Employment & Community Transportation (ECT) Trip Plan

ECT administering providers: complete this Trip Plan Form and upload it in WaMS. Each "trip" is determined by the one-way mileage (although the private driver's return mileage is factored into the rate). NOTE: ECT does not cover on-demand transportation such as taxis, or gig services (e.g., Uber, Lyft). ECT may not be used to transport individuals to medical appointments, as that is covered by State Plan/Non-Emergency Medicaid Transportation [NEMT], nor be used if the individual is authorized for another waiver service that would normally be required to provide transportation as an allowable activity to the desired location (e.g., group supported employment, group home residential, community coaching, community engagement, group day, independent living supports, in-home supports, sponsored residential, supported living).

Individual Information					
First Name		Last Name			
Street Address		City			
Zip		Phone			
ECT Provider Inf	Cormation				
Provider Agency		Agency Type	☐ DBHDS Licensed Agency		
		(check one)	☐ Center for Independent Living		
		, ,	☐ Employment Service Organization		
Does individual re-	ceive other services from ECT provider?	Yes	If yes, is the driver an agency staff member:		
If the ECT administering provider delivers other DD waiver services to the individual, explain in the comments below how this is NOT a duplication of services.		No	Yes No		

Transportation Request Details

Coverage Period for T	[rips			
Start Date for all Trips listed below		End Date for all Trips listed below		
Each trip is one-way.* If yo	ou have additional trips, please attach a T	rip Plan Addendum	l.	
Trip A Purpose →	□ employment □ volunteerism □ community inclusion	What ISP of does Trip A su	utcome	
Point of Origin	□ home □ employment site □ community location	If community location is checked, indicate type(s) of locations		
Destination	□ home □ employment site □ community location	Address		
Trip Frequency (check one)	☐ One time ☐ Recurring	Travel Method (select one)	☐ private vehicle ☐ public transpor	
	private transportation, complete	this section:		
Private Transportation	Number of trips per month			
→ · · · · · · · · · · · · · · · · · · ·		1.		
	public transportation, complete	T .		
Public Transportation	Transportation type (e.g., bus, rail)	Number of trips p	er month	Monthly cost
\rightarrow		1		

^{*} A one-way trip begins at the eligible rider's point of origin and ends at the eligible rider's destination.

^{**} A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

	ou have additional trips, please attach a T				
Trip B Purpose →	□ employment	What ISP outcome does Trip B support?			
	□ volunteerism				
	□ community inclusion		\rightarrow		
Point of Origin	□ home	If community			
3	□ employment site	location is			
	□ community location	checked,			
		indicate type(s)			
		of locations			
Destination	□ home	Address			
	□ employment site				
	□ community location				
Trip Frequency	☐ One time	Travel Method	☐ priva	ate vehicle	;
(check one)	☐ Recurring	(select one)		lic transpor	
	s private transportation, complete				
Private Transportation	Number of trips per month	tins section.			
→ Trivate Transportation	Transfer of trips per month	_			
If the travel method is	s public transportation, complete	this section:			
	public transportation, complete				
	Transportation type (e.g. bus rail)	Number of trins r	er mont	h	Monthly cost
Public Transportation → * A one-way trip begins at the	Transportation type (e.g., bus, rail) eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administe		ition.		Monthly cost ECT-approved riders per trip
Public Transportation → * A one-way trip begins at the ** A maximum of 3 riders plus to	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administe	eligible rider's destina ering agency can be paid	ntion. l for a max		
Public Transportation → * A one-way trip begins at the ** A maximum of 3 riders plus to Each trip is one-way.* If yo	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administe ou have additional trips, please attach a T	eligible rider's destina ering agency can be paid Trip Plan Addendum	ition. 1 for a max 1.		
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Public Transportation → *A one-way trip begins at the **A maximum of 3 riders plus to Each trip is one-way.* If you Trip C Purpose → Point of Origin	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administe ou have additional trips, please attach a T employment volunteerism community inclusion home employment site community location	eligible rider's destination of locations	ution. d for a max 1. utcome		
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Public Transportation → *A one-way trip begins at the **A maximum of 3 riders plus to Each trip is one-way.* If you Trip C Purpose → Point of Origin	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administer ou have additional trips, please attach a T comployment community inclusion home employment site community location	eligible rider's destination of locations	ution. d for a max 1. utcome		
Public Transportation → *A one-way trip begins at the **A maximum of 3 riders plus to Each trip is one-way.* If yo Trip C Purpose → Point of Origin Destination	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administer ou have additional trips, please attach a T employment volunteerism community inclusion home employment site community location	eligible rider's destination agency can be paid with the p	ation. If for a max a. utcome apport? →	cimum of 3 I	ECT-approved riders per trip
Public Transportation → *A one-way trip begins at the **A maximum of 3 riders plus to Each trip is one-way.* If you Trip C Purpose → Point of Origin	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administer ou have additional trips, please attach a T employment volunteerism community inclusion home employment site community location	eligible rider's destination of locations	ation. d for a max utcome apport? →	ate vehicle	ECT-approved riders per trip
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Public Transportation → * A one-way trip begins at the ** A maximum of 3 riders plus to Each trip is one-way.* If your pose Trip C Purpose → Point of Origin Destination Trip Frequency (check one)	eligible rider's point of origin and ends at the he driver are allowed in a vehicle. The administer ou have additional trips, please attach a T community inclusion community inclusion community inclusion community location home community location community location	eligible rider's destinatering agency can be paid Trip Plan Addendum What ISP of does Trip C sure and the sure agency can be paid If community location is checked, indicate type(s) of locations Address Travel Method (select one)	ation. d for a max utcome apport? →	ate vehicle	ECT-approved riders per trip
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Transportation type (e.g., bus, rail)

Number of trips per month

Comments/explanations

Public Transportation

Monthly cost

^{*} A one-way trip begins at the eligible rider's point of origin and ends at the eligible rider's destination.

^{**} A maximum of 3 riders plus the driver are allowed in a vehicle. The administering agency can be paid for a maximum of 3 ECT-approved riders per trip.

ECT Attestation

I confirm that the trips being requested are not covered under other Medicaid services and that I do not have personal resources to cover the cost of transportation. I understand misrepresentation or falsification of information may be cause for denial, termination, a demand for repayment and/or criminal charges. I understand DBHDS/DMAS may periodically request documentation of a private driver's license, car insurance coverage, criminal record attestation/registry check, monthly travel logs, and receipts for transportation fares.

Individual signature	Date	
Substitute Decision-Maker signature	Date	
Provider signature	Date	

ECT Trip Plan Addendum

To submit additional trips with request for authorization

Each trip is one-way.* If yo	ou have additional trips, please attach a T	rip Plan Addendum	l.	
Trip Purpose →	□ employment	What ISP or	utcome	
	□ volunteerism	does Trip su	pport?	
	□ community inclusion		\rightarrow	
Point of Origin	□ home	If community		
S	□ employment site	location is		
	□ community location	checked,		
	, and the second	indicate type(s)		
		of locations		
Destination	□ home	Address		
	□ employment site			
	□ community location			
Trip Frequency	☐ One time	Travel Method	☐ private vehicle	;
(check one)	☐ Recurring	(select one)	☐ public transpor	rtation
If the travel method is	private transportation, complete	this section:		
Private Transportation	Number of trips per month			
\rightarrow				
If the travel method is	public transportation, complete	this section:		
Public Transportation	Transportation type (e.g., bus, rail)	Number of trips p	oer month	Monthly cost
\rightarrow				
** A maximum of 3 riders plus to	he driver are allowed in a vehicle. The administe	ring agency can be paid	l for a maximum of 3 l	ECT-approved riders per trip.
Each trip is one-way.* If yo	ou have additional trips, please attach a T	rip Plan Addendum	l.	
Each trip is one-way.* If yo Trip Purpose →	ou have additional trips, please attach a T	rip Plan Addendum What ISP o		
			utcome	
	□ employment	What ISP or	utcome	
Trip Purpose →	□ employment □ volunteerism	What ISP or	utcome	
	□ employment □ volunteerism □ community inclusion □ home	What ISP or does Trip su If community location is	utcome	
Trip Purpose →	□ employment □ volunteerism □ community inclusion	What ISP or does Trip su If community location is checked,	utcome	
Trip Purpose →	□ employment □ volunteerism □ community inclusion □ home □ employment site	What ISP or does Trip su If community location is checked, indicate type(s)	utcome	
Trip Purpose → Point of Origin	□ employment □ volunteerism □ community inclusion □ home □ employment site □ community location	What ISP or does Trip su If community location is checked, indicate type(s) of locations	utcome	
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Trip Purpose → Point of Origin Destination Trip Frequency	□ employment □ volunteerism □ community inclusion □ home □ employment site □ community location □ home □ employment site □ community location □ home □ ommunity location □ One time	What ISP of does Trip su If community location is checked, indicate type(s) of locations Address Travel Method	utcome ipport? → □ private vehicle	
Trip Purpose → Point of Origin Destination Trip Frequency (check one)	□ employment □ volunteerism □ community inclusion □ home □ employment site □ community location □ home □ employment site □ community location □ One time □ Recurring	What ISP of does Trip su If community location is checked, indicate type(s) of locations Address Travel Method (select one)	utcome apport? →	
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Trip Purpose → Point of Origin Destination Trip Frequency (check one) If the travel method is Private Transportation →	□ employment □ volunteerism □ community inclusion □ home □ employment site □ community location □ home □ employment site □ community location □ One time □ Recurring private transportation, complete Number of trips per month	What ISP of does Trip su If community location is checked, indicate type(s) of locations Address Travel Method (select one) this section:	utcome pport? → private vehicle public transpor	
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