



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: FORMS

**Subject: Agency Based Mileage
and Medical Escort Form (Sample)
SLTC-221**

PURPOSE

The CFC/PAS Mileage and Medical Escort Form is a multi-use form designed to document the provision of Medical Escort, Community Integration, Shopping, and Waiver Related Travel. The Form documents date, mileage, destination, and (for Medical Escort only) time.

PROCEDURE

This form is completed when the member has been approved for, and is utilizing, Medical Escort, and/or travel related to Community Integration, Shopping, and Waiver Services.

INSTRUCTIONS

Section A:

Check the appropriate box indicating the program type and enter the employee name, member name, Medicaid ID number, and pay period.

Section B:

Use this section for shopping related mileage only .

Section C:

Use this section for community integration related mileage only (CFC participants only).

NOTE: Section B and C may be combined for CFC members.

Section D:

Use this section for approved waiver mileage (only).

Sections B, C,
and D

Requires the entry of the same information:

1. Enter the date and location of the shopping trip. Enter the last three digits of the odometer reading at the beginning of the trip.

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- 2. Enter the last three digits of the odometer reading upon return to the member home at the end of the trip.
- 3. Enter the total miles for the trip.

Section E:

This section is to be used for Medical Escort services.

- 1. Enter the date, name of health care provider, and the specific location of the medical services.
- 2. Time:
 - a. Enter the time that the PCA and Member left for the appointment;
 - b. Enter the time that the PCA and Member returned from the appointment; and
 - c. Enter the total time.
- 3. Mileage:
 - a. Enter the last three numbers of the odometer reading at the beginning of the trip;
 - b. Enter the last three numbers of the odometer reading at the end of the trip;
 - c. Enter the total miles.

Section F:

Enter comments to document unexpected variances (i.e., visit took longer because member needed an x-ray, etc.)

Section G:

The Member/PR, PCA and Provider must sign and date the Mileage and Medical Escort Form. Agency Based Member signatures are recommended. Prior to submission of billing, the PAS/CFC representative must ensure the document meets criteria for Medicaid billing.

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SAMPLE FORM

➤The Mileage/Medical Escort form is a sample form. The provider agency may use this form or develop a form that meets the needs of the provider agency. If the provider agency uses their own form it must be approved by the Department. The form must include all of the components in the sample form.

DISTRIBUTION

The Provider Agency retains the original copy of this document, with the member provided a copy as requested. The Department may request copies for quality assurance activities.