

State Administered NEMT Transportation Level of Need (LOS) Assessment

After Hours Submissions (6pm to 7am) Fax to KEPRO Toll Free Fax number: 844-673-8033

State Administered Non-Emergency Medical Transportation (NEMT) requires driver to assist the member door-to-door or door-thru-door (station-to-station). This includes but is not limited to assistance from inside of the residence to enter and exit to assisting the client to enter and exit the health care facility up to and from the appropriate medical appointment desk.

Member Name:	DOB:	MA #:
Information provided by:	Relationship to Member:	Call Back #'s: Home: Cell: Other:
Client Address:	Language: Interpreter Name: Interpreter Agency:	

1. **Certification request type:** ___ New Certification ___ Recertification
2. **Level of Service Requested:** ___ Assisted ___ Ramp/Lift Equipped ___ Stretcher
3. **Primary Care Physician:** _____ (Not required for certification)
Facility: _____
Phone #: _____ **Fax #:** _____

4. **Primary Condition/Diagnosis:**

Secondary Condition/Diagnosis:

5. **Condition Expected to Last:**

6. Reason for transportation:

Medical Appointment(s) Hospital Discharge* Other _____

6.1. *If Hospital Discharge, please complete questions below:

Where is patient discharging to?

Skilled Nursing Facility Other _____

7. Is this a one-time appointment or a series of appointments ?

8. Can the patient ambulate independently? YES **complete below* NO

*Estimated distance (with mobility aid if applicable)

A few feet Up to 9 blocks No limitations

9 Does the patient use a mobility aide? YES **complete below* NO

9.1*Type of mobility aid used? (all that apply)

Walker Cane Crutches Wheelchair* Scooter* (**complete below*)

Other: _____

9.2 *Type: Manual Electric rigid or foldable

9.3 Can the patient transfer into vehicle independently? YES NO

9.4 Can the patient maneuver their wheelchair independently? YES NO

9.5 Estimated distance? A few feet Up to 9 blocks No limitations

10. If the patient is able to sit up, how long can they sit up?

Length of time _____ Unlimited or more than a few hours

11. Does the patient's physical or mental condition affect their ability to use public transportation or taxi?

YES NO

If yes, describe:

12. Does the patient require assistance from the transportation driver: (all that apply)

Inside their residence to enter and exit Transfer in/out of vehicle
 Inside the medical facility to enter and exit Does not require assistance

13. Does the patient require assistance opening doors at the following: (all that apply)

Medical facility- entrance Medical facility- inside (beyond entrance)
 Vehicle Doors Does not require assistance

14. Does anyone accompany the patient to his or her medical appointments? YES NO

15.1 Whom: _____ How often: _____

15.2 What assistance does the attendant provide? _____

15. How does the patient get to other non-medical locations? (all that apply)

Public Transportation Ride from family, friend, or caregiver
 Drives his/herself Ride from resident staff
 Unknown

16 . Why will that transport process not work for medical appointments? _____

17 . How does the patient get around within the home, medical facility, or community? (all that apply)
 Ambulates with/without assistive devices independently
 Ambulates but requires physical assistance from another person
 Uses a wheelchair/scooter independently
 Uses a wheelchair w/assist from another person

18 . Any additional information, comments or concerns:

State Administered NEMT LOS Assessment Determination:

Approved Certification Timeframe/Dates: _____
 Level of transport certification: Assisted Ramp/Lift Equipped Stretcher
 Denied Reason for Denial: _____

