

Child Transportation Assistance for Parents to Non-Emergent Medical Appointments

DVHA is conducting a **statewide pilot program** to assess the feasibility of allowing young children to accompany their parents to non-emergent medical appointments. If you know of a parent who is at risk of missing medical appointments because of childcare issues, please submit the attached provider and member forms to DVHA for consideration.

Eligibility criteria:

- The parent is covered by Medicaid and is eligible for Medicaid Transportation.
- The parent has a child under age 6.
- The parent is receiving care which, if interrupted, could cause *serious detrimental health consequences*.
- The parent states that a lack of safe childcare will prevent her/him from attending medical appointments.
- The medical provider agrees that it is appropriate for the child to join the parent for the duration of the appointment.

Restrictions and conditions:

- This is a pilot exception process which could end at any time if policy or funding problems arise.
- All requests must be approved by DVHA before permission will be granted for a child to ride with the parent.
- Approvals are subject to the availability and cost of transportation resources.

Application Process and Assistance:

Please contact the DVHA's Medicaid Transportation Unit at 802-879-5900 for further information about this program.



Department of Vermont Health Access

Request for Medicaid Coverage Exception - Medical Need Form

PROVIDER: Complete this form only for those services or items that are NOT already covered by Medicaid. (Please print)

Provider Name: _____ Medicaid Provider #: _____

Address: _____

City, State, Zip Code: _____ Telephone Number: _____

Member Name: _____ Member's Unique ID #: _____

Requested Service or Item: _____

Please write legibly or type. (Attach additional sheets if necessary)

The above-named Medicaid member is requesting coverage for a service (bringing a child with them to an appointment) that is not normally a service covered by VT Medicaid. Please provide the clinical reasons that are the basis for your assessment that it is medically necessary for this member to bring the child with them to this appointment. (Please submit the following information/records in your possession in support of this request if/where applicable: patient medical history; and any physical, occupational, speech, or mental health assessments.)

Describe the unique extenuating circumstances, if any, that can be reasonably anticipated to produce serious detrimental health consequences should the service or item not be provided to this individual. Please include a description of the serious detrimental health consequences that you anticipate. This information is critical for us to evaluate the request.

Provider's signature

Phone Number

Date

Please return this form and all relevant supporting information to:
Department of Vermont Health Access
Medicaid Transportation
208 State Dr., NOB 1 South
Waterbury, VT 05676-1010
Fax: 802-879-5919



Member Request for Medicaid Coverage Exception For Transportation

(application form) -

We must receive this signed application to process your request.

MEMBER'S NAME:	
Address:	
City, State, Zip Code:	
Medicaid Unique ID Number:	
Medical Provider Name:	
Provider's Phone Number:	

Describe the type and amount of transportation you are requesting to be covered:

Describe how you might be harmed without the transportation service described above:

I hereby authorize any medical source to disclose to the Department of Vermont Health Access medical records or related information regarding my request for Medicaid coverage of a service or item.

The information submitted in this application is true and accurate to the best of my knowledge.

Member's signature

Date

Please send all information to:

Please return this form and all relevant supporting information to:

Department of Vermont Health Access

Medicaid Transportation

208 State Dr., NOB 1 South

Waterbury, VT 05676-1010

Fax: 802-879-5919

