

SERVICE STANDARDS FOR MEDICAL TRANSPORTATION

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The Ryan White HIV/AIDS Program (RWHAP) is funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and is administered by the U.S. Department of Health and Human Services (HHS) in the Health Resources and Services Administration (HRSA) within the HIV/AIDS Bureau (HAB).

I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC EMA such that clients of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all clients and will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

The goal of Medical Transportation is to increase access to health care services for people living with HIV in the Washington, DC Eligible Metropolitan Area (EMA).

III. SERVICE DESCRIPTION

Medical Transportation is the provision of non-emergency 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 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

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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

IV. HRSA NATIONAL MONITORING STANDARDS AND PERFORMANCE MEASURE/METHOD

The National Monitoring Standards are designed to ensure that Ryan White service providers meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Ryan White service providers will work with the recipient/administrative agent in their respective jurisdiction to further discuss the implementation of the National Monitoring Standards and the required performance measures. For this service category, the following performance measures are required:

Documentation that:

- medical transportation services are used only to enable an eligible individual to access HIV-related health and support services
- Services are provided through one of the following methods:
 - A. A contract or some other local procurement mechanism with a provider of transportation services
 - B. A voucher or token system that allows for tracking the distribution of the vouchers or tokens
 - C. A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates
 - D. A system of volunteer drivers, where insurance and other liability issues are addressed
 - E. Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA/HAB for the purchase

V. PROVIDER AGENCY POLICIES & PROCEDURES

- A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency, **if required.**
- B. Staff must meet minimum qualifications detailed in the job description and service standards.
- C. Services will be provided through the facility or through a written affiliation agreement.
- D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- E. **Confidentiality Policy** - All providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA (Health Insurance Portability and Accountability Act) requirements.
- F. There will be a private confidential office space for seeing clients.
- G. **Cultural and Linguistic Appropriateness** – The agency will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Further information on the National CLAS Standards are located at www.thinkculturalhealth.hhs.gov. Agencies are to ensure that culturally sensitive and linguistically appropriate services are available in the client’s preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- H. **Americans with Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met.
- I. **Client Consent** – Signed consent must be obtained from client prior to initiating services.
- J. **Release of Information** - Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid.
- K. **Grievance Policy**- All providers must review the policy with the client and provide a copy in a language and format the client can understand.
- L. The Agency must have a written **Emergency Continuity of Operation Plan (COOP)** that includes procedures for service provision during a wide range of emergencies, including localized acts of nature, fire, bomb threat, evacuation, accidents, technological or attack-related emergencies and natural disasters.
- M. Service providers must receive training/education annually in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as “Prevention with Positives”.
- N. A **Quality Management Plan** shall be developed for HIV-specific patient care. This plan must be updated annually.
- O. Agencies must maintain linkages via detailed Memoranda of Understanding/Agreement (MOUs/MOAs) among

- other agencies to enhance the coordination of service provision.
- P. The agency must demonstrate input from clients via a client satisfaction survey or similar method at least annually.
 - Q. **Continuity of Care** - Agencies must ensure that service provision occurs regardless of staffing changes, shortages and closures. Clients must also be made fully aware of business operating hours and any changes, as needed.

VI. ACCESSIBILITY IN SERVICE DELIVERY

- A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate in accordance to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- C. There will be no barriers due to language differences between the provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- D. Eighty percent (80%) of all persons initially seeking services will be established into the care system of the provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

VII. RIGHTS AND RESPONSIBILITIES

AGENCY/PROVIDER

- A. Agencies funded for Ryan White services shall have the ability to provide service in non-English languages when twenty percent (20%) or more of the clients speak a specifically identified language and must provide information for clients in that language or arrange for a certified interpreter.
- B. All written materials must be printed in a language that is understandable to the client and must be written at no higher than a 5th grade reading level.
- C. The agency will have a Clients Rights Statement posted and available to the client upon request.
- D. The agency will have a Consent for Services Form, which is dated and signed by the client or person legally able to give consent. This form will be signed by the client upon initial intake, and at least annually thereafter.
- E. The agency will have a Release of Information Form that is specific to the type of information released/exchanged, the agency to which the information will be shared, and the length of time during which the consent is valid. This form is used as needed and is signed by the client or person legally able to give consent.
- F. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand as stated in A.
- G. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
- H. Agencies must provide clients with complete and accurate information about services provided.

CLIENT

- I. Clients have the right to be treated with dignity and respect. Clients have the responsibility to treat other clients and agency staff/volunteers with dignity and respect.
- J. Clients have the right to refuse services and receive a full explanation of the consequences of refusing services.
- K. Clients must be an active participant in the development, implementation, coordination and monitoring of their individual service plans. Clients must be provided with complete and accurate information about services received.
- L. Clients are responsible for providing complete and accurate insurance, medical, financial and other eligibility information.
- M. Clients are responsible for respecting the confidentiality of other clients receiving services.
- N. Clients have the right to file a grievance if they feel their rights are being violated. Clients are responsible for following the proper procedures as outlined for grievances against any services, organization, or employee of organization.
- O. Clients have the responsibility to keep illegal drugs, alcohol and weapons off agency property.

SERVICES MAY BE DISCONTINUED OR DENIED WHEN:

- P. The client refuses to sign a Consent for Services and Release of Information Form.
- Q. The client violates the rights of other clients or staff/volunteers
- R. The client is involved in illegal activities on agency property
- S. The client does not provide accurate insurance, medical, financial or benefits information
- T. The client is receiving duplicate services from multiple providers.
- U. The client is no longer eligible for Ryan White Services.

VIII. SERVICE DELIVERY COMPONENTS AND ACTIVITIES

A. INITIAL ELIGIBILITY DETERMINATION & ANNUAL RECERTIFICATION REQUIREMENTS

- 1. Proof of HIV diagnosis (Confirmatory HIV test [multi-spot, P24antigen, western blot], Viral load within 6 months, or written statement from treating physician).
- 2. Proof of residence (Current lease mortgage statement or deed settlement agreement, current driver's license/government identification, current voter registration card, current notice of Decision from Medicaid, Fuel/utility bill (past 90 days), property tax bill or statement (past 60 days), rent receipt (past 90 days), pay stubs or bank statement with your name and address (past 30 days), letter from another government agency with your name and address, active (unexpired) homeowners or renters insurance policy, DC Healthcare Alliance Proof of DC Residency Form, if homeless; letter from service provider on agency letterhead or homeless verification form.
- 3. Verification of income/gross annual income (must be less than or equal to 500% of the Federal Poverty Level [FPL]) as required by the Recipient.
- 4. Insurance verification as proof of un-insured or under-insured status.
- 5. Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare. Providers are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.
- 6. For under-insured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare.
- 7. Proof of compliance with eligibility determination as defined by the jurisdiction.
- 8. Living arrangements/Household size
- 9. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services

B. INTAKE

To collect demographic information and establish a care relationship. Intake may be done by an Intake specialist or non-medical case manager. Only one intake per agency is required. The client intake must include the following:

- 1. Date of intake
- 2. Name and signature of person completing intake
- 3. Client name, address and phone number
- 4. Referral source, if appropriate
- 5. Language(s) spoken and/or preferred language of communication
- 6. Literacy level (client self-report)
- 7. Emergency contact information
- 8. Communication method to be used for follow-up
- 9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
- 10. Veteran status
- 11. Any other data required for the CareWare system
- 12. Any other service-specific data.
- 13. Documented explanation about the services available within the provider agency and within the Ryan White Program.

C. TRANSPORTATION ASSESSMENT

Proper assessment of client need is fundamental to transportation services. Transportation assessment is required for all persons receiving transportation services, except those receiving one-time urgent van transportation. Client self-report is acceptable in completing an assessment. However, staff shall use their

best judgment in conducting the assessment and may ask for additional information and documentation to verify information gathered by client self-report.

Eligibility for Transportation Services. The provider shall determine whether the client has known upcoming health care appointments for which he/she has no other source of transportation.

Mode of Transportation.

The provider shall obtain the necessary information to determine the mode of transportation that best meets the client's needs including:

- a. Client's access to other transportation resources, including but not limited to, transportation provided by friends and family, skilled nursing facility, insurance, medical provider, residential treatment program
- b. Client's ability to afford gas
- c. Client's ability to operate a vehicle
- d. Client's ability to navigate public transportation system
- e. Accessibility of health care appointments by public transportation system
- f. Client's ability to utilize State/County/Jurisdictional specialized access services.
- g. Client eligibility for reduced fare transportation services including Senior/Disabled bus passes and other fare coupons

D. TRANSPORTATION MANAGEMENT

Once client intake and assessment has been conducted, the provider may provide medical transportation services to the client. Service management shall be consistent with the following principles.

- a. Medical transportation services must be provided in conjunction with a known upcoming health care appointment.
- b. Medical transportation in the form of bus passes may be provided to clients who have cars but cannot afford gas.
- c. Medical transportation taxi services shall be utilized only as a last resort and shall only be provided for transportation to and/or from medical services.
- d. Vehicles shall be maintained in accordance with vehicle owner's manual.
- e. Providers shall conduct a weekly pre-trip inspection of vehicles

E. RE-CERTIFICATION (six months) REQUIREMENTS

To maintain eligibility for Ryan White services, the client (while active), must complete the sixth-month recertification process to verify the following information:

- Proof of residence
- Low income documentation
- Un-insured or under-insured status (Insurance verification as proof)
- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare

Note: At six month recertification one of the following is acceptable: full application and documentation, self-attestation of no change or self- attestation of change with documentation.

F. PROCEDURE FOR MISSED APPOINTMENTS

- The client must be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
- The provider must attempt to reach the client no less than 2 times during a one-week period using the client-identified preferred contact method.
- Documentation of attempts to contact client must be noted in case file.

G. TRANSITION & DISCHARGE/CASE CLOSURE

Case Closure/Discharge

1. Reasonable efforts must be made to retain the client in services by phone, letter and/or any communication method agreed upon by the client. These efforts must be documented in the client's record.

2. The provider will make appropriate referrals and provide contacts for follow-up.
3. The provider must document date and reasons for closure of case including but not limited to:
 - a. Attainment of goal(s)/service provided as planned
 - b. Non-compliance with stipulations of written plan and client compliance agreement
 - c. Change in status resulting in program ineligibility
 - d. Client termination request
 - e. No contact
 - f. Client moves out of service area
 - g. Client died
4. A summary of the services received by the client must be prepared for the client's record.

Case Transfer

1. If the client is being transitioned, the provider must facilitate the transfer of client records/information, when necessary.
2. The client must sign a consent to release of information form to transfer records which is specific and dated.

H. DOCUMENTATION

Documentation must be kept for each client, which includes:

1. Client's name and demographic information
 2. Name and contact info of client's Medical Case Manager and Primary Care Provider, if they have one
 3. Proof of HIV diagnosis.
 4. Initial intake and needs assessment forms.
 5. Signed, initial and updated individualized service plan.
 6. Consent for services.
 7. Progress notes detailing each contact with or on behalf of the client. These notes must include date of contact and names of person providing the service.
 8. Documentation that the client received rights and responsibilities information.
 9. Signed "Consent to release information" form. This form must be specific and time limited.
- Discharge and/or case closure information including person completing discharge and/or case closure, date and reason for discharge and/or case closure.

IX. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

Providers must ensure that any staff hired as drivers are subject to at a minimum mandatory pre-employment as well as random and post-accident drug screenings to be conducted by a certified, approved laboratory facility.

HIV/AIDS Knowledge. Staff providing medical transportation services to clients shall have training and experience with general HIV/AIDS related issues and concerns. At a minimum, such staff shall have completed an initial educational session in any of the following areas. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review. Topics may include the following:

- o HIV/AIDS transmission
- o Psychosocial issues related to HIV/AIDS
- o Cultural issues related to communities affected by HIV/AIDS

Licensure. All medical transportation drivers must hold necessary State licenses for the functions they perform. Drivers operating commercial vehicles that are designed, used, or maintained for carrying more than ten (10) passengers, including the driver, shall hold a valid commercial State driver's license with a passenger endorsement, as required.

Safety Trainings. Staff shall attend quarterly safety reviews at minimum and any additional trainings as required by applicable federal and state regulations. Topics may include the following:

- o Emergency equipment
- o Defensive driving
- o Cardiopulmonary Resuscitation (CPR) and first aid
- o Pre-trip inspections

Annual proof from Department of Motor Vehicles of a safe driving record, which shall include history of tickets, DUI/DWI, or other traffic violations. More than three moving violations within the past year will disqualify the driver; any conviction of DUI/DWI or reckless driving will disqualify the driver.

Participation in annual in-services on emergency procedures e.g. road and client emergencies (collision, vehicle break down, client becoming unconscious)