

# MEDICAL TRANSPORTATION

Effective Date: 11-07-2020

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## I. PURPOSE

The purpose is to define and provide guidance as to what is allowable for the Medical Transportation Services category of service, in accordance with HRSA standards.

## II. DEFINITION

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Funding for Medical Transportation Services that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens.

May be provided through:

- Contracts with providers of transportation services
- Pre-purchased Taxi or Gas Voucher, Gas Card, or token systems
- Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Purchase or lease of organizational vehicles for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle

\*\*NOTE – it is the responsibility of the agency providing the service to ensure the service will be provided at no cost to the client.

## III. PROGRAM GUIDANCE

The Alabama Department of Public Health (ADPH) prohibits any limits placed on specific clients for medical transportation or food bank services. Limits can be placed on the program as a whole, or for all clients equally, not on specific individuals. Compliance with the Americans with Disabilities Act (ADA), United States Department of Justice Civil Rights Division shall be followed for all eligible Ryan White clients.

Note: The Americans with Disabilities Act (ADA) gives Federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

An individual is considered to have a “disability” if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Persons with HIV disease, either symptomatic or asymptomatic, have physical impairments that substantially limit one or more major life activities and thus are protected by the ADA. (Resource link ADA: <https://www.ada.gov/hiv/index.html>)

Medical Transportation is an allowable support service under the Ryan White Part B HIV/AIDS Program. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care.

**Public transportation is the preferred method of transportation when available.**

Transportation reimbursement can be provided through:

1. Prepaid Taxi Vouchers

- Can be coordinated with a local taxi company without the need for a contract. Must be coordinated prior to trip need for improved client services.
- Can be utilized for the distance the taxi company requires in addition to the roundtrip mileage.
- Too include mileage from the taxi driver's home base to the location the client is located, as well as from the location the client is dropped off to return to the taxi driver's home base.

2. Prepaid Gas vouchers or gas cards - If using a voucher-based program, provider must ensure compliance with the Voucher Based Program Requirements Standard Operating Procedure (SOP). (See Appendix A: Medical Transportation Voucher)

- Restricted for gas use only
- Must have a sticker placed on card indicating it cannot be used for alcohol or tobacco purchases

The amount of gas card given must be the equivalent of the travel the client experienced round trip

- Bundling of mileage and trips can be accomplished by documenting each trip that attributed to the cumulative total travel that meets the reimbursement amount.
- Bundling to distribute reimbursement after the travel requirements have been completed: Document each trip the client accomplishes until they meet the minimum mileage requirement for reimbursement.
  - o Each trip for an approved service appointment should be documented on a SINGLE Medical Transportation Travel Voucher and Verification of Receipt form.
  - o When the client has properly documented travel for approved service appointments that equal the minimum distance traveled requirements have been met then an approved reimbursement equivalent to the total mileage traveled can be distributed.

Example: Client A travels 2.25-mile roundtrip.

- o Each time the client completes the 2.25-mile trip for an approved service appointment they should complete the documentation and information on a SINGLE reimbursement receipt

- o When the client has completed three 2.25-mile roundtrips for approved service appointments a \$5 gas card can be distributed (after completing the appropriate documentation) (See Appendix A: Medical Transportation Verification of Receipt Form)
- Any client who is unable to travel to an appointment due to the lack of funds to travel that distance, public transportation is always the preferred method of transport. Bus, Taxi, Shuttle, Etc.

Bus tickets, passes, tokens

- o The number of bus passes should not exceed the travel required for the current documented trip of medical necessity and return trip to the Case Management Agency.
- o Contracts with providers of transportation services Uber Car Services and/or other ride sharing services.
- o Taxi companies
- Mileage reimbursement to a driver (CANNOT BE AN ALABAMA RYAN WHITE PART B client) that enables individuals to travel to needed medical or other support services.

### **REIMBURSEMENT GUIDELINES**

In no case may Ryan White HIV/AIDS Program funds be used to make direct payments to recipients of services. Where direct provision of the service is not possible or effective, vouchers or cards that can be exchanged for a specific service or commodity (e.g., transportation or food) must be used.

Reimbursement via gas cards should be compensatory to the mileage amount traveled by the client (i.e., a \$10 gas card should not be given to a client who traveled less than 20 miles). It is the Provider Agency responsibility to document and track the client's mileage and compensation to ensure parity.

Gas cards may not be redeemed for cash or used for unallowable items including (but not limited to) purchase of alcohol, tobacco, illegal drugs or other substances, or firearms. All cards and vouchers must have clear language affixed stating these unallowable costs for purposes of informing the entity redeeming the card.

Grantees are advised to administer voucher programs in a manner which assures that vouchers cannot be used for anything other than the allowable service, and that systems are in place to account for disbursed vouchers.

If a region has the ability to purchase gas cards that are restricted for gas purchases only, this is the preferred method of purchase.

### **Contracted Medical Transportation Service Providers**

It is an allowable cost for the contracted medical transportation service provider to be paid for travel to the location to pick up a client, transport to a medical encounter, return the client to their residence, and for costs required for the contracted provider to return to their home base.

These are considered allowable costs that can be part of the contract with the medical transportation service provider.

### **DOCUMENTATION REQUIREMENTS**

#### Verification of Travel

Approved methods for verification of travel associated with a medical transportation reimbursement are:

- 1) Providing Agency Signed and Dated verification on their letterhead.
- 2) Receipt from approved location for travel.
- 3) Providing Agency stamp on this form.
- 4) Signature of Case Manager that verified information.

#### **Client Signature and Date**

Any client who receives a card or voucher for a Ryan White Part B provided service is required to sign and date the Program's form for:

- 1) Proof of receiving this service
- 2) Acknowledgement and agreement to the purpose(s) of and restrictions (unallowable costs) on the card or voucher.

The Client's signature on the Medical Transportation Travel Voucher and Verification of Receipt form may be replaced by a copy of the certified mail card if the client is unable to travel to agency due to distance they reside.

### **PERFORMANCE MEASURE**

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

See - Appendix B: HRSA/HAB National Monitoring Standards, and HRSA/HAB Core Performance Measures Portfolio and Core Measures links below. These sources provide supportive information for CQM program expectations for the recipient and provider subrecipients. HRSA HAB Core Performance Measures Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

HRSA HAB Core Performance Measures link: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

### **PROVIDER/SUBGRANTEE RESPONSIBILITY**

- Maintain program files that document:
  - o The level of services/number of trips provided
  - o The reason for each trip and its relation to accessing health and support services
  - o Trip origin and destination
  - o Client eligibility
  - o The cost per trip
  - o The method used to meet the transportation need
- Maintain documentation showing that the provider is meeting stated contract requirements regarding methods of providing transportation:
  - o Reimbursement methods do not involve cash payments to service recipients
  - o Mileage reimbursement does not exceed the federal reimbursement rate

Use of volunteer drivers appropriately addresses insurance and other liability issues

- Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services
- Obtain grantee approval prior to purchasing or leasing a vehicle(s)

# **APPENDIX A**

## **ADPH MEDICAL TRANSPORTATION VOUCHER/VERIFICATION OF RECEIPT FORM**

# VERIFICATION OF RECEIPT MEDICAL TRANSPORTATION

## RYAN WHITE PART B PROGRAM



By signing this form, I acknowledge the following:

- I understand that mileage reimbursement is not allowable to be provided to the client in the form of a check or cash.
- I understand that travel vouchers are available upon request pending the availability of funds and program guidelines/financial eligibility.
- I certify that this travel voucher is correct and represents the actual program related appointments attended.
- I am aware that this service has been issued to support costs to program related needs for medical transportation to visits focused on health care
- I am aware that it is prohibited to redeem a card or voucher for cash or to purchase alcohol, tobacco, illegal drugs or other substances, or firearms.
- I am aware that failure to comply with this directive will make me ineligible for further support from Ryan White Part B for these services.

Client Name:		DOB		RWID#				
Date	Name of Provider/Event	Reason - Program Related Visit	Trip Origin	Trip Destination	Round trip?	Provider Verification	# of Mile	Office use only Approve/ Deny
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Reimbursement Distributed** Type:  Gas card/voucher  Bus Pass/token  Taxi Pre-Paid Voucher  3rd Party Reimbursement  Contractual Billing Agreement

Total Miles: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Card/Voucher Number: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Revised: 07/2020)

# VERIFICATION OF RECEIPT MEDICAL TRANSPORTATION

## RYAN WHITE PART B PROGRAM



Client Name:						RWID#		Office use only							
DOB			Trip Origin			Trip Destination			Round trip?			Provider Verification		# of Mile	Approve/Deny
Date	Name of Provider/Event	Reason - Program Related Visit	Trip Origin	Trip Destination	Round trip?	Provider Verification	# of Mile	Approve/Deny							
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No									



**APPENDIX B: HIV/AIDS BUREAU, DIVISION OF STATE  
HIV/AIDS PROGRAMS NATIONAL MONITORING STANDARDS  
FOR RYAN WHITE PART B GRANTEES: PROGRAM – PART B**

**Quality Management**

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program’s approved Standards of Care.

Standard	Measure
<p>1.1) Measure and report client health outcomes using Medical Transportation Services measures approved by ADPH.</p>	<p>1.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> <li>• Percentage of people living with HIV and receiving Transportation Services, regardless of age, who will have at least two care markers in a 12-month period that are at least 6 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</li> <li>• Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Transportation Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</li> </ul>

HRSA HAB National Monitoring Standards link: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>