

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Medical Transportation Services

No.: **SSC 11**

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Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Medical Transportation Services Standard will apply to all Ryan White contracted vendors that provide medical transportation services.

1. Ryan White CARE Act funding is to be used for any service designed to significantly improve client access and adherence to HIV/AIDS medical resources. As such, any medical transportation services which are provided by agencies which receive Ryan White CARE Act funding ("RW Agencies") shall be related to healthcare or other critical needs.

2. Ryan White CARE Act funding is to be expended in a cost effective, equitable manner which is based upon verified client need and encourages self-empowerment of clients. Medical Transportation services which are paid for with Ryan White CARE Act funds shall be administered through medical case management services which are provided in accordance with the allocation priorities and directives which are adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council"), or through an alternative assessment process administered by a RW Agency.

3. Established Standards:

A. Ryan White medical transportation funds must be prioritized by purpose:

(1) medical appointments

(2) alternative healthcare appointments

(3) other critical needs as related to medical care needs, i.e., taking a client to an SSI appointment to maintain medical benefits

- B. Ryan White medical transportation funds must be prioritized by means of transport so as to preserve the most cost effective means:
- family, friends and other sources of transport for which the RW Agency does not incur any direct cost.
 - volunteer services
 - public transit (to include Para-Transit)
 - ride share (such as Lyft or Uber)
 - taxi service
- C. Taxi services shall only be authorized under the following criteria:
- The client is experiencing a health condition which is incompatible with public transit, AND
 - other means of transportation is not immediately available for an unanticipated or changed appointment date with a provider of healthcare or supportive services, OR
 - The client is experiencing a time-related, unavoidable emergency, OR
 - The client requires an escort for transportation for medical necessity.
- D. Medical Transportation services may be provided through:
- **Contracts with providers** of transportation services: Transportation services may be provided via contract or other local procurement mechanism that directly compensates the provider, including ride share, taxi, or van 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. Transportation services may be provided via contract or other local procurement mechanism that directly compensates the provider, including ride share, taxi, or van services.
 - **Purchase or lease of organizational vehicles** for client transportation programs
 - The recipient must receive prior approval from OA and HRSA for the purchase of a vehicle
 - **Organization and use of volunteer drivers**
 - Programs must specifically address insurance and other liability issues

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

E. Agency Staff/Volunteer Licensure and Liability:

- **Licensure:** All agency staff, contractors, consultants, and volunteers who provide transportation, shall be properly licensed by the State of California.
- **Insurance:** All agency staff, contractors, consultants, and volunteers who provide transportation shall use registered and insured vehicles.
- **Liability:** Volunteers who transport clients are informed of their responsibilities and obligations in the event of an accident, including the extent of their liability.
- Signed and dated confirmation form on file with provider.

F. Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle:
 - The following expenses are not eligible for reimbursement:
 - Parking
 - Tires, vehicle maintenance, or repairs
 - Lease or loan payments
 - Insurance
 - License or registration fees
 - Motor vehicle violations
- Monthly unlimited public transportation passes, except in cases where it can be demonstrated and a necessary and more cost-effective option
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees
- Reimbursement to staff using personal vehicle to transport clients for Part B-funded medical transportation services.

4. RW Agencies which provide Medical Case Management services shall develop and adhere to budgets for medical transportation services which reflect the principles referred to above. In addition, if available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients who rely on RW funded transportation services for critical needs. Agencies shall assure that no client receives any RW funded services unless such client is

found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

Fiscal Management

There are additional requirements when utilizing vouchers, gas cards, taxi tokens, or bus tickets or passes.

- 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.
- 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.
- 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.
- 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.

5. Medical Case Managers at RW Agencies may at any time submit to the RW Recipient requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

RW Agencies shall provide a means by which Medical Case Managers can obtain in-servicing and on-call advice related to interpreting client medical needs.

Provider Qualifications

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

Education/Experience/Supervision

There are no minimum educational standards. Agency staff providing medical transportation must:

- Have a valid California Driver's License with any endorsements required by California law (e.g., passenger endorsement if driving vehicles designed for >10 passengers)
- A copy of the driver's license must be retained on file at the provider agency
- Hold the minimum required amount of automobile insurance as required by law, and be enrolled in the Employer Pull Notice program and affiliated with the agency's requester code
- A copy of the driver's insurance must be retained on file at the provider agency

Staff Orientation and Training

Initial: All Ryan White-funded 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 within 60 days of hire. Topics must include:

- General HIV knowledge, including HIV transmission
- Universal precautions
- Privacy requirements

Additional: 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:

- Emergency equipment
- Defensive driving
- Cardiopulmonary Resuscitation (CPR) and first aid (renewed every two years)
- Pre-trip inspections

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.

- **Children:** If children are transported, child safety seats must be provided and installed by the child's parent or guardian. Seat type, installation, and use must comply with California state law.
- **Disabled clients:** 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.

7. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review/grievance policies and procedures for the RW Agency shall be made available to each client upon intake. Such policies and procedures shall include an explanation of the criteria and process for accessing the Planning Council's Client Advocacy Program.

Adopted: 
Richard Benavidez, Chair

Date: 06/22/22