



Medical Transportation

Service Definition

Medical transportation assistance is the delivery of non-emergency transportation services that supports people living with HIV (PLWH, referred to here as “client”) with accessing Ryan White allowable core medical and/or support services.

Medical transportation assistance can be provided through any of the following:

- Vouchers, tokens, bus tickets, or bus passes,
- Contracts or organizational accounts with providers of transportation services (such as cab companies or app-based ride services),
- A subrecipient-owned or -leased vehicle,
- Non-cash mileage reimbursement, such as gas cards, and
- Volunteer or staff drivers.

Medical transportation must be reported as a support service in all cases, regardless of whether the client is transported to receive a core medical service or a support service.

Subrecipients providing medical transportation are expected to comply with the Ryan White Part B Universal Standards of Care, as well as these additional standards:

Standard 1: Medical transportation is provided to clients who are eligible for Ryan White services in Wisconsin.

Providers of medical transportation must verify that a client is living with HIV, is living in Wisconsin, and has a household income below 500% Federal Poverty Level (FPL) in accordance with the Wisconsin Ryan White Part B Eligibility Policy within 30 days of the initiation of services.

Documentation

The client record should contain acceptable proof documents showing the client is living with HIV, is living in Wisconsin, and has a household income below 500% FPL in accordance with the Wisconsin Ryan White Part B Eligibility Policy.

Standard 2: Medical transportation is provided only to Ryan White allowable services.

Medical transportation can be provided only to Ryan White allowable services, as defined in HRSA Policy Clarification Notice (PCN) 16-02. The service does not need to be funded by Ryan White Part B for medical transportation to the service to be provided using Part B funding, but the service does need to fall into one of the allowable categories listed below.

Transportation to emergency rooms is not allowable.

Documentation

Each instance of Medical Transportation is linked to one of the following Ryan White allowable services:

Core Medical Services	Support Services
AIDS Drug Assistance Program Treatments	Child Care Services
AIDS Pharmaceutical Assistance	Emergency Financial Assistance
Early Intervention Services (EIS)	Food Bank/Home Delivered Meals
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	Health Education/Risk Reduction
Home and Community-Based Health Services	Housing
Home Health Care	Linguistic Services
Hospice	Non-Medical Case Management Services
Medical Case Management, including Treatment Adherence Services	Legal and Other Professional Services
Medical Nutrition Therapy	Psychosocial Support Services
Mental Health Services	Rehabilitation Services
Oral Health Care	Referral for Health Care and Support Services
Outpatient/Ambulatory Health Services	Respite Care
Substance Use Outpatient Care	Substance Use Services (Residential)

Standard 3: Each instance of medical transportation provided to the client is documented.

The subrecipient organization must maintain documentation of each instance of medical transportation provided to each client and must have a way to link the documentation of the medical transportation assistance to the client's records, and therefore to the client's eligibility for Ryan White Part B services.

Documentation

If the medical transportation provider keeps a physical or electronic medical transportation log that is separate from the patient record, the medical transportation log must be linked back to the client file without compromising the client's personal health information (PHI) as defined by HIPAA.

Standard 4: Use of medical transportation funds are monitored to ensure funding is exclusively used for allowable purposes, as a payer of last resort.

Ryan White must be the medical transportation provider of last resort. If a client is eligible for medical transportation through Medicaid or private insurance, the subrecipient or client must try to use medical transportation services through their insurance first. If the client has a copay for medical transportation through their insurance, Ryan White funds can be used to cover the expense of the copay.

If a client is eligible for medical transportation services through their insurance and any of the following circumstances occur, Ryan White funds can be used for the client's medical transportation:

- Medical transportation through Medicaid is not available in the client's area,
- The provider is transporting the client or must accompany the client,
- The client needs to travel with children and the medical transportation service will not allow the client to bring children,
- The medical transportation service is late, or the client is in danger of missing their appointment,
- The client urgently needs non-emergency transportation and there is not enough time to notify the medical transportation service available through Medicaid,
- The medical transportation service available through Medicaid refuses to transport the client, and/or
- The client is accessing a support service not otherwise covered by medical transportation services, such as accessing housing assistance, a food bank or pantry, or legal services.

Documentation

The reason for the use of Ryan White funds rather than other transportation services must be documented in the client record using a brief narrative.

Standard 5: Working collaboratively with the client, the provider conducts an assessment of the client's transportation needs.

The provider assesses the client's transportation needs at the client's request or when there is an access barrier and should employ reasonable due diligence to evaluate the appropriateness and eligibility of the type of transportation being requested by the client, including the Ryan White services associated with each instance of transportation assistance (see table above).

Documentation

The client record must include evidence that the client's transportation needs were assessed, and evidence that the staff evaluated whether the transportation being requested is to an allowable service.

Standard 6: Clients shall receive safe, cost-effective, non-emergency transportation, allowing access to primary medical care or other Ryan White-allowable core and support services.

Providers should evaluate and provide the medical transportation method best suited to meet the needs of the client. Safety, dependability, and cost effectiveness should be primary concerns.

Allowable methods include:

- Vouchers, tokens, bus tickets, or bus passes,
- Contracts with providers of transportation services, such as cab companies or app-based ride services,
- Subrecipient-owned or -leased vehicle,¹
- Organization and use of volunteer drivers,² and
- Non-cash mileage reimbursement, such as gas cards.

¹ If using Ryan White funds to purchase or lease a vehicle for client transportation, the subrecipient must seek prior approval from the WI Communicable Disease Harm Reduction Section, and from HRSA.

² Insurance and other liability issues must be specifically addressed by the program.

Documentation

The client record must document that the client's need for transportation was evaluated and an appropriate method of transportation was provided.

Standard 7: If staff or volunteers are used as drivers, the provider must ensure that their medical transportation program addresses liability issues.

If staff or volunteers are used as drivers, the driver must demonstrate that they maintain the following:

- A current, valid driver's license, with a copy kept on file,
- Vehicle liability insurance coverage on their vehicle. If provided by staff in a vehicle owned by the provider, Liability insurance maintained by the provider must meet State of Wisconsin guidelines,
- The provider must have insurance that allows volunteers or staff to transport clients in their own vehicles,
- Each vehicle used by the staff or volunteer maintains a current vehicle registration, and license plates, and
- If staff or volunteers are reimbursed for mileage, the mileage reimbursement costs must be reported as part of the medical transportation service category and cannot be included as part of another service.

Staff and volunteers who transport clients must receive training on their responsibilities and obligations in the event of an accident, including the extent of their personal liability.

Documentation

Provider records must include the following documentation:

- Evidence of valid driver's license,
- Evidence of vehicle liability insurance,
- Evidence of vehicle registration, as well as
- Signed and dated form on file that outlines responsibilities, obligations, and liabilities of each staff or volunteer that provides medical transportations.

Medical transportation provided by staff or volunteers, with mileage reimbursement, must still document each instance of medical transportation assistance and the appropriateness of each instance.

Standard 8: If vouchers, coupons, or bus passes are utilized, the provider must provide due diligence to ensure that the resources are utilized for access to core medical and support services.

Each voucher, coupon, or bus pass should be correlated with one or more specific sessions or appointments for core medical or support services.

Documentation

If daily bus passes are utilized, the provider must document the cost effectiveness of a daily bus pass over tokens/coupons for individual rides, and a description of the need for multiple transportation instances, such as multiple medical appointments or support service appointments.

If monthly bus passes are utilized, the provider must document each pass distributed in a log. There must also be a note in the client record within 5 working days of the date of distribution explaining the cost effectiveness of a monthly bus pass over tokens/coupons for individual rides, and a description of the need for multiple transportation instances, such as multiple medical or support service appointments. Providers must check in with clients and follow the documentation guidelines prior to each re-loading or re-distributing of monthly passes.

Standard 9: If contracts with providers of transportation services are utilized, the provider documents the use of the most efficient mode of transportation available.

Agencies are encouraged to pursue other options before enlisting a cab or ride service, if possible. There may be instances where a cab ride is the best transportation option due to the client's geographic location, physical or mental health, or urgency of the situation.

If a subrecipient offers cab or ride services and other modes of transportation, the subrecipient must have an established policy that explains how the subrecipient determines which form of transportation assistance is used in different circumstances.

Documentation

Documentation of a policy that explains how the subrecipient determines which form of transportation assistance is used in different circumstances.

Standard 10: The provider has a system in place to prevent unallowable uses of medical transportation resources.

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, and insurance, license, or registration fees), and
- Transportation of clients to activities not related to HIV-related core medical and/or support services, such as grocery shopping, personal errands, banking, recreational or social events, employment, employment readiness training, employment searches, court appearances, or probation officer visits.³

If gas gift cards are utilized, additional protections must be in place, including preventing:

- Using the card to purchase alcohol, tobacco, illegal drugs or firearms,
- Redemption of the card for cash, as well as
- A mileage reimbursement that exceeds the federal reimbursement rate.⁴

Examples of additional protections may include having clients sign a form attesting to the allowable uses of gas gift cards, or documentation of conversation with the client discussing the limitations of the gas gift card uses.

³ HRSA HAB PCN 16-02 p. 19.

⁴ If using a reimbursement rate other than the federal reimbursement rate, subrecipients must establish a consistent and properly documented mileage reimbursement policy.

Gift cards for medical transportation must not be in the form of a pre-paid credit card and must have expiration dates.

Documentation

Client record documents receipt of gas gift card and that client was informed of the purpose(s) of and restrictions on the use of the card.

Standard 11: The provider must have a thorough system to document each instance of medical transportation assistance and the appropriateness of each instance.

The log or client record must document the following for every instance of medical transportation assistance:

- Unique identifier of client receiving assistance,
- Name of staff member arranging for transportation assistance,
- Type of service for which transportation is provided,
- Trip date,
- Trip origination and destination (required for single ride tickets or ride share services),
- Transportation method (bus pass, taxi voucher, use of provider vehicle, etc.),
- Documentation that the client utilized the assistance to attend an eligible session/appointment, and
- Dollar value of the assistance provided.

Documentation

The provider must demonstrate that every instance of medical transportation was appropriately documented, including all required elements.

Standard 12: The provider must practice due diligence to prevent misuse of medical transportation funds.

Providing false or misleading information to providers to obtain medical transportation assistance is considered misuse and may result in temporary or permanent discharge from the program.

Subrecipients must have a documented policy in place for misuse of medical transportation funds and the action steps that follow.

It is recommended that clients not be penalized or barred from future medical transportation services for first-time misuse or diversion of medical transportation assistance.

Documentation

Providers must document findings about misuse of medical transportation assistance and subsequent actions taken.

Did you know?

Over 500 Ryan White Part B clients access medical transportation services through six different agencies across Wisconsin.

Source: 2020 RSR

Users of public transportation are disproportionately Black, Brown, Indigenous, and other People of Color (BBIPOC) (60%) and particularly Black (24%). Underinvestment in public transportation disproportionately affects BBIPOC in the form of inconvenient bus routes, overcrowded and unsafe buses, and long timeframes needed to get to health care and other critically needed services.

Source: Clark, H. Who Rides Public Transportation. American Public Transportation Association, 2017. Available at www.apta.com.

Americans spend more on transportation than they do on food, education, and health care. The nation's poorest families spend more than 40% of their take home pay on transportation. This is not a small point since Black households tend to earn less money than white households do. Nationally, Black people earn only \$649 per \$1000 earned by white people. This means that the typical Black household in the United States earned 35 % less than the typical white household did.

Source: Bullard, R. Addressing Urban Transportation Equity in the United States, 31 *Fordham Urb. L.J.* 1183 (2003). Available at: [www./ir.lawnet.fordham.edu/ulj/vol31/iss5/2](http://www.ir.lawnet.fordham.edu/ulj/vol31/iss5/2)

Research suggests that Black or African American people living in rural areas face even greater issues around transportation.

In a study conducted by the University of Alabama, Black or African American people reported having more transportation difficulty than white people (24.7% vs. 11.6%; $p \leq .05$). White people with lower incomes were more likely to have transportation difficulty than white people with higher incomes.

When data from Black or African American and white people were analyzed separately, income was the only variable associated with transportation difficulty among white people. Among Black or African American people, income was not related to transportation difficulty but several variables other than income were (age, gender, marital status, mental health screening scores and depression).

Source: Sook Park, N, Roff, L, Sun, Fei et al Transportation Difficulty of Black and White Rural Older Adults, *Appl Gerontol.* 2010 February; 29(1): 70–88. doi:10.1177/0733464809335597.

Research shows that properly designed transportation systems can provide exercise opportunities, improve safety, lower emotional stress, link poor people to opportunity, connect isolated older adults and people with different abilities to crucial services and social supports, and stimulate economic development. Conventional auto mobility-focused planning by local, regional, and state transportation agencies generally overlooks or undervalues the impacts of transportation investments on health and equity.

Nineteen percent of Black or African American people and 13.7 percent of Latinx or Hispanic people lack access to automobiles, compared with 4.6 percent of white people. Poverty complicates the problem: 33 percent of Black or African American people who are poor and 25 percent of Latinx or Hispanic people who are poor lack automobile access, compared with 12.1 percent of white people who are poor. Cars owned by working class people tend to be older, less reliable, and less fuel-efficient. This makes commuting to work and medical appointments unpredictable and more expensive, at best.

Source: Malekafzali, S. (ed.) Healthy, equitable transportation policy. (2009). Page 26. Policy Link. Available at www.policylink.org/resources-tools/healthy-equitable-transportation-policy-recommendations-and-research
