

## Medical Transportation

### SERVICE CATEGORY DEFINITION

#### Medical Transportation Services:

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers for transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Organization and use of volunteer drivers (though programs with insurance and other liability issues specifically addressed)
- A voucher or token system

### CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◇ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 500% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

## Medical Transportation

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### PERSONNEL QUALIFICATIONS

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Staff administering medical transportation services must possess a comprehensive knowledge of local transportation assistance options and internal medical transportation policies.

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### CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

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The overall treatment goal of medical transportation is to provide transportation services needed for people living with HIV/AIDS to ensure access to core and support services that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcome goals for medical transportation are:

- ◆ 80% of medical transportation files include the reason for each trip and its relation to accessing health and support services.
- ◆ 80% of medical transportation clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.

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SERVICE STANDARDS

Standard	Measure	Goal
1 Medical transportation client file includes a description of the level of services/number of trips provided.	Documentation of service evident in client chart.	80%
2 Medical transportation client file includes the reason for each trip and its relation to accessing health and support services	Documentation of allowable activities evident in client chart.	80%
3 If providing gas cards or taxi assistance, the medical transportation client file includes the trip origin and destination	Documentation of trip origin and destination evident in client chart.	80%
4 If providing gas cards, the mileage reimbursement does not exceed the federal reimbursement rate.	Documentation of federal reimbursement rate calculations evident in client chart.	80%
5 Medical Transportation client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart. (can be client self report)	80%
6 Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CAREWare Performance Measure.	80%

All standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

## Medical Transportation

### CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

### CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

### CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

### CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

### CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another provider the agency must honor the request from the client.

Appendix A: Service Delivery and Documentation Requirements

UNIVERSAL SERVICE DELIVERY REQUIREMENTS

**Vouchers**

Where direct provision of medical transportation is not possible or effective, vouchers, coupons, or tickets that can be exchanged for medical transportation services must be used.

Agencies must administer voucher programs in a manner which assures that vouchers cannot be used for anything other than the allowable medical transportation service, and that systems are in place to account for disbursed vouchers.

A medical transportation voucher is a public transportation ticket or pass, fuel-only reimbursement card, disability ID form, parking pass, or taxi pass.

**Allowable Appointments**

Medical transportation may only be provided to an eligible client to access HIV-related health services, which may include services needed to the maintain the client in HIV/AIDS medical care.

**Cost-Effectiveness**

Medical transportation must be provided in the most cost-effective manner that addresses the client's medical condition and timeliness concerns.

**Agency Policies and Protocols**

Agencies must have written Medical Transportation Services policies and protocols which are compliant with Ryan White program requirements.

SERVICE DELIVERY METHOD REQUIREMENTS

**Public Transportation:**

Agencies may distribute public transportation vouchers to clients to access allowable appointments. Agencies will be approved to either purchase public transportation vouchers directly and be reimbursed for those purchases or the Recipient/Grantee may choose to purchase and transfer vouchers to the agencies.

**Public Transportation Disability ID:**

The Recipient/Grantee may choose to distribute vouchers to agencies that clients may exchange for a public transportation disability ID at no cost to the client. The Recipient/Grantee will be directly billed for the costs of the vouchers.

## Appendix A: Service Delivery and Documentation Requirements

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### SERVICE DELIVERY METHOD REQUIREMENTS CONTINUED

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**Mileage Reimbursement:**

Agencies may reimburse clients with fuel-only vouchers for documented mileage driven in order to access allowable appointments. Agencies will be approved to either purchase fuel-only vouchers directly and be reimbursed for those purchases or, the Recipient/Grantee may choose to purchase and transfer fuel-only vouchers and distribute them to the agency.

**Parking Vouchers:**

Agencies may issue parking vouchers to clients to access an on-site allowable appointment.

**Transportation Services:**

When no other means of transportation is available or appropriate, agencies may provide taxi or other vouchers to clients in order to access allowable services.

\*All state licensure and insurance requirements must be followed.

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### DOCUMENTATION REQUIREMENTS

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Agencies must maintain organized files that document:

- The transportation method used to meet the transportation need;
- The level of services/number of trips provided;
- Trip origin and destination;
- Trip documentation from named destination points for mileage reimbursement;
- The reason for each trip and its relationship to accessing HIV-related health services, which may include services needed to maintain the client in HIV/AIDS medical care; and
- The cost per trip.

A sample medical transportation documentation form is included as *Appendix B*.

**Appendix B: Medical Transportation Form Sample**



Cleveland Transitional Grant Area- Ryan White Part A  
**Medical Transportation Form**

- 1. Service Date: \_\_\_\_\_
- 2. Client Name: \_\_\_\_\_ 3. CAREWare ID: \_\_\_\_\_
- 4. Was the client screened for other available resources for transportation services?  Yes  No

5. Form Directions- Check the box (A. – D.) for the type of assistance provided and complete related fields.

\*Services Accessed- Funds may be used to provide transportation services to an eligible client to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care.

**A. Public Transportation**

Service(s) Accessed*	Date(s)	Type of Bus Pass	Quantity	Pass/Voucher Number(s)
		RTA Daily Bus Pass (\$5.50)		
		RTA Daily Bus Pass- Disabled (\$2.75)		
		Other RTA Bus Pass (\$_____)		
		RTA ID Voucher- No value until exchanged for RTA ID	N/A	

**B. Fuel Card/Mileage Reimbursement** OR  **C. Cab/Taxi Voucher**

Service(s) Accessed*	Miles	Date	Starting Address	Destination Address

Total Miles: \_\_\_\_\_ Total Fuel Card/Mileage Reimbursement or Taxi/Cab Voucher Amount: \$\_\_\_\_\_

**D. Parking Voucher**

Service(s) Accessed*	Date(s)	Quantity

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_