

**Maryland Department of Health and Mental Hygiene**
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
TRANSPORTATION GRANTS TRANSMITTAL NO. 5
October 8, 2004**

TO: Transportation Grants Managers

FROM: Susan J. Tucker, Executive Director
Office of Health Services

SUBJECT: Policies for Handling No-Shows

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The issue of Medicaid recipients who schedule transportation through the Transportation Grant Program, then either do not appear at the pickup location at the appointed time or who refuse the ride, without canceling in advance, presents an ongoing challenge to grantees and the Medical Assistance Program in wasted fiscal expenditures and other resources. The purpose of this transmittal is to provide a framework for grantees in developing and implementing policies to minimize the occurrence of these “no-shows.”

The Program recommends that grantees experiencing a significant number of no-shows (particularly if the grantee is contractually obligated to reimburse a contractor for the failed trip) develop and implement policies that require persistent “no-show” recipients to confirm future transports and cancel those transports that are not confirmed in accordance with the written policies. Grantees (or designees as appropriate) should share their no-show policies with recipients, preferably at the time of the recipient’s initial contact with the Transportation program.

The policies regarding no-shows should encompass the following factors:

- 1. Definition of no-show** - the policy should define a no-show as occurring when a recipient either is not at the arranged pickup point at the appointed time or refuses the ride at that time and has not canceled the trip in advance. The policy should state how long the driver would wait, as well as providing instructions for advance cancellation of rides. The policy should take into account situations where language barriers may exist, where recipients may lack telephone access, and other extenuating circumstances beyond the recipient’s control. Finally, the policy should allow for situations where the driver is late beyond a reasonable time.



2. **Warnings for initial no-shows** - the grantee should provide the recipient with a written warning and a copy of the grantee's no-show policy. The written warning should contain the following information:
 - a. Date of no-show;
 - b. Pick-up address;
 - c. Time of expected pick-up, driver arrival time, and time driver left;
 - d. Statement that future no-shows without appropriate notification may result in the recipient having to call the grantee the day before any future scheduled trips to confirm the trip.

3. **Sanctions for repeat no-shows** - the policy should provide that for continued no-shows (particularly consecutive no-shows) the recipient will be required to call the grantee in advance to confirm future trips. The written notice should contain the following information:
 - a. Date of no-show;
 - b. Pick-up address;
 - c. Time of expected pick-up, driver arrival time, and time driver left;
 - d. Reference to previous no-shows; and
 - e. Statement that for future trips, the recipient will be required to call the grantee the day before to confirm the trip. An effective date for imposing this requirement, not earlier than five calendar days from the date of the letter, should be given.

4. **Confirmation of Future Trips** - The letter should provide instructions for confirming future trips. When the grantee is aware that the recipient has a case manager or social worker actively involved with him or her, that individual should be alerted to the situation and invited to contact the grantee if he/she believes that there are circumstances that the grantee should consider before imposing this requirement.

5. Should the recipient fail to confirm the trip in accordance with the instructions given, the grantee should cancel the trip.

6. Should the recipient's performance improve to where the grantee determines that confirming trips is no longer necessary, the grantee may lift the requirement.

Sample letters (warning and imposition of sanctions) are attached to this transmittal. The grantee may choose to use either or both letters, or may choose to develop its own letters provided that the above elements are included.

If you have any questions regarding this transmittal, please feel free to contact the Transportation Grant Staff Specialist at 410-767-1739.

**FAILURE TO SHOW FOR
MEDICAL ASSISTANCE TRANSPORTATION
WARNING**

Date

Name
Address
City, State

Dear _____:

The (name of local jurisdiction) has recently learned that you had scheduled Medical Assistance transportation on the following date(s):

Date: _____
Pick-up Address: _____
Time of Expected Pick-up: _____ Driver Arrived: _____ Driver Left: _____

According to our records, however, you (choose one: "were not at the pickup address" or "refused the ride when the driver arrived"). Our records also indicate that you did not call in advance to cancel the ride.

To help Medical Assistance provide reliable transportation to you and other recipients, it is very important that you be at the pick-up point at least (timeframe) minutes before the scheduled pick-up time, and that you wait at least (timeframe) after the scheduled pick-up time. If you know that you cannot keep an appointment, you must call (phone number) and cancel the ride before (cancellation deadline). A copy of our Transportation No-Show Policy is enclosed.

Failure to show up for future rides without canceling in advance may result in your being required to confirm all future rides at least (timeframe) before service, or have your ride cancelled. I hope this will not become necessary.

If you believe the above information is incorrect or you wish to discuss this matter please contact me at (phone number), Monday through Friday, (business hours).

Sincerely,

(Transportation Manager)
(Local Jurisdiction)

Enclosure

**FAILURE TO SHOW FOR
MEDICAL ASSISTANCE TRANSPORTATION
ADVANCE CONFIRMATION FOR ALL FUTURE RIDES REQUIRED**

Date _____

Name _____
Address _____
City, State _____

Dear _____:

The (name of local jurisdiction) has recently learned that you had scheduled Medical Assistance transportation on the following date(s):

Date: _____
Pick-up Address: _____
Time of Expected Pick-up: _____ **Driver Arrived:** _____ **Driver Left:** _____

According to our records, however, you (choose one: "were not at the pickup address" or "refused the ride when the driver arrived") without calling in advance to cancel the ride.

Our records also indicate that you did not show up for or refused a ride on the following date(s):

Date: _____ **Expected Pick-up Time** _____
Date: _____ **Expected Pick-up Time** _____
Date: _____ **Expected Pick-up Time** _____

Following these no-show rides, you were given a copy of the _____ (local jurisdiction's) _____ policy on no-shows for transportation and warned that future incidents may result in your being required to confirm all future rides at least (timeframe) before service, or have your ride cancelled.

Due to your repeated failure to show up for rides or cancel in advance, **you will now be required to confirm all future rides by calling (phone number), (required timeframe for calling in confirmations), to confirm whether you will be taking that ride. If you do not call to confirm your ride during the above timeframe, your ride will be automatically canceled. This requirement will become effective on (effective date) and will continue until further notice.**

I regret that this action has become necessary. If you believe the above information is incorrect or you wish to discuss this matter please contact me at (phone number), Monday through Friday, (business hours).

Sincerely,

(Transportation Manager)
(Local Jurisdiction)

Enclosure

cc: Caseworker or other representative (optional)