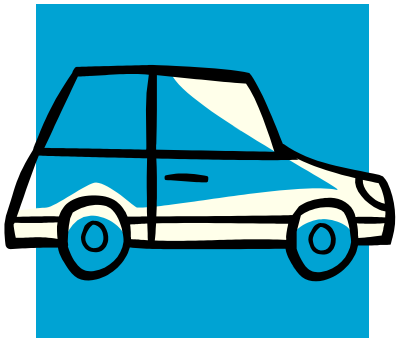


TRANSPORTATION TOOLKIT

AGED AND DISABLED WAIVER

A GUIDE FOR PROVIDERS AND MEMBERS

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

INTRODUCTION:

The Transportation Committee was commissioned by the Aged and Disabled Waiver (ADW) Quality Improvement Council to develop a Transportation Toolkit. This committee was organized in response to questions from providers and members regarding Transportation Services. The toolkit's intent is to offer guidance to members and providers; offer suggestions when provided during medical appointments, essential errands and community activities; liabilities associated with transportation and examples of provider best practice.

Providers should educate both the member and the Personal Assistant/Homemaker (PA/HM) on the ADW transportation policy and encourage policy compliance. It is important to stress that transportation must be provided for the member's needs only. This means that the purpose of the travel cannot be for the benefit of the PA/HM or the member's family/friends.

For specific details regarding Medicaid policy, the Aged and Disabled Waiver Policy Manual can be located at the following website: http://www.dhhr.wv.gov/bms/hcbs/ADW/Pages/ADW.aspx

QUALITY ASSURANCE

The Quality Assurance is designed to assist the provider in managing the quality of the service and reducing risk. Providers have shared best practices with the Transportation Committee such as transportation tips, useful quality tools and monitoring techniques to assist providers.

TIPS FOR QUALITY MANAGEMENT OF TRANSPORTATION

The following is a list of tips:

1. Transportation has a purpose (why are you going?) and a destination (where are you going?) for the travel. Example: transportation once per week to Wal-Mart for grocery shopping.
2. Transportation is listed on the Service Plan and the Plan of Care. **Example:** Grocery shopping once per week at Kroger's in South Charleston.
3. Destination and frequency of trips are listed on the Plan of Care (Details will assist the RN with monitoring of the service and provides direction to the PA/HM). **Example:** Twice per week to Ruby Clinic for therapy.
4. RN does not approve transportation services which are not listed on the Plan of Care, fraudulent, excessive use of the service or abuse of the service. **Example:** Worker documents 100 miles. Actual destination was 50 miles away (fraudulent); Transportation 50 miles every day to Go Mart to pick up cigarettes (excessive use or abuse of the service).
5. While approving the service, the RN must not approve of a Plan of Care Worksheet for transportation which is inaccurate, fraudulent or excessive use or abuse of the service (same examples as above).

6. Report all allegations of Medicaid fraud to the Medicaid Fraud Control Unit (304-558-1838.)
7. Agency must not bill for Transportation services that do not meet policy requirements or is fraudulent (Example: PA/HM documented that she provided transportation and it did not occur).

DOCUMENTATION

Ensure documentation includes the following:

- Document accurate Miles. Example: Mileage should accurately reflect the number of miles traveled for the trip.
- List city or exact location. Example: Beckley Kroger's, Huntington Walmart, etc.
- For multiple locations of Kroger's in the city, list which one? Example: West Side Kroger's
- List the reason for the travel. Example: Dr. Brown for annual physical.

The following are examples of actual documentation by workers that did not meet transportation policy requirements. The correct way to document is listed below as a reference.

INCORRECT	CORRECT
Fay/Ral	Beckley to visit member's aunt Fay in Nursing Home (This was a community activity)
Meds, grocery and personal errands	• Morgantown Wal-Mart for medications (This was an essential errand) • Martinsburg Kroger for groceries (This was an essential errand) • Charleston Town Center Mall to pay Suddenlink cable bill (This was an essential errand)
Dr. appointment, out to eat	• Clarksburg for appointment with Dr. Brown • Fairmont Muriel's restaurant for lunch (This was a community activity)
Daughter's, post office, McDonald's	• Daughter's in Huntington for lunch (Note: daughter is not the Homemaker) • Keyser Post Office for electric/telephone bills
Doctor's treatment	Appointment with Dr. Rogers in Elkins
Hospital	Chest X-ray at Cabell Huntington Hospital
Morgantown	Morgantown for cardiac evaluation (or "heart doctor")

RED FLAGS: POTENTIAL FRAUDULENT ACTIVITY

A "red flag" is an indicator of a potential that fraudulent activity may be occurring. The following is a list of red flags for the agency to monitor. When these situations occur, the agency should ask questions and investigate. While there may be times when a PA/Homemaker needs re-training, it is never acceptable for a worker to commit Medicaid fraud. If an agency chooses to ignore fraudulent activity committed by the PA/Homemaker, the agency may be considered a part of the fraudulent activity.

- **Same Number of Miles Every Day (or every week or month):** PA/Homemaker documents the same number of miles for each day regardless of the destination(s). **Example:** Worker travels to Kroger's for grocery shopping on Monday. On Tuesday, worker travels to physician appointment, post office to pay bills, CVS for a prescription and Lowe's for kitchen light bulbs. Both days, the worker documented 70 miles, yet there was more travel on Tuesday. This is not physically possible.
- **Exact Same In-Home Activities Documented on Travel and Non-Travel Days: Example:** Day 1, worker transports member for 3 hours, then marks bathing, dressing, grooming, 2 meals, laundry, dishes, changing bed, sweeping, mopping, dusting and vacuuming for 1 hour. Day 2, worker does not transport member at all and marks exact same activities in the home for 4 hours. This is not physically possible to do this.
- **Meets Agency Policy Limit on Mileage Every Month:** PA/Homemaker continuously maximizes the agency's limit on miles (agency policy). **Example:** Agency ABC has an agency policy limiting transportation mileage to 200 miles per week. Each week, the worker travels 200 miles regardless of the destination.
- **Excessive Trips:** PA/Homemaker documents unusual frequency of trips. **Example:** The worker travels every day to the pharmacy or grocery store for the same item.
- **Excessive Miles:** PA/Homemaker documents mileage total for the trip that is excessive or is not physically possible to travel**. Example:** (mileage is 20 miles and 50 mile are documented)
- **Lack of Detail:** PA/Homemaker fails to list detail on the Plan of Care Worksheet (where and what for). Example: Lunch- family
- **Trends of Excessive Use or Abuse of Transportation Service:** Over utilization of the service (this will be flagged for potential review). **Example:** Worker travels 1,000 miles every month and member reports that he "hardly leaves the house".

ADW TRANSPORTATION SERVICES QUALITY TOOL

There may be specific situations that require closer monitoring. The Transportation Services Quality Tool is a best practice that RN's may use to track mileage when the need arises to do so.

AGED AND DISABLED WAIVER

TRANSPORTATION SERVICES QUALITY TOOL

The Transportation Quality Tool is a guide to track the number of miles monthly

Member First Name								**Member Last Name**							
Provider Agency								**Month and Year**							
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**15**	**15**	
Miles	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**
16	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
Miles	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**	**Miles**
							Monthly Total								

Names of Personal Assistant/Homemaker(s):

_____

_____

_____

_____

GENERAL GUIDELINES:

The following general guidelines have been recommended by the Transportation Committee as best practices. These guidelines have been utilized by current provider agencies who have reported these measures as an effective means for increasing accountability and reducing risk. The following best practice suggestions are not policy requirements. However, providers have reported these methods have improved the quality of the service at their specific agency.

- Request a copy of the PA/HM's valid driver's license
- Request a copy of the PA/HM's current automobile insurance with verification that it is current
- Request a copy of the PA/HM's driving record (there could be a cost to either the PA/HM or the provider agency. Although, it is not expensive.)Please note that some providers suggest that some automobile insurance companies allow viewing of the individual's driving record from the insurance website (with the worker's permission)

Out of State Transportation:

Out of state transportation can only be provided for members who live in a West Virginia county bordering another state who may utilize up to 30 miles beyond the West Virginia border. The travel must be for a direct Medicaid service such as a doctor appointment, medical tests, prescriptions, etc.

Essential Errands:

Be specific on the Plan of Care. Detail the frequency of the trips and the destination. Examples of travel for essential errands could include travel to the grocery store to purchase food items or cleaning supplies; medication pick-up at the pharmacy; payment of bills; assistance with medical appointments, etc.

Community Activities:

Some examples of community activities may include going to the hair dresser, manicurist or barbershop; grocery shopping at Walmart; shopping at the mall for clothes; lunch at a restaurant, shopping at a hardware store for light bulbs, etc. Example: Mall for clothes shopping once a week.

If a member requests a "car ride", this is not an acceptable community activity. Travel should have a purpose and a destination. It is not acceptable to go on a scenic car ride since there is not a destination or a community "activity". Example: It is acceptable to ride in a car to go fish at the lake or ride in a car to the mall for lunch. Both examples include a destination, not just a "car ride".

BEST PRACTICE:

Verify Driver's License: Some providers suggest verifying the status of a PA/HM's driver's license. The reason for this is to detect a lapsed driver license or other problems with the license. The West Virginia Department of Motor Vehicles website is: http://www.wva.state.wv.us/wvdot/dl/default.aspx
State of Kentucky: https://dhr.ky.gov/DHRWeb/ State of Ohio: http://www.bmv.ohio.gov/abstract.stm
State of Maryland: http://www.mva.maryland.gov/Driver-Services/Apply/license.htm

Verify Safety of Vehicle for Member: It is important to understand that transporting a member in the summer time without air conditioning or without heat in the winter months could result in negative consequences for the member. Providers can question the worker as to the condition of the vehicle or even ask to see the vehicle to ensure that the vehicle is safe for transport of the member. Another safety tip is to ensure that the vehicle has a valid automobile inspection sticker.

Vehicle Responsibility Statement: Providers report they have requested verification of the PA/HM's current inspection sticker, current license and valid insurance requirements by signing a Vehicle Responsibility Statement. The following is an example of a Vehicle Responsibility Statement.

PERSONAL ASSISTANT/HOMEMAKER or MEMBER EMPLOYER

VEHICLE RESPONSIBILITY STATEMENT

I, _____, am a Personal Assistant/Homemaker working with an Aged and Disabled Waiver provider agency, _____ (name of agency) or a member employee (Personal Options).

I have a current state inspection sticker for my vehicle (if applicable in my state of residence). I have a current driver's license and current (valid) automobile insurance. I commit to maintain valid driving requirements as necessary to operate a vehicle in the State of West Virginia. I commit to maintain a safe vehicle and drive safely when transporting an Aged and Disabled Waiver member in my vehicle. I will provide proof of valid driving requirements to my provider agency or to my member employer upon request. I agree to notify the agency or my member employer immediately of any changes in the status of my driver's license (example: "Driving Under the Influence" or "DUI arrest, cited for an accident, failure to produce insurance, unpaid parking tickets, suspended license, etc.). I agree to notify the agency or my member employer of any change in the status of my vehicle.

I understand that I cannot transport a member in my own vehicle when I do not maintain valid driving requirements as outlined above. I will report any lapse in these requirements to the provider agency or my member employer so alternative arrangements may be made for member transportation.

PA/HM Signature: _____ Date: _____

Provider Agency Signature: _____ Date: _____

Member Employer (Personal Options): _____ Date: _____

SAFETY

The following is a list of driving situations that may constitute additional safety measures:

- PA/HM who may drive in inclement weather conditions (snow, excessive temperatures, etc.). Providers should have inclement weather policies
- Check to see if local businesses or schools are closed due to unsafe travel
- Develop an agency policy for transporting members during inclement weather conditions
- Consider not transporting when this cannot be done safely. Contact the Case Manager or the member (for Personal Options) to arrange for alternatives for transportation
- For members with dementia/cognitive disabilities who may open a car door while traveling in the vehicle, consider safety locks on car doors to prevent opening doors/injury while riding
- Request the RN to assess the situation for recommendations regarding safe travel
- Contact the supervisor to discuss any concerns over "risky locations"

Under the Influence: It is important to check with your agency regarding specific agency policy or other requirements related to a drug free workplace. A worker should never transport anyone when under the influence of alcohol or drugs.

WHEN THE PERSONAL ASSISTANT/HOMEMAKER IS IN HARM'S WAY

While this is not a common occurrence, a PA/HM may find themselves in harm's way while transporting a member. If you find you are in harm's way, report this immediately to the agency RN supervisor/agency supervisor or member employer. Examples of situations where a PA/HM could be in harm's way may include but not limited to the following:

- PA/HM hit by a member
- Member tries to open car door while car is moving
- Physical injury while helping the member transfer into/out of the vehicle

It is important to review the Plan of Care for special instructions regarding transporting the member. Example: assist the member in/out of car; monitor for opening of car door; etc.

TRANSPORTATION TO AND FROM THE PHARMACY

The following is a list of safety measures the PA/HM may use when picking up medication for the member at the pharmacy:

- Make the pharmacy the last trip on an outing so you do not have medications sitting in the car
- Do not make any stops after picking up the medications at the pharmacy
- Contact your supervisor immediately for any problems
- Ask the member to count their pills when the medication comes into the home

Bus Ticket for Worker: One option for PA/HM's that do not have vehicles is to purchase a bus ticket for the PA/HM to ride with the member. Based on the cost, this is a decision that each agency would need to make independently before implementing this option. Some providers have implemented this option with success and have seen positive results.

Assistant Rides Free: Investigate with local communities or the local county public transportation authority whether PA/HM's can ride on the bus with the member free of charge as an assistant or at a reduced rate.

Balance of Resources: It is important for the Case Manager to coordinate transportation resources for the member. One resource for the Case Manager is the Aging and Disability Resource Center. The website is organized by county and by service to allow the Case Manager a view of all transportation services offered within the member's county of residence. The website is as follows: http://www.wvnavigate.org/Resources/tabid/119/Default.aspx

PROVIDER FRAUD

Is the PA/Homemaker aware of what can happen if fraud is committed?

A person can be convicted of healthcare fraud, which is a felony, in state or federal court for any act related to presenting, or causing to be presented, a false claim to Medicaid. Examples include billing for services not rendered, such as falsifying PA/HM worksheets or mileage reimbursements. Healthcare fraud violators who are criminally convicted can be sentenced to more than one year in federal or state prison and are subject to extensive monetary fines. Civil fraud can result in a civil penalty of not less than $5,000 and not more than $10,000. The violator may have to pay treble damages or three times the government's loss, plus reasonable attorney fees and costs of litigation. A healthcare worker or provider may also be excluded from working as a service provider in any state or federal healthcare program for several years if convicted of healthcare fraud.

Examples of fraud:

- Travel 50 miles and document 100 mile on the worksheet
- Claim mileage when the PA/HM did not travel
- Signing the member's name or member's initials on the worksheet (even with the member's approval). If a member has difficulty with the paperwork, contact the case manager or the RN.

RECIPIENT FRAUD

Is the member aware of what can happen if fraud is committed?

Giving incorrect or false information or failing to report changes as required may result in the recipient being required to repay any benefits improperly received, as well as being referred for prosecution for fraud. Any person who obtains, or attempts to obtain, or aids and abets someone else to obtain benefits from DHHR by means of a willfully false statement, or misrepresentation, or by impersonation, or any other fraudulent device, can be charged with fraud. Punishment upon conviction may be a fine up to $10,000.00 and/or a jail sentence of up to 10 years.

FRAUD PREVENTION AND MONITORING

The following is list of examples providers have suggested that may help with the prevention of fraudulent transportation or monitoring of the service.

- Utilize the Medical Appointment Verification Form to verify that the member visited the physician or medical facility
- On the Plan of Care, include detail and specifics regarding transportation. Include the purpose/destination and frequency of the trip. More detail provides direction to the PA/HM and to the member. Detail reduces the chance of fraudulent activity.
- To monitor the mileage, you may verify number of miles traveled by checking “Map Quest” or other directional websites. The site will provide number of miles to and from the destination and amount of travel time for one way.
- Compare the amount of miles/travel to past months. Are the months similar? Is it the same mileage to the same destination? Look for “red flags”.
- Ensure that the travel is not for the worker’s own benefit
- Add specific destination, special directions and frequency of community activities and essential errands on the Plan of Care
- Ask the PA/HM to designate the location of the store on the worksheet (Example: Wal-Mart in Buckhannon, Kroger’s in Clarksburg, GoMart in Clay, Dollar Store in Gassaway)
- Is the travel reasonable? Can the PA/HM physically travel 100 miles and then perform everything on the Plan of Care within 3 hours?
- Determine a reasonable amount of travel. For example: It may be reasonable for an individual to travel to the grocery store or pharmacy once a week. The key is to monitor “unnecessary travel”. There must be an explanation for the travel to be reasonable. If it looks like too many trips, there is a reason to monitor the travel closely.
- It is recommended to combine or consolidate essential errands or community activities. Without extenuating circumstances, travel above a reasonable amount could be excessive use or abuse of the service. Another example: If the PA/HM travels for one hour and documents the number of miles traveled is 150 miles. That is not reasonable.

- Make sure both the PA/HM and the member are aware that ADW Transportation Services and Nonemergency Medical Transportation (NEMT through DHHR) cannot be billed at the same time for the same visit. This is a duplication of service and would be considered fraudulent.
- Does the PA/HM, the member and the agency understand that they could be held liable for fraudulently billing for a service?
- Advise members to conduct "self-monitoring". Verify that the PA/HM traveled the miles documented on the PA/HM Worksheet before either the PA/HM or the member signs the PA/HM Worksheet
- Excessive miles and excessive trips may be considered fraudulent.
- The PA/HM Worksheet advises all individuals who sign the form to certify by signing that the information is accurate and complete. It states that false claims could be considered Medicaid fraud.

  "By signing, I certify that the reported information is complete and accurate. I understand that payment for the services certified on this form will be from Federal and State funds, and that any false claims, statements, or documents or concealment of material fact, may be prosecuted under Medicaid Fraud."

HOW TO REPORT FRAUD

- **Provider Fraud:** If the agency suspects that the PA/HM may have committed Medicaid fraud, the agency must notify Medicaid Fraud. The phone contact for Medicaid Fraud Control Unit is 304-558-1858.
- **Recipient Fraud:** If the agency suspects that the member may be allegedly committing "recipient fraud", the agency must notify Investigations and Fraud Management. The phone number is 304-558-1970. There is also an online reporting form at the following website: https://www.wvdhhr.org/oig/mfcu/secRepFrd/

OTHER

Person-Centered: Determine if the member needs the transportation. If the travel is for the benefit of the member's family, friend or the PA/HM, the travel must not occur. The service is intended for the use and benefit of the member.

Medical Appointment Verification Form: As best practice, the Medical Verification form may be utilized when a member is transported to medical appointments, hospitals, or any other medical event. A representative of the facility signs the form with the date and time to verify the member's attendance. The facility representative includes on the form the time in/time out, location of the facility and phone number. The member initials the form verifying attendance. The PA/HM and member signs and dates the completed form. This process increases accountability for the PA/HM and the member. The process also increases the RN's ability to monitor transportation services. **Example:** Some providers have

reported incidents when they found billing for transportation to medical appointments when the member had no medical appointment for that day.

POTENTIAL FOR EXCESSIVE USE OR ABUSE OF TRANSPORTATION SERVICES:

A discussion with the member during development of the Service Plan and the Plan of Care should be held to discuss the member's needs related to transportation services. Transportation Services should be reasonable. Example: Is it normal to go to the grocery store every day? Is it normal to travel 3 hours a day to shop for shoes? Travel outside the norm may be considered abuse of the service or excessive use of the service (it could be considered Medicaid fraud). When there is a question about the mileage, an internet check of the travel distance can be helpful as well. It is important for the Case Manager and the RN to determine the transportation needs at the time of the assessment and planning. Best practice providers recommend documenting the specific needs on the Plan of Care. Some areas of the state are rural and remote and it is important to pay attention to location (rural versus urban). These areas may require more travel than an urban area. It must be based on the individual needs of the member.

A good example of excessive travel is traveling to the grocery store five times in one week. Most individuals do grocery shopping once or twice a week. That is considered "normal". Help the member plan ahead. Trips should be combined when possible. Identify a limit and specify exactly the number of trips. The more specifics on the Plan, the easier it will be to provide direction to the PA/HM and to monitor the service. The member, Case Manager and RN will need to meet to specify the number of times for a trip on the Service Plan or Plan of Care. Identify errands for the entire week on the Plan of Care so it is pre-planned. Unplanned events to the physician's office or pharmacy may occur, provided it is approved by the RN and documented.

NONEMERGENCY MEDICAL TRANSPORTATION (NEMT):

Refer members who need assistance with Nonemergency Medical Transportation (NEMT) to the member's local county Department of Health and Human Resources (DHHR) office. NEMT is service provided for travel to/from medical appointments. Notify both the member and the PA/HM that NEMT cannot be billed for the same trip that is billed under the ADW Transportation Services. This would be a duplication of service which would be considered fraudulent and must be reported to the Medicaid Fraud Control Unit. NEMT forms may be obtained from the local county DHHR office. Provider agencies may choose to have the forms on hand at the agency office for the member. The Nonemergency Medical Transportation policy can be located at the following website:
http://www.wvdhhr.org/bcf/policy/imm/new_manual/immanual/manual_htm_pages/imchapter27.html

ALTERNATIVE TRANSPORTATION RESOURCES:

Members may need alternative transportation resources. The Aging and Disability Resources Center's (ADRC) website offers a list of resources. Resources may be searched on this website by service

(transportation) and by county to locate available resources in the member's home area. The website for the ADRC is:
http://www.wvnavigate.org/Resources/tabid/119/Default.aspx

West Virginia Division of Public Transit:
http://www.transportation.wv.gov/publictransit/Pages/default.aspx

Aged and Disabled Waiver Medical Appointment Verification Form

Member Name: _____ Provider Agency: _____

Date *MM/DD/YY*	**Time-In**	**Time-Out**	**Physician/Facility**	**Location**	**Phone**	**Member Initials**	**Verifying Signature**

By signing, I certify that the reported information is complete and accurate. I understand that reimbursement for the services certified on this form will be from Federal and State funds, and that any false claims, statements, or documents or concealment of material fact, may be prosecuted under Medicaid fraud.

_____ _____

Date Personal Assistant/Homemaker (print name and signature)

_____ _____

Date Member Signature

* Verifying Signature may be any medical or clerical staff member of the visited facility

Mileage cannot be submitted to Non-Emergency Medical Transportation (DHHR) for these same travel events as it would be Medicaid Fraud.

This document was produced by the Transportation Committee and the Aged and Disabled Waiver Quality Improvement Advisory Council.

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