DRAFT Nevada Facility Manual

MTM
Medical Transportation Management, Inc.

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Welcome to MTM

Who are we?
We are MTM - Medical Transportation Management, Inc. - leaders in the non-emergency medical transportation management industry.

What do we do?
We arrange rides for recipients of health plans and state run programs. The rides are provided by the most appropriate means, which includes public transportation, sedan, taxi, multi-passenger van, para-lift or wheelchair lift, non-emergency stretcher, non-emergency ambulance, and Independent Contractor programs if approved by the state agency.

When do we arrange rides?
MTM arranges the ride after the appointment has been scheduled by the recipient and in accordance with DHCFP's specific days-notice policy. The recipient must call to arrange a ride as soon as they are aware of the need for transportation; a 2 calendar day advance notice is required for non-urgent appointments. The urgent nature of the appointment, along with the number of times the recipient has been educated on the days-notice policy, could determine whether the transportation request is denied. The recipient will be told of any denial and will be advised that they will either need to find their own transportation to the appointment, or they may reschedule to allow for the appropriate days notice for MTM to provide transportation.

Where do we arrange rides?
MTM arranges rides for recipients in 30 states and the District of Columbia within each recipient's program service area and with specific distance limits. Rides are for medical appointments and, if offered by the plan, non-medical appointments.

How is transportation arranged?
All appointments are arranged through "call intake" and "screening." Trip information is entered into MTM's proprietary NET Management System. Each "trip request" is arranged using the most appropriate means of transportation based on the recipient's medical condition and cognitive abilities. This could include assigning bus, sedan, wheelchair lift, stretcher van, or non-emergency ambulance as needed. The trip is then sent in an electronic download format or faxed via the NET Management System to the transportation provider.

Why do we do what we do?
MTM has a sincere desire to ensure that everyone gets to their medical appointments in a timely, safe manner. That is what motivates MTM to provide quality transportation service of the highest caliber. MTM's mission statement says it best:

"Helping People Access Healthcare Through Quality Transportation Management"

MTM Services Available for Facility Support

MTM carries out its proven processes in our customer service departments:

1. Care Management (CM)
2. Quality Management (QM)
3. Customer Service Center (CSC)

Care Management (CM)

- MTM Care Management Coordinators (CMCs) are your single point of contact for facility staff.
- Each CMC is educated on the policies and procedures specific to the Division of Health Care Financing and Policy (DHCFP) or the health plan to which they are assigned.
- Care Management (CM) specializes in working with recipients needing specialized services such as dialysis, cancer treatment, high-risk obstetrics, behavioral health, and transplants.
- CM will work with your facility to be set up for MTM's Online Trip Management (OTM) process which will allow you the convenience of entering trip requests online rather than calling or faxing them in.
- MTM shall authorize out-of-state travel based on DHCFP approval. CM will work with referring physicians to ensure the correct documentation is received. The CM will then complete the necessary travel arrangements.
- CM will assist in the prior-authorization process for long distance trip requests.
- CM will coordinate with recipients and dialysis facilities, to ensure transportation to critical care dialysis treatment.
- CM will assist the recipient in arranging meals and lodging when specific criteria are met.
- CM will assist the recipient with the Americans with Disabilities Act (ADA) application process if they are a candidate for these services.

Quality Management Department (QM)

- MTM Quality Service Representatives (QSRs) field and document incoming complaints and issues regarding MTM staff and our transportation providers.
- Complaints are forwarded to the appropriate transportation provider and/or department within MTM.
- A complaint response shall be submitted to QM by the transportation provider and/or appropriate MTM department within 72 hours business hours.
- The QSC will document the response and provide education so the issue will not repeat.
- All complaints are forwarded to DHCFP per contract requirements.
- QM monitors all transportation providers to keep the complaint rate below 2.00% monthly.
- If the 2.00% threshold is met or exceeded, QM will place the transportation provider on a corrective action plan.

Customer Service Center (CSC)

- Recipients and facility staff may contact the Customer Service Center to schedule transportation Monday through Friday, from 7 A.M. to 6 P.M. Central Standard Time, with the exception of Nevada State holidays.
- Recipients and facility staff may contact the Customer Service Center to confirm transportation Monday through Friday, from 7 A.M. to 6 P.M. Central Standard Time.
- The CSC is open 24 hours a day, 7 days a week, to handle urgent same or next day appointment scheduling and hospital discharges.
- Customer Service Representatives (CSRs) can answer questions regarding which services are covered.

What is Care Management (CM)?

MTM was founded on the principle of increasing health care access by providing quality transportation services to special needs groups. From this knowledge, MTM designed the transportation management industry's first Care Management (CM) Department. This department gives facility staff a single point of contact when scheduling NEMT (Non-Emergency Medical Transportation).

The CM Department provides medical facilities, social workers, and case managers with a single point of contact at MTM for the transportation coordination of all recipients under their care. This type of direct contact ensures special transportation services are booked in a timely and appropriate manner, improving recipient satisfaction. Care Management Coordinators (CMCs) establish solid relationships with social workers and hospital staff. Special transportation includes coordination of services for dialysis patients, reimbursement for mileage, ancillary services, and out of state travel.

If a recipient has a recurring appointment at your facility, Care Management can program the NET Management System to automatically generate transportation requests for up to 90 days at a time, with the exception of dialysis appointments which can be set for six (6) months at a time. This reduces the time facilities spend requesting transportation on a weekly basis. When the recurring request is made, you will be advised of the end date, and your facility, or the recipient, will be responsible for contacting MTM to request an extension if needed. We also ask that you contact MTM when the recipient is discharged from your program, becomes ineligible for DHCFP services, or has a schedule change. Notifying MTM of cancellations or adjustments to recurring appointments helps MTM keep resources available for all DHCFP recipients.

MTM has created an Online Transportation Management (OTM) process for DHCFP trips in Nevada. You will be able to schedule and view trips to or from your facility online. This offers healthcare facilities an online application which allows them to schedule transportation for their recipients. This provides healthcare facilities the convenience of scheduling transportation on their own schedule without the need to call or fax transportation requests in to MTM.

Transportation to DHCFP services is verified by MTM. When recipients schedule transportation to your facility for DHCFP covered services, MTM is contractually bound to verify the recipient did attend their appointment. If we are unable to verify that the recipient attended, MTM will cancel the trip request. Weekly, our computer system will automatically send a fax to your facility for all recipients that had appointments scheduled for the prior week. We ask that you mark "scheduled," "scheduled but did not attend," or "not scheduled" and return the fax to MTM. Please see attached "Sample" fax at the end of this document.

Our staff is cross trained to assist other members of the Care Management Department. If your designated CMC is out of the office, backup staff will monitor their faxes, voice messages, and emails to ensure that all urgent requests are responded to in a timely manner. You will always receive a response to your requests within one (1) business day.

Care Management Outreach

MTM provides outreach and education to facilities and advocacy groups on NEMT programs and MTM's program management. Often proper education is the key to increased satisfaction and reduced complaints. We meet with facility staff before start-up of operations and provide on-going support as needed or requested to ensure service satisfaction among these groups. MTM will utilize this Facility Manual as well as DHCFP approved forms and documents to educate facility staff on current processes. Throughout the life of a contract, we continue to work on behalf of facilities and special needs groups to address issues and complaints.

In-service training on the following topics is available as requested or needed:

- Department Programs
- Online Trip Management
- Dialysis Transportation
- Arranging Transportation for DHCFP recipients

Care Management Coordinators also provide education and training on MTM's services to facility staff, case managers, and social workers. Care Management disseminates educational materials to key stakeholders. In-service training is available for any facility, staff, or social service department that requests education on DHCFP services, rights, and responsibilities.

The CM Department has a dedicated toll-free number, as well as a local telephone number, for the medical community to access the department directly. This dedicated line improves communication efficiencies between medical providers and the Care Management Department.

MTM Care Management Coordinators for DHCFP
Email: CareManagementDHCFP@mtm-inc.net

What is Quality Management (QM)?

MTM's Quality Management Department monitors all aspects of MTM's operational departments (Care Management, Call Center, Quality Management, and Network Management) to ensure our recipients receive the highest quality of service achievable. The Quality Management Department executes MTM's formal Quality Management Program, Work Plan, and Compliance Program.

The scope of the QM Program includes:

- Credentialing transportation providers
- Audits and site reviews to ensure transportation provider compliance
- Management of complaints and complaints
- Fraud and abuse investigation and reporting
- Incident and accident monitoring, reporting, and prevention
- Systematic oversight of Customer Service Centers

MTM's Compliance Program enforces our dedication to the services we provide. MTM monitors compliance through internal mechanisms focused on examining business processes and evaluating MTM's ability to comply with internal and external requirements. MTM's focus is one of continuous improvement. The Compliance Program conducts ongoing internal audits to discover actual activity within the organization, enabling objective decision-making. It also alerts managers to direct resources toward the proper issues, educates them of potential problem areas before they become issues, and identifies critical points within a process. As a result, corrective and preventative actions will be implemented in a timely manner to resolve issues.

MTM takes your concerns very seriously. Our Quality Management Department consists of highly trained, compassionate staff that is dedicated to ensuring that each recipient is treated with respect and that any issues, concerns, or complaints about service provided by MTM staff or our contracted transportation providers are properly resolved.

If you would like to file a complaint, or address any issues regarding service, please contact:

MTM, Inc.
Quality Management Department
Toll Free: (866) 436-0457
Fax: (866) 343-0998
Mail: 16 Hawk Ridge Dr., Lake St. Louis, MO 63367
Email: qm@mtm-inc.net

What is the Customer Service Center (CSC)?

DHCFP recipients have a toll-free number to reach the Customer Service Center (CSC):

Customer Service Center
Toll Free: **(855)-687-4786**

The CSC consists of staff that will help the recipient schedule his or her appointment. We operate six Customer Service Centers in the following locations: Lake St. Louis, Missouri; Laurie, Missouri; Pulaski, Virginia; St. Paul, Minnesota, Houston, Nevada, and the District of Columbia. Each year these customer service centers process over 1.6 million incoming calls, scheduling roughly 4 million trips for 2 million lives.

MTM hires and trains professional-minded Customer Service Representatives (CSRs) to offer the highest quality service. We provide ongoing training and monitor CSR performance to ensure compliance with DHCFP protocols and MTM standards. MTM bases CSC performance standards on those of NCQA (National Committee of Quality Assurance).

The CSC provides high-quality trip reservations (or call intake) with industry-leading Cisco Systems Voice over IP telephony using the *CallManager* call processing application. Using this system, we monitor Customer Service Center operations and provide minute-by-minute data for trending analysis and staffing adjustments.

MTM CSRs field calls from recipients and facilities and assist with transportation requests for standard and urgent appointment requests. CSRs also provide information regarding which services are covered. If facility staff is unable to reach their designated Care Management Coordinator, the Customer Service Center is available to handle the requests.

Recipient's Responsibilities

The recipient or facility is required to call to schedule transportation to medical appointments. They must provide the following information:

1) DHCFP ID number
2) Pick up address
3) Telephone number
4) Date of birth
5) Date and time of appointment(s)
6) Type of appointment(s)
7) Doctor's name
8) Facility name
9) Complete doctor/facility address
10) Doctor/facility telephone number

Request for transportation services for a routine medical appointment must be at least two (2) calendar days in advance of the appointment. Urgent trips and discharges can be set up with less than two (2) days notice. If the recipient calls for urgent/same day trips, MTM will call the medical provider to confirm that it is an urgent trip and then set the trip up according to guidelines.

The recipient should use the closest appropriate medical facility/provider located in their county of residence or a county adjacent to their county of residence, unless there is medical necessity and a health care provider has referred the recipient outside of the their normal service area.

Recipients can also travel to adjacent counties in bordering states; however travel to locations in an out of state county that is not adjacent to the recipient's county of residence must follow regular process. There must be medical necessity and a health care provider must refer recipient.

Meals and lodging requests require prior authorization from Care Management.

Recipient must provide all devices/tools necessary for travel (i.e. wheelchairs).

How do I request transportation?

You can schedule transportation one of three ways:

Online Trip Management: Your facility may be able to use the MTM Online Trip Management (OTM) program to set transportation up via the internet. Your Care Management Coordinator will be able to assist you with any questions you have. This system is user-friendly and MTM will provide your facility staff training on its use.

By e-mail: You may e-mail your Care Management Coordinator at CareManagementDHCFP@mtm-inc.net. All email containing PHI must be sent using encrypted email systems.

By phone: You may call the Customer Service Center at (855)-687-4786 to set transportation via telephone.

How do I schedule a hospital discharge?
The MTM Customer Service Center is open 24 hours a day, seven (7) days a week for urgent trips and hospital discharges. Please contact a Customer Service Representative at (855)-687-4786 to arrange discharge transportation.

What if inclement weather happens?
The MTM Customer Service Center is open 24 hours a day, seven (7) days a week. Please contact a Customer Service Representative at (855)-687-4786 and a CSR will be able to contact the transportation provider to get an estimated time of arrival.

What other forms will I need to complete for my recipients?

Meals and Lodging (Ancillary Services)

When a recipient has an appointment that meets specific criteria, if requested, MTM may authorize meal and lodging requests. MTM will provide prior authorization for all requests for these services.

(See attached sample form at the end of this document - Attachment A)

Attendance Verification Form

Facilities will receive an Attendance Verification Form. This form will list the recipient scheduled for appointments for the prior week. All DHCFP services must be verified. You will need to verify each recipient's attendance status (i.e. arrived, did not arrive, was not scheduled) and fax the completed form to the Data Management Group at 888-240-6579. Although trip requests for recurring units will be authorized for periods of 90 days (or six (6) months for dialysis), these trips still require verification.

(See attached sample form at the end of this document - Attachment B)

Level of Need (LON) Assessment Form

In order to determine the most appropriate, cost effective mode of transportation for each recipient, we require Level of Need Assessment form be completed by the recipients physician for any accommodations at a higher level than public transportation. The information supplied allows us to determine the mode that is safest for the recipients' physical and cognitive diagnosis. Many people are physically and mentally able to utilize public transportation. In that case, MTM will provide them with bus passes or tokens to attend their appointments. For those who require any level of service above public transportation, the Level of Need Assessment must be completed. We allow a 2 week temporary certification at the requested level to allow for the forms to be processed. When the form is completed and the determination is made, the recipients file will be certified at the most appropriate level.

(See attached sample form at the end of this document - Attachment C)

Parental Authorization Waiver

DHCFP requires a parent/legal custodian/guardian to sign a Parental Authorization Waiver to allow any minor child between 15 and 17 years of age to receive transportation to non-emergency medical appointments without accompaniment of an adult. MTM must receive the signed Parental Authorization Waiver prior to the scheduling any transportation for a minor traveling without an adult.

(See attached sample form at the end of this document - Attachment D)

What type of transportation is offered?

We are required to provide the most appropriate transportation service available that will meet the recipient's medical needs. Transportation will be provided in the following order to best meet the needs of the recipient.

- **Public Entity**
  All participants that are certified for transportation with a public entity shall continue to utilize transportation with the Americans with Disabilities Act (ADA) vendor. In situations where the public entity cannot accommodate, MTM will provide transportation to eligible services using the next most appropriate mode.

  If a participant may be able to qualify for ADA certification, MTM will assist the participant in the application process. MTM will be able to direct the participant to the appropriate certification facility and shall transport the participant during the application process.

- **Public Transit**
  Recipients who live within ¼ mile of a fixed bus route must use the bus if physically and mentally able to do so.

  A recipient can be excluded from public transit for:
  - ✓ Pregnancy after the 8th month
  - ✓ High risk pregnancy at any stage
  - ✓ High risk cardiac condition
  - ✓ Severe breathing problems
  - ✓ Living more than or ¼ mile from a bus stop
  - ✓ Medical provider location is more than ¼ mile from a bus stop
  - ✓ Any other circumstance in which utilization of public transit/bus token/pass may not be medically appropriate.

  If a recipient states he/she cannot ride the bus, a Level of Need (LON) Form will be requested.

- **Ambulatory** (sedan/cab, van/minibus, etc.)
  - ✓ Includes wheelchair transfer (recipient can transfer from wheelchair to vehicle seat, wheelchair is collapsed and placed in trunk of vehicle)

- **Wheelchair Lift Equipped Vehicle**
  - ✓ Any recipient confined to a wheelchair that requires the chair to be lifted into the vehicle via a motorized lift.

- **Stretcher**
  - ✓ Who qualifies for stretcher transportation?
    Stretcher transportation is available for recipients who are bed-bound and must travel in a prone or supine position. Unlike ambulance transportation, stretcher transportation providers do not provide any medical care or monitoring during the transport. Recipients who can use a wheelchair are not eligible for stretcher transportation.

- **Non-Emergency Ambulance**
  - ✓ Who qualifies for non-emergency ambulance transportation?
    Non-emergency ambulance transportation is available for participants who are bed-bound and must travel in a prone or supine position. Transportation providers provide life sustaining medical care or monitoring as needed during the transport. Participants who can use a wheelchair are not eligible for ambulance transportation.

Questions

Who qualifies for non-emergency transportation?
DHCFP recipients are eligible for transportation to approved DHCFP covered services.

American with Disabilities Act (ADA) Certification
All recipients that are certified for ADA transportation shall continue to utilize the available ADA transportation. In situations where the ADA provider is unable to transport, MTM will provide transportation to eligible services.

If a recipient may be able to qualify for ADA certification, MTM will assist the recipient in the ADA application process. MTM will be able to direct the recipient to the appropriate certification facility and shall transport the recipient during the application process.

Can the recipient have someone come with them to their appointment?
Yes, they may bring someone as an escort at no cost in the following situations:

- Recipients under 15 years old must be accompanied by a parent/guardian, relative or other adult.
- Recipients under 21 years old may be accompanied by a parent/guardian, relative, or other adult.
- Recipients that cannot travel independently or need assistance due to age, illness, or a physical or mental disability may be accompanied by a parent/guardian, relative, or other adult. MTM requires verification from the medical provider.
- If the recipient does not speak English, they can bring someone with them to interpret.

At what age can a recipient ride alone?
A recipient that is 18 years of age or older may travel alone. A recipient that is 15 to 17 years of age may travel alone with a Parental Authorization Waiver on file.

What to do if a caregiver is not available.
If a transportation provider notifies MTM that no one is home when they attempt to return an adult with impairments who is able to transport without an escort or attendant, but is unable to be alone at home for long periods of time, the MTM employee will:

- Attempt to contact a family member using the main phone number and the alternate phone number listed in the recipient's file.
- Instruct the transportation provider to take recipient to the closest police department if the facility is closed.
- Document the circumstances, actions taken, and outcomes.
- Immediately notify MTM management on duty.
- Inform the Manager of Quality Management of the situation the next business day for a complete follow-up. The Manager of Quality Management will determine any necessary action to be taken, including notification to DHCFP.

How do I file a complaint?

Action: The denial, termination, suspension or reduction of NEMT services

- The denial or limited authorization of a requested transport
- The reduction, suspension, or termination of a previously authorized transport
- The denial, in whole or in part, of payment for a transport
- The failure to provide transportation services in a timely manner, as defined by the state
- The failure of the contractor to act within the timeframes as defined by the State

Denial: Any instance in which a transportation service has been made in which a recipient has been denied for all or a part of transportation services. The recipient will be mailed a letter of denial within one (1) business day of the transportation request. The denial letter will include information on how to file a State Fair Hearing.

Complaint: Any written or verbal expression of dissatisfaction about any matter other than an action.

Possible subjects for complaint include, but are not limited to, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the DHCFP recipient's rights.

Unsubstantiated complaint: A complaint/complaint that, after full investigation is completed, has been found to be in compliance with MTM's Transportation Provider Guidelines, or operating standards.

A complaint can be filed verbally or in writing:

A complaint may be filed verbally or in writing by a recipient or their representative by contacting:

MTM, Inc.
Quality Management Department
Toll Free: (866) 436-0457
Fax: (866) 343-098
Mail: 16 Hawk Ridge Dr., Lake St. Louis, MO 63367
Email: qm@mtm-inc.net

Advisory Group Meetings

You may be asked to be a part of MTM's Regional Advisory Committee Meetings comprised of key stakeholders, as required. The committee, if required, will meet quarterly. Representatives from dialysis centers, hospitals, or other medical services provider(s), transportation provider(s), and the recipient's community will be invited to attend. We will also invite State agency staff to have representation and to work with MTM to determine which issues/complaints require a modification to MTM's processes and procedures. Opportunities to improve services will be explored based on Advisory Committee feedback.

If you are interested in participating in the Advisory Committee, please send an e-mail to the Program Director. MTM will rotate participation yearly to ensure all key stakeholders have a chance to participate. Even if you are not on the committee, you may still voice any concerns, ideas, or complaints to our Quality Management Department or your Program Director.

Forms:

Please use the attached forms for communication with MTM.

MTM
Medical Transportation Management, Inc.

ANCILLARY SERVICES FORM
Please fax completed form to:
MTM Care Management @ 1-877-406-0658

RECIPIENT INFORMATION

Recipient Last Name: _____ **Recipient First Name:**_____

Name of Parent or Guardian: _____

Recipient Street Address: _____

City, State, Zip: _____**Recipient Phone Number:** _____

Recipient Medical ID Number: _____ **Date of Birth:**_____

DESTINATION INFORMATION

Facility Name: _____

Street Address: _____

City, State, Zip: _____**Phone Number:** _____

Reason for Trip/Department: _____ **Admit?** ☐ **Yes** ☐ **No**

Appointment/Admit Date: _____ **Time:**_____

ANCILLARY SERVICES

☐ **Lodging:** **Date(s) needed:** _____

Is a Ronald McDonald House (RMH) available? ☐ **Yes** ☐ **No**

Is member able to stay at the RMH? ☐ **Yes** ☐ **No**

☐ **Meals:** **Number of days:** _____

☐ **Hospital meal vouchers (3 meals per day up to $25.00 total)**

Cost per voucher: _____

(Note: Maximum per diem is $25/day for the recipient and one parent/guardian if the recipient 20 years of age or under or recipient and one medically necessary attendant if the recipient is 20 years of age and over).

PERSON COMPLETING FORM

Name: _____**Title:** _____

Phone Number: _____**Email:**_____

SAMPLE

Medical Transportation Management, Inc
16 Hawk Ridge Drive
Lake St Louis, Mo 63367
Phone 888-561-8747
Fax 888-240-6579

DR/FACILTY NAME HERE
DR/FACILITY ADDRESS HERE
DR/FACILITY CITY, STATE, ZIP HERE

PROVIDER ID: this is for MTM use only. The number is assigned by our NET System to each provider for record keeping purposes.

DATE:

For the patients listed below, please select the correct box to show that they arrived for their appointment, did not attend their scheduled appointment, or did not have an appointment scheduled:

#	PATIENT NAME	DOB	APPT DATE	ARRIVED	SCHEDULED BUT DID NOT ARRIVE	NOT SCHEDULED
1				{ }	{ }	{ }
2				{ }	{ }	{ }
3				{ }	{ }	{ }
4				{ }	{ }	{ }
5				{ }	{ }	{ }

Please indicate if any appointments on the form were not to a Medicaid/Medicare covered service.

COMMENTS: _____
_____
_____
_____
_____

I VERIFY THAT THE INFORMATION SUPPLIED ABOVE IS CORRECT

SIGNATURE_____DATE_____

FAX COMPLETED FORM BACK TO 888-240-6579

PLEASE CONTACT CARE MANAGEMENT VIA FAX (877-406-0658) IF THERE ARE CHANGES IN DAYS OR TIMES TO RE-OCCURING TRIP SCHEDULES, IF PATIENT HAS BEEN DISCHARGED FROM PROGRAM/NO LONGER ATTENDS, OR IF PATIENT IS DECEASED

Medical Transportation Management, Inc. (MTM)
Helping People Access Healthcare through Quality Transportation Management

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.

MTM

L.O.N.

Level of Need Assessment

Facility Fax:

Dear Medical Professional:

Our office has received a request for transportation; please fill the Level of Need assessment form out in its entirety and provide any supporting information as necessary. This form will be used to determine the patient's most appropriate mode of transportation based on their functional abilities and limitations.

Patient Info	First Name:	Last Name:	Date of Birth:	
	Medicaid #:	Phone #:	Trip #:	
	Address:	City:	State:	Zip:
Diagnosis and Transport Info	Diagnosis (MUST PROVIDE):		Diagnosis is: ☐ Permanent ☐ Temporary Through (date): _____	
	Recent Hospitalizations/Surgeries (MUST PROVIDE):			
Living Arrange-ments	☐ Lives Alone or with family/friends ☐ Nursing facility ☐ Group Home ☐ Residential Rehab Facility Comments:			
	Number of steps at residence: _____			
Physical Abilities and Equipment	Can patient ambulate independently?		☐ Yes. (Max. Distance: _____)	☐ No
	Does patient use any of the following assistive devices? ☐ Cane ☐ Crutches ☐ Walker ☐ Portable Oxygen ☐ Service Animal ☐Electric Wheelchair ☐ Manual Wheelchair			
	Does patient require assistance of trained personnel for safety?		☐ Yes	☐ No
	Can patient self propel in wheelchair? ☐ Yes ☐ No		Can patient self-transfer from wheelchair? ☐Yes	☐ No
	Do environmental factors like heat or cold affect the patient's mobility?		☐ Yes (please explain):	☐ No
	Has there been a decline in functionality?		☐ Yes (please explain):	☐ No
Cognitive Abilities	What is the patient's cognitive ability? Please circle rating for each category, with 5 being most severe Alert ☐ Yes ☐ No 1 2 3 4 5 Memory Issues ☐ Yes ☐ No 1 2 3 4 5 Confused ☐ Yes ☐ No 1 2 3 4 5		Additional comments:	
	Able to remove self from unsafe situation?		☐ Yes	☐ No
Sensory Abilities	Vision	☐ Cataracts ☐ Legally blind Comments:		
	Speech & Hearing	Deaf? ☐ Yes ☐ No	Able to communicate needs? ☐ Yes ☐ No	
Medical Professional Info	Printed Name:		Phone #:	
	Signature:		NPI #:	

✓ Questions? Please call the Care Management Department at 1-888-561-8747

Please fax this completed form to: **1-877-406-0658, ATTN: Care Management**

This form must be received no less than 72 hours prior to the appointment time or transportation cannot be arranged.

Parental Authorization Waiver

Minor Recipient's First Name: _____

Last Name: _____

Minor Recipient's Medicaid Number:_____

I, _____, Parent/Guardian/Legal Custodian of _____, authorize MTM to schedule transportation services and transport my minor dependent who is between 15 and 17 years of age, to and from their designated health care services and related programs unaccompanied by an adult.

This Parental Authorization Waiver is effective from the date of my signature until it is revoked in writing to MTM by me or anyone else having authority to revoke the authorization.

_____	_____
Printed name of Parent/Guardian/Legal Custodian	Relation to Minor Recipient
_____	_____
Signature of Parent/Guardian/Legal Custodian	Date

Fax or mail signed Parental Authorization form to:

MTM
Care Management Department
16 Hawk Ridge Drive
Lake St Louis, Mo 63367

Fax: 877-406-0658