

## Transportation Services

Service Definition
<p>A. Transportation Services are designed specifically to improve the participant's and the family caregiver's ability to independently access community activities within their own community in response to needs identified through the participant's <del>file PCP</del>.</p> <p>B. For purposes of this <del>Medicaid w</del>Waiver program service, the participant's community is defined as: places the participant lives, works, shops, or regularly spends their days. The participant's community does not include vacations in the State. It does not include other travel inside or outside of the State of Maryland <b>unless it is a day trip</b>.</p> <p>C. Transportation Services can include:</p> <ol style="list-style-type: none"><li>1. Orientation services in using other senses or supports for safe movement from one place to another;</li><li>2. Accessing Mobility and volunteer Transportation Services such as transportation coordination and accessing resources;</li><li>3. Travel training such as supporting the participant and their family in learning how to access and use informal, generic, and public transportation for independence and community integration;</li><li>4. Transportation Services provided by different modalities, including: public and community transportation, taxi services, and <del>ride sharing services non-traditional Transportation providers</del>; <b>ride</b></li><li>5. Mileage reimbursement and an agreement for transportation provided by another individual using their own car; and</li><li>6. Purchase of prepaid transportation vouchers and cards, such as the Charm Card and Taxi Cards.</li></ol>
<p>SERVICE REQUIREMENTS:</p> <p>A. Services are available to the participants living in their own home or in the participant's family home.</p> <p>B. The Program will not make payment to spouses or legally responsible individuals for furnishing Transportation Services.</p>

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C. A relative (who is not a spouse) of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person, legal guardian, or spouse cannot be paid by the ~~Medicaid w~~~~Waiver~~ program, either directly or indirectly, to provide this ~~Medicaid w~~~~Waiver~~ program service unless otherwise approved by the DDA due to extraordinary circumstances in accordance with the applicable requirements set forth in Section C-2.

D. Payment rates for services must be customary and reasonable as established or authorized by the DDA.

E. Transportation Services shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.

F. Transportation Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Home, Day Habilitation, ~~Employment Discovery and Customization~~, Employment Services (with exception for follow along supports as authorized by the DDA), Medical Day Care, Personal Supports ~~beginning July 1, 2020~~, or Respite Care, ~~or Supported Employment~~.

G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources ~~which may include, as applicable, private insurance, including those~~ services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), ~~and~~ Department of Human Services (DHS), ~~and or~~ any other federal or State government funding program, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant's file.

2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be documented in the participant's ~~file~~ ~~PCP~~.

3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~~~Waiver~~ program.

H. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of ~~receiving community based services and~~ avoiding institutionalization.

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<p style="color: red;">I. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.</p>
<p>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</p>
<p>Transportation is limited to \$7,500 per year per participant.</p>
<p>Service Delivery Method (check each that applies):</p>
<p>X Participant-directed as specified in Appendix E</p> <p>X Provider managed</p> <p style="color: red;">(Don't Check) Remote/via Telehealth</p>
<p>Specify whether the service may be provided by (check each that applies):</p>
<p>X Legally Responsible Person</p> <p>X Relative</p> <p>X Legal Guardian</p>
<p>Provider Category(s) (check one or both):</p>
<p>X Individual. List types:</p>
<p>Transportation Professional or Vendor</p>
<p>X Agency. List the types of agencies:</p>
<p>Organized Health Care Delivery System Provider</p>

## Transportation Services

Provider Type:
Transportation Professional or Vendor
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individual must complete the <del>MDH DDA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification as noted below as noted below;</li> <li>3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a for non-commercial drivers;</li> <li>4. Possess a valid driver's license for non-commercial drivers;</li> <li>5. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of service, for non-commercial providers;</li> <li>6. <del>Satisfactorily complete</del> <del>Complete</del> required orientation and training designated by the DDA;</li> <li>7. <del>Satisfactorily complete</del> <del>Complete</del> necessary pre/in-service training based on the Person-Centered Plan for non-commercial drivers;</li> </ol>

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8. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's ~~policy values~~ in Annotated Code of Maryland, Health General, Title 7;
9. Demonstrate financial integrity through Internal Revenue Services, ~~Maryland~~ Department ~~of Health~~, and Medicaid Exclusion List checks;
10. ~~Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA~~~~Have a signed DDA Provider Agreement for Conditions for Participation~~; and
11. Have a signed Medicaid Provider Agreement.

Orientation, Mobility and Travel Training Specialists must attend and have a current certification as a travel trainer from one of the following entities:

1. Easter Seals Project Action (ESPA);
2. American Public Transit Association (APTA);
3. Community Transportation Association of America (CTAA);
4. National Transit Institute (NTI);
5. American Council for the Blind (ACB);
6. National Federation of the Blind;
7. Association of Travel Instruction (ATI);
8. Be a Division of Rehabilitation Services approved vendor/contractor; or
9. Other recognized entities based on approval from the DDA.

Provider Type:

## Transportation Services

Organized Health Care Delivery System Provider
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be <del>approved</del> <del>certified or licensed</del> by the <del>MDH DDA</del> to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery System provider.</li> </ol> <p>Organized Health Care Delivery System providers shall:</p> <ol style="list-style-type: none"> <li>1. Verify the licenses and credentials of individuals providing services with whom they contract or employ<del>s</del> and have a copy of the same available upon request.</li> <li>2. Obtain Workers' Compensation if required by law.</li> </ol> <p>The Organized Health Care Delivery System and Financial Management and Counseling Services <del>provider</del> must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:</p> <ol style="list-style-type: none"> <li>1. For individuals providing direct transportation, the following minimum standards are required: <ol style="list-style-type: none"> <li>A. Be at least 18 years old;</li> <li>B. For non-commercial providers, possess a valid driver's license for vehicle necessary to provide services; and</li> </ol> </li> </ol>

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C. For non-commercial providers, have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.

D. For commercial providers like Uber and Lyft, do not ~~need to provide proof of automobile insurance complete pre/in-service training.~~

2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:

A. Easter Seals Project Action;

B. American Public Transit Association;

C. Community Transportation Association of America;

D. National Transit Institute;

E. American Council for the Blind;

F. National Federation of the Blind;

G. Association of Travel Instruction;

H. Division of Rehabilitation Services approved vendors/contractor; or

I. Other recognized entities based on approval from the DDA.

Verification of Provider Qualifications

Provider Type:

Transportation Professional or Vendor

## Transportation Services

Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> for approval of certified Transportation Professional and Vendors.</li> <li>2. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.</li> </ol>
Frequency of Verification
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> - Initially and at least every 3 years.</li> <li>2. Financial Management and Counseling Services providers – Prior to delivery of services and continuing thereafter.</li> </ol>
Provider Type:
Organized Health Care Delivery System Provider
Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> for approval of the Organized Health Care Delivery System.</li> <li>2. Organized Health Care Delivery System provider and Financial Management and Counseling Services <del>provider</del> for verification of staff qualifications.</li> </ol>
Frequency of Verification
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del>– Initially and at least every 3 years.</li> <li>2. Organized Health Care Delivery System and Financial Management and Counseling Services provider – <del>Prior</del> to service delivery and continuing thereafter.</li> </ol>