

Ryan White Program
Service Area Standards: Medical Transportation
Approved October 11, 2016

Purpose. Medical Transportation Services Standards are to ensure that uniformity of service exists in Minnesota such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard. The purpose of Medical Transportation Services Standards is to address transportation needs so that a person is able to engage in and maintain participation in HIV medical care.

HRSA 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.

Program Guidance: Medical transportation may be provided through:

- Contracts with providers of 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)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

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

All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

| Standard | Measure | Data Source |
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| <p>Medical Transportation Services Standards</p> <p>1. Service Provision Policy & Procedure will address the following:</p> <p>1.1 Ensure that transportation is not a barrier for clients in receiving core medical services</p> <p>1.2 The policy will apply everywhere in the state whenever possible</p> <p>1.3 Mileage reimbursement in the form of gas cards.</p> <ul style="list-style-type: none"> • Mileage Reimbursement Rate: The mileage rate will be uniform throughout the state and will be decided annually at a meeting of Providers • Mileage Reimbursement Cap: there will be a monthly cap on the amount clients can receive decided annually at a meeting of the Providers <p>1.4 Transportation funds will be used for core medical services and Ryan White fundable supportive services that address barriers to accessing primary medical care</p> <p>1.5 Priority destinations: Top priority for transportation is access to core HIV medical appointments</p> <ul style="list-style-type: none"> • Providers will ensure transportation will be available to access primary medical care. • Other core HIV medical services include mental health, pharmacy, oral health care, medical case management, substance abuse outpatient, and medical nutrition therapy • Ryan White eligible support services include health education/risk reduction, psychosocial support, food shelf, congregate meals, benefits counseling, legal and outreach services. • Each client is limited to a certain number of rides (bus cards, mileage, etc) based on the number of medical appointments they have, number of ‘no shows,’ and mobility status • A client’s need to access Ryan White eligible core medical services is the justification for the number of bus cards distributed (with a limit of two \$10 bus cards per month in the 7 county metro area) • Transportation Access Program Managers have the authority to determine exceptions based on need <p>1.6. Duplication of transportation services will be addressed (and avoided). Providers will work together to ensure that clients do not receive transportation services from multiple providers. If a client is getting services from another provider such as a medical care clinic, case management, etc. providers will</p> | <p>1.1-1.6 Policy and Procedure in Program Files.</p> | <p>1.1-1.6 File review/Site visits</p> |

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| communicate with each other to determine which provider will take responsibility for providing transportation services to the client. | | |
| <p>Medical Transportation Services Standards: 2. Resource Management Policy</p> <ul style="list-style-type: none"> • All providers will have a system to monitor resources in a way that ensures clients have transportation to HIV medical appointments. This system will include a mechanism to record utilization of funds and demonstrate payer of last resort (annually or whenever the client’s situation changes) • Providers will document that clients have been informed of transportation utilization policies and one provider policy (ongoing) or Clients will indicate that they are informed of transportation utilization policies • Grantees will monitor adherence to DHS, HRSA, and Hennepin County transportation policies | <p>2. Policy and Procedure in Program Files. Client indication that they were informed of utilization policy documented in client files.</p> | <p>2. File Review/Site Visits</p> |
| <p>Medical Transportation Services Standards: 3. Screening & Coordination</p> <ul style="list-style-type: none"> • The provider must screen for medical transportation eligibility by assessing level of need and determining if consumer has other means of transportation. Based on screening, the provider can determine what type of medical transportation is appropriate. • Client must be screened for duplication of services. • Client must be screened for eligibility for Metro Transit Limited Mobility Program. If eligible, provider must assist client with the application. More information for the metro area may be found at http://www.metrotransit.org/fares https://www.metrotransit.org/Data/Sites/1/media/pdfs/limitedmobility/limited-mobility-application-electronic-copy.pdf | <p>3. Screening Tool in Program Files.</p> | <p>3. File Review/Site Visits</p> |
| <p>Medical Transportation Services Standards: 4. Direct Transportation Providers</p> <p>4.1 Drivers must have, at minimum, a valid driver’s license. The provider must verify the driving records of all drivers once a year.</p> <p>4.2 All vehicles used in medical transportation must have appropriate, updated registration and insurances.</p> <p>4.3 All vehicles used in medical transportation must have regular maintenance and inspections according to the vehicle’s maintenance schedule.</p> | <p>4.1-4.6 Documentation in Program and Client Files.</p> | <p>4.1-4.6 File Review/Site Visits</p> |

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| <p>4.4 All vehicles used in medical transportation must have standard safety equipment in compliance with federal and state laws.</p> <p>4.5 The provider must ensure that medical transportation services are available to those with disabilities who may require assistive devices.</p> <p>4.6 The provider must offer curb-to-curb transportation services to consumers with disabilities.</p> | | |