

**FAIRFIELD COUNTY JOB AND FAMILY SERVICES (FCJFS)
RIGHTS AND RESPONSIBILITIES
NON-EMERGENCY TRANSPORTATION (NET)**

How to Access NET Services: Contact the FCJFS (653-1701 or 1-800-450-8845) Transportation Unit at least five (5) business days prior to your scheduled medical appointment. Transportation must be to a Medicaid-reimbursable service within the individual community, unless the Medicaid-reimbursable service is not available in the community. *Administrative Code 5101:3-24-03*. The individual may have to provide documentation that the services are not available within Fairfield County.

I need to provide FCJFS the following information to process my NET request:

1. Social Security number of the individual with the medical appointment. All Medicaid categories are eligible except MA-G, MA-L and MAUS.
2. Medical Provider information required.
 - a. Name and type of medical provider.
 - b. Address and telephone number of medical provider.
 - c. Purpose of appointment.
 - d. Date and time of the appointment.
3. A signed copy of the Rights & Responsibilities Form.

Direct Transportation: I can receive direct transportation within my community by a FCJFS employee or by a contracted agency.

1. Transportation is only provided to and from the designated scheduled appointment. Transportation cannot be changed unless approved by a FCJFS Transportation Specialist.
2. FCJFS Driver will wait **10 minutes for me to enter the vehicle.**
3. I must comply with rules and regulations of the contracted agency.
4. Only the person who has the appointment will be provided transportation, unless a caregiver has been deemed necessary by a medical provider.

Gas Vouchers: Vouchers may be picked up at FCJFS or mailed.

1. Upon redemption of the voucher the customer must sign and date the voucher.
2. The voucher can only be redeemed at the approved vendor specified on the voucher.
3. Voucher can only be used to purchase gasoline.
4. No monetary change can be returned to the customer.
5. Gas vouchers can only be used in the vehicle used to transport the individual to their appointment. The gas can not be put in a can or any other receptacle.
6. If the gas voucher is not used, it must be returned to FCJFS.
7. No voucher is to be thrown away or destroyed in any manner.
8. Appointments must be verified by the provider signing the verification form. A signature other than the provider or their representative will constitute a case of fraud and may result in prosecution. Failure to provide a completed verification form within 30 days of the scheduled appointment will make the household ineligible for future gas vouchers.
9. Gas vouchers expire 10 days after the scheduled appointment date.
10. If gas voucher has expired the customer is responsible for submitting a provider verification of alternative appointment.
11. A household can receive **eight gas vouchers per calendar month, no more than one per day.**

Managed Care Transportation: FCJFS will refer customers to their Managed Care Provider . Managed Care offers 30 one way or 15 round trips per year.

Cancellation Policy for all Direct Transportation:

1. I need to report any cancellation at least 3 hours prior to the scheduled appointment time by calling 740-689-6063.
2. If the ride is not cancelled at least 3 hours prior to the scheduled appointment time, it is considered a "No Show".
 - a. I understand if I have 3 "No Shows" within a 30 day period, it is an occurrence. I can lose NET Direct or Contracted Agency rides services according to the following methods:
 - i. For the first occurrence individuals will lose NET Direct or Contract services for 1 month.
 - ii. For the second occurrence individuals will lose NET Direct or Contract services for 2 months.
 - iii. The month of ineligibility will correspond with the number of occurrences of "No Shows".

Hearing Rights: If I do not agree with a denial of services, I have a right to a County Conference or a State Hearing. The request for the County Conference or State Hearing must be done within 90 days of the service being denied.

Notification: I release information to FCJFS to call medical providers as a quality assurance measure to verify that I am attending scheduled appointments. I have received a copy of the NET Rights and Responsibilities or they have been read to me, and I understand them. I agree to provide the information requested to maintain eligibility for NET services.

Print Case Name	SSN
Case Name Signature	Date