

# Medical Transportation

## SERVICE CATEGORY DEFINITION

### Medical Transportation:

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.

Medical transportation may be provided through:

- Contracts with providers for 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)
- Organization and use of volunteer drivers (though programs with insurance and other liability issues specifically addressed)
- A voucher or token system

## CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- Have an HIV/AIDS diagnosis
- Have a household income that is at or below 500% of the federal poverty level
- Be uninsured or underinsured

Services will be provided to all Ryan White Part A-qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

# Medical Transportation

Cleveland TGA Service Standard of Care

## PERSONNEL QUALIFICATIONS

Staff administering medical transportation services must possess a comprehensive knowledge of local transportation assistance options and internal medical transportation policies. This policy must be on file at the Cuyahoga County Board of Health.

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of medical transportation is to provide transportation services needed for people living with HIV/AIDS to ensure access to core and support services that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcome goals for medical transportation are:

- 80% of medical transportation files include the reason for each trip and its relation to accessing health and support services.
- 80% of medical transportation clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.

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SERVICE STANDARDS				
	Standard	Measure	Goal	
Cleveland TGA Service Standard of Care	1.	Medical transportation client file includes a description of the type of services, i.e. bus tickets, Uber, etc., and number of trips provided	Documentation of service evident in client chart.	80%
	2.	Medical transportation client file includes the reason for each trip and its relation to accessing health and support services.	Documentation of allowable activities evident in client chart.	80%
	3.	If providing gas cards or taxi assistance, the medical transportation client file includes the trip origin and destination.	Documentation of trip origin and destination evident in client chart.	80%
	4.	If providing gas cards, the mileage reimbursement does not exceed the current federal reimbursement rate.	Documentation of federal reimbursement rate calculations evident in client chart.	80%
	5.	Medical Transportation client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart (can be client self-report).	80%
	6.	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CAREWare Performance Measure.	80%

\* Indicates Local TGA Standard of Care  
 All other standards derived from the  
 HRSA/HAB National Monitoring Standards  
 and/or the HRSA/HAB HIV Performance  
 Measures

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## CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A-funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

Agencies must 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. (Pulled from the National Standards on Culturally and Linguistically Appropriate Services).

## CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CLIENTS RIGHTS AND RESPONSIBILITIES

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documents in each client's file. If a client chooses to receive services from another provider the agency must honor the request from the client.