



Discretionary Services Fee Schedule Credentialed Services



Transportation Services: School

Service Description:

School Transportation provides transportation for children and youth to and from school. School Transportation requires all credential providers/staff have a valid CT Driver's License and operate under Connecticut General Statute Sec. 14-44.

See DMV/DOT for qualifications.

Service Type:

- School of Origin transportation - Foster Care 643

Service Rate (Maximum) for Groups Residing in Same Home:

- 1 Child = \$65.00 per hour
- 2 Children = \$90.00 per hour
- 3 Children = \$110.00 per hour
- 4+ Children = \$130.00 per hour

Fuel Charge: \$ 0.40 cents/mile regardless of the number of children transported.

No Show Rate: Reimbursement provided for the leg of the trip that was no-showed.

Minimum Rate: \$40.00 for a.m. and \$53.75 for p.m. (for school pick-up only)

Cost per trip shall be calculated at time of assignment and shall remain fixed, absent any exigent circumstance, to be overridden by Advanced Behavioral Health, for the duration of the child's assignment based on the following methodology:

Single Rider / Within 30 Miles:

(Time of Pickup to Time of Return to Hub/Start of Next Pickup x \$65.00) + (# of miles x \$0.40) = Cost per Trip

Group Residing in Same Home / Within 30 Miles:

Rate Correlating to # of Children x (Time of Pickup to Time of Return to Hub/Start of Next Pickup) + (# of miles x \$0.40) = Cost per Trip

Single Rider / More than 30 Miles / First Trip Only:

(Time from Hub to Time of Return to Hub/Start of Next Pickup x \$65.00) + (# of miles x \$0.40) = Cost per Trip

Group Residing in Same Home / More than 30 Miles / First Trip Only:

Rate Correlating to # of Children x (Time from Hub to Time of Return to Hub/Start of Next Pickup) + (# of miles x \$0.40) = Cost per Trip

Aide in Vehicle:

If DCF requests an aide to accompany a child due to behavioral issues, ABH must have received a DCF Child Abuse and Neglect Registry background check and a criminal background check that was completed by the State of Connecticut Department of Emergency Services and Public Protection. Reimbursement will be at the rate of \$30/hour.

If any trip changes locations (due to respite, change of location, etc.) but the provider remains the same, the rate will remain the same unless the calculation for the revised trip changes the rate by +/- 20%. The new rate will be calculated within 48 hours of the address change and the provider will receive written notice of the adjustment.

In all cases, transportation providers shall be required to maintain accurate Routing Box punches for each trip. Barring any status/punch conflicts, reimbursement will not be processed for trips that are not in a Complete or No-Show status by the day following the trip or for trips that are missing driver punches.

Acceptance of a trip promulgated by Advanced Behavioral Health indicates acceptance of the fee schedules defined herein.