

## Medical Transportation Standards

*Note: The Universal Standards apply to all service categories, in addition to the standards listed below.*

**Definition:** Medical transportation services are conveyance services provided, directly or through a voucher, to a patient to enable him or her to access health care services.<sup>1</sup>

**Objectives:**

- Facilitate access to medical care through provision of safe transportation services.

**Performance Measures:**

- Percentage of patients, regardless of age, with a diagnosis of HIV who had at least a care marker within 3 months (90 days) of HIV diagnosis.
- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
  - Percentage of medical transportation patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

### **1.0 Agency Policies & Procedures**

*National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual’s HIV-positive status, residency. Determination and documentation of patient eligibility every six months.<sup>2</sup> Documentation that medical transportation services are used only to enable an eligible individual to access HIV-related health and support services.<sup>3</sup>*

Standard	Measure
1.1 Patient eligibility for RW Part B services is determined.	1.1 Patient eligibility criteria verified every six months and documented in patient’s record.

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<sup>2</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 38.

<sup>3</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 29-30.

<p>1.2 Documentation of provider's recommendation for medical transportation services prior to initiation of service.</p>	<p>1.2 Signed, dated recommendation from provider located in patient's record.</p>
<p>1.3 Provision of all medical transportation services is documented by:</p> <ul style="list-style-type: none"> <li>• Level of services/number of trips provided</li> <li>• Reason for each trip and relation to accessing health and support services</li> <li>• Trip origin &amp; destination</li> <li>• Cost per trip</li> <li>• Method used to meet the transportation need</li> </ul>	<p>1.3 Documentation of services provided by type &amp; number of services, reason for trip, origin &amp; destination, cost and method used. Record to be signed by designated staff.</p>
<p>1.4 Patient discharged when medical transportation services are no longer needed, goals have been met, upon death, falsification of medical, or support services appointments or due to safety issues.</p>	<p>1.4 Documentation of discharge plan in patient's record with clear rationale for discharge and discussion with patient. Plan signed and dated by the case manager.</p>
<p>1.5 All vehicles must meet the following minimum requirements:</p> <ul style="list-style-type: none"> <li>• Current state inspections</li> <li>• Current Virginia license plates/registration</li> <li>• Be in good repair &amp; equipped for adverse weather conditions</li> <li>• All seatbelts must be operational</li> <li>• Child restraints must be age appropriate and operational</li> <li>• Handicap accessible</li> </ul>	<p>1.5 Documentation for each vehicle noting inspection stickers, current licenses, vehicle maintenance records, monthly seatbelt inspections, handicap accessibility.</p>
<p>1.6 A vehicle log will be maintained on each service vehicle and will include the following minimum requirements:</p> <ul style="list-style-type: none"> <li>• Description of vehicle: year, make &amp; model</li> <li>• Mileage</li> <li>• Maintenance records</li> </ul>	<p>1.6 Documentation for each vehicle noting vehicle descriptions, mileage and maintenance records.</p>

<p>1.7 When a third-party payer provides service, the subcontractor must maintain a transportation log. At a minimum, the payer’s record must contain:</p> <ul style="list-style-type: none"> <li>• Initial assessment of transportation needs</li> <li>• Vehicle/transportation log</li> <li>• Referrals and follow-ups</li> <li>• Discharge plan</li> <li>• Documentation of liability and personal injury coverage</li> </ul> <p>All reports must be signed and dated.</p>	<p>1.7 Signed, dated reports located in the patient’s record or transportation log.</p>

## **2.0 Service Provision**

*National Monitoring Standards: Services may be provided through one of the following methods: 1) contract or some other local procurement mechanism with a provider of transportation services; 2) Voucher or token system that allows for tracking the distribution of the vouchers or tokens; 3) System of mileage reimbursement that does not exceed the federal per-mile reimbursement rates; 4) system of volunteer drives, where insurance and other liability issues are addressed; 5) purchase or lease of organizational vehicles for patient transportation, with prior approval from HRSA/HAB for purchase.<sup>4,5</sup>*

<b>Standard</b>	<b>Measure</b>
<p>2.1 An initial assessment documenting transportation need must be completed by case manager or designated staff.</p>	<p>2.1 Documentation of transportation need in patient’s record signed and dated by case manager or designated staff.</p>
<p>2.2 Services provided are used only to enable an individual to access HIV-related health and support services.</p>	<p>2.2 Documentation of transportation services provided delineating reason for each trip and its relation to accessing health and support services in patient’s record.</p>
<p>2.3 Patients receive vouchers, tokens, bus tickets or bus passes rather than direct payment for transportation services.</p>	<p>2.3 Documentation of each transportation transaction in patient’s record signed and dated by designated staff.</p>
<p>2.4 Transportation services will have wait times less than 2 hours.</p>	<p>2.4 Documentation of each transportation transaction in transportation log.</p>

<sup>4</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 29-30.

<sup>5</sup> HAB Policy Notice 10-02 available at: <http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>

2.5 Patients will be notified of cancellations in a timely manner. Alternative transportation services will be provided as available.	2.5 Documentation of cancellation and referral to alternative transportation source in patient's record signed and dated by designated staff.
2.6 Transportation agency will be notified by patient and/or provider of cancellations and changes in scheduling as they occur.	2.6 Documentation of changes and cancellations in patient's record signed and dated by designated staff.
<b>3.0 Personnel</b>	
<i>National Monitoring Standards: Use of volunteer drivers appropriately addresses insurance and other liability issues.</i> <sup>6</sup>	
<b>Standard</b>	<b>Measure</b>
3.1 All professional drivers must have a current Virginia Driver License or Virginia Commercial Driver's License (CDL) if needed and be insured.	3.1 Copy of current Driver license or CDL and proof of insurance in personnel file.
3.2 Newly employed professional drivers must complete the following training within 30 days of hire: <ul style="list-style-type: none"> <li>• Agency orientation</li> <li>• Confidentiality, patient's rights, grievance procedures &amp; sensitivity</li> <li>• CPR and First Aid</li> </ul>	3.2 Documentation of training completed in personnel file.
3.3 All professional drivers must maintain a safe driving record and maintain current certification for CPR and First Aid.	3.3 Documentation of the following in the personnel file: <ul style="list-style-type: none"> <li>• annual assessment of driving record</li> <li>• completion of annual training</li> </ul>
3.4 All professional drivers must complete 2 hours of annual OSHA training on seatbelt, restraint and wheelchair safety annually.	3.4 Documentation of training completed in personnel file.

<sup>6</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 39.

## **4.0 Quality Management**

***National Monitoring Standard: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.<sup>7,8</sup>***

<b>Standard</b>	<b>Measure</b>
4.1 Measure and report patient outcomes using medical transportation measures approved by VDH.	4.1 Performance measurement data on the following indicators: <ul style="list-style-type: none"><li>• Percentage of HIV-infected medical transportation Patients who had at least a care marker within 3 months (90 days) of HIV diagnosis.</li><li>• Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</li></ul>

<sup>7</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

<sup>8</sup> PHS Act 2618(b)(3)(C&E)