

## ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES MEDICAL TRANSPORTATION SERVICES

### **Purpose**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is provided.

### **Definition**

Medical Transportation Services are services that enable an eligible individual to access HIV- related health and support services, including services needed to maintain the client in HIV medical care, through either: direct transportation services, public transportation vouchers/tokens, cab or taxi vouchers, and on-demand car service.

Per HRSA Policy Clarification Notice 16-02<sup>1</sup>, 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
- Purchase or lease of organizational vehicles for client transportation programs provided the recipient receives prior approval for the purchase of a vehicles
- 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 association with a privately-owned vehicle such as lease, loan payment, insurance, license or registration fees

### **Application of Standards**

These standards apply to all agencies that are funded to provide medical transportation services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

---

<sup>1</sup> HRSA, HIV/AIDS Bureau (2016). *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds-Policy Clarification Notice 16-02* [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\_16-02Final.pdf]

# ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES MEDICAL TRANSPORTATION SERVICES

## **Standards Development Process**

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, meetings of the Medical Transportation Outreach Task Force and meetings with the Ryan White Part A Recipient.

## **Acknowledgements**

Fulton County would like to thank all of the EMAs that shared their standards, as well as the members of the Medical Transportation Outreach Task Force who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

**ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES  
MEDICAL TRANSPORTATION SERVICES**

<b>I. Policies and Procedures</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law and local regulations.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Grievance procedure posted in visible location</li> </ul>
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Clients rights and responsibilities</li> <li>✓ Release of information/confidentiality</li> <li>✓ Eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> <li>• Current licensure on file from appropriate city/county/state/federal agency</li> </ul>
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Physical agency safety               <ul style="list-style-type: none"> <li>• Meets fire safety requirements</li> <li>• Complies with Americans with Disabilities Act (ADA)</li> <li>• Is clean, comfortable and free from hazards</li> <li>• Complies with Occupational Safety and Health Administration (OSHA) infection control practices</li> </ul> </li> <li>✓ Crisis management and psychiatric emergencies               <ul style="list-style-type: none"> <li>• How to assess emergent/urgent vs. routine need</li> <li>• Verbal intervention</li> <li>• Non-violent physical intervention</li> <li>• Emergency medical contact information</li> <li>• Incident reporting</li> <li>• Voluntary and involuntary inpatient admission</li> </ul> </li> <li>✓ Refusal of services</li> <li>✓ Personnel               <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff, including supervision responsibilities and staff/client ratio</li> <li>• Ethics contract on personal boundaries (encompassing physical, emotional, spiritual &amp; financial)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Program Monitoring</li> </ul>

**ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES  
MEDICAL TRANSPORTATION SERVICES**

✓ Client/Parent/Guardian Rights and Responsibilities (see Standard IV)	
E. Agency has a formal relationship with a mental health/substance abuse professional for consultation as needed if a mental health/substance abuse professional is not on staff.	<ul style="list-style-type: none"> <li>• Written letter of agreement on file</li> </ul>
<p>F. Agency is contractually required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> <li>✓ Documentation that medical transportation services are used only to enable an eligible individual to access HIV-related health and support services</li> <li>✓ Documentation that services are provided through one of the following methods: <ul style="list-style-type: none"> <li>○ A contract or some other local procurement mechanism with a provider of transportation services</li> <li>○ A voucher or token system that allows for tracking the distribution of the vouchers or tokens (no direct payments may be made to clients)</li> <li>○ A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates</li> <li>○ A system of volunteer drivers, where insurance and other liability issues are addressed</li> <li>○ Purchase or lease of organizational vehicles for client transportation, with prior approval form HRSA/HAB for the purchase</li> </ul> </li> <li>✓ Documentation of record keeping that tracks both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment)</li> <li>✓ Documentation showing that provider is meeting stated contract requirements with regards to methods of providing transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Program Monitoring</li> </ul>
<b>II. Program Staff</b>	
<b>Standard</b>	<b>Measure</b>
A. Staff are trained and knowledgeable about HIV/AIDS and available resources.	<ul style="list-style-type: none"> <li>• Personnel file</li> </ul>
B. Staff have appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service related resources.	<ul style="list-style-type: none"> <li>• Staff résumés in personnel files</li> <li>• Training records in personnel file</li> <li>• Client satisfaction survey</li> </ul>
C. Staff have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> <li>• Job description on file</li> <li>• Statement on file, signed by staff and supervisor</li> </ul>

**ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES  
MEDICAL TRANSPORTATION SERVICES**

<b>III. Access to Services</b>	
<p>A. Agency is accessible to desired target populations. Accessibility includes:</p> <ul style="list-style-type: none"> <li>✓ proximity to community impacted by HIV</li> <li>✓ proximity to mass transit</li> <li>✓ proximity to low-income individuals</li> <li>✓ proximity to underinsured or uninsured individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Site visit</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
<p>B. Agency demonstrates the ability to provide culturally and linguistically competent services according to Atlanta EMA standards for desired target population</p>	<ul style="list-style-type: none"> <li>• Personnel and training records</li> <li>• Site visit</li> <li>• Client satisfaction survey</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
<p>C. Agency demonstrates input from clients in the design and delivery of transportation services.</p>	<ul style="list-style-type: none"> <li>• Existence of Consumer Advisory Board (CAB); if agency does not have a CAB, it may ask for client input from the Consumer Caucus or other agencies' CABs</li> <li>• Client satisfaction survey</li> </ul>
<p>D. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (i.e. sign language interpreter).</p>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
<b>IV. Eligibility Determination/ Screening</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Provider determines client eligibility for services. Client eligibility will be reassessed every six months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must include at a minimum:</p> <ul style="list-style-type: none"> <li>✓ Proof of HIV status</li> <li>✓ Proof of income not greater than 400% of Federal Poverty Level</li> <li>✓ Proof of residency within the Atlanta EMA</li> <li>✓ Proof of payor of last resort</li> <li>✓ Proof of active participation in primary care or documentation of the client's plan to access primary care <ul style="list-style-type: none"> <li>○ At least 1 visit with a primary care provider every 6 months</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Policy on file</li> <li>• Agency client data report consistent with funding requirements</li> </ul>

**ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES  
MEDICAL TRANSPORTATION SERVICES**

<ul style="list-style-type: none"> <li>○ For affected children &lt; 4, at least 1 primary care visit within 12 months.</li> </ul>	
B. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for services.	<ul style="list-style-type: none"> <li>● Client record</li> <li>● Client satisfaction survey</li> </ul>
C. Staff will provide client with referral information to other services, as appropriate.	<ul style="list-style-type: none"> <li>● Policy on file</li> </ul>
<b>V. Service Coordination/Referral</b>	
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. For those clients not in outpatient ambulatory health services, agency staff must note progress towards linking the client into outpatient ambulatory health services.	<ul style="list-style-type: none"> <li>● Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate</li> <li>● Agency client data report consistent with funding requirements</li> <li>● Policy on file</li> </ul>
B. Agency staff will maintain documentation of services provided to include: <ul style="list-style-type: none"> <li>✓ The level of services/number of trips provided</li> <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> </ul>	<ul style="list-style-type: none"> <li>● Client record or program files</li> </ul>
<b>VI. Clients' Rights and Responsibilities</b>	
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> <li>● Policy on file</li> </ul>
B. Grievance policy exists.	<ul style="list-style-type: none"> <li>● Policy on file</li> </ul>
C. An up-to-date release of information form exists and is signed by the client.	<ul style="list-style-type: none"> <li>● Policy on file</li> <li>● Client record, specifically a current release of information signed by client</li> </ul>
D. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	<ul style="list-style-type: none"> <li>● Documentation in client chart initialed or signed by client (chart review) showing that they have read or been informed</li> </ul>