



# CONTRACT HEALTH SERVICES (CHS)

## TRAVEL POLICY

### THESE POLICIES APPLY TO ALL CHS ELIGIBLE TRIBAL MEMBERS OUT OF THE AREA OF SUPPORTIVE SERVICES (Outside of Clallam County)

- A.** Fuel, parking, ferry and /or toll bridge will only be paid after all other resources have been accessed, such as paratransit services. Paratransit can be reached at 1-800-756-5438 and some paratransit online services are available at [www.paratransit.net](http://www.paratransit.net)
- B. At minimal level, including:**
1. Actual ferry costs
  2. Current GSA gas rates per gallon up to \$50.00 (Bremerton area) and \$75.00 (Seattle Area) USD
  3. Public transportation (including bus or plane) will be accessed if that is the most cost-effective method of providing transportation.
  4. Transportation is only available for the patient. Transportation will be available to the driver if the appointment requires the patient to be unable to drive.
- C. Lodging will be paid:**
1. If the patient needs to leave the night before due to the time of the appointment or other circumstances related to the visit. **The Contract Health Manager will make the determination of need and location.**
  2. For a single room for a relative(s) at a location to be determined by the Contract Health Manager while family member (parent, child, sibling, or grandparent) is hospitalized outside of Clallam County.
- D. Per Diem will be paid:**
1. \$50.00 USD per person, per day (Must be 3 years or older)
  2. \$20.00 USD Maximum for parking, per day
  3. \$ 6.00 USD for toll bridge
  4. \$10.00 USD maximum for cab fare
  5. Per Diem request must be submitted **no later than 10 days prior to appointment.**
  6. **Patients are responsible** for submitting all appointment information for verification to CHS.
  7. **Patients must bring in receipts to verify that travel was made.** If patient does not go on travel, patient is required to return all issued funds back to the CHS office.

The Lower Elwha Klallam Tribe's Contract Health Services has resulted in the ability of the Tribe to provide services that typically wouldn't be funded. Assuming continued capability, the following services will be funded. The decision for these services will be based on individual policy and procedures and/or a determination of the managed care committee.

# CONTRACT HEALTH SERVICES TRAVEL ASSISTANCE FORM

FORM MUST BE COMPLETELY FILLED OUT OR RISK A "PENDING" REQUEST

If you are paratransit eligible (Medicaid) please call paratransit at 1-800-756-5438 to request ferry and fuel assistance. Some paratransit online services are available at [www.paratransit.net](http://www.paratransit.net).

- Medical Per Diem is maxed at \$50.00 per day for the patient.
- Ferry and Fuel assistance are provided via vouchers.
- Parking is provided at \$20.00 per day.
- Hotels require advanced notice for reservations

Please allow 10 working days to process all requests. Receipts reconciliation is required upon returning home. Not submitting required receipts to Contract Health could result in future services being denied.

|  |      |                  |               |
|--|------|------------------|---------------|
| Requesters Name:   |      | Phone Number:    |               |
| Mailing Address:   |      |                  |               |
| Who is the appointment for:                                    | DOB: | Date(s) of appt: | Time of appt: |
| Appointment location and contact information for verification: |      | Phone Number:    |               |

Services being requested (Check all that apply to your trip):

- Medical per diem      Number of People \_\_\_\_\_
- Ferry and Fuel      Number of People \_\_\_\_\_
- Parking      Number of Days \_\_\_\_\_
- Hotel      Date of Check In \_\_\_\_\_ Date of Check Out \_\_\_\_\_ Number of People \_\_\_\_\_

**APPOINTMENT CONFIRMATION MUST BE ATTACHED BEFORE PROCESSING CAN START**

Receipts will be turned into CHS after travel for reconciliation and to determine if money needs to be reimbursed to CHS. If receipts are not submitted the patient may be denied services for future travel assistance in the future.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

|               |               |                    |   |
|---------------|---------------|--------------------|---|
| Date Received | Date Reviewed | CHS Staff Reviewed | Eligibility Determination<br><input type="checkbox"/> Approved<br><input type="checkbox"/> More Documentation Needed<br><input type="checkbox"/> Denied |
|---------------|---------------|--------------------|---|