



**Human
Services**

TEL 919 212 7000

220 Swinburne Street • P.O. Box 46833 • Raleigh, NC 27610
www.WakeGov.com

Wake County Transportation Complaint Policy

Was there a problem with your transportation?

For a commendation or a complaint to be filed, the customer must call the Wake County Transportation Call Center at (919) 212-7005. Complaints must be reported within 24-48 hrs after the incidence. The representative will enter the information into a database and distribute to the appropriate person. We appreciate any and all timely feedback, with as much detail as possible.

The WCTS staff will follow up with the appropriate persons to correct and resolve the issue. The customer will also receive a letter verifying that the complaint was filed and what the corrective measures are.

If dissatisfied with the resolution, then customers may appeal actions taken on complaint resolution within 7 days of the date of the resolution notification by addressing the Transportation Manager in writing at the address below. The appeal should include all relevant information

Wake County Human Services

Transportation Manager

220 Swinburne Street,

Raleigh, NC 27610



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Wake County Transportation Conduct Policy

Any conduct which jeopardizes the safety of other passengers and/or the driver will result in suspension of transportation services.

Unruly passengers (extremely loud, defiant, those using vulgar language, individuals under the influence of illegal drugs/alcohol) will be refused transportation.

If you have been suspended from transportation services due to a violation of the conduct policy, you shall be provided a gas card for trips to Medicaid covered services as long as you remain eligible for transportation assistance and meet the Gas Card requirements.



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Wake County Medicaid Transportation Services Advanced Notice/Denial Policies and No Show/Cancellation Policy

As a Medicaid Transportation Beneficiary, you are required to notify Wake County Transportation at least 3 days prior to your appointment and 5 days prior for appointments outside of Wake County. Failing to do so can result in your transportation being denied. If your transportation is denied for any reason, you have the right to a written notice within 10 working days and you have the right to have a local hearing to appeal this decision. Appeal Rights are noted at the bottom of this page.

No Show and Cancellation Policy

*A **No-show** occurs when a Medicaid client is scheduled for a trip to a medical service and fails to show up to be transported.*

1. The client must be ready and at the designated place for pick up at the time given by the Customer Service Representative. The van driver is only required to wait a minimum of 5 minutes. After waiting for 5 minutes, the driver is instructed to leave a No Show tag, and proceed to the next destination.
2. The client must call the number provided for trip requests to cancel scheduled transportation at least 1hr prior to pick-up. **Cancellations** made less than 1 hour in advance may count as a "**No-Show**," unless there was good cause for the cancellation.
3. The **first** missed trip without good cause will result in a warning letter informing the client that further missed trips may result in a suspension of transportation services for a period of thirty days.
4. A **second** missed trip within three months of the first missed trip may result in a Final warning letter informing the client that the next missed trip may result in a suspension of transportation services for a period of thirty days.

5. A **third** missed trip within three months of the first missed trip may result in a suspension notice informing the client that transportation services have been suspended for 30 days.

***Critical needs clients such as, (**Dialysis and Chemotherapy**) will not have their Transportation Services suspended. ***

Appeal Rights

If your Transportation Services has been suspended or if your transportation has been denied, you can ask for a hearing to appeal the decision.

You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your situation and provide you with transportation services if the decision to suspend your transportation was wrong. Please respond in writing, with why you feel this decision should be overturned and include any supporting documentation. Appeal letters can be mailed to:

**Wake County Transportation Services
220 Swinburne Street
PO Box 46833
Raleigh, NC 27620-6833
Attn: Don Willis, Transportation Manager**

A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed (for a good reason), for as much as 10 calendar days. If you think the decision of the local hearing is wrong, contact your DSS County Transportation Coordinator **WITHIN 15 DAYS** of receiving the decision of the local hearing to ask for a state hearing.

If you have any questions regarding this No Show/Cancellation Policy or Appeal Rights, please contact the Wake County Transportation Call Center at 919-212-7005, and a Customer Service Representative will be available to assist you.

MEDICAL TRANSPORTATION ASSISTANCE NOTICE OF RIGHTS/RESPONSIBILITIES

The following information regarding medical transportation was explained to me. I understand that:

- If I am authorized and receiving Medicaid or have been authorized for presumptive Medicaid, and do not have a way to get to the doctor or to other medical services, _____ County Department of Social Services will help me obtain suitable transportation.
- I understand that I am **not** eligible for transportation assistance:
 - if I am authorized for Medicare-Aid (M-QB) only;
 - while my application is pending (before a decision is made)
 - while I am trying to meet a deductible for Medicaid; OR
 - while I am authorized for NCHC.
- I understand that if transportation is provided, it will be to my primary care physician or the nearest appropriate medical provider, by the least expensive method suitable to my individual needs.
- If approved for transportation assistance, I must request trip assistance as far in advance of my appointment(s) as possible (at least 3 business days in advance for local trips and 5 business days in advance for out of town trips is preferred). Failure to provide adequate advance notice of my need for trip assistance may result in my having to reschedule my appointment(s).
- If approved for Medicaid Transportation, I understand that I must be waiting to be picked up at the designated time and place. If I am not present at the designated time and place to be picked up, that trip may be counted as a “no show.” Three “no shows” for pick up may result in a one month suspension from Medicaid Transportation.
- If I engage in conduct which jeopardizes the safety of other passengers and/or the driver my transportation services will be suspended.
- I have the right to a written notice within 10 work days if my request for a transportation trip is denied, and I have the right to have a local hearing to appeal the decision if I disagree.

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Transportation Options - (Please check one.)

- [] 1. I will contact the department of social services if I need help with transportation after I receive a letter approving my Medicaid application.
- [] 2. I wish to request assistance with transportation at this time.

I understand my rights and options regarding Medicaid transportation as explained above.

Signature: _____ Date: _____

Agency Representative: _____

ASISTENCIA DE TRANSPORTE MÉDICO NOTICIA DE DERECHOS/RESPONSABILIDADES

Se me ha explicado la siguiente información en relación al transporte médico. Comprendo que:

- Si estoy autorizado y recibo Medicaid o he sido autorizado para Medicaid presunto, y no tengo forma para llegar al doctor u otros servicios médicos, el Departamento de Servicios Sociales del Condado de _____ me ayudará a obtener un transporte adecuado.
- Comprendo que **no** soy elegible para asistencia de transporte:
 - si estoy autorizado únicamente para Medicare-Aid (M-QB);
 - mientras que mi aplicación esté pendiente (antes de realizar mi decisión)
 - mientras que intento cumplir con el deducible de Medicaid; o
 - mientras que estoy autorizado para NCHC.
- Comprendo que si se provee transporte, será a mi médico principal o al proveedor médico apropiado más cercano, el método menos costoso apropiado para mis necesidades individuales.
- De ser aprobado para asistencia con el transporte, debo requerir asistencia con el viaje mucho antes de mi cita(s) como sea posible (por lo menos 3 días laborales antes para viajes locales y 5 días laborales antes si es fuera de la ciudad). No proveer una noticia por adelantado de mi necesidad de ayuda con el viaje, podrá resultar en que tenga que volver a programar mi cita(s).
- De ser aprobado por el Transporte Medicaid, comprendo que debo estar esperando para ser recogido en el lugar y hora designado. Si no estoy presente en el tiempo y lugar designado para ser recogido, ese viaje podrá ser contado como “ausente”. Tres “ausencias” para ser recogido podrán resultar en la suspensión de un mes del transporte Medicaid.
- Si me comporto de manera que arriesga la seguridad de otros pasajeros y/o el conductor, mis servicios de transporte serán suspendidos.
- Tengo derecho a una noticia por escrito dentro de los 10 días laborales si mi solicitud de transporte es negada, y tengo el derecho a una audiencia local para apelar la decisión si no estoy de acuerdo.

El Departamento de Salud y Servicios Humanos no discrimina en base de raza, color, origen nacional o discapacidades en empleo o provisión de servicios.

Opciones de transporte - (Por favor seleccione una.)

- [] 1. Contactaré al departamento de servicios sociales si necesito ayuda con el transporte después de recibir una carta donde se haya aprobado mi solicitud de Medicaid.
- [] 2. Yo deseo solicitar ayuda con el transporte por este momento.

Comprendo que mis derechos y opciones en relación al transporte de Medicaid han sido explicados previamente.

Firma: _____ Fecha: _____

Representante de la Agencia: _____