

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER

For Commission Use Only

JAN 27 2006

Filing Fee Paid \$ _____

Date Effective plus 60 days _____

General Tariff No. GT- 1
Cancels General Tariff No. GT- _____
Date Filed at WMATC _____
Date Effective MAR 17 2006

1. WMATC Certificate of Authority No. 1087
2. Carrier Name on Certificate of Authority: Alstar Medical Transportation Inc.
Address 5509 Hiland Ave Lanham MD
20706
Telephone Number 240-353-6081
3. Person authorized to file tariff on behalf of Carrier
Name Benjamin Kruah
Title President
Telephone Number 240-353-6081
4. Date this tariff actually filed with WMATC _____
5. Date seven (7) calendar days after date on Line 4. _____
6. Effective Date of this tariff (not earlier than date on line 5). MAR 17 2006
7. Signature of Person named on Line 3. Benjamin Kruah

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in An Act to enable the District of Columbia to receive Federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat.744; D.C. Official Code § 1-307.02), Reorganization Plan No. 4 of 1996 and Mayor's Order 97-42, dated February 18, 1997, hereby gives notice of the adoption of an amendment to section 995 of Title 29 of the District of Columbia Municipal Regulations (DCMR) entitled "Reimbursement Rates for Transportation Services". These rules amend the existing rules by establishing standards to ensure the safe transport of all Medicaid recipients including those in wheelchairs or with mobility needs by non-emergency transportation providers.

A notice of proposed rulemaking was published in the *D.C. Register* on May 20, 2005 (52 DCR 4746). Comments were received. No substantive changes have been made. These rules shall become effective on the date of publication of this notice in the *D.C. Register*.

Section 995 of Chapter 9, Title 29 DCMR "Reimbursement Rates for Transportation Services" is amended to read as follows:

SECTION 995 NON-EMERGENCY TRANSPORTATION SERVICES

- 995.1 Each non-emergency transportation provider shall ensure that each Medicaid recipient is:
 - (a) Properly seated while the vehicle is in operation;
 - (b) Provided with an escort on the vehicle, as needed; and
 - (c) Securely fastened in age-appropriate and weight-appropriate seat belts, as required by law.
- 995.2 Each non-emergency transportation provider shall ensure that each vehicle used to transport Medicaid recipients with mobility needs shall be adapted to provide safe access to and use of the van by each individual that it transports.
- 995.3 Each non-emergency transportation provider shall ensure that each vehicle used to transport Medicaid recipients in wheelchairs shall be equipped with floor-mounted seat belts and wheelchair lock-downs for each wheelchair that it transports.
- 995.4 Each non-emergency transportation provider shall:

- (a) Ensure the vehicle used to transport a Medicaid recipient is maintained in safe, working order; and
- (b) Ensure that each vehicle used to transport a Medicaid recipient has operational seat belts.

995.5 Each non-emergency transportation provider shall maintain records that fully disclose the nature and extent of the services rendered to Medicaid recipients.

995.6 Each non-emergency transportation provider shall use a "Daily Transportation Log" (DTL) approved by the Medical Assistance Administration to record all non-emergency transportation services rendered to Medicaid recipients. DTL forms are available at the Medical Assistance Administration, Office of Program Operations.

995.7 The reimbursement rates for transportation services rendered for ambulatory single individuals on or after July 5, 2003 are as follows:

SERVICE DESCRIPTION	RATE
Van, one way inside the Capitol Beltway	\$16.50
Van, round trip inside the Capitol Beltway	\$27.50
Van, one way inside the Capitol Beltway with extra assistant	\$22.00
Van, round trip inside Capitol Beltway with extra assistant	\$33.00
Van, one-way outside Capitol Beltway	\$27.50 + .75 per loaded mile
Van, round-trip outside Capitol Beltway	\$44.00 + .75 per loaded mile
Van, one-way outside Capitol Beltway with extra assistant	\$33.00 + .75 per loaded mile
Van, round-trip outside	\$49.50 + .75

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Capitol Beltway with extra assistant	per loaded mile
Trip cancellation if cancelled upon arrival	\$8.25

995.8 The reimbursement rates for transportation services of a group of ambulatory persons rendered on or after July 5, 2003 are as follows

SERVICE DESCRIPTION	RATE
Van, one way inside the Capitol Beltway	\$38.50
Van, round trip inside the Capitol Beltway	\$71.50
Van, one way inside the Capitol Beltway with extra assistant	\$41.25
Van, round trip inside Capitol Beltway with extra assistant	\$77.00
Van, one-way outside Capitol Beltway	\$49.50 + .75 per loaded mile
Van, round-trip outside Capitol Beltway	\$82.50 + .75 per loaded mile
Van, one-way outside Capitol Beltway with extra assistant	\$52.25 + .75 per loaded mile
Van, round-trip outside Capitol Beltway with extra assistant	\$88.00 + .75 per loaded mile
Trip cancellation if cancelled upon arrival	\$8.25

995.9 The reimbursement rates for non-emergency stretcher shuttle services rendered on or after July 5, 2003 are as follows:

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SERVICE DESCRIPTION	RATE
Shuttle, one way inside the Capitol Beltway	\$46.20
Shuttle, round trip inside the Capitol Beltway	\$89.10
Shuttle, one way inside the Capitol Beltway with extra assistant	\$69.30
Shuttle, round trip inside Capitol Beltway with extra assistant	\$134.20
Shuttle, one-way outside Capitol Beltway	\$46.20 + 1.50 per loaded mile
Shuttle, round-trip outside Capitol Beltway	\$89.10 + 1.50 per loaded mile
Shuttle, one-way outside Capitol Beltway with extra assistant	\$70.95 + 1.50 per loaded mile
Shuttle, round-trip outside Capitol Beltway with extra assistant	\$134.20 + 1.50 per loaded mile
Trip cancellation if cancelled upon arrival	\$11.00

995.10 The reimbursement rates for van transportation for single individuals in wheelchairs rendered on or after July 5, 2003 are as follows:

SERVICE DESCRIPTION	RATE
Wheelchair van, one way inside the Capitol Beltway	\$24.75
Wheelchair van, round trip inside the Capitol Beltway	\$35.75
Wheelchair van, one way inside the Capitol	\$30.25

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Beltway with extra assistant	
Wheelchair van, round trip inside Capitol Beltway with extra assistant	\$41.25
Wheelchair van, one-way outside Capitol Beltway	\$33.00 + .75 per loaded mile
Wheelchair van, round-trip outside Capitol Beltway	\$49.50 + .75 per loaded mile
Wheelchair van, one-way outside Capitol Beltway with extra assistant	\$38.50 + .75 per loaded mile
Wheelchair van, round-trip outside Capitol Beltway with extra assistant	\$55.00 + .75 per loaded mile
Trip cancellation if cancelled upon arrival	\$8.25