TUSCARAWAS COUNTY JOB & FAMILY SERVICES (TCJFS)

FAILURE TO HAVE VERIFICATION COMPLETED ENTIRELY WILL RESULT IN NON-PAYMENT OF THE TRANSPORTATION
PLEASE PRINT LEGIBLY
NON-EMERGENCY TRANSPORTATION (NET) RECORD FOR THE MONTH OF ______

Client's Name:		Client's DOB:	Client's Phone Number:	
Address:				
Date of Appointment	Client's Home Address	Complete Ad	ldress of Doctor	Total Miles
**		•		
_				
THE UNDERSIGNED	AGREES THAT THE ABOVE INFORMATION IS	TRUE AND ACCURA	TE. (PLEASE PRINT):	
Driver's Name:	Driv	ver's Signature:		
Driver's Mailing Address PLEASE ATTACH REQ DRIVER'S LICENSE.	ss: QUIRED VERIFICATION SLIPS, PROOF OF CURREN		one Number: ND A COPY OF THE DRIVI	ER'S VALID
	s County Job & Family Services reet, SW, New Philadelphia, Ohio 44663	Only: Total Miles	X .60 = \$	

FORMS CAN BE OBTAINED FROM THE AGENCY WEBSITE: www.tcjfs.org OR at TCJFS

TUSCARAWAS COUNTY JOB & FAMILY SERVICES (TCJFS) NON-EMERGENCY TRANSPORTATION (NET) MILEAGE REIMBURSEMENT

The Medicaid recipient (person being transported to the appointment) MUST contact the NET Coordinator <u>BEFORE</u> transportation begins. The NET Coordinator must verify eligibility before reimbursement can begin.

Reimbursement of \$.60 per mile may be paid to the driver or designee for miles traveled while transporting a client to a Medicaid/Managed Care Plan-covered service. TCJFS will only reimburse the payee or family for one trip to a city greater than 20 miles away per day. For example: TCJFS will pay for a trip from home to city A, to city B, etc., and back home. TCJFS will not pay for round trips to each city on the same day. Please make every effort to schedule appointments as close together as possible to avoid multiple trips.

All mileage to and from Medicaid/Managed Care Plan eligible appointments will be calculated using Google Maps, MapQuest, etc. If you feel the mileage may be calculated incorrectly (for example, a detour due to construction) you must give TCJFS that information. Please provide TCJFS with all detour information.

Each month, the driver must submit **proof of current car insurance** (coverage during the time period reimbursement is being requested) and a **valid driver's license**.

A verification slip must be signed <u>for each appointment for EACH DAY of transportation</u>. A BO 52 form must be signed by a representative at each medical office to confirm the client was seen and that the provider will bill Medicaid/Managed Care Plan for the service. Reimbursement will not be paid for days where a BO 52 form is incomplete. **No photocopies of signatures, or reimbursement cannot be paid.**

If the medical provider WILL NOT bill Medicaid/Managed Care Plan for the service provided, reimbursement CANNOT be paid.

NET Mileage Reimbursements are processed once a month. <u>PLEASE TURN IN EACH MONTH</u> <u>SEPARATELY</u>. Each month's mileage reimbursement requests are to be submitted, with the required verification forms, to TCJFS by the 10th of the following month.

Mileage reimbursement requests more than 3 months old will not be processed unless approved by TCJFS. For example, when processing mileage reimbursement in August, TCJFS will accept mileage reimbursement requests for May, June, and July.

All efforts will be made to issue a reimbursement check to the driver within 30 days of receipt of complete and accurate paperwork.

<u>Fraud</u>. Note: Any misuse of this program will result in recovery procedures and/or referral for prosecution. At a minimum, the client's access to transportation will be suspended for three months and may result in the permanent loss of transportation benefits.

Sandy Burrier
NET Coordinator
Tuscarawas County Job & Family Services
389 16th Street, SW
New Philadelphia, Ohio 44663
Direct #: 330-308-7716

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