

Completion of the Prescription for Transportation (PT-1) Form for Transportation to Day Habilitation Programs

<i>Please indicate the type of request</i>	New Form
<i>Section 1 - MassHealth Member Information</i>	Please complete the MassHealth member information requested. If there is a known <b>respite address</b> , please enter as the alternate pick up address. Please indicate a varied pick up schedule in section 7
<i>Section 2 – MassHealth Provider Information</i>	This section is to be completed by the member’s primary care physician
<i>Section 3 – Name and Location of Treating Provider/Facility</i>	This is the Day Habilitation Program’s information. Locality definition – locality refers to the town or city in which the member resides and to immediately adjacent communities. However, when necessary medical services are unavailable in the member’s locality, transportation to the nearest facility in which treatment is available is covered by MassHealth. Locality Justification – explain why the member is attending your program if he/she is not attending a location within their locality. Specialized services? Other locations do not have the capability to provide adequate services?
<i>Section 4 – Medical Treatment Type</i>	DAY HABILITATION SERVICES
<i>Section 5 – Duration and Frequency of Treatment</i>	Complete with 60 months, 5 visits per week. If the consumer is not attending the program 5 days per week, by completing the form with 5 visits per week will allow you to increase attendance without completing a new PT-1 form. Specific schedule can be submitted in attached section 7
<i>Section 6 – Why Transportation Services are Required</i>	Examples – public transportation not available or cannot access alone, etc.
<i>Section 7 – Other Information</i>	Indicate if a wheelchair van is needed and any other specific transportation needs the member may have. An Escort can be a parent, guardian of a child, a caretaker, a guardian of a mentally incompetent member, or an individual who physically assists a member with ambulating to and from a medical appointment. A nurse that is traveling with the member and attending the program can be considered an escort.
<i>Section 7 Attachment</i>	A single trip is defined as a member can ride without the need of a monitor on the vehicle.

	<p>Program times are the times that are submitted on the transportation calendars. Please provide the times that the member is attending the program. Arrival and Departure: time person will be dropped off/picked up.          If CBDS split-need to attend DH on that day, but time of drop off and Pick up can be determine based on combination of need.          Special needs: medical, behavioral, space, equipment, etc.</p> <p><b>Monitor</b> is an employee of the Transportation Provider who serves to assist or ensure the safety of one or more Consumers during Transportation, by following designated Consumer-specific assignments and providing supervision and assistance to all Consumers on the vehicle when necessary and providing mobility assistance upon entering or exiting the vehicle, or from the pick-up point to the Destination Facility (if door-to-door transportation is authorized).</p> <p><b>Can the consumer be left alone at the residence location?</b> The broker/transportation provider are required to never leave consumers unattended. If a consumer is able to left off at their home without supervision, this should be yes. The broker may ask for additional documentation from family/residence for safety reasons.</p>
<p><i>Section 8 – Provider Signature</i></p>	<p>This section is to be completed by the member’s primary care physician</p>

- The PT-1 form will need to be faxed to MassHealth’s Customer Service Center at 1-617-988-2925.
- The PT-1 can be found at - <http://www.mass.gov/eohhs/docs/masshealth/bull-2009/all-192.pdf>
- Please contact HST staff if a copy of the Section 7 attachment is needed.