

Medical Necessity Application for The RIDE

The RIDE is a paratransit service provided by the MBTA for people who cannot use the bus or train some or all of the time due to a disability. Applicants must complete an in-person eligibility process to be eligible for The RIDE long-term.

To allow applicants in **emergency health situations** to access immediate transportation for **life-sustaining treatment**, The RIDE offers a **one-time, 30-day**, Medical Necessity Eligibility, which provides access to paratransit service while the applicant is completing the full eligibility process.

Process for Medical Necessity applicants:

Step 1: Medical provider completes form in entirety and submits via fax (617-337-2737) or email (mbtamobility@mtm-inc.net).

Step 2: Within 1-2 days of receipt, The Mobility Center will reach out to the applicant directly to begin long-term RIDE eligibility process. Staff will reach out by phone and/or email and will leave a voicemail if possible. Phone calls will come from 888-513-0708.

Step 3: Within 2 days of receipt, The Mobility Center will respond to provider with a determination on applicant's Medical Necessity Eligibility. For cases that are approved, providers will receive and share with the applicant their RIDE ID number and a short guide on getting started with The RIDE.

Step 4: Eligible applicants must set up fare account by phone (888-844-0355), mail, in-person, or online, and then can begin booking trips using their assigned RIDE ID number by calling The RIDE Access Center (TRAC) at 844-427-7433. These instructions are provided in the short guide shared with the applicant in Step 3.

Step 5: During the 30-day period, the applicant must complete the in-person interview and assessment process at The Mobility Center to receive long-term eligibility. We recommend doing this as soon as possible to prevent a gap in service between Medical Necessity expiration and RIDE eligibility determination.

If applicant does not receive calls or emails from The Mobility Center within 2 days, please prompt them to reach out to begin the eligibility process at 617-337-2727.

PLEASE PRINT CLEARLY

Today's date _____

APPLICANT INFORMATION

Last name _____ First name _____

Date of birth _____ Gender _____ Email _____

Primary phone _____

Secondary phone _____

Primary phone type home mobile

Secondary phone type home mobile

Home address _____

Mailing address (if different) _____

City _____ State _____

City _____ State _____

Zip code _____

Zip code _____

Interpreter required? Yes No Language _____

Does the applicant use a mobility device? Yes No

Select all that apply: Cane Walker Wheelchair Powerchair/scooter Oxygen

Service animal Other _____

Reach out to the caregiver to begin the long-term RIDE eligibility process

Caregiver contact name _____ Caregiver phone _____

Emergency contact name _____ Emergency contact phone _____

PLEASE PRINT CLEARLY

REASON FOR REQUEST

Please specify dates of diagnosis, hospital stay, and/or relevant treatments for timely processing.

What is the applicant's emergency condition?

- Recent diagnosis of cancer Date of onset _____
- Recent diagnosis of kidney disease Date of onset _____
- Recent accident or injury Date of onset _____
- Recent unexpected surgery Date of onset _____
- Recent onset of seizures Date of onset _____
- Recent inpatient hospital/rehab Reason _____ Release date _____
- Other unexpected, recent, emergency condition Date of onset _____
Details of other condition _____

What life sustaining treatment does the applicant require?

- Chemotherapy / radiation When does treatment begin? _____
- Dialysis When does treatment begin? _____
- Surgery When does treatment begin? _____
- Other When does treatment begin? _____

Please share any other details relevant to the need for immediate, temporary, paratransit service.

When does the applicant need their 30-day Medical Necessity service to begin? (Please note that it takes 2 days to process this application.)

PLEASE PRINT CLEARLY

SUBMITTER INFORMATION

Facility/organization _____

Name _____ Title _____ Phone _____

Fax _____ Email _____

Preferred method to receive determination and RIDE ID number: Email Fax

Before submission, please read and check all of the following:

- I have checked with the applicant and/or caregiver that the contact information is accurate.
- I have informed the applicant that, if approved, this eligibility is a temporary one-time 30-day bridge with no extension to provide them transportation while going through the official RIDE eligibility process.
- I have informed the applicant that if they do not receive a phone call or email prompting next steps within 2 business days, they should call the Mobility Center at 617-222-3232 to begin the RIDE eligibility process.
- I understand that an incomplete application will result in a denial of Medical Necessity Eligibility.
- I understand that determinations on Medical Necessity Eligibility take up to 2 days for processing.
- I will provide the applicant with their RIDE ID number and next steps upon receipt of determination.