

Service Addendum: Transportation

The provision of contracted, authorized, and provided services shall be in compliance with the provisions of this agreement, the service description and requirements of this section and, if applicable, state certification and licensing criteria.

Section 1. Service Definition and Description

Transportation (specialized transportation) – community transportation is the provision of transportation services or items that enable a member to engage with the community, including with the people, places and resources that are meaningful for the member's self-determination and that meet their goals and daily needs. This service allows the member to gain access to waiver services, a place of employment, 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, transportation network company driver, specialized medical vehicle, or other provider directly conveys a member and the member's attendant, if any, to destinations. Whenever possible, family, neighbors, friends or community agencies who can provide this service without charge will be utilized.

Taxis or common carriers must comply with Wis. Stat. Ch. 194. Public mass transit must comply with Wis. Stat. § 85.20. Transportation Network Companies must be licensed under Wis. Admin. Code § SPS 440.415. Specialized Transportation Agencies must comply with Wis. Stats. § 85.21, § 85.22 or § 85.215, as applicable, and Wis. Admin. Code Ch. Trans 301. Individual drivers must have an operator's license from the Department of Transportation, liability insurance, and vehicles in good repair with all operating and safety systems functioning. Legally responsible persons, relatives, or legal guardians may be paid mileage reimbursement for providing this service if they meet the requirements under Article VIII.N.2.

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.

Transportation (specialized transportation) - other transportation consists of transportation to receive non-emergency, Medicaid-covered medical services for a member who elects to self-direct such 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 the member's attendant, if any, by common carrier, mass transit, transportation network company driver, 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

- a) are not limited to providers in the MCO's network, although the MCO must verify credentials of specialized medical vehicle providers,
- b) are not required to obtain prior authorization to purchase any transportation service from a qualified provider to any Medicaid-covered medical service if the member's budget is sufficient to pay for the service, and
- c) are not required to schedule routine trips if the member can obtain transport.

This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the state plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Taxis or common carriers must comply with Wis. Stat. Ch. 194. Public mass transit must comply with Wis. Stat. § 85.20. Transportation Network Companies must be licensed under Wis. Admin. Code § SPS 440.415. Specialized transportation agencies must comply with Wis. Stat. § 85.21, § 85.22, or § 85.215, as applicable, and Wis. Admin. Code Ch. Trans 301. Individual drivers must have an operator's license from the Department of Transportation, liability insurance, and vehicles in good repair with all operating and safety systems functioning. Relatives and legal guardians meeting the requirements under Article VIII.N.2 may be paid to provide specialized transportation (other transportation).

Excludes ambulance transportation, which is available through the Medicaid State plan. 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.

Service Description

Specialized Medical Vehicle (SMV) Providers contracted to deliver SMV services utilizing the designated codes and rates must maintain a current SMV transportation certification through the Forward Health enrollment system. Providers must remain in compliance with the Wis. Admin. Code DHS 105.39 and 107.23.

Common Carrier/Mass Transit providers are required to meet the criteria per the Wis. Stat. 194(Common carrier), 85.20(Mass transit), and 85.23(Mass transit).

Specialized Transport providers are required to meet the criteria per the Wis. Stat. 82.21(Specialized transport), 85.22(Specialized transport), and the Wisc. Admin. Code DHS 61.45.

Providers are subject to the same qualifications as providers under the Medicaid State Plan as defined in Wisconsin State Statute 1915 (c) Home and Community-Based Waiver services waivers #0367.90 and #0368.90 required under § 46.281 (1) (c).

Section 2. Rate Setting and Billable Units

Billable Units: Contracted transportation services are often authorized by trip/mile and/or route. A trip consists of the point of member's pick-up to delivery at member's destination. For example, if a member is picked up at home and transported to the clinic, one trip has been completed when the member is dropped off at the clinic.

A trip charge includes the following services:

- a) Dispatch of vehicle to the member's pick-up point
- b) Escort of the member from their point of origination to their destination. This may include door-to-door, curb-to-curb or door-through-door accompaniment of members. If the services provided to LCI members do not meet all above criteria, Provider may not bill a trip charge.

If a member fails to cancel an authorized ride prior to the scheduled ride time and fails to show for the ride, LCI will consider a no-show fee if specified in the Rates and Service Code chart.

SPC 107.10(trip) and 107.11(mile) Medical Transportation refers to the use of a car, van, taxi, bus, or lift/ramp-equipped vehicle—excluding ambulances—to transport a member to a Medicaid-covered service. This is a *curb-to-curb* service, meaning the member is picked up and dropped off at the curb of the origin and destination. Assistance is provided to board and exit the vehicle as needed; however, the service does not include assistance entering or exiting buildings at either location. If a companion is required to accompany the member, transportation is also provided to the companion at no additional cost. There are various procedure codes all using the required "RD" modifier.

SPC 107.20(trip) and 107.21(mile) Non-Medical Transportation includes the use of a car, van, taxi, bus, or lift/ramp-equipped vehicle to transport a member to an activity or authorized service that supports a long-term care outcome. Examples of such destinations include supported employment, day services, or adult day care programs. This service is provided on a *curb-to-curb* basis, meaning the member is picked up and dropped off at the curbside of both the origin and destination. Assistance is provided to board and exit the vehicle as needed; however, this service does not include assistance entering or exiting buildings at either location. There are various procedure codes all using the required "RI" modifier.

SMV Only: Procedure Code and Modifier Chart

The following chart lists the procedure codes and accompanying modifiers that SMV providers should use. Refer to the [maximum allowable fee schedule](#) for the maximum allowable fees for these procedure codes.

HCPCS Procedure Code	Description	Valid Modifiers for Procedure Code			
		Trip Modifiers	Discharge Modifiers	Unloaded Mileage Modifier	Multiple Carry Modifier
A0130	Non-emergency transportation: wheelchair van [includes the first five miles]	U1, U2, U3, U4, U5, U6	HR, NR	Not Required	TK
A0170*	Transportation ancillary: parking fees, tolls, other [waiting time per hour]	U1, U2, U3, U4, U5, U6	Not Required	Not Required	Not Required
S0209	Wheelchair van, mileage, per mile	U1, U2, U3, U4, U5, U6	HR, NR	TP	TK
S0215	Non-emergency transportation: mileage, per mile	U1, U2, U3, U4, U5, U6	HR, NR	Not Required	TK
T2001	Non-emergency transportation: patient attendant/escort [per trip]	U1, U2, U3, U4, U5, U6	Not Required	Not Required	Not Required
T2005	Non-emergency transportation; stretcher van [includes the first five miles]	U1, U2, U3, U4, U5, U6	HR, NR	Not Required	TK
T2049	Non-emergency transportation; stretcher van, mileage; per mile	U1, U2, U3, U4, U5, U6	HR, NR	TP	TK

*This code is for waiting time only.

*Additional modifiers based on individual rate agreements

Loaded Mileage is defined as the miles that the member is present in the vehicle with the driver. Mileage may be billed from the first mile of the trip. The provider should reference the Rates and Service Codes chart.

Mileage cannot be billed for trips where a route rate or flat fee has been established. LCI covers mileage for the shortest, most direct route from the point of member's pick-up point to the member's destination. Dispute regarding mileage will be resolved with www.maps.google.com using the shortest distance.

Unloaded mileage is defined as miles from the vehicle's home base prior to pick-up point without the member present. Unloaded mileage is not reimbursed for a vehicle

returning empty to its home base unless specifically stipulated in the Rates and Service Codes chart.

LCI covers mileage for the shortest distance and most direct route to the member's pick-up point from home base. The dispute of mileage will be resolved with www.maps.google.com using the shortest distance.

Route transportation is the provision of travel from one location to another established location with an agreed upon rate. Route reimbursement rates may include travel from one city to another city or from the member's home location to a regularly routed and scheduled location. Additional mileage cannot be billed separately when a route rate has been contracted. Two hours of wait-time is included. Contracted route rates will be reimbursed per the provisions of the Rates and Service Codes chart in the contract.

Wait time refers to the period a vehicle and its driver remain at a destination while waiting for a member. Wait time may be billed only with prior authorization and must be negotiated between the Provider and LCI, with a maximum allowable duration of six hours per member. This service is only reimbursable when the provider, due to geographic or logistical limitations, is unable to perform other transportation services during the waiting period. Providers must document the start and end times of all wait periods in their records. Additionally, the driver must remain physically present at the location where the member is receiving services for the time to be billable. Standard wait time is billed in 30-minute increments unless otherwise specified on your LCI Rate and Service Code chart. Providers should have a Policy and Procedure in place that ensures appropriate and timely coordination. Drivers will wait 15 minutes after the agreed pick-up time.

Holidays LCI recognizes the following holidays: New Year's Day (January 1), Martin Luther King Jr. Day (Third Monday in January), Memorial Day (Last Monday in May), Juneteenth (June 19), Independence Day (July 4), Labor Day (First Monday in September), Thanksgiving (Fourth Thursday in November), Christmas Eve (December 24), Christmas Day (December 25), New Year's Eve (December 31) *Holidays are recognized on the date of the Holiday.

The services for which Lakeland Care, Inc. (LCI) are contracted with Provider organizations are noted in the Rates and Service Codes chart attached to the LCI Service Provider Contract. Provider rates for provision of services will incorporate all administrative and business functions related to the provision of service. Contracted rates include the provision of administrative functions necessary for services and are not billable beyond units provided to each authorized member.

Providers are required to provide for all identified care needs during the provision of services and are specifically prohibited from billing fraudulently for additional services during the provision of these services. All aspects of services shall be discussed

between the LCI IDT staff, members or legal representative, and provider to ensure proper collaboration.

Providers should use increments as listed in the rates and service codes chart to bill LCI up to the authorized number of units for the member. Providers can only bill for services rendered to the member. The provider will refund LCI the total amount of any/all units billed without services rendered to LCI member.

Family Care services administered by LCI are funded by state and federal tax dollars through the Medical Assistance program. As a publicly funded system, LCI strives to maintain the integrity of the program by ensuring that all services are billed as authorized by LCI, and as rendered to members. LCI ensures this protection by regularly conducting random reviews of claims submitted by its contracted. LCI reserves the right to request verification documentation from Providers. This could include but is not limited to case notes, files, documentation, and records. LCI may require Providers to present evidence of sufficient financial reserves to operate home and meet member needs for at least 30 days without receiving payment for services rendered.

Section 3. Standards of Service

Providers of services shall meet the standards of this agreement; and if applicable, agree to retain licensing in good standing during the contract period.

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. Lakeland Care Inc and/or the Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so. Per DHS, any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.

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.

Provider must incorporate practices that honor members' beliefs, being sensitive to cultural diversity and diverse cultural and ethnic 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.

Section 4. Staff Qualifications, Training, and Competency

Caregiver Background Checks:

Providers will comply with all applicable standards and/or regulations related to caregiver background checks in accordance with Wis. Admin. Code ch. DHS 12. This includes all staff including prospective substitute providers, and all household members who are at or over the age of 18 years.

These checks must include the following documents:

- a) A completed Background Information Disclosure (BID), F-82064.
- b) A criminal history search from the records of the Wisconsin Department of Justice Wisconsin Online Record Check System Wisconsin Department of Justice Wisconsin Online Record Check System (WORCS).
- c) A search of the Caregiver Registry maintained by DHS.
- d) A search of the status of credentials and licensing from the records of the Wisconsin Department of Regulation and Licensing, if applicable.

Background checks of people under the age of 18 are at the discretion of the certifying agency. Services provided by anyone under the age of 18 shall comply with Child Labor Laws.

Providers shall review any certifications or licensure held by an individual staff and used in the care of LCI members. Review should occur at regular intervals based on expiration date or annually. This includes validation of driver's license, driving record to have each driver added as insured by the Auto Liability insurance policy held by provider or provider agency if staff will be transporting members.

Training:

Providers shall ensure competency of individual employees performing services to LCI members. Competency shall include maintaining any required certifications or licenses as well as assurance of the general skills and abilities necessary to perform assigned tasks.

Training of staff providing services shall occur within the first six (6) months unless needed before to safely provide services and shall meet DMV standards for transportation.

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:

- a) The vehicle used is mechanically sound, has properly functioning lighting, safety ventilation and braking systems, and
- b) The vehicle has properly inflated tires, without excessive wear.

If applicable to service provision, training on restraint seclusion and unplanned use of restrictive measures and reporting.

Transportation providers must have a method of verifying that service was provided as assigned and scheduled.

Providers must ensure: • Staff are supervised and assessed to ensure they are working effectively and collaboratively with members. Performance issues with staff are addressed promptly and LCI teams are kept informed about significant issues that affect the member. Provider staff are working collaboratively and communicating effectively with LCI staff

Section 5. Staffing Assignment and Turnover

Provider's staff to member ratio shall be in accordance with state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract. Provider shall be adequately staffed to meet the needs of members as defined in their assessments and individual service plans.

The provision of successful services is attributable in large part to the strength of the relationship between a member and the staff directly providing the service. Given this, Provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizes consistency.

Changes in staff assignments to specific members and within the organization are at the discretion of the provider. Provider agrees to take member requests for specific staff into consideration when assigning or reassigning staff to specific members and will notify LCI IDT in their reporting of any changes to staff providing services

To establish and preserve this relationship, providers must have a process in place for:

- a) Members to provide feedback on their experience with the employees performing these tasks and respond when appropriate.
- b) Written information indicating who within the organization to contact with concerns, or questions related to the provision of services or direct care staff.
- c) Provider will forward documentation and/or feedback to the Interdisciplinary Team (IDT) to allow members to express concerns to individuals other than the individual who performs the task.
- d) Ensuring staff are supervised and assessed for effective collaboration with those they serve by conducting onsite supervision and review.
- e) Performance issues are addressed promptly and LCI IDT are kept informed about significant issues when members are impacted.
- f) Collaboration and communication between members, IDT, and all other stakeholders.

Section 6. Communication, Collaboration, and Coordination of care

LCI regularly utilizes the following platforms to communicate with Providers:

- a) Provider Network Advisory Committee

- b) Provider Newsletter
- c) LCI Website
- d) Email Notifications
- e) Provider Portal

Provider agencies are required to ensure LCI Provider Relations staff, LCI IDT, Legal Representatives, and other identified individuals identified within the member's team have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.

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 LCI interdisciplinary team.

All aspects of services shall be discussed between the LCI IDT staff, member or legal representative, and provider to ensure proper collaboration.

The provider agency shall report to the LCI team whenever:

- a) There is a change in service provider
- b) There is a change in the member's needs or abilities
- c) The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)

The transportation services agency shall give at least 24 hours' advance notice to the Lakeland Care Inc team and member when not able to provide authorized trips as requested or scheduled to individual members. The provider agency shall be responsible for providing authorized services during this time. The provider will establish an adequate backup procedure to ensure immediate health and safety needs are met which may include assistive technology, paid, and/or natural support.

Member Incidents

Provider agencies shall report all member incidents to the LCI IDT. Providers must promptly communicate with the LCI IDT 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 LCI team would be via phone, fax, or email within one (1) business day. The provider must include a description of the incident, factors leading up to the incident, and the actions and steps immediately taken by the provider to prevent further harm to or by the affected member(s).

Providers shall record and report:

- a) Changes in:
 - i. Condition (medical, behavioral, mental)
 - ii. Medications, treatments, or MD order
- b) Incidents or suspected incidents of:

- i. Abuse, Neglect, or exploitation
- ii. Medication Errors
- iii. Falls (with or without injury)
- iv. Urgent Care or Emergency Room visits or Hospitalization
- v. Death: anticipated or unexpected
- vi. Elopement or Missing Person
- vii. Emergency or Unapproved use of restraints or restrictive measure
- viii. Fire or other Natural Disaster affecting the home
- ix. Any other circumstances warranting an agency incident or event report including news or social media story involving the member, facility, or staff.

Note: *Provider staff will first follow their own established in-house protocols for reporting incidents. Staff will then inform the IDT of any member circumstance that would warrant family or physician notification that includes but is not limited to the above circumstances.*

All reported incidents will be entered into the Adult Incident Reporting System (AIRS) and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform LCI when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.

Section 7. Documentation

Providers shall comply with documentation as required by this agreement and state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract.

Provider No Show Policy and Procedure The transportation services provider/agency shall maintain a “No Show” policy and procedure. This No-Show policy and procedure must be shared with LCI along with any standard communications sent to members who don’t comply with the expectations for proper notification of cancelled trips. The provider must promptly report to the LCI team whenever a member does cancel a trip and does not show up for the trip.

At any time, the IDT staff may request:

- a) A written report to enhance the coordination and/or quality of care, which includes:
- b) Changes in members’ activities
- c) List of supportive tasks provided
- d) Ongoing concerns specific to the member
- e) Additional documentation of the services provided
- f) Transport logs
- g) Odometer readings

The provider agency must maintain the following documentation and make available for review by LCI upon request:

- a) Provider meets the required standards for applicable staff qualification, training, and programming
- b) Verification of criminal, caregiver and licensing background checks as required.
- c) Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.
- d) Employee timesheets/visit records which support billing to LCI.

Section 8. Additional Considerations

- Transportation service providers are allotted a 15-minute window for pick up/drop-off times for rides scheduled in advance.
- Services will be provided as identified and authorized by LCI IDT staff.
- Provider is required to comply with all applicable Wisconsin state law regarding Caregiver Background Checks and Wisconsin Administrative Rule DHS 12 as they pertain to services provided to LCI members.
- LCI pre-authorizes all its services. If provider bills for more units than authorized without prior authorization, these services may be denied.
- In the case that a LCI member cancels service, the provider must contact the LCI IDT staff. Services cancelled will not necessarily be rescheduled and should not be assumed by the provider.

Provider Tax ID: _____

Authorized Provider Name: _____

Authorized Provider Signature: _____

Date: _____