

MGH Department of Clinical Social Work  
**MassHealth PT-1 Application Assistance**  
(Non-Oncology patients)

### **PT-1 Application Process**

**MassHealth PT-1 Authorized providers:** Physicians, physician assistants, nurse midwives, dentists, dental third-party administrators, nurse practitioners, psychologists, and managed-care representatives. **Authorized providers may submit online PT-1 applications or delegate online system access to their staff.**

**Provider unsure how to open an account or complete an application? Please share the attached provider instructions.** Account registration is in real-time (no wait).

### **Department of Clinical Social Work Centralized PT-1 Application**

**Dept of Clinical Social Work staff may refer when ALL of the following apply:**

- An authorized provider (including at receiving facility) supports the request, but cannot or will not complete the PT-1 themselves or via another delegate.
- Patient has **MassHealth Standard, CarePlus or CommonHealth.**
- Patient will be receiving a MassHealth covered service **at MGH.**
- Patient **cannot take public transportation** because it is unavailable or due to a physical or mental condition. (Financial need alone does not qualify.)

### **Instructions for Dept of Clinical SW Staff**

1. **Offer the attached instructions to the authorized provider** and explain that they can delegate access to their staff as noted above. **If the provider agrees that PT-1 transportation is needed, but cannot/will not complete the PT-1 (and, if applicable, receiving facility will cannot/will not complete), continue with step 2.** Please encourage the provider to apply for an account now to prepare for future needs. Additional information for providers also included below.

**Complete the referral form (below).** It requires information from the authorized provider and the patient or caregiver. Email referral form to your resource specialist. Note: rides to more than one building will require separate/additional PT-1s.

2. The Resource Specialist will submit the form, check for approval and inform you of the outcome and any additional advocacy needed.
3. Communicate the outcome with the provider and the patient or caregiver. MassHealth will mail instructions to the patient.

## CRC Referral Form

Patient's Name \_\_\_\_\_ DOB or MRN \_\_\_\_\_

MassHealth number (if available) \_\_\_\_\_

### Ask Patient/Caregiver

Can family or friend transport for full duration of treatment?  Yes  No

Pick-Up Address (please ask patient, as it may differ from Epic address):  
\_\_\_\_\_

Patient Phone number (required) \_\_\_\_\_

Needs (Check all that apply. NOTE: children will always need an escort.)

Escort (How many \_\_\_\_\_)  Standard Wheelchair  Electric Wheelchair

Door to Door Trip (member requires assistance holding the door; navigating a path)

Service animal  Single ride\*  Sedan\*  Front seat only\*

Other\* \_\_\_\_\_\*requires additional documentation

Emergency contact name & phone (optional): \_\_\_\_\_

### Ask Authorized Provider (MD, NP, PA, Nurse midwife, psychologist, dentist, etc.)

PT-1 is necessary, provider cannot/will not arrange and authorizes us to do so

Authorizing provider name and contact \_\_\_\_\_

Treating provider name \_\_\_\_\_

MGH building (for treatment) \_\_\_\_\_

Medical treatment type (ICD 10 Dx OR Day Habilitation OR Early Intervention OR SUD Treatment) \_\_\_\_\_

Number of visits \_\_\_\_\_  per week **OR**  per month

Expected duration of treatment \_\_\_\_\_ Next appointment date \_\_\_\_\_

Live more than 25 miles from Boston? If yes- why cannot get equivalent care near home? (Examples: continuity of care, or specify services unique to MGH.)  
\_\_\_\_\_

### Requested by (MGH Clinical Social Work Department staff only)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred contact info: \_\_\_\_\_

**email completed form to your Resource Specialist.** Questions? Email your resource specialist or Ellen Forman.

### For CRC Staff Use

Staff Name \_\_\_\_\_ Date submitted: \_\_\_\_\_

Approved Date: \_\_\_\_\_  Notified SSD staff

Denied – reason and disposition \_\_\_\_\_

## Provider Guide: MassHealth Non-Emergency Transportation

MassHealth Provider Request for Transportation (PT-1) – **PT-1s can only be completed via the online portal** (there are no paper forms).

### Authorized Providers

Providers who can authorize PT-1: physicians, physician assistants, nurse midwives, dentists or dental third-party administrators, nurse practitioners, psychologists, and managed-care representatives.

Providers may delegate access to their staff.

### Request Online Access

How to create a new Consumer Web Portal (CWP) account – see [mass.gov/how-to/how-to-create-a-new-cwp-account](https://www.mass.gov/how-to/how-to-create-a-new-cwp-account)

### Instructions

[How to complete and submit the PT-1 Online](#)

(Or see: <https://www.mass.gov/how-to/how-to-complete-and-submit-or-view-the-pt-1-online>)

### Questions?

Contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail [providersupport@mahealth.net](mailto:providersupport@mahealth.net).