



# Medical Transportation Services

## 2012 Service Area Review Summary

HRSA Support Service

Essential Access Service-  
Continuum of Care

Comprehensive Plan—YES

**Medical Transportation Services** - includes conveyance services provided, directly or through voucher, to a client so that he or she may access health care services. Priority will be given in the order of 1) medical appointments, 2) core medical services, and 3) support services.

There are currently 11 contracts with metro providers and 2 contracts with greater MN providers to serve 5,993 and 221 clients respectively.

### DATA SUMMARY HIGHLIGHTS

In the CAEAR Coalition/NAPWA HIV Consumer Needs Survey, when asked “Which services have made a difference in your ability to start receiving primary medical care and to continue receiving that care?”, the 53 Minnesota respondents ranked transportation services fourth overall.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 60% of the 509 respondents indicated that they had not obtained transportation assistance to access health care services within the past year. Of those who had not accessed transportation services in the past year (n=303), thirty-eight people (13%) indicated that they needed to obtain transportation assistance in the past year. The barriers or reasons listed by those people who needed to but were unable to access transportation assistance during the past year included not enough funding, services reduced (15), did not know how to access (8), limited/no availability (5), and busses are inconvenient (4). It should also be noted that 11% of the respondents in the needs assessment live outside of the transitional grant area.

Transportation issues were consistently listed as a barrier or reason people were unable to access services during the past twelve months. It was the most significant barrier mentioned for those unable to access outpatient/ambulatory medical care. Transportation was the third most significant barrier mentioned by those unable to access mental health services and fourth among those unable to access medical case management services.

Transportation is often NOT included in high-risk insurance pool plans. In addition, there were significant changes to the MNET system in 2011 restricting transportation options.

It should be noted that the transportation options that exist in the transitional grant area are significantly different than those options available in Greater Minnesota.

### CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
9 out of 26 service areas	5 out of 25 service areas

### ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$503,300	5%		
2010	\$479,300	(3%)	\$453,782	95%
2009	\$496,100	6%	\$486,776	98%

### UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	1,423	21% (n=6,814)	34% (n=4,131)
2009	1,445	22% (n=6,552)	39% (n=3,700)
2008	1,455	23% (n=6,221)	31% (n=4,713)

### ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=509)			
Accessed Service in last 12 months - n=206 - 40%		Did NOT Access Service in last 12 months - n=303 or 60%	
		Did not Need service n=265	Needed service, but unable to access n=38
		87%	13%



# Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—  
Continuum of Care

Comprehensive Plan—  
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

## DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

## CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

## ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

## UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

## ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%