**TVT Dial-A-Ride Guidance***As of April 2023*

* FY23 rates
	+ Van = $90
	+ Admin fee = $15.00 1-way
	+ GSA reimbursement rate = $0.655
* Nursing homes provide the first two Medicaid medical trips and then we can provide the rest.
* Cardiac rehab, cancer treatment and dialysis, we provide 100% of treatment trips. And riders may still have 6 general purpose E&D rides. (while funding is available)
* Elderly and Disabled Program (E&D),
	+ 6 trips per calendar month, includes out of county specialist trips
	+ Meals trips are not counted against this total.
	+ Each year rider may use 4 of their personal trips to go out of county - we pay up to 40 miles, they pay overage.
* Medicaid, unlimited medical trips if no vehicle in the household and they do not have access to public bus
* Hardship, Medicaid reimburses if 50 medical miles in one week or 215 in a month. Can’t be retroactive, must coordinate appointments beforehand through ACTR. Federal reimbursement rate (currently $.17).
* Personal Choice (foster care or special circumstances approved by DVHA) Same GSA reimbursement rate as volunteers. Use for unlimited medical rides.
* Senior meal sites
	+ Middlebury (Age Well)
	+ Vergennes (Age Well)
	+ Chelsea
	+ South Royalton
* Senior Restaurant Ticket Program (Age Well)
	+ Rosie’s, Middlebury
	+ Halfway House, Shoreham
* Senior Grab and Go Meals (Age Well)
	+ Bridport
	+ Bristol
	+ Ferrisburgh (pending)
	+ Starksboro
	+ Shoreham
	+ Monkton
* Excursions are **not** allowed
VTrans’s Vermont Elders & Persons with Disabilities Program Manual & Background Check Policy,
v 6/9/2020. P12 states *“Effective July 1, 2009 and thereafter, excursion trips are not eligible. Subrecipients should follow FTA Charter Regulations (*[*www.fta.gov)*](http://www.fta.gov))*.”*
	+ Eligible trips include:
		- Critical Care Non-Medicaid
		- Non-Medicaid Medical needs
		- Senior Meals Programs
		- Adult Day Services
		- Shopping
		- Vocational (training, interviews and jobs)
		- Social/Personal – may include exercise programs, church and personal trips
		- Wellness – may include nutrition, smoking cessation, pre-diabetes, chronic pain mgmt.
* Per FTA, grantees may provide *Charter* service to Qualified Human Service Organizations (elderly, persons with disabilities, and low-income individuals); see FTA flow chart for further info on QHSOs.
Per State guidance above, that doesn’t mean we can provide excursions for free under E&D.
* Recently requested group bus trips:

|  |  |  |  |
| --- | --- | --- | --- |
| **Group name** | **QHSO indicator** | **Activity** | **E&D and/or direct pay billing?** |
| Mixed group with riders from senior/disabled and low-income housing (AR) | Senior, disabled & low income | Holiday lunch @ Mary’s - Nutrition and social | E&D (Note: Restaurant under new ownership. These parties have been discontinued) |
| Special Olympics (AR) | Disabled | Sports training and competitions | E&DPlan to ask for 20% match |
| Age Well meals program (AR) | Senior | Button Bay picnic | E&D(Age Well provides annual local match support, not fee for service match) |
| Evergreen (AR) | Disabled | Shopping in Rutland and KFC lunch | E&D @ 80% for shoppingDirect pay 20% shopping Direct pay 100% for social at KFC  |
| Strode Independent Living (ONW) | Senior | Social – Maple Sugaring | Direct Pay |
| Strode Independent Living (ONW) | Senior | Social – Leaf Peeping | Direct Pay |
| Strode Independent Living (ONW) | Senior | Social – Holiday Lights | Direct Pay |
| Menig Nursing Home (ONW) | Senior | Social – Leaf Peeping | Direct Pay |
| Menig Nursing Home (ONW) | Senior | Social – Holiday Lights | Direct Pay |
| Randolph Senior Center (ONW) | Senior | Social & Nutrition – Ethan Allen Cruise | E&D = 80%Local Match + 20% |

**Group Trip Request**

Organization:

Eligibility: Over 60 Disability Emergency Response Gov’t Officials QHSO

Nutrition Component (applicable for seniors only):

Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Passenger Count:\_\_\_\_\_\_\_\_\_\_ # of Wheelchair Slots Needed:\_\_\_\_\_\_

Outbound Departure Time: Outbound Arrival Time:

Return Departure Time: Return Arrival Time:

***Funding Approval***

Executive Director Approves Eligibility: Hourly rate and/or % to be charged $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Operations / Scheduling***

Operations Manager Approval:

Driver Has Been Scheduled:

Dispatch Has Created a Manifest:

Google Maps Directions and Manifest Given to Driver:

***Billing***

Organization:

Contact Person:

Phone Number:

Email:

Billing Address:

***NOTES***

