

## Public Partnerships, LLC MA Participant Directed Program Transportation Invoice Instructions

- **How Do You Complete This Form?**

The transportation invoice can be used for three transportation services provided in the program:

- **Mileage (5198)**
- **Other Unique Transportation (5300M)** (\*Note! You must get approval from your area director before requesting transportation costs under code 5300M)

- **Which Code Do I use?**

Here are the guidelines DDS has given for each service code. Please look at the ‘Service Definition’ to see which one fits best.

Code	Name	Unit Type	Definition	Examples:
5196	Transportation-SD	Trip	Self-directed transportation that is pre-arranged at a set rate. One provider: one rate. Individual consumers cannot receive monies to purchase the service.	This works for providers who take our consumers on a regular scheduled trip (the doctors, out in the community, etc). Must be set-up as a set rate per trip.
5197	Transportation-SD – pass/unit	Month	Transportation arrangements through pass programs that are reoccurring monthly at the same rate. One provider: one rate. Individuals cannot receive monies to purchase the service. This service code can only be utilized for automatic reoccurring payments.	This covers costs such as a monthly pass on The Ride.
5198	Transportation-Mileage	Unit	Transportation reimbursement at an established rate per mile.	This code covers mileage reimbursement to a provider, where the unit is a mile.
5300M	Transportation-SD-Unique	Unit	Transportation arrangements that require a reoccurring monthly payment to an individual consumer or do not fall into the above categories. Use if not able to set up as a recurring trip expense (5197)	This code covers expenses to the MBTA. A stipend is sent to the individual to make the purchase on their own from the MBTA. This code can also be used for parking, tolls and gas.

- **How Often can I complete a Transportation Request?**

Transportation payments or reimbursement requests can be submitted to PPL at any time, and will be paid in the standard MA PDP check run schedule.

**INVOICE INSTRUCTIONS:**

1. Enter all Provider and Participant information into the designated boxes.

**For Example:**

			
<b>MA Participant Directed Program Transportation Invoice</b>			
<b>Provider Name:</b> Sample Provider	<b>Provider ID Number:</b>	<b>E</b>	<b>0 0 0 0 0 0 1</b>
<b>Provider Address:</b> 123 Main Street, Apt 1	<b>*Tax ID Number:</b>	<b>0 0 0 0 0 0 0 0 1</b>	
<b>City, State, Zip:</b> Boston, MA 02109			
<b>Participant First Name:</b> Sample			
<b>Participant Last Name:</b> Participant	<b>Participant ID Number:</b>	<b>X X</b>	<b>0 0 0 0 0 0 0 1</b>

2. Enter the Service Code for the service being billed for.

For Example, if you are requesting to be reimbursed for mileage and parking to the Doctor’s office

3. Enter the destination in which the mileage started and the destination in which the mileage ended (if applicable).
4. Total the dollar value requested for all mileage or items entered onto this invoice sheet.

Service Code	Start Destination	End Destination	Number of Units	Service Date	Rate	Total \$
5198	Home	Doctor’s Office	8 miles	7/1/12	\$0.55/mile	\$4.40
5300M	Parking	N/A	1	7/1/12	\$15.00	\$15.00
<b>Total Amount (in \$) requested: \$ 79.40</b>						

**The Participant ID number must be written on this invoice. Sign the invoice and print the name of either the participant or representative who signed. Write the date signed next to the signature.**