

GUIDE FOR LPHA'S TO REQUEST NON-EMERGENCY TRANSPORTATION (NET) SERVICE
OF IL MEDICAID PARTICIPANTS
TO COMMUNITY MENTAL HEALTH SERVICES (PROVIDER TYPE 036)

- The PSTP-036 form replaces the Standing Prior Approval for NET Services to community mental health services.
- This form must be completed, dated, and signed by the LPHA designated for the Participant needing NET services.
- Please complete online to take advantage of the drop down menus. You will be required to print the form, date and sign it where appropriate, and fax this to Transdev. Please note faxed requests must have the sender's name and sender's fax number printed at the top of each transmitted page. Please do not give to NET provider to fax.

Section One – Recipient Information and Appointment Information

1. Participant name
2. Recipient Identification Number (RIN) – 9 digit ID # found on back of medical card
3. Pickup Street Address, City, State, Zip Code
4. Appointment Start Date – Requests for NET must be initiated at least seven (7) business days in advance of the first service date. Please note that requests for standing prior approvals to Medicaid-funded services must adhere to all applicable state and federal laws, rules, and policies. Service requirements must be based on medical necessity, mental health assessment, treatment plan, and prior authorization.
5. Appointment End Date
6. Appointment Time

Section Two – Transportation Provider Information – Please note that only the LPHA may complete and/or submit this form to the Department's prior approval agent. Please do not give a copy of this form to the NET provider. The NET provider will receive notice of NET authorization either by letter or via PassPORT (NET online access to First Transit authorizations).

1. Transportation Provider Name and Telephone Number
2. Most Appropriate and Least Expensive Level of Transport (i.e. Medicar, Service Car, Taxi)
3. Whether the Participant Has a Medical Need for An Attendant to Travel With Them (See dropdown menu)

Section Three – Individual Treatment Plan (ITP) services

Transportation is only reimbursed via IL Medicaid on those dates where an eligible Medicaid covered service is provided as designated on the Participant's ITP. Use the drop down menu to select the group and HCPCS code for each day.

Section Four – Facility and LPHA Information

1. Facility name, address, and telephone number including area code
2. LPHA name, provider number (LPHA's IL license number as registered with the Illinois Department of Financial and Professional Regulation)
3. Site Number (unique site-specific provider identification number issued by HFS). This number is listed on the Provider Information Sheet.

Print the completed form. Then date, sign, and fax the form to Transdev at 630-873-1450.