

Hardship Mileage Program

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- Have a car, and
- Drive to appointments over 50 miles per week (Sunday to Saturday), or
- Drive over 215 miles per calendar month

The following people may be paid Hardship Mileage:

- A natural or adoptive parent of a child less than 18 years of age.
- Someone living in your house using your car, or preapproved family and/or friends who bring you to your scheduled appointment.

All trips must be arranged with your Transportation Provider ahead of time. Your Provider will need to get approval from the Department of Vermont Health Access (DVHA) for any trip over 100 miles or any trip out-of-state. You will not be paid for trips that do not meet all transportation guidelines.

To be paid Hardship Mileage, you must fill out and send in a Trip Manifest to your Provider who will advise you of the current rate.

How it works:

- ➔ It is up to you to plan your doctor appointments, etc. so the least number of trips are needed.
- ➔ If the trip is out-of-area or out-of-state, your doctor must complete a Physician Referral Form at least 10 days before the appointment.
- ➔ Keep track of the trips you took to see your doctor or to pick up prescriptions on your Trip Manifest.
- ➔ Get proof that you saw your doctor or picked up a script.
 - Proof may be a script receipt, the doctor's signature on your Trip Manifest, or a signed note on your doctor's letterhead.
- ➔ Send in the Trip Manifest and proof of your trips to your Provider at the end of each month.
 - The Trip Manifest must be sent in within 30 days from the last visit in a calendar month. If the manifest includes all the information from a specific trip, all of those trips will be included in the payment as long as the manifest is submitted within that 30 day window from the date of the last leg of the specific trip.
 - Make sure to sign your Trip Manifest.
- ➔ If the trips meet Hardship Mileage rules, the Provider will send you a check.
 - Before Hardship Mileage is paid your Provider will confirm the mileage is correct using the shortest, most direct Google Map verified route.
 - Trips to the Emergency Room are not covered by Hardship Mileage.
 - DVHA may deny payment of Hardship Mileage based on your family's income.
 - If the appointment is scheduled to last for more than three hours, mileage for two round trips will be eligible for reimbursement.

Waiver of Liability: Hardship Mileage

Member Name _____ Medicaid ID# _____ DOB _____

Drivers Name _____ Address _____

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- Have a car, and
- Drive to appointments over 50 miles per week (Sunday to Saturday), or
- Drive over 215 miles per calendar month.

I, own and drive a vehicle. I can drive myself or _____ to and from doctor appointments or to pick up prescriptions.

If I have been allowed to have my own driver I understand and agree to the following:

I understand that the only responsibility of the Vermont Public Transportation Association (**VPTA**) is to pay me at rates set by the Department of Vermont Health Access (DVHA). I waive any and all claims against the **VPTA** and its employees and directors arising from injury, damage, expense, or loss which may arise from driving myself or a family member to doctor appointments or to pick up scripts.

I also understand that it is my sole responsibility to follow all laws governing vehicles and drivers. This waiver is binding on me, my family and my heirs, assigns, executors and administrators and applies to all Medicaid rides where I have chosen my own driver.

- I understand that I may consult an attorney regarding this waiver.
- By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- I understand this waiver will not apply in the future if I have the VPTA provide rides for me.

Signature of Member or Parent/Legal Guardian if minor

Date

Signature of Witness

Date