

Ohio Department of Medicaid  
**MEDICAID COUNTY TRANSPORTATION PROFILE**  
 submitted by the  
 Department of Job and Family Services

Location Richland County	Effective Date 10/01/2023
<input checked="" type="checkbox"/> Revision to item <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H	
<input type="checkbox"/> New effective date only; no change to any item	

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

- 1). Cindy Schunatz, Social Services Supervisor, cindy.schunatz@jfs.ohio.gov, 419-774-5430
- 2). Val Norris, Social Service Worker 1, valorie.norris@jfs.ohio.gov, 419-774-5331
- 3). John Dorsey, Social Service Worker 1, john.dorsey@jfs.ohio.gov, 419-774-5483
- 4). Beth Fliger, Social Service Worker 1, beth.fliger@jfs.ohio.gov, 419-774-5433
- 5). Tracy Trammell, Social Service Worker 1, tracy.trammell@jfs.ohio.gov, 419-774-5431

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)*

Richland County Job and Family Services considers local/community transportation to be transportation to destinations within Richland County and the surrounding counties to include Crawford and Ashland. Additionally, transportation services are routinely provided to Franklin County.

C. Which entities are responsible for managing the steps in the process by which Medicaid-eligible individuals obtain transportation assistance from the CDJFS

	CDJFS	Broker	Vendor	Other
Intake point of contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility determination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection of assistance type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record-keeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>R</b>	<b>S</b>	<b>N</b>
Contracted livery service ( <i>e.g., taxicab, individual driver</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment for fixed-route or demand-response transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vouchers for fuel at participating service stations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prepayment of fares ( <i>e.g., purchase of bus tokens or passes</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepayment for fuel ( <i>e.g., purchase of gasoline debit cards</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation by a CDJFS staff member in a CDJFS vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Payment of mileage reimbursement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reimbursement for travel-related expenses that represent a necessary out-of-pocket cost to a Medicaid-eligible individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other services approved in advance by ODM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Notes:

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

Ambulatory Medicaid-eligible individuals with access to private transportation (own vehicle or person willing to transport in his/her own vehicle) who provide verification of a current driver's license, current car insurance coverage and current registration for the driver's vehicle, may be issued a gas (fuel only) card in the amount depicted on the NET mileage rate chart (attached) for appointments outside the the local community service area.

Medicaid-eligible individuals who do not have access to private transportation may receive taxi and/or ambulette services for medical appointments outside the defined community service area, if such services are available.

**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]**

**Ambulatory Taxi Services**

- 1) Apple Lane; October 1, 2023- September 30, 2024; \$2.00/mile + \$20.00
- 2) C&D Transport; October 1, 2023 - September 30, 2024; \$9.00 local/\$25.00-\$275 flat rate dependent upon location (out-of-town)
- 3) Elite Medical Transport; October 1, 2023 - September 30, 2024; \$16-\$36/\$1.50 per mile over 25 miles
- 4) D&D Rides, LLC; October 1, 2023 - September 30, 2024; \$2.15/mile + \$10.00
- 5) All American; October 1, 2023- September 30, 2024; \$2.50/mile + \$15

**Ambulette Taxi Services**

- 1) D&D Rides, LLC; October 1, 20223- September 30, 2024; \$2.15/mile + \$30.00
- 2) Apple Lane; October 1, 20223- September 30, 2024; \$2.00/mile + \$40.00
- 3) Elite Medical Transport; October 1, 2023 - September 30, 2024; \$1.50/mile + \$35.00
- 4) All American; October 1, 2023 - September 30, 2024; \$2.50/mile + \$47.50

**Ride Share Services (Akron/Cleveland/Columbus)**

- 1) D&D Rides, LLC; October 1, 2023 - September 30, 2024; \$2.15/mile + \$10.00 + \$10.00 pickup fee (additional rider)
- 2) Apple Lane; October 1, 2023 - September 30, 2024; \$50.00 - \$70.00 + No charge (additional rider)
- 3) C&D Transport; October 1, 2023 - September 30, 2024; 50% of normal rate/one way and 25% of normal rate/return trip
- 4) Elite Medical Transport; October 1, 2023 - September 30, 2024; 50% of normal rate + \$25 each way for additional rider

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

Whenever an individual receiving transportation services expresses disagreement, preferably in writing, with an action taken by a contracted transportation provider, the complaint will be forwarded to the Business Administrator to review the contractual language and address the issue with the transportation provider. When necessary, a response or resolution will be provided to the complainant within 15 days of the original complaint.

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

When an issue regarding misuse of transportation assistance becomes known to the agency, the Social Service Supervisor is responsible for evaluating the issue and determining the necessary course of action.

Medicaid-eligible individuals determined to have misused transportation assistance in the form of bus tickets or gas cards will be required to reimburse the agency for the cost of the bus ticket(s) or gas cards issued and used before additional transportation assistance will be approved.

With respect to taxi and/or ambulette transportation assistance provided, if the Medicaid-eligible individual is determined to have been a "no show" for the taxi/ambulette pick-up, the following progressive action will be implemented:

- a) One (1) documented "no show" – cautionary call to the individual;
- b) Two (2) documented "no shows" – individual must call the transportation provider the day before the scheduled appointment to confirm pick up; and
- c) Three (3) documented "no shows" – the individual's NET services will be suspended for a period of three (3) months.

Whenever transportation services are withheld, reduced, suspended, or terminated or a Medicaid-eligible individual formally expresses disagreement with an action or lack of action, a notice of state hearing rights will be provided to the individual.

**Comments (optional)**

CDJFS Staff Member's Name  
Cindy Schunatz, Social Services Supervisor

Date  
09/29/2023