2017 BRAg Medical Voucher Program

The 2017 Medical Voucher Program is based on the original MVP Pilot program administered by BRAG from fall 2014 to spring of 2016. The pilot program was funded in part by a grant from FTA. That funding is no longer available for volunteer driver-type voucher programs. In 2017 local private companies and foundations were approached about supporting the Medical Voucher Program. Wells Fargo Bank and Shreiber Foods contributed $3,500. With these funds, vouchers can again be offered to clients to reimburse their medical trips. Matching funds will cover administration costs.

The main transportation gap for vulnerable populations in the Bear River Area is seen as: the need of people living in rural areas who cannot drive but must get to their medical appointments. Local transit providers such as Cache Valley Transit District and Utah Transit Authority are unable to provide services throughout all areas of Cache and Box Elder counties. It is very common for people to travel long distances to visit doctors and hospitals. Those seeing specialists often must travel to Ogden or Salt lake City, Utah to acquire these services.

After administering the original MVP program, it became evident that a medical voucher program can be a very low cost alternative in rural areas. Program benefits include:

* Clients are allowed to choose volunteer drivers they know.
* No vehicles or maintenance are needed, no employees trained or paid.
* Volunteer drivers are usually able to provide door-thru-door service to clients.
* Volunteer drivers’ often stay with clients through their appointments offering support and protection from falls when ambulating.
* In rural areas, this periodic need would not necessitate or support a program where a bus or van would be acquired and a driver paid to transport clients.
* The reimbursement rate of .35 cents has been accepted well by past volunteer drivers willing to help clients.

In light of the knowledge and understanding gained from previous research and program experience, the funding recently contributed will again be used to help rural older adults and people with disabilities who cannot drive to their medical appointments. Clients will be referred to BRAG, then participants will meet with staff to assure their eligibility and learn the voucher program process. Other options are still being considered to offer similar services to the currently underserved rural areas.

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Medical Voucher Participant Intake Form

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| PARTICIPANT INFORMATION  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| EMERGENCY CONTACT INFORMATION  **Emergency Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship to Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Client Eligibility Checklist: (check box if applicable to client)**  **Income at or below 200% of poverty level**  **Non-Driver Adult Age 60+ Disability verified by physician Not receiving other transportation funding**  **Unable to utilize existing public transportation services in the area**  **Require transit outside of community transportation area**  **Volunteer drivers must be age 18 +, have own automobile, insurance and good driving record**  **Client served in any arm of the military?**  **(Documentation of income, age and disability status required)** |
| **Notes:** |

The BRAG Medical Voucher Program Process

After clients are approved for the Medical Voucher Program, vouchers will be printed out with the clients’ name and an assigned number to each voucher. Multiple vouchers can be requested for use during the month according to expected medical visits. The vouchers will be presented to the client along with pre-stamped and addressed envelopes to send vouchers back to BRAG for processing.

1. Clients will request a ride from a person they know who is willing to drive them to and from their medical appointment, and who is willing to accept a reimbursement rate of .35 cents per mile.

2. Clients will make sure that the volunteer driver is insured, and is a safe driver over age 18.

3. On the day of the arranged trip, the volunteer driver will pick up the participant and deliver them to their destination, then return them home again afterwards. If a prescription or medical supplies are needed and can be picked up on the way home, it is encouraged to do this all in one trip.

4. Once the participant is returned home, he or she and the volunteer driver will fill out the voucher with date of trip, the participants home address (pick up address) and the destination address or name (i.e., McKay Dee Hospital). If an odometer reading has been taken it should be listed in the “miles” box, otherwise, the BRAG office will figure mileage by consulting with the website: maps.google.com.

5. Both the client and the driver must sign and date the voucher, which can them be placed in an envelope and dropped in the mail or envelopes can also be manually delivered to the BRAG office.

6. All vouchers for one month must be turned in before the 5th of the following month in order to be considered for reimbursement.

7. Vouchers will be checked for accuracy and processed, then checks will be written to the driver and mailed to the volunteer drivers’ home address.

8. Drivers should expect their reimbursement checks to arrive 6 to 8 weeks after they turn them in.

9. More than one driver can be used during the month by the client. Each trip voucher is filled out relating to just one single trip, so a second or third trip may be made during a month with the help of other drivers. Each driver fills out their own name and address on that day’s voucher, to which the check will be mailed.

10. Mailing vouchers in as they are used is encouraged as it allows time to fix any errors or missing details. But, 3 or 4 pages can be mailed in each pre-stamped envelope, if needed.

Participants agree to explain this process to drivers they request rides from. \_\_\_\_\_\_\_ (Initials)

Participant Consent Form

Participants must complete this form before starting the BRAG Medical Voucher program.

General Information

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| --- |
| **Participant Name** |
| **Participant Address** |
| **Participant Phone Number** |

Participant Consent

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| --- |
| * I agree to participate in the BRAG Medical Voucher Program. * This participation agreement is of my own free will. * I have had the opportunity to ask questions. * I realize that I can withdraw from the Program at any time without giving a reason and without any other such hindrances. * I have been given all information regarding the aims of the Program and have been given information with the persons-in-charge names on and a contact number and address if I require further information. * I understand that all personal information provided will remain confidential and no information that identifies me will be made available publicly. * I understand what constitutes inappropriate use of the program vouchers. * I understand that if I violate any of the appropriate use requirements of the program, I may be asked to forfeit any remaining vouchers. |

Participant Signature

Please sign and date in the spaces below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name (sign)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date