



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Transportation

DATE: July 1, 2011

SUBJECT: Provider Manual Update Transmittal #TRANSP-1-11

REMOVE

Section	Date
261.000	9-1-08

INSERT

Section	Date
261.000	7-1-11

Explanation of Updates

Section 261.000 is updated to reflect current driver's license requirements for DDTCS Transportation Providers.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Eugene I. Gessow, Director

TOC not required

261.000 Arkansas Medicaid Participation Requirements for DDTCS Transportation Providers 7-1-11

All non-emergency medical transportation will be provided by the transportation broker for the region in which the beneficiary lives with the exception of transportation to and from a Developmental Day Treatment Clinic Services (DDTCS) center when the transportation is provided by the center.

The DDTCS provider may choose to provide transportation services for the developmentally disabled (DD) population as a fee-for-service provider to and from a DDTCS facility. A transportation broker must provide transportation to and from medical providers.

The DDTCS transportation providers must meet the following criteria to be eligible for participation in the Arkansas Medicaid Program:

- A. The provider must complete a provider application (Form DMS-652), a Medicaid contract (Form DMS-653, an Ownership and Conviction Disclosure (Form DS-675), a Disclosure of Significant Business Transactions (Form DMS-689) and a Request for Taxpayer Identification Number and Certification (Form W-9) with the Arkansas Medicaid Program. [View or print a provider application \(Form DMS-652\), Medicaid contract \(Form DMS-653\), Ownership and Conviction Disclosure \(Form DMS-675\), Disclosure of Significant Business Transactions \(Form DMS-689\) and Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The provider application and Medicaid contract must be approved by the Arkansas Medicaid Program.
- C. The provider must submit:
 1. A copy of his or her current vehicle registration for each vehicle to be used for DDTCS transportation,
 2. A copy of the driver's current commercial and/or non-commercial driver's license(s) appropriate for the operation of any motor vehicle(s) the driver will be operating/driving to transport DDTCS beneficiaries,
 3. Proof of automobile insurance for each vehicle with minimum liability coverage of \$50,000.00 per person per occurrence,
 4. Consent for Release of Information, Form DMS-619, completed by each driver. [View or print Consent for Release of Information Form DMS-619.](#)
 5. Provider agreement.
- D. The provider must subsequently submit upon receipt, proof of the periodic renewal of each of the following:
 1. Vehicle registration
 2. Commercial and/or non-commercial driver's license(s) appropriate for the operation of any motor vehicle(s) the driver will be operating/driving to transport DDTCS beneficiaries
 3. Required liability insurance

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