limitations render them unable to use fixed route transit, multi-loading or other methods of transport.  |                  |              |
| 2. Selection of Mode. The subcontracted transportation provider shall use the most cost effective (lowest cost appropriate) available transportation based on the medical condition of the beneficiary.  |                  |              |
| 3. Public Transit Utilization. Subcontracted transportation providers shall use public transit where available. Utilization shall be in compliance with ADA requirements. A beneficiary may be asked to fill out an ADA certification form to verify the beneficiary's mobility limitations. The Vendor may also require documentation by the beneficiary's physician. |                  |              |

| <b>Service Area (Section 9.5)</b>   | <b>Compliant</b> | <b>Notes</b> |
|---|------------------|--------------|
| a. The Vendor must ensure the availability of services to all Florida Medicaid eligible beneficiaries regardless of their area of residence.  |                  |              |
| b. The subcontracted transportation provider may provide service to residents of other service areas in response to requests of the subcontracted transportation provider responsible for those service areas. <i>Provider may have agreements with surrounding counties. If so, review agreements.</i>   |                  |              |
| c. Other service areas include:   |                  |              |
| <ul style="list-style-type: none"> <li>■ Medical facilities or services available in other communities or contiguous areas not available in the beneficiary's service area but routinely used by residents of the service area who need medical care not provided within their service area; and</li> <li>■ Medical facilities or services outside the service area that are closer to the beneficiary's residence than the same type of services within their service area.</li> </ul> |                  |              |
| d. The Vendor may authorize its subcontracted transportation provider(s) to arrange destination and return trips outside the subcontracted transportation provider's contracted service area when required services are not available within the contracted service area, but are within the state or designated border areas.  |                  |              |

**Appropriate Level of Transportation  
Section 9.4**

Findings

Recommendations

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**Service Area  
Section 9.5**

Findings

Recommendations

| <b>Activity Documentation (Section 9.6)</b>   | <b>Compliant</b> | <b>Notes</b> |
|---|------------------|--------------|
| <b>Daily Activity.</b> The vendor and/or its subcontractors shall:  |                  |              |
| a. Maintain recipient eligibility data.   |                  |              |
| b. Protect the confidentiality of the recipient's records.  |                  |              |
| c. Keep vehicle logs and trip tickets on file for every transport for five (5) years after the contract ends, in accordance with state law.   |                  |              |
| d. Maintain encounter data for each one-way trip provided as specified in below:  |                  |              |
| 1. Subcontracted transportation provider's unique identification number assigned by the Vendor;   |                  |              |
| 2. Date the service was provided in month, day, year format: MM/DD/YYYY;  |                  |              |
| 3. Beneficiary's last name, first name, and middle initial exactly as it appears on the gold, plastic Medicaid ID Card or other proof of eligibility;   |                  |              |
| 4. Beneficiary's 10-digit Medicaid ID Number. Do not provide the number on the ID card. This is a card control number, not the Medicaid ID number;  |                  |              |
| 5. Total miles of trip provided;  |                  |              |
| 6. Total cost of trip provided;   |                  |              |
| 7. Pickup address including the street name and number, apart. number, and city;  |                  |              |
| 8. Time that the beneficiary was picked up. Use military (24-hour clock) time. For example: 3:35 p.m. = 1535;   |                  |              |
| 9. Complete address of the provider destination including the street name and number, apartment number, and city;   |                  |              |
| 10. Identify trips that were not provided due to beneficiary no-shows;  |                  |              |
| 11. Medical necessity of trip;  |                  |              |
| 12. Origin of transport code: physician's office (P), clinic (C), laboratory (L), hospital (H), nursing home (N), dialysis (D), or other diagnostic or therapeutic (O), or residence (R);                           |                  |              |
| 13. Destination of transport code: physician's office (P), clinic (C), laboratory (L), hospital (H), nursing home (N), dialysis (D), or other diagnostic or therapeutic (O), or residence (R);                      |                  |              |
| 14. Mode of transportation used: multiload vehicle (MV), public transportation (PT), private volunteer transport (VT), wheelchair (WC), Stretcher (ST), over-the-road bus (OB), or commercial air carrier (CA); and |                  |              |
| e. Develop encounter data requirements for Agency approval for each bus ticket or pass issued within 30 calendar days of execution of contract.   |                  |              |
| <b>Note: Review 10 files if there are 300 or less Beneficiaries being served the first day of the site-visit. Review 20 files if over 300 Beneficiaries are being served the first day of the visit.</b>            |                  |              |

**Activity Documentation**  
**Section 9.6**

Findings

Recommendations



**Review the CTC's last AOR submittal for compliance with 427.0155(2), F.S.**  
"Collect Annual Operating Data for submittal to the Commission"

### **Reporting Timelines**

Were the following items submitted on time?

a. Annual Operating Report (AOR) \_\_\_\_\_Yes \_\_\_\_\_No

Any issues that need clarification? \_\_\_\_\_Yes \_\_\_\_\_No

Any problem areas on the AOR that have been reoccurring?

List:

b. Memorandum of Agreement  
\_\_\_\_\_Yes \_\_\_\_\_No

c. Transportation Disadvantaged Service Plan  
\_\_\_\_\_Yes \_\_\_\_\_No

d. Grant Application to TD Trust Fund  
\_\_\_\_\_Yes \_\_\_\_\_No

e. All other grant applications (\_\_\_\_\_%)  
\_\_\_\_\_Yes \_\_\_\_\_No

**Is the NET service provider in compliance with this section?**

\_\_\_\_\_Yes \_\_\_\_\_No

Comments:

**Review the CTC's monitoring of its contracted operators to ensure compliance with 427.0155(3), F.S.**

“Review all transportation operator contracts annually”

1. What type of monitoring does the NET service provider perform on its operators and how often is it conducted?
  
2. Is a written report issued to the operator?         Yes         No  
If no, how are operators notified about the results of the monitoring?
  
3. What type of monitoring does the NET service provider perform on its coordination contractors and how often is it conducted?
  
4. Is a written report issued?         Yes         No  
If no, how are contractors notified of the results of the monitoring?
  
5. What action is taken if a contractor receives an unfavorable report?
  
6. Is the NET service provider in compliance with this section?         Yes         No

Ask to see documentation of monitoring reports.

Comments:

**Review the CTC's public transit ridership goal to ensure compliance with 427.0155(4), F.S.**

**Rule 41-2.012(5) (b)** "...set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable"

1. How is the NET service provider using school buses in the coordinated system?
2. How is the NET service provider using public transportation services in the coordinated system?

\_\_\_\_\_Not applicable

3. Is there a goal for transferring passengers from paratransit to transit?

\_\_\_\_\_Yes                      \_\_\_\_\_No

If yes, what is the goal? \_\_\_\_\_

4. Is the NET service provider accomplishing the goal? \_\_\_ Yes                      \_\_\_\_\_ No

5. Is the NET service provider in compliance with this requirement? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Comments:

**Ensure NET service provider's compliance with the delivery of transportation services  
427.0155(8), F.S.**

**Review the Operational section of the TDSP**

1. Hours of Service:
  
2. Hours of Call Intake:
  
3. Provision for after hours reservations and cancellations:
  
4. What is the minimum required notice for reservations?
  
5. How far in advance can reservations be placed (number of days)?
  
6. Is the NET service provider in compliance with this section? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Comments:

**Service Standards  
Section 9.7a  
Chapter 427, F.S**

Findings

Recommendations

## Service Standards (Section 9.7a)

All subcontracted transportation providers must comply with standards in accordance with Chapter 427, Florida Statutes and **Rules 41-2 and 14-90, Florida Administrative Code**. These standards include, but are not limited to, Drug and Alcohol Testing, Safety Standards, Driver Accountability and, Driver Conduct.

**Compliance with 41-2.006(1), Minimum Insurance Compliance**  
**“Ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident”**

What are the minimum liability insurance requirements?

What are the minimum liability insurance requirements in the operator contracts?

How much does the insurance costs (per operator)?

| Operator | Insurance Cost |
|----------|----------------|
|          |                |
|          |                |
|          |                |
|          |                |

Does the minimum liability insurance requirement exceed \$1 million per incident?

Yes                  No

If yes, was this approved by the Commission?                  Yes                  No

**Is the NET service provider in compliance with this section?    Yes                  No**

Comments:

**Compliance with 41-2.006(2), Safety Standards.**



**Compliance with 41-2.006(3), Drug and Alcohol Testing**  
*“Shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing”*

With which of the following does the NET service providers (and its contracted operators) Drug and Alcohol Policy comply?

- FTA (Receive Sect. 5307, 5309, or 5311 funding)
- FHWA (Drivers required to hold a CDL)
- Neither

**REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.**

Date of the last Drug and Alcohol Review: \_\_\_\_\_

**Compliance:** Yes                      No

Comments:

**Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.**  
*“Contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board”*

1. If the NET service provider has coordination contractors, determine the cost effectiveness of these contractors.

**Cost [NET service provider and Coordination Contractor (CC)]**

|  | NET Provider | CC #1 | CC #2 | CC #3 | CC #4 |
|--|--------------|-------|-------|-------|-------|
| Flat contract rate (s) (\$ amount / unit)  |              |       |       |       |       |
| Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group) |              |       |       |       |       |
|  |              |       |       |       |       |
|  |              |       |       |       |       |
| Special or unique considerations that influence costs?                                       |              |       |       |       |       |
| Explanation:   |              |       |       |       |       |

Do you have Transportation Alternatives?      Yes                      No  
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the NET service provider, but provided by the purchasing agency.  
 Example: a neighbor providing the trip)

**Cost [CTC and Transportation Alternative (Alt.)]**

|  | NET Provider | Alt. #1 | Alt. #2 | Alt. #3 | Alt. #4 |
|--|--------------|---------|---------|---------|---------|
| Flat contract rate (s) (\$ amount / unit)  |              |         |         |         |         |
| Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group) |              |         |         |         |         |
|  |              |         |         |         |         |
|  |              |         |         |         |         |
| Special or unique considerations that influence costs?                                       |              |         |         |         |         |
| Explanation:   |              |         |         |         |         |

Is the NET service provider in compliance with this section?      Yes                      No

**Service Standards  
Section 9.7a  
Rules 41-2 and 14-90, F.A.C.**

Findings

Recommendations



Examine operator manuals and rider information. Do current policies comply with the ADA provision of service requirements regarding the following?

| <b>Provision of Service</b>  | <b>Training Provided</b> | <b>Written Policy</b> | <b>Neither</b> |
|--|--------------------------|-----------------------|----------------|
| Accommodating Mobility Aids  |                          |                       |                |
| Accommodating Life Support Systems (O <sub>2</sub> Tanks, IV's...) |                          |                       |                |
| Passenger Restraint Policies                                       |                          |                       |                |
| Standee Policies (persons standing on the lift)                    |                          |                       |                |
| Driver Assistance Requirements                                     |                          |                       |                |
| Personal Care Attendant Policies                                   |                          |                       |                |
| Service Animal Policies  |                          |                       |                |
| Transfer Policies (From mobility device to a seat)                 |                          |                       |                |
| Equipment Operation (Lift and securement procedures)               |                          |                       |                |
| Passenger Sensitivity/Disability Awareness Training for Drivers    |                          |                       |                |

Randomly select one or two vehicles per contractor (depending on system size) that are identified by the NET service provider as being ADA accessible and purchased with private funding, after 1992. Conduct an inspection using the Bus and Van Specification Checklist on the next page.

Inspect facilities where services are provided to the public (Eligibility determination, ticket/coupons sales, etc...).

Yes No

Are bathrooms accessible?

Yes No

## BUS AND VAN SPECIFICATION CHECKLIST

**Name of Provider:** \_\_\_\_\_

**Vehicle Number** (either VIN or provider fleet number): \_\_\_\_\_

|                         |                  |                |            |
|-------------------------|------------------|----------------|------------|
| <b>Type of Vehicle:</b> | Minivan          | Van            | Bus (>22') |
|                         | Minibus (<= 22') | Minibus (>22') |            |

**Person Conducting Review:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Review the owner's manual, check the stickers, or ask the driver the following:***

The lift must have a weight limit of at least 600 pounds.

The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?

The lift must be "interlocked" with the brakes, transmission, or the door, so the lift will not move unless the interlock is engaged. Ensure the interlock is working correctly.

***Have the driver lower the lift to the ground:***

Controls to operate the lift must require constant pressure.

Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.

Sufficient lighting shall be provided in the step well or doorway next to the driver, and illuminate the street surface around the lift, the lighting should activate when the door/lift is in motion. Turn light switch on, to ensure lighting is working properly.

***Once the lift is on the ground, review the following:***

Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.

Side barriers must be at least 1 ½ inches high.

The outer barrier must be sufficient to prevent a wheelchair from riding over it.

The platform must be slip-resistant.

Gaps between the platform and any barrier must be no more than 5/8 of an inch.

The lift must have two handrails.

The handrails must be 30-38 inches above the platform surface.

The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.

The platform must be at least 28 ½ inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.

Lifts may be marked to identify the preferred standing position (suggested, not required)

***Have the driver bring the lift up to the fully raised position (but not stowed):***

When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.

The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and *carefully* jump up and down to see how far the lift sways.

The lift must be designed to allow boarding in either direction.

***While inside the vehicle:***

Each securement system must have a clear floor area of 30 inches wide by 48 inches long.

The securement system must accommodate all common wheelchairs and mobility aids.

The securement system must keep mobility aids from moving no more than 2 inches in any direction.

A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.

**Vehicles under 22 feet must have:**

Securement system that is forward facing.

Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

**Vehicles over 22 feet must have:**

Securement system that is forward-facing.

Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

Aisles, steps, and floor areas must be slip resistant.

Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

## **Service Standards (Section 9.7d-f)**

- d Any vehicle that does not meet or exceed the Florida Department of Highway Safety and Motor Vehicles (DHSMV) licensing requirements, safety standards, ADA regulations, or contract requirements shall be removed from service immediately and shall be re-inspected before it is eligible to be used to provide transportation services for Medicaid beneficiaries under the contract.

**Compliant:**    **Yes**                    **No**

- e Vehicles may not carry more passengers than the vehicle was designed to carry. (See Standards)

- f All lift-equipped vehicles must comply with ADA regulations. (See section 9.7c)

**Service Standards  
Section 9.7b-f  
ADA**

Findings

Recommendations

| <b>Vehicle Inspections</b> - Check certification and Safety Review (Section 9.8)   | <b>Compliant</b> | <b>Notes</b>     |
|--|------------------|------------------|
| <p><b>a. Annual</b> - All vehicles shall be inspected before they are used to provide transportation services. Inspections shall be done annually to ensure that all regulatory and licensing requirements are met. Vehicles not passing these inspections shall be immediately removed from service for Medicaid beneficiaries. Each vehicle shall be reinspected before it is eligible to return to service for Medicaid beneficiaries under the contract. Documentation of inspections done by other agencies will suffice as long as the Vendor and Agency have access to it, and the program standards are met or exceeded.</p> |                  |                  |
| <p><b>b. All commercial vehicles shall meet or exceed the following requirements</b> [Review three (3) vehicles if the fleet is under 500, or review five (5) vehicles if fleet is over 500] (Note: review at least one stretcher vehicle, if possible):</p>   |                  |                  |
| <p>1. ... Ensure that commercial transportation operators use a two-way communication system linking all vehicles used in delivering the services under this contract with the transportation operator's major place of business (dispatcher);</p>   |                  | Rule 41-2.006(o) |
| <p>2. The two-way communication system shall be used in such a manner as to facilitate communication and to minimize the time in which out-of-service vehicles can be replaced or repaired. Pagers are not an acceptable substitute. A vehicle with an inoperative two-way communication system shall be placed out-of-service until the system is repaired or replaced;</p>   |                  | Rule 41-2.006(o) |
| <p>3. All vehicles shall be equipped with climate control systems adequate for the heating and cooling needs of both driver and passengers. Any vehicle with a non-functioning climate control system shall be placed out-of-service until repaired;</p>   |                  | Rule 41-2.006(p) |
| <p>4. Vehicles shall have functioning, clean, and accessible seat belts, where applicable, for each passenger seat position and shall be stored off the floor when not in use;</p>   |                  |                  |
| <p>5. All vehicles shall have an accurate speedometer and odometer;</p>  |                  |                  |
| <p>6. All vehicles shall have functioning interior light(s) within the passenger compartment;</p>  |                  |                  |
| <p>7. All vehicles shall have adequate sidewall padding and ceiling covering;</p>  |                  |                  |
| <p>8. All vehicles shall have two exterior rear view mirrors, one on each side of the vehicle;</p>   |                  |                  |
| <p>9. All vehicles shall have one interior mirror for monitoring the passenger compartment;</p>  |                  |                  |
| <p>10. The vehicles' interior and exterior shall be clean and have exteriors free of broken mirrors or windows, excessive grime, rust, chipped paint or major dents that detract from the overall appearance of the vehicle; and</p>   |                  | Rule 41-2.006(h) |
| <p>11. The vehicle shall have passenger compartments that are clean, free from torn upholstery or floor covering, damaged or broken seats, protruding sharp edges and shall also be free of dirt, oil, grease or litter.</p>   |                  | Rule 41-2.006(h) |

**Vehicle Inspections  
Section 9.8**

Findings

Recommendations

| <b>Gatekeeper Policy (Section 9.12)</b>   | <b>Compliant</b> | <b>Notes</b>                 |
|---|------------------|------------------------------|
| 1. Accept requests for transportation directly from beneficiaries, adult family members on behalf of minor beneficiaries, guardians responsible for beneficiaries, and licensed health care professionals on behalf of beneficiaries.   |                  |                              |
| 2. Assure that the beneficiary is a resident of a county in Florida and is currently Medicaid eligible. Beneficiary eligibility shall be obtained by contacting a MEVS Vendor or similar provider, or through FAXBACK with the Medicaid fiscal agent where a fax is sent through an automated system and a report is transmitted back containing beneficiary or provider requested eligibility information.   |                  | Check documentation          |
| 3. Attempt to determine if transportation resources exist within the home regularly and/or specifically for the trip requested, and may deny transportation if available through resources in the beneficiary's household. "Household" is defined to include all persons residing at a common address.  |                  | Check documentation          |
| 4. Determine if there is a reason why the beneficiary's own transportation cannot be utilized (such as the vehicle is broken, out of gas, etc.) and, if it cannot be utilized, may assist in transportation.  |                  | Check documentation          |
| 5. Attempt to determine whether any person who does not reside in the beneficiary's household can reasonably provide transportation. "Reasonably" is defined to mean both willing and able. The Vendor or its subcontracted transportation providers shall not demand the use of transportation resources available through any party residing outside the beneficiary's household.   |                  | Check documentation          |
| 6. Require the use of public transportation, where available and appropriate, for beneficiaries who are able to understand common signs and directions.   |                  | Check documentation          |
| 7. Determine if the beneficiary is ambulatory, requires a mobility device, or requires a stretcher for transport. Beneficiaries who must use a mobility device for ambulation or must remain in a lying position shall be transported in vehicles appropriate to their level of need.   |                  | Check documentation          |
| 8. Allow for extenuating circumstances in applying the seventy-two (72) hour or less advance application requirement for transportation. Such extenuating circumstances shall include, but not be limited to, such situations as the requirement for post-operative or follow-up appointments in less than seventy-two (72) hours; urgent care requirements as claimed by the beneficiary, adult family members on behalf of a minor, elderly or disabled beneficiaries, guardians responsible for beneficiaries, and licensed health care professionals on behalf of beneficiaries who are residents of a nursing facility or other residential care facility, or who are otherwise unable to communicate for themselves; hospital and emergency room discharges; and transportation to appointments made to replace missed appointments that were not caused by the beneficiary's negligence. |                  | Check documentation / policy |

| <b>Gatekeeper Policy (Section 9.12)</b>  | <b>Compliant</b> | <b>Notes</b>  |
|--|------------------|---|
| 9. Provide transportation only to a Medicaid compensable service.  |                  | Check documentation                                     |
| 10. Refuse to reimburse the cost of transportation provided for a beneficiary by any relative or member of the same household, exclusive of foster parents.  |                  | Check documentation                                     |
| 11. Some nursing facilities, group homes and personal care homes have one or more vehicles, which are intended to facilitate the general administration of the facility and not necessarily to provide for resident transportation. The Vendor and/or the subcontracted transportation provider cannot deny service based on the mere existence of a vehicle. The availability of a vehicle for resident transportation must be determined on a case-by-case basis. If the vehicle is not available for resident transportation at the time required, as represented by the nursing facility manager or director of nursing, as applicable, such vehicle must be excluded from considerations of other available transportation. |                  | Check documentation (check for contracts or agreements) |
| 12. Consider information presented by or on behalf of a beneficiary relative to the need for NET services upon each such request for transportation, notwithstanding previous NET denials.   |                  | Check documentation                                     |
| 13. Require that a beneficiary and associated escort be picked up from, and returned to, a common address.   |                  | Check policy  |
| a. The Vendor and/or its subcontracted transportation providers are not responsible for providing transportation when a similar and appropriate health care providers of a similar type that offer the same or similar services appropriate for the beneficiary's needs and who will accept the beneficiary as a patient are located closer to the beneficiary's residence.  |                  | Check documentation                                     |
| b. The Vendor and/or its subcontracted transportation providers shall not arbitrarily deny services, but may require as a condition for approval of NET services, a written referral signed by a licensed health care provider attesting to the medical necessity for out-of-area service.   |                  | Check documentation                                     |

**Gatekeeper Policy  
Section 9.12**

Findings

Recommendations

| <b>Determination of Service Process (Section 10B.2.8)</b>  | <b>Compliant</b> | <b>Notes</b> |
|--|------------------|--------------|
| The subcontracted transportation broker shall structure the determination of need for service process to meet the following basic requirements:  |                  |              |
| <b>a.</b> A transportation service may not be provided until:  |                  |              |
| <ol style="list-style-type: none"> <li>1. The beneficiary's eligibility has been verified;</li> <li>2. The beneficiary has declared that he or she is a current resident of the subcontract provider/provider's service area;</li> <li>3. The beneficiary's Medicaid ID number and address have been recorded for reporting purposes;</li> <li>4. The beneficiary has declared that he or she needs non-emergency transportation;</li> <li>5. The beneficiary has been determined to have a valid service need;</li> <li>6. The beneficiary intake information has been obtained;</li> <li>7. The trip is determined to be within the service locality, or that the needed medical service is not available in the locality; and</li> <li>8. The transportation mode is the most cost-effective possible.</li> </ol> |                  |              |
| <b>b.</b> The Vendor or its subcontracted transportation provider shall advise the beneficiary that:   |                  |              |
| <ol style="list-style-type: none"> <li>1. The beneficiary, under penalty of law, shall provide accurate and complete information to determine need for NET services;</li> <li>2. When requested, the beneficiary must provide, as a condition for receiving service and being determined eligible for the service, information related to the need for services;</li> <li>3. It is the beneficiary's responsibility to call and cancel an appointment at least twenty-four (24) hours in advance; and</li> <li>4. Only transportation to or from a health care service provider for a Medicaid covered service is allowable.</li> </ol>  |                  |              |
| <b>c.</b> Beneficiary Intake Information   |                  |              |

| <b>Determination of Service Process (Section 10B.2.8)</b><br>The subcontracted transportation broker shall structure the determination of need for service process to meet the following basic requirements:   | <b>Compliant</b> | <b>Notes</b> |
|--|------------------|--------------|
| <ol style="list-style-type: none"> <li>1. Determination of Eligibility: <ul style="list-style-type: none"> <li>• Name and address;</li> <li>• Beneficiary’s date of birth in month, day, year format (MM/DD/YYYY);</li> <li>• County of origin;</li> <li>• Medicaid number; and</li> <li>• Telephone number, if available.</li> </ul> </li> <br/> <li>2. Availability of Suitable Mode or Transportation to Other Community Locations: <ul style="list-style-type: none"> <li>• Availability of friend or relative with vehicle; and</li> <li>• Ownership of a vehicle or previous transportation arrangements.</li> </ul> </li> <br/> <li>3. Availability of Federally Funded or Public Transportation: <ul style="list-style-type: none"> <li>• Distance from public transportation route;</li> <li>• Any limitations that would prevent the use of public transportation;</li> <li>• Alternative funding to pay for transportation; and</li> <li>• Previous use.</li> </ul> </li> <br/> <li>4. Special Needs: <ul style="list-style-type: none"> <li>• Mode of transportation needed;</li> <li>• Services needed; and</li> <li>• Need for an escort or attendants.</li> </ul> </li> <br/> <li>5. Results of Interview: <ul style="list-style-type: none"> <li>• Transportation approved or denied;</li> <li>• Mode of transportation if approved; and</li> <li>• Date or dates of service.</li> </ul> </li> </ol> |                  |              |
| d. Validity of Information   |                  |              |
| <p>Except for the information contained on the Medicaid eligibility certification, the subcontracted transportation provider shall accept the information provided verbally by the beneficiary, or person speaking on behalf of the beneficiary, as valid when determining or predetermining the need for NET services unless the subcontracted transportation provider has cause to doubt the validity of information provided.</p> <p>If the subcontracted transportation provider has cause to doubt the validity of the information provided by or on behalf of the beneficiary, in accordance with approved gatekeeping policy, the Vendor or its subcontracted transportation provider may require documentation of that information as a condition of providing transportation.</p>   |                  |              |

| <b>Application for Services (Section 10B.2.9)</b>  | <b>Compliant</b> | <b>Notes</b> |
|--|------------------|--------------|
| With the exception of urgent care follow-up appointments, do beneficiaries make appointments three (3) working prior to the trip?                      |                  |              |
| Concerning urgent care, does the subcontractor provide same-day transportation when beneficiary has no other means of transportation?                  |                  |              |
| Does subcontractor acknowledge valid requests for urgent care within three (3) hours?  |                  |              |
| Does the subcontractor obtain sufficient information concerning the beneficiary to allow a decision regarding the beneficiary's need for NET services? |                  |              |

| <b>Levels of Transportation (Section 10B.2.10)</b>  | <b>Compliant</b> | <b>Notes</b>                 |
|---|------------------|------------------------------|
| <p>When determining the most appropriate mode of transportation for a recipient, a basic consideration must be the recipient's current level of mobility and functional independence. Modes other than public transportation must be used when the recipient:</p> <ul style="list-style-type: none"> <li>• Is able to travel independently but, due to a permanent or temporary debilitating physical or mental condition, cannot use the mass transit system; or</li> <li>• Is traveling to and from a location that is inaccessible by mass transit (accessibility is not within 3/4 mile of scheduled stop).</li> </ul> <p>The Vendor or its subcontracted transportation provider shall determine the most appropriate mode of transportation needed by the beneficiary. This determination may be based on information provided by the beneficiary or, if a functional assessment process is in place, the results of a functional assessment process.</p> |                  | Check policy / documentation |

| <b>Criteria for Wheelchair or NET Stretcher Services (Section 10B.2.11)</b>   | <b>Compliant</b> | <b>Notes</b>                 |
|---|------------------|------------------------------|
| <p>Services other than multiload vehicle or public transportation may be required when one of the following conditions is present:</p> <ul style="list-style-type: none"> <li>a. The beneficiary has a disabling physical condition which requires the use of a wheelchair, walker, cane, crutches or brace and is unable to use a multiload vehicle, commercial taxi or public transportation;</li> <li>b. An ambulatory beneficiary requires radiation therapy, chemotherapy or dialysis treatment, which results in a disabling physical condition after treatment, causing the beneficiary to be unable to access transportation without physical assistance;</li> <li>c. The beneficiary is unable to ambulate without personal assistance of the driver in entering or exiting the beneficiary's residence and medical facility; or the beneficiary has a severe, debilitating weakness or has a physical or mental disability as a result of illness or health care treatment and requires personal assistance.</li> </ul> |                  | Check policy / documentation |

| <b>Nursing Home and Mental Health Facility NET Services (Section 10B.2.12)</b>   | <b>Compliant</b> | <b>Notes</b>                 |
|--|------------------|------------------------------|
| <p>The Vendor must allow nursing homes and mental health facilities to arrange and schedule transportation for beneficiaries residing in their facility directly without a formalized contract with the subcontracted transportation provider for the facility's place of business. At a minimum, nursing home and mental health facilities shall be allowed to:</p> <ul style="list-style-type: none"> <li>▪ Provide transportation to a residence through vehicles owned and operated by the nursing home or mental health facility after determining that the most appropriate mode of transportation can be provided by such vehicles in-house; and</li> <li>• Contact the subcontracted transportation provider to arrange for transportation services on behalf of the beneficiary residing in the facility if the nursing home or mental health facility is unable to provide the most appropriate mode of transportation.</li> </ul> |                  | Check policy / documentation |

## **Medicaid Denial Policy**

**(Section 10B.2.13)**

The Vendor or its subcontracted transportation provider may deny a trip or immediately discontinue a trip for any beneficiary who:

- a. Refuses to cooperate in determining the status of Medicaid eligibility;
- b. Refuses to provide the documentation requested to determine need for NET services;
- c. Is found to be ineligible for NET services on the basis that the information provided cannot be otherwise confirmed;
- d. Exhibits uncooperative behavior or misuses/abuses NET services (the Vendor or its subcontracted transportation provider must retain documentation of the incident);
- e. Is not ready to board NET transport five (5) minutes after the vehicle has arrived; or
- f. Fails to request a reservation three (3) workdays or more in advance of appointment without good cause. For purposes of this section, “good cause” is created by factors such as, but not limited to, any of the following:
  - Urgent care;
  - Post-surgical and/or medical follow-up care specified by a health care provider to occur in fewer than three workdays;
  - Imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more; or
  - The result of administrative or technical delay caused by the subcontracted transportation provider and required that an appointment be rescheduled.

Is the NET service provider compliant with this section? \_\_\_\_\_

Comments:

**Beneficiary Appeals Notice**  
**(Section 10B.2.14)**

When the Vendor or its subcontracted transportation provider denies eligibility of transportation services to a beneficiary, the beneficiary must be informed of his/her right to appeal by sending, by mail, an initial decision letter outlining the reason the Vendor or subcontracted transportation provider is denying transportation services. This letter shall be provided to the beneficiary no later than seven (7) calendar days following such decision to deny.

The Vendor must establish, as part of its implementation plan, a formal beneficiary appeals process whereby a beneficiary may bring his/her complaint for resolution prior to the beneficiary beginning the formal Medicaid grievance procedures.

Beneficiary transportation cannot be limited or suspended during the review period while the appeal is being reviewed. Beneficiaries must be allowed to schedule and receive transportation services throughout the appeal process.

Is the NET service provider compliant with this section? \_\_\_\_\_

Comments:

## **No-Show Beneficiary Education** **(Section 10B.2.15)**

If a beneficiary fails to provide a cancellation notice to the Vendor or its subcontracted transportation provider at least 24-hours in advance of a scheduled trip, an expense is incurred due to a vehicle being dispatched, and the beneficiary is not available or has decided not to be transported, then the beneficiary is classified as a “no-show”. In addition, cancellations at the door will be considered a “no-show.” The subcontracted transportation provider shall provide the Vendor a monthly report listing the “no-show” beneficiaries. The no-show beneficiary report shall include the beneficiary’s name, phone number, date and time scheduled for transport, and trip destination.

The Vendor may contact the beneficiaries and counsel them on proper usage of NET services and provide technical assistance. The Vendor shall track the beneficiaries contacted as no-shows and counseled and keep a record of the technical assistance provided. The Vendor or its subcontracted transportation providers may take action to “lock-in” beneficiaries that have reoccurring no-shows and do not respond to counseling and technical assistance. Such action shall be approved by the Agency Contract Manager prior to implementation.

If the no-show beneficiary provides acceptable, verifiable evidence to the Vendor or the Vendor’s subcontracted transportation provider that the no-show was due to unforeseen and unavoidable circumstances, the missed trip will not be counted as a no-show unless such evidence does not prove the beneficiary was unable to meet the scheduled pick-up time due to unforeseen and unavoidable circumstances.

Is the NET service provider compliant with this section? \_\_\_\_\_

Comments:

**Services Provided  
Section 10b2.8 - 15**

Findings

Recommendations

## On-Site Observation of the System

Ride a vehicle within the coordinated system. Request the manifest page that contains this trip.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time?      Yes      No, how many minutes late/early?

Did the driver provide any passenger assistance?      Yes      No

Was the driver wearing any identification?      Yes:      Uniform      Name Tag      ID Badge  
No

Did the driver render an appropriate greeting?      Yes      No      Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?  
Yes      No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?      Yes      No

Is there a sign posted on the interior of the vehicle with a local phone number for comments/complaints/commendations?      Yes      No

Does the vehicle have working heat and air conditioning?      Yes      No

Does the vehicle have two-way communications in good working order?      Yes      No

If used, was the lift in good working order?      Yes      No

Was there safe and appropriate seating for all passengers?      Yes      No

Did the driver properly use the lift and secure the passenger?      Yes      No  
If no, please explain:



## BENEFICIARY (RIDER) SURVEY

|                          |                                 |
|--------------------------|---------------------------------|
| Staff making call: _____ | County: _____                   |
| Date of Call:    /    /  | Funding Source: <u>Medicaid</u> |

- 1) Did you receive transportation service on \_\_\_\_\_?  Yes or  No  
2) Where you charged an amount in addition to the co-payment?  Yes or  No If so, how much?

- 3) How often do you normally obtain transportation?  
 Daily 7 Days/Week             Other \_\_\_\_\_  
 1-2 Times/Week                 3-5 Times/Week

- 4) Have you ever been denied transportation services?  
 Yes  
 No. If no, skip to question # 5  
A. How many times in the last 6 months have you been refused transportation services?  
 None                                 3-5 Times  
 1-2 Times                          6-10 Times  
If none, skip to question # 5.  
B. What was the reason given for refusing you transportation services?  
 Ineligible                          Space not available  
 Lack of funds                     Destination outside service area  
 Other \_\_\_\_\_

- 5) What do you normally use the service for?  
 Medical                             Education/Training/Day Care  
 Employment                     Life-Sustaining/Other  
 Nutritional

- 6) Did you have a problem with your trip on \_\_\_\_\_?  
 Yes. If yes, please state or choose problem from below  
 No. If no, skip to question # 7

What type of problem did you have with your trip?

- |   |   |
|---|---|
| <input type="checkbox"/> Advance notice               | <input type="checkbox"/> Cost   |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait            |
| <input type="checkbox"/> Assistance                   | <input type="checkbox"/> Accessibility                                |
| <input type="checkbox"/> Service Area Limits          | <input type="checkbox"/> Late return pick up - specify length of wait |
| <input type="checkbox"/> Drivers - specify            | <input type="checkbox"/> Reservations - specify length of wait        |
| <input type="checkbox"/> Vehicle condition            | <input type="checkbox"/> Other _____                                  |

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. \_\_\_\_\_

8) What does transportation mean to you? (*Permission granted by \_\_\_\_\_ for use in publications.*)

Additional Comments: \_\_\_\_\_

Contractor Survey  
\_\_\_\_\_ County

*Contractor name (optional)*

1. Do the beneficiaries (riders) call your facility directly to cancel a trip?

Yes      No

Do the beneficiaries (riders) call your facility directly to issue a complaint?

Yes      No

2. Do you have a toll-free phone number for a rider to issue commendations/complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes      No

If yes, is the phone number posted the NET service provider's?

Yes      No

3. Are the invoices you send to the NET service provider paid in a timely manner?

Yes      No

4. Does the Net service provider give your facility adequate time to report statistics?

Yes      No

5. Have you experienced any problems with the NET service provider?

Yes      No

If yes, what type of problems?

Comments:

**2003 – 2004  
GLOSSARY**

**Subcontracted Transportation Provider Service Agreement  
Medicaid Non-Emergency Transportation**

ADA (Americans with Disabilities Act) - Includes regulations for agencies and entities that provide services to persons with disabilities.

Accidents –The Vendor and its subcontracted transportation providers shall have an incident investigation procedure in writing, and shall follow that procedure to respond to and review all incidents.

Background Check - An investigation of the person's criminal history.

Back-up Service -- Emergency or back-up vehicles and/or personnel dispatched by the Subcontracted Transportation Provider when a vehicle has become disabled, is otherwise unable to meet transportation service standards or when specifically requested by the Subcontracted Transportation Provider.

Beneficiary—The categories of eligible beneficiaries authorized to utilize transportation services are specified in section 6.1 of the contract between the Commission for the Transportation Disadvantaged and the Agency for Health Care Administration.

Business Day - The business office must be open at a minimum between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

Climate Control System - The heating or air conditioning system of the vehicle in question.

CMS (Centers for Medicare and Medicaid Services) - The organizational unit of DHHS responsible for administering Title XIX of the Social Security Act, which is Medicaid.

Commission – The Commission for the Transportation Disadvantaged, in accordance with Chapter 427, Florida Statutes.

Complaint –Any customer concern involving timeliness, vehicle condition, quality of service, personnel behavior, and other operational policies.

DHHS -- The United States Department of Health and Human Services.

Deliverable - Each documentation, report, manual, and every other item that the Subcontracted Transportation Provider is required to produce under the terms and conditions of this Contract.

Dependent - An individual under the age of eighteen (18). A dependent may be a Medicaid recipient.

Dispatching - The act of designating a specific vehicle and driver to pick-up and deliver a Medicaid recipient.

Eligible (Medicaid Eligible) - A person who is determined to be eligible for Medicaid services by the Social Security Administration, or Department of Children and Families.

Emergency Care - Care that is medically necessary as a result of a sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate attention could reasonably be expected to result in serious dysfunction of any bodily part or death of the individual.

Encounter Data - Data on transportation services provided to Medicaid recipients.

Escort -- An individual whose presence is required to assist a recipient during transport and while at the place of treatment. Escorts cannot be charged any cost for transportation when accompanying a recipient requiring assistance.

EVS (Eligibility Verification System) - A system for verifying recipient eligibility for Medicaid services, usually by direct, on-line computer hook-up.

Fixed Route – Service in which the vehicle(s) repeatedly follows a consistent time schedule and stopping points over the same route, whereby such schedule, route or service is not at the user’s request.

FTE (Full-time Equivalent) - The result of the division of the sum of all part-time employee hours by the standard number of hours for a full-time employee.

Gatekeeping - The verification that a caller is actually an eligible Medicaid recipient, that Medicaid transportation is needed, and the appropriate type of transportation needed.

Grievance – A formal grievance is an unresolved, written service complaint regarding the operation or administration of transportation services. Grievances must be filed with the transportation provider or Planning Agency.

Implementation Work Plan - A plan developed by the Commission, which includes all the activities required to successfully begin operations under this Contract.

Independent Contractor – See subcontracted transportation provider.

In State/Out-of-State Travel - In-state travel refers to all NET services the Subcontracted Transportation Provider is responsible to assure delivery within the boundaries of the State of Florida and within a line drawn outside the Florida border. Out-of-state travel refers to travel outside of the predetermined border limit.

Intake and Screening - See gatekeeping.

Medicaid ID Number - A unique identification number assigned to each Medicaid recipient for eligibility card issuance and claims submittal purposes.

Medical Necessity - Medicaid reimburses for transportation services if they do not duplicate another provider’s services and are determined medically necessary by meeting all of the following criteria:

- Individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient’s needs;

- Not experimental or investigational;
- Reflective of the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- Furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.
- The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a covered service.

Medicare - The federal medical assistance program that is described in Title XVIII of the Social Security Act. It is not the same as Medicaid.

Minibus - A multiple passenger van, and also includes buses, sedans, and taxi.

Monitoring – The Commission shall monitor the Subcontracted Transportation Provider's performance of duties under this Contract by a variety of methods. Satisfactory, quality performance is required.

NET (Non-Emergency Transportation) - In accordance with federal regulations (42 CFR 431.53), the Non-Emergency Transportation (NET) program offers transportation services for Medicaid recipients who need to secure necessary medical care and have no other means of transportation.

NET Trip - A one-way transportation service from the recipient's place of origin to the place where a covered medical service will be provided to that recipient or the reverse or from one covered medical service to another.

NF - Nursing facility or nursing home.

Non-Emergency Transportation Services - These are non-emergency transportation services provided to Medicaid recipients by Subcontracted Transportation Providers and transportation providers that provide recipients with access to necessary medical services when the recipients have no other personal transportation available.

Operational Procedures Manual - A manual developed by the Subcontracted Transportation Provider that presents the procedures for scheduling, after-hours services, urgent care, driver customer service standards, record keeping requirements for drivers, etc.

Public Transportation - City, county or municipal subway, bus, rail, and other transportation services available in a number of locations in Florida.

Quality Assurance—Provide assurance that transportation providers meet health and safety standards for vehicle maintenance, operation, and inspection; driver qualifications and training; beneficiary problem/complaint resolution; and the delivery of courteous, safe, and timely transportation services.

Recipient - An individual eligible for medical assistance in accordance with the State's Medicaid program who has been certified as such by the Social Security Administration and the Department of Children and Families.

Recipient Appeal - Recipients have the right to appeal when the Provider has denied or terminated or suspended NET services to them.

Recipient Residency - The county or service area within which the Medicaid recipient is regularly domiciled.

Recipient Intake Worksheet - A worksheet containing information about the recipient and the required health care service the Subcontracted Transportation Provider must complete at the time of contact for each scheduling request by a recipient.

Reservation - The verification of a trip for a recipient at a specific time and place for pick-up and delivery to a specific destination.

Rule 41-2, F.A.C. – The rule adopted by the Commission for the Transportation Disadvantaged to implement provisions established in Chapter 427, F.S.

Scheduling - The process through which a Medicaid recipient contacts the Subcontracted Transportation Provider who assigns the trip to the most appropriate transportation provider. Normally, this must be done at least three (3) days before the NET service is required.

Scheduling Day/Hours - Any day or time when the Subcontracted Transportation Provider is expected, under the terms of this Contract, to have personnel available for scheduling NET services. Designated hours during which scheduling of appointments can be done is a mandated function of the Subcontracted Transportation Provider.

Service Agreement - A Contract between a Commission and a subcontracted transportation provider for the delivery of transportation services.

Social Security Administration (SSA) - The federal agency that determines eligibility for SSI, including Medicaid benefits.

State - State of Florida.

State Medicaid Plan - The comprehensive written commitment by a Medicaid agency, submitted under section 1903(a) of the Social Security Act, to administer or supervise the administration of a Medicaid program in accordance with federal and state requirements.

Stretcher (Non-emergency) Van - An enclosed vehicle that accommodates a litter and is equipped with locking devices to secure the litter during transit. Recipients using this vehicle must be non-ambulatory and need the assistance of at least two persons in order to be transported to and from the vehicle and health care provider in a reclined position. No flashing lights, sirens or emergency equipment are required.

Subcontractor - A person, company or organization the Commission enters into a Contract with to provide the services delivered under this Contract.

Subcontracted Transportation Provider - Those entities that own and operate vehicles engaged in the direct delivery of transportation and provide services to recipients through the scheduling of the Subcontracted Transportation Provider.

Subscription Trip - A standing order for a trip on a set schedule, e.g., every Tuesday afternoon at 2:00 p.m.

SSI (Supplemental Security Income) - A type of cash assistance received by individuals determined eligible by the Social Security Administration. Medicaid benefits are included in the eligibility determination made by the Social Security Administration.

TTY (Text Telephony) - A specially designed telephone device equipped with a keyboard and small screen, which allows two-way conversation. This service may also be available in software to modem personal computer compatibility.

Transportation Service Agreement - An agreement (Contract) between a Commission and a transportation provider for the delivery of transportation services.

Urgent Care - An unscheduled episodic situation in which there is no threat to life or limb but the recipient must be seen on the day of the request under currently accepted standards of care. Treatment cannot be put off until the next day. Hospital discharge shall also be considered as urgent care. This requirement shall also apply to appointments established by medical care providers allowing insufficient time for routine three (3) day scheduling. Valid requests for urgent care transport shall be acknowledged for scheduling within three (3) hours of the time the request is made.

Vehicle Identification Number (VIN) - The unique number given to each vehicle produced by a manufacturer.

Vehicle Manifest - A log which is kept by the vehicle driver that reports information on all trips with that vehicle: names of driver and recipients, times, pick-up and delivery points, odometer readings, etc.

Vendor - An entity that is responsible for recruiting and contracting with transportation providers; payment administration; quality assurance of services; and administrative oversight and reporting.

Volunteer Transportation - Transportation provided by individuals or agencies that receive no compensation or payment other than minimal reimbursement for mileage for the provision of these transportation services.

Wheelchair Van - A van equipped with lifts and locking devices to safely secure a wheelchair while the van is in motion.

Work Day - For purposes of establishing business hours and satisfying reporting requirements: a minimum of Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. with the exception of New Years Day, Memorial Day, July Fourth, Labor Day, Thanksgiving Day and the day after, and Christmas Day.