

Idaho Medicaid
Non-Emergency Medical
Transportation (NEMT) Program
Member Handbook



Updated August 2023

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NON-DISCRIMINATION NOTICE

MTM complies with applicable Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. MTM does not exclude people or treat them different because of race, color, national origin, age, disability, or sex.

MTM provides free aids and services to people with disabilities to communicate effectively with us, including:

- TTY/TDD services
- Written information in other formats, such as large print, audio, and accessible electronic formats

If you need these services, call us at 1-877-503-1261. (TTY: 711).

If you do not speak English, call us at 1-877-503-1261. If you speak Spanish, press 8, for all other languages press 0 and remain on the line as we have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language.

Si usted no habla inglés, llámenos al 1-877-503-1261. Si habla español, oprima ocho (8), para el resto de los idiomas oprima cero (0) y manténgase en la línea, ya que ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

IMPORTANT CONTACT INFORMATION

Resource	Details
Toll-Free Ride Reservation Line	1-877-503-1261 (TTY: 711) <i>Open for Routine Ride Requests 24 Hours a Day, Seven Days a Week</i>
Website	www.mtm-inc.net/idaho/
Office Address	PO Box #210 Meridian, Idaho 83680
MTM Regional Liaisons <i>(Region-Specific Assistance)</i>	IDRegionalTeam@mtm-inc.net

OTHER HELPFUL RESOURCES

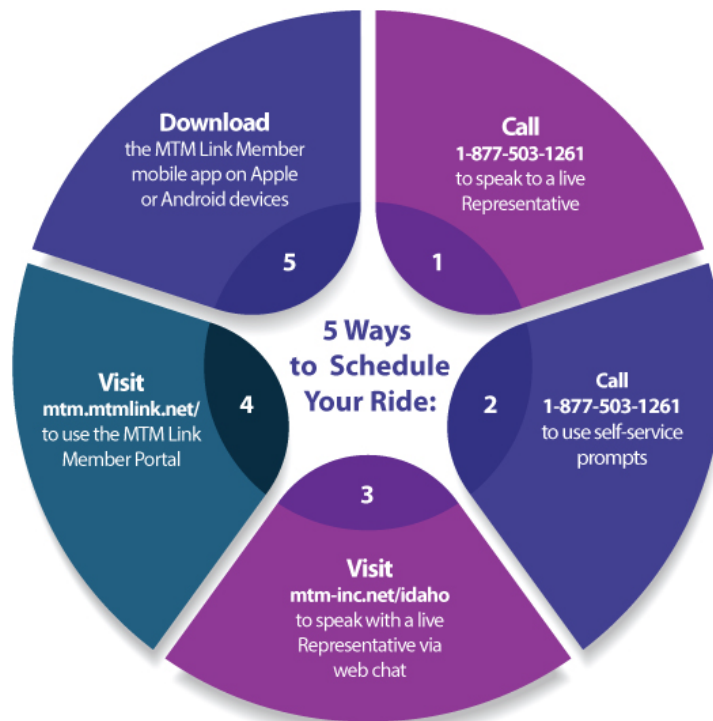
Resource Information

To schedule a ride	Call 1-877-503-1261 (TTY: 711) Visit www.mtm-inc.net/idaho/
To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults	Call 1-855-552-5437 (TTY: 711) Visit https://healthandwelfare.idaho.gov/services-programs/children-families/child-and-family-services-and-foster-care/reporting-neglect
For Medicaid eligibility	Call 1-877-456-1233 (TTY: 711) Email MyBenefits@dhw.idaho.gov Visit https://idalink.idaho.gov/
To report Medicaid fraud and/or abuse or to file a complaint about a health care facility	Call 1-800-296-2588 (TTY: 711) Visit https://healthandwelfare.idaho.gov/report-provider-fraud
To request a Medicaid Fair Hearing	Call 1-877-456-1233 (TTY: 711) Email MedicaidAppeals@dhw.idaho.gov Visit https://healthandwelfare.idaho.gov/appeals-and-fair-hearings
To file a complaint	Call 1-866-436-0457 (TTY: 711) Email QM@mtm-inc.net Visit www.mtm-inc.net/contact
For emergencies	Call 911, or go to the nearest emergency room

WELCOME TO THE IDAHO NEMT PROGRAM

MTM is Idaho's non-emergency medical transportation (NEMT) broker. This handbook will be your guide for NEMT services available to you. You can ask us any questions or get help scheduling trips. If you need to speak with us, call us at 1-877-503-1261.

Idaho NEMT: What You Need to Know to Schedule Your Next Ride!



Important Things to Remember When Booking Your Ride:

You can schedule a ride 24 hours a day, seven days a week

Schedule your ride at least two days before your appointment

Be ready 15 minutes before your ride is scheduled to arrive

Other Important Resources:

If your ride is late, call 1-877-503-1261

To file a complaint, call 1-866-436-0457, email QM@mtm-inc.net, or visit www.mtm-inc.net/contact

For more information on Idaho NEMT services, visit www.mtm-inc.net/idaho/members/

WHO CAN GET RIDES?

We arrange rides for eligible Idaho Medicaid members. Call us to set up rides to your Medicaid appointments if you have no other way to get there. You must be attending a covered Medicaid service. We work with a network of transportation providers to help meet your transportation needs.

HOW DO I SCHEDULE A RIDE?

To schedule a ride, call us at 1-877-503-1261. You must call at least two business days before your appointment. If you call with less notice and the trip is not urgent, we may not be able to set up your ride. We schedule rides 24 hours a day, seven days per week. You can also use the MTM Link web portal and mobile app to book your ride at any time. Visit www.mtm-inc.net/idaho to download the app or access the portal.

Please have the following information ready when you call:

- Your first and last name
- Your Medicaid ID number
- Your home address and phone number
- Your healthcare provider's name, phone number, fax number, and address
- The date and time of your appointment
- Any special accommodations, including if you need a specific vehicle type, an attendant, or travel with a service animal
- General reason for the appointment; for example, check-up, dentist, counseling, physical therapy, etc.
- If you require special equipment like a car seat, wheelchair, or other device, you must inform MTM, then provide these items at time of pick-up

You may schedule more than one ride at a time if you have multiple upcoming appointments.

WHAT TYPES OF RIDES ARE AVAILABLE?

You will receive the level of transportation that is most appropriate for your medical condition. We may consult your health care provider. Based on your needs, we will offer you one of the following modes of transportation:

- **Gas mileage reimbursement (GMR)** is available to you if you can drive yourself to your appointment, or available to a friend/family member who can drive you. Refer to the section titled *Will You Reimburse Me for Making My Own Transportation or Lodging Arrangements?* for additional details.
- **Fixed route public transportation** is available to you if your home and destination are within ½ mile of a bus stop, and you can walk there independently and safely. Public transit is also available to any member who specifically requests it, regardless of travel length to a stop.
- **Passenger vehicles** are available to you if you can walk between the door of your home/destination and the vehicle. This may include taxi services.
- **On-demand transportation services like Uber or Lyft** are available to select members who opt-in to using these services as follows:
 - Members must be age 18 or over; minors under the age of 18 may not ride alone with Uber or Lyft, even with a Parental Consent Form on file
 - Members must be ambulatory
 - Members with an intellectual or developmental disability must have a companion ride with them when using Uber or Lyft

On-demand services are not available in all areas or at all times of the day. When using on-demand services, the experience may be slightly different from when you use a traditional transportation contracted with MTM. This may include:

- Your driver will not try to contact you if you aren't at the pick-up location
- Your driver will not wait 15 minutes for you to arrive at the pick-up location
- Your driver will not help you enter or exit the vehicle
- Your driver will not help you buckle your seatbelt
- **Wheelchair-equipped vehicles** are available to you if you utilize a mobility device and cannot transfer into a sedan vehicle. This level of transportation requires a Level of Need (LON) form on file from your health care provider.
- **Stretcher vans** are available to you if you are confined to a bed and cannot transfer to a wheelchair. This level of transportation requires a Level of Need (LON) form on file from your health care provider.

- **Ancillary services** are available for appointments that require you to travel a long distance to see your healthcare provider. This may include air transport, ground transportation from the airport, reimbursement for meals and lodging, and attendant services. Refer to the section titled *Will You Reimburse Me for Making My Own Transportation or Lodging Arrangements?* for additional details.

WHAT DO I DO IF MY RIDE IS URGENT?

Call MTM at 1-877-503-1261 to schedule an urgent ride. You can call for an urgent ride 24 hours a day, seven days a week. Urgent rides include those for:

- Urgent care services
- Hospital/facility inpatient and outpatient discharges
- Emergency room discharges
- Will call or return rides

Urgent rides will be provided in one hour or less. We do not give rides for emergencies. Call 911. You may also schedule non-urgent rides after regular business hours using our MTM Link web portal or mobile app. Visit www.mtm-inc.net/idaho for additional details on MTM Link.

WHAT IF I DON'T KNOW WHAT TIME MY APPOINTMENT WILL BE OVER?

If you don't know the end time of your appointment when you make your initial ride request, we will schedule your return ride as a will call. Once your visit is over, call MTM at 1-877-503-1261. Your driver should arrive within one hour.

CAN I SCHEDULE A RECURRING TRIP REQUEST?

Yes. A recurring trip is when you need rides to appointments with sequential dates and times on a daily, weekly, or bi-weekly basis for an extended period. You may schedule recurring trips for up to six months at a time.

CAN I REQUEST A RIDE HOME FROM THE HOSPITAL?

Yes. Please call us at 1-877-503-1261 when you are ready for your ride home after being discharged from the hospital. Your driver should arrive within one hour.

CAN I SCHEDULE A RIDE TO EMERGENCY CARE?

No. We do not provide emergency transportation. If your condition is severe, call 911 or go to the closest emergency facility right away. If you are not sure if it is an emergency, call your doctor. Your doctor will tell you what to do.

Emergency services are what you get when you are very ill or injured. These services try to keep you alive or to keep you from getting worse. You have an emergency when you need immediate attention to stop bleeding, relieve severe pain, or save a tooth. Some examples are:

- Broken bones
- Abscess
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Trouble breathing
- Chest pains
- Suddenly unable to see, move, or talk

CAN I SCHEDULE A RIDE TO URGENT CARE?

Yes. Urgent care is not emergency care. Urgent care is needed when you have an injury or illness that must be treated within 48 hours. Your health or life are not usually in danger, but you cannot wait to see your doctor or it is after your doctor's office has closed. Please call 1-877-503-1261 to inquire about scheduling a short notice trip for urgent care.

CAN I REQUEST A CERTAIN TRANSPORTATION PROVIDER?

When you call, please tell us if you would like to ride with a certain provider. MTM will make every effort to accommodate your request. However, we cannot guarantee your provider of choice. MTM has a directory of contracted transportation providers available at www.mtm-inc.net/idaho.

WHAT DO I DO ONCE MY RIDE IS SET UP?

On the day of your ride:

- Your driver may arrive up to one hour before your scheduled appointment time, depending on length of travel.
- Be ready for your ride at least 15 minutes prior to the scheduled pick-up time. The driver will only wait for you for 15 minutes after the scheduled pick-up time.
- If you scheduled a ride back, your driver should pick you up less than 15 minutes after your visit is over. Call MTM at 1-877-503-1261 if your driver is late or does not pick you up.
- If your visit is over and you did not schedule a ride back, call MTM at 1-877-503-1261. The driver should arrive in less than one hour. Call MTM back if you have waited longer.

WHAT DO I DO IF MY RIDE IS LATE?

Call MTM at 1-877-503-1261 if you have waited:

- More than 15 minutes after your scheduled pick-up time
- More than one hour after calling MTM to schedule a return ride, if a return ride was not scheduled during the original request

HOW DO I CANCEL OR RESCHEDULE A RIDE?

Call MTM at 1-877-503-1261 if you need to cancel your ride or make any changes.

CAN MINORS RIDE ALONE?

If a child is aged 14 to 17 years old and needs to ride without a parent or guardian present, the parent or guardian must fill out a Parental Consent Form. This form allows MTM to give rides to a child/children without an adult riding along. The child's parent or guardian must fill out, sign, and send MTM the Parental Consent Form before we can set up rides for a child/children to ride alone. To help ensure their safety, children under 14 must ride with a parent, a guardian, or an adult attendant. If the parent or guardian of a child under 14 would like their child to be allowed to ride alone, they can contact MTM and make an exemption request when scheduling the ride. MTM will send the request to the Idaho Department of Health and Welfare for review and consideration. Each request will be reviewed on an individual basis, and not all requests will be granted.

CAN I SCHEDULE A LONG DISTANCE TRIP?

Yes. Long-distance transportation services are available when medically necessary. A long distance trip is a trip that requires you to travel a far distance to see your healthcare provider. You must request these trips at least 10 calendar days in advance. Depending on the distance of your trip, you may need a Distance Verification Form on file before the date of the trip. The Distance Verification Form validates your need to travel to access medically necessary services. Your referring healthcare provider must complete this form and return it to MTM before transportation services can be prior authorized and arranged.

We recommend you call at least 14 business days before your appointment. When you call, please be ready to provide the date and time of your appointment and your doctor's contact information. We will notify you when the trip is approved. If the trip is urgent, we will verify urgency with your healthcare provider.

You must also make requests for assistance with other long-distance services when you call. This may include air transport, ground transportation from the airport, attendant services, reimbursement for meals, and lodging requests. Refer to the section titled *Will You Reimburse Me for Making My Own Transportation or Lodging Arrangements?* for additional details.

WILL YOU REIMBURSE ME FOR MAKING MY OWN TRANSPORTATION OR LODGING ARRANGEMENTS?

Idaho's Medicaid NEMT program allows you to request reimbursement for specific services. Reimbursable services are intended to help eligible members travel to and from their medical appointments, and include:

- Gas mileage reimbursement
- Meals
- Lodging
- Ground transportation
- Attendant services

To receive reimbursement for these services, you must request the service through MTM and receive approval before the date of travel.

Reimbursement is made through a reloadable debit card issued by US Bank. If you don't yet have a card when you request reimbursable services, an MTM representative will request your card for you. For your security, your card packet will come in a plain white envelope. The envelope will have an Indianapolis, Indiana return address. This packet has your reloadable debit card and instructions. Do not throw the packet away. This could delay receiving your funds. The packet will tell you how to activate and use your card. Do not try to use your card before it is activated. Your card will be denied.

AVAILABLE SERVICES AND REIMBURSEMENT RATES

Service Type	Service Description/Availability	Reimbursement Rate
Gas Mileage	Gas mileage reimbursement is available to you if you can drive yourself to your appointment, or to a friend/family member who can drive you.	\$0.30 per mile
Meals	Meal reimbursement is available to you during trips that take longer than one day.	\$20 per day
Lodging	Lodging reimbursement is available to you during trips that require an overnight stay. MTM can arrange lodging for you, or you can make your own arrangements and request reimbursement. You must keep your invoice and receipt to receive reimbursement.	\$80 per night
Ground Transportation	MTM will make arrangements for ground transportation during approved trips, including travel to/from the airport and medical appointment. Ground transportation not scheduled or approved by MTM prior to appointment will not be reimbursed.	Varies
Attendant Services	Attendant services can only be reimbursed when a family member or friend is not available to support you during transportation. These services can only be reimbursed during the actual time of travel. The wage must be reasonable and prior negotiated. Transportation, lodging, and meals for an attendant may also be reimbursed if prior authorized.	Varies



RECEIVING REIMBURSEMENT

To receive reimbursement, you must complete the following steps:

1. Call MTM at 1-877-503-1261 as soon as possible after scheduling your appointment. If your trip is urgent, let us know so we can verify the urgency of the appointment with your healthcare provider and expedite your request.
2. If your trip is approved, you will receive a trip number. We will either give you this number during this call or send it via email. Write the trip number down on your Trip Log. If anything changes during your trip (missed flight, changed appointment time, or additional appointments added), call us immediately. We will help you coordinate the changes and update the record for your reimbursement.
3. Complete the Trip Log or use the MTM Link Member mobile app. You may download a Trip Log at <https://www.mtm-inc.net/idaho/members/>, or you may request one be mailed to you. To receive reimbursement, you must submit a completed Trip Log with applicable invoices or receipts for all approved trips. You may also use the MTM Link Member mobile app to claim your trips without a Trip Log. The app is available for free on Apple and Android devices.
 - a. If you are using a paper log, make copies of your blank Trip Log in case you need to make changes.
 - b. The Trip Log must be signed by a healthcare professional at your appointment. *This includes nurses, therapists, physician assistants, or nurse practitioners.* It doesn't have to be the doctor.
 - c. A round trip is from your home to the appointment, then back home. Round trips should be entered on one line with the round trip box marked. If you are going from one appointment to another appointment before going home, please enter each trip leg on a separate line. For example:
 - i. 1st leg- home to first doctor
 - ii. 2nd leg- first doctor to second doctor
 - iii. 3rd leg- second doctor to home
4. For long distance trip services (meals, lodging, ground transportation, and attendant services), please include the trip number and the appointment dates MTM provided to you in the approval with your itinerary (email or mail).
 - a. For lodging reimbursement, please include the date range of the travel, appointment dates, **and** the itemized hotel/lodging receipt.
5. Submit Trip Logs and any lodging receipts to MTM. Scan, fax, or take a picture of the Trip Log and receipts. Email them to payme@mtm-inc.net. Please submit your Trip Log and any receipts no more than 90 days past the date of the first appointment.
6. Keep a copy of your Trip Log for your records.

If you have questions about the reimbursement process, please call 1-877-503-1261.

WHAT ARE MY RIGHTS?

As a recipient of Idaho Medicaid, you have certain rights. You have the right to:

- Receive information in a manner and format that may be easily understood and is readily accessible in accordance with 42 Code of Federal Regulations (CFR) § 438.10 – Information requirements.
- Be treated with respect and with due consideration for your dignity and privacy
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- Participate in decisions regarding your healthcare, including the right to refuse treatment
- Exercise your rights without being worried about the way the NEMT program will treat you
- File a complaint or grievance related to MTM's services without any penalty
- Request and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) § 164.524 – Access of individuals to protected health information and 45 Code of Federal Regulations (CFR) § 164.526 – Amendment of protected health information.

WHAT ARE MY RESPONSIBILITIES?

When utilizing NEMT to travel to an appointment, you must:

- Be ready for your ride at least 15 minutes prior to the scheduled pick-up time
- Never bring alcohol, drugs, or any weapon on the vehicle
- Use a seatbelt
- Use car seats for children as appropriate; if you do not have a car seat for your child, please let MTM know when you call to schedule your ride
- Bring your own wheelchair or other assistive devices and equipment if necessary
- Never smoke, vape, eat, or consume beverages while on board the vehicle
- Never physically or verbally abuse other passengers or the driver
- Be respectful and considerate of other passengers you share a ride with
- Cancel a ride you no longer need as soon as possible. If you do not cancel your ride and do not come outside when your driver arrives, you may be subject to corrective action. This could include no longer being eligible to receive NEMT services.

WHAT ARE MY DRIVER'S RESPONSIBILITIES?

Drivers are required to follow certain rules as well. If you require it, the driver may help you into the vehicle, into a seat, secure your seatbelt, or provide first aid or other assistance. Any other touching is inappropriate and should be reported immediately to MTM. Please file a complaint with MTM if:

- Your driver is driving dangerously
- Your driver is under the influence of alcohol, narcotics, illegal drugs, or other drugs
- Your driver is smoking or vaping in the vehicle
- The heat or air conditioning in the vehicle is not working properly
- There is no seat or seatbelt for you in the vehicle
- The driver did not pick you up
- The driver is more than 15 minutes late
- Your driver is texting while driving or using a cell phone that is not in hands-free mode
- Your driver is rude or disrespectful

HOW DOES MTM PROTECT MY PRIVACY?

MTM respects your right to privacy. We abide by all privacy and security laws. This includes Health Insurance Portability and Accountability Act (HIPAA). You have rights when it comes to protecting your health information, such as your name, Medicaid identification number, race, ethnicity, and other things that identify you. We will not share health information about you as required by law. If you have any questions, call 1-877-503-1261.

HOW CAN I CONTACT MTM FOR HELP?

MTM has several ways that you can get help with NEMT services:

- If you have general questions about NEMT services or need help scheduling a ride, please call 1-877-503-1261. You may reach us 24 hours a day, seven days a week using this phone number. Our Customer Care Representatives can answer all of your questions. We can help you schedule a ride and explain any changes that might affect your transportation benefits.
- If you have questions about the reimbursement process, please call 1-877-503-1261.
- If you need to reach US Bank Cardholder Services for help with your reloadable debit card, please call 1-888-863-0681.
- If you need help using the MTM Link Member Portal or mobile app, please call our Navigator Line at 1-888-597-1189. A Representative will be able to assist you in creating your account or troubleshooting any issues you have using the platforms.

WHAT IF I NEED ASSISTANCE COMMUNICATING WITH MTM?

If you do not speak English, we can help. We have people who help us talk to you in any language by calling 1-877-503-1261. We provide this help for free.

For people with disabilities: If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need extra help. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our trip reservation line phone number. It is 1-877-503-1261. They will connect you to us.
- Information and materials in large print, audio (sound); and braille.
- Help in making or getting to appointments. Our Elevate managed members team provides one-on-one, specialized assistance for members who have specific travel needs. If you need personalized assistance, you will be assigned to this team, which will provide a single point of contact for your NEMT needs.

All of these services are provided on request and free of charge.

HOW DO I FILE A COMPLAINT, GRIEVANCE, OR APPEAL?

We want you to be happy with us and the rides you receive from our transportation providers. Let us know right away if at any time you are not happy with anything. This includes if you do not agree with a decision we have made.

What You Can Do

What We Will Do

If you are not happy with MTM or our providers, you can file a *Complaint*

You can:

- Call 1-866-436-0457
- Visit www.mtm-inc.net/contact
- Write to us at:
MTM, Inc.
16 Hawk Ridge Drive
Lake Saint Louis, MO 63367
Attention: Quality Management

We will follow up with you via phone call, email, or mailed letter to resolve your issue.

If you disagree with a denial or other decision made by MTM, you can file a *Grievance or Appeal*

You can do any of the following within 28 days of the date on your decision letter:

- Call 1-866-436-0457
- Write to us at:
MTM, Inc.
16 Hawk Ridge Drive
Lake Saint Louis, MO 63367
Attention: Quality Management

We will:

- Review your grievance or appeals and send you a letter with our decision within 30 days.

If we need more time to solve your grievance or appeal, we will:

- Send you a letter with our reason and tell you about your rights if you disagree.

If you do not agree with our appeal decision, you can ask for a *Medicaid Fair Hearing*

You can:

- Submit a written appeal to Medicaid Appeals at the Idaho Department of Health and Welfare (Department).
- Ask us for a copy of your medical record.
- Ask for your services to continue after receiving our letter, if needed. Some rules may apply.

We will:

- Provide you with transportation to the Medicaid Fair Hearing, if needed.
- Restart your services if the state agrees with you.

How Do I REQUEST A MEDICAID FAIR HEARING?

If the Department can't resolve your appeal, it will go to a fair hearing. The Office of the Attorney General's Fair Hearing Unit will review your appeal. A hearing officer will hold a hearing by telephone with you and the Department to review your appeal request. It could take up to 30 days after the hearing to make a decision. If it's an expedited review, the hearing officer will review your appeal as soon as possible.

With your permission, a relative, friend, advocate, doctor, or lawyer can also file an appeal or speak for you during the appeal process if they are designated as an "authorized representative." You need to let the Department know by letter, email, or on the appeal form if you have an authorized representative. Your authorized representative will receive updates about your appeal.

To request a Fair Hearing, contact the Department or visit your local Health and Welfare office in person:

IDHW
Medicaid Appeals
P.O. Box 83720
Boise, ID 83720-0009
1-877-456-1233
1-866-434-8278 (Fax)
MedicaidAppeals@dhw.idaho.gov



IMPORTANT FORMS AND DOCUMENTS

The following forms and documents are included as attachments to this Handbook. You may also find and print copies of each of the documents at www.mtm-inc.net/idaho:

- Ancillary Services Form
- Distance Verification Form
- Level of Need Assessment Form
- Reimbursement Trip Log
- Sample Trip Log
- Parental Consent Form



ANCILLARY SERVICES FORM

Please provide signature and authorization number. Fax or mail completed form to MTM's Utilization Management Department.

MEMBER INFORMATION

Last Name:		First Name:	
Name of Parent or Legal Guardian <i>(if applicable)</i> :			
Street Address:			
City:		State:	Zip:
Medicaid ID Number:		Date of Birth:	

DESTINATION INFORMATION

Facility Name:			
Facility Phone:		Facility NPI #:	
Street Address:			
City:		State:	Zip:
Reason for Trip to Facility:			Admit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Appointment/Admit Date:		Appointment/Admit Time:	

ANCILLARY SERVICES

<input type="checkbox"/> Flight	Date(s) Needed:		
<input type="checkbox"/> Lodging	Is a Ronald McDonald House (RMH) available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Member able to stay at RMH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Meals	Number of Days:	<i>Note: MTM will provide meal reimbursement at a flat rate of \$20 per day</i>	

PERSON AUTHORIZING ANCILLARY SERVICES

Name:		Authorization Number:	
Phone Number:		Fax Number:	
Signature:			

**Fax completed form to MTM's Utilization Management Department at 844-879-7347, or mail to:
MTM, Attn: Utilization Management
16 Hawk Ridge Circle
Lake St. Louis, MO 63367**



Distance Verification Form

Medical Transportation Management (MTM), Inc. is responsible for authorizing Non-Emergency Medical Transportation for Idaho Medicaid members. This form is used to validate the member's need to travel for access to medically necessary services. **The referring healthcare provider must complete this form and return it to MTM before transportation services can be prior-authorized and arranged.**

Member Name: _____ Date of Birth: _____

Medicaid ID Number: _____ Appointment Date: _____

Referring Healthcare Provider Name: _____

Referring Healthcare Provider NPI: _____

Referring Healthcare Provider Phone Number: _____

You have referred the member above to:

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Treating Physician Name: _____

Treating Physician NPI: _____

Treating Physician Phone Number: _____

Service(s) to be provided by treating physician: _____

Length of Authorization: One Time Other (Specify Expiration Date): _____

The Member named above is requesting transportation to a healthcare provider located outside of their covered service area. By signing this form, you attest that this is the closest appropriate provider for the member.

Referring Healthcare Provider's Signature

Signature Date



Level of Need Assessment Form (LON)

Facility Fax#:

Dear Medical Professional,

Our office has received a request for non-emergency medical transportation for one of your patients. This form will be used to determine the patient's most appropriate mode of transportation based on their functional abilities and limitations, including whether your patient is able to use public transportation. Your input in completing this form is critical to ensure patients receive the correct mode of transportation. Please fill out this Level of Need Assessment (LON) form legibly and completely, providing supporting information as needed and return it to MTM as soon as possible. If LON is not received before temporary certification expires member's mode will revert to lowest mode of transportation.

Patient Information	First Name:	Last Name:	Date of Birth:
	Address:		Medicaid ID#:
	City:	State:	ZIP: Phone#:
Physical Abilities and Equipment	Can the patient ambulate independently up to ½ mile? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Does the patient use any of the following assistive devices? <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Service Animal <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Medical Leg Brace <input type="checkbox"/> Electric Wheelchair [weight:] <input type="checkbox"/> Bariatric Wheelchair [weight:] <input type="checkbox"/> None <input type="checkbox"/> Other (description):		
	Does the patient require assistance of trained personnel for safety to effectively use the assistive devices? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Does the patient require an attendant or escort for travel/assistive service? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Can the patient self-transfer from a wheelchair? <input type="checkbox"/> No <input type="checkbox"/> Yes	Can the patient remove themselves from unsafe situations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Do environmental factors like heat or cold affect the patient's mobility to where they would not be able to use a particular mode of transportation during certain seasons? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain):		
Cognitive/Sensory Abilities	Does the patient have limitations with any of the following that would affect their ability to use a particular mode of transportation? Vision: <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing: <input type="checkbox"/> No <input type="checkbox"/> Yes Alertness: <input type="checkbox"/> No <input type="checkbox"/> Yes Confusion: <input type="checkbox"/> No <input type="checkbox"/> Yes Memory Issues: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Mental/Behavioral Health	Does the patient have any mental/behavioral health limitations that would affect their ability to use a particular mode of transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Pregnancy	Is the patient pregnant and experiencing complications that would classify their pregnancy as high risk? <input type="checkbox"/> No <input type="checkbox"/> Yes	What is the patient's expected due date?	
Transportation Certification Timeframe	Transportation limitation is: <input type="checkbox"/> Temporary Through (date): <input type="checkbox"/> Permanent (<i>*Only select permanent if the patient's condition <u>will not</u> improve.</i>)		
Additional Comments:			
Medical Professional Information			
Printed Name and Credentials:		Phone#:	
Signature:	Date:	Facility or Individual NPI # (if applicable):	

Questions? Please contact MTM at 1-888-561-8747
Please fax completed forms to: 1-877-406-0658, ATTN: Level of Need



Reimbursement Trip Log

Instructions:

- You can schedule your gas mileage reimbursement trips in one of three ways:
 - Call 1-877-503-1261
 - Use the MTM Link Member Portal
 - Use the MTM Link Member mobile app

Visit <https://www.mtm-inc.net/mtm-link/> to register for the MTM Link Member Portal or download the MTM Link Member mobile app. You may also scan the QR code at right.



Scan Me to Get Started
with MTM Link!

Mail, fax, or email completed logs to:

MTM, Attention: Trip Logs
16 Hawk Ridge Dr.
Lake St. Louis, MO 63367

Fax: 1-888-513-1610

Email: payme@mtm-inc.net

- You must call MTM at 1-877-503-1261 on or before the day of your medical appointment. To be reimbursed, you must submit a Trip Log for all trip requests. If you are receiving Meal and Lodging services a trip log must be submitted along with lodging receipts in order to be reimbursed. Make sure to provide your signature at the bottom of the trip log.
- Submit Trip Logs no more than 90 days past the date of the first appointment.
- Any healthcare professional at the facility can sign the Trip Log. *This includes nurses, therapists, physician assistants, or nurse practitioners.* It doesn't have to be the doctor.
- We suggest you make copies of your blank Reimbursement Trip Log. If you need a new copy of this form, you may call and request one be mailed to you, or you may download this form at www.mtm-inc.net.
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, such as an extra trip from the first appointment to a second appointment before going back home, please enter each trip leg on a separate line, for example:
 - 1st leg- home to first doctor
 - 2nd leg- first doctor to second doctor
 - 3rd leg- second doctor to home
- If you don't have a Trip Log, ask your healthcare provider for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. Once you have a new trip log, attach the note from your healthcare provider in place of a signature.
Incomplete forms cannot be processed. It is your responsibility to complete this form correctly.
- Keep a copy of your Trip Log for your records.
- Questions about the Reimbursement Process?** Please call: **1-888-513-1261.**

Member Info	First Name:	Last Name:		Medicaid #:
	Address:			Phone:
	City:	State:	Zip:	
Payment Info	Make payment to:			Date of Birth:
	Address:			Phone:
	City:	State:	Zip:	

Trip Log- Revised February 20, 2017. This communication contains information that is confidential and is solely for the use of the intended recipient. It may contain information that is privileged and exempt from disclosure under applicable law. If you are not the intended recipient of this communication, please be advised that any disclosure, copying, distribution or unauthorized use of this communication is strictly prohibited. Please also notify MTM at 1-888-561-8747 and return the communication to the originating address. If you, or someone you're helping, has questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-561-8747. Si usted, o alguien a quien usted esté ayudando, tiene preguntas acerca de MTM, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888-561-8747. Non-discrimination. The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et seq; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).

**Reimbursement Trip Log (Continued)**

Trip #1	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
I have completed this form and I verify that the information on this trip log is true.		Signature of Member, Parent/Legal Guardian, or Representative: ▶		

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SAMPLE

Reimbursement Trip Log

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 - Use the MTM Link Member mobile app



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Mail, fax, or email completed logs to:

MTM, Attention: Trip Logs
16 Hawk Ridge Dr.
Lake St. Louis, MO 63367

Fax: 1-888-513-1610

Email: payme@mtm-inc.net

- You must call MTM at 1-877-503-1261 on or before the day of your medical appointment. To be reimbursed, you must submit a Trip Log for all trip requests. If you are receiving Meal and Lodging services a trip log must be submitted along with lodging receipts in order to be reimbursed. Make sure to provide your signature at the bottom of the trip log.
- Submit Trip Logs no more than 90 days past the date of the first appointment.
- Any healthcare professional at the facility can sign the Trip Log. *This includes nurses, therapists, physician assistants, or nurse practitioners.* It doesn't have to be the doctor.
- We suggest you make copies of your blank Reimbursement Trip Log. If you need a new copy of this form, you may call and request one be mailed to you, or you may download this form at www.mtm-inc.net.
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, such as an extra trip from the first appointment to a second appointment before going back home, please enter each trip leg on a separate line, for example:
 - 1st leg- home to first doctor
 - 2nd leg- first doctor to second doctor
 - 3rd leg- second doctor to home
- If you don't have a Trip Log, ask your healthcare provider for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. Once you have a new trip log, attach the note from your healthcare provider in place of a signature. Incomplete forms cannot be processed. It is your responsibility to complete this form correctly.
- Keep a copy of your Trip Log for your records.
- Questions about the Reimbursement Process?** Please call: **1-888-513-1261.**

Member Info	First Name: John	Last Name: Doe	Medicaid #: 123456789
	Address: 123 Main Street		Phone: 123-456-7899
	City: Boise	State: ID	Zip: 12345
Payment Info	Make payment to: John Doe		Date of Birth: 3/6/1965
	Address: 123 Main Street		Phone: 123-456-7899
	City: Boise	State: ID	Zip: 12345

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**Reimbursement Trip Log (Continued)**

Trip #1	Trip Number (Call MTM for this before your trip): 6666777V2	Appointment Date: 9/1/2023	Appointment Time: 9 a.m.	Type: <input checked="" type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other: 123 Main Street Boise ID 12345			Healthcare Provider Phone: 123-456-7889
	Healthcare Provider Name: Dr. Jane Black		Healthcare Provider Address: 456 South Third Street Boise ID 12345	
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: 		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider:		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider:		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider:		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider:		
I have completed this form and I verify that the information on this trip log is true.		Signature of Member, Parent/Legal Guardian, or Representative: 		

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Parental Consent Form

September 20, 2023

Parent/Guardian of:

Subject: Requesting NEMT for children under 18 years of age without a parent or guardian

We are MTM, Idaho's non-emergency medical transportation (NEMT) broker. We arrange rides for eligible Medicaid members throughout the state. Call us to set up your child(ren)'s rides for Medicaid appointments.

If your child needs to ride without a parent or guardian present, you must fill out the Parental Consent Form attached to this letter. The form allows us to give rides to your child without an accompanying parent or guardian.

You, the parent, or guardian of the child, must fill out, sign, and return the Parental Consent Form before we can set up rides for your child to ride alone. Once you have completed and signed the form, you can send it to us by mail, or fax.

Mail the Parental Consent Form to:

MTM
Attention: Contact Center
16 Hawk Ridge Drive
Lake St. Louis, MO 63367

Fax the Parental Consent Form to:

1-844-879-7347 (toll-free)

Please call 1-877-503-1261 (toll-free) if you have any questions or concerns.





Parental Consent Form

Child's First Name:

Child's Last Name:

Child's Medicaid Number:

My name is _____ . I am the parent, guardian or legal custodian of _____ .

I give MTM permission to set up rides for and provide rides to my son/daughter/minor dependent whose name I have written in this form. I understand these rides will carry my son/daughter/minor dependent to and from their Medicaid related healthcare visits. I further understand MTM may set up and provide these rides when I am not able to ride along, and no other adult is able to make the trip.

This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I contact MTM and ask that this agreement is canceled or until someone else with authority contacts MTM and asks that the agreement is canceled.

Print your name

How are you related to the child?

Your signature

Date

Mail this form to:
MTM
Attention: Contact Center
16 Hawk Ridge Drive
Lake St. Louis, MO 63367

Fax this form to:
1-844-879-7347 (toll-free)

If you, or someone you're helping, have questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-561-8747.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-569-1746 (TTY: 7-1-1).

Non-discrimination. The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et seq; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).

