

## Operational Guidelines for AWC Transportation Mile Reimbursement

### Guiding Principle

UCP Agency with Choice (AWC) wants to ensure that Support Service Professionals (SSP) are submitting the appropriate documentation to be reimbursed for transportation mile when the participant has the service approved in their Individual Support Plan (ISP).

### Purpose

To provide clear expectations for proper completion, timely submission and reimbursement.

### Procedure

1. Transportation must be submitted at least monthly.
  - a. Transportation may be submitted more often (i.e. bi-weekly, weekly).
  - b. Multiple months will not be processed.
  - c. Only 1 month is permitted to be listed on each mileage log. (i.e. mileage for September and October must be on separate forms)
2. Transportation must be submitted by the 15th of the following month. For example, August transportation must be submitted to the AWC office by September 15th.
3. Mileage listed will be checked against Google Maps by staff.
4. Transportation reimbursement will be on Support Service Professionals (SSP) paycheck and by reimbursed by check for vendors. Mileage reimbursement is not taxable.
5. Reimbursement will be made up to what is approved in the participant's Individual Support Plan (ISP) frequency and duration.
6. Mileage submitted for reasons other than approved outcomes in the participant's ISP will not be reimbursed.
7. Transportation forms that are not completed in accordance with the directions in these guidelines will be returned for corrections and will not be reimbursed until complete.
8. Revised transportation forms must be resubmitted within 10 days to be reimbursed. Failure to do so will result in non-reimbursement.

### Proper Completion of Mileage form

1. Enter Participant Initials using legal name (no nickname initials)
2. Enter SSP Name using full legal name
3. MCI# will be populated by AWC administrative staff after completed form is submitted by SSP.
4. Service will be prepopulated by AWC administrative staff. SSP will not complete this section.
5. Frequency and Duration will be prepopulated by the AWC administrative staff based on the current ISP approval. SSP will not complete this section.
6. Outcomes will be prepopulated by the AWC administrative staff based on the approved outcomes listed in the ISP. This will indicate the reason the transportation mile is permitted to be used. SSP will not complete this section.
7. Location #1 Address and Location #2 Address will be used when the participant is being transported from/to only 2 addresses during the month submitted on the form.
  - a. Enter the complete address (street #, street name, city, state) in each Location #1 Address and Location #2 Address.
  - b. If the participant is being transported to more than 2 locations for the month, this option is not available. Full addresses will be required in each "From" and "To" box.

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8. Enter Date transportation is provided. All destinations during the trip must be on a separate row.
9. Enter "From" location (street #, street name, city, state).
10. Enter "To" location (street #, street, city, state).
11. Enter Reason transportation was provided which must relate back to the outcome listed at the top of the form.
12. Enter miles from the trip.
13. SSP must sign each completed line individually with legal signature.
14. SSP provides the completed form to the Managing Employer (ME) for review. ME signs and dates the form. Only original signatures will be accepted.
15. ME sends in the completed, signed and dated form electronically to the AWC mailbox or through postal mail.
16. Clerical follows the Operational Guidelines for Processing Vendor Payments to process payment.

### Example of completion of top portion of form for participants transported from/to only 2 locations:

Participant's Initials ONLY: <b>AB</b>	SSP's Name: <b>Jamie Fleck</b>
Service: Transportation mile ..... Frequency/Duration: 28 miles per day, 5 days per week	
Outcome: Transportation to and from CPS location	

### Example of completion of address section of the form for participants transported from/to only 2 locations:

DATE	FROM (street, city, state)	TO (street, city, state)	REASON	MILES	**SSP SIGNATURE
9/14/22	1	2	To CPS	14	<i>J. Fleck</i>
9/14/22	2	1	Home from CPS	14	<i>J. Fleck</i>

### Example of completion of top portion of form for participants transported from/to more than 2 locations:

Participant's Initials ONLY: <b>AB</b>	SSP's Name: <b>Jamie Fleck</b>
Service: Transportation mile ..... Frequency/Duration: 25 miles per week	
Outcome: Transportation during in-home and community support to work on promoting healthy choices by going to the gym, grocery shopping, park and out to eat.	

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**Example of completion of address section of the form for participants transported from/to more than 2 locations:**

Location #1-Address → → N/A → → → → → ...Location #2-Address → → N/A → → → → → → → →

DATE	FROM (street, city, state)	TO (street, city, state)	REASON	MILES	**SSP-SIGNATURE
9/14/22	1372 N. Susquehanna Tr., Selinsgrove, PA	75 Market St, Camp Hill, PA	To work out at the gym	14	<i>J. Fleck</i>
9/14/22	75 Market St, Camp Hill, PA	30 State St., Camp Hill, PA	To the grocery store	5	<i>J. Fleck</i>