

**NOTICE OF DECISION
Medicaid Non-Emergency Medical Transportation (NEMT)**

MAIL TO:	VPTA/LOCAL SUBCONTRACTOR:
MEMBER ID# _____	PHONE NUMBER: _____

INTERPRETATION SERVICES ARE AVAILABLE:

1-855-899-9600 إذا كنت تتحدث لغة أخرى غير اللغة الإنجليزية ، فستتوفر لك خدمات مساعدة اللغة مجانًا. اتصل بالرقم 1-855-899-9600

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-899-9600。(繁體中文)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600 (Deutsch)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600 (Español)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600 (Français)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600 まで、お電話にてご連絡ください。(日本語)

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600 (Italiano)

तपाइँले नेपाली बोल्नुहुन्छ भने तपाइँको निम्ति भाषा सहायता सेवाहरु निःशुल्क रुपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-899-9600 (नेपाली) ।

Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600 (Oroomiffa)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600 (Português)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600 (Русский)

Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-899-9600 (Srpsko-hrvatski)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600 (Tagalog)

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-899-9600 (ภาษาไทย)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600 (Tiếng Việt)

Based on the information that was provided:

Your transportation request for _____ has been Approved Approved with Change (see reason below) Denied (see reason below)

Your transportation exemption has been Approved and expires on _____ Denied (see reason below)

Reason(s) for Decision:

- The service has not been determined medically necessary by Vermont Medicaid (Health Care Administrative Rule (HCAR) 4.225.2(a); 4.225.4(b))
- DVHA was unable to verify an appointment for a medically necessary service paid for by Vermont Medicaid. (HCAR 4.225.2(a), 4.225.4(b))
- The member is not currently eligible for the NEMT benefit. (HCAR 4.225.4)
- Transportation was otherwise available to the member. (4.225.4(a))
- Transportation requested is not to the nearest available qualified provider (HCAR 4.225.4(c))
- Transportation requested was not the least costly or most appropriate method of transportation available to meet the needs of the member (HCAR 4.225.4.(d))
- Prior authorization for NEMT services was not obtained. (HCAR 4.225.5)
- Transportation requested is to a program or service not covered under or not payable by Vermont Medicaid. (HCAR 4.225.6)
- The provider is not enrolled and/or will not enroll with Vermont Medicaid (HCAR 4.225.6)
- If necessary, no clinical prior authorization was granted for service. (Medicaid Covered Services Rule 7102)
- Other Reason: _____

Explanation of Decision: _____

 Name of Authorized Maker (please print)

Signature

Date

MEMBERS

If you disagree with this decision:

- You may request an internal appeal and/or a fair hearing. To request an appeal and/ or fair hearing or to learn more about this decision, call the Vermont Health Connect, Green Mountain Care Customer Support Center at 1-800-250-8427.
 - o A fair hearing is a legal proceeding in which an impartial hearing officer will review the decision.
 - o An internal appeal is another review by a qualified person who wasn't involved with this decision.
- You must ask for an appeal and/or fair hearing within 90 days of the date on this notice. You may ask someone to help you ask for an appeal/ fair hearing. If you need help with your appeal/ fair hearing, you may contact the Office of the Health Care Advocate at 1-800-917-7787.

If the decision on page 1 is to reduce or end services you are currently getting and you want to continue benefits during your appeal or fair hearing, you must ask us before the effective date of the decision. If you get services during your appeal and/or fair hearing, you may be asked to pay for them if the appeal and/or fair hearing is not decided in your favor.

You have the right to take part in the meeting about your appeal and/or fair hearing. Appeals will be decided within 45 days of the date we receive your appeal. This may be extended up to 14 more days if it is to your benefit. You may ask for the extension. The decision must be made within 59 days.

Emergency (expedited) appeals may be requested in situations when you believe that the time for a regular appeal could seriously risk your life or health.

***Please call The Vermont Health Connect, Green Mountain Care Customer Support Center at
1-800-250-8427 (TDD/TTY) 1-888-834-7898
for more information or to file an appeal and/or fair hearing.***

For legal assistance or help solving a problem, call your local Vermont Legal Aid Office or the Office of Health Care Advocate at 1-800-917-7787. Their services are free.

Rights of People with Disabilities

Is it hard for you to do the things we ask you to do? We can make changes to help you. Changes are called “reasonable accommodations” under the ADA (Americans with Disabilities Act).

Here are some of the changes we can make:

- We can give you more time.

- We can help you get papers you need to give us.
- You can have a support person with you when you talk to us.
- We can send you papers in large print.

Do you need any changes to help you? Call us 1-800-250-8427