



HIV Planning and Coordination
Health Care Agency

**MEDICAL TRANSPORTATION
STANDARDS OF CARE**

FOR

**RYAN WHITE ACT-FUNDED SERVICES IN
ORANGE COUNTY**

Effective March 1, 2010

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**COUNTY OF ORANGE
HEALTH CARE AGENCY**

**Ryan White Act
Medical Transportation Standards of Care**

TABLE OF CONTENTS

➤ Section 1: Introduction.....	1
➤ Section 2: Definition of Medical Transportation Services.....	1
➤ Section 3: Staffing Requirements and Qualifications.....	2
➤ Section 4: Cultural and Linguistic Competence.....	3
➤ Section 5: Client Intake.....	4
➤ Section 6: Transportation Assessment.....	7
➤ Section 7: Service Management.....	8
➤ Section 8: Medical Transportation Service Closure.....	10
➤ Section 9: Quality Management.....	12
➤ Appendix A: Glossary of Terms	

SECTION 1: INTRODUCTION

The goal of medical transportation services is to increase access to health care services for persons living with HIV/AIDS (PLWH/A) in Orange County. Medical transportation services include van rides, daily and monthly bus passes, ACCESS coupons, and taxi rides. The services delivered shall reflect a philosophy of service delivery that affirms a client’s right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and nonjudgmental care, dignity, and respect.

These standards are to be referenced in the contracts managed, monitored, and enforced by the Ryan White Program Grantee in conjunction with policies, guidance, and other requirements stipulated by the Ryan White Act.

Goals of the Standards. These standards of care are provided to ensure that Orange County’s Ryan White-funded medical transportation services:

- Are accessible to all persons infected with HIV who meet eligibility requirements
- Promote continuity of care
- Enhance coordination among service providers to eliminate duplication of services
- Maintain the highest standards of care for clients
- Protect the rights of persons living with HIV/AIDS
- Provide transportation services to enable clients to stay in medical care
- Increase client self sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

SECTION 2: DEFINITION OF MEDICAL TRANSPORTATION SERVICES

Medical transportation services are conveyance services provided directly, or through voucher, to a client so that he or she may access health care services as defined by the Health Resource

Medical Transportation Standards of Care

Ryan White Act

and Service Administration (HRSA). Services may be provided routinely or on an urgent basis. The most cost-effective means of transportation that meets the client's needs shall be utilized. Health care services include the following core medical services: Medical Care, Medications, Health Insurance Premium and Cost Sharing Assistance, Medical Case Management, Oral Health Care, Mental Health, Hospice Services, and Outpatient Substance Abuse Treatment.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality medical transportation services start with well-prepared and qualified staff. To ensure this:

- 3.1. Code of Conduct.** Providers shall establish a written Code of Conduct for staff and members of the Board of Directors. Prior to providing services, staff shall agree in writing to maintain the standards set forth in the Code of Conduct.
- 3.2. Knowledge of Job Responsibilities.** Job requirements, duties, and responsibilities for each medical transportation position shall be indicated in job description. Prior to providing services, staff will review the job description, including requirements for certifications and licensure.
- 3.3. HIV/AIDS Knowledge.** Staff providing medical transportation services to clients shall have training and experience with general HIV/AIDS related issues and concerns. At a minimum, such staff shall have completed an initial educational session in any of the following areas. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review. Topics may include the following:
 - HIV/AIDS transmission
 - Psychosocial issues related to HIV/AIDS
 - Cultural issues related to communities affected by HIV/AIDS
- 3.4. Licensure.** All medical transportation drivers must hold necessary State of California licenses for the functions they perform. Staff providing medical transportation van services must hold at a minimum, a valid California Class C driver's license. Drivers operating commercial vehicles that are designed, used, or maintained for carrying more than ten (10) passengers, including the driver, shall hold a valid commercial California Class B driver's license with a passenger endorsement.
- 3.5. Pull Notice Program.** Agencies must enroll their drivers in the California Department of Motor Vehicles (DMV) Pull Notice Program.
- 3.6. Safety Trainings.** Staff shall attend quarterly safety reviews at minimum and any additional trainings as required by applicable federal and state regulations. Topics may include the following:
 - Emergency equipment
 - Defensive driving
 - Cardiopulmonary Resuscitation (CPR) and first aid
 - Pre-trip inspections

Medical Transportation Standards of Care
Ryan White Act

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file signed by staff and supervisor
Appropriate staff receive initial education regarding HIV/AIDS	Education documentation on file including: <ul style="list-style-type: none">• Date, time, location, and provider of education• Education type• Name of staff receiving education• Certificate of training completion or education outline, meeting agenda and/or minutes
Provider shall ensure that driver staff will have appropriate State of California licensure to operate transportation vehicles	Documentation of licensure on file
Enroll all medical transportation staff in the California Department of Motor Vehicles (DMV) Pull Notice Program	Documentation of enrollment on file
Quarterly safety reviews conducted with staff drivers	Documentation of reviews on file including: <ul style="list-style-type: none">• Date and time of safety review

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all persons living with HIV/AIDS. Although an individual's ethnicity is generally central to his/her identity, it is not the only factor. Other relevant factors include gender; language; religious beliefs; disability; sexual orientation; the totality of socially transmitted behavior patterns, arts, beliefs, institutions; and other products of human work and thought characteristics of a community or population. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review.

In providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture and relation to it. If a staff member determines that he/she is not able to provide culturally or linguistically appropriate services, he/she must be willing to refer the client to another staff or provider that can meet the client's needs.

Culturally and linguistically appropriate services:

- Respect, relate, and respond to a client's culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served, including providing written materials in a language accessible to clients
- Recognize the significant power differential between provider and client and work toward developing a more collaborative interaction

Medical Transportation Standards of Care
Ryan White Act

- Consider each client as an individual, not making assumptions based on perceived membership in any group or class

Standard	Measure
Providers shall recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Providers have a written strategy on file
All staff (including administrative staff) shall receive initial training to build cultural and linguistic competence	Training/education documentation on file including: <ul style="list-style-type: none"> • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Providers shall maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: CLIENT INTAKE

Client intake is required for all clients who request or are referred to Ryan White medical transportation services. Intake is a time to gather registration information and provide basic information about services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall provide an appropriate level of information that is helpful and responsive to client need. Staff shall conduct the client intake with respect and compassion.

If a client is receiving multiple Ryan White services with the same provider, intake need only be conducted one time. It is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another client service record at the same provider agency.

Medical Transportation Standards of Care

Ryan White Act

If a client has been referred by another Ryan White provider to receive services, it is acceptable to note that eligibility and registration information discussed in this section were verified and exist at the referring Ryan White provider. Registration information may be sent from the referring provider to the medical transportation provider so that the medical transportation provider may enter information for the Ryan White Services Report. Provision of information regarding *Client Rights and Responsibilities* and *Client Grievance Process* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the medical transportation provider a signed document indicating that they have provided this information to the client.

- 5.1. Timeframe.** Intake shall take place as soon as possible, at maximum within five business days of referral or initial client contact. If there is an indication that the client may be facing a medical crisis, the intake process will be expedited and appropriate intervention may take place prior to formal intake.
- 5.2. Eligibility Determination.** The provider shall obtain the necessary information to establish the client's eligibility. This includes, but is not limited to, verifying documentation of the client's HIV status, income, residency within Orange County, and lack of other resources (See Eligibility Requirements and Checklist Spreadsheet under separate cover for complete list of eligibility requirements for each service category).
- 5.3. Registration Information.** The provider shall obtain information to complete registration as required for the Ryan White Services Report. This includes, but is not limited to, information regarding demographics, insurance, and risk factors.
- 5.4. Provision of Information.** The provider shall offer information to the client about the service that he/she is receiving. The provider shall also provide the client with information about other transportation resources (this may include the county-wide HIV Client Handbook) available in Orange County.
- 5.5. Required Documentation.** The provider shall develop the following forms in accordance with state and local guidelines. The following forms shall be signed and dated by each client.
 - **ARIES Consent:** Clients shall be informed of the AIDS Regional Information and Evaluation System (ARIES). The ARIES consent must be signed at intake prior to entry into the ARIES database and annually thereafter. The signed consent form shall indicate (1) whether the client agrees to the use of ARIES in recording and tracking their demographic, eligibility and service information and (2) whether the client agrees to share select information contained in ARIES with other agencies in the Ryan White system of care.
 - **Confidentiality and Release of Information:** When discussing client confidentiality, it is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality should include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc). If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to

Medical Transportation Standards of Care
Ryan White Act

sign a Release of Information form, authorizing such disclosure. A Release of Information form describes the situations under which a client’s information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client’s signature. This form may be signed at intake prior to the actual need for disclosure. Releases of information may be cancelled or modified by the client at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure.

The following forms shall be posted in a location that is accessible to clients. For documents available in the HIV Client Handbook, completed forms may indicate that the client has received the HIV Client Handbook.

- **Notice of Privacy Practices:** Clients shall be informed of the provider’s policy regarding privacy rights based on the provider’s confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- **Client Rights and Responsibilities:** Clients shall be informed of their rights and responsibilities (included in the HIV Client Handbook). *For clients receiving non-urgent van transportation, client must sign and date document indicating receipt of Client Rights and Responsibilities.*
- **Client Grievance Process:** Clients shall be informed of the grievance process. The HCA’s Grievance Process is included in the HIV Client Handbook.

Standard	Measure
Intake process began within five business days of referral or initial contact with client	Intake tool is completed and in client service record
Eligibility for services is determined	Client’s service record includes: <ul style="list-style-type: none"> • Proof of HIV diagnosis • Proof of income • Proof of Orange County residence Or Client’s service record includes signed referral form indicating that the above information exists at the referring provider agency
Registration information is obtained	Client’s service record includes data required for Ryan White Services Report
ARIES Consent signed and completed prior to entry into ARIES	Signed and dated annually by client and in client service record
Release of Information is discussed and completed as needed	Signed and dated by client and in client service record as needed

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Client is informed of Notice of Privacy Practices	One of the following (based on provider policy): 1) Posted in a location that is accessible to
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Medical Transportation Standards of Care
 Ryan White Act

Standard	Measure
	clients; or 2) Signed and dated by client and in client service record; or 3) Other (based on provider policy)
Client is informed of Rights and Responsibilities	For clients receiving bus passes, taxi ride, ACCESS Coupons, or one-time urgent van transportation: One of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client’s service record includes signed referral form indicating provision of information For clients receiving non-urgent van transportation: Signed and dated by client and in client service record
Client is informed of Grievance Procedures	One of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client’s service record includes signed referral form indicating provision of information

SECTION 6: TRANSPORTATION ASSESSMENT

Proper assessment of client need is fundamental to transportation services. Transportation assessment is required for all persons receiving transportation services, except those receiving one-time urgent van transportation. Client self report is acceptable in completing an assessment. However, staff shall use their best judgment in conducting the assessment and may ask for additional information and documentation to verify information gathered by client self report.

6.1. Timeframe. The assessment process shall be completed prior to the first health care appointment for which services are needed.

6.2. Eligibility for Transportation Services. The provider shall determine whether the client has known upcoming health care appointments for which he/she has no other source of transportation.

Medical Transportation Standards of Care

Ryan White Act

- 6.3. Mode of Transportation.** The provider shall obtain the necessary information to determine the mode of transportation that best meets the client's needs including:
- Client's access to other transportation resources, including but not limited to, transportation provided by friends and family, skilled nursing facility, insurance, medical provider, residential treatment program
 - Client's ability to afford gas
 - Client's ability to operate a vehicle
 - Client's ability to navigate public transportation system
 - Accessibility of health care appointments by public transportation system
 - Client's ability to utilize Orange County Transportation Authority (OCTA) ACCESS service
 - Client eligibility for reduced fare transportation services including Senior/Disabled bus passes and ACCESS fare coupons
- 6.4. Reassessments.** Reassessments shall occur at minimum annually and periodically as the client's needs change.

Standard	Measure
Mode of transportation assessment	Client service record includes assessment of client's: <ul style="list-style-type: none">• Access to other transportation resources• Ability to afford gas• Ability to operate a vehicle• Ability to navigate public transportation system• Accessibility of health care appointments by public transportation system• Ability to utilize OCTA ACCESS service• Eligibility for OCTA reduced fare transportation services

SECTION 7: SERVICE MANAGEMENT

Once client intake and assessment has been conducted, the provider may provide medical transportation services to the client. Service management shall be consistent with the following principles.

7.1. Service Delivery

- Medical transportation services shall be delivered in a manner that promotes continuity of care.
- Providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.

- Medical transportation services must be provided in conjunction with a known upcoming health care appointment.
- Medical transportation in the form of bus passes may be provided to clients who have cars but cannot afford gas.
- Medical transportation taxi services shall be utilized only as a last resort and shall only be provided for transportation to and/or from medical services.
- Vehicles shall be maintained in accordance with vehicle owner's manual.
- Providers shall conduct a weekly pre-trip inspection of vehicles

7.2. Confidentiality

- Provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.

7.3. Service Planning

- Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.
- Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.

7.4. Documentation and Data Collection

- Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.
- Program data shall be entered into ARIES between two (2) to five (5) business days as specified in contract or scope of work.
- Providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
- Providers shall gather and document data (e.g., demographic, eligibility, and risk factor information) for the Ryan White Services Report.
- Providers shall maintain current records of client's name, date of trip, purpose of trip (i.e. type of health care service appointment), and services provided.
- Providers shall document specific client needs that justify the method of transportation provided as the most cost-effective option.

7.5. Compliance with Standards and Laws

- Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
- Medical transportation services shall be consistent with standards set forth in this document.

Medical Transportation Standards of Care
Ryan White Act

Standard	Measure
Provider shall have procedure to address walk-ins, telephone triage, emergencies, and after-hour care	Written procedure in place
Provider shall have procedure for making referrals to offsite services	Written procedure in place
Vehicles will be maintained in accordance with owner's manual	Maintenance records on file including: <ul style="list-style-type: none"> • Date and type of maintenance
Providers shall conduct a weekly pre-trip inspection of vehicles	<ul style="list-style-type: none"> • Written procedure in place regarding pre-trip inspection. • Copy of pre-trip inspection sheet.
Provider shall have policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices; for covered agencies and information, policy shall be consistent with HIPAA regulations	Written policy on file
Staff shall be aware of provider confidentiality policy via training upon employment and annually thereafter	Documentation of education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure
Provider shall screen clients to ensure the least costly service is used as appropriate to client needs	<ul style="list-style-type: none"> • Written procedure in place • Site visit will ensure
Provider shall regularly review client service records to ensure proper documentation	Written procedure in place
Providers shall document and keep accurate records of units of services	Site visit and/or audit will ensure
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit and/or audit will ensure

SECTION 8: SERVICE CLOSURE

Ryan White medical transportation services are considered critical to a client's welfare and in assuring access to medical care and other critical services. Closure from services may affect the client's ability to receive and stay compliant with medical care. As such, closure from services must be carefully considered and reasonable steps must be taken to assure clients are maintained in services.

A client may be closed from Ryan White services due to the following conditions:

- The client has no demonstrated need for the service
- The client has died
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements)
- The client chooses to terminate services
- The client’s needs would be better served by another agency
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities, including excessive missed appointments
- The client cannot be located

8.1. Closure Due to Client Showing No Demonstrated Need. Providers shall periodically review client service records to identify client records that should be closed based on the client’s assessed needs and previous patterns of use.

8.2. Closure Due to Unacceptable Behavior. If closure is due to pervasive unacceptable behavior that violates client rights and responsibilities the provider shall notify the client that his/her services are being terminated and the reason for termination. Within the limits of client’s authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be documented. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, he/she shall be informed of the provider’s grievance procedure.

8.3. Data Collection Closeout. The provider shall close out the client in the data collection system (ARIES) as soon as possible, but no later than thirty (30) days of service closure. For clients receiving services other than medical transportation services at the same provider agency, the provider shall coordinate efforts between services to ensure that data collection closeout occurs no later than thirty (30) days of closure from all Ryan White services at that provider agency.

Standard	Measure
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record For clients with no known address or who are unable to receive mail, documentation of other types of notification or attempt at notification in client service record
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency	Data collection system (ARIES) will indicate client’s closure no later than thirty (30) days of service closure

SECTION 9: QUALITY MANAGEMENT

Medical transportation providers shall have in place a Quality Management (QM) Plan. The QM Plan is a written document that outlines how the QM program will be implemented, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and processes for ongoing evaluation which shall be updated annually. The following paragraphs describe components of a QM Plan. Sections 9.1 through 9.4 (Quality Statement, Quality Infrastructure, Capacity Building, and Evaluation) describe components that can be developed by the provider agency for all services under the QM program. Sections 9.5 and 9.6 (Annual Quality Goals and Performance Measurement) describe components that are developed for each Ryan White service.

- 9.1. Quality Statement:** A quality statement is a brief declaration that provides a vision for the QM program. This component shall include the following elements:
- A brief purpose: Describe the end goal of the agency's HIV quality program.
 - Shared vision: Takes into account the agency's internal and external expectations for which all activities will be directed.
- 9.2. Quality Infrastructure:** The quality infrastructure outlines how the QM program is organized. This component shall include the following elements:
- Leadership: Identify who is responsible for QM activities.
 - Quality committee(s) structure: Document who serves on the quality committee, who chairs the committee, and how often the committee will meet. If the agency currently does not have a quality committee, document a plan to establish a committee.
 - Roles and responsibilities: Define all key persons within the organization, community partners, and major stakeholders, including clients, to clarify expectations for the QM program.
- 9.3. Capacity Building:** Capacity building identifies resources and training needs required to assist staff in implementing a QM program. This component shall include the following elements:
- Orientation: Description of how all staff will be oriented to the agency's QM plan.
 - Training: Description of the identified training topics and plan for documenting attendance at trainings/conferences to improve quality of service.
- 9.4. Evaluation:** Quality improvement evaluation provides a systematic way for which QM program successes, challenges, and strategies for improvement are measured. This component shall include the following elements:
- Evaluation of the QM/QI infrastructure: Document plan to evaluate infrastructure to decide if changes are required to ensure that QI work gets done.
 - Performance measures: Document plan for reviewing performance measures.
 - QI activities: Identify process, including time line, to evaluate if QI activities have contributed to the annual quality goals.

Medical Transportation Standards of Care

Ryan White Act

- 9.5. Annual Quality Goals:** Quality goals are endpoints or conditions toward which the quality program will direct its efforts and resources. Quality goals shall be developed for medical transportation services. This component shall include the following elements:
- Measurable and realistic goals: Include at least one annual goal per service category. The first goal is defined by the HCA. An *optional* goal may be selected for an agency specific to the agency's QM plan.
- 9.6. Performance Measurement:** Performance measurement provides a tool to assess progress toward reaching annual goals for medical transportation services. This component shall include the following elements:
- Outcomes: Outcomes are the desired result for each goal, generally associated with a health outcome.
 - Indicators/Targets: Each outcome shall have at least one indicator that specifies what will be measured to determine whether the outcome has been met. Each indicator shall be associated with a target that shows the goal for the indicator.
 - Staff responsible: Indicate the staff who will collect, analyze, and review data.
 - Dissemination strategy: Identify strategies on how to report and disseminate QM results and findings.
 - New Quality Improvement (QI) activities: Describe processes in place to use data to develop and implement new QI activities to address identified gaps.

Standard	Measure
Providers shall develop a QM Plan annually to continuously assess whether a program is meeting its mission, goals, and objectives	QM Plan submitted to the Grantee and on file at provider agency
Providers shall form a QM Committee to review client feedback and outcome data, as well as develop plans for corrective actions	Documentation of Committee meetings on file at provider agency
Programs develop a process to measure and monitor outcomes and indicators	QM Plan to detail process

Medical Transportation Standards of Care

Ryan White Act

Appendix A. Glossary of Terms

Client: Individual receiving Ryan White services.

Grantee: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grantee for Ryan White Part A funds.

HIV Client Handbook: The most recent version of the HIV Client Handbook published by the Orange County Health Care Agency.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provides Ryan White services and the agency at which services are provided.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns.