

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

Location	Effective Date
<input type="checkbox"/> Revision to item <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input 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]

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)*

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

Notes:

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

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]

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

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

Comments *(optional)*

CDJFS Staff Member's Name

Date