Charlotte Transitional Grant Area
Ryan White HIV/AIDS Program
Medical Transportation Policies and Procedures

4/2018

TABLE OF CONTENTS

Purpose 1

Medical Transportation Defined 1

Charlotte TGA Medical Transportation: Approved Uses 2

Screening for Service Eligibility and Transportation Need 2

Transit Passes: Eligibility Requirements 3

Transportation Request Form - Transit Passes 3

Transit Pass Log 4

Transit Pass Tracking 4

Penalty for Improper Use of Transit Passes 5

Van Transportation Services: Eligibility Requirements 5

Van Service Transportation Referrals 6

Transportation Request Form - Van Services 6

Trip Tickets 7

Provider Reimbursement – Transit Passes 7

Provider Reimbursement – Van Services 8

Managing Client-Provider Complaints 8

General Requirements 8

Forms:

Transportation Request Form – Transit Passes 10

Transportation Pass Log 11

Medical Transportation Bus/Transit Pass User Agreement 12

Transportation Request Form – Van Service 13

Trip Ticket 14

PURPOSE

These medical transportation policies and procedures will help ensure that medical transportation services provided through the Charlotte Transitional Grant Area (TGA) Ryan White HIV/AIDS Program adhere to Health Resources and Services Administration (HRSA) requirements, are uniformly implemented and meet the needs and quality expectations of Ryan White clients and service providers. The manual outlines and explains operating standards and requirements which must be met by Ryan White transportation providers and Ryan White service providers who will be coordinating medical transportation referrals. Providers will be evaluated on compliance with these requirements as a part of program monitoring and quality management. The following outcomes will be realized through implementation of these operating policies and procedures:

1. Ryan White transportation will only be used when no other transportation resources are available to the client

2. Reduction in transportation no-show rate

3. Decline in errors and omissions on Transportation Trip Tickets and Transportation Request Forms

4. Increased level of client satisfaction with transportation services

5. Decrease in complaints from referring service providers

MEDICAL TRANSPORTATION DEFINED

Medical transportation, as defined by the Federal Ryan White HIV/AIDS Program, are conveyance services which enable an eligible client to access core medical and support services. Medical transportation may be provided through:

1. Vouchers or tokens

2. Contracts with transportation providers

3. A non-cash mileage reimbursement system for clients for travel to HIV-related treatment and care services (reimbursement rate cannot exceed federal mileage reimbursement rate)

4. Purchase or lease of organizational vehicles for client transportation (Grantee must receive prior HRSA/HAB approval for vehicle purchase)

5. Volunteer drivers (providing insurance and other liability issues have been addressed)

There are limitations on use of medical transportation services and medical transportation funding. These include the following:

1. Direct cash payments or cash reimbursements to clients are prohibited

2. Funds may not be used for payment of direct maintenance expenses of privately-owned vehicles (e.g. tires, repairs, etc.)

3. Prohibits use of funds for lease payments, loan payments, vehicle insurance, license fees, registration fees and any other costs associated with privately-owned vehicle

4. Prior approval from HRSA is required to purchase or lease organizational vehicles for client transportation

5. If a mileage reimbursement system is used, the reimbursement rate cannot exceed the federal mileage reimbursement rate

6. Cannot transport clients in need of emergency medical care

7. Cannot transport clients to social or recreational activities

CHARLOTE TGA MEDICAL TRANSPORTATION: APPROVED USES

The Charlotte TGA Ryan White HIV/AIDS Program currently funds two types of medical transportation - transit passes and door-to-door van services. Travel must be within the Charlotte TGA (York County, SC or Anson, Cabarrus, Gaston, Mecklenburg, Union County, NC) and may only be used for the following services:

1. Outpatient-ambulatory medical care services

2. Vision care

3. Medical case management services

4. Mental health services

5. Ryan White Youth Support Group

6. Oral health care

7. Medication pick-up

8. Early intervention services

9. Emergency financial assistance

10. Ryan White Program Advisory, Quality Management or Community Advisory Board meeting

SCREENING FOR SERVICE ELIGIBILTY AND TRANSPORTATION NEED

To utilize Ryan White transportation, a client must meet Ryan White program eligibility requirements, must be enrolled in the Ryan White Program and must have a demonstrated need for transportation assistance.

The following procedures will be used to determine eligibility for transportation assistance and the most appropriate type of transportation for the client.

1. Referring provider will verify that current eligibility and enrollment documentation is on file for the prospective transportation client. If documents are not current or missing, referring provider must update file with current eligibility documentation

2. Referring provider will screen the prospective transportation user for eligibility for Medicaid transportation and other sources of medical transportation. If client is eligible for Medicaid transportation or another source of medical transportation, these sources must always be used. The only exception is when travel is needed to a core medical or support service that is not covered by the client's regular transportation source.

3. Referring provider will assess the transportation needs of clients presenting for transportation assistance and will determine the most appropriate type of transportation for the client by probing for answers to the following questions and any other questions deemed appropriate for assessing transportation need.

    a. If client has personal vehicle and if so, why it's unavailable for medical travel

    b. How has client gotten to healthcare and other appointments in the past

    c. Has client missed healthcare appointments in the past because of transportation issues

    d. Why client is now seeking transportation assistance

    e. Does client live on municipal bus or light rail line

    f. Does client have healthcare issues which preclude use of public transportation.

TRANSIT PASSES: ELIGIBILITY REQUIREMENTS

The following conditions must be met to qualify for transit passes:

1. Client meets Ryan White eligibility requirements and is enrolled in Ryan White Program (current eligibility documentation must be on file)

2. Client has completed a transportation assessment and deemed to have an unmet transportation need

3. Client lives on bus or light rail line and no health conditions preclude use of public transportation

TRANSPORTATION REQUEST FORM - TRANSIT PASSES

A Transportation Request Form for Transit Passes must be completed prior to issuance of bus or light rail passes (see page 10). The form should be completed as follows:

1. Enter Referring Agency name, address, phone number, fax number and agency representative name

2. Enter Appointment Location, Date and Time

3. Indicate Reason for Referral (shade or click appropriate circle)

4. Indicate Type of Pass and Quantity (Example: Single bus passes – 5; 10-Ride passes - 2

5. Comments (use as needed for notes or instructions)

6. Review "Note" stating 5 or more appointments must be scheduled, confirmed and kept for monthly pass; at least 3 for 10-ride pass

7. Enter Client Information, a) name, b) URN#, c) street address, city, state, d) phone number, e) county of residence

8. Include Agency Representative signature, phone number and date form submitted

9. Enter Client-Level Data in table at bottom of form. Include URN# and code numbers for a) gender, b) ethnicity, c) race, d) actual annual income amount, e) housing/living arrangements, f) medical insurance, g) HIV/AIDS status, h) enrollment status, i) date of birth, j) exposure category

10. Read and comply with requirements on bottom of referral form (eligibility documentation must be on file; form must be complete; submit original form vs copy)

TRANSIT PASS LOG

Transportation providers must maintain a log of transit passes issued (see page 11). Logs must be complete and are to be submitted as back-up with transportation billing. Logs should be completed as follows:

1. Enter Client URN#

2. Enter Quantity or Number of Passes Issued by Types

3. Enter Issue Date

4. Enter Total Dollar Value of Passes Issued

5. Appointment Outcome – Check "kept' or "missed" and include confirmation date

TRANSIT PASS TRACKING

Agencies with transit pass transportation programs must have a system in place for verifying passes are used for allowable purposes and scheduled appointments. This will be accomplished through the following:

1. If the scheduled appointment is with a Ryan White Part A service provider, CAREWare will be used to verify the appointment was kept.

    a. Log into CAREWare

    b. At main select "Find Client"

    c. Search for client by last and first name or URN#

d. Highlight client name

e. Click on "Details"

f. Click on "Service" tab

g. Look for service date that matches appointment date on client's transit pass Transportation Request Form

h. Document findings, i.e. appointment outcome, on Transit Pass Log

2. If the pass was issued for an appointment with a non-Ryan White service provider:

   a. The client must provide to the agency issuing the pass, proof that the appointment was kept; e.g. doctor's note, copy of medical superbill or other written proof.

   b. If the client fails to provide proof, the agency issuing the pass must follow-up with the core medical/support service provider to confirm the appointment outcome.

   c. The agency issuing the transit pass will document the appointment outcome on the Transit Pass Log

PENALTY FOR IMPROPER USE OF TRANSIT PASSES

A transit pass is considered "improperly used" if used for something other than a scheduled HIV-related healthcare or support service appointment; or if a client "no shows" for a confirmed appointment. After 3 missed appointments, the client is ineligible for passes for a 3-month period. The transportation provider will maintain a log of suspended clients and suspension lift dates. Clients will be required to complete a "Medical Transportation Bus/Transit Pass User Agreement" at enrollment and at annual eligibility reassessments (see page 12).

VAN TRANSPORTATION SERVICES: ELIGIBILITY REQUIREMENTS

The following conditions must be met to qualify for van transportation services:

1. Client meets Ryan White eligibility requirements and is enrolled in Ryan White Program (current eligibility documentation must be on file)

2. Client has been assessed and determined to have an unmet transportation need

3. Client cannot use public transportation for health-related reasons. Note: Physician statement required, copy must be filed in client's medical record and/or case management record and copy must accompany "Transportation Request Form for Van Services" (page 14). Physician statements are valid for 12 months. May be rescinded by medical provider should client become able to use public transportation

4. Public transportation not feasible due to extended travel time and distance to service provider

5. Public transportation does not service provider location

6. Client does not live on bus or light rail line

VAN TRANSPORTATION REFERRALS

1. Client must be referred to Ryan White van transportation provider by another Ryan White Part A service provider

2. Prior to referral, referring provider representative (i.e. case manager, patient advocate, patient services representative, peer navigator, etc.) confirms prospective van user meets Ryan White eligibility requirements and is enrolled in Ryan White Program (current proof of RW eligibility and enrollment must be in each client file)

3. Referring provider must complete a "Transportation Request Form – Van Services", for each client and each appointment (see page 13). If request form is incomplete or contains information and/or instructions which are unclear, transportation provider must contact referring provider to request a corrected request form. Services will be pending until properly completed form is received.
4. Completed "Transportation Request Form for Van Services" will be forwarded, via fax or email, to transportation provider of choice, at least 24 hours prior to appointment date and time. Staff member emailing or faxing form must confirm receipt by transportation provider.

TRANSPORTATION REQUEST FORM – VAN SERVICES

The van transportation request form must be completed in entirety and must include clear and accurate information and instructions. The form should be completed as follows:

1. Enter Referring Agency name, address, phone number, fax number and agency representative name

2. Enter Drop Off agency name, street address, city, state; and agency phone number

3. On FAX to line, enter Transportation Agency's Name

4. Indicate Reason for Referral (shade or click appropriate circle)

5. Enter Appointment Date and Time

6. Comments Line - use as needed for notes, explanations or special instructions

7. Enter Name of Person Confirming Appointment

8. Read "Note" indicating a doctor's note must be on file stating client cannot access mass/public transportation

9. Enter Client Information, a) name, b) URN#, c) street address, city, state, d) phone number, e) county of residence

10. Include Agency Representative signature, phone number and date form submitted

11. Enter Client-Level Data in table at bottom of form. Include URN# and code numbers for a) gender, b) ethnicity, c) race, d) actual annual income amount, e) housing/living arrangements, f) medical insurance, g) HIV/AIDS status, h) enrollment status, i) date of birth, j) exposure category

12. Read and comply with requirements on bottom of referral form (eligibility documentation and physician statement must be on file; form must be complete; submit original form vs copy)

TRIP TICKETS

"Trip Tickets" will be used to confirm pick-up times, dates and locations, and to document trips to service providers (see page 14). Trip Tickets should be completed for each client and scheduled appointment. They should be completed as follows:

1. In upper portion of trip ticket, enter:

    a. Client URN #

    b. Date of travel

    c. Person confirming pick-up

    d. Date and time of call

    e. Did client confirm pick-up (yes/no)

    f. If not, did you leave a message (answer all applicable sub-parts to this question)

    g. Was referring agency notified of not reaching client (yes/no) / Date of notification

    h. Name/number of person notified

2. Use 4 x 6 table in middle of Trip Ticket to record client's pick-up address; drop off provider's name and address and pick-up times.

3. On Client Signature Line at bottom of form, client must print name, sign name and date signature

4. On Driver Signature Line, driver must sign and date signature

5. "No Show" Line should be used to explain reason for "no shows"

PROVIDER REIMBURSEMENT - TRANSIT PASSES

To receive reimbursement for transit passes, the following requirements must be met.

1. Transportation provider must enter complete billing/service information into CAREWare for each client with billable transportation units, including date of service, service name, contract (MAI vs Part A), units (no. passes), price, cost.

2. Monthly billing package must be received by the 15th of the month following the month of service or by the last business day preceding the 15th if it falls on the week-end. Billing package must include:

    a. Monthly Request for Reimbursement Form accurately completed, signed and dated

    b. CAREWare Financial Report for the billing month

    c. CAREWare Fee for Service Detail Report for billing month

    d. Complete, accurate, signed, dated, original Transit Pass Transportation Request Form for each client with billable units

    e. Complete, accurate log of clients issued passes in the billing month by type of pass, quantity issued, issue date, total dollar amount and appointment outcome

PROVIDER REIMBURSEMENT - VAN SERVICES

To receive reimbursement for Van Services, the following requirements must be met.

1. Transportation provider must enter complete billing/service information into CAREWare for each client with billable transportation units, including date of service, service name, contract (MAI vs Part A), units (no. trips), price, cost

2. Monthly billing package must be received by the 15th of the month following the month of service or by the last business day preceding the 15th if the 15th falls on the week-end. The billing package must include:

    a. Monthly Request for Reimbursement Form accurately completed, signed and dated

    b. CAREWare Financial Report for the billing month

    c. CAREWare Fee for Service Detail Report for billing month

    d. Complete, accurate, signed, dated, original Van Service Transportation Request Form for each client with billable units

    e. Complete, accurate, signed, dated, original trip ticket (s) for each client transported in the billing month (each trip must be documented on trip ticket)

MANAGING CLIENT-PROVIDER COMPLAINTS

Complaints and grievances will be handled in accordance with the transportation provider's written complaint/grievance policy. Complaints and grievances will be documented in writing and maintained in a complaints log book.

GENERAL REQUIREMENTS

The Provider will provide safe client transportation by:

1. Insuring all drivers, including employees, contractor contractor's employees and volunteers, are at least 18 years of age

2. Insuring all drivers, including employees, contractor, contractor's employees and volunteers, are licensed to operate the specific vehicle used in transporting clients in accordance with NCGS 20-7 and Division of Motor Vehicle requirements

3. Insuring all vehicles used to transport clients have valid State registrations and State inspections

4. Insuring all vehicles used to transport clients have at least the minimum level of liability insurance appropriate for the type of vehicle, as defined by Article 7, Rule R2-36 of the North Carolina Utilities Commission

5. Insuring written policies and procedures are in place regarding emergencies, vehicle crashes involving clients and notification to Mecklenburg County and the Charlotte TGA Ryan White HIV/AIDS Program
6. Insuring no more than 1% of all trips are missed during the course of the contract period

7. Using the uniform, Ryan White Program-approved trip ticket. No-shows will only be reimbursed for one trip

8. Maintaining records documenting the following:

    a. Valid, current copies of driver's license for all drivers

    b. Current, valid vehicle registration, for all vehicles transporting clients

    c. Driving records for all drivers for the past three years and with annual updates

    d. Criminal background checks through North Carolina Law Enforcement or the National Crime Information Center (NCIC) prior to employment and every three years thereafter

    e. Alcohol and Drug Testing policy to meet the Federal Transit Authority guidelines

Charlotte Transitional Grant Area
RyanWhite Program
Dedicated to improving the quality of life for people with HIV/AIDS

Transportation Request Form
TRANSIT PASSES
FY 2019 - 2020

RYAN WHITE PROVIDERS
PART A/ MAI
USE ONLY

Referring Agency:	**Appointment Location:**	**Date & Time:**
Agency Name: _____		
Address: _____		
_____		
Phone #: _____		
Agency Rep:		
Fax to: 704 432-5274		
Ryan White Program Office		

***Reason for Referral**

☐ Outpatient/ Ambulatory Care	☐ Medication Pick-Up	Monthly Bus Passes: _____
☐ Medical Case Management	☐ RW Youth Support Group	10-Ride Bus Passes: _____
☐ Mental Health	☐ Vision Care	Single Bus Passes: _____
☐ Oral Health Care		Comments:

PLEASE NOTE: **Five (5) or more appointments must be scheduled, confirmed and kept for MONTHLY Pass; at least three (3) for 10-Ride**
Record of kept appointments must be kept on file at referring agency for all passes.

Client Information:

Client Name: _____ URN #: _____
Address: _____ Phone #: _____
_____ County: _____

Agency Representative
Signature: _____ **Phone:** _____ **Date:** _____

CLIENT ID #	GENDER	ETHNICITY	RACE	INCOME	HOUSING	MEDICAL	HIV/AIDS	ENROLLMENT	DATE OF	EXPOSURE

URN#: _____

Transit Pass Log

Date: _____

Client URN	Type Pass Quantity			Issue Date	Total $ Amount	Appointment Outcome (Check One)		
	Daily	10-Ride*	Monthly*			Kept	Missed	Date Confirmed

*Note: Five (5) or more appointments must be scheduled, confirmed and kept for MONTHLY Pass; at least three (3) for 10-Ride pass

URN: _____

Medical Transportation User Agreement

I have been informed that Ryan White transportation services (bus/transmit passes and van services) are only to be used for transport to HIV-related health and support services funded or approved by the Ryan White Program. I understand that if I violate this rule or miss 3 scheduled appointments in a calendar year, I will become ineligible for transportation assistance for a minimum of 3 months.

Client Name: _____ _____

Print and Sign Name Date

Agency Representative:_____ _____

Print and Sign Name Date

Charlotte Transitional Grant Area
RyanWhite Program
Dedicated to improving the quality of life for people with HIV/AIDS

TRANSPORTATION REQUEST FORM
VAN SERVICE
FY 2019 - 2020

RYAN WHITE PROVIDERS
PART A/ MAI
USE ONLY

Referring Agency:

Agency Name: _____
Address: _____
_____
Phone #: _____
Fax #: _____
Agency Rep: _____

Drop off at:

Agency Name: _____
Address: _____
_____
Phone #: _____

Fax to: _____
Transportation Agency Name

***Reason for Referral**

- ☐ Outpatient/ Ambulatory Care
- ☐ Medical Case Management
- ☐ Mental Health
- ☐ Oral Health Care
- ☐ Medication Pick-Up
- ☐ RW Youth Support Group
- ☐ Vision Care

Appointment Date: _____
Appointment Time _____
Comments: _____
***Person confirming appointments*:** _____

PLEASE NOTE: A **Doctor's** note must be on file stating that your client can **NOT** access mass/public transportation.

Client Information:

Client Name: _____ URN #: _____
Address: _____ Phone #: _____
_____ County: _____

Agency Representative
Signature: _____ **Phone:** _____ **Date:** _____

CLIENT ID #	GENDER	ETHNICITY	RACE	INCOME AMOUNT	HOUSING LIVING ARR.	MEDICAL INSURANCE	HIV/AIDS STATUS	ENROLLMENT STATUS	DATE OF BIRTH	EXPOSURE CATEGORY
				$						

*** Eligibility documentation and Physician statement must be on File** **** Complete entire form – NO COPIES**

AGENCY NAME HERE

Ryan White Program
Medical Transportation Van Service
Trip Ticket

Client URN# _____ Date of travel: _____

***Person confirming pick-up*:** _____ Date/Time of call: _____

Did client confirm pick up time? Yes ☐ No ☐

If not, did you leave a message? Yes ☐ With whom: _____

No ☐ Why: _____

Was referring agency notified of not reaching client? Yes ☐ No ☐ Date of notification: _____

Name of person notified: _____ Number: _____

Trip #	Pick up Patient or Provider Address	Drop Off Patient Provider Address	Pick Up Time
1			_____ ☐ AM ☐ PM
2			_____ ☐ AM ☐ PM
3			_____ ☐ AM ☐ PM
4			_____ ☐ AM ☐ PM
5			_____ ☐ AM ☐ PM

Client Name: _____ Date: _____
PRINT & SIGNATURE

Driver Signature: _____ Date: _____

No Show reason/comments: _____

_____

Updated May 2018 (GMP)

*Note: If client no-shows, please notify referring provider immediately ** ORIGINAL ONLY (no copies)