

Health Resources and Services Administration (HRSA) service definition:

Medical transportation (MT) is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Program guidance:

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
- 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

Key service components and activities:

Funding for medical transportation services enables 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.

HIV Services Program service standards:

Key service components and activities are noted in the service standards below.

Standard	Documentation
Personnel Qualifications	
1. Directly funded drivers must: <ul style="list-style-type: none">a. Possess a valid driver's license with a for hire endorsement,	1. Directly funded drivers: documentation is present in personnel records.

<p>liability insurance (in accordance with state law), and safe driving records. Meet minimum driver requirements required by third party payers or funders. Training or requirements might include drug screenings, sensitivity training, and other training programs the funded agency recommends.</p> <p>b. Maintain client confidentiality</p> <p>2. Contracted providers and/or companies must assure appropriate licensure, insurance, accessibility training and modifications, ongoing driver training and certifications, as well as safe driving records.</p>	<p>2. Contracted providers: Contracts must specify obligation to assure licensure, insurance status and safe driving records of drivers.</p>
Eligibility Criteria	
<p>1. Subrecipients must assess eligibility for the provision of medical transportation services that includes, at minimum:</p> <p>a. Eligibility verification consistent with recipient requirements</p> <p>2. Subrecipient must acknowledge Ryan White as Payor of Last Resort and must determine other means to fund transportation (i.e., Medicaid) before accessing medical transportation services.</p> <p>3. Subrecipient must make appropriate referrals (when applicable) to other transportation resources.</p>	<p>1. Non-medical case managers/appropriate agency staff must maintain up to date eligibility records for clients according to agency protocol and in any data system required by the Indiana Department of Health (IDOH).</p> <p>2. Documentation must be made available for review by IDOH upon request.</p>
Service Delivery: Taxi/Rideshare and Medical Transportation Company	
<p>1. The subrecipient must assess client's transportation needs to ensure appropriate mode of transportation (i.e., wheelchair access, public transportation, cab, etc.).</p> <p>2. Subrecipient must have policies and procedures in compliance with the</p>	<p>1. Documentation that clients are assessed for the most appropriate transportation options.</p> <p>2. Policies and procedures available for review by IDOH upon request.</p>



<p>National Monitoring Standards for the care and provision of transportation services for all clients.</p> <p>3. Subrecipient must track clients who do not present for pickup (“no shows”) and refer clients back to their primary care site for resources to engage clients to be present for pickups.</p>	<p>3. Documentation that clients are reassessed when they do not present for pickup.</p> <p>4. Services units provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided. Case notes entry is required, but the deadline for entry is determined by the funded agency.</p>
<p>Service Delivery: Bus Ticket/Gas Card</p>	
<p>1. Subrecipient must assess client’s transportation needs to ensure appropriate mode of transportation (i.e., wheelchair access, public transportation, cab, etc.).</p> <p>2. Subrecipient must have policies and procedures to ensure appropriate use of gas cards and bus tickets.</p> <p>3. Subrecipient must document dissemination of gas cards and bus tickets.</p>	<p>1. Documentation that clients are assessed for the most appropriate transportation options</p> <p>2. Policies and procedures are available for review by IDOH upon request</p> <p>3. Services provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided.</p>

Subservices:

- MT – Bus ticket
- MT – Gas card
- MT – Taxi/rideshare
- MT – Medical transportation company

Service unit definition:

- Bus ticket = One voucher
- Gas card = One voucher
- Taxi/rideshare = One one-way trip
- Medical transportation company = One one-way trip

