

CERTIFICATE OF TRANSPORTATION SERVICES(CTS)

THIS CTS MUST BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL.
NON-EMERGENCY TRANSPORTATION (NET) PROVIDERS ARE NOT ALLOWED TO COMPLETE THIS CTS.
PLEASE USE THE MCA FORM LOCATED AT WWW.NETSPAP.COM FOR HOSPITAL DISCHARGES BY AMBULANCE.

The following Medicaid Recipient has requested assistance with transportation to their non-emergency medical appointments. Please complete and return the following form to fax number **(630) 873-1450**.

Recipient's Name

Recipient Identification Number (RIN) Date of Birth

First Transit is contracted by the Illinois Department of Healthcare and Family Services (HFS) to administer the Non-emergency Transportation Services Prior Approval Program (NETSPAP).

Category of Service Options: Please select the **most economical category of service** that will meet the participant's needs.

- Fixed Route Transportation Public transportation that has an advertised route and schedule. Some examples of Fixed Route transportation include: non-commercial buses, commuter trains, subway trains, and elevated trains.
- ADA Paratransit Curb to curb, shared ride transportation for Americans with disabilities. Paratransit vehicles include hydraulic or electric lift or ramp and wheelchair lockdowns for patients that can transport independently.
- Private Auto, Service Car, Taxi Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode.
- Medicar Transportation of a patient whose medical condition requires the use of a hydraulic or electric lift or ramp, wheelchair lockdowns, or transportation by stretcher when the patient's condition does not require medical supervision, medical equipment, the administration of drugs or the administration of oxygen, etc.
- Non-Emergency Ambulance Transportation of a patient whose medical condition requires transfer by stretcher and medical supervision. The patient's condition may also require medical equipment or the administration of drugs or oxygen, etc. during the transport.

Please check all the medical conditions that apply to the participant.

- Ambulatory - can travel safely using fixed route transportation
- Ambulatory - does Not use a walking device like a walker, cane, etc.
- Ambulatory - unable to travel by fixed route transportation
- Ambulatory - uses walking device like walker, cane, crutches, etc.
- Uses transfer wheelchair - able to step into a regular car
- Unable to travel alone, needs attendant(s)
- Needs Lift: unable to step into regular car wheelchair bound
- Morbidly obese - weight: lbs
- Unable to be transported in a sitting position
- Requires oxygen and is able to self administer
- Severe Dementia - Potentially combative
- Paralysis: Hemi Para Quadra
- Has contractures: Arms Legs Trunk

Criteria for Non-Emergency Ambulance - Transportation of a patient whose medical condition meets the NON-EMERGENCY AMBULANCE TRANSPORTATION PATIENT CRITERIA 89 Illinois.Adm.Code 140.Table A. (For criteria and examples, refer to www.NETSPAP.com).

- 1. Isolation Precautions
- 2. Oxygen that is not self administered
- 3. Ventilation Advanced Airway Management
- 4. Suctioning Administration
- 5. Intravenous Fluids Administration
- 6. Chemical Restraints
- 7. Physical Restraints
- 8. One-on-one supervision
- 9. Specialized Monitoring
- 10. Special Handling/Positioning
- 11. Clinical Observation: Applies only to patients requiring clinical observation and treatment from one environment with 24 hour clinical observation or treatment provided by certified or licensed nursing personal to another environment with 24 hour clinical observation or treatment provided by certified or licensed nursing personnel. This criterion is not satisfied based solely on the type of hospital or other facility from which the patient is being transferred.

NON-EMERGENCY AMBULANCE CRITERIA CERTIFICATION. The patient meets the HFS criteria for non-emergency ambulance service. (For completion by physician or other authorized provider only.) I have conferred with the physician or other authorized provider as set forth below, whose determination is that the patient meets the HFS criteria for non-emergency ambulance service.

List the participant's primary and secondary diagnoses, and all other relevant medical conditions not noted above, then detail the MEDICAL NECESSITY for the requested category of service and/or need for attendants.

First Transit and HFS realize that under some circumstances a patient may require one category of service for certain medical services, like dialysis, and another category of service for other types of medical services. If special circumstances exist, please detail them below. A different category of service for certain transports cannot be requested out of convenience, it must be medically necessary.

Certification: I certify that the information in this document supplied for the patient criteria certification constitutes true, accurate and complete information and is supported in the medical record of the patient. I understand that the information I am supplying for the patient criteria will be utilized to determine approval of services resulting in payment of state and federal funds. I understand that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and / or state law, which can result in fines, civil monetary penalties or imprisonment, in addition to recoupment of funds paid and administrative sanctions authorized by law.

Name & Title of Licensed Medical Professional Most Direct Phone #

Signature of Licensed Medical Professional Date Signed

Authorization Expiration Date Authorization cannot exceed 6 months. Revised 6/20/2013