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SERVICE STANDARDS FOR MEDICAL TRANSPORTATION

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I. PURPOSE OF SERVICE STANDARDS

The purpose of these standards is to define the minimal acceptable levels of quality in service delivery of Medical Transportation and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA).¹

II. GOAL

The goal of this service is to provide transportation to medical and social service appointments as well as to eligible primary medical Part A services under the Ryan White Program funding to assist PLWHA in the Newark EMA to be retained in care and in compliance with the Medical treatment plan.

III. DEFINITION Medical Transportation

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

IV. ELIGIBILITY FOR SERVICES

- HIV+ status
- Income must be less than or equal to 500% of FPL

V. KEY SERVICE COMPONENTS AND ACTIVITIES

Medical Transportation is a supportive service under the Ryan White Program. As Ryan White is the payer of last resort, if the client has access to another transportation service under another payer (Medicaid) s/he must receive a denial from another provider before the Ryan White funded provider can provide services.

VI. PROVIDER AGENCY POLICIES AND PROCEDURES

- Agency must comply with the appropriate city/county/state/federal agencies regulating safe operation of a motor vehicle including Division of Motor Vehicle and local public safety laws.
- Agency must have written policies and procedures in place that address confidentiality (HIPAA), grievance procedures, client's rights and the agency's rights and responsibilities
- The client must be notified of his/her rights, of the agency's rights and responsibilities and the agency's grievance policy/procedure
- Agency must have a private, confidential office space for screening clients

"To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."

- Records Retention - Agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years
- Confidentiality Policy – All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance with local, state and federal laws
- Cultural Competence – Agency will ensure that culturally and linguistically appropriate services are available to all clients and be able to provide services that are culturally sensitive and, in the client's, preferred language or arrange for a competent translator/interpreter
- Americans Disabilities Act Compliance-Agency must demonstrate that the needs of disabled clients are met.
- Client consent – The agency must obtain written consent for services and a consent for the release/exchange of information from the client. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid
- Grievance Policy-The agency must review the policy with the client and provide a copy in a language and format the client can understand

VII. ACCESSIBILITY/STANDARDS OF SERVICE

- There will be no barriers due to client disability. The agency must be compliant with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate.
- The agency must demonstrate input from clients with regard to service delivery through client satisfaction surveys.
- There will be no barriers due to language differences between the agency and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator/interpreter

VIII. PROCESS

- Client Eligibility Determination** – clients may be referred to medical transportation services following an intake screening of their eligibility under the Ryan White program
- Annual Certification** – clients seeking medical transportation services will be required to provide evidence of meeting the Ryan White program criteria on an annual basis
- Intake & Initial Assessment** – Prior to receiving medical transportation services, clients will meet with a case manager who will collect demographic information and an initial assessment of the client needs
- Development and implementation of an individualized Service Plan** will include the need for medical transportation to enable the client to remain in care and in compliance with the medical plan of care
- Re-Certification and Bi-Annual Re-Assessment of Service Plan** will be conducted at a minimum of every two years
- Case closure/transfer** to another provider will occur if the client discontinues the need for medical transportation services, moves out of the Newark EMA or enters a higher level of care

A. Client Eligibility Determination

- Proof of HIV+ status
- Proof client meets income requirement

B. Annual Certification – the following documentation should be collected:

- HIV positive status
- Residency, including County of residence
- Income

- d. Household size
- e. Insurance

C. Intake and Initial Assessment – The following should be included:

- a. Proof of HIV + status
- b. Date of Intake
- c. Gender/date of birth/race/ethnicity
- d. Proof of residency, including County of residence
- e. Proof of income
- f. Employment status
- g. Proof of active participation in primary medical care or documentation of client's intention to access medical care
- h. Information about significant other/partner/minor children living in household
- i. Preferred language of communication
- j. Name and contact information about person authorized to sign for client if necessary
- k. Emergency Contact Number
- l. Document preferred method of communication and mailing address

D. Development and implementation of an individualized of Service Plan

- a. Determine the need for transportation services to ensure patient is in compliance with his/her medical plan of care including all primary care need appointment (i.e., pap screen, mammogram, colonoscopy, etc.).
- b. Agency expectations of clients, including the circumstances under which client services will be terminated

E. Re-Certification and Bi- Annual Re-Assessment of Service Plan

- a. Reassess plan; revise as necessary
- b. Adjust Service Plan if necessary
- c. Utilize CHAMP to reduce duplication of services
- d. Revaluation of client eligibility

F. Case closure/transfer

- a. The agency must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services or inappropriate use of Service
- b. The agency must prepare and document a summary of the services received by the client

IX. DOCUMENTATION

Written documentation is kept for each client which includes:

1. Client's name and unique identifier number
2. Proof of HIV+ status
3. Initial Intake
4. Documentation of reassessment(s) of client needs including the need for medical transportation services
5. Signed initial and updated individualized service plan
6. Evidence of consent for services
7. Documentation of each contact with or on behalf of the client
8. Evidence of the client's understanding of his/her rights and responsibilities
9. Signed "Consent to release information" form if needed. This form must be specific and time limited

X. ENGAGEMENT AND RETENTION OF CLIENTS

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

Procedure to be followed for missed appointments for medical transportation:

1. A representative of the medical transportation provider will call the client to identify the reason why the client has not complied with the scheduled ride.
2. If unable to reach the client, the case manager will attempt to reach the client no less than 2 times during a one- week period.
3. If the case manager is unable to reach the client by phone, the client will be reached by their preferred method of communication requesting that the client contact the agency to re-establish the medical transportation service.
4. If there is no response from the client, the medical transportation provider will check with other agencies which are providing services to the client if known.
5. The medical transportation provider may make a home visit if not prohibited by agency policy.
6. If appropriate and with prior approval of the client, the medical transportation provider representative will contact the emergency contact

XI. STAFF/TRAINING

Qualifications/Training

- Valid NJ Division of Motor Vehicle driver's license appropriate to the vehicle
- HIV experience/training preferred
- Obtain and review periodically driving abstract report from NJ Division of Motor Vehicle
- Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure.
- Annual staff evaluation/review

XII. Program Guidance: [HIV/AIDS BUREAU POLICY 16-02]

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

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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.