



## SERVICE CATEGORY DEFINITION

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### **Medical Transportation Services:**

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

Medical transportation may be provided through (when funding permits):

- Contracts with providers for transportation services;
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed core services, but should not, in any case, exceed the established rates for federal programs (Federal Joint Travel Regulations provide further guidance on this subject);
- A voucher or ticket system.

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

## CLIENT INTAKE AND ELIGIBILITY

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All Subrecipient's are required to have a client intake and eligibility policy on file that adheres to the TGA eligibility policy. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.



**Eligible clients must:**

- Live in the City of Paterson, Passaic County, and/or Bergen County, New Jersey;
- Have a documented diagnosis of HIV/AIDS;
- 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.

## PERSONNEL QUALIFICATIONS

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Medical transportation staff administering medical transportation services must possess a comprehensive knowledge of local transportation assistance options and internal medical transportation policies.

**Medical transportation staff drivers must:**

- Receive training in universal precautions and infection control appropriate to their duties; AND;
- Have a valid New Jersey driver's licenses for the type of vehicle driven as well as levels of liability insurance required by State law and funding sources, AND;
- Drivers must have verified driving records, receive a drug screen and background check, AND;
- A signed statement from the drivers agreeing to safe driving practices on file. This statement is to include the consequences of violating the agreement.

**Subrecipients utilizing agency vehicles must:**

- Maintain routine maintenance and repair logs for all vehicles;
- Maintain documentation of current insurance coverage as required by State law and funding sources for all agency owned vehicles;



- Maintain vehicle license and inspection as required by State law;
- Maintain a log/form for daily mileage and trips provided for each vehicle and driver and is reviewed by supervisor at least quarterly.

## 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:

- 100% of medical transportation files include the reason for each trip and its relation to accessing health and support services.
- 90% 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.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Medical transportation services are provided by trained and licensed professionals.	Documentation of personnel qualifications on file.	100%
2. Medical transportation client file includes the reason for each trip and its relation to accessing core services.	Documentation of allowable activities evident in client chart.	90%
3. If providing voucher assistance, the medical transportation client file includes the trip origin and destination.	Documentation of trip origin and destination evident in client chart	90%



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.	90%
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 CAREWare Performance Measure.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

Subrecipient’s providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient 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

Subrecipient’s 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). Subrecipient’s 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 clients’ record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, ECompas Database.

## CULTURAL AND LINGUISTIC COMPETENCY

Subrecipient’s providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.



## **CLIENT GRIEVANCE PROCESS**

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Each Subrecipient 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 clients' record.

## **CASE CLOSURE PROTOCOL**

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