

**Service Category Definition (approved by SPA June 2021)**

Medical Transportation is the provision of non-emergency transportation that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:

1. Contracts with providers of transportation services
2. 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)
3. Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
4. Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
5. Voucher or token systems

**Intake and Eligibility (HIV/AIDS BUREAU PCN #21-02)**

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead, charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

**REQUIRED ELIGIBILITY DOCUMENTATION TABLE**

<b>Eligibility Requirement</b>	<b>Initial Eligibility Determination</b>	<b>Recertification Once a Year/12 Month Period</b>
<b>HIV Status</b>	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> <li>• Confirmatory lab results</li> <li>• Lab results (including VL/CD4)</li> <li>• Lab request form signed by provider</li> </ul>	No documentation required
<b>Income</b>	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> <li>• Paystubs</li> <li>• SSI, SSDI and DSS income determination forms</li> <li>• Zero income affidavit</li> <li>• Bank Statement</li> <li>• Self-Employment Letter</li> </ul>	<ul style="list-style-type: none"> <li>• Recipient may choose to require a full application and associated documentation <b>OR</b></li> <li>• Self-attestation of no change</li> <li>• Self-attestation of change - Recipient must require documentation of change in eligibility status</li> </ul>

<p><b>Residency</b></p>	<p>Documentation required for Initial Eligibility Determination:</p> <ul style="list-style-type: none"> <li>• Driver’s License/ID</li> <li>• Utility Bill</li> <li>• Medical Bill</li> <li>• Bank Statement</li> <li>• Landlord Letter-Notarized</li> <li>• Copy of Lease/Mortgage</li> <li>• Letter from Shelter</li> <li>• Official Correspondence</li> </ul>	<ul style="list-style-type: none"> <li>• Recipient may choose to require a full application and associated documentation <b>OR</b></li> <li>• Self-attestation of no change</li> <li>• Self-attestation of change - Recipient must require documentation of change in eligibility status</li> </ul>
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All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA’s eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

**Eligible clients in the New Haven & Fairfield Counties EMA must:**

- Live in New Haven or Fairfield Counties in Connecticut.
- Have a documented diagnosis of HIV/AIDS.
- Have a household income that is at or below 300% of the federal poverty level.

Services will be provided to all clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, prior medical history, or any other basis prohibited by law.

**Guidance on Complying with the Payor of Last Resort Requirement:**

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payors to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients’ healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

**Payor of Last Resort:**

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program
3. An entity that provides health services on a pre-paid basis

**Personnel Qualifications (including licensure)**

none

**Care and Quality Improvement Outcome Goals**

Program Outcome:

90% of clients are virally suppressed as evidenced by the last viral load test within the measurement year (<200 copies/mL) as documented in the reporting system.

**Service Standards and Goals**

HRSA/HAB Performance Measure: Viral Suppression (NQF#: 2082)			GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY		
Clients are virally suppressed.	<ul style="list-style-type: none"> <li>• Documentation that the client is virally suppressed as evidenced by the last viral load test within the measurement year (&lt;200 copies/mL) as documented in the reporting system.</li> </ul>		90%
HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section C: Support Services			GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY		
Documentation that: medical transportation services are used only to enable an eligible individual to access HIV-related health and support services	Maintain program files that document: <ul style="list-style-type: none"> <li>• The level of services/number of trips provided</li> </ul>		100%
Documentation that services are provided through one of the following methods: <ol style="list-style-type: none"> <li>1. A contract or some other local procurement mechanism with a provider of transportation services</li> <li>2. A voucher or token system that allows for tracking the distribution of the vouchers or tokens</li> <li>3. A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates</li> </ol>	<ul style="list-style-type: none"> <li>• The reason for each trip and its relation to accessing health and support services</li> <li>• Trip origin and destination</li> <li>• Client eligibility determination</li> <li>• The cost per trip</li> <li>• The method used to meet the transportation need</li> <li>• provider is meeting stated contract requirements with regard to methods of providing transportation</li> </ul>		100%

	<p>4. A system of volunteer drivers, where insurance and other liability issues are addressed</p> <p>5. Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA/HAB for the purchase</p>	<ul style="list-style-type: none"> <li>• Reimbursement methods do not involve cash payments to service recipients</li> <li>• Mileage reimbursement does not exceed the federal reimbursement rate</li> <li>• Use of volunteer drivers appropriately addresses insurance and other liability issues</li> <li>• Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services</li> <li>• Obtain Recipient approval prior to purchasing or leasing a vehicle(s)</li> </ul>	
<b>New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Medical Transportation</b>			<b>GOAL</b>
		<b>STANDARD/MEASURE</b>	<b>AGENCY RESPONSIBILITY</b>
		Agency ensures that transportation staff is qualified and trained for the responsibilities of providing transportation and administering the transportation program.	Job descriptions, resumes, and licenses document appropriate qualifications. Drivers have valid Driver's License and administering the Staff has a DMV record check at least transportation program annually. 100%
		Agency owned/leased vehicles used in transportation are routinely serviced and maintained every 5,000 miles.	Vehicles used in transportation services have maintenance records and all repair information. 100%
		Vehicles used in transportation services are insured.	Vehicles used in transport services carry current insurance policies. 100%
		Agency ensures that all transportation operators understand their responsibilities and agree to follow agency policies.	Agency has a comprehensive Policy & Procedures Manual. 100%

### Clients Rights and Responsibilities

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer fully understands their rights and responsibilities.

### Client Charts, Privacy, and Confidentiality

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

### **Cultural and Linguistic Competency**

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (Please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

### **Client Grievance Process**

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

### **Case Closure Protocol**

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.