LONG-TERM CARE FACILITY
HOME TRANSPORTATION

Long-term care facilities, sometimes known as nursing homes, are required to provide transportation to medical appointments for their residents. The only type of transportation provided outside of the facility is emergency transportation.

OVERNIGHT FOOD AND LODGING

Lodging and food costs may be reimbursed if:
• You must travel over 100 miles one-way to get medical treatment, and you would not arrive home before 8:00 pm. due to the drive time; or
• You must leave before 6:30 am to arrive at the appointment on time; or
• The medical treatment requires you to stay overnight.

Your eligibility worker may approve one to two nights lodging and food costs. Additional nights must be prior authorized through the Division of Integrated Healthcare.

Room costs for an attendant can only be reimbursed if the attendant stays with the Medicaid recipient. Example: If the Medicaid recipient is in-patient in a treatment facility, room costs for the attendant will not be reimbursed. This includes reimbursements for parents or guardians accompanying a child.

You must provide receipts to receive reimbursements. Additional verification may be required.

How do I get to my medical appointments?

Medicaid may provide non-emergency medical transportation in an effort to help you get medical care. If you have transportation available, you will be expected to use it before asking for help.
NON-EMERGENCY MEDICAL TRANSPORTATION

Medicaid may provide non-emergency medical transportation (NEMT), if you are currently eligible for Traditional Medicaid services* and you do not have regular access to transportation for medical care. NEMT is not available to get services from non-Medicaid providers or for non-Medicaid covered services.

Your eligibility worker may ask you to verify medical appointments. Medicaid may not reimburse you for all services. Transportation is not available to pick up prescriptions unless you are on the way to or from a medical appointment with a Medicaid provider. For exceptions, check with a Medicaid eligibility worker.

UTA TRANSIT CARD

You may receive a UTA Transit Card if you have Traditional Medicaid and live in an area serviced by UTA.

Only Medicaid members and parents/guardians may use the UTA Transit Card. Cards work on regular bus routes, Trax light-rail trains, and streetcar routes. Cards are not authorized for any other use, such as, travel for work, school, shopping, etc.

UTA Transit Cards have up to 30 monthly rides for medical appointments. A ride equals 2.5 hours. If additional rides are needed, contact an HPR at 1-844-238-3091.

Members using Cedar Area Transportation Services (CATS) do not require a UTA Transit Card. Members will need to show their Medicaid card and a photo ID to ride.

Paratransit Bus Services are available in some areas. If you live in an area served by Paratransit and you are approved to receive services, you must contact Medicaid to receive Paratransit vouchers by calling 801-538-6155 or toll free at 1-800-662-9651.

PARATRANSIT BUS SERVICES COMPANIES

Paratransit:
- Salt Lake and Davis Counties: 801-287-7433
- Davis, Weber, and Box Elder Counties: 1-877-882-7272

Dial-A-Ride:
- CATS: 435-865-4510

MODIVCARE

If you do not live in an area served by UTA or CATS, or if a medical provider has determined that those services are not medically appropriate, then you may be eligible for Modivcare services. Modivcare may transport you for up to four weeks while Modivcare determines your eligibility for curb-to-curb services. Call 1-855-563-4403 and be prepared to tell Modivcare the fax number and the name of the doctor who will be completing the required Mobility Evaluation. Verify that the doctor is willing to complete the form before contacting Modivcare.

You must schedule Modivcare appointments 3 business days in advance. The Modivcare phone number is 1-855-563-4403.

Modivcare may provide urgent care services for recipients who need to be seen within 24 hours. You must specify that the appointment is for urgent care. Modivcare may verify urgent care.

PERSONAL MILEAGE REIMBURSEMENT

Local Travel — When public transportation is not available and you have access to safe, reliable, personal transportation, you, a family member, or a friend may be reimbursed personal mileage at 18 cents per mile up to $300 a month. You must keep a mileage log showing the dates, miles traveled, and reason for travel (e.g. Doctors appointment). Mileage is only paid for transporting a Medicaid member for Medicaid covered services.

Outside the Local Area — When treatment is not available in your local area, you must receive treatment from the nearest Medicaid provider who is able to provide the services in order to be reimbursed for mileage. Verification may be required.

MENTAL HEALTH TRANSPORTATION

Transportation to and from mental health appointments can be performed by Modivcare, or when available through your mental health provider. Please contact your therapist to arrange travel for these appointments.

* Non-Traditional, CHIP, UPP, QMB, SLMB, QI, and Emergency Medicaid recipients are NOT eligible for non-emergency medical transportation or reimbursement.