



Rider's Guide

Non-Emergency Medical Transportation

Effective date January 1, 2026

This guide covers:

- Eligibility
- Types of rides
- Service hours
- Scheduling a ride
- Mileage
- Meal and lodging help
- When to be ready
- What to expect from your driver
- And more



You can request this document in another language or format **at no cost to you or your representative**. Information will be the same in written and other formats. Please contact our Customer Service team.

- Examples of other formats: Audio tape, oral presentation (face-to-face or on the phone), braille, large print.
- Hard copy: Available upon request and provided within five business days.
- Electronic version: Available upon request and provided within five business days.
- For our interpreter services, we offer certified and qualified spoken and sign language interpreters.
- Other languages: You can request documents in another language.
- Language access services also apply to member representatives, family members, and caregivers with hearing impairments or limited English proficiency who need to understand the member's condition and care.

Usted puede solicitar este documento en otro idioma o formato **sin costo alguno para usted o su representante**. La información será la misma en formato escrito y en otros formatos. Póngase en contacto con nuestro equipo de Servicio al Cliente.

- Ejemplos de otros formatos: cinta de audio, presentación oral (en persona o por teléfono), formato Braille, letra grande.
- Copia impresa: disponible bajo solicitud previa; se proporciona en un plazo de cinco días hábiles.
- Versión electrónica: disponible bajo solicitud previa; se proporciona en un plazo de cinco días hábiles.
- Ofrecemos servicios de intérpretes certificados y calificados en lenguaje hablado y lenguaje de señas.
- Otros idiomas: usted puede solicitar los documentos en otro idioma.
- Los servicios de acceso lingüístico también aplican a los representantes de los miembros, los miembros de sus familias y los cuidadores con deficiencias auditivas o con un dominio limitado del idioma inglés que necesiten comprender el padecimiento y los cuidados del miembro.

Rider’s Guide

Non-Emergency Medical Transportation

PacificSource Community Solutions
Updated February 2026

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Nondiscrimination statement

Discrimination is against the law. PacificSource and its providers comply with applicable state and federal civil rights laws. It cannot treat people (members or potential members) unfairly in any of its programs or activities because of a person's:

- Age
- Color
- Disability
- National origin, primary language, and proficiency of English language
- Race
- Religion
- Sex, sex characteristics, sexual orientation, gender identity, and sex stereotype
- Pregnancy and related conditions
- Health status or need for services

If you have a disability, PacificSource Community Solutions has these types of free help:

- Qualified sign language interpreters
- Written information in large print, audio, or other formats
- Other reasonable modifications

If you need language help, PacificSource Community Solutions has these types of free help:

- Qualified interpreters
- Written information in other languages

Access to covered services, grievance, appeals, or hearings will not be denied or limited based on the need for alternative formats and/or auxiliary aids.

If you need help

If you need help or have a concern, please contact our Customer Service department or our Section 1557 Coordinator Monday – Friday, 8:00 a.m. – 5:00 p.m. at:

Customer Service Department

- **800-431-4135**, TTY: 711. We accept all relay calls.

Section 1557 Coordinator

- **888-977-9299**, TTY: 711. We accept all relay calls.
- 1557Coordinator@PacificSource.com

- PO Box 7068, Springfield, OR 97475-0068
- [PacificSource.com/medicaid/your-plan/complaints-and-appeals](https://www.pacificsource.com/medicaid/your-plan/complaints-and-appeals)

To file a complaint

To file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR):

- OCRPortal.HHS.gov/OCR/SmartScreen/main.jsf
- OCRComplaint@hhs.gov
- **800-368-1019**, 800-537-7697 (TDD)
- OCR, 200 Independence Avenue SW, Room 509F, HHH Bldg., Washington, DC 20201

You can also submit a grievance with any of the following:

PacificSource.com/Medicaid

Sign in to InTouch and choose “File a Grievance” from the Support menu: InTouch.PacificSource.com

Oregon Health Authority (OHA) Civil Rights

Web: Oregon.gov/OHA/EI

Email: OHA.PublicCivilRights@ODHSOHA.Oregon.gov

Phone: **844-882-7889**, TTY: 711. We accept all relay calls.

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: **971-673-0764**

Email: BOLI_Help@Boli.Oregon.gov

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

Web: Oregon.gov/boli/civil-rights

You can read our complaint process at [PacificSource.com/medicaid/your-plan/complaints-and-appeals](https://www.pacificsource.com/medicaid/your-plan/complaints-and-appeals).

English

You can get this handbook in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 800-431-4135 or TTY: 800-735-2900. We accept relay calls.

You can get help from a certified and qualified health care interpreter.

Amharic

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 800-431-4135 ወይም TTY 800-735-2900 ይደውሉ። የረሌይ ጥሪዎችን እንቀበላለን።

ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይቻላል።

Arabic

ةعوبطم وأ، ىرخأ تاغل ب ققيثو اذه ىلع لوصحلا مككنكمي
ةغىصلال بسح وأ لىارب ققىرط ىلع عةعوبطم وأ، رىبك طخب
هذه نإ. يهفش مجرتم بلط مككنكمي امك. مكىدل ةلضفملا
ةقربملا وأ 800-431-4135 ىلع ولصتا. ةيناجم ةدعاسملا
ةلوحمل تاملكمل لبقتسن. 800-735-2900 ةبتاكل
لاجم يف لهؤمو دمتعم مجرتم نم ةدعاسملا ىلع لوصحلا مككنكمي
ةىحصلل اىاعرلا

Burmese

ဤစာကို အချဆားဘာသာစကားမ်း၊ ပို့ပုံစာလုံးဖုက်ီး၊ မ်ကုမျမင
မ်းအတကြ ဘရေးလှ သို/မဟုတ သငပိုမိုးစသကုသည ပုံစံဖ
င ရယူနိုင်ပါသည်။ သငသည စကားပုဒ်တစဉ်းလည်း တောင်းဆို
နိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့ဖုစပါသည်။ 800-431-
4135 သို/မဟုတ 800-735-2900ကို ဖုန်းဆကုပါ။ ထပဆင
ခငဆိုမ်းမ်းကို ကဖြေပွတို/ လကုခံပါသည်။
သငသည သငတန်းဆင်းလကုမွတရုံးင အရညအခင်းပို့သည က်
န်းမာရေး စောငပွောကုမ်း စကားပုဒ်ထမွလည်း အကူအညီရယူ
နိုင်ပါသည်။

Simplified Chinese	<p>您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电 800-431-4135 TTY 800-735-2900。我们会接听所有的转接来电。</p> <p>您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。</p>
Traditional Chinese	<p>您可獲得本信息函的其他語言版本、大字版、盲文版或您偏好的格式。</p> <p>您也可申請口譯員。以上協助均為免費。請致電 800-431-4135 或聽障專線 800-735-2900。我們接受所有傳譯電話。</p> <p>您可透過經認證的合格醫療保健口譯員取得協助。</p>
Chuukese	<p>En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 800-431-4135 ika TTY 800-735-2900. Kich mi etiwa ekkewe keken relay.</p> <p>En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.</p>
Farsi	<p>لی رب، طخت شرد، رگی دی اهناب زهب ارهم ان نی دی ناوت می مچرت می دی ناوت می. دینک تفایردی رگی دی حیجرت بل اق ای 800-431-4135 اب. تساناگی ارکم کنی. دینک تساوخرد زین یه افش یاه سامت. دیری گب سامت 800-735-2900 تTY ای 431-4135 می. میری ذپی م ارهلر</p> <p>ردت یاف کاب و یه اوگی ارادی ه افش مچرت می کی زا دی ناوت می و تشادهب هنی مز</p>

German	<p>Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis. Wenden Sie sich an 800-431-4135 oder per Schreibtelefon an 800-735-2900. Wir nehmen Relaisanrufe an.</p> <p>Sie können die Hilfe eines zertifizierten und qualifizierten Dolmetschers für das Gesundheitswesen in Anspruch nehmen.</p>
Hmong	<p>Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu 800-431-4135 los sis TTY 800-735-2900. Peb txais tej kev hu xov tooj rau neeg lag ntseg.</p> <p>Koj yuav tau kev pab los ntawm ib tug kws txawj txhais lus rau tib neeg mob.</p>
Japanese	<p>この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サービスは無料でご利用いただけます。800-431-4135または TTY 800-735-2900までお電話ください。電話リレーサービスでも構いません。</p> <p>認定または有資格の医療通訳者から支援を受けられます。</p>

Korean	<p>이문서는 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 800-431-4135 또는 TTY 800-735-2900에 전화하십시오. 저희는 중계 전화를 받습니다.</p> <p>공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.</p>
Marshallese	<p>Kwomaroñ bōk leta in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo emman̄lok ippam̄. Kwomaroñ kajitōk bwe juon ri ukōt en jipañ eok. Ejjeļok wōṇāān jipañ in. Kaaltok 800-431-4135 ak TTY 800-735-2900. Kwomaroñ kaaltok in relay.</p> <p>Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim im keiie āinwōt ri ukōt in ājmour.</p>
Portuguese	<p>Esta carta está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 800-431-4135 ou use o serviço TTY 800-735-2900. Aceitamos encaminhamentos de chamadas.</p> <p>Você poderá obter a ajuda de intérpretes credenciados e qualificados na área de saúde.</p>
Romanian	<p>Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la 800-431-4135 sau TTY 800-735-2900. Acceptăm apeluri adaptate persoanelor surdomute.</p> <p>Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat și calificat.</p>

Russian	<p>Вы можете получить это документ на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 800-431-4135 или TTY 800-735-2900. Мы принимаем звонки по линии трансляционной связи.</p> <p>Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.</p>
Somali	<p>Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 800-431-4135 ama TTY 800-735-2900. Waa aqbalnaa wicitaanada gudbinta.</p> <p>Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.</p>
Spanish	<p>Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 800-431-4135 o TTY 800-735-2900. Aceptamos todas las llamadas de retransmisión.</p> <p>Usted puede obtener ayudar de un intérprete certificado y calificado en atención de salud.</p>

Tagalog	<p>Makukuha mo ang liham na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 800-431-4135 o TTY 800-735-2900. Tumatanggap kami ng mga relay na tawag.</p> <p>Makakakuha ka ng tulong mula sa isang sertipikado at kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.</p>
Ukrainian	<p>Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону 800-431-4135 або телетайпу 800-735-2900. Ми приймаємо всі дзвінки, які на нас переводять.</p> <p>Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.</p>
Vietnamese	<p>Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 800-431-4135 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 800-735-2900.</p> <p>Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.</p> <p>Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.</p>

Introduction

PacificSource Community Solutions (the plan) gives members free rides to covered health care visits. This benefit is called Non-Emergency Medical Transportation (NEMT). This guide explains how and when to use these rides. To learn more about your benefits, visit: [PacificSource.com/medicaid/get-care/get-ride](https://pacificsource.com/medicaid/get-care/get-ride).

- Want a paper copy of this guide? We can mail one to you. Call Customer Service using the contact information under "Contact the Plan."
- You will not get a bill for rides to or from covered services. This is true even if the ride reimbursement was denied.
- Your Member Handbook is online: [PacificSource.com/medicaid/your-plan/member-handbook](https://pacificsource.com/medicaid/your-plan/member-handbook).

The role of your plan

PacificSource Community Solutions gives members all Non-Emergency Medical Transportation (NEMT) rides. As your coordinated care organization (CCO), we make sure:

1. You, or the person who needs a ride, is a current member.
2. You, or the person who needs a ride, is eligible for services.
3. The appointment is for a covered or health-related service.
4. The ride is a covered service.
5. For dual members (including those on PacificSource Dual Care D-SNP):
 - The appointment is in your plan's service area. (Rides outside the area may be allowed if the service is not available inside the area.)
 - We check if you are eligible for services with your plan or directly with your Medicare provider.
6. For Full Benefit Dual Eligibility (FBDE) members:
 - We check if you are eligible for services with your plan or directly with your Medicare provider.



Your rights

As a user of transportation services, you have the right to:

- Get safe and reliable ride services that meet your needs.
- Ask for interpretation services when talking to Customer Service.
- Ask for materials in a language or format that meets your needs.
- Receive a written notice when a ride is denied.
- Receive a written notification of any modifications to your NEMT service.
- File grievances about your NEMT experience.
- Submit an appeal, ask for a hearing, or ask for both if you feel you have been denied a service unfairly.

You can learn how to file a complaint or an appeal on page 4. You can also call Customer Service. The phone number is in the “Contact the plan” section.

Your duties

As a passenger, we ask you to:

- Treat drivers and other riders with respect.
- Call us as soon as you can to set up, change, or cancel a ride.
- Use seat belts and safety equipment, like car seats, as the law requires.
- Ask for extra stops ahead of time. If you need to stop at a pharmacy or another place, we must approve it first. Drivers can only make stops we approve.

Parents, guardians, or adult caregivers must provide and install child safety seats for a child who:

- Weighs less than 40 pounds and is shorter than four feet nine inches
- Is under two years old and must ride in a rear-facing seat
- Weighs more than 40 pounds and is shorter than four feet nine inches, unless the child is in a safety seat that meets Oregon law (ORS 815.055).

All riders must wear seat belts

- Everyone must wear a seat belt at all times.
- Riders in wheelchairs must use both the lap belt and shoulder belt.
- If you refuse to wear a seat belt, the driver may not give you a ride.
- When you call to set up your ride, tell your NEMT provider if you need a longer seat belt.
- If you have a seat belt exemption card, you must bring it and show it to the driver before every ride.

What to expect from your driver and vehicle

You can expect your driver to:

- Have a valid local license and an active state driver's license.
- Give you a safe ride.
- Be kind, professional, and respectful.
- Drive safely and follow all laws.
- Use a hands-free device for phones and tablets.
- Complete screenings, background checks, and training (like CPR, First Aid, and Defensive Driving) as required by OAR 410-141-3925.

Vehicle rules:

- The inside of the vehicle should be clean and free of anything that makes riding uncomfortable.
- Smoking, vaping, or using inhalants is not allowed at any time. This follows Oregon law (ORS 433.835–433.990 and OAR 333-015-0025–333-015-0090).
- The vehicle must follow all local, state, and federal safety laws. It must also meet comfort and safety standards listed in OAR 410-141-3925. Every vehicle must have:

- Seat belts for all passengers (if required by law)
- First aid kit
- Fire extinguisher
- Roadside warning devices
- Flashlight
- Tire traction devices when needed
- Disposable gloves
- Equipment to safely transport riders using wheelchairs or stretchers to meet the American with Disabilities Act of 1990 (as amended), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute 659A.103.

The vehicle must be in good operating condition and must include, but is not limited to, the following equipment:

- Side and rearview mirrors
- Horn
- Heating, air conditioning, and ventilation systems
- Working turn signals, headlights, taillights, and windshield wipers

Drivers cannot change your pickup time without permission from the plan or ride provider.

When the driver arrives, they will call, knock on your door, or come into the lobby.

If you need help, tell your ride provider when you set up your ride.

If you need help during your visit (like eating or using the bathroom), bring someone with you to help.

If you ask, drivers can help you:

- Walk up or down one or two steps.
- Go to and from your door to the vehicle.
- Go into the lobby of the building.

If you need more help, you will need to have your own attendant.

Drivers cannot:

- Enter your home or room (except for a hospital discharge or a stretcher car ride)
- Help you get ready for a ride (dressing, or other details)
- Move you between bed and wheelchair, or wheelchair and van
- Help you with any personal needs during your ride
- Take any money from you
- Ask for or sell any other products or services
- Make any of their own stops or run errands



Your information

Your ride provider follows the law to keep your information safe and private. They only share what drivers need to know to give you a ride.

Drivers will only share your information with:

- Your ride scheduler
- PacificSource Community Solutions
- The Oregon Health Authority
- The Oregon Department of Human Services

They will only do this if needed.

Who can get no-cost trips?

You can get free rides from your ride provider if:

- You are a PacificSource Community Solutions member in:
 - Central Oregon
 - Columbia Gorge
 - Marion County or Polk County
- You are going to a covered health care appointment. If you have Medicaid and Medicare, you can get a ride to appointments covered by either plan. This includes trips outside the CCO's service area if the service is covered.
- You are enrolled in the Compact of Free Association (COFA) Dental Program or the Veteran Dental Program (defined in OAR chapter 410, division 200). The CCO only covers NEMT rides for dental services.
- You need help getting to a covered appointment.

Approval of no cost-trips

To give a free ride, the ride provider will:

- Make sure that you are covered with PacificSource Community Solutions.
- Choose the best type of ride for your needs.
- You can pick the type of help you need for your ride:
 - Curb to Curb: The driver picks you up at the curb or driveway in front of your home or destination. The driver does not help you to the door.
 - Door to Door: The driver helps you between the vehicle and the door of your home or destination. They give limited help at the front door and make sure you are secure in the vehicle.
 - Hand to Hand: This is more help than Door to Door. The driver helps you move from one type of transport to another, like from a wheelchair to the vehicle.
- Keep track of the ride details.
- We will approve or deny your ride within 24 hours of your request (including all parts of the trip). This helps make sure you get to your appointment on time.

Denial of trips

If your ride is denied:

- You will get a phone call to let you know.
- PacificSource Community Solutions will have another employee review the decision.
- A letter will be mailed to you and to your provider (or the person who asked for the ride) within 72 hours of the denial.

If you do not agree, you can appeal. The denial letter will explain how to appeal.

Types of trips

Your ride provider will ask you questions to schedule the best ride for what you need. Ride types can include:

- Help with the cost for you (or someone else) to drive to your appointment*
- Taxicab*
- Bus pass*
- Wheelchair van
- Stretcher van
- Secure transport
- Non-emergent ambulance
- Other types, as necessary

You may have to share your ride. Drivers may pick up or drop off other people along the way.

*Note: Neither the ride provider nor your plan is responsible for coordination of public or personal transportation.

Secured rides

Secured rides are for members who may hurt themselves or others. You may need a secured ride if:

- You are at risk of harming yourself or others
- Your ride is to a Medicaid-covered provider who can treat your urgent medical or behavioral health needs

One extra attendant can ride with you if needed for medical reasons. There is no cost for this.

You can also have an attendant for legal reasons, like a parent, guardian, or escort who must be in the vehicle.

We may cover secured rides to and from court or commitment hearings if there is no other way to pay for the ride..

- The plan will approve rides to and from court-ordered medical services except when:
 - You are in law enforcement custody
 - You are an inmate in a public institution
 - Your OHP coverage is on hold

Ride changes and member safety

Your safety, the driver's safety, and the safety of others is very important to us. We have rules to help you get to your services safely. We also have rules for changing your ride. Changes may happen when you:

- Have special conditions or needs, including physical or behavioral health disabilities, current level of mobility, and functional independence.
- Have a health problem that puts the driver or others in the vehicle at risk.
- Threaten harm to the driver or others in the vehicle.
- Act in a way that puts the driver or others in the vehicle at risk of harm.
- Act in a way that causes medical providers or facilities to refuse more services for you without changing ride services.
- Often do not show up for scheduled rides.
- Often cancel the ride on the same day as your appointment.

We will follow the non-discrimination and change rules in OAR 943-005-0000 to 943-005-0070.

We will not screen out members in a protected class from rides unless:

- The screening is needed to provide the goods and services; or
- The screening points out a direct threat to the health and safety of others.

You can ask for a change to your ride when the driver:

- Threatens to harm you or others in the vehicle.
- Drives or behaves in a way that puts you or others in the vehicle at risk of harm.

A change means you may have to:

- Use a certain transportation provider.
- Travel with an attendant.
- Use public transportation, where available.

- Drive or find someone to drive you (you will get a mileage refund).
- Check on the ride with the ride provider on the day of or the day before the scheduled ride.

If your ride needs to change, your ride provider will send you a letter. Your care coordinator and the provider who requested the ride will also get this letter.

Before the change happens, we will:

- Tell you the reason for the change.
- Decide if there are other options that fit your needs.
- Talk about any health and safety concerns.

Scheduling free rides

You can get a ride any time, every day of the year.

Call your ride provider to schedule a ride. You or someone acting for you (like a Community Health Worker, foster parent, adoptive parent, or your provider) can ask for a ride.

Interpreter services are free for you or your representative.

You can schedule more than one ride at a time for recurring appointments, up to 90 days ahead.

You can call after business hours. Choose the phone option that fits your needs.

You can ask for a same-day ride, but try to call as soon as possible—at least 24 hours before your appointment if you can.

Your ride provider will work with you to schedule your free ride. When you schedule, they will ask for the best way to contact you (phone, email, fax) and the best time to reach you.

Please have this information ready when you call:

- Your name, address, and phone number (and clear directions to your home or where you are)
- Doctor or clinic name
- Provider's address and phone number

- Referring doctor if appointment is outside of your local area
- Date and time of your appointment
- Pickup time after your appointment
- Type of appointment (primary doctor, therapy, behavioral health, and other details.)
- Your height and weight for all stretcher and wheelchair rides
- Any details to help us meet your needs (such as car seats, children)

Let your ride provider know if you have or need any of the following when you set up your ride:

- If you will have an attendant with you
- If you are 12 years of age and under and will have an adult with you
- If you use a manual wheelchair, walker, crutches, or cane
- If you have a portable oxygen tank
- If you have a wheelchair that is bigger than 30 inches wide, 48 inches long, or more than 600 pounds when in use
- If you have a scooter
- If you have a service animal
- If you need any other special equipment
- If you have a health condition that changes your needs
- If you need a secured ride

The ride provider will save your information, so you get the best ride every time you call.

The ride provider will try to tell you the ride details when you call to ask for a ride. If they cannot, they will call you later to tell you about the details. They will do this before the driver comes to pick you up.

The ride details include:

- The name and phone number of the NEMT driver or NEMT provider
- The time and address for pickup
- The name and address of the healthcare provider you will be going to

You will be notified two days before the scheduled pickup time.

If you ask for a ride less than two days before pickup, the CCO or its NEMT broker will give you the broker's phone number. They may also give you the driver's name and phone number, but they are not required to.

You will not be responsible for making the ride details.

Your ride provider will match you with a driver who fits your needs. The driver will work with the provider to track your ride and help with any pickup or return issues.

- Drivers must make their presence known when they arrive. You should not wait more than 15 minutes past your scheduled pickup time.
- Drivers cannot drop you off more than 15 minutes before the provider's office opens.
- Drivers cannot pick you up more than 15 minutes after the office closes unless your appointment runs late and you, your guardian, or representative asks.
- Drivers must drop you off at least 15 minutes before your appointment or when the office opens. They cannot drop you off more than one hour early. If the driver gets there early, you do not have to get in before your scheduled time.
- You do not need a set time for your return trip. The ride provider will make sure you are picked up within one hour after you ask for your return ride.

Your ride provider will make sure services are ready on time. This helps you get to your appointment with enough time to check in and prepare.

To schedule a ride for children 12 years and under, see the Children section on the next page.

Return trip rides: Schedule your return ride when you schedule your ride to the appointment.

If you do not know when your appointment will end, tell your ride provider. They will set up a will-call pickup for you.

When your appointment is over, call your ride

provider. A driver will pick you up within one hour.

Pharmacy trips: Tell your ride provider when you schedule your ride if you need to go to the pharmacy on your way back from an appointment.

Non-emergency ambulance: If you need a non-emergency ambulance ride, the ambulance company will work with your ride provider. They will get the records they need to make sure the ride is covered.

- If the ride provider finds safety concerns, you may need an ambulance ride.
- You or the driver should call the ride provider if there are safety concerns. This could include the vehicle's condition or the driver's health. The ride provider will help change your ride if needed.
- If the driver has concerns about your health, they must make sure another ride is scheduled. This can include an ambulance ride.
- During a COVID-19 health crisis, your ride provider will:
 - Tell your healthcare facility if you have symptoms or test positive, and make sure safety steps are in place before you arrive.
 - Allow services that are safe for you and the driver.
 - Approve non-emergency ambulance rides if needed.

Urgent rides

Call 911 if you have an emergency. Your NEMT provider cannot arrange emergency rides. If you need to go to urgent care, you can call your NEMT provider to schedule a ride.

Attendants

You need to bring an attendant if you need more help than your driver can give. An attendant can be:

- Any adult 18 years or older authorized by the member's parent or guardian; or
- The member's mother, father, stepmother, stepfather, grandparent, or guardian.

The CCO will decide if you need an attendant and if the person you bring meets the rules for an attendant.

Your attendant must be with you when you are picked up. Your ride provider cannot give you an attendant or pay for one.

The following members must have an attendant:

- Children 12 years old and under
- Members with special physical or developmental needs, no matter how old they are

A parent or guardian may need to give written permission for anyone else to go with the member.

When you schedule your ride, tell your ride provider if an attendant will come with you. Your ride provider can schedule up to two adult attendants, and there is no cost for their ride.

The attendant must be an adult (18 or older) approved by the member's parent or guardian.

This rule applies to members with special physical or developmental needs, no matter their age.

Children and members with special physical or developmental needs

Rides for children and members with special physical or developmental needs have special rules:

- Children 12 years old and under must ride with an adult. Let your ride provider know who the adult will be when you schedule the ride.
 - By law, all infants and young children must be in a car seat or booster seat. You must bring your own car seat. You must fix the car seat in the vehicle yourself.
- You cannot leave car seats in the vehicle during your appointment. You might have a different driver for your ride home, and your driver may give other people rides while you are at your appointment.



How to be ready for your ride

To be ready for your appointment, please:

- Be ready before your earliest pickup time. For example, if your pickup window is 9:00–9:30, be ready and watch for the driver at 9:00.
- You do not have to get in the vehicle before your scheduled pickup time.

To help you get to and from your appointment on time, your ride provider will:

- Make sure the driver arrives within the pickup window.
- Make sure the driver can pick you up without a long delay.

Drivers may call to schedule an early pick up if you are sharing a ride or travel requires a change.

Drivers must wait for 15 minutes after the scheduled pickup time. It is important to be ready when they arrive. The drivers will tell the ride provider if you are not ready within 15 minutes.

To prepare for problems, the ride provider:

- Has a bad weather plan to make sure members with critical medical care get their ride.
 - Bad weather can include high heat, extreme cold, flooding, tornado warnings, heavy snow, or icy roads.
 - Critical care needs include things like dialysis, chemotherapy, complex medical needs, or other high healthcare needs. If you need help during bad weather, contact your ride provider—they can assist you.
- Has a backup plan if the vehicle is more than 15 minutes late.
- Has a backup plan for a high number of ride requests to make sure you still get a ride.
- If your driver is late or not available, your ride provider will find another driver so you can still get your ride. This may mean your driver will change. If that happens, your ride provider will contact you with the new details.

Changing or canceling a ride

Call your NEMT provider as soon as possible if you need to change your ride or if you no longer need it. Changes can include switching to another driver so you can still get to your appointment on time. See page 25 for contact information.

Cancel any ride you do not need before your scheduled pickup time. If you are not ready when the driver arrives and you did not cancel, it counts as a “no-show.”

No-shows make it harder for your ride provider to plan rides for you. If you have many no-shows, they may limit your future rides.

Mileage cost help

You can get help with travel costs if you use your own car. Money can be paid to you, a caregiver, family member, or friend for the trip.

Call your ride provider if you need help getting paid for the miles you drive to your appointment. It is best to call before your appointment, but you can call after too. You will need to fill out a form and have your provider sign it to get paid.

The ride provider must get the form within 45 days of your appointment. If you have questions before your appointment, call your ride provider.

You will be paid \$0.49 per mile for the shortest route to your appointment.

After you send in the completed form, your ride provider will process it. They will send you a check or add money to your debit card within 14 days. If your form is not complete, they will let you know.

Meals and lodging help

You may be able to get help with meals and lodging costs if you have to travel outside your area for healthcare. Call your ride provider for your region before your appointment to ask how to get prior approval for reimbursement. You must send back any paperwork your ride provider asks for before you can be reimbursed.

- Central Oregon: 855-397-3619
- Columbia Gorge: 855-397-3617
- Salem region: 844-544-1397

You can also ask for travel funds for one person traveling with you if you need their help.

Meal help and how it works:

- Breakfast: \$9.00
(Your travel must begin before 6:00 a.m.)
- Lunch: \$10.00
(If your travel is during the entire lunch period, from 11:30 a.m. to 1:30 p.m.)
- Dinner: \$15.00
(If your travel ends after 6:30 p.m.)

Daily meals for clients and up to one approved attendant must not exceed \$34.00 a day per person.

You cannot get meal help if you are an inpatient (stay in a hospital or facility), or when you get free meals.

Note: Ride providers or your plan may hold reimbursements under the amount of \$10.00 until your reimbursement reaches \$10.00.

Your plan must reimburse you for meals when you travel for a minimum of four hours round trip.

You may be reimbursed for lodging if:

- You would otherwise be required to begin travel before 5:00 a.m. to reach a scheduled appointment.
- Your trip from a scheduled appointment would end after 9:00 p.m.
- Your healthcare provider documents a medical need. If the provider documents a medical

need, you could be reimbursed for lodging even if the trip does not begin before 5:00 a.m. and end after 9:00 p.m.

Lodging help and how it works:

- You can get up to \$110.00 per night if travel starts before 5:00 a.m.
- You can get up to \$110.00 per night if the trip from the appointment to home ends after 9:00 p.m.
- You must provide a copy of an original receipt that shows what you paid.
- Attendant lodging: \$110.00 per night (if staying in a separate room).

To ask for meals or lodging help:

1. You can call your ride provider before your appointment to ask for help to pay for meals or lodging. It is not required.
2. You may have to send your receipts to the ride provider if you are asked. You need to take this form with you to your appointment. Your healthcare provider must complete and sign the form.
3. You must return your completed form to your ride provider within 45 days after your appointment.
4. Your reimbursement will be processed within (14) days after receiving the reimbursement request. If your request is denied, you will get a letter explaining why. You may also be asked to give more information. You must provide this information before reimbursement.

Attendant requirements:

Your ride provider will reimburse meals or lodging for one attendant, such as a parent, if it is medically necessary and one of these applies:

- The member is a minor child and unable to travel without an attendant.
- The member's attending physician provides a signed statement indicating the reason an attendant must travel with the member.
- The member is mentally or physically unable to reach their medical appointment without assistance.

- The member is or would be unable to return home without assistance after the treatment or service.

Note:

- The plan may reimburse meals or lodging for additional attendants. You will need to get approval for this additional reimbursement.
- The plan may reimburse for lodging, which is in addition to standard reimbursement, depending on your situation. You will need to get approval for this additional reimbursement.

Overpayments:

The plan may recover overpayments made to a member. Overpayments occur when a ride provider paid the member in any of the following ways:

- For mileage, meals, and lodging, and another resource also paid the member or the provider of the ride, meal, or lodging directly.
- Directly to travel to medical appointments, and the member did not use the money for that purpose, did not attend the appointment, or shared the ride with another member whom the ride provider also paid directly.
- For common carrier or public transportation tickets or passes, and the member sold or otherwise transferred the tickets or passes to another individual.

Accidents and incidents

You could have an accident or incident during your ride. If there is an accident with injuries or death, the plan, the ride provider, and the driver must report it. They will do this within two working days after they find out. They will report:

- Details of the accident or incident
- The name of the driver
- The name of the passenger
- The location of the accident or incident
- The date and time of the accident or incident; and
- If the driver or the passenger needed care at a hospital.

Any police reports must be sent to the Oregon Health Plan. The plan will work with the police in any related investigation.

Information about your services

The ride provider and the plan must keep all the information needed to provide rides to you. This includes:

- The ride information
- Your member ID
- The pickup and drop off information
- The reason for the ride
- If you or the driver does not show up for the ride
- Payment details for providing the ride
- Complaint details

If the ride provider does not show up to give you a ride, the plan will ask you:

- If you were harmed because the driver did not provide the ride
- If you had to change your appointment
- If more action or a corrective action with the driver or the ride provider is needed

Feedback

Please let us know if you have concerns, complaints, or compliments. See the last page of this guide for contact information.

Complaints

You can send complaints (called grievances) to your ride provider or to the plan.

You have the right to send a complaint even if you have already sent one before. PacificSource Community Solutions and your ride provider cannot stop you from making complaints, cannot ask you to take back a complaint or appeal, and cannot use complaints against you.

Your complaint can be about your ride provider or the plan. Examples include:

- Denials of rides in full or in part
- Driver or vehicle safety
- Driver rudeness
- Consumer rights
- Quality of services
- The right use of services
- Access to services

PacificSource Community Solutions has a process for recording and resolving all grievances. This process applies to grievances that involve us, the ride provider, or both.

If you have a complaint about any part of your care, you can call, write, or visit PacificSource Community Solutions staff. Call **800-431-4135**, TTY: 711. We accept all relay calls.

Send written complaints to:

PacificSource Community Solutions
Attn: Appeals and Grievances
PO Box 5729
Bend, Oregon 97708

Or fax them to: 541-322-6424.

Our staff will work to address each of your concerns and respond to them within five days. If we need more time to resolve the complaint, a letter will be sent to you in your preferred language telling you that more time is needed and the reason why.

We will send out a final response to you within 30

calendar days from the date we got your complaint.

If you need help completing forms or need more information about how to proceed, give us a call and we will help you.

You can get help when you send a complaint. Someone can help you, like a representative, the estate representative of a deceased member, a qualified community health worker, a qualified peer specialist, a personal health navigator, or your provider—with your written consent.

You need to give us permission to look into and help resolve the issue. We will not share any details about your complaint unless you ask us to.

You can also file a complaint directly with the Oregon Health Authority (OHA) Ombudsperson at any time. If you are unhappy with how we handled your complaint, you can contact:

OHA Client Services: **800-273-0557**

OHA Ombudsperson: **503-947-2346** or **877-642-0450**, TTY: 711

Fax: 503-934-5023

Appeals

The plan also has an appeal process if you disagree with a decision to deny coverage or payment of services requested. You have 60 calendar days from the date on the denial letter to file an appeal. The denial letter is called a "Notice of Adverse Benefit Determination."

To submit your appeal, you can tell us either verbally or in writing. Your Notice of Adverse Benefit Determination letter will include an appeal form.

Ways to submit an appeal:

- You can verbally submit an appeal by calling Customer Service at **800-431-4135**, TTY: 711. We accept all relay calls.
- You or your representative or the representative of the deceased member's estate can ask for an appeal.

- Your provider or another person can file it for you with your written permission.
- You may also write a letter to us with your concerns.

You can have someone help you with your appeal, like a qualified community health worker, a qualified peer specialist, or a personal health navigator. For more information, call Customer Service. If you need another form or want help, call Customer Service at **800-431-4135**. We can send you a new form, help you fill it out, or guide you through the appeals process.

To support your appeal, you have the right to give information and testimony in person or in writing and make legal and factual arguments in person or in writing within the appeal filing timelines.

The written appeal should be sent to:

PacificSource Community Solutions
Attn: Appeals and Grievances
PO Box 5729
Bend, Oregon 97708

You can also fax it to 541-322-6424.

Before you send in the appeal form:

It helps to include any document you think will help us make a decision. You have 60 calendar days to send your appeal. You do not have to wait until you have all your information—send the appeal first, and you can give us more details later. You can also tell us who to call, and we can get the information for you.

We will send you a letter within five days after we get your appeal to let you know we are reviewing it. All appeals are looked at carefully. It may take up to 16 days to give you a written decision. You need to give us permission to review and help resolve the issue. All information we collect during this process is kept private.

We may extend the review time for a standard appeal by up to 14 calendar days. This happens if you or the plan need more time to gather information that could help your appeal. If we extend your appeal, we will call you as soon as possible to let you know. Within two days, we

will also send you a letter explaining why the review is delayed. If you do not agree with this extension, you have the right to file a complaint.

You can request that your benefits continue if PacificSource plans to reduce or end them and you file an appeal or request a hearing within the required time frames. If your appeal is denied, you may have to pay the cost of services you received while the appeal or hearing was pending.

Fast appeal

You have the right to know about requests for a fast review of appeals and hearings.

To request a fast appeal, call us or fax the request form. The form will be included with your denial letter. You can also download it from Bit.ly/request2review.

- Ask for a fast appeal if waiting for the regular appeal could put your life, health, or ability to function in danger.
- We will call you and send you a letter, within one business day, to let you know we have received your request for a fast appeal.

If you request a fast appeal, we will decide as quickly as your health requires—no later than 72 hours after we receive your request. We will try to reach you and your provider by phone to share our decision, and you will also get a letter.

- At your request, or if we need more time, we may extend the review for up to 14 days. If a fast appeal is denied or more time is needed, we will call you and send written notice within two days.
- If a fast appeal is denied, it becomes a standard appeal. Standard appeals must be resolved within 16 days but may be extended up to 14 more days.
- If you do not agree with an extension or if a fast appeal is denied, you have the right to file a complaint.

Oregon Health Authority administrative hearings

If you appeal a decision and we deny your appeal, you or your representative also have the option to ask for an administrative hearing through the State. If we do not decide in the required amount of time, you or your representative have the right to ask for a hearing through the State.

Your Notice of Appeal Resolution letter will have a Hearing Request form that you can send to the State to ask for a hearing. You can also ask us to send you a Hearing Request form, or call OHP Client Services at **800-273-0557**, TTY: 711, to ask for a form.

You must make your request within 120 days from the date of the decision notice. If you appeal to OHA, they will schedule a hearing within 45 days of your request.

If you believe your medical problem cannot wait the regular time for a hearing, you can ask for a fast hearing. OHA will review your case and decide if it qualifies for the faster hearing. They will tell you within two business days if your case can be rushed.

At the hearing, you can explain why you do not agree with the plan's decision, and why they should cover the services you requested.

Hearings are held before a neutral person called an Administrative Law Judge. They are usually held over the phone, but you can request one in person. Representatives from OHA Health Services Division and PacificSource Community Solutions will attend the hearing. If you need an interpreter, your Hearings Representative will arrange one for you.

At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the service(s). You do not need a lawyer, but you can have one. You can also ask someone else—such as your doctor, friend, or relative—to be with you. If you want someone to speak for you, fill out the section on the hearing request form to name a representative. The representative can be anyone you choose.

Make sure that the representative you name is willing and able to speak for you at the hearing. You can also have witnesses speak (for example: your child, friend, caregiver, or provider). Neither OHA nor PacificSource Community Solutions will pay for the cost of a lawyer. However, you may try the following options:

- Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at **800-520-5292**, TTY: 711 for advice and possible representation. Legal Aid information can also be found at OregonLawHelp.org.
- You also may be able to get free or reduced cost legal services through the Oregon State Bar Association at **800-452-8260**.

If your problem is resolved after you have requested an administrative hearing, please tell the Hearings Representative handling your case.

Appeal rights available to providers

If services have been denied to you, your provider (doctor) is allowed to file an appeal on your behalf. They need permission to appeal on your behalf as a representative. There is a form they can use located on our website, at: PacificSource.com/resources/documents-and-forms.

Your provider should include your medical records with their appeal, and a reason why the plan should cover the service.

How to get information about complaints (grievances) and appeals

If you need any documents or forms related to a grievance or appeal, contact Customer Service at **800-431-4135**. We can also provide copies of written notice of denials showing why a service is not covered.

Contact information and service hours

The ride provider for your area is listed below:

Central Oregon, Columbia Gorge, and Salem regions

Deschutes, Jefferson, Crook,
North Klamath, Hood River,
Wasco, Marion, and Polk
Counties

Modivcare



PacificSourceRide.net

Member self-service tools

MyModivCare.com/book-now

Central Oregon 855-397-3619

Columbia Gorge 855-397-3617

Salem Region 844-544-1397

TTY: 711. We accept all relay calls.

Hours of Operation

Monday – Friday, 9:00 a.m. – 5:00 p.m.

For Urgent and Discharge Trips: 7 days a week, 24 hours a day

Your ride provider may be closed on the following holidays:
New Year’s Day, Memorial Day, Independence Day, Labor Day,
Thanksgiving Day, and Christmas Day. During a closure, you will
hear a recording or answering service providing information on the
closure and how to reach emergency services by calling 911.

Call centers offer certified and qualified spoken and sign language
interpreters. You can request interpreter services at no cost to you.

An after-hours message in at least English and Spanish will be
provided if the NEMT call center is closed. The message will tell you
how to get an alternative ride (without making a second call). If you
want, you can leave a clear message with your phone number, and
NEMT will call you back by the next business day. NEMT will keep
trying until they reach you.

Contact PacificSource Community Solutions

Marion and Polk Counties

4263 Commercial St. SE
Suite 400
Salem, OR 97302

503-210-2515, PT

Central Oregon

2965 NE Conners Ave.
Bend, OR 97701

541-382-5920, PT

Columbia Gorge

33 Nichols Pkwy.
Suite 120
Hood River, OR 97031

541-382-5920, PT

All Regions

800-431-4135

TTY: 711. We accept all relay calls.
Fax: 541-322-6423

Mailing Address:

PO Box 5729
Bend, OR 97708

Online: PacificSource.com/Medicaid

October 1 – January 31:

8:00 a.m. – 8:00 p.m., PT, 7 days a week

From February 1 – September 30:

8:00 a.m. – 8:00 p.m., PT, Monday – Friday

We are closed the following holidays:

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and day after, and Christmas Day.