

Ohio Department of Medicaid
AID COUNTY TRANSPORTATION FUND
 submitted by the
 Department of Job and Family Services

Location Select One	Effective Date
☐ Revision to item ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H	
☐ New effective date only; no change to any item	

A. Which CDJFS staff members are responsible for administering transportation assistance under the Medicaid program (<i>in descending order of authority</i>) [NAME, TITLE, E-MAIL ADDRESS, TELEPHONE NUMBER]

B. What constitutes the community service area (the geographical area within which Medicaid-eligible individuals and the general population in the county routinely access healthcare services)

C. Which entities are responsible for managing the steps in the process by which Medicaid-eligible individuals obtain transportation assistance from the CDJFS
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	CDJFS	Broker	Vendor	Other
Intake point of contact	☐	☐	☐	☐
Eligibility determination	☐	☐	☐	☐
Selection of assistance type	☐	☐	☐	☐
Scheduling	☐	☐	☐	☐
Record-keeping	☐	☐	☐	☐

D. Frequency with which the CDJFS provides various types of transportation assistance

R = Regularly or routinely

S = Sometimes or only when other types of assistance do not fully meet
a Medicaid-eligible individual's needs

N = Never, because the service is not available in the community service area

	R	S	N
Contracted livery service (<i>e.g., taxicab, individual driver</i>)	☐	☐	☐
Payment for fixed-route or demand-response transportation	☐	☐	☐
Vouchers for fuel at participating service stations	☐	☐	☐
Prepayment of fares (<i>e.g., purchase of bus tokens or passes</i>)	☐	☐	☐
Prepayment for fuel (<i>e.g., purchase of gasoline debit cards</i>)	☐	☐	☐
Transportation by a CDJFS staff member in a CDJFS vehicle	☐	☐	☐
Payment of mileage reimbursement	☐	☐	☐
Reimbursement for travel-related expenses that represent a necessary out-of-pocket cost to a Medicaid-eligible individual	☐	☐	
Transportation, or payment for transportation, of a parent or legal guardian accompanying a Medicaid-eligible individual who is younger than twenty-one years of age	☐	☐	
Other services approved in advance by ODM	☐	☐	

Notes:

E. What resources are used for trips outside the community service area for which a Medicaid managed care organization is not responsible

F. When applicable, who the contract broker and vendors are and (briefly) what each contract covers, when it ends, and how much it is projected to cost
[BROKER/VENDOR NAME, TERMS, END DATE, COST]

G. Who is responsible for handling complaints about or misconduct by vendors

H. Who is responsible for handling complaints about or misuse of transportation assistance by Medicaid-eligible individuals

Comments (*optional*)

CDJFS Staff Member's Name

Date