



<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Member Transportation Assistance				POLICY #: 5.15-P	
DEPARTMENT: Member Services					
Effective Date: 08/29/1997	Review/Revised Date: 2/26/2025	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

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Emily Duran  
Chief Executive Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Operating Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Financial Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Health Equity Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Senior Director of Member Services

Date \_\_\_\_\_

\_\_\_\_\_  
Senior Director of Provider Network

Date \_\_\_\_\_

\_\_\_\_\_  
Senior Director of Marketing & Member Engagement

Date \_\_\_\_\_

\_\_\_\_\_  
Medical Director Utilization Management

Date \_\_\_\_\_

\_\_\_\_\_  
Director of Procurement and Facilities

Date \_\_\_\_\_

**POLICY:**

Kern Family Health Care (KHS) covers round trip transportation and related transportation expenses, subject to utilization controls and permissible time and distance standards, for KHS and Medi-Cal covered services including medical, prescription drugs and pharmacy, dental, mental health, and substance use disorder services. KHS will cover transportation and related transportation expenses for members to carve out Medi-Cal covered services when transportation is not provided by the program or service. Transportation and related transportation expenses are covered for the member and the accompanying parent or guardian, major organ transplant donor, or the member's accompanying caregiver or attendant. When necessary, the salary of an approved attendant is also covered.

**DEFINITIONS:**

Non-Emergency Medical Transportation (NEMT)	Transportation provided to members who are medically stable and whose medical and physical condition is such that transport by public or private transportation is medically contraindicated. NEMT includes: <ul style="list-style-type: none"> <li>A. Litter Van (subject to prior authorization of service location when scheduling)</li> <li>B. Wheelchair Van (subject to prior authorization of service location when scheduling)</li> <li>C. Ambulance (subject to prior authorization)</li> <li>D. Air (subject to prior authorization)</li> </ul>
Non-Medical Transportation (NMT)	Transportation of eligible members by passenger car, taxicabs, or other forms of public or private conveyance. Does not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated.
Public Transportation	Shared passenger transportation service available for use by the general public. <ul style="list-style-type: none"> <li>A. Bus passes/tokens</li> <li>B. Rideshare</li> <li>C. Taxi</li> </ul>
Private Transportation/Mileage Reimbursement	Transportation that is not shared or may not be available for use by the general public and is a reimbursement of the cost of fuel per mile as determined by KHS, and no less than the Internal Revenue Service's (IRS) Standard Medical Mileage Rate. The driver must have a valid driver's license, valid vehicle registration, and valid vehicle insurance.
Physician Certification Statement (PCS)	A required form to determine the appropriate level of NEMT service for a member.
Physician Extenders	Physician extended authorized PCS form signers. <ul style="list-style-type: none"> <li>A. Physician assistants (PAs)</li> <li>B. Nurse practitioners (NPs)</li> <li>C. Certified nurse midwives (CNMs)</li> </ul>

	D. Physical therapists E. Speech therapists F. Occupational therapists G. Mental health or substance use disorder providers. H. Optometrists
Passenger Vehicle (VEH Section 465 - paraphrased)	Any motor vehicle, other than a motortruck, truck tractor, or a bus used obtained for the transportation of persons, including a house car.
Bus (VEH Section 233(b) - paraphrased)	A vehicle designed and maintained for carrying more than 10 persons including the driver.
Rideshare (Merriam-Webster Dictionary- paraphrased)	A service or network through which ride-sharing trips are arranged such as Uber or Lyft.
Ferry (Merriam-Webster Dictionary – not paraphrased)	A place where persons or things are carried across a body of water (such as a river) in a boat.
Related Transportation Expenses	The cost for meals, lodging, parking fees, and tolls incurred during travel to and from a covered health care service.
Attendant	A person deemed qualified and approved for accompanying the member during transportation and whose salary will be covered by KHS. The attendant is not a member of the member’s family.

## PROCEDURES:

### A. NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

NEMT is covered for members whose medical and physical condition is such that transport by public or private conveyance is medically contraindicated and when it is prescribed in writing by a physician, dentist, podiatrist, or physician extender to receive medically necessary KHS and Medi-Cal covered services.

KHS will provide the lowest cost type of medically necessary NEMT services for members to obtain all medically necessary KHS or Medi-Cal covered services.

Prior authorization for NEMT is not required when a member is transferred from an acute care hospital immediately following an inpatient stay at the acute level of care, to a licensed skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, a free standing psychiatric inpatient hospital, a psychiatric health facility or any other appropriate inpatient appropriate inpatient acute psychiatric facility.

KHS will cover NEMT for members, upon request, to carve out Medi-Cal covered services when transportation is not provided by the program or service.

NEMT services require a Physician Certification Statement (PCS) to be completed, signed and submitted by the member’s health care provider prior to receiving NEMT.

NEMT services for wheelchair and litter van are approved with a completed and signed PCS form.

1. The form is effective for 12 months from the date it is signed or submitted electronically through the Provider Portal.
2. Members with recurring appointments to covered services shall receive NEMT as long as the PCS form is effective and will not to exceed 12 months. Further NEMT services will require a new PCS form after the 12-month period.
3. If a member requires NEMT to a covered medically necessary service of an urgent nature and a PCS form cannot be received beforehand, KHS will provide verbal, over the phone authorization for NEMT and will accept the submission of the PCS form after the service is received by the member. The transportation broker will accept that the authorization provided by KHS over the phone is valid.
4. PCS forms are not required for Major Organ Transplant donors to ensure their ability to get to the hospital for the Major Organ Transplant member.

**a. NEMT Ambulance Services**

NEMT ambulance services are covered when medically necessary and require prior authorization for:

- i. Transport for members recently placed on oxygen and require medical supervision/monitoring during transit.
- ii. Transport of members who are being transferred between facilities and require continuous intravenous medication, medical monitoring, or observation.

**b. NEMT Litter Van Services**

NEMT litter van services are covered, and require prior authorization of service location when scheduling, when the member's medical and physical condition does not meet the need for NEMT ambulance, and meets both of the following:

- i. The member must be transported in a prone or supine position because the member is incapable of sitting for the period of time needed to transport.
- ii. The member requires specialized safety equipment over and above that normally available in public or private conveyance.

**c. NEMT Wheelchair Van Services**

NEMT wheelchair van services are covered, and require prior authorization of service location when scheduling, when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following:

- i. Is incapable of sitting in a public or private conveyance for the period of time needed to transport.
- ii. Must be transported in a wheelchair or assisted to and from a residence, vehicle, and place of treatment because of a disabling physical or mental condition.
- iii. Requires specialized safety equipment over and above that normally available in public or private conveyance.

Members with the following conditions may qualify for wheelchair van transport:

- i. Severe mental confusion
- ii. Paraplegia
- iii. Receives dialysis.
- iv. Chronic conditions requiring oxygen without monitoring.

Proxy NEMT for parent or guardian

- i. KHS covers NEMT wheelchair van when a parent or guardian who has a

medical condition that qualifies for NEMT must accompany a member who is a minor and cannot otherwise travel alone to a covered service. If the parent or guardian is not a member of KHS, the minor member's health care provider may submit a PCS form, under the minor's KHS Member Identity Document (ID) number, to be used as a proxy PCS form for NEMT on behalf of the parent or guardian. The proxy PCS form will be filed under the minor member's account. If the parent or guardian is a member of KHS and has a PCS form on file, the minor member's account will show a proxy PCS entry to allow permission for the member to receive NEMT with the parent or guardian.

**d. NEMT Air**

NEMT by air requires prior authorization and is covered when transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.

**e. NEMT Prior Authorization Process**

The KHS Transportation Broker call center reviews the member's account to identify the type of NEMT the member is prescribed per the PCS form and will approve to schedule the trip and modality per the following guidelines:

- i. The member's PCS form is valid on the date of service.
- ii. The member's requested trip destination is a Medi-Cal or Kern Family Health Care (KFHC) covered service.

If the service is for a tertiary or out of county facility, the Transportation Broker will contact KFHC to confirm that there is a valid authorization on file for the requested trip destination.

**B. NEMT PHYSICIAN CERTIFICATION STATEMENT (PCS)**

A Department of Healthcare Services (DHCS) approved PCS form is required to determine the appropriate level of NEMT service for members (see Attachment A). The form is accepted as an approval for NEMT wheelchair and litter van services, including to Medi-Cal covered services such as Medi-Cal Rx, upon receipt of the completed and signed form to KHS by the health care provider. KHS does not delegate the review of the PCS form to the transportation broker. The completed and signed form is required before NEMT services are rendered. For NEMT ambulance and air transport, prior authorization review is required. The form of transportation prescribed for the member by the member's health care provider will not be modified by KHS or the transportation broker. The transportation broker will provide the type of transportation that is indicated on the member's data file. If multiple modalities are selected by the provider, KHS will select the lowest cost type of NEMT service. If the member requests NMT in lieu of the NEMT prescribed by the member's physician or physician extender, KHS will allow NMT and document the member's request. The PCS form includes the following components:

- 1. Function Limitations Justification:** For NEMT, the provider is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles.

2. **Dates of Service Needed:** Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
3. **Mode of Transportation Needed:** List the mode of transportation that is to be used when receiving these services (litter/gurney van or wheelchair van).
4. **Certification Statement:** Prescribing physician's statement certifying that medical necessity was used to determine the type of transportation being requested.

The PCS form may be completed by a physician or physician extender as provided in the Definitions section of this policy and submitted to KHS Member Services for review and processing.

KHS captures the data from the PCS form for submission to DHCS and to include the prescribed mode of transport in the daily and monthly member files submitted to the transportation broker to arrange NEMT services. A copy of the PCS form is kept on file and the approved NEMT service is captured in the member's account for reference.

### **C. NON-MEDICAL TRANSPORTATION (NMT)**

KHS provides NMT services necessary for members to obtain medically necessary KHS or Medi-Cal covered services. KHS will cover NMT for members, upon request, to carve out Medi-Cal covered services when transportation is not provided by the program or service. KHS will not apply utilization controls or time or distance standards for NMT to carved-out services not authorized or arranged by KHS. NMT does not include transport of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members who require to be transported by ambulance. NMT services may be authorized for members who use a wheelchair, but the limitation is such that the member is able to ambulate without assistance from the driver.

NMT roundtrip services will be provided at the least costly method that meets the member's needs. Methods of transportation include:

1. Public transit systems
2. Rideshare or taxi.
3. Ferry
4. Greyhound transportation for long distance appointments where rideshare is unavailable.
5. Private conveyance through the Mileage Reimbursement Program will be no less than the current Internal Revenue Service (IRS) rate for medical purposes.

NMT is available for the following services:

1. Medically necessary covered services
2. Members picking up drug prescriptions that cannot be mailed directly to the member.
3. Members picking up medical supplies, prosthetics, orthotics, and other equipment.

NMT is provided in a form and manner that is accessible, in terms of physical and geographic accessibility, for the member and are consistent with applicable state and federal disability rights laws.

#### **1. Prior authorization process**

Approval of NMT services is subject to the requesting member's attestation that all other means of transportation have been exhausted. The attestation may be accepted verbally (over-

the-phone), electronically, in person or in writing.

**2. Determining transportation modality**

KHS provides a process to the transportation broker with defined criteria for each mode of transport to determine the transportation needs of the member. The transportation broker is directed to provide the least costly method of transportation that meets the member's needs.

**3. Mileage reimbursement**

KHS will authorize the use of a private vehicle when no other methods of transportation are reasonably available. The Mileage reimbursement rate will be no less than the current IRS rate for medical services. Payment will be made directly to the driver. The driver must have a valid driver's license, valid vehicle registration, and valid vehicle insurance to receive gas mileage reimbursement.

**4. Member services guide**

The member services guide, also known as the Member Handbook, includes information on the procedure to obtain NMT services. The Member Handbook includes a description of NMT services and the conditions under which NMT is available.

**D. MINOR REQUIREMENTS**

Unless otherwise provided by law, KHS provides NEMT and NMT for a parent or a guardian when the member is a minor. Unaccompanied minors must have parental consent on file with KHS (See Attachment B). A completed Minor Consent form must be submitted by the minor member's parent or guardian. (See Attachment B) Minors requesting transportation, as required by law, for sensitive services do not require parent or guardian written consent. Modes of NMT transportation available to unaccompanied minors are restricted to the mode of transportation where the age of the member will not prohibit riding without a parent or guardian. Minors approved for NEMT must consult with the NEMT vendor for minor unaccompanied rides as it is at the discretion of the NEMT vendor's policies and procedures to determine if operational liability exists prior to providing transportation to an unaccompanied minor.

**E. SCHEDULING AND TIMELY ACCESS**

KHS will continue to comply with timely access standard obligations for all members including those who need NEMT and NMT services.

**1. Scheduling**

Members are advised to request approved NEMT or NMT services at least 5 days prior to their scheduled appointment date. Members will also be reminded to arrive within 15 minutes prior to their scheduled appointment time and that the transportation provider will drop them within 15 minutes of their appointment time. If the NMT provider does not arrive at the scheduled pick-up time, alternative transportation will be provided. Members who schedule pay out of pocket for alternate transportation, including with an out of network provider, if their scheduled transportation does not arrive on time will be reimbursed for the out of network NMT. Urgent NEMT will be provided for a member when their scheduled transportation provider does not arrive at the scheduled pickup time and as deemed necessary.

**2. Transportation liaison**

The KHS transportation broker will serve as the transportation liaison for providers and members to schedule urgent and non-urgent transport services during and after business hours. Providers and members may call the transportation liaison to request and schedule non-urgent NEMT transportation and receive status updates on their NEMT rides.

KHS Member Services will serve as the transportation liaison to process NEMT out of area and carve out service trip authorizations during business hours and the on-call nurse will serve as the transportation liaison to process out of area and carve out service trip authorizations after business hours.

### 3. Facility to facility transfers

To ensure a timely transfer from an acute care hospital immediately following an inpatient stay at the acute level of care to a skilled nursing facility, an intermediate care facility, an imbedded psychiatric unit, free standing psychiatric inpatient hospital, a psychiatric health facility, or any other appropriate inpatient acute psychiatric facility, transportation services must be provided **within 3 hours** of the member or provider's request. If transportation services are not provided within the 3-hour timeframe, the acute care hospital may arrange, and the Managed Care Plan (MCP) must cover, out-of-network NEMT services.

## F. RIDER RESTRICTIONS

Reports of member fraud, waste, and abuse for any transportation modality for in-network and carved-out services will be subject to review and action including restricting the member's allowed mode of transportation.

NEMT and NMT Restrictions	
IF	THEN
<p>Report or discovery of fraud, waste, or abuse by the member such as:</p> <ul style="list-style-type: none"> <li>A. Member receives a ride to a destination that is not for the purpose of a KHS or Medi-Cal covered service.</li> <li>B. Member requested a ride, and it was not the member that received a ride (fraudulent misrepresentation)</li> <li>C. Audit of member record determines a pattern of potential fraud, waste, or abuse</li> </ul>	<p>The member will be restricted from rideshare until the trips have been validated. The member will be allowed other modes of NMT such as mileage reimbursement or bus passes until the investigation is completed.</p> <p>The issue will be reported to Compliance to request investigation.</p> <p>Information to Compliance must include:</p> <ul style="list-style-type: none"> <li>A. Member name and Client Index Number (CIN) or KHS ID #</li> <li>B. Date reported.</li> <li>C. Name of person who reported the incident.</li> <li>D. Date of incident(s)</li> <li>E. Requested destination.</li> <li>F. Description of allegation or issue</li> <li>G. Mode of transportation used.</li> </ul>
<p>Transportation mode restrictions may result from audits, reports of fraud, waste or abuse, or trends identified during report reviews. NEMT, mileage reimbursement, and bus pass restrictions will be determined on a case-by-case basis.</p>	
Rideshare Restrictions	
IF	THEN



Member Services attempts to contact a member showing possible patterns of abuse of the rideshare benefit with no response	A restriction code is placed on the member record prohibiting use of rideshare until the member responds and Member Services can confirm there is no abuse of the benefit. Member will be allowed bus passes only until restriction is lifted.
An audit of the member's rideshare history shows a pattern of abuse that cannot be otherwise validated	A restriction code is placed on the member record prohibiting use of rideshare. Member will be allowed bus passes or mileage reimbursement only.
Member has four no-shows within 60 days	Restriction warning code will be issued. Member will be advised at the time of the next Rideshare reservation request of possible restriction to bus pass only if no-show behavior continues.
Member has two no-shows within 60 days of warning code being issued	Restricted to bus pass only for 60 days. After restriction is lifted, member will be allowed to use Rideshare on a probationary basis.
Member has two no-shows within 60 days while on probation	Member is restricted to bus pass or mileage reimbursement only.

## **G. TRANSPORTATION-RELATED EXPENSES**

KHS covers transportation-related expenses determined to be necessary for NEMT and NMT, including the cost of reasonably necessary expenses for meals, lodging, parking, and toll fees for members receiving medically necessary services, the member's donor, parent or their accompanying attendant. KHS will reference the current IRS Lodging and Meals and Incidentals (M&IE) per diem rates for meals and lodging as a guide for payment.

### **1. Meals**

Meals are covered when a member's covered and approved medical service requires the member to be away from their residence according to the following travel times.

- Members who must travel round trip for at least 8 hours to receive covered medical services are reimbursed at the full day MI&E rate.
- Members who must travel round trip for at least 4 hours to receive covered medical services are reimbursed at the half day MI&E rate.
- Members who must stay overnight are paid at the full day MI&E rate for each day the member is away from home and must stay overnight to receive covered medical services.

### **2. Lodging**

Members who must be away from their residence overnight for an approved medical appointment will be covered for lodging.

Unless otherwise approved, lodging rates shall not exceed the current California per diem rates for the primary destination.

### **3. Tolls and parking fees**

Parking fees and tolls are covered for members whose travel to a covered and authorized medical service.

#### **4. Payment of Transportation Related Expenses**

##### **a. Reimbursement**

KHS will reimburse the member and the member's attendant, or the payer of approved transportation-related expenses at the actual cost as long as those expenses are reasonable and supported by receipts.

##### **b. Prepay**

KHS will make every effort prepay or provide a method of payment to assist the member and the member's attendant to receive approved transportation-related expenses when the member is unable to prepay and request reimbursement for those expenses.

#### **H. ACCOMPANYING ATTENDANT**

A member who is unable to travel alone may require an attendant to accompany them during transport to and from approved and covered services. The salary of an accompanying attendant who is not a family member and is determined to be necessary is a covered travel expense.

##### **1. Member criteria for an accompanying attendant**

An accompanying attendant may be necessary when:

- a. The member has a physical disability that is either permanent or temporary that requires assistance.
- b. The member has a developmental disability that requires supervision.
- c. The member has a cognitive issue that requires supervision.
- d. The member has mental health needs that require assistance.

##### **2. Accompanying attendant salary**

An accompanying attendant's salary is covered for the member when the accompanying attendant:

- a. Is not a family member.
- b. Is requested by the member's physician or physician extender as defined in this policy (See Attachment C)
- c. Is qualified to provide such services<sup>ii</sup>

Unless otherwise indicated, the Medically Necessary Attendant form is approved for up to 12 months.

#### **I. MAJOR ORGAN TRANSPLANT**

KHS covers transportation and transportation related expenses for a Major Organ Transplant (MOT) member, member's caregiver, member's donor, and member's donor's caregiver.

NEMT and NMT is covered for MOT at the request of the MOT donor or the MOT member. PCS forms are not required for MOT donors requesting NEMT to ensure the donor can get to the hospital for the MOT transplant.

An accompanying attendant is a covered transportation expense for MOT member and/or the MOT donor when determined necessary per section 8.0 of this policy.

#### **J. ENROLLMENT**

##### **1. Enrollment of transportation providers**

NEMT and NMT providers must comply with state and federal enrollment requirements and

KHS Policy and Procedure 4.01-P, including enrollment in the Medi-Cal Fee-For-Service (FFS) Program. KHS may contract with and allow NEMT and NMT providers that have a pending Medi-Cal application to participate in the network for up to 120 days. KHS tracks providers who have a pending Medi-Cal application and will terminate its contract with the provider when notified by the DHCS that the provider's application is denied, or upon expiration of the 120-day period whichever comes first. Transportation Network Companies (TNC), such as Uber and Lyft, are not required to undergo KHS credentialing requirements. Contracted and subcontracted NEMT and NMT providers and vendors must comply with applicable state and federal regulations and laws as well as KHS and DHCS contractual requirements.

## **2. Transportation brokers**

KHS may contract with a transportation broker that is not enrolled in the Medi-Cal program when conducting administrative activities only such as scheduling. KHS may contract with transportation brokers who provide rides for members (i.e., have their own fleet of vehicles), but they are required to be enrolled in the Medi-Cal FFS program, as outlined above. KHS does not delegate obligations and responsibilities to the transportation broker including:

- a. Monitoring and oversight of network providers and subcontractors
- b. Grievances and appeals
- c. Enrollment of NEMT or NMT providers as Medi-Cal providers
- d. Utilization management functions such as the review of PCS forms or review and approval of referral authorization requests for NEMT ambulance or NEMT air

The transportation broker must provide detailed trip information for all NEMT and NMT trips including:

- a. Specific NEMT or NMT providers
- b. Driver name, including a way to provide the driver's name to a member who is filing a grievance.
- c. Service date, time, pickup, and drop off location.
- d. Member name

## **3. Monitoring and oversight**

No less than quarterly, KHS conducts monitoring and oversight activities of contracted transportation providers and transportation brokers for these services to ensure compliance with these requirements. KHS will impose corrective action on transportation providers and transportation brokers who are found to be out of compliance with these requirements (see KHS Policy and Procedure 4.40-P Corrective Action Plans). Monitoring activities include, but are not limited to:

- a. Enrollment status of NEMT and NMT providers
- b. The transportation broker is not modifying the level of transportation service provided on the PCS form.
- c. The NEMT provider is providing door-to-door assistance for members receiving NEMT services.
- d. NEMT and NMT providers are consistently arriving within 15 minutes of the scheduled time for appointments.
- e. No show rates for NEMT and NMT providers do not show a trend.

- f. The NEMT and NMT providers and the transportation broker being monitored for possible fraud, waste, and abuse of services (see KHS Policy and Procedure 14.04-P Prevention, Detection, and Reporting Fraud, Waste, or Abuse)

## **K. DELEGATED ENTITY AND SUBCONTRACTORS**

KHS will make every effort to ensure that KHS delegated entities and subcontractors comply with all applicable state and federal laws and regulations, contractual requirements and other requirements set forth in DHCS guidance, including APLs (see KHS Policy and Procedure 14.55-I Delegation Oversight Monitoring). KHS will timely communicate these requirements to all delegated entities and subcontractors to ensure compliance.

### **ATTACHMENTS:**

- Attachment A: Provider Certification Statement Form
- Attachment B: Minor Consent for Non-Medical Transportation (NMT)
- Attachment C: Medically Necessary Attendant Form

## **REFERENCE:**

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**Revision 2024-02:** Per CMO, updates were made to policy signatories to include Medical Directors and the removal of the CMO. Formatting updates by Compliance. **Revision 2023-07:** Revised for 2022 DHCS Audit CAP. DHCS Approval received on 11/15/2023 for 2022 DHCS Audit CAP. **Revision 2022-09:** Policy approved by the DHCS on 9/20/2022 per APL 22-008. **Revision 2022-08:** New public facing policy created to comply with DHCS APL 22-008.

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<sup>i</sup> Title 22 §51323 Medical Transportation Services.

<sup>ii</sup> Title 42 §440.167 Personal care services

## Instructions for filling out this form:

1. **Transport/Start Date:** Complete Transport/Start date to let us know when you would like the member to begin receiving the transportation benefit. This form is effective for twelve months from the start date.
2. **Patient Information:** Complete ALL fields in the “Patient Information” section. If the member does not have a physical limitation and does not require medical transport, please write “N/A” in the “Functional Limitation” field. The member’s diagnosis and functional limitation **MUST BE COMPLETED** for NEMT services.

### Please complete ONE section for the following types of transportation.

3. **Non-Medical Transportation:** Complete the Non-Medical Transportation (NMT) section if the member does not require *medical* transport, but has a transportation need. This benefit does not require the completion of this form; however, providers may complete the form as a request on behalf of the member. Members may contact Kern Family Health Care’s Transportation Department by calling 1-800-391-2000 and pressing option #3 Monday through Friday, 7:00 am to 6:00 pm for regular appointments and after hours for urgent requests.
4. **Non-Emergency Medical Transportation:** Complete the Non-Emergency Medical Transportation (NEMT) section of the form if NMT is contraindicated and the member has a medical or physical condition where they require medical transport. The following modes of NEMT do NOT require KFHC prior review.
  - a. **Gurney Van (aka Litter Van):** A member may require a gurney van if they must be transported in a position that is supine or prone. A member who requires this transportation is unable to sit up during transport and is transported while lying on the gurney the entire trip.
  - b. **Wheelchair Van:** A member may require a wheelchair van for one or more of the following reasons:
    - i. A medical or physical condition renders the member incapable of sitting in a private or public form of transportation for the period of time needed to transport including for long distance/tertiary appointments.
    - ii. The member must be transported in a wheelchair.
    - iii. The member must be assisted to and from their residence, vehicle and place of treatment because of a disabling physical or mental limitation.
    - iv. The member has specialized safety equipment a normal passenger car or other form of public conveyance cannot accommodate.
    - v. The member suffers from severe mental confusion.
    - vi. The member receives dialysis.
    - vii. The member has a chronic condition requiring oxygen, but does not require monitoring.
5. **The following modes of NEMT require KFHC prior authorization approval\***
  - a. **Ambulance:** NEMT ambulance transport may be required for a member who requires continuous observation and medical monitoring.
  - b. **Air:** NEMT by air is only allowed because it is necessary due to the member’s medical condition or because practical considerations render ground transportation not feasible.

\*For ambulance and air NEMT, complete section 2, “Patient Information” of this form entirely and attach to the referral prior to submission. Members who require NEMT to be transferred immediately following an inpatient stay at an acute level facility to a skilled nursing facility or an intermediate care facility do not require prior authorization.



## PHYSICIAN CERTIFICATION STATEMENT (PCS) NON-EMERGENCY MEDICAL TRANSPORT

Fax completed form to: 661-473-7631

Please read the instructions before completing this form

<b>1. Transport/ Start Date:</b>	This PCS form is for non-emergency medical transportation services and is effective for 12 months from the start/approval date for repetitive transports or for a single prescheduled or unscheduled transportation to medical services and/or a medical facility.
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### 2. Patient Information:

First Name:	Middle Initial:	Last Name:	Date of Birth:
CIN:	Member ID:	Preferred Language:	
Diagnosis:	Functional Limitation (must support prescribed modality):		

### 3. Non-Medical Transportation (NMT) does not require Referral Authorization

NMT is public or private transportation. This benefit does not require PCS form submission. Members may call 1-800-391-2000 and press option #3 to request transportation assistance. For requests on behalf of the member, please choose **ONE** of these modalities.

<b>Public/Private Transportation</b> <input type="checkbox"/>	Member has a transportation need with no medical or physical limitations and is able to use the public transit/bus system	<b>Curb to Curb</b> <input type="checkbox"/>	Member has a transportation need, is able to walk short distances
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### 4. Non-Emergency Medical Transportation (NEMT) that do not require Referral Authorization

The following modalities are **medically necessary** and authorized with the completion of this form and DO NOT require KFHC review. Select **ONE** appropriate modality according to the patient's transportation need.

<b>a. Litter/Gurney Van</b> <input type="checkbox"/>	Member requires transport in a gurney and must remain in prone or supine position during transport	<b>b. Wheelchair Van</b> <input type="checkbox"/>	For a member who: <ul style="list-style-type: none"><li>• Require transport in a wheelchair OR</li><li>• Is incapable of sitting in public or private transportation for the duration of transport OR</li><li>• Requires assistance to and from their residence, the vehicle, and place of treatment</li></ul>
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### 5. Other NEMT Transportation that requires Referral Authorization

Ambulance and Air Transportation modalities DO require KFHC referral submission to Utilization Management for review. Follow the KHS Prior Authorization review process.

### CERTIFICATION:

I certify that the above information is true and correct based on my evaluation of this patient. I represent that I have personal knowledge of the patient's condition at the time of completion of this certificate. I understand that non-emergency medical transportation is available to obtain Medi-Cal covered services when the patient's medical/ physical condition does not allow them to travel by bus, passenger car, taxicab or other forms of public or private conveyance.

Staff/Physician Name: (PRINT)	Date:
Staff/Physician Signature:	NPI:
Phone Number:	Fax Number:



**KERN FAMILY HEALTH CARE (KFHC)  
AUTHORIZATION AND RELEASE  
Minor Consent for Non-Emergency Medical Transport (NEMT) and  
Non-Medical Transportation (NMT)**

**EXPLANATION** – This authorization will allow a member of KFHC, under the age of 18, to receive Non-Emergency Medical Transport (NEMT) and Non-Medical Transportation (NMT) roundtrip transportation to obtain covered Medi-Cal services only, unaccompanied, without a parent, legal guardian or other adult.

**AUTHORIZATION** - I, \_\_\_\_\_ (parent or legal guardian) hereby authorize:

**Name of member:** \_\_\_\_\_

**KFHC Member ID or CIN Number:** \_\_\_\_\_

To be transported.

1. By signing this Authorization and Release, I give authorization for my minor child to travel roundtrip to obtain covered Medi-Cal services, unaccompanied and without adult supervision. I further understand and agree that roundtrip transportation may be provided by, but is not limited to, litter van, wheelchair van, passenger car or any other form of public or private vehicle.
2. Please be advised that by signing this document, Kern Health Systems, dba Kern Family Health Care, is not responsible or liable for any injury, illness, damages, loss of personal items, or other risks or hazards associated with traveling by public or private transportation.
3. I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I, or my child may incur as a result of my authorization of this transportation.
4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS **KFHC** and its agents, board members, elected and appointed officials and officers, employees, volunteers and authorized representatives ("**KFHC** ") FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT and/or ON MY CHILD'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF **KFHC** OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE OPERATIONS AND MEDICAL OR FIRST AID CARE. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

5. I further understand that I can revoke this authorization by submitting a written revocation to KFHC member services at the address listed below.

Date Signed and acknowledged on: \_\_\_\_\_

Legal relationship to participant: \_\_\_\_\_

If on behalf of minor child, name of child: \_\_\_\_\_

City and State: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have any questions with regards to NMT or this consent form, please contact the KFHC Member Services Department at (661) 632-1590 or 1 (800) 391-2000.

**Si usted necesita esta carta en Español, por favor llame al Departamento de Servicios para Miembros al (661) 632-1590 o (800) 391-2000.**





## Medically Necessary Attendant Form

*Form must be completed and submitted to KFHC by member's health care provider at least 5 days prior to member's appointment. This form is effective for 12 months from the start date.*

### Member Information

Member name: \_\_\_\_\_ Start date: \_\_\_\_\_  
Member date of birth: \_\_\_\_\_ Member ID number: \_\_\_\_\_

### Provider Information

Provider name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Provider credential: \_\_\_\_\_ Provider phone: \_\_\_\_\_  
(MD, NP, etc.)

The above-named member has a condition that requires an attendant to accompany them to their medical appointment.

### Check the appropriate box(s) below to indicate the member's current need:

- ☐ Member requires assistance during transportation due to a physical disability.
  - ☐ Long-term/permanent physical disability
  - ☐ Short-term/temporary physical disability
- ☐ Member requires supervision while being transported due to a developmental disability.
- ☐ Member requires supervision while being transported due to a cognitive issue.
- ☐ Member requires assistance due to mental health needs.

\_\_\_\_\_  
Health care provider's signature

\_\_\_\_\_  
DATE

**(form submission information)**