

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 Information			
Provider Agency		Agency Type (check one)	<input type="checkbox"/> DBHDS Licensed Agency <input type="checkbox"/> Center for Independent Living <input type="checkbox"/> Employment Service Organization
Does individual receive other services from ECT provider? 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.	Yes	If yes, is the driver an agency staff member:	
	No	Yes	No

Transportation Request Details

Coverage Period for Trips

Start Date for all Trips listed below		End Date for all Trips listed below	
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Each trip is one-way. * If you have additional trips, please attach a Trip Plan Addendum.

Trip A Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip A support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	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.

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip B Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip B support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	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.

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip C Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip C support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	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.

Comments/explanations

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 you have additional trips, please attach a Trip Plan Addendum.

Trip ___ Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip ___ support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
If the travel method is private transportation , complete this section:			
Private Transportation →	Number of trips per month		
If the travel method is public transportation , complete this section:			
Public Transportation →	Transportation type (e.g., bus, rail)	Number of trips per month	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.

Each trip is one-way.* If you have additional trips, please attach a Trip Plan Addendum.

Trip ___ Purpose →	<input type="checkbox"/> employment <input type="checkbox"/> volunteerism <input type="checkbox"/> community inclusion	What ISP outcome does Trip ___ support? →	
Point of Origin	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	If community location is checked, indicate type(s) of locations	
Destination	<input type="checkbox"/> home <input type="checkbox"/> employment site <input type="checkbox"/> community location	Address	
Trip Frequency (check one)	<input type="checkbox"/> One time <input type="checkbox"/> Recurring	Travel Method (select one)	<input type="checkbox"/> private vehicle <input type="checkbox"/> public transportation
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