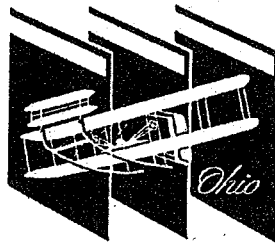


# Montgomery County Department of Job and Family Services



**MONTGOMERY**  
C O U N T Y

## **FAMILY ASSISTANCE**

Non-Emergency Transportation Program  
Job Center: 1111 S. Edwin C. Moses Blvd Dayton, Ohio 45422  
NET Ride Line: (937) 225-5419  
NET Fax Number: (937) 225-5963  
[www.mcoho.org](http://www.mcoho.org)

## Non-Emergency Transportation (NET) Rules

### **Two criteria must be met to receive NET services:**

1. The applicant must reside in Montgomery County/have an active Montgomery County Medicaid case, and
2. The applicant must be traveling to a Medicaid provider and receiving a Medicaid reimbursable service.

You will receive a letter of determination in the mail once your application has been processed. The letter will indicate what mode of transportation you have been approved for and give basic instructions on how to obtain your mode of transportation.

*Per OAC 5160-15-11 the most cost-efficient mode of transportation must be utilized whenever possible.*

### **Mode of Transportation Guidelines**

**Cab/van** - (contracted curb-to-curb and door-to-door service) This is our standard method of transportation. If you do not meet the requirements to receive a bus pass and are not approved for Project Mobility, you will be approved for this mode of transportation. Door-to-door service is available for those riders who may need it due to the need for mobility aides.

**Bus passes** - If you can ride the bus, and the cost of riding to and from the Medicaid provider exceeds the cost of a monthly bus pass, you will be issued a bus pass for your appointments. If you receive a bus

pass, you may call the Ride Line to schedule out-of-county Medicaid reimbursable appointments only.  
\*Bus passes can be picked up at The Job Center cashier window and are not replaced if reported lost/stolen.

## **Non-Emergency Transportation (NET) Rules Cont...**

**Project Mobility Tickets** - To receive Project Mobility tickets you must already be approved for the Project Mobility program and *you must submit a copy of your current Project Mobility ID along with your NET application*. Customers eligible for Project Mobility will receive an appropriate number of Project Mobility tickets to cover the cost of transportation to Medicaid providers. Project Mobility tickets are sent in the mail. \*Project Mobility tickets are not replaced if reported lost/stolen.

### **Scheduling Trips**

Once approved for cab/van NET service, you must call (937) 225-5419 and select option 1 to speak to the transportation broker and schedule your transportation. Any trip should be requested at least five (5) business days prior to the appointment.

When scheduling an appointment, the following information must be provided:

- Name
- Social Security number
- Date(s) and time(s) of appointment(s) for the entire month, if possible
- Origin and destination of transport, including pick up address (with apartment number and zip code), and destination address (including building name, office number and zip code)
- Name of physician
- Type of mobility aide (if used), including folding wheelchair, cane, sight dog, etc.
- An additional rider must be preapproved and deemed medically necessary, and they will not be transported anywhere individually.

### **No Show Procedure**

You must cancel all scheduled cab and van trips a minimum of three (3) working hours prior to the scheduled pick up time. If you have a phone and miss three (3) consecutive trips without good cause, you may be required to confirm all subsequent trips a minimum of three (3) working hours before each appointment for the next 90 days or the transportation may be cancelled.

### **Children**

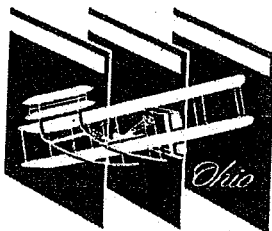
~~The expectation is a minor child will have an accompanying adult when transported to a medical appointment. The accompanying adult must be picked up/dropped off at the same location as the child.~~

### **Appropriate Behavior**

All riders must act respectfully and appropriately while using NET transportation services. All riders must in no way compromise the safety of themselves or anyone involved in the transport. Behaviors that risk harm to self, others or property may result in suspension from NET transportation services.

A violation of any of the above rules may result in a suspension of Non-Emergency Transportation services.

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**NON-EMERGENCY TRANSPORTATION (NET) REQUEST FORM**

Customer Name		Date	
Address		Phone	
City and State		ZIP Code	
Male	Female	Date of Birth	SSN

1. Are you a Medicaid recipient?  Yes (case number) \_\_\_\_\_  No

2. Transportation: (Check all that apply to you)

- Travel independently
- Travel with minimum assistance
- Lift required
- Service animal
- Requires assistance at all times
- Uses wheelchair/mobility assistance device
- Visually impaired

3. Do you have medical appointments outside of Montgomery County?  Yes  No  
 (If yes – provide the name of the physician and location)

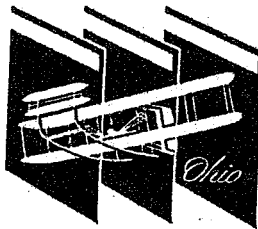
Dr. Name \_\_\_\_\_  
 Dr. Address \_\_\_\_\_  
 Dr. Phone \_\_\_\_\_

4. Emergency contacts:

NAME	RELATIONSHIP	ADDRESS	PHONE

Print Name	Signature	Date
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## Medical Assessment for Non-Emergency Transportation (NET)

Patient Name	SSN
Address	Date of Birth
City, State, & Zip Code	Phone#

### Release of Information

I hereby authorize information regarding my physical condition to be given to the Montgomery County Department of Job and Family Services Non-Emergency Transportation Department.

Patient/Guardian/Caretaker	Date
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### THE SECTION BELOW MUST BE COMPLETED BY YOUR MEDICAL PROFESSIONAL FOR THIS FORM TO BE VALID

Does this patient receive Medicaid covered services from you? Yes \_\_\_ No \_\_\_  
 Are any Medicaid covered services received outside Montgomery County? Yes \_\_\_ No \_\_\_

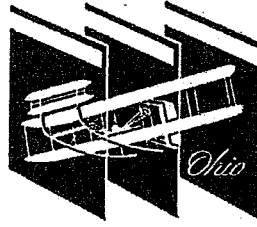
In the next 12 months, how often do you expect to see this patient?

\_\_\_ time(s) a week for \_\_\_ weeks  
 \_\_\_ time(s) a month for \_\_\_ month(s)  
 \_\_\_ time(s) for the next \_\_\_ month(s)

\*Do you anticipate this care to extend beyond 12 months? Yes \_\_\_ No \_\_\_

Stamp/Signature of Medical Professional	Specialty	Phone#
Address		Date

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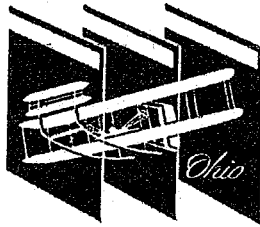
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