
—PROGRAM INSTRUCTION—

Texas Department of Aging and Disability Services (DADS) – Access and Intake Division

TITLE:	Transportation Voucher Service	NUMBER:	AAA-PI 318
SECTION:	Area Agencies on Aging	APPROVAL:	Betty Ford
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PURPOSE:

The purpose of this program instruction (PI) is to provide Area Agencies on Aging (AAAs) with information and guidance on using vouchers to provide transportation service to eligible consumers/older individuals.

BACKGROUND:

Voucher - Transportation Service is a mechanism for eligible consumers to select and pay an individual or a commercial private or non-profit provider for transportation services.

PROCEDURES:

The transportation voucher is one of many services included in the mix and array of services that may be offered by a AAA to eligible consumers based on availability of funds and identified need in its service area. A AAA must evaluate its service area to determine if need exists and if funding is available to offer this service. A AAA implementing the transportation voucher service must apply the policy requirements contained in this PI and must ensure local fiscal and program policies and procedures are developed and implemented.

Transportation Voucher Service – Definition:

A service providing consumer choice whereby an eligible consumer selects an individual or commercial private or non-profit transportation provider. The rate and transportation schedule are negotiated by the eligible consumer with the provider. Service activity includes taking an eligible consumer from one location to another, but does not include any other activity.

Transportation Voucher provided by Individuals:

Selecting an individual to provide transportation services is an alternative option to public transportation or to fill gaps where public transportation is lacking or not available especially in rural and isolated areas. Vouchers allow the eligible consumer to secure rides from individuals to a specific destination which would otherwise not be available without payment and/or an incentive.

Transportation voucher service using individuals allows the eligible consumer flexibility in the following ways:

- choosing an individual such as a family member, friend, volunteer or neighbor to provide transportation;
- negotiating and determining the amount of payment to an individual for providing the trip/ride; and
- allowing choice in arranging for the date, time, payment and purpose of the trip.

Voucher Transportation Provided by Commercial Private or Non Profit Transportation Providers:

Transportation providers not on a AAA's vendors list are selected by the eligible consumer to provide the service. The eligible consumer uses the voucher to pay the transportation provider for the rides.

Documentation Required:

A AAA must ensure documentation is obtained to track and support the trips for the purpose of reporting data to the Administration on Aging (AoA) through the National Aging Program Information System (NAPIS) using SPURS and reporting to the state through the Quarterly Performance Report (QPR). A AAA's fiscal policies and procedures must ensure documentation is obtained to support the payment to the transportation provider. In addition, fiscal policies and procedures must address fiscal controls for issuing, tracking and authorizing the vouchers.

Needs Assessment:

A AAA may develop a Transportation Voucher Service Assessment for targeting or to determine if the need for this service exists and if the service will be beneficial to the consumer. The assessment would support the provision and authorization of this service.

Non-duplication of Transportation Services:

Prior to authorization of the transportation voucher to an eligible consumer, AAAs must ensure duplication of services will not occur.

Voucher Authorization:

A AAA authorizes a specified amount to the eligible consumer for the transportation voucher service. The amount of funds authorized and the frequency of the authorization is determined by the AAA's policy. Vouchers are authorized to eligible consumers in specified amounts or increments and issued for specific time periods with expiration dates. The amount of funds awarded/authorized to the eligible consumer is based on the consumer's transportation needs identified in the assessment. A AAA's policy must identify the maximum allowable amount of the funds awarded during a specified time period. The provider of the transportation service or the eligible consumer submits the voucher(s) to the AAA for reimbursement to be paid directly to the provider for the trips.

Monitoring:

A AAA must have procedures to monitor compliance with the policies developed for implementation of the Transportation Voucher Service.

Authorized use of the Voucher:

Unless otherwise limited by AAA policy the eligible consumer determines the type of transportation destinations the vouchers provide. These destinations/trips or rides include and are not limited to:

- medical
- dental
- drug store/pharmacy
- grocery store
- hospital visit
- nursing home
- family visit
- friend visit
- restaurant
- other rides to destinations as authorized and approved by the care coordinator and allowed by AAA policy

Orientation – Eligible Consumer Authorized Transportation Vouchers:

AAAs must ensure eligible consumers authorized to receive transportation voucher services and transportation providers are provided materials to familiarize each with the service requirements, how to complete and use AAA forms and vouchers, and how to request reimbursement.

Data Collection:

The AAA must document the transportation voucher service information in SPURS.

ATTACHMENTS:

Sample: “Guidelines: Eligible Consumer Receiving Transportation Voucher Services”

Sample: Forms

Guidelines Eligible Consumer Receiving Transportation Voucher Services

Authorization for Services:

- ❖ Services are authorized based on
 - 1) availability of funding and according to AAA policy,
 - 2) eligibility under the Older Americans Act,
 - 3) a case-by-case basis determined by your transportation assessment supporting the need for the Transportation Voucher Service; the amount of the vouchers awarded depends on the AAA's policy and the Assessment identified needs.

You the Eligible Consumer are the Employer:

- ❖ As the employer you select the individual to provide transportation services. This individual is your employee that may be one of the following:
 - 1) friend,
 - 2) family member,
 - 3) volunteer, or
 - 4) neighbor.

- ❖ As the employer you are responsible for:
 - 1) the forms you provide to your employee that are required for submission to the AAA prior to providing services to you, and
 - 2) ensuring the forms are resubmitted to the AAA.

Scheduling the Trip/Ride:

- ❖ You are responsible for:
 - 1) securing your trip/ride with your provider,
 - 2) scheduling the date and time of your trip/ride according to your plans, and
 - 3) determining the amount of the voucher for payment of the trip/ride.

Use of the Vouchers:

- ❖ Types of trips/rides that the voucher can pay for:
 - 1) Medical appointments
 - 2) Dental appointments
 - 3) Hospital visit
 - 4) Nursing home visit
 - 5) Grocery store
 - 6) Visit to friend or family
 - 7) Other types of trip depending on AAA policy

Responsibilities - You the Consumer/Eligible Older Individual:

- ❖ Completion and submission of the required forms to the AAA prior to receipt of service and submission of the first voucher
 - 1) Acknowledgement and Certification,
 - 2) Provider Application,
 - 3) Provider Waiver, and
 - 4) Provider documentation.
- ❖ Tracking the transportation services and the amount of the voucher.
- ❖ Completing and mailing or submitting the Vouchers to the AAA.

Voucher Completion and Submission:

- ❖ The voucher must be submitted within the AAA's timelines and completed correctly to ensure your employee receives payment - a check for the services rendered.
- ❖ Follow the AAA's timelines for submitting the voucher timely by the due date.
- ❖ Determine if you the employer or your employee - the transportation provider will mail/submit the voucher to the AAA.

Factors for Negotiating and Determining the Amount of Payment for the ride/trip:

- ❖ As the employer the voucher amount - the amount of payment for the ride/trip - is negotiated by you with the transportation provider, your employee
- ❖ Considerations for determining the amount of payment for the trip/ride:
 - 1) distance of the trip, how many miles
 - 2) the amount of time the trip will take
 - 3) the amount of time the trip will take the provider to complete
 - 4) are you being dropping off at your destination or is the provider waiting with you during your trip or visit

The Employee You Hire:

- ❖ The individual you hire to provide the transportation service must
 - 1) be at least (18) years of age or older
 - 2) cannot be an employee of the Area Agency on Aging or the Texas Department of Aging and Disability Services, and
 - 3) have proof of automobile insurance.

Instructions For Individual Providing Transportation Services

<<Insert AAA Contact Name>>
<<Insert AAA Contact Phone Number>>
<<Insert AAA Name>>
<<Insert AAA Complete Mailing Address>>

Please use the above contact information if you have questions and for mailing completed forms or correspondence.

The individual you agreed to provide transportation services for is considered your employer of record. You are considered the employee. The amount paid for the trip/ride is negotiable between you and the employer.

You will receive the following forms to complete:

- 1) IRS form W-9
- 2) Transportation Provider Application
- 3) Waiver

The forms listed above must be completed and mailed or submitted to the AAA. **To be eligible for payment for the transportation services performed these forms must be received by the AAA.**

In addition you must send a copy of proof of auto Insurance and **verification of your date of birth and the street address on the application.** Verification of your date of birth or street address could include a copy one of the following:

- 1) Copy of your driver's license,
Utility bill, or
A cancelled check.

Once all required documentation is received by the AAA you will be considered for providing transportation services for this employer.

PAYMENT FOR SERVICES:

Payment is made only **AFTER** completion of the trip or ride. Your employer cannot be reimbursed if they paid you directly. Both you and your employer will fill out part of the voucher and both signatures are required at the bottom of the voucher. Your employer will mail the voucher to the AAA. Once the voucher is received a check will be issued and mailed directly to you within one to two weeks. If you earn over \$600 in a calendar year you will receive an Internal Revenue Service Form 1099 from <<Insert AAA Name>> and this amount will be reported to the Internal Revenue Service as income.

Transportation Voucher Service ASSESSMENT

Consumer/Eligible Older Individual Name:

		Yes	No
1.	Do you own a car?		
2.	<i>If answer was yes to question #1, ask:</i> Is your car in driving condition?		
3.	Can you drive to places you need to go?		
4.	Is there someone who is able that takes you places you need to go?		
5.	Do you have difficulty getting to appointments such as the doctor, or are you unable to go to church, the beauty shop or run errands?		
6.	Have you ever missed an appointment because you didn't have transportation?		
7.	If answer to either of previous two questions was yes, then why?		
8.	What would you use transportation assistance for?		
9.	Do you have a friend or family member not living with you who could provide transportation to you if they could be paid?		

Form Completed by Name: _____

Signature: _____ Date: _____

Organization: _____ Phone Number: _____

Address: _____

Transportation Voucher Service Authorization/Approval Letter

Date: _____

Dear Consumer's/Eligible Older Individual Name _____:

You have been approved to receive \$<<insert dollar amount>> in transportation vouchers for the period beginning <<insert Date>> and ending <<insert Date>>. Enclosed are <<insert number>> vouchers for the purpose of hiring an individual or a commercial private or non-profit organization to provide transportation to you.

You are responsible for:

- Signing and returning the following attached forms **before** you submit your first voucher for reimbursement:
 - 1) **acknowledgement**,
 - 2) **provider application**, and
 - 3) **provider waiver**.
- Keeping track of the amount of transportation services that you have been provided, and carrying the remaining balance over to the next voucher;
- Completing the "**Amount Requested**" portion on the voucher(s) you submit for payment; and
- Submitting vouchers for payment on a monthly basis to the Area Agency on Aging, no later than <<insert date>>.

How to use the Vouchers:

- As the employer, you may negotiate a rate per trip or rate per mile with the person or organization providing transportation services.
- Please make sure the person or organization providing transportation services understands the **Area Agency on Aging will process and pay vouchers only once per month**.
- All signatures on the voucher must be original signatures - no signature stamps will be accepted.
- The transportation vouchers are subject to random audits to ensure funds are used for allowable services and for no other purposes.

Instructions for completing and submitting the vouchers are attached.

If you authorize services in excess of the total amount approved, you will be responsible for the charges.

If you have any questions, please feel free to contact us at <<insert phone number>>.

Sincerely,

Signature Block

Transportation Voucher Service Acknowledgement and Certification

I, <<Insert Consumer/Eligible Older Individual's Name>>, verify I have received the Transportation Voucher Service Guidelines and Information, including the IRS Publication 1779 as an attachment, and am aware of the following:

- I am the employer of record for any person whom I hire to provide transportation services for me;
- As the employer of record, I understand:
 - ❖ I retain control over the hiring, management, and firing of individuals providing transportation services, and
 - ❖ The individual I hire to provide transportation must be eighteen (18) years of age or older.
 - ❖ I am responsible for providing the application and waiver to the individual or organization providing transportation. I agree to inform them the signed application and waiver must be submitted to the Area Agency on Aging prior to the first voucher request for payment.
 - ❖ I understand I am responsible or liable for any negligent acts or omissions by the employee.
 - ❖ Individuals whom I hire to provide transportation services are NOT employees of the <<Insert AAA Name>> Area Agency on Aging or the Texas Department of Aging and Disability Services.
 - ❖ I must provide an IRS form W-9 to the person I hire. That person has been told he/she must complete and return the W-9 prior to the first voucher request for payment.

I recognize and agree that the <<Insert AAA Name>>Area Agency on Aging, the Texas Department of Aging and Disability Services and all other agencies participating in this program are providing no direct or indirect services; and, I shall hold harmless and indemnify these agencies for any damages or liabilities it incurs arising from this agreement. Completion of this Acknowledgement and Certification does not guarantee delivery of services.

Signature of Consumer/Eligible Older Individual _____
Date _____

NOTE: This form must be signed and on file with the Area Agency on Aging before the Area Agency on Aging can process payment for any vouchers submitted. Please send this completed form to:

Area Agency on Aging
ATTN: <<Insert AAA Contact Name>>
<<Insert AAA Address>>

**Transportation Voucher Service
Provider/Individual Application**

IMPORTANT

The individual hired to provide transportation services MUST complete this form

Name: _____

Social Security Number: _____

County of Residence: _____

Street Address: (cannot be a P. O. Box) _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Cell: (_____) - _____

Other Telephone (message phone or cell phone): (_____) - _____

Gender: Male Female Date of Birth: _____

Name of person you will be working for _____

To be eligible for payment for the transportation services performed the following forms must be received by the Area Agency on Aging <<Insert AAA Name>>.

- 1) Application,
- 2) Waiver, and
- 3) Signed W-9

Payment is made only AFTER completion of the trip or ride. Your employer cannot be reimbursed if they paid you directly. Both you and your employer will fill out part of the voucher and both signatures are required at the bottom of the voucher. Your employer will mail the voucher to the AAA. Once the voucher is received a check will be issued and mailed directly to you within 1 to 2 weeks. If you earn over \$600 in a calendar year you will receive an Internal Revenue Service Form 1099 from <<Insert AAA Name >> and this amount will be reported to the Internal Revenue Service as income.

By signing this application you are acknowledging that you understand and agree to the above. Questions? Call <<Insert AAA Contact and Phone Number>>

Signature Date

Mail this form to: Area Agency on Aging
ATTN: <<Insert AAA Contact Name>>
<<Insert AAA Address>>

**<<Insert AAA Name>>
Transportation Voucher - Single Trip**

Date Issued: _____ Voucher not valid after: _____

Negotiable for Transportation Only Voucher Number : _____

1. Transportation services provided FOR:

Client Name: _____

Address: _____

City, State, ZIP: _____

2. Transportation services provided BY:

Name: _____

Address: _____

City, State, ZIP: _____

3. SSN or FEI No: _____ 4. Phone: _____

5. Does service provider live in same home as the client? Yes: No:

6. Total amount authorized by the AAA \$ _____

7. Amount previously requested \$ _____

8. Amount requested for this voucher \$ _____

9. Balance remaining: \$ _____

10. Type of trip: (Please check all that apply)

Medical <input type="checkbox"/>	Grocery Store <input type="checkbox"/>	Visit family <input type="checkbox"/>	Church <input type="checkbox"/>
Dental <input type="checkbox"/>	Hospital visit <input type="checkbox"/>	Visit friend <input type="checkbox"/>	Restaurant <input type="checkbox"/>
Drug Store <input type="checkbox"/>	Nursing home visit <input type="checkbox"/>	Other: _____	

11. Trip was: one-way or round trip

12. Trip Date: _____ 13. Start Time _____ AM PM

We certify the information reported on this voucher is true and correct. We also acknowledge we have read and signed the liability release form.

14. Client Signature

15. Transportation Provider Signature

16. Date

17. Date

Mail this completed form to: <<Insert AAA Address>>

<p><<Insert AAA Coding >></p>	<p><<AAA Signature Requirements>></p>
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Instructions for Completing Transportation Voucher Forms Single and Multiple Trips

These instructions follow the numbered items on both the Single and Multiple trip voucher forms:

1. **Transportation Services provided FOR:** Enter the information about the person who is requesting services (name, phone, address, including zip code).
2. **Transportation services provided BY:** Enter the information about the person or agency which will be driving (name, address, including zip code).
3. **Enter the SSN:** (Social Security for individual) or FEI (Federal Tax ID number for agency provider).
4. **Enter Phone Number of transportation provider.**
5. **Does the service provider live in the same home as the client?** Check YES or NO.
6. **Total amount authorized by the AAA:** Enter the total amount of service dollars authorized by the AAA for the complete set of vouchers.
7. **Amount previously requested:** Enter the amount of the total funding for this set of vouchers used for prior trips during this voucher period.
8. **Amount requested for this voucher:** Enter the cost of this trip.
9. **Balance remaining:** Total amount of funding, minus the amount previously requested and the cost of the current trip.
10. **Type of trip: Single Trip Voucher:** - check all that apply, write in any other type of trip you take that may not be on the check list. For a **Multiple Trip Voucher** see page 2 and write in the type of trip from the options provided.
11. **Was this trip Single Trip Voucher:** Check one way or round trip. For **Multiple Trip Voucher**, see page 2.
12. **Date of Trip.** For **Multiple Trip Voucher** see page 2.
13. **Time trip started:** Enter start time and check AM or PM. For **Multiple Trip Voucher**, see page 2.
14. **Client signature:** Person receiving services must sign.
15. **Transportation Provider Signature:** Person or agency representative providing service must sign.
16. and 17. **Date:** Enter date voucher is signed.

**<<Insert AAA Name>>
Transportation Voucher - Multiple Trips**

Date Issued: _____ Voucher not valid after: _____

Negotiable for transportation services only Voucher Number : _____

1. Transportation services provided FOR:

Client Name: _____

Address: _____

City, State, ZIP: _____

2. Transportation services provided BY:

Name: _____

Address: _____

City, State, ZIP: _____

3. SSN or FEI No: _____ 4. Phone: _____

5. Does the service provider live in the same home as the client? Yes: No:

6. Total amount authorized by the AAA \$ _____

7. Amount previously requested \$ _____

8. Amount requested for this voucher (total from 2nd page) \$ _____

9. Balance remaining: \$ _____

See Page 2 of Multiple Voucher Form to complete numbered items 10. - 13.

We certify the information that is reported on this voucher is true and correct. We also acknowledge we have read and signed the liability release form.

14. Client Signature

15. Transportation Provider Signature

16. Date

17. Date

Mail this completed form <<Insert AAA Address>>
to:

For AAA Use: <<Insert AAA Coding >>	<<Insert AAA Signature Requirements>>
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<<Insert AAA Name>>
Transportation Voucher - Multiple Trips (Page 2)

10. Type of trip:

Medical
 Dental
 Drug Store

Grocery Store
 Hospital visit
 Nursing home visit

Visit family
 Visit friend
 Church

Restaurant
 Other

	10. Type of trip: (see above list)	11. Was this trip:	12. Date of Trip:	13. Time Trip Started:	Amount Requested for this Trip:
1		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
2		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
3		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
4		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
5		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
6		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
7		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
8		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
9		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
10		one-way <input type="checkbox"/> or round trip <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>	
Total amount requested for this voucher					