

# Ryan White Part B

## Medical Transportation

# Service Standard

### Definition

Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or stay in core medical and support services. Medical Transportation Services must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service. Use of van, taxi vouchers, bus tokens, bus passes, gas cards, staff member or volunteers is acceptable.

### Purpose

To provide medical transportation services to eligible HIV positive clients to increase access and adherence to comprehensive HIV treatment.

### Key Activities

- Eligibility determination
- Assessment and reassessment of transportation needs
- Medical transportation plan
- Providing medical transportation
- Records management

### Unit of Service

A Medical Transportation “service unit” is defined as an instance where a client’s request for assistance is fully or partially satisfied using vouchers, gas cards, payments to an outside vendor, bus tokens, or transportation delivered by agency staff or volunteers. It should be documented as “medical transportation” in CAREWare (or other acceptable electronic records keeping system), with a corresponding dollar amount, if applicable. If staff time is used to transport a client, the service should be entered in the category in which that staff member is funded, and 15-minute increments should be used.

### Program Guidance

- Agencies may provide medical transportation through:
  - Contracts with providers of transportation services
  - Mileage reimbursement (through a non-cash system, e.g. gas cards) that enables clients to travel to needed medical or other support services, but must 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 (through programs with insurance and

- other liability issues specifically addressed)
- Voucher system
- Unallowable costs:
  - Direct cash payments or cash reimbursements to clients
  - Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
  - Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees
- The RWHAP is always the payor of last resort

## 1.0 Intake and Eligibility

### Purpose

To gather client information to determine eligibility and need for medical transportation services.

Standard	Measure	Documentation
1.1 Providers make referral for Medical Transportation Services.	1.1 Referral is made prior to initiation of service(s).	1.1 Referral, signed and dated by provider, in client's file
1.2 Medical transportation services are for HIV positive persons who demonstrate need for transportation services.	1.2 Client assessment demonstrating that client needs medical transportation services to remain in medical care or stay adherent to medications	1.2 Dated client assessment in client file
1.3 Eligibility screening and intake to be completed within 15 days of initial contact with client	1.3. Intake is documented to occur within the 15 days	1.3 Intake and eligibility screening, signed and dated by the provider, in client file.
1.4 Eligibility for medical transportation services for HIV positive persons will include: <ul style="list-style-type: none"> <li>● HIV diagnosis</li> <li>● Montana residency</li> <li>● Income &lt; or = to 500% of FPL</li> </ul>	1.4.a. Client has proof of eligibility requirements.  1.4.b. Client reports any changes to these criteria	1.4.a. Client's HIV diagnosis, Montana residency, and proof of low income (most current 1040 tax return) included in client file  1.4.b. Any changes to client's residency, income and/or insurance coverage in client file
1.5 Client must be certified every six months to continue	1.5 Recertification is completed by provider every six months.	1.5 Signed and dated recertification in client file

to receive RW services. There is no grace period.		
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## 2.0 Assessment and Reassessment

### Purpose:

The focus of the assessment is to evaluate the client’s transportation needs and to eliminate barriers to accessing services. Information obtained from the assessment is used to assist in accessing services.

Standard	Measure	Documentation
2.1 Working collaboratively with the client, the case manager assesses the client’s transportation needs.	2.1.a Assessment of transportation needs is conducted at the client’s request or a barrier to access is identified.  2.1.b The case manager should employ reasonable due diligence to evaluate the appropriateness of the transportation be requested by the client.	2.1 The case manager will document assessment in client file.
2.2 Agency will follow and disseminate transportation policy and procedures.	2.2 Case managers review policies and procedures with the client.	2.2 Agencies transportation policies and procedures are on file.

## 3.0 Medical Transportation Plan

### Purpose:

Providers develop an individualized service plan that supports need for Medical Transportation Services. The Medical Transportation Plan may be a sub-component of the client’s overall Care Plan.

Standard	Measure	Documentation
3.1 Providers must assess needs and status of each client receiving medical transportation services.	3.1 Provider assesses client needs.	3.1 In the client’s case notes, the provider will document medical transportation services with corresponding service units and dollar amounts.

3.2 Provider reassesses client need for service on a regular basis.	3.3 Provider will track assessment of client need.	3.3 Provider tracks additional assessments in case notes within the Comprehensive Assessment, Service Plan, or Service Plan Reassessment.
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#### 4.0 Providing Medical Transportation

Purpose: Providers should provide for the safest, most cost-effective means of medical transportation to accommodate access to primary medical care or other core or support services. Medical Transportation Services may involve public transit, commercial transit, volunteers, and private transportation.

Standard	Measure	Documentation
4.1 Working collaboratively with the client, the provider will accommodate safe, cost-effective access to primary medical care, or other core or support services.	<p>4.1.a Providers evaluate the type of medical transportation best suited to the needs of the client.</p> <p>4.1.b. If staff or volunteers are used as drivers, the driver must demonstrate that he/she maintains the following:</p> <ul style="list-style-type: none"> <li>• A current, valid Montana Driver’s License, with a copy kept on file</li> <li>• Vehicle liability insurance coverage on their vehicle</li> <li>• Current Montana registration and license plates (for staff and volunteers).</li> </ul> <p>4.1.c Staff and volunteers who transport clients understand their responsibilities and obligations in the event of an accident, including the extent of their liability.</p>	<p>4.1.a., b., and c. Provider records must include the following documentation:</p> <ul style="list-style-type: none"> <li>• Evidence of valid driver’s license for all staff and volunteers providing direct transportation</li> <li>• Evidence of vehicle liability insurance</li> <li>• Evidence of Montana vehicle registration</li> <li>• Signed and dated form on file that outlines responsibilities, obligations, and liabilities of each staff or volunteer that provides medical transportation.</li> </ul>

## 5.0 Distribution of Vouchers or Passes

Purpose: The provider will assure procedures are in place regarding use and distribution of vouchers, tokens, bus passes, and/or other types of public transportation.

Standard	Measure	Documentation
5.1 A system is in place to account for the purchase and distribution of vouchers, tokens, or passes.	5.1.a. Provider maintains a system for documenting the purchase and distribution of vouchers, tokens, or passes.  5.1.b. A security system is in place for storage of, and access to, vouchers, tokens, and passes.	5.1.a, b, and c. Proof of purchase and distribution of vouchers, tokens, or passes in client file.
5.2 Provider does not provide direct transportation services to clients in need of emergency medical care and there is a policy to address this.	5.2 Provider has a policy in place that clearly states provider will not provide direct transportation services to clients in need of emergency medical care.	5.2 Transportation policy regarding emergency medical care on file.

## 4.0 Transition and Discharge

Please refer to general Transition and Discharge Policy in the introductory section of Service Standards, located in the Ryan White Program's Principles of Practice.

## 5.0 Case Closure

Please refer to general Case Closure Policy in the introductory section of Service Standards, located in the Ryan White Program's Principles of Practice.

## 6.0 Records Management

### Purpose

Documentation is proof of evidence that client received Medical Transportation services. Vouchers must be securely stored and securely transferred with limited staff access. Providers will keep these vouchers in locked and secure storage. Further discussion of Records Management criteria, determination, and documentation are in Universal Standards (HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B; April, 2013)

Standard	Measure	Documentation
<p>6.1 Medical Transportation Service records will reflect compliance with standards outlined above. Records are complete accurate, confidential, secure.</p>	<p>6.1.a. Provider will maintain records for each client served.</p> <p>6.1.b. Provider will track utilization of assistance.</p>	<p>6.1.a. Medical Transportation Records include:</p> <ul style="list-style-type: none"> <li>• Date client received assistance</li> <li>• Documentation that client meets eligibility criteria</li> <li>• Copy of check, voucher or receipt of assistance provided</li> </ul> <p>6.1.b. Using CAREWare (or other acceptable electronic records keeping system), provider will document services with corresponding service units and dollar amount in client file.</p> <p>6.1.c. If using gas cards, client must provide receipt of gas purchase.</p>
<p>6.2 Provider will develop policy to ensure security of vouchers.</p>	<p>6.2.a. Provider has policy ensuring security of vouchers.</p> <p>6.2.b. Staff is aware of policy and procedures.</p>	<p>6.2 Policy and procedures on file.</p>
<p>6.3 Provider tracks distribution of vouchers, etc.</p>	<p>6.3 Provider has system in place to track distribution of vouchers, etc.</p>	<p>6.3 Provider will document assistance provided in a tracking system such as ECWorks or CAREWare, along with notes in the client file.</p>
<p>6.4 Provider verifies that the client used medical transportation services to access medical or supportive services.</p>	<p>6.4 Provider has system in place to verify that client used medical transportation services to access medical or supportive services.</p>	<p>6.4 If using gas cards, client must provide receipt of gas purchase.</p>



## 7.0 Staff Qualifications

Standard	Measure	Documentation
7.1 Staff must have a minimum of a high school diploma, but a college degree is preferred.	7.1 High school diploma or college degree(s)	7.1 Degrees, certificates and/or curriculum vitae in personnel file.
7.2.a. Staff must complete minimum training requirements in the following areas: <ul style="list-style-type: none"><li>• HIV prevention and clinical issues</li><li>• Sexually transmitted diseases prevention and clinical issues</li><li>• Fundamentals of HIV testing</li></ul>	7.2.a. Staff educators have completed minimum training requirements will provide complete minimum training requirements.	7.2.a. Certificates and/or other proof that staff have completed minimum training requirements in personnel file.

## 8.0 Grievance Policy

Please refer to general Grievance Policy in the introductory section of Service Standards, located in the Ryan White Program's Principles of Practice.

## 9.0 Cultural and Linguistic Competency

Please refer to general Cultural and Linguistic Competency Policy in the introductory section of Service Standards, located in the Ryan White Program's Principles of Practice.

## 10.0 Client Rights and Responsibilities

Please refer to general Cultural and Linguistic Competency Policy in the introductory section of Service Standards, located in the Ryan White Program's Principles of Practice.

## 11.0 Secure Client Records, Privacy, and Confidentiality

Please refer to general Secure Client Records, Privacy, and Confidentiality Policy in the introductory section of Service Standards, located in the Ryan White Program's Principles of Practice.

## 12.0 Quality Management

- Number of vouchers or tokens provided
- Number of individual clients provided transportation services
- Percentage of persons receiving medical services who have attended at least two medical appointments in a 12-month period that are six months apart, as evidenced by a CD4 and/or viral load test(s)