A&D/TBI – Waiver Services Supplemental – Transportation Service

The waiver includes adult day services, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, environmental modifications, healthcare coordination, occupational therapy, personal emergency response system, physical therapy, specialized medical equipment and supplies, speech-language therapy and transportation. These are waiver services options that can be provided and will be services that people are receiving. Not everyone will be receiving the same services, however. Some will receive Physical Therapy or Transportation or Attendant Care, or some other service that reflects their needs.

The **Person Centered Compliance** will be supplemented with the following tool depending on what waiver service the person is currently receiving. A review of the CCB/POC will determine what services the person has. The reviewer will determine by reviewing the CCB/POC and talking with the Case Manager the exact services the person has. By so doing, the Reviewer will take the appropriate supplemental Provider Review Tool to complete the Review. The following is an example of that supplemental Provider Review Tool for a person who is receiving: **Transportation Services.**
## Waiver Services: Transportation Services

### Discovery Mechanisms

Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the Reviewer. Guidelines are intended to help the Reviewer to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.

### Transportation Services: Desired Outcome:

*Transportation services are offered in order to enable individuals served under the Waiver to gain access to waiver and other community services, activities and resources, specified by the Plan of Care/Cost Comparison Budget (POC/CCB).*

### Service Standards

**TS I.A.1** The person is provided transportation services as provided in the POC/CCB.

1. Does the person receive the transportation services outlined in the POC/CCB?
2. Are efforts made by the Provider to support the person to receive alternate transportation services when possible from family, neighbors, friends, or community agencies which can provide this service without charge?

### Spending Time With People

(Initially during the conversation with the person using the Personal Outcome Measures®, then throughout the Review process.)

Examples only: specific situations may change observations.

### Conversations With People

Selected Examples only: specific situations may change conversations with people.

### Review of Documents

Examples only: specific situations may change documents needing review.
| Transportation Reimbursement: Levels of Transportation | TS LB.1 Reimbursement is provided at three (3) types of service.  
1. Level 1 service: Does the person receive transportation service if the person does not require mechanical assistance to transfer in and out of the vehicle?  
2. Level 2 service: Does the person receive transportation service if the person requires mechanical assistance to transfer into and out of the vehicle?  
3. Adult Day Service Transportation: Does the person receive transportation service if the person requires round trip transportation to access adult day services? | If possible try to observe the person getting in or out of a vehicle. | Ask the person if they ride in a vehicle to any adult day service.  
Ask the person how the transportation services are meeting their needs.  
Ask the person if the transportation services are offered at the level approved in the POC/CCB. | Review any documentation of community integration.  
Look for documentation regarding transportation to and from medical appointments or other community services. |
| Documentation Standards | TS L.C.1 The implementation and effectiveness of transportation services will be documented.  
1. Is there documentation that verifies that the provider meets and maintains the requirements for providing services under 455 IAC 2?  
2. Observe the vehicle used for transportation to verify it is in good repair.  
Ensure the vehicle has seat belts and a seat for each passenger. | Ask the vehicle owner (transportation service provider) for valid driver’s license and proof of insurance if person rides in owner’s vehicle. | Review 455 IAC 2-6-3 General requirements for direct care staff. See (5) Possess a current, valid state-issued driver’s license if the employee will be transporting an individual. And also, (6) Provide proof of current insurance on the vehicle used to transport an individual that meets current Indiana requirements.  
Review Rule 12. Transportation of an Individual, 455 IAC 2-12-1 Transportation of an individual. | Review any vehicle |
records of regular and appropriate maintenance.

Review the vehicle registration: Either the Indiana Bureau of Motor Vehicles; or the state in which the owner of the vehicle resides.

Review the insurance in force for the vehicle.