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## Introduction

This document describes the “Medical Transportation” service category funded through the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care document (USOC) also released by the County of Santa Clara HIV Commission and Public Health Department (SCCPHD). This document highlights each of the requirements and standards that apply to Medical Transportation Services and must be followed by any provider receiving RW funding for this service category. These standards must be met or exceeded for all RW services in all jurisdictions. It is responsibility of the service providers to be familiar with the USOC. The Recipient is responsible for applying these standards through their service contracting process on an ongoing basis at the individual service provider level throughout the funding cycle.

**Definition:** 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. <sup>1</sup>

**Purpose:** The purpose of Medical Transportation is provide allowable transportation resources to eligible clients who otherwise could not access the core and support services needed to meet medical needs and support needs.

**Goals:** Medical Transportation Services are intended to remove transportation barriers preventing clients from accessing necessary HIV-related health and support services.

**Key Activities:**

- Contracts with providers of transportation services
  
- Voucher or token systems for ride-limited vouchers (i.e. not monthly unlimited passes) except in cases where it can be demonstrated that a monthly pass would be more cost-effective to enable access to medical and support services
  
- Mileage reimbursement (through a non-cash system, e.g. gas cards, etc.) that enables clients to travel to needed medical or other support services
  - Reimbursement should NOT exceed the established rates for federal programs
  
- Purchase or lease of organizational vehicles for client transportation programs
  - The recipient must receive prior approval from Office of AIDS (OA) and Health Resources Services Administration (HRSA) for the purchase of a

vehicle

- Organization and use of volunteer drivers
  - Programs must specifically address insurance and other liability issues <sup>2</sup>

Cost for transportation for providers or case managers to provide care should be categorized under the service being provided.

## Unallowable Activities

Unallowable costs include:

- 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 <sup>1</sup>

### ***Monitoring***

**Unallowable Cost** – Verification that funds are being used only for allowable costs will be conducted via submission of budgets, invoices, and site visit.

## Requirements

### **1.0 ARIES**

Standards identified in Universal Standards of Care (USOC 1)

### **2.0 Intake**

Standards identified in Universal Standards of Care (USOC 2)

### **3.0 Recertification**

Standards identified in Universal Standards of Care (USOC 3)

## 4.0 Care and Treatment

### 4.1 Intake and Assessment

<p>The Medical Transportation provider must ensure that the client intake has been performed at the start of service provision, and if it has not been performed an intake is necessary. Medical Transportation Services must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients. See the Universal Standards of Care for intake requirements.</p>		
	Standard	Measure
4.1.1	<p><b>Intake:</b> Intake shall take place as soon as possible, at <b>maximum within five (5) business</b> days of referral or initial client contact.</p>	<p>Documentation of intake See USOC 2</p>
4.1.2	<p><b>Transportation Assessment:</b> Client needs for transportation will be assessed. Assessment will be completed prior to the first health care appointment for which services are needed.</p>	<p>Documentation of timely transportation assessment in client chart.</p>
4.1.3	<p><b>Mode of transportation:</b> Provider shall determine the client’s needs including:</p> <ul style="list-style-type: none"> <li>• Client’s ability to afford gas</li> <li>• Client’s ability to operate a vehicle</li> <li>• Client’s ability to navigate public transportation system</li> <li>• Accessibility of health care appointments by the public transportation systems</li> </ul>	<p>Documentation of client’s Mode of Transportation Assessment</p>
4.1.4	<p><b>Re-assessments:</b> it shall occur at every six months and periodically as the client’s needs change.</p>	<p>Documentation of reassessments at minimum once every <b>six (6) months.</b></p>

**4.2 Approved transportation Methods**

#	Standard	Measure
4.2.1	<b>Contracts:</b> Transportation services may be provided via contract or other local procurement mechanism that directly compensates the provider, including ride share, taxi, or van services. Provider has responsibility to complying with USOC 4.	Documentation of established contract, if applicable.
4.2.2	<b>Vouchers/Tokens:</b> Clients may be provided with vouchers or tokens for use on public transportation systems. The vouchers or tokens must be trackable through serial number or other method. Clients shall NOT be provided with cash payments for public transportation.	Documentation of established voucher or token system, if applicable. Tracking mechanism for the distribution of vouchers
4.2.3	<b>Mileage Reimbursement:</b> Clients using their own vehicle to access HIV-related medical or support services may receive gas voucher to help defray the cost. Clients must keep a record of trips to be reimbursed, including mileage and purpose. Reimbursement may NOT be provided by cash (or equivalent), nor exceed the established rates for federal programs as described in the <a href="#">Federal Travel Regulations</a> . The following expenses are not eligible for reimbursement: <ul style="list-style-type: none"> <li>• Parking</li> <li>• Tires, vehicle maintenance, or repairs</li> <li>• Lease or loan payments</li> <li>• Insurance</li> <li>• License or registration fees</li> </ul>	Documentation of client reimbursement record, if applicable.
4.2.4	<b>Case Closure:</b> Service providers should have a case closure protocol on file. The reason for case closure must be properly documented in each client’s file.	Documentation of case closure protocol and reason for case closure in client’s file.

***Monitoring***

**Documentation** – All clients served by Medical Transportation services must be entered in ARIES; necessity of services will be monitored via chart review during site visits. Provision of benefits through direct provider compensation (i.e. service contracts, etc.) or vouchers/tokens must adhere to above standards and be appropriately documented in agency records and/or client charts, available for review upon request.

## 5.0 Service Access, Management, and Closure

Standards identified in Universal Standards of Care (USOC 5)

## 6.0 Grievances

Standards identified in Universal Standards of Care (USOC 6)

## 7.0 Client Rights, Responsibilities, & Confidentiality

Standards identified in Universal Standards of Care (USOC 7)

## 8.0 Staff Requirements and Qualifications

### 8.1 Staff Requirements

#### 8.1.2 Education/Experience/Supervision

Medical Transportation Services may be provided directly by provider staff or volunteers, or by staff of an outside company/agency (i.e., taxi service, ride share such as Lyft, paratransit).

There are no minimum educational standards. See the Universal Standards of Care for Staff Requirements and Qualifications (USOC 8). Agency staff providing medical transportation must:

<b>8.1.2.1</b>	Have a valid California Driver’s License with any endorsements required by California law (e.g., passenger endorsement if driving vehicles designed for more than 10 passengers)
<b>8.1.2.2</b>	Hold the minimum required amount of automobile insurance as required by law
<b>8.1.2.3</b>	Be enrolled in the <a href="#">Employer Pull Notice</a> program and affiliated with the agency’s requester code.
<b>8.1.2.4</b>	Write policies and procedures for a volunteer driver system.

#### *Monitoring*

**Qualifications** – Existence of valid California Driver’s Licenses, minimum automobile insurance, and proper enrollment in the Employer Pull Notice program will be monitored through personnel file review during site visits.

### 8.1.3 Staff Orientation and Training

	See USOC 8 for more information
8.1.3.1	<p><b>Initial training:</b> All staff providing Medical Transportation Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed <b>within 30 days of hire</b>. Topics must include:</p> <ul style="list-style-type: none"> <li>• General HIV knowledge, including HIV transmission</li> <li>• Universal precautions</li> <li>• Privacy requirements</li> </ul>
8.1.3.2	<p><b>Additional training:</b> Staff who directly provide Medical Transportation Services must also receive initial and ongoing safety training as appropriate for their position and required by federal, state, or local regulations. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes. Topics must include:</p> <ul style="list-style-type: none"> <li>• Emergency equipment</li> <li>• Defensive driving</li> <li>• Cardiopulmonary Resuscitation (CPR) and first aid (renewed every two years)</li> <li>• Pre-trip inspections</li> </ul>

## 8.2 Qualifications

### 8.2.1 Vehicles

	Any agency or staff vehicles used for client transportation must be registered, insured, and in safe operating condition. They must be equipped with seat belts and other safety equipment as appropriate.
8.2.1.1	<p><b>Children:</b> If children are transported, child safety seats must be provided and all staff and volunteers transporting children must be trained on how to properly install and use the seat. Seat type, installation, and use must comply with California state law.</p>
8.2.1.2	<p><b>Disabled clients:</b> Disabled clients must be transported in Americans with Disability Act (ADA)-compliant vehicles, and all staff and volunteers transporting clients with disabilities must be trained on how to properly and safely transport these clients.</p>

#### **Monitoring**

**Vehicles** – Appropriate registration and safety of vehicles, as well as presence of child safety seats or ADA-compliant equipment and written policies and procedures when applicable, will be monitored through direct observation during site visits.



### 8.2.2 Transportation Regulations

8.2.2.1	All vehicles must be registered and properly insured.	Registration and Insurance stored in the agency vehicle
8.2.2.2	All drivers transporting clients must hold a valid California driver’s license and automobile insurance consistent with state minimum requirements.  All drivers must be aware of their responsibility in the event of an accident.	Personnel files of paid and volunteer drivers contain documents indicating valid driver’s licenses  Written accident policy on file
8.2.2.3	All clients must be accommodated under the medical transportation funds. The agency must seek alternative methods for transporting clients who cannot be accommodated with the agency’s primary transportation service delivery method.	Record of service delivery in the client file
8.2.2.4	The agency must document transportation of all approved methods. Documentation must include: <ul style="list-style-type: none"> <li>• Method</li> <li>• Destination/origin</li> <li>• Type of Appointment (Reason)</li> <li>• Date of Service(s)</li> <li>• Units of Service (One Way/Two Way)</li> <li>• Cost</li> </ul>	Record of service delivery in the client file  Completed tracking log for transportation services maintained at agencies location Receipts and vouchers maintained at the agency
8.2.2.5	Alternative transportation methods (i.e. Medicaid) must be used prior to the use of Medical Transportation funds.	Program review and monitoring to confirm. Record of application in client’s files

## 9.0 Cultural and Linguistic Competency

Standards identified in Universal Standards of Care (USOC 9)

## 10.0 Fiscal Responsibility

### 10.1 Fiscal Management

There are additional requirements when utilizing vouchers, gas cards, taxi tokens, or bus tickets or passes.	
Provider has the responsibility to complying with USOC 10.	
10.1.1	<ul style="list-style-type: none"> <li>Providers must ensure that vouchers or store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services.</li> </ul>
10.1.2	<ul style="list-style-type: none"> <li>General-use prepaid cards are considered equivalent to cash and are therefore unallowable. Such cards generally bear the logo of a payment network (e.g., Visa, MasterCard, or American Express) and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</li> </ul>
10.1.3	<ul style="list-style-type: none"> <li>Providers must have systems in place to account for disbursed vouchers. The systems must track client’s name, staff person who distributed the voucher, date of the disbursement, voucher dollar amount, voucher serial number, and confirmation that the client went to their medical or support services appointment. These data elements can be tracked on the AIDS Regional Information and Evaluation System (ARIES) Services screen if no other tracking system is available.</li> </ul>
10.1.4	<ul style="list-style-type: none"> <li>Providers should only buy vouchers in amounts that are reasonable for use in the contract year. In no case should use of vouchers lead to monies being held over to future contract years.</li> </ul>

#### ***Monitoring***

**Fiscal Management** – Management of vouchers per the bullet points above will be monitored through agency submission of written policies and procedures for accounting of disbursed vouchers, desk audit of submitted budgets and invoices related to purchase of specific types of vouchers or gift cards, and site visit verification of the use of these products.

## **11.0 Licensure and Assurance**

Standards identified in Universal Standards of Care (USOC 11)

## **12.0 Continuous Quality Improvement**

Standards identified in Universal Standards of Care (USOC 12)

**References and Published Guidelines:**

1. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. Policy Clarification Notice (PCN) #16-02
2. California Department of Public Health (CDPH) Office of AIDS (OA) HIV Care Program (HCP) Standards of Care: Medical Transportation. June 10, 2018.
3. Ryan White Title I Standards of Care for Transportation. Approved by the Santa Clara County HIV Health Services Planning Council. Date needed?
4. Los Angeles County Commission on HIV, Standards of Care, Transportation Services. June 8, 2006 [http://www.hivcommission-la.info/cms1\\_045913.pdf](http://www.hivcommission-la.info/cms1_045913.pdf)
5. Medical Transportation Standards of Care for Ryan White Act-Funded Services in Orange County. March 1, 2010.
6. Norfolk TGA Ryan White Part A Medical Transportation Services Service Standard. May 18, 2017.
7. Part A/MAI and Part C: Standards of Care for HIV Services, Marion County Public Health Department Ryan White HIV Services Program. March 15, 2017.
8. Ryan White Program Service Area Standards: Medical Transportation.