

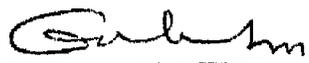
WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION  
GENERAL TARIFF COVER

For Commission Use Only

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| RECEIVED   |
| AUG 8 2003   |
| WASHINGTON METROPOLITAN<br>AREA TRANSIT COMMISSION |

Filing Fee Paid \$ 2.5  
OCT 07 2003  
Date Filed plus 60 days

General Tariff No. GT- 2  
Cancels General Tariff No. GT- 1  
Date Filed at WMATC 8<sup>th</sup> Aug. 03  
Date Effective 08/18/03

1. WMATC Certificate of Authority No. 433
2. Carrier Name on Certificate of Authority: GRACE TRANSPORT SERVICES  
INC.  
Address 4825, N. CAPITOL ST NE #204  
WASHINGTON DC 20011  
Telephone Number 202 529 7388, 202 345 3594
3. Person authorized to file tariff on behalf of Carrier  
Name OLUSEGUN AFOLABI  
Title PRESIDENT/CEO  
Telephone Number 202-345 3594
4. Date this tariff actually filed with WMATC 08/08/03
5. Date seven (7) calendar days after date on Line 4. 08/15/03
6. Effective Date of this tariff (not earlier than date on line 5). 08/18/03
7. Signature of Person named on Line 3. 

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



Senior Deputy Director  
for Health Care Finance

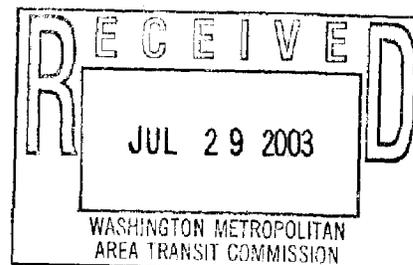
Medical Assistance Program  
Transmittal No: 03-24

TO:  D.C. Medicaid Transportation Providers

FROM: Wanda R. Tucker  
Interim Senior Deputy Director  
Medical Assistance Administration

DATE: JUL - 3 2003

SUBJECT: Ambulatory Transportation Fee Scale of a Single (1) Individual



Effective July 1, 2003, the reimbursement rates for ambulatory transportation of a single (1) individual are as follows:

| <u>Code</u> | <u>Service Description</u>  | <u>Payment</u>                   |
|-------------|---|----------------------------------|
| A0120       | Ambulatory van, one-way<br>inside Capital Beltway.                        | \$ 16.50                         |
| A0121       | Ambulatory van, roundtrip<br>inside Capital Beltway.                      | \$ 27.50                         |
| A0122       | Ambulatory van, one way inside<br>Capital Beltway with extra assistance.  | \$ 22.00                         |
| A0123       | Ambulatory van, roundtrip inside<br>Capital Beltway with extra assistant. | \$ 33.00                         |
| A0124       | Ambulatory van, one way outside<br>Capital Beltway.                       | \$ 27.50 +.75<br>per loaded mile |
| A0125       | Ambulatory van, roundtrip outside<br>Capital Beltway.                     | \$44.00 + .75<br>per loaded mile |

|       |  |                                   |
|-------|--|-----------------------------------|
| A0126 | Ambulatory van, one way outside<br>Capital Beltway with extra assistant.                             | \$ 33.00 + .75<br>per loaded mile |
| A0127 | Ambulatory van, roundtrip outside<br>Capital Beltway with extra assistant.                           | \$ 49.50 + .75<br>per loaded mile |
| A0128 | Trip cancellation, if the provider goes to<br>the destination and trip is cancelled upon<br>arrival. | \$ 8.25                           |

**Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.**

If you have any questions or need additional information, please contact Andre Taylor, Program Analyst, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



Senior Deputy Director  
for Health Care Finance

Medical Assistance Program  
Transmittal No: 03-25

**TO:** D.C. Medicaid Transportation Providers  
**FROM:**  Wanda R. Tucker  
Interim Senior Deputy Director  
Medical Assistance Administration  
**DATE:** JUL - 3 2003  
**SUBJECT:** Group Ambulatory Transportation Fee Scale

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Effective July 1, 2003, the reimbursement rates for group ambulatory transportation are as follows:

**Note:** A group is defined as 2 or more individuals requiring medically necessary transportation services. Reimbursement rates will apply for pick-up at same location and drop-off at same location.

| <u>Code</u> | <u>Service Description</u>   | <u>Payment</u> |
|-------------|--|----------------|
| A0120G      | Group ambulatory van, one way inside Capital Beltway.                      | \$ 38.50       |
| A0121G      | Group ambulatory van, roundtrip inside Capital Beltway.                    | \$ 71.50       |
| A0122G      | Group ambulatory van, one way inside Capital Beltway with extra assistant. | \$ 41.25       |
| A0123G      | Group ambulatory van, roundtrip inside Capital Beltway.                    | \$ 77.00       |

|        |  |                                   |
|--------|--|-----------------------------------|
| A0124G | Group ambulatory van, one way outside Capital Beltway.   | \$ 49.50 + .75<br>per loaded mile |
| A0125G | Group ambulatory van, roundtrip outside Capital Beltway.   | \$ 82.50 + .75<br>per loaded mile |
| A0126G | Group ambulatory van, one way inside Capital Beltway with extra assistant.                         | \$ 52.25 + .75<br>per loaded mile |
| A0127G | Group ambulatory van, roundtrip outside Capital Beltway with extra assistant.                      | \$ 88.00 + .75<br>per loaded mile |
| A0128G | Trip cancellation, if the provider goes to the destination and the trip is cancelled upon arrival. | \$ 8.25                           |

**Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.**

If you have any questions or need additional information, please contact Andre Taylor, Office of Program Operations, MAA, on (202) 698-2026.