

**OAC 5123:2-9-18 (H) Documentation of services non-medical transportation**

**(1)** Service documentation for non-medical transportation at the per-trip rate and non-medical transportation at the per-mile rate shall include each of the following to validate payment for Medicaid services:

- (a)** Type of non-medical transportation service (i.e., per-trip or per-mile) provided.
- (b)** Date of service.
- (c)** License plate number of vehicle used to provide service.
- (d)** Name of individual receiving service.
- (e)** Medicaid identification number of individual receiving service.
- (f)** Name of provider.
- (g)** Provider identifier/contract number.
- (h)** Signature of driver of the vehicle or initials of the driver of the vehicle if the signature and corresponding initials are on file with the provider.
- (i)** Number of miles in each distinct trip and/or commute, as indicated by recording beginning and ending odometer readings.
- (j)** Names of all other passengers/riders, including paid staff and volunteers, who were in the vehicle during any portion of the trip and/or commute.
- (k)** Begin and end times of the trip and/or commute.

<sup>a</sup>Type of service: Non-Medical Transportation per-mile  
<sup>b</sup>Date(s) of service: Dec 31, 2012-Jan 06, 2013  
<sup>c</sup>License plate of vehicle: ABC1234  
<sup>d</sup>Name of individual(s) receiving service: Justin Case  
 Penny Lane  
<sup>e</sup>Medicaid number of individual: 999999999999 (Justin)  
 777777777777 (Penny)  
<sup>f</sup>Name of provider: Case Home Care  
<sup>g</sup>Contract number: 2500000  
<sup>h</sup>Signature of driver: *Brenda Case BC*

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| <sup>b</sup> Date | <sup>i</sup> Odometer beginning | <sup>i</sup> Odometer ending | <sup>i</sup> # of miles | <sup>i</sup> Group size | <sup>k</sup> Start time | <sup>k</sup> End time | <sup>j</sup> Names of passengers         |
|-------------------|---------------------------------|------------------------------|-------------------------|-------------------------|-------------------------|-----------------------|--|
| 01/02/13          | 44000                           | 44011                        | 11                      | 1                       | 8:00am                  | 8:30am                | Justin                                   |
| 01/02/13          | 44030                           | 44041                        | 11                      | 1                       | 4:00pm                  | 4:30pm                | Justin                                   |
| 01/03/13          | 44050                           | 44061                        | 11                      | 2                       | 8:00am                  | 8:30am                | Justin, Penny<br>Sara Lee<br>(volunteer) |
| 01/03/13          | 44070                           | 44081                        | 11                      | 2                       | 4:00pm                  | 4:30pm                | Justin, Penny<br>Sara Lee<br>(volunteer) |
| 01/04/13          | 44090                           | 44111                        | 11                      | 1                       | 8:00am                  | 8:30am                | Justin                                   |
| 01/04/13          | 44120                           | 44131                        | 11                      | 1                       | 4:00pm                  | 4:30pm                | Justin                                   |

OAC 5123:2-9-18 D (3)(4)

| Inspect daily:        | Mon | Tue | Wed | Thu | Fri |
|-----------------------|-----|-----|-----|-----|-----|
| Secure Storage        |     |     | BC  | BC  | BC  |
| Two way communication |     |     | BC  | BC  | BC  |
| Fire extinguisher     |     |     | BC  | BC  | BC  |
| First aid kit         |     |     | BC  | BC  | BC  |
| Lights                |     |     | BC  | BC  | BC  |
| Washers/wipers        |     |     | BC  | BC  | BC  |
| Emergency equipment   |     |     | BC  | BC  | BC  |
| Mirrors               |     |     | BC  | BC  | BC  |
| Horn                  |     |     | BC  | BC  | BC  |
| Tires                 |     |     | BC  | BC  | BC  |
| Brakes                |     |     | BC  | BC  | BC  |