



Directions for Completing the Transportation Request Form

(If completing by hand, please print)

Section 1 Demographic Data

- Today's Date – Enter date that form is completed
- County/City – Enter county/city in which consumer resides
- Appt Date – Start date of the standing order or the day of the individual appointment
- Consumer Name – Full name of consumer (please include middle initial)
- Date of Birth – Consumer date of birth in month, day and year
- Gender – Male/Female
- Weight – Consumers current weight in pounds if wheelchair or stretcher is required
- Insurance Type – VA Medicaid, Anthem, Optima, AmeriGroup, Chartered Health, Southern CareNet – Include complete ID#
- Can Consumer sign the driver's log? – Select either Yes or No
- (If No) How long is he/she expected to be unable to sign?
 - Start Date Unable to Sign – enter the date consumer first is unable to sign
 - End Date Unable to Sign – enter the date consumer is expected to again be able to sign
 - Indefinitely – check this box if the consumer will, **never** be able to sign
- Reason Consumer is unable to sign – Enter a brief reason why the consumer is unable to sign

Section 2 Trip Type

- Standing Order – Please check Standing Order **if** for recurring trips. Standing orders will only be created for transports which meet our standing order criteria.
 - Basic Criteria Guidelines:
 - Member must be eligible and covered by Virginia Medicaid FFS
 - Destination (treating facility) must be eligible and covered by the contracted scope of work for Virginia Medicaid
 - Reservation must be for one (1) day per week:
 - The trip must be for at least 90 days or more in duration.
 - The pick-up and drop-off address must be consistent for all reoccurring trips.
 - Appointment and return times must be at the same time for each day.
 - Transportation requests for standing orders must be for a treatment program that is permanent or infinite in nature (only treatment plans that by nature do not improve to the point of discontinuing care). Below are examples of permanent or infinite:
 - Dialysis
 - Adult Daycare

- MH Day Support/Care
- Substance Abuse (No 12 Step)
- Supported Employment
- Service Authorization Number -- Service authorization number (SA) represents the approval of certain services for an enrolled Medicaid, FAMIS Plus or FAMIS individual by a Medicaid enrolled provider prior to service delivery and reimbursement. (e.g. Speech, Physical and Occupational therapies)
- CPT Code – Billing code which represents the standing order reason (if consumer is associated with an ICF and does not have a case manager assigned to them, please document ICF/MR in the CPT code field)
- Non-Reoccurring Appointment – Please check Non-Reoccurring Appointment if trip request does not meet Standing Order criteria
- Specific Appointment Reason – enter a brief reason for the appointment (ex: Adult Day Care)
- Appointment Time – The time the consumer is scheduled to be present at the appointment location
- Return Time – The time the transportation provider will need to return to the appointment location to transport the consumer back to the initial pick-up location
- Appointment Day(s) – The days of the week that the consumer will attend the standing order appointment, or the other trip appointment days. Please check all days that apply
- Other Special Considerations – Enter any special needs or requests
- Hand to Hand, Door to Door, or Curb to Curb – Select the required level of assistance necessary for the consumer. The reason for the selection may also be entered on the Other Special Considerations line.
- Contact the Utilization Review Department to discuss the need for an attendant at 866-809-4620.

Section 3 Medical Necessity Determination

- Ambulatory – Check if consumer has the ability to ambulate (walk) and get in and out of the vehicle with little or now assistance
- Wheelchair – Check if consumer is confined to a wheelchair and is unable to transfer
- Van Stretcher – Check if consumer is unable to ambulate or sit up in a wheelchair, but does not require medical attention during transport (letter of medical necessity, with the IDC-9 code included, must be submitted to LogistiCare)
- Stretcher – Check if consumer is unable to ambulate or sit up in a wheelchair and will require medical attention during transport (letter of medical necessity, with the IDC-9 code included, must be submitted to LogistiCare)
- ICD-9 Code – Complete for all wheelchair and stretcher transports or if the consumer’s level of service changes. (Example; if consumer is ambulatory when entering hospital and needs a stretcher when discharged.

Section 4 Pick-Up Information

- Requires the complete physical address and phone number where the consumer is to be picked up

Section 5 Drop-Off Information

- Requires the complete physical address and phone number where the consumer is to be dropped off for their appointment/standing order.

Section 6 Certification of Information

- Information regarding the individual completing the form: (Case Manager/Social Worker) Printed name, title, Signature, phone number, and Date signed.
- Request Public Transit – Check if the consumer prefers bus passes
- Request Mileage Reimbursement—Check if the consumer’s family transports and prefers to receive mileage reimbursement
- Does your facility provide its own transportation? – Check Yes or No
- Requested Provider Name – A provider may be requested but will not be guaranteed

Helpful Hints

- Be sure to include Area Codes when providing phone numbers
- Be sure to include Zip Codes when providing addresses
- Be sure to review the form to ensure it has been filled out in its entirety
- Incomplete forms or forms which are illegible will be denied
- Any modification to a standing order requires the submission of a new TRF
- Please **do not** contact the transportation provider to change pick-up/drop-off times or pick-up/destinations. Instead, please call the Facility Assistance line at **866-679-6330**. LogistiCare will inform the transportation of all changes.