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Owner: Erin Miller: QA Coordinator

Policy Area: Wraparound (Wrap,

REACH, youth CCS)-

Vendor

References:

#029- Transportation Services

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee/Family Intervention Support Services (FISS) that an adult be present when children under the age of 12 are being transported. Escorts are adults age 18 or older who may include a parent, family member, foster parent, caregiver, legal guardian or other individual as authorized by the Child and Family Team; paid Providers may not be used as escorts. The escort is to remain with the child from the child's pick-up location and stay with the child through arriving at the drop-off location.

NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound, REACH, and CCS Care Coordinators and FISS Case Managers. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

II. PROCEDURE

A. Types of Transportation Arrangements that can be made

The Care Coordinator can access transportation services for enrollees/families through one or more of the four ways listed below. Transportation Service reimbursement should be sought through the means identified in #1, #2, & #3 prior to seeking Transportation Services through #4.

1. Care Coordination Agency

The Care Coordinator can assist the enrollee/family with meeting the transportation needs by providing transportation with the Care Coordinator.

2. Medicaid – Billable Transportation

When the enrollee's transportation needs can be covered under Medicaid, the Care Coordinator can contact Medical Transportation Management Inc. (MTM) to determine eligibility. If eligible, authorization for these transportation services must not be entered on a Service Authorization Request (SAR). MTM website is www.mtm-inc.net/wisconsin/.

Transportation needs covered under Medicaid are limited to medical-related appointments, doctor appointments, dental/vision appointments, therapy appointments, transportation to Medicaid Day Treatment Programs and any other justifiable medical service.

A Medicaid billable transportation service can also be used for siblings/parents who have a physical disability or Medicaid diagnosis of SED. The Care Coordinator can contact MTM to determine

eligibility.

When an enrollee is able to safely use an automobile or bus, and is not eligible for Medicaid Transportation through MTM, the Care Coordinator may authorize one of the options identified below.

3. School Mandated Transportation

A youth who is identified as having special education needs and in need of transportation to school or a Medicaid Day Treatment Program should have this identified and supported in their Individualized Educational Plan (IEP) and the Plan of Care (POC). If it is supported in the youth's IEP, **the youth's school district is responsible** for the cost of transportation. If it is not in an IEP and the youth will be attending a Medicaid Day Treatment program, transportation must be arranged through MTM.

4. **Network Provider Transportation** (not applicable to CCS)

Transportation is also available through the Wraparound Milwaukee Provider Network. Additional information regarding the use of Wraparound Milwaukee Provider Network transportation services is below. All options above must be exhausted **prior** to utilizing a Network Provider.

B. Network Provider Transportation - Care Coordinator Responsibilities

1. Referrals and Service Authorization Request (SAR)

- a. It is the responsibility of the Care Coordinator to complete and send a copy of the "REFERRAL FOR TRANSPORTATION" Form to the Transportation Provider prior to the provision of services.
- b. The "REFERRAL FOR TRANSPORTATION" form (see Attachment 1) available on the "FORMS" tab in Synthesis (Children's Community Mental Health Services and Wraparound Milwaukee's Information Management System) is completed for enrollees/family members referred for services from Wraparound Milwaukee Provider Network Transportation Providers. The service recipient(s) is identified as the "Name of the Person to be Transported" on the referral form. The Care Coordinator must send the completed form to the Provider Network Transportation service provider prior to the provision of service.
- c. The Care Coordinator must also enter a Service Authorization Request (SAR) in Synthesis prior to the service being provided.

2. Service Cancellations

If a transportation request needs to be canceled for any reason, it is the responsibility of the Care Coordinator or designated Child & Family Team member to notify the Transportation Provider regarding the cancellation. The call should be made as soon as the need to cancel becomes evident. This includes cancellation of "one time" and "repeat" rides.

3. Changes in Enrollee/Service Recipient Contact Information

The Care Coordinator is responsible for immediately notifying the Transportation Provider of changes in the enrollee's status, address, and any changes related to the information on the Transportation Referral Form (such as contact persons names and numbers, etc.) including the names of contact persons at the clinics / facilities where the enrollee/service recipient is being transported for services. The Care Coordinator is also responsible for sharing Transportation contact and ride schedule information with family members/custodians and service providers that will be required to interface with the Transportation Provider(s). This is important, as these contact persons will be responsible for monitoring the enrollee/family member's reception by the Transportation service provider,

including seeing the enrollees off, signing Transportation Provider trip verification logs and following up with Transportation Providers if they are running late.

4. Pre-Authorization of Transportation Services - Extended Trips

Transportation service authorizations for trips that extend beyond 25 miles from the pick-up location to the destination or where the pick-up location is more than 25 miles from outside the City of Milwaukee require pre-authorization by a Children's Community Mental Health Services and Wraparound Milwaukee Provider Network Manager in advance of travel. Care Coordinators must submit the following information:

- Enrollee name
- Name(s) of the individual(s) to be transported and their relationship to the enrollee
- Explanation of need
- Total number of trips for the month
- Expected duration for the service to include start and end dates
- Pick-up address
- Destination address
- Transportation Provider name
- Approximate total travel distance
- Is individual eligible for transportation through Medicaid MTM

The Care Coordinator will be notified via email with the authorization decision. Authorization is for current month and through the next month. Trips beyond this time period must be resubmitted for an extension.

C. Transportation Provider Responsibilities

1. Criminal History / Criminal Background Check

All Transportation Providers must comply with the Background Check requirements outlined in the Children's Community Mental Health Services and Wraparound Milwaukee Fee-for-Service Agreement and Caregiver Background Check Policy DHHS-001. This includes submitting driver background checks to the Wraparound Milwaukee Provider Network for review if the Department of Justice report shows any findings other than "no record found".

2. Valid Drivers License and Driver's Abstract

Transportation Providers must maintain copies of current valid Wisconsin driver's licenses for all drivers. A Driver's Abstract must be conducted on each potential driver to assure a clean driving record (see reference for Vehicle/Driver Record Information Request). The Transportation Provider should forward reports with significant adverse activity to the Wraparound Milwaukee Provider Network for review.

Drivers of vehicles that are designed to serve 16 or more passengers, including the driver, must have a Commercial Driver's License – Minimum Class C.

3. Insurance Coverage

Transportation Providers must comply with all insurance requirements identified in the Children's Community Mental Health Services and Wraparound Milwaukee Fee-for-Service Agreement.

4. Vehicle Safety/Maintenance

A copy of a Vehicle Inspection Report for each transportation vehicle used by a Transportation Provider is to be submitted during the application process. As vehicles are added to the fleet, an Inspection Report must be obtained prior to using the vehicle in transporting enrollees/families. All vehicles inspected must have a sticker with the current year verifying the inspection. Vehicle inspection reports are to be made available to Children's Community Mental Health Services and Wraparound Milwaukee upon request.

All vehicles used to provide services through the Wraparound Milwaukee Provider Network must be in good repair and equipped with functional seat belts for all passengers, a basic first aid kit and properly maintained fire extinguisher. The driver and all passengers must wear seat belts that are properly secured at all times during transport.

5. Dispatch/Communication

The Transportation Provider must have an agency staff person available to receive or make calls until the last enrollee of the day has been dropped off and received by a responsible caregiver.

All vehicle drivers must have some means of communication with the Provider Agency (i.e., cell phone, dispatch radio, etc.) while transporting enrollees. These communication devices must be in good working order and turned on at all times during transport.

6. Referrals and Provider Emergency Plan

- a. Providers must ensure that they receive a referral form that has been completed by the Care Coordinator prior to the provision of service.
- b. Providers are required to maintain up-to-date emergency contact information for all Children's Community Mental Health Services and Wraparound Milwaukee/FISS service recipients. The Transportation Provider must also have a written Agency "Emergency Plan" (policy and procedure) for the driver to follow if an accident should occur, if a child becomes ill during transport or if any other "emergency" situation should arise.

7. Transportation Provider Billing

- a. Transportation Providers are paid on a "per trip" basis. The "per trip" rate (established in the Fee-for-Service Agreement) is based on one passenger for a trip of up to 5.9 miles.
- b. Transportation Provider can be paid for up to four (4) additional passengers per trip (rate established in the Children's Community Mental Health Services and Wraparound Milwaukee Fee-for-Service Agreement) if authorized by the Care Coordinator on the "REFERRAL FORM FOR TRANSPORTATION." Providers report additional passengers on the daily Trip Logs entered in Synthesis.
- c. Escorts traveling with children under the age of 12 may be claimed as an additional passenger and may be billed accordingly. Providers may only invoice for one escort per trip. The names of all escorts must be listed on the Transportation Signature Log sheet under "Person being Transported," and in the "Relationship to Enrollee" column the word "escort" must be written.
- d. Transportation Providers are paid a mileage adjustment for trips of 6.0 miles or more. This mileage adjustment is processed automatically by Finance Staff based on Trip Logs entered in Synthesis and payment is based on the rate established in the Children's Community Mental Health Services and Wraparound Milwaukee Fee-for-Service Agreement.
- e. Transportation Providers are required to use Synthesis to submit monthly billing (see Policy

#081- Billing Policy for further information) and enter trip log. Provider training on the Children's Community Mental Health Services and Wraparound Milwaukee online billing system is available through the Children's Community Mental Health Services and Wraparound Milwaukee Finance Department. Providers bill for the number of trips provided. Children's Community Mental Health Services and Wraparound Milwaukee Finance Department staff use information entered on each Trip Log to determine adjustments due to the Provider for additional passengers and/or mileage.

f. Transportation Providers should work with the service recipient's Care Coordinator to minimize appointment "NO SHOWS". Transportation Providers are reimbursed for up to 2 "NO SHOWS" per enrollee per month. Payment for "NO SHOWS" is calculated by Children's Community Mental Health Services and Wraparound Milwaukee Finance staff and is based on the Provider entering "zero" as the number of passengers on the trip log. Transportation Providers CANNOT bill a "no show" when they arrive late for a pick-up and other arrangements have already been made to transport the passenger.

8. Documentation / Signature Logs

Transportation Providers must maintain a "SIGNATURE LOG" for **ALL** rides billed to Children's Community Mental Health Services and Wraparound Milwaukee and FISS. A "SIGNATURE LOG" (see *Attachment 2*) is available from Children's Community Mental Health Services and Wraparound Milwaukee in Synthesis, which the Transportation Provider can use to satisfy this requirement.

The Signature Logs must contain the following:

- Transportation Provider Name
- Enrollee Name
- Month of Service and Year
- Type of Trip
- Date of Transport date must include month/day/year
- Service Recipient
- Start Time
- End Time
- Trip Number (if using Synthesis generated Signature Log)
- Location
- Number of riders
- Driver Initials
- Responsible Adult Signature
- Relationship of Signature to Enrollee

9. Transportation Log / Documentation Maintenance

- a. The Transportation Provider must keep ONE (1) Log per enrollee/per month.
- b. The Transportation Provider can determine how they prefer to file their Logs at their Agency (*i.e.*, *per month/year*, *per enrollee*, *etc.*) for active enrollees. If the Log is not being kept in the enrollee file during the time services are being actively provided, the Logs must be filed in the

enrollee's file after the last date of service.

c. Referral Forms and other relevant enrollee related documentation must be kept in an organized manner and be easily accessible. Each enrollee must have his or her own file. All enrollee related information is confidential and all enrollee files **must** be kept in a safe and secure cabinet or room.

10. Pick-Ups, Drop-Offs and Running Late

a. Pick-Up and Drop-Off

All enrollees (minors) **must** be received by an identified / responsible adult caregiver when being dropped off at an agency, home, appointment, etc.

b. Running Late

If a Transportation Provider's driver anticipates that they are going to be **more than 15 minutes late** for a pick-up, they **must** notify the service recipient that they will be picking up or the identified contact person (*i.e.*, the Therapist, if the youth is at a counseling session) responsible for the enrollee at that pick-up location of the anticipated late arrival time. It is also permissible for the Transportation Provider Dispatcher to make the call to the enrollee/contact person.

The driver/dispatcher should inform the enrollee/contact person of the situation and indicate the time that the driver will arrive. If this arrival time is acceptable to the enrollee/contact person, then no further arrangements need to be made. In the case of a late transport for a minor, the contact person should then notify the identified caregiver of the situation and **remain with the youth to provide supervision**.

In a situation in which 15 minutes have lapsed and the enrollee/contact person has not received a call from the Transportation Provider's driver indicating that they are running late, the enrollee/contact person should initiate a call to the Transportation Provider to inquire about the arrival time. If the Transportation Provider cannot be reached, then the enrollee /contact person will need to decide if they want use an alternate means of transportation.

If returning from an appointment, the contact person of the agency waiting for the Transportation services should refer to the service recipient's Referral Form for caregiver phone numbers, emergency contacts and Care Coordinator phone numbers to assist them in coordinating an alternate means of transportation.

If an alternate means of transportation is sought and arranged, and the Transportation Provider's driver arrives in the meantime, the enrollee/contact person (*with permission from the guardian/caregiver in the case of a minor*) should inform the individual with whom arrangements have been made and they should collaboratively determine if the Transportation Provider's driver should still do the transport. If it is determined that the Transportation Provider's driver should **not** transport the enrollee, then the Transportation Provider **cannot** bill for that transport or for the contact as a NO SHOW.

11. Physical Contact (Touching) / Harassment

Under no circumstances should a Transportation Provider's driver have physical contact with an enrollee (exception to the above applies when the enrollee needs assistance entering or disembarking from the van due to a disability). Drivers may not have personal or other contact with service recipients outside the provision of the authorized service (i.e., outside the work environment).

12. Scope of Service

Transportation Providers/Drivers are not authorized to provide services to enrollees and their families outside of their role as a Transportation Provider. If an enrollee, parent/guardian, family member, service provider or team member requests that the provider perform non-related transportation services, the provider is instructed to contact the Care Coordinator immediately to inform them of the situation. If unresolved or otherwise necessary, providers should call the Care Coordinator's supervisor or Children's Community Mental Health Services and Wraparound Milwaukee Provider Network Manager.

References

- 1. <u>Forward Health Non-emergency Medical Transportation Manager Information:</u> https://www.forwardhealth.wi.gov/kw/pdf/2013-32.pdf
- 2. <u>MTM Resources and Links to Parental Consent Forms</u>: <u>http://www.mtm-inc.net/wisconsin/members/</u> resources/
- 3. <u>Wisconsin DMV Vehicle/Driver Record Information Request</u>: <u>http://wisconsindot.gov/Documents/formdocs/mv2896.pdf</u>

Attachments

- 1: Referral for Transportation
- 2: Signature Log

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	4/23/2021
	Brian McBride: ExDir2 – Program Administrator	4/22/2021
	Dana James: Consultant	4/8/2021
	Erin Miller: QA Coordinator	4/8/2021

Wraparound Milwaukee- Transportation Services Policy- Attachment 2

Transportation Signature Log

Enrollee Name: <u>Enrollee, James</u>	Vendor Name:	Wraparound Milwaukee
Possible Trips (Reference # of Trip in Detail Lines)	Service Month: _	

Trip # Trip NameLocation 1Location 2

1 Owen's Place Home Owen's Place

						1				
		n Being Transported:	. _	F ,	Trip #	Location	# Riders	Driver	Responsible	Relationship to enrollee (not
Date	Check if	If NOT enrollee- list rider name(s)	Start	End Time	(from above)	1 or 2	(use 0 for	Initials	Adult Signature	req'd if enrollee signs)
Duic	Client	If IVO1 enronee- hist rider name(s)	Time	Time	above)		no-shows)	171111111111111111111111111111111111111	Aun Signaure	requirentonee signs)
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Transportation Services Policy- Attachment 1 TRANSPO

Wraparound Milwaukee

TRANSPORTATION REFERRAL FORM

Enrollee Name:	.Enrollee, James	Initial Referral Date: 11/25/14						
DOB:	1/1/99 Age: 1	9.0 Gender: Female						
Referred by:		ID Number:: 50032						
Phone Number(s):								
Email:	I	11/05/0014						
Current Referral Date		11/25/2014						
Transportation Vendor	Requested	LS Transportation, Inc.						
Phone number for driv	er to call	(414) 555-1234						
Name of person(s) to b	be transported	James Enrollee						
Relationship to youth		Self						
Reason for transportati	ion request	Non-therapy Appt						
If 'Other' selected as R	eason - describe							
Pick Up Date		11/28/2014						
Pick Up Time		12:30:00 PM						
Pickup Location		Home 1234 Hope Drive, Milwaukee, WI 53201						
Drop Off Time		1:15:00 PM						
Dropoff Location		Owen's Place: 4610 West Fond du Lac, Milwaukee, WI 53216						
How often will trips of	ecur	Weekly						
If this is a recurring tri	p, specify details	Every Friday at 12:30PM beginning 11/28/2014 and ending 2/6/2015						
Ггір Туре		Round Trip						
If a round-trip ride, sec	cond pick-up time	2:00:00 PM						
American Taxi I	OOES NOT ACCEPT ADV	ANCE REQUESTS for the Round Trip Return Ride. The						
passenger needs	to call 220-5000 for a Taxi	when ready for a return ride.						
Emergency Contact Na	ame	Jane Enrollee (mother)						
Emergency Contact Ph	none	(414) 555-4567						
Medical Concerns, if a	ny	None						
Safety Concerns / Spec	cial Accommodations	None						
Wheelchair Needed?		No						
SMV Form Status		None						
Name of escort		Jane Enrollee						
Other Notes, if any		None						