



# Scope of Service Transportation (Specialized Transportation)



**SPC: 107**

## Provider Subcontract Agreement Appendix N

**Purpose:** Defines requirements and expectations for the provision of subcontracted, authorized and rendered services. Services shall be in compliance with the Provider Subcontract Agreement and the provisions of this service expectations document.

1.0	Service Definition
	<p>Inclusa follows the definitions and guidelines as defined for Transportation (specialized transportation) in the DHS Family Care contract, standard program category (SPC) 107.</p> <p><b>Transportation (specialized transportation) – Community Transportation</b> is the provision of transportation services or items that enable a member to gain access to waiver and other community services, activities, and resources, as specified in the member’s care plan. This service may consist of items such as tickets, fare cards, or other fare media or services where the common carrier, specialized medical vehicle or other provider directly conveys a member and her or his attendant, if any, to destinations. Whenever possible, family, neighbors, friends or community agencies who can provide this service without charge will be utilized.</p> <p>Excludes transportation to receive non-emergency medical services which are covered under the Medicaid State Plan transportation benefit, or in the case of a self-directing member with budget authority to purchase such services, under the Other Transportation service. Excludes emergency (ambulance) medical transportation covered under the Medicaid State Plan service. Taxis or common carriers must comply with Wis. Stat. Chapter 194. Public mass transit must comply with Wis. Stat. Chapter 85.20.</p> <p><b>Transportation (specialized transportation) – Other Transportation</b> consists of transportation to receive non-emergency, Medicaid–covered medical services. This service may include items such as tickets, fare cards, or other fare media, reimbursement of mileage expenses, or payment for services where the provider directly conveys the member and her or his attendant, if any, by common carrier or specialized medical vehicle (SMV) as appropriate to and from receiving Medicaid–covered medical services. Members eligible for this service must have decision-making authority over a budget for the purchase of such services. Such members are not limited to providers in the MCO’s network (although the credentials of specialized medical vehicle providers must be verified by the MCO), do not require MCO prior authorization to purchase any transportation service from a qualified provider to any Medicaid coverable medical service if the member’s budget is sufficient to pay the cost, and advanced scheduling of routine trips is not required if the member can obtain transport. Legally responsible relatives may be paid for providing this service if they meet the conditions under Article VIII.P.2.</p> <p>Excludes ambulance transportation, which is available through the Medicaid State plan. (ambulance transportation may be authorized in rare cases as non-emergency transportation if used as an in lieu of service with Regional Operations Senior Manager approval).</p> <p>Excludes non-emergency medical transportation when authorized by the MCO as a State Plan service for members without budget authority. Excludes non-medical transportation which is provided under the sub-service of Community Transportation; however, the same ride may be used to provide transport to medical appointments and community activities as long as there is not duplication of payment.</p> <p>Addendum VIII, Benefit Package Service Definitions Page 349. Specialized transportation agencies must comply with Wis. Stats. Chapter 85.21 and Wis. Admin. Code DHS 61.45. Individual providers must have a valid driver’s license and liability insurance.</p>

<b>2.0</b>	<b>Standards of Service</b>
2.1	Provider must follow the standards for Transportation. This Scope of Service reflects Inclusa policies and procedures.
2.2	Mass transit carriers are regulated under s.85.20, and the provision of specialized transportation is regulated under s.85.21 of Wisconsin Statutes.
2.3	Inclusa subcontracted providers of long-term care services are prohibited from influencing members' choice of long-term care program, provider, or Managed Care Organization (MCO) through communications that are misleading, threatening, or coercive. Inclusa and/or the WI Department of Health Services may impose sanctions against a provider that does so. Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.
2.4	Provider must incorporate practices that honor members' beliefs, being sensitive to cultural diversity and diverse cultural and ethical backgrounds, including supporting members with limited English proficiency or disabilities, and regardless of gender, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect members' cultural backgrounds.
2.5	Service must be provided in a manner which honors member's rights such as consideration for member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability.
<b>3.0</b>	<b>Service Description</b>
3.1	<b>SPC 107.20 / 107.21 – Transportation - Community/Non-Medical transportation</b> (car, van, taxi, bus, or lift/ramp equipped vehicle) that is used to transport a member to an activity or authorized service that meets a long term care outcome. Examples are supported employment, day service, or adult day care. Community transportation is a "curb to curb" service meaning member is picked up and dropped off at the curb of the point of origin and destination, respectively with assistance to board and disembark from the vehicle as needed and referred but not to enter or exit a building at the point of origin or destination.
3.2	<b>SPC 107.12 / 107.13 – Transportation - Medical transportation</b> (car, van, taxi, bus or lift/ramp equipped vehicle) other than an ambulance to a Medicaid covered service. Common Carrier is a "curb to curb" service meaning member is picked up and dropped off at the curb of the point of origin and destination, respectively with assistance to board and disembark from the vehicle as needed and referred but not to enter or exit a building at the point of origin or destination. If the member needs a companion along, transportation is provided to the companion free of charge
3.3	Members must be given the opportunity to direct some or all of their specialized transportation whenever possible to the extent of their ability and desire. Inclusa teams must determine the member's ability and/or desire to direct services by assessment and by observation and address this in the member's plan.
3.4	Prior to authorizing payment to family members the following conditions must be met: <ol style="list-style-type: none"> <li>1) The service is authorized by the Inclusa team;</li> <li>2) The member's preference is for the family member to provide the service;</li> <li>3) The Inclusa team monitors and manages any conflict of interest situation that may occur as a result of the family member providing services;</li> <li>4) The family member meets the MCO's standards for its subcontractors or employees providing the same service; and</li> <li>5) The family member will either: <ul style="list-style-type: none"> <li>• Provide an amount of service that exceeds normal family care giving responsibilities for a person in a similar family relationship who does not have a disability; or</li> <li>• Find it necessary to forego paid employment in order to provide the service and is not receiving a pension (including Social Security retirement benefits).</li> </ul> </li> </ol>

4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Transportation services are billed with the appropriate procedure codes and modifiers at the specified contracted rate as defined in Provider Subcontract Agreement, Appendix A.</p> <p>The following service descriptions and unit combinations are included in the Inclusa benefit package:</p> <p><b>Transportation for Medical Purposes</b> Applies to taxi companies, volunteer driver organizations, friends and family volunteer drivers, accessible vans, and other general transportation providers</p> <ul style="list-style-type: none"> <li>• SPC 107.10* (various procedure codes, RD modifier) - each pass, each voucher, per token, or per trip at negotiated rates with provider</li> <li>• SPC 107.11 (various procedure codes, RD modifier) - per mile reimbursement at negotiated rates with provider</li> </ul> <p><b>Transportation for Non-Medical Purposes</b> Applies to taxi companies, volunteer driver organizations, friends and family volunteer drivers, accessible vehicles, and other general transportation providers</p> <ul style="list-style-type: none"> <li>• SPC 107.20* (various procedure codes, RI modifier) - each pass, each voucher, per token, or per trip at negotiated rates with provider</li> <li>• SPC 107.21 (various procedure codes, RI modifier) - per mile reimbursement at negotiated rates with provider</li> </ul> <p>*SPC 107.10 and 107.20 are Inclusa-specific SPC codes used to specify that transportation is provided with an authorized bus pass, bus token, or taxi voucher issued by Inclusa.</p>
4.2	Providers may not charge co-payment fees to Inclusa members authorized for transportation with Inclusa funds.
4.3	Some transportation providers may charge a separate transportation fee for an attendant, if needed to accompany the participant when accessing the community.
4.4	Only loaded miles are billable unless unloaded miles are specified in the Provider Subcontract Agreement, Appendix A. Loaded miles are defined as the miles that the member is present in the vehicle with the driver. Unloaded miles are defined as miles that the member is not in the vehicle with the driver.
4.5	No Show Rides: If a member fails to cancel an authorized ride prior to the scheduled ride time and fails to show for the ride, Inclusa shall reimburse a no-show fee as specified in the Provider Subcontract Agreement.
5.0	Staff Qualifications and Training
5.1	<b>Caregiver Background Checks</b> – Providers will comply with all applicable standards and/or regulations related to caregiver background checks as well as comply with Appendix H from the Inclusa Subcontract Agreement.
5.2	Staff that provide services shall complete required training within six months of beginning employment unless training is needed before the staff can safely provide the service.
5.3	All training completed shall meet DMV standards for transportation.
5.4	<p>Individual or volunteer providers of transportation services must provide documentation of minimum required liability insurance coverage, possess a valid driver’s license, submit a completed W-9 Form, and provide written assurance of the following:</p> <ol style="list-style-type: none"> <li>a. The vehicle used is mechanically sound, has properly functioning lighting, safety ventilation and braking systems, and</li> <li>b. The vehicle has properly inflated tires, without excessive wear.</li> </ol>
5.5	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.

<b>6.0</b>	<b>Supervision and Staff Adequacy</b>
6.1	The provider agency shall maintain adequate staffing to meet the needs of members referred by Inclusa and accepted by the agency for service.
6.2	Providers must have an acceptable backup procedure, including notification of member and Inclusa staff when provider is unable to show for a scheduled trip.
6.3	The transportation provider must have a method of verifying that service was provided as assigned and scheduled.
6.4	<p>Provider agency will ensure:</p> <ul style="list-style-type: none"> <li>• Staff are supervised and assessed to assure they are working effectively and collaboratively with members.</li> <li>• Performance issues with staff are addressed promptly and Inclusa teams are kept informed about significant issues that affect the Inclusa member.</li> <li>• Provider staff are working collaboratively and communicating effectively with Inclusa staff.</li> </ul>
<b>7.0</b>	<b>Service Referral and Authorization</b>
7.1	The Inclusa team will provide a written service referral form to the provider agency which specifies the expected outcomes, amount, frequency and duration of services.
7.2	The provider agency must notify the Inclusa team within <b>2</b> business days of receiving a referral regarding the ability to accept the member for services. If the referral is accepted, notification should also include the anticipated start date or any delays in staffing by the requested start date. The provider agency must continue to report status of an open referral on a weekly basis to the Inclusa team until the referral is filled.
7.3	The Inclusa team will issue a new written referral form when the tasks assigned, amount, frequency, or duration of the service changes.
7.4	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.
7.5	The referral form may be for a one-time trip or an ongoing authorization for a number of trips/miles per week or month.
7.6	For ongoing authorizations, a new referral form will not be sent for each scheduled trip. The member or a designated representative of the member may coordinate rides as needed within the scope of rides/miles/unit and frequency authorized.
7.7	The transportation services agency shall give at least 24 hours' advance notice to the Inclusa team and member when not able to provide authorized trips as requested or scheduled to individual members.
7.8	<p><b>Authorizations for Member Services</b></p> <p>The Inclusa Provider Portal is used by providers to obtain information about current authorizations. In addition, the provider must use the portal to acknowledge all new authorizations. The provider agency is responsible for ensuring that only currently employed and authorized staff have access to the provider portal, and for using the member authorization information available on the portal to bill for services accurately.</p> <p>For authorization needs such as new authorizations, additional units, or missing authorizations, during normal Inclusa business hours (8:00 a.m. to 4:30 p.m.) the provider should contact the Inclusa team (Community Resource Coordinator or Health and Wellness Coordinator).</p> <p>If your authorization request is an emergent need impacting the member's health and safety and you cannot reach the Inclusa team:</p> <ul style="list-style-type: none"> <li>• During Inclusa business hours – call 877-622-6700 and press 0 for assistance.</li> <li>• After Inclusa business hours – call 877-622-6700 and press 9 to be connected to our after-hours support.</li> </ul>

	Questions regarding billing or claims for current Transportation authorizations and requests for Provider Portal assistance should be directed to the Inclusa Transportation-Employment Support Team at <a href="mailto:ACS-Transportation-Employment@inclusa.org">ACS-Transportation-Employment@inclusa.org</a> or 888-544-9353, ext. 4.
<b>8.0</b>	<b>Communication, Documentation and Reporting Requirements</b>
8.1	<p>Inclusa communicates with providers regularly in the following formats:</p> <ul style="list-style-type: none"> <li>• Vendor forums</li> <li>• Mass notifications via email, fax, or mail</li> <li>• Notices for expiring credentialing</li> </ul> <p>Notices are sent to providers via email when the provider has email available to ensure timeliness of communication.</p> <p>Provider agencies are required to ensure Inclusa Community Resources/Provider Relations (CR/PR) staff, Inclusa teams, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.</p> <p>Providers can update their information by contacting Provider Relations at 877-622-6700 (select Option 2, then Option 3) or <a href="mailto:ProviderRelations@inclusa.org">ProviderRelations@inclusa.org</a>.</p>
8.2	<p>The provider agency shall report to the Inclusa team whenever:</p> <ol style="list-style-type: none"> <li>1) There is a change with the service provider</li> <li>2) There is any issue in transporting an Inclusa member that results in disciplinary review of a driver</li> <li>3) The member is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)</li> </ol>
8.3	Providers will notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to the Inclusa interdisciplinary team.
8.4	<p><b>Member Incidents</b></p> <p>Provider agencies shall report all member incidents to the Inclusa team. Providers must promptly communicate with the Inclusa team regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member. Acceptable means of communicating member incidents to the Inclusa team would be via phone, fax or email <b>within 24 hours</b>. Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance.</p> <p>Incident reporting resources and training are available in the Providers section of the Inclusa website at <a href="http://www.inclusa.org">www.inclusa.org</a>.</p>
8.5	<p>The provider agency shall give at least 30 days' advance notice to the Inclusa team when it's unable to provide authorized services to an individual member. The provider agency shall be responsible to provide authorized services during this time period.</p> <p>The Inclusa team or designated staff person will notify the provider agency when services are to be discontinued. The Inclusa team will make every effort to notify the provider at least 30 days in advance.</p>
8.6	<p>The provider agency must maintain the following documentation, and make available for review by Inclusa upon request:</p> <ul style="list-style-type: none"> <li>• Provider meets the required standards for applicable staff qualification, training and programming</li> <li>• Verification of criminal, caregiver and licensing background checks as required.</li> <li>• Policy and procedure related to supervision methods by the provider agency including frequency, intensity and any changes in supervision.</li> <li>• Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents. The policy and procedure should also cover expectation of work rules work ethics and reporting variances to the program supervisor.</li> </ul>

	<ul style="list-style-type: none"> <li>• Employee time sheets/visit records which support billing to Inclusa.</li> <li>• Vehicle safety inspection records.</li> </ul>
8.7	<p>Provider will maintain the following policies on file:</p> <p><b>Provider Wait Time Policy</b> – will ensure that the member is on time for appointments and that the appropriate pick-up time is communicated to the member. Driver will wait 15 minutes after the agreed upon pick up time.</p> <ul style="list-style-type: none"> <li>• Drivers will be available at the scheduled pick up time after an appointment.</li> <li>• If the driver is not going to wait at the location of the appointment until the appointment is completed, wait time will not be charged.</li> <li>• Drivers will document the beginning and ending times for wait time.</li> </ul> <p><b>Provider Inclement Weather Policy</b> – the provider will maintain an inclement weather policy/procedure and share a copy of this policy with Inclusa.</p> <p><b>Provider No Show Policy and Procedure</b> – The transportation services provider/agency shall maintain a “No Show” policy and procedure. This No Show policy and procedure must be shared with Inclusa along with any standard communications sent to members who don’t comply with the expectations for proper notification of cancelled trips.</p> <p>Provider must promptly report to the Inclusa team whenever a member does not cancel a trip and does not show for the trip.</p>
9.0	<b>Quality Assurance</b>
9.1	<p><b>Purpose</b></p> <p>Inclusa quality assurance activities are a systematic, departmental approach to ensuring and recognizing a specified standard or level of care expected of subcontracted providers. These methodologies are established to review and inspect subcontracted provider performance and compliance.</p> <p>Inclusa will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.</p> <p style="padding-left: 40px;">Inclusa provider quality assurance practices:</p> <ol style="list-style-type: none"> <li>1) Establish the definition of quality services,</li> <li>2) Assess and document performance against these standards, and</li> <li>3) Detail corrective measures to be taken if problems are detected.</li> </ol> <p>It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. Inclusa will monitor compliance with these standards to ensure the services purchased are of the highest quality.</p> <p>Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.</p>

<p>9.2</p>	<p><b>Quality Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency</li> <li>• Education/Training of staff- Effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.</li> <li>• Performance record of contracted activities- <ul style="list-style-type: none"> <li>○ tracking of number, frequency, and outcomes of Inclusa Incident Reports related to provider performance</li> <li>○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)</li> </ul> </li> <li>• Contract Compliance- formal or informal review and identification of compliance with Inclusa contract terms, provider service expectation terms, applicable policies/procedures for Inclusa contracted providers</li> <li>• Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with Inclusa staff.</li> </ul>
<p>9.3</p>	<p><b>Inclusa Sources and Activities for Measuring Provider Performance</b></p> <ul style="list-style-type: none"> <li>• Member satisfaction surveys</li> <li>• Internal or external complaints and compliments</li> <li>• Onsite review/audits</li> <li>• Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents.</li> <li>• Tracking of performance and compliance in relation to the subcontract agreement and appendices</li> <li>• Provider Quality Assessment Reviews</li> <li>• Statistical reviews of time between referral and service commencement</li> </ul>
<p>9.4</p>	<p><b>Expectations of Providers and Inclusa for Quality Assurance Activities</b></p> <ul style="list-style-type: none"> <li>• <b>Collaboration:</b> working in a goal oriented, professional, and team-based approach with Inclusa representatives to identify core issues to quality concerns, strategies to improve, and implementing those strategies</li> <li>• <b>Responsiveness:</b> actions taken upon request and in a timely manner to resolve and improve identified issues. This may include submitted documents to Inclusa, responding to calls, emails, or other inquiries, keeping Inclusa designated staff informed of progress, barriers, and milestones achieved during quality improvement activities</li> <li>• <b>Systems perspective to improvement:</b> approaching a quality concern, trend, or significant incident with the purpose of creating overall improvements that will not only resolve the issue at hand, but improve service and operations as a whole</li> <li>• <b>Member-centered solutions to issues:</b> relentlessly striving to implement solutions with the focus on keeping services member-centered and achieving the goals and outcomes identified for persons served</li> </ul> <p>Inclusa is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve members.</p>