



Nevada Office of HIV

Nevada Ryan White Part B Program

Medical Transportation Services

I. HRSA Service Definition

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

Program Guidance: 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 from the Recipient Office*;
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); and
- 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; and
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools please contact the Recipient Office; which will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

II. Service Goal and Objectives

To provide transportation services to clients to ensure access and adherence to core medical or support service care. Increase access to HIV treatment and support services by providing transportation services to Persons Living with AIDS (PLWH) whose lack of access to transportation services is preventing client from obtaining medical care, staying in medical care, remaining adherent to treatment, or achieving expected health outcomes.



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III. Currently Funded Medical Transportation Services

- A) Taxi Voucher
- B) Van Ride
- C) Fuel Voucher
- D) Bus Pass
- E) Ridesharing
- F) Transportation Scheduling
- G) Rural Transportation

IV. Medical Transportation Services

Taxi Voucher (Service A)

Taxi vouchers are available to clients for the purpose of seeking emergency medical and/or psychiatric care only. Exceptions can be approved by the subrecipient with proper documentation in the client's case file. In CAREWare, each taxi voucher is one service unit.

Van Ride (Service B)

Transportation by van will be provided as a means for clients to access medical or support services related to their HIV status. Subrecipient providing van transportation must have a mechanism in place for tracking the utilization of this service for HIV related medical or support services. In CAREWare, each van ride, one-way, is one service unit.

Fuel Voucher (Service C)

Fuel vouchers will be primarily used for clients who have access to a vehicle for transportation to and from medical or support services. Subrecipients providing fuel vouchers must have a mechanism in place for tracking the utilization of this service for HIV related medical or support services. In CAREWare, each fuel voucher is one services unit.

Bus Pass (Service D)

Bus passes are the appropriate method of transportation to be provided for clients who live inside the service area of the Regional Transportation Commission. Each agency providing this service must have a mechanism in place for tracking the utilization of bus passes for HIV-related medical or support services. In CAREWare, each bus pass is one service unit.

Ridesharing (Service E)

Usage of Transportation Network Companies (such as Lyft or Uber) will be provided as a means for clients to have access to medical or support services related to their HIV status. Subrecipients providing funding for a ridesharing must have a mechanism in place for tracking the utilization of this service for HIV-related medical or support service. In CAREWare, each ridesharing ride, one-way, is one service unit.



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Transportation Scheduling (Service F)

Transportation scheduling may be utilized by the subrecipient to document staff effort to schedule clients' transportation needs, such as van ride and ridesharing scheduling. There must be direct contact with clients to be considered transportation scheduling and not an administrative expense.

Rural Transportation (Service G)

For situations in which a client is not covered by urban rideshare/RTC transportation options, subrecipients may provide funding for other options in rural counties such as Amtrak/Private Bus Companies. This is defined as any client that needs to travel more than 100 miles round trip in order to get to their treatment. Subrecipient providing transportation via train or commercial bus must have a mechanism in place for tracking the utilization of this service for HIV related medical or support services. In CAREWare, each ride, one-way, is one service unit.

V. Process

The Service Standard provides a step-by-step process for conducting medical transportation services activities. The process steps below provide additional information in implementing these roles.

- A. Before services are provided under this Service Category, the subrecipient must ensure that client is a current eligible Ryan White Part B participant. Enrollment verification is through CAREWare's Eligibility and Enrollment Fields tab.
- B. The subrecipient must ensure that medical transportation services are provided in the most cost-effective manner possible to meet the needs of multiple clients. Therefore, in areas where public transportation is available, a bus pass (one-way or two-way) is the first choice for clients accessing Ryan White Transportation.
- C. Appropriate utilization for medical transportation services - Subrecipient will consider poverty, capacity, stigma, and health disparity related barriers to transportation and attempt resolution through provision of medical transportation assistance or other available resources prior to providing medical transportation services. Subrecipients will verify linkage of PLWH to HIV care and treatment services. Medical transportation services include, but are not limited to, the following types of appointments:
 - Doctor appointments;
 - Medical case management appointments;
 - Mental health and substance abuse treatment appointments;
 - HIV related support groups;
 - Dental appointments;
 - Lab work;



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- Pharmacy visits;
 - Ryan White funded medical and support services; and
 - Other support and medical services deemed necessary to aid a client to obtain medical or support care, stay in medical or support care, remain adherent to treatment, or achieve expected health outcomes.
- D. All funded medical transportation subrecipients are required to maintain a method to track all requested transportation services and ensure that all of the trips were taken and were appropriately used to access HIV related services. The subrecipient will maintain a master transportation tracking log; clients do not need to maintain individual transportation tracking logs. Proper documentation must be obtained and tracked for all clients and services. Documentation must contain the following information:
- Name of client;
 - Date of request for transportation service;
 - Date of appointment;
 - Trip origin and destination (such as the name and address of the medical provider);
 - Each trip starting and ending mileage (for fuel vouchers);
 - Number of Units Provided;
 - Cost Per Unit; and
 - Signature of person receiving service (to indicate the client receive their fuel voucher reimbursement, bus pass, or taxi voucher). (Van Rides and rideshare reimbursed by the subrecipient will be initialed by non-medical case manager)
- E. Fuel Voucher(s): Subrecipient providing medical transportation must adhere to the following:
- Fuel voucher amounts will depend on the location and distance of the appointment from the client's primary residence.
 - Fuel vouchers are given to HIV positive clients who live at least 20 miles away, roundtrip, from their service provider to help offset the cost of traveling to their medical or support services appointments.
 - When finances permit, clients who live closer than 20 miles, roundtrip, and whom are in financial need, may receive a fuel voucher reimbursement.
 - *Times when an exception is permitted will be designated by the subrecipient agency and documented that an exception was made in the client's case file.*
- F. Taxi Voucher: Subrecipient must ensure that clients who receive taxicab vouchers through medical transportation services have a medical emergency, physical and/or



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cognitive limitations, or severely inclement weather which prohibits the use of other transportation sources and/ or have no available public transportation or other resource.

- G. Van Ride: Subrecipient providing company owned medical transportation must adhere to the following:
- Subrecipient must follow all state regulations regarding provision of transportation services including driver's license; appropriate insurance and other liability issues; and/or any other applicable state regulations.
 - Any subrecipient providing direct transportation must have written procedures developed and implemented to handle emergencies. Each driver will be instructed in how to handle emergencies before commencing service and will be in-serviced annually. The subrecipient will maintain a copy of each in-service and sign-in roster.
 - Any subrecipient providing direct transportation ensures that children under 16 are not transported without an adult escort. State law regarding height and weight mandates for car seats and/or booster seats for children must be observed. Necessity of a car seat or booster seat should be documented on the transportation log by staff when an appointment is scheduled by a client.
 - Subrecipient must ensure the safety of any vehicles used to transport clients for services. There must be safety standards in place that at a minimum ensure the vehicles are in good repair and equipped for adverse weather conditions. All vehicles will be equipped with both a fire extinguisher and first aid and CPR kits.
 - Subrecipient must have a file which will be maintained on each vehicle and shall include but not be limited to description of vehicle including year, make, model, mileage, as well as general condition and integrity and service records. Inspections of vehicle should be routine and documented not less than quarterly.
 - Subrecipient must have a file that shows vehicles follow recommended Occupational Safety and Health Administration (OSHA) and public health practices for infection control for care of immunologically impaired individuals (i.e. first aid kit with latex gloves and face shield)
 - Subrecipient(s) providing transportation services must be in compliance with, and show they follow, the Americans with Disabilities Act (ADA) requirements, including requirements for non-discriminatory policies and practices, facilities/vehicle access and reasonable accommodations to address communication when needed (i.e. access to a sign language interpreter).
 - All professional drivers must maintain a safe driving record and maintain current certification for CPR and First Aid.
- H. Ride Sharing: Subrecipient providing medical transportation must adhere to the following:



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- Subrecipient agencies may use Ride Sharing only when no other means of transportation is available or appropriate.
 - Ride Share services must be pre-approved by subrecipient agency at a minimum with a 48-hour notice.
 - Ride Share reimbursement can not exceed the federal mileage reimbursement rate.
 - Billed mileage may not exceed documented mileage.
 - Clients must provide evidence of attendance to their Core and/or Support services prior to reimbursement. Trip documentation must include addresses to and from named destination points, and mileage.
- I. Medical Transportation must be reported as a Support Service in all cases, regardless of whether the client is transported to a Core or Support service.
- J. Ryan White is the payer of last resort and should only be used when a client in need of transportation assistance is not eligible for this service through any other funding source.

VI. Licensing, Knowledge, Skills, and Experience

Suggested minimum High School Diploma; college graduate preferred. Staff should have HIV-related experience. If qualified individuals do not have HIV related experience they must receive HIV specific training within six months of hire. All van drivers must have a valid State driver's license; attended and successfully completed and passed certified CPR/First Aid classes.

VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded medical transportation services. It is expected that all providers follow these standards as well as the universal programmatic and administrative National Monitoring Standards. Provider organizations and staff may exceed any of these standards as part of the program delivery.

VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.



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IX. Revision Schedule

Published	February 9, 2017	Located at dphh.nv.gov
Revised	October 6, 2017	Located at dphh.nv.gov
Revised	May 14, 2019	Located at https://endhivnevada.org/
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X. Contact

For further information or clarification please email NVRWPB@health.nv.gov