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HRSA Service Category Title: <b>(RWGA only)</b>	<b>Medical Transportation</b>
Local Service Category Title:	<b>a. Transportation targeted to Urban</b> <b>b. Transportation targeted to Rural</b>
Budget Type: <b>(RWGA only)</b>	<b>Hybrid</b>
Budget Requirements or Restrictions: <b>(RWGA only)</b>	<ul style="list-style-type: none"> <li>• Units assigned to Urban Transportation must only be used to transport clients whose residence is in Harris County.</li> <li>• Units assigned to Rural Transportation may only be used to transport clients who reside in Houston EMA/HSDA counties <u>other than</u> Harris County.</li> <li>• Mileage reimbursed for transportation is based on the documented distance in miles from a client’s Trip Origin to Trip Destination <b>as documented by a standard Internet-based mapping program (i.e. Google Maps, Map Quest, Yahoo Maps) approved by RWGA.</b> Agency must print out and file in the client record a trip plan from the appropriate Internet-based mapping program that clearly delineates the mileage between Point of Origin and Destination (and reverse for round trips). This requirement is subject to audit by the County.</li> <li>• Transportation to employment, employment training, school, or other activities not directly related to a client’s treatment of HIV disease is <u>not</u> allowable. Clients may not be transported to entertainment or social events under this contract.</li> <li>• Taxi vouchers must be made available for documented emergency purposes and to transport a client to a disability hearing, emergency shelter or for a documented medical emergency.</li> <li>• Contractor must reserve 7% of the total budget for Taxi Vouchers.</li> <li>• Maximum monthly utilization of taxi vouchers cannot exceed 14% of the total amount of funding reserved for Taxi Vouchers.</li> <li>• Emergencies warranting the use of Taxi Vouchers include: van service is unavailable due to breakdown, scheduling conflicts or inclement weather or other unanticipated event. A spreadsheet listing client’s 11-digit code, age, date of service, number of trips, and reason for emergency should be kept on-site and available for review during Site Visits.</li> <li>• Contractor must provide RWGA a copy of the agreement between Contractor and a licensed taxi vendor by March 30, 2008.</li> <li>• All taxi voucher receipts must have the taxi company’s name, the driver’s name and/or identification number, number of miles driven, destination (to and from), and exact cost of trip. The Contractor will add the client’s 11-digit code to the receipt and include all receipts with the monthly Contractor Expense Report (CER).</li> <li>• A copy of the taxi company’s statement (on company letterhead)</li> </ul>

	<p>must be included with the monthly CER. Supporting documentation of disbursement payments may be requested with the CER.</p>
<p>HRSA Service Category                  Definition:  <b>(RWGA only)</b></p>	<p><b>Medical transportation services</b> include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.</p>
<p>Local Service Category                  Definition:</p>	<p>a. Urban Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to <b>HRSA-defined Core Services</b> through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Harris County. Clients residing outside of Harris County are ineligible for Urban transportation services. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>b. Rural Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to <b>HRSA-defined Core Services</b> through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Houston EMA/HSDA counties other than Harris County. Clients residing in Harris County are ineligible for this transportation program. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>Essential transportation is defined as transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being.</p> <p>The Contractor shall ensure that the transportation program provides taxi vouchers to eligible clients only in the following cases:</p> <ul style="list-style-type: none"> <li>• To access emergency shelter vouchers or to attend social security disability hearings;</li> <li>• Van service is unavailable due to breakdown or inclement weather;</li> <li>• Client’s medical need requires immediate transport;</li> <li>• Scheduling Conflicts.</li> </ul> <p><b>Contractor must provide clear and specific justification (reason) for the use of taxi vouchers and include the documentation in the client’s file for <u>each</u> incident.</b> RWGA must approve supporting documentation for taxi voucher reimbursements.</p> <p>For clients living in the METRO service area, written certification</p>

	<p>from the client’s principal medical provider (e.g. medical case manager or physician) is required to access van-based transportation, to be renewed every 180 days. <b>Medical Certifications should be maintained on-site by the provider in a single file (listed alphabetically by 11-digit code) and will be monitored at least annually during a Site Visit.</b> It is the Contractor’s responsibility to determine whether a client resides within the METRO service area. Clients who live outside the METRO service area but within Harris County (e.g. Baytown) are not required to provide a written medical certification to access van-based transportation. All clients living in the Metro service area may receive a maximum of 4 non-certified round trips per year (including taxi vouchers). Non-certified trips will be reviewed during the annual Site Visit. Provider must maintain an up-to-date spreadsheet documenting such trips.</p> <p>The Contractor must implement the general transportation program in accordance with the Transportation Standards of Care that include entering all transportation services into the Centralized Patient Care Data Management System (CPCDMS) and providing eligible children with transportation services to Core Services appointments. Only actual mileage (documented per the selected Internet mapping program) transporting eligible clients from Origin to Destination will be reimbursed under this contract. The Contractor must make reasonable effort to ensure that routes are designed in the most efficient manner possible to minimize actual client time in vehicles.</p>
<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p>a. Urban Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Harris County.</p> <p>b. Rural Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Fort Bend, Waller, Walker, Montgomery, Austin, Colorado, Liberty, Chambers and Wharton Counties.</p>
<p>Services to be Provided:</p>	<p>To provide Medical Transportation services to access Ryan White Program defined <b>Core Services</b> for eligible individuals. Transportation will include round trips to single destinations and round trips to multiple destinations. Taxi vouchers will be provided to eligible clients only for identified emergency situations. Caregiver must be allowed to accompany the HIV-infected rider. <b>Eligibility for Transportation Services is determined by the client’s County of residence as documented in the CPCDMS.</b></p>
<p>Service Unit Definition(s):  <b>(RWGA use only)</b></p>	<p>One (1) unit of service = one (1) mile driven with an eligible client as passenger. Client cancellations and/or no-shows are <u>not</u> reimbursable.</p>
<p>Financial Eligibility:</p>	<p>Refer to the RWPC’s approved <i>Financial Eligibility for Houston EMA Services</i>.</p>
<p>Client Eligibility:</p>	<p>a. Urban Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing inside Harris County will be eligible for services.</p>

	<p>b. Rural Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing in Houston EMA/HSDA Counties other than Harris County are eligible for Rural Transportation services.</p> <p>Documentation of the client’s eligibility in accordance with approved Transportation Standards of Care must be obtained by the Contractor prior to providing services. The Contractor must ensure that eligible clients have a signed consent for transportation services, client rights and responsibilities prior to the commencement of services.</p> <p>Affected significant others may accompany an HIV-infected person as medically necessary (minor children may accompany their caregiver as necessary). Ryan White Part A/B eligible affected individuals may utilize the services under this contract for travel to Core Services when the aforementioned criteria are met and the use of the service is directly related to a person with HIV infection. An example of an eligible transportation encounter by an affected individual is transportation to a Professional Counseling appointment.</p>
<p>Agency Requirements</p>	<p>Contractor must be a Certified Medicaid Transportation Provider and furnish such documentation to Harris County upon request from Ryan White Grant Administration prior to March 1<sup>st</sup> annually. Contractor must maintain such certification throughout the term of the contract. Failure to maintain certification as a Medicaid Transportation provider may result in termination of contract.</p> <p>Contractor must provide each client with a written explanation of contractor’s scheduling procedures upon initiation of their first transportation service, and annually thereafter. <b>Contractor must provide RWGA with a copy of their scheduling procedures by March 30, 2012,</b> and thereafter within 5 business days of any revisions.</p> <p>Contractor must also have the following equipment dedicated to the general transportation program:</p> <ul style="list-style-type: none"> <li>• A separate phone line from their main number so that clients can access transportation services during the hours of 7:00 a.m. to 10:00 p.m. directly at no cost to the clients. <b>The telephone line must be managed by a live person between the hours of 8:00 a.m. – 5:00 p.m.</b> Telephone calls from an answering machine which is utilized after 5:00 p.m. must be returned the following business day by 9:00 a.m.</li> <li>• A fax machine with a dedicated line.</li> <li>• All equipment identified in the Transportation Standards of Care necessary to transport children in vehicles.</li> <li>• Contractor must assure clients eligible for Medicaid transportation are billed to Medicaid. This is subject to audit by the County.</li> </ul> <p>The Contractor is responsible for maintaining documentation to evidence</p>

	<p>that drivers providing services have a valid Texas Driver’s License and have completed a State approved “Safe Driving” course. Contractor must maintain documentation of the automobile liability insurance of each vehicle utilized by the program as required by state law. All vehicles must have a current Texas State Inspection. The minimum acceptable limit of automobile liability insurance is \$300,000.00 combined single limit. Agency must maintain detailed records of mileage driven and names of individuals provided with transportation, as well as origin and destination of trips.</p> <p><b><i>It is the Contractor’s responsibility to verify the County in which clients reside in.</i></b></p>
<p>Staff Requirements</p>	<p>A picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting any clients. Drivers must have annual proof of a safe driving record, which shall include history of tickets, DWI/DUI, or other traffic violations. Conviction on more than three (3) moving violations within the past year will disqualify the driver. Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.</p>
<p>Special Requirements:  <b>(RWGA only)</b></p>	<p>Individuals who qualify for transportation services through Medicaid are not eligible for these transportation services.</p> <p><b>Contractor must ensure the following criteria are met for all clients transported by Contractor’s transportation program:</b></p> <p>Transportation Provider must ensure that clients use transportation services for an appropriate purpose through one of the following three methods:</p> <ol style="list-style-type: none"> <li>1. Follow-up hard copy verification between transportation provider and Destination Agency (DA) program confirming use of eligible service(s), or</li> <li>2. Client provides receipt documenting use of eligible services at Destination Agency on the date of transportation, or</li> <li>3. Scheduling of transportation services was made by receiving agency’s case manager or transportation coordinator.</li> </ol> <p>The verification/receipt form must at a minimum include all elements listed below:</p> <ul style="list-style-type: none"> <li>• Be on Destination Agency letterhead</li> <li>• Date/Time</li> <li>• CPCDMS client code</li> <li>• Name and signature of Destination Agency staff member who attended to client (e.g. case manager, clinician, physician, nurse)</li> <li>• Destination Agency date stamp to ensure DA issued form.</li> </ul>

FY 2012 Service Category Definition - Ryan White Part A  
 March 15, 2011

***FY 2012 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: 06-09-11
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: 06-02-11
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: 05-19-11
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup #3</b>		Date: 04-27-11
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

**2011-2012 HOUSTON ELIGIBLE METROPOLITAN AREA: RYAN WHITE CARE  
ACT PART A/B  
STANDARDS OF CARE FOR HIV SERVICES  
RYAN WHITE GRANT ADMINISTRATION SECTION  
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES (HCPHES)**

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## INTRODUCTION

According to the Joint Commission on Accreditation of Healthcare Organization (JCAHO) 2008)<sup>1</sup>, a standard is a “statement that defines performance expectations, structures, or processes that must be in place for an organization to provide safe, high-quality care, treatment, and services”. Standards are developed by subject experts and are usually the minimal acceptable level of quality in service delivery. The Houston EMA Ryan White Grant Administration (RWGA) Standards of Care (SOCs) are based on multiple sources including RWGA on-site program monitoring results, consumer input, the US Public Health Services guidelines, Centers for Medicare and Medicaid Conditions of Participation (COP) for health care facilities, JCAHO accreditation standards, the Texas Administrative Code, Center for Substance Abuse and Treatment (CSAT) guidelines and other federal, state and local regulations.

### Purpose

The purpose of the Ryan White Part A/B SOCs is to determine the minimal acceptable levels of quality in service delivery and to provide a measurement of the effectiveness of services.

### Scope

The Houston EMA SOCs apply to Part A, Part B and State Services, funded HRSA defined core and support services including the following services in FY 2011-2012:

- Primary Medical Care
- Vision Care
- Medical Case Management
- Clinical Case Management
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Oral Health
- Health insurance
- Hospice Care
- Mental Health Services
- Substance Abuse services
- Home & Community Based Services (Facility-Based)
- Early Intervention Services
- Legal Services
- Medical Nutrition Therapy
- Non-Medical Case Management (Service Linkage)
- Food Bank
- Transportation
- Rehabilitation Services
- Linguistic Services

### Standards Development

The first group of standards was developed in 1999 following HRSA requirements for sub grantees to implement monitoring systems to ensure subcontractors complied with contract requirements.

Subsequently, the RWGA facilitates annual work group meetings to review the standards and to make

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<sup>1</sup> The Joint Commission on Accreditation of Healthcare Organization (2008). Comprehensive accreditation manual for ambulatory care; Glossary

applicable changes. Workgroup participants include physicians, nurses, case managers and executive staff from subcontractor agencies as well as consumers.

#### Organization of the SOCs

The standards cover all aspect of service delivery for all funded service categories. Some standards are consistent across all service categories and therefore are classified under general standards.

These include:

- Staff requirements, training and supervision
- Client rights and confidentiality
- Agency and staff licensure
- Emergency Management

The RWGA funds three case management models. Unique requirements for all three case management service categories have been classified under Service Specific SOCs “Case Management (All Service Categories)”. Specific service requirements have been discussed under each service category.

All new and/or revised standards are effective at the beginning of the fiscal year.

## GENERAL STANDARDS

	Standard	Measure
<b>1.0</b>	<b>Staff Requirements</b>	
1.1	<p><u>Staff Screening (Pre-Employment)</u>  Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> <li>• Personal/Professional references</li> <li>• Personal interview</li> <li>• Written application</li> </ul> <p>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Review of personnel and/or volunteer files indicates compliance</li> </ul>
1.2	<p><u>Initial Training: Staff/Volunteers</u>  Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire &amp; emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of all training in personnel file.</li> <li>• Specific training requirements are specified in Agency Policy and Procedure</li> <li>• Materials for staff training and continuing education are on file</li> <li>• Staff interviews indicate compliance</li> </ul>
1.3	<p><u>Staff Performance Evaluation</u>  Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> <li>• Completed annual performance evaluation kept in employee's file</li> </ul>
1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u>  All staff must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> <li>• Documentation of training is maintained by the agency in the personnel file</li> </ul>
1.5	<p><u>Staff education on eligibility determination and fee schedule</u>  Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee schedule for all applicable staff annually.</p>	<p>Documentation of training in employee's record</p>

<b>2.0</b>	<b>Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.</b>	
2.1	<u>Service Evaluation</u> Agency has a process in place for the evaluation of client services.	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Staff interviews indicate compliance.</li> </ul>
2.2	<u>Subcontractor Monitoring</u> Agency that utilizes a subcontractor in delivery of service, must have established policies and procedures on subcontractor monitoring that include: <ul style="list-style-type: none"> <li>• Fiscal monitoring</li> <li>• Program</li> <li>• Quality of care</li> <li>• Compliance with guidelines and standards</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of subcontractor monitoring</li> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> </ul>
2.3	<u>Staff Guidelines</u> Agency develops written guidelines for staff, which include, at a minimum, agency-specific policies and procedures (staff selection, resignation and termination process, job descriptions); client confidentiality; health and safety requirements; complaint and grievance procedures; emergency procedures; and statement of client rights.	<ul style="list-style-type: none"> <li>• Personnel file contains a signed statement acknowledging that staff guidelines were reviewed and that the employee understands agency policies and procedures</li> </ul>
2.4	<u>Work Conditions</u> Staff/volunteers have the necessary tools, supplies, equipment and space to accomplish their work.	<ul style="list-style-type: none"> <li>• Inspection of tools and/or equipment indicates that these are in good working order and in sufficient supply</li> <li>• Staff interviews indicate compliance</li> </ul>
2.5	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager.	<ul style="list-style-type: none"> <li>• Review of personnel files indicates compliance</li> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> </ul>
2.6	<u>Professional Behavior</u> Staff must comply with written standards of professional behavior.	<ul style="list-style-type: none"> <li>• Staff guidelines include standards of professional behavior</li> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Review of personnel files indicates compliance</li> <li>• Review of agency’s complaint and grievance files</li> </ul>

2.7	<p><u>Communication</u></p> <p>There are procedures in place regarding regular communication with staff about the program and general agency issues.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Documentation of regular staff meetings</li> <li>• Staff interviews indicate compliance</li> </ul>
2.8	<p><u>Accountability</u></p> <p>There is a system in place to document staff work time.</p>	<ul style="list-style-type: none"> <li>• Staff time sheets or other documentation indicate compliance</li> </ul>
2.9	<p><u>Staff Availability</u></p> <p>Staffs are present to answer incoming calls during agency's normal operating hours.</p>	<ul style="list-style-type: none"> <li>• Published documentation of agency operating hours</li> <li>• Staff time sheets or other documentation indicate compliance</li> </ul>
<b>3.0</b>	<b>Clients Rights and Responsibilities</b>	
3.1	<p><u>Clients Rights and Responsibilities</u></p> <p>Agency has a Client Rights and Responsibilities Statement that is reviewed with each client in a language and format the client can understand. Agency will provide client with written copy of client rights and responsibilities, including:</p> <ul style="list-style-type: none"> <li>• Informed consent</li> <li>• Confidentiality</li> <li>• Grievance procedures</li> <li>• Duty to warn or report certain behaviors</li> <li>• Scope of service</li> <li>• Criteria for end of services</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client's record</li> </ul>
3.2	<p><u>Confidentiality</u></p> <p>Agency has Policy and Procedure regarding client confidentiality in accordance with RWGA /TRG site visit guidelines, local, state and federal laws. Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency.</p> <p>There is a written policy statement regarding client confidentiality form signed by each employee and included in the personnel file.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Clients interview indicates compliance</li> <li>• Agency's structural layout and information management indicates compliance</li> <li>• Signed confidentiality statement in each employee's personnel file</li> </ul>
3.3	<p><u>Consents</u></p>	<ul style="list-style-type: none"> <li>• Agency Policy and Procedure and signed and dated consent</li> </ul>

	All consent forms comply with state and federal laws, are signed by an individual legally able to give consent and must include the Consent for Services form and a consent for release/exchange of information for every individual/agency to whom client identifying information is disclosed, regardless of whether or not HIV status is revealed.	forms in client record
3.4	<p><u>Up to date Release of Information</u></p> <p>Agency obtains an informed written consent of the client or legally responsible person prior to the disclosure or exchange of certain information about client's case to another party (including family members) in accordance with the RWGA Site Visit Guidelines, local, state and federal laws. The release/exchange consent form must contain:</p> <ul style="list-style-type: none"> <li>• Name of the person or entity permitted to make the disclosure</li> <li>• Name of the client</li> <li>• The purpose of the disclosure</li> <li>• The types of information to be disclosed</li> <li>• Entities to disclose to</li> <li>• Date on which the consent is signed</li> <li>• The expiration date of client authorization (or expiration event) no longer than two years</li> <li>• Signature of the client/or parent, guardian or person authorized to sign in lieu of the client.</li> <li>• Description of the <i>Release of Information</i>, its components, and ways the client can nullify it</li> </ul> <p>Released/exchange of information forms must be completed entirely in the presence of the client. Any unused lines must have a line crossed through the space.</p>	<ul style="list-style-type: none"> <li>• Current Release of Information form with all the required elements signed by client or authorized person in client's record</li> </ul>
3.5	<p><u>Grievance Procedure</u></p> <p>Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client.</p> <p>Grievance procedure includes but is not limited to:</p>	<ul style="list-style-type: none"> <li>• Signed receipt of agency Grievance Procedure, filed in client chart</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>

	<ul style="list-style-type: none"> <li>• to whom complaints can be made</li> <li>• steps necessary to complain</li> <li>• form of grievance, if any</li> <li>• time lines and steps taken by the agency to resolve the grievance</li> <li>• documentation by the agency of the process</li> <li>• confidentiality of grievance</li> <li>• addresses and phone numbers of licensing authorities and funding sources</li> </ul>	
3.6	<p><u>Conditions Under Which Discharge/Closure May Occur</u></p> <p>A client may be discharge from Ryan White funded services for the following reasons.</p> <ul style="list-style-type: none"> <li>• Death of the client</li> <li>• At the client's or legal guardian request</li> <li>• Changes in client's need which indicates services from another agency</li> <li>• Fraudulent claims or documentation about HIV diagnosis by the client</li> <li>• Client actions put the agency, case manager or other clients at risk. Documented supervisory review is required when a client is terminated or suspended from services due to behavioral issues.</li> <li>• Client moves out of service area, enters jail or cannot be contacted for sixty (60) days. Agency must document three (3) attempts to contact clients by more than one method (e.g. phone, mail, email, text message, in person via home visit).</li> </ul> <p>Client must be provided a written notice prior to involuntary termination of services (e.g. due to dangerous behavior, fraudulent claims or documentation, etc).</p>	<ul style="list-style-type: none"> <li>• Documentation in client record and in the Centralized Patient Care Data Management System</li> <li>• A copy of written notice and a certified mail receipt for involuntary termination</li> </ul>
3.7	<p><u>Client Closure</u></p> <p>A summary progress note is completed in accordance with Site Visit Guidelines within three (3) working days of closure, including:</p>	<ul style="list-style-type: none"> <li>• Documentation in client record and in the Centralized Patient Care Data Management System</li> </ul>

	<ul style="list-style-type: none"> <li>• Date and reason for discharge/closure</li> <li>• Summary of all services received by the client and the client's response to services</li> </ul> <p>Referrals made and/or instructions given to the individual at discharge (when applicable)</p>	
3.8	<p><u>Client Feedback</u></p> <p>In addition to the RWGA standardized client satisfaction survey conducted annually, Agency must have structured and ongoing efforts to obtain input from clients (or client caregivers, in cases where clients are unable to give feedback) in the design and delivery of services. Such efforts must include client satisfaction surveys, focus groups and public meetings conducted at least annually. Agency may also maintain a visible suggestion box for clients' inputs. Analysis and use of results must be documented. Agency must maintain a file of materials documenting Consumer Advisory Board (CAB) membership and meeting materials (applicable only if agency has a CAB).</p>	<ul style="list-style-type: none"> <li>• Documentation of clients' evaluation of services is maintained</li> <li>• Documentation of CAB and public meeting minutes</li> <li>• Documentation of existence and appropriateness of a suggestion box or other client input mechanism</li> <li>• Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted annually</li> </ul>
3.9	<p><u>Patient Safety (Core Services Only)</u></p> <p>Agency shall establish mechanisms to implement National Patient Safety Goals (NPSG) modeled after the current Joint Commission accreditation <i>for Ambulatory Care</i> (<a href="http://www.jointcommission.org">www.jointcommission.org</a>) to ensure patients' safety. The NPSG to be addressed include the following as applicable:</p> <ul style="list-style-type: none"> <li>• "Improve the accuracy of patient identification</li> <li>• Improve the safety of using medications</li> <li>• Reduce the risk of healthcare-associated infections</li> <li>• Accurately and completely reconcile medications across the continuum of care</li> <li>• Universal Protocol for preventing Wrong Site, Wrong Procedure and Wrong Person Surgery" (<a href="http://www.jointcommission.org">www.jointcommission.org</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>
3.10	<p><u>Client Files</u></p>	<ul style="list-style-type: none"> <li>• Review of agency's policy and procedure for records</li> </ul>

	Provider shall maintain all client files.	administration indicates compliance
<b>4.0</b>	<b>Accessibility</b>	
4.1	<p><u>Cultural Competence</u></p> <p>Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals.</p>	<ul style="list-style-type: none"> <li>• Agency has procedures for obtaining translation services</li> <li>• Client satisfaction survey indicates compliance</li> <li>• Policies and procedures demonstrate commitment to the community and culture of the clients</li> <li>• Availability of interpretive services, bilingual staff, and staff trained in cultural competence</li> <li>• Agency has vital documents including, but not limited to applications, consents, complaint forms, and notices of rights translated in client record</li> </ul>
4.2	<p><u>Client Education</u></p> <p>Agency demonstrates capacity for client education and provision of Information on community resources</p>	<ul style="list-style-type: none"> <li>• Availability of the blue book and other educational materials</li> <li>• Documentation of educational needs assessment and client education in clients' records</li> </ul>
4.3	<p><u>Special Service Needs</u></p> <p>Agency demonstrates a commitment to assisting individuals with special needs</p>	<ul style="list-style-type: none"> <li>• Agency compliance with the Americans with Disabilities Act (ADA).</li> <li>• Review of Policies and Procedures indicates compliance</li> <li>• Environmental Review shows a facility that is handicapped accessible</li> </ul>
4.4	<p><u>Provision of Services for low-Income Individuals</u></p> <p>Agency must ensure that facility is handicap accessible and is also accessible by public transportation (if in area served by METRO). Agency must have policies and procedures in place that ensures access to transportation services if facility is not accessible by public transportation. Agency should not have policies that dictate a dress code or conduct that may act as barrier to care for low income individuals.</p>	<ul style="list-style-type: none"> <li>• Facility is accessible by public transportation</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>
4.5	<p><u>Proof of HIV Diagnosis</u></p> <p>Documentation of the client's HIV status is obtained at or prior to the initiation of services or registration services.</p> <p>An anonymous test result may be used to document HIV status temporarily (up to sixty [60] days). It must contain enough information to ensure the identity of the subject with a</p>	<ul style="list-style-type: none"> <li>• Documentation in client record as per RWGA site visit guidelines or TRG Policy SG-03</li> </ul>

	reasonable amount of certainty.	
4.6	<p><u>Provision of Services Regardless of Current or Past Health Condition</u></p> <p>Agency must have Policies and Procedures in place to ensure that HIV+ clients are not denied services due to current or pre-existing health condition or non-HIV related condition. A file must be maintained on all clients who are refused services and the reason for refusal.</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures indicates compliance</li> <li>• A file containing information on clients who have been refused services and the reasons for refusal</li> </ul>
4.7	<p><u>Client Eligibility</u></p> <p>In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> <li>• HIV+</li> <li>• Residence in the Houston EMA/ HSDA (With prior approval, clients can be served if they reside outside of the Houston EMA/HSDA.)</li> <li>• Income no greater than 300% of the Federal Poverty level (unless otherwise indicated)</li> <li>• Proof of identification</li> <li>• Ineligibility for third party reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of HIV+ status, residence, identification and income in the client record</li> <li>• Documentation of ineligibility for third party reimbursement</li> <li>• Documentation of screening for Third Party Payers in accordance with TRG Policy SG-06 Documentation of Third Party Payer Eligibility or RWGA site visit guidelines</li> </ul>
4.8	<p><u>Re-evaluation of Client Eligibility</u></p> <p>Agency conducts six (6) month re-evaluations of eligibility for all clients. At a minimum, agency confirms renewed eligibility with the CPCDMS and re-screens, as appropriate, for third-party payers. Third party payors include State Children's Health Insurance Programs (SCHIP), Medicare (including Part D prescription drug benefit) and private insurance. Agency must ensure that Ryan White is the Payor of last resort and must have policies and procedures addressing strategies to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance and other programs. Agency policy must also address coordination of benefits, billing and collection. Clients eligible for Department of Veterans Affairs (VA) benefits are duly eligible for Ryan White services and therefore exempted from the payor of last resort requirement</p>	<ul style="list-style-type: none"> <li>• Client file contains documentation of re-evaluation of client residence, income and rescreening for third party payers at least every six (6) months</li> <li>• Review of Policies and Procedures indicates compliance</li> <li>• Information in client's files that includes proof of screening for insurance coverage</li> </ul>

<p>4.9</p>	<p><u>Charges for Services</u>            Agency must institute Policies and Procedures for cost sharing including enrollment fees, premiums, deductibles, co-payments, co-insurance, sliding fee discount, etc. and an annual cap on these charges. Agency should not charge any of the above fees regardless of terminology to any Ryan White eligible patient whose gross income level (GIL) is <math>\leq</math> 100% of the Federal Poverty Level (FPL) as documented in the CPCDMS for any services provided. Clients whose gross income is between 101-300% may be charged annual aggregate fees in accordance with the legislative mandate outlined below:</p> <ul style="list-style-type: none"> <li>• 101%-200% of FPL---5% or less of GIL</li> <li>• 201%-300% of FPL---7% or less of GIL</li> <li>• &gt;300% of FPL -----10% or less of GIL</li> </ul> <p>Additionally, agency must implement the following:</p> <ul style="list-style-type: none"> <li>• Six (6) month evaluation of clients to establish individual fees and cap (i.e. the six (6) month CPCDMS registration or registration update.)</li> <li>• Tracking of charges</li> <li>• A process for alerting the billing system when the cap is reached so client will not be charged for the rest of the calendar year.</li> <li>• <u>Documentation of fees</u></li> </ul>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures indicates compliance</li> <li>• Review of system for tracking patient charges and payments indicate compliance</li> <li>• Review of charges and payments in client records indicate compliance with annual cap</li> <li>• Sliding fee application forms on client record is consistent with Federal guidelines</li> </ul>
<p>4.10</p>	<p><u>Information on Program and Eligibility/Sliding Fee Schedule</u>            Agency must provide broad-based dissemination of information regarding the availability of services. All clients accessing services must be provided with a clear description of their sliding fee charges in a simple understandable format at intake and annually at registration update.            Agency should maintain a file documenting promotion activities including copies of HIV program materials and information on eligibility requirements.            Agency must proactively inform/educate clients when changes occur in the program design or process, client eligibility rules, fee schedule, facility layout or access to</p>	<ul style="list-style-type: none"> <li>• Agency has a written substantiated annual plan to targeted populations</li> <li>• Zip code data show provider is reaching clients throughout service area (as applicable to specific service category).</li> <li>• Agency file containing informational materials about agency services and eligibility requirements including the following:              Brochures              Newsletters              Posters              Community bulletins              any other types of promotional materials</li> <li>• Signed receipt for client education/ information regarding</li> </ul>

	program or agency.	eligibility and sliding fees on client record
4.11	<p><u>Linkage Into Core Services</u> Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.</p>	<ul style="list-style-type: none"> <li>• Documentation of client referral is present in client file</li> </ul>
4.12	<p><u>Wait Lists</u> It is the expectation that clients will not be put on a Wait List nor will services be postponed or denied due to funding. Agency must notify the Administrative agency when funds for service are either low or exhausted for appropriate measures to be taken to ensure adequate funding is available. Should a wait list become required, the agency must, at a minimum, develop a policy that addresses how they will handle situations where service(s) cannot be immediately provided and a process by which client information will be obtained and maintained to ensure that all clients that requested service(s) are contacted after service provision resumes;</p> <p>The Agency will notify The Resource Group (TRG) or RWGA of the following information when a wait list must be created: An explanation for the cessation of service; and A plan for resumption of service. The Subgrantee's plan must address:</p> <ul style="list-style-type: none"> <li>• Action steps to be taken by Subgrantee to resolve the service shortfall; and</li> <li>• Projected date that services will resume.</li> </ul> <p>The Agency will report to TRG or RWGA in writing on a monthly basis while a client wait list is required with the following information:</p> <ul style="list-style-type: none"> <li>• Number of clients on the wait list.</li> <li>• Progress toward completing the plan for resumption of</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Documentation of compliance with TRG's Policy SG-19 Client Wait Lists</li> <li>• Documentation that agency notified their Administrative Agency when funds for services were either low or exhausted</li> </ul>

	<p>service.</p> <ul style="list-style-type: none"> <li>• A revised plan for resumption of service, if necessary.</li> </ul>	
4.13	<p><u>Intake</u> The agency conducts an intake to collect required data including, but not limited to, eligibility, appropriate consents and client identifiers for entry into CPCDMS. Intake process is flexible and responsive, accommodating disabilities and health conditions. When necessary, client is provided alternatives to office visits, such as conducting business by mail or providing home visits. Agency has established procedures for communicating with people with hearing impairments.</p>	<ul style="list-style-type: none"> <li>• Documentation in client record</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>
<b>5.0</b>	<b>Quality Management</b>	
5.1	<p><u>Continuous Quality Improvement (CQI)</u> Agency demonstrates capacity for an organized CQI program and has a CQI Committee in place to review procedures and to initiate Performance Improvement activities. The Agency shall maintain an up-to-date Quality Management (QM) Manual. The QM Manual will contain at a minimum:</p> <ul style="list-style-type: none"> <li>• The Agency's QM Plan</li> <li>• Meeting agendas and/or notes (if applicable)</li> <li>• Project specific CQI Plans</li> <li>• Root Cause Analysis &amp; Improvement Plans</li> <li>• Data collection methods and analysis</li> <li>• Work products</li> <li>• QM program evaluation</li> <li>• Materials necessary for QM activities</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Up to date QM Manual</li> </ul>
5.2	<p><u>Data Collection and Analysis</u> Agency demonstrates capacity to collect and analyze client level data including client satisfaction surveys and findings are incorporated into service delivery. Supervisors shall conduct and document ongoing record reviews as part of quality improvement activity.</p>	<ul style="list-style-type: none"> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> <li>• Up to date QM Manual</li> <li>• Supervisors log on record reviews signed and dated</li> </ul>

<b>6.0</b>	<b>Point Of Entry Agreements</b>	
6.1	<u>Points of Entry (Core Services Only)</u> Agency accepts referrals from sources considered to be points of entry into the continuum of care, in accordance with HIV Services policy approved by HRSA for the Houston EMA.	<ul style="list-style-type: none"> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> <li>• Documentation of formal agreements with appropriate Points of Entry</li> <li>• Documentation of referrals and their follow-up</li> </ul>
<b>7.0</b>	<b>Emergency Management</b>	
7.1	<u>Emergency Preparedness</u> Agency leadership including medical staff must develop an Emergency Preparedness Plan modeled after the Joint Commission’s regulations and/or Centers for Medicare and Medicaid guidelines for Emergency Management. The plan should, at a minimum utilize “all hazard approach” (hurricanes, floods, earthquakes, tornadoes, wide-spread fires, infectious disease outbreak and other public health threats, terrorist attacks, civil disturbances and collapse of buildings and bridges) to ensure a level of preparedness sufficient to support a range of emergencies. Agencies shall conduct an annual Hazard Vulnerability Analysis (HVA) to identify potential hazards, threats, and adverse events and assess their impact on care, treatment, and services they must sustain during an emergency. The agency shall communicate hazards identified with its community emergency response agencies and together shall identify the capability of its community in meeting their needs. The HVA shall be reviewed annually.	<ul style="list-style-type: none"> <li>• Emergency Preparedness Plan</li> <li>• Review of Agency’s Policies and Procedures Manual indicates compliance</li> </ul>
7.2	<u>Emergency Management Training</u> In accordance with the Department of Human Services recommendations, all agency staff must complete the following National Incident Management System (NIMS) courses developed by the Department of Homeland Security: <ul style="list-style-type: none"> <li>• IS -100.HC – Introduction to the Incident command system for healthcare/hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of all training including certificate of completion in personnel file</li> </ul>

	<ul style="list-style-type: none"> <li>• IS-200.HC- Applying ICS to Healthcare organization</li> <li>• IS-700.A-National Incident Management System (NIMS) Introduction</li> <li>• IS-800.B National Response Framework (management)</li> </ul> <p>The above courses may be accessed at:<a href="http://www.training.fema.gov">www.training.fema.gov</a>. Agencies providing support services only may complete alternate courses listed for the above areas All new employees are required to complete the courses within 90 days of hire. Other staff must complete the tracks by June 30, 2011.</p>	
7.3	<p><u>Emergency Preparedness Plan</u> The emergency preparedness plan shall address the six critical areas for emergency management including</p> <ul style="list-style-type: none"> <li>• Communication pathways</li> <li>• Essential resources and assets</li> <li>• patients' safety and security</li> <li>• staff responsibilities</li> <li>• Supply of key utilities such as portable water and electricity</li> <li>• Patient clinical and support activities during emergency situations. (<a href="http://www.jointcommission.org">www.jointcommission.org</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Preparedness Plan</li> </ul>
7.4	<p><u>Emergency Management Drills</u> Agency shall implement emergency management drills twice a year either in response to actual emergency or in a planned exercise. Completed exercise should be evaluated by a multidisciplinary team including administration, clinical and support staff. The emergency plan should be modified based on the evaluation results and retested.</p>	<ul style="list-style-type: none"> <li>• Emergency Management Plan</li> <li>• Review of Agency's Policies and Procedures Manual indicates compliance</li> </ul>
<b>8.0</b>	<b>Building Safety</b>	
8.1	<p><u>Required Permits</u> All agencies will maintain Occupancy and Fire Marshal's permits for the facilities.</p>	<ul style="list-style-type: none"> <li>• Current required permits on file</li> </ul>

**Transportation Services**

The 2006 Care Act classifies Medical Transportation as a support service that provides conveyance services “directly or through voucher to a client so that he or she may access health care services”. The Ryan White Part A transportation services include transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being. All drivers utilized by the program must have a valid Texas Driver’s license and must complete a “Safe Driving” course. The contractor must ensure that each vehicle has automobile liability insurance as required by the State and all vehicles have current Texas State Inspection.

<b>1.0 ELIGIBILITY</b>	Transportation services are offered to eligible clients to ensure individuals most in need have access to services.	
1.1	<p><u>Client Eligibility</u></p> <p>In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> <li>• HIV+</li> <li>• Residence in the Houston EMA/HSDA</li> <li>• Part A Urban Transportation limited to Harris County</li> <li>• Part A Rural/Part B Transportation are limited to Houston EMA/HSDA, as applicable</li> <li>• Income no greater than 300% of the Federal Poverty level</li> <li>• Proof of identification</li> <li>• Documentation of ineligibility for Third Party Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of HIV+ status, identification, residence and income in the client record</li> </ul>
1.2	<p><u>Voucher Guidelines (Distribution Sites)</u></p> <ul style="list-style-type: none"> <li>• Bus Pass (Renewal Pass): Eligible clients who live inside the Metro regular bus route service area and/or live inside Beltway 8 will be issued a Metro voucher by the client’s record-owning agency for an annual bus pass upon new registration and annually thereafter, within 30 days of bus pass expiration</li> <li>• <b><i>BUS PASS (TRANSITIONAL PASS): ELIGIBLE CLIENTS WHO LIVE INSIDE THE METRO REGULAR BUS ROUTE SERVICE AREA AND/OR LIVE INSIDE BELTWAY 8 WHO HAVE NOT PREVIOUSLY RECEIVED A “RENEWAL” BUS PASS WILL BE ISSUED A “TRANSITIONAL” METRO VOUCHER (IF</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• Client record indicates guidelines were followed; if not, an explanation is documented</li> <li>• Documentation of the type of voucher(s) issued</li> <li>• Emergency necessitating taxi voucher is documented</li> </ul>

	<p><b><i>“TRANSITIONAL” VOUCHERS ARE AVAILABLE) BY THE CLIENT’S RECORD-OWNING AGENCY FOR AN ANNUAL “ONE TIME ONLY” BUS PASS UPON NEW REGISTRATION AND ANNUALLY THEREAFTER, WITHIN 30 DAYS OF BUS PASS EXPIRATION</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>BUS PASS (VALUE-BASED): OTHERWISE ELIGIBLE CLIENTS WHO ARE NOT ELIGIBLE FOR A RENEWALBUS PASS OR ARE UNABLE TO OBTAIN A TRANSITIONAL BUS PASS MAY BE ISSUED A VALUE-BASED BUS PASS PER RWGA BUSINESS RULES</i></b></li> <li>• Gas Voucher: Eligible clients in the rural area will receive gas vouchers as needed from their Ryan White Part A/B case management provider or their primary care provider, if the client is not case managed</li> <li>• Taxi Voucher: for emergencies, to access emergency shelter vouchers and to attend Social Security disability hearings only</li> </ul>	
1.3	<p><u>Eligibility for Van-Based Transportation (Urban Transportation Only)</u></p> <p>Written certification from the client’s principal medical provider (e.g. medical care coordinator) is required to access van-based transportation and must be renewed every 180 days.</p> <p>All clients may receive a maximum of 4 non-certified round trips per year (includes taxi vouchers).</p>	<ul style="list-style-type: none"> <li>• Client record indicates compliance</li> </ul>
<b>2.0</b>	<p><b>ACCESSIBILITY</b></p> <p><b>Transportation services are offered in such a way as to overcome barriers to access and utilization.</b></p>	
2.1	<p><u>Notification of Service Availability</u></p> <p>Prospective and current clients are informed of service availability, prioritization and eligibility requirements.</p>	<ul style="list-style-type: none"> <li>• Program information is clearly publicized</li> <li>• Availability of services, prioritization policy and eligibility requirements are defined in the information publicized</li> </ul>
2.2	<p><u>Access</u></p> <p>Clients must be able to initiate and coordinate their own services with the transportation providers in accordance with transportation</p>	<ul style="list-style-type: none"> <li>• Agency’s policies and procedures for transportation services describe how the client can access the service</li> <li>• Review of agency’s complaint and</li> </ul>

	<p>system guidelines. This does not mean an advocate (e.g. social worker) for the client cannot assist the client in accessing transportation services.</p> <p>Agency must obtain a signed statement from clients regarding agreement on proper conduct of client in the vehicle.</p> <p>This statement should include the consequences of violating the agreement.</p>	<p>grievances log</p> <ul style="list-style-type: none"> <li>• Signed agreement in client's records</li> </ul>
2.3	<p><u>Handicap Accessibility</u></p> <p>Transportation services are handicap accessible.</p> <p>Agency/Driver may refuse service to client with open sores/wounds or real exposure risk.</p> <p>Agency must have a policy in place regarding training for drivers on the proper boarding/unloading assistance of passengers with wheel chairs and other durable health devices.</p>	<ul style="list-style-type: none"> <li>• Agency compliance with the Americans with Disabilities Act (ADA)</li> <li>• Agency documentation of reason for refusal of service</li> <li>• Documentation of training in personnel records</li> </ul>
2.4	<p><u>EMA Accessibility</u></p> <p>Services are available throughout the Houston EMA as contractually defined in the RFP.</p>	<ul style="list-style-type: none"> <li>• Review of agency's Transportation Log and Monthly Activity Reports for compliance</li> </ul>
2.5	<p><u>Service Availability</u></p> <p>The Contractor must ensure that general transportation service hours are from 7:00 AM to 10:00 PM on weekdays (non-holidays), and coverage must be available for medical and health-related appointments on Saturdays.</p>	<ul style="list-style-type: none"> <li>• Review of Transportation Logs</li> <li>• Transportation services shall be available on Saturdays, by pre-scheduled appointment for core services</li> </ul>
2.6	<p><u>Service Capacity</u></p> <p>Agency will notify RWGA and other Ryan White providers when transportation resources are close to being maximized*. Agency will maintain documentation of clients who were refused services.</p> <p>* Maximized means the agency will not be able to provide service to client within the next 72 hours.</p>	<ul style="list-style-type: none"> <li>• RWGA will be contacted by phone/fax no later than twenty-four (24) working hours after services are maximized</li> <li>• Agency will document all clients who were denied transportation or a voucher</li> </ul>
<b>3.0</b>	<b>Timeliness and Delays: Transportation services are provided in a timely manner</b>	
3.1	<p><u>Timeliness</u></p> <p>There is minimal waiting time for vehicles and vans; appointments</p>	<ul style="list-style-type: none"> <li>• Waiting times longer than 60 minutes will be documented in Delay Incident Log.</li> </ul>

	<p>are kept</p> <ul style="list-style-type: none"> <li>• Waiting times longer than 2 hours will also be documented in the client record</li> <li>• If a cumulative incident of clients kept waiting for more than 2 hours reaches 75 clients in the contract year, this must be reported in writing within one business day to the administrative agent</li> <li>• Review of agency's complaint and grievance logs</li> </ul> <p>Client interviews and client satisfaction survey</p>	<ul style="list-style-type: none"> <li>• Review of Delay incident log</li> <li>• Review of client's record</li> </ul>
3.2	<p><u>Immediate Service Problems</u></p> <p>Clients are made aware of problems immediately (e.g. vehicle breakdown) and notification documented.</p>	<ul style="list-style-type: none"> <li>• Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance</li> <li>• Review of agency's complaint and grievance logs</li> <li>• Client interviews and client satisfaction survey</li> </ul>
3.3	<p><u>Future Service Delays</u></p> <p>Clients and Ryan White providers are notified of future service delays, changes in appointment or schedules as they occur.</p>	<ul style="list-style-type: none"> <li>• Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance</li> <li>• Review of agency's complaint and grievance logs</li> <li>• Client interviews and client satisfaction survey</li> <li>• Documentation exists in the client record</li> </ul>
3.4	<p><u>Confirmation of Appointments</u></p> <p>Agency must allow clients to confirm appointments at least 48 hours in advance.</p>	<ul style="list-style-type: none"> <li>• Review of agency's transportation policies and procedures indicates compliance</li> <li>• Review of agency's complaint and grievance logs</li> <li>• Client interviews and client satisfaction survey.</li> </ul>
3.5	<p><u>"No Shows"</u></p> <p>"No Shows" are documented in Transportation Log and client file. Passengers who do not cancel scheduled rides for two (2) consecutive times or who "no show" for two (2) consecutive times or three times within the contract year <i>may be</i> removed from the</p>	<ul style="list-style-type: none"> <li>• Review of agency's transportation policies and procedures indicates compliance</li> <li>• Documentation on Transportation Log</li> <li>• Documentation in client record</li> </ul>

	<p>van/vehicle roster for 30 days. If client is removed from the roster, he or she must be referred to other transportation services. One additional no show and the client can be suspended from service for one (1) year.</p>	
<p>3.6</p>	<p><u>System Abuse</u>          If an agency has verified that a client has falsified the existence of an appointment in order to access transportation, the client can be removed from the agency roster.           If a client cancels van/vehicle transportation appointments in excess of three (3) times per month, the client may be removed from the van/vehicle roster for 30 days.          Agency must have published rules regarding the consequences to the client in situations of system abuse.</p>	<ul style="list-style-type: none"> <li>• Documentation in the client record of verification that an appointment did not exist</li> <li>• Documentation in the client record of client cancellation of van/vehicle appointments</li> <li>• Availability of agency’s published rules</li> <li>• Written documentation in the client file of specific instances of system abuse</li> </ul>
<p>3.7</p>	<p><u>Documentation of Service Utilization</u>          Transportation Provider must ensure:</p> <ul style="list-style-type: none"> <li>• Follow-up verification between transportation provider and destination service program confirming use of eligible service(s) <u>or</u></li> <li>• Client provides proof of service documenting use of eligible services at destination agency on the date of transportation <u>or</u></li> <li>• Scheduling of transportation services by receiving agency’s case manager or transportation coordinator</li> <li>• In order to mitigate Agency exposure to clients who may fail to follow through with obtaining the required proof of service, Agency is allowed to provide one (1) one-way trip per client per year without proof of service documentation.</li> </ul> <p>The content of the proof of service will include:</p> <ul style="list-style-type: none"> <li>• Agency’s letter head</li> <li>• Date/Time</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of confirmation from destination agency in agency/client file</li> <li>• Client’s original receipt from destination agency in agency/client file</li> <li>• Documentation in Case Manager’s progress notes</li> <li>• Documentation in agency/client file of the one (1) allowable one-way trip per year without proof of service documentation</li> </ul>

	<ul style="list-style-type: none"> <li>• CPCDMS client code</li> <li>• Name and signature of Agency's staff who attended to client</li> <li>• Agency's stamp</li> </ul>	
<b>4.0</b>	<b>Safety/Vehicle Maintenance: Transportation services are safe</b>	
4.1	<p><u>Vehicle Maintenance and Insurance</u></p> <p>Vehicles are in good repair and equipped for adverse weather conditions.</p> <p>All vehicles will be equipped with both a fire extinguisher and first aid and CPR kits.</p> <p>A file 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.</p> <p>Inspections of vehicle should be routine, and documented not less than quarterly. Seat belts/restraint systems must be operational. When in place, child car seats must be operational and installed according to specifications. All lights and turn signals must be operational, brakes must be in good working order, tires must be in good condition and air conditioning/heating system must be fully operational.</p> <p>Driver must have radio or cell phone capability.</p>	<ul style="list-style-type: none"> <li>• Inspection of First Aid/CPR kits indicates compliance</li> <li>• Review of vehicle file</li> <li>• Current vehicle State Inspection sticker.</li> <li>• Fire extinguisher inspection date must be current</li> <li>• Proof of current automobile liability and personal injury insurance in the amount of at least \$300,000.00</li> </ul>
4.2	<p><u>Emergency Procedures</u></p> <p>Transportation emergency procedures are in place (e.g. breakdown of agency vehicle). Written procedures are 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.</p>	<ul style="list-style-type: none"> <li>• A copy of each in-service and sign-in roster with names both printed and signed and maintained in the driver's personnel file</li> </ul>
4.3	<p><u>Transportation of Children</u></p> <p>Children must be transported safely. When transporting children under the age of two (2)<sup>4</sup>, operational car seats are made available.</p>	<ul style="list-style-type: none"> <li>• Review of Transportation Log indicates compliance</li> </ul>

<sup>4</sup> Texas Department of Public Safety, Texas Traffic Law Handout TRC545.412 Child Passenger Safety Seat Systems.

	Necessity of a car seat should be documented on the Transportation Log by staff when appointment is scheduled. Children 15 years old or younger must be accompanied by an adult caregiver in order to be transported.	<ul style="list-style-type: none"> <li>Review of client records indicates compliance</li> </ul>
<b>5.0</b>	<b>Records Administration: Transportation services are documented consistently and appropriately</b>	
5.1	<u>Transportation Consent</u> Prior to receiving transportation services, clients must read and sign the Transportation Consent.	<ul style="list-style-type: none"> <li>Review of client records indicates compliance</li> </ul>
5.2	<u>Van/Vehicle Transportation</u> Agency must document daily transportation services on the Transportation Log.	<ul style="list-style-type: none"> <li>Review of agency files indicates compliance</li> <li>Log must contain driver's name, client's name or identification number, date, destinations, time of arrival, and type of appointment.</li> </ul>
5.3	<u>Mileage Documentation</u> Agency must document the mileage between Trip Origin and Trip Destination (e.g. where client is transported to access eligible service) per a standard Internet-based mapping program (e.g. Yahoo Maps, Map Quest, Google Maps) for all clients receiving Van-based transportation services.	<ul style="list-style-type: none"> <li>Map is printed out and filed in client chart</li> </ul>

### **THRESHOLDS**

Measurement thresholds will be set at 100%.

### **IV. IMPLEMENTATION & REPORTING**

Agencies will be required to adhere to the QA guidelines provided by RWGA, or the Part B administrative agency, as applicable.

# RYAN WHITE GRANT PROGRAM

## SUMMARY REPORT 2009 RYAN WHITE FOCUS GROUPS

December 2009

**Prepared by:**

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Harris County Public Health & Environmental Services  
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### Executive Summary

The following findings highlight the most frequently discussed topics by focus group participants:

- Most participants are satisfied with transportation benefits provided through Ryan White funded bus passes. Many of the participants reported an awareness bus passes should be used exclusively for transportation to medical appointments.
- Many of the participants reported experiencing long waits for dental care services, particularly general cleaning appointments.
- Most participants reported receiving their annual Pap screenings as scheduled.
- Many of the participants emphasized the importance of peer support/mentoring groups in staying engaged in their own health maintenance.
- Most participants reported substance abuse, depression and/or incarceration as barriers to entering care after learning their diagnosis.

## Ryan White Grant Program

### Summary Report on 2009 Ryan White Consumer Focus Groups

#### Background

The Houston EMA (Eligible Metropolitan Area) Ryan White Grant Administration office has conducted consumer satisfaction surveys on an annual basis since 2003. Since 2008, the Houston Ryan White Grant Administration office has conducted focus groups at each of the primary care agencies that receive Ryan White funding to augment the consumer satisfaction process. The focus groups are conducted to obtain client perspectives on a variety of core and support services.

In Fall 2009, Ryan White Grant Administration, and Harris County Public Health and Environmental Services staff conducted a series of focus groups with consumers who utilize Ryan White funded core and support services (as defined under the Ryan White HIV/AIDS Treatment Modernization Act of 2006). The data were collected to obtain additional insight into consumers' perceptions of their experiences with Ryan White funded services. The report presents common themes that arose from the four focus groups.

## Methods and Analyses

Information was obtained on clients perceptions of access to and quality of care received through the Ryan White funded agencies in a variety of service areas including, primary care, dental care, transportation, and case management services, among others.

The Ryan White Project Coordinator collaborated with agency representatives to recruit clients to participate in the focus groups. The focus groups were moderated by the Ryan White Project Coordinator. An interpreter was present at two focus group sessions to ensure full engagement of Spanish-speaking consumer participants. However, no monolingual Spanish participants were present at any of the four focus groups. Agencies staff were prohibited from participating in the focus group sessions to encourage full disclosure of experiences among focus group participants.

Informed consent forms were obtained from each focus group participant prior to each focus group session. There were both English and Spanish versions of the informed consent form available to participants. Each focus group session was audio taped and transcribed verbatim (to the extent possible). Once the focus group sessions were transcribed the audiotapes were destroyed to protect the identity of the focus group participants. Focus group participants were encouraged to comment however they were informed that it was not necessary to respond to every question.

A thematic analysis was used to analyze the data. Thematic analysis identifies patterns in the data and organizes and describes the data in detail (Braun & Clarke, 2006)<sup>1</sup>. It is important to note that focus group results are not generalizable to the larger population of consumers who receive Ryan White funded services.

## Characteristics of Focus Group Participants

During the 2009 focus groups, several discussion questions focused on women's health issues, specifically Pap screenings. For this reason, most agency staff recruited exclusively from their female client base. However, one agency did have mostly male participants. The women in this group indicated they were comfortable discussing women's health issue questions in a mixed gender setting. Additionally, there was a mixture of other characteristics among focus group participants. There were individuals who had been

<sup>1</sup> Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*,3, 77-101.

diagnosed as long as twenty years ago as well as newly diagnosed individuals. The education and socioeconomic level of participants also varied. For example, many participants heavily relied on the Ryan White Program for transportation services while a few reported owning their own vehicles. The majority of participants were African American. There were several White participants. Focus groups consisting of representatives from agency consumer councils/support groups tended to voice their concerns more readily than others.

## Findings

### Transportation Services

Consumers were asked if they utilized a Ryan White funded bus pass for transportation to medical appointments. Those who did were asked if they were aware of any recent changes to the bus pass program.

The Houston Ryan White Program, in conjunction with the Houston Metro Transit Authority, offers bus passes for the purpose of transportation to and from core medical service appointments. In the past, clients who received bus passes were granted use of the unlimited ride pass “for life.” However, newly enrolled clients who receive the bus pass will only be able to utilize an unlimited ride time-based pass for one year, or a \$26 or \$50 value-based pass that is eligible for renewal once every six months.

- Many participants reported having a Ryan White funded bus pass. The distribution of bus pass type varied across focus groups.
- Most consumers that reported having a bus pass also reported that they were aware of changes in the program that resulted in the unavailability of “lifetime” bus passes to newly enrolled consumers.
- Transportation services were highlighted by most focus group participants as an essential service needed to both access and remain in care.
- Most consumers that reported having a Ryan White funded bus pass expressed they have been informed that the bus passes should be used exclusively for transportation to and from core medical service appointments, and reported they use their bus pass accordingly. Several consumers that reported having an unlimited-use bus pass also reported they were aware of this program stipulation.

## Conclusions

The information obtained through these focus groups provided valuable insight on consumers' perceptions of their access to care and experiences with service providers. Issues such as patient mental health, substance abuse, stigma, the importance of social support networks and access to medical and dental appointments were common themes discussed across focus groups.

One of the most notable topics discussed was the profound negative effect depression and/or substance abuse has on patient retention in medical care. Depression and substance abuse were given as the chief reasons why patients were out of care for extended periods of time. This information further confirms the importance of mental health and substance abuse screenings for all patients that enter the care system. Mental health and substance abuse service availability and referral follow-up are equally important aspects of overcoming barriers to retention in care.

The importance of a support network was also a sentiment that was expressed across all focus groups. This appeared to be particularly true for patients that were new to HIV medical care. Participants indicated that in-clinic support groups were not only excellent resources for information on how to navigate the care system, but also a network for friends with similar life experiences. Many consumers comments that the "support groups" were like family, always available and helpful.

In addition to treatment adherence and retention in care issues, access to dental services continues to be a significant concern. Many participants were aware of increased flexibility with our untargeted dental providers rescheduling policy. Participants also believe that this change enhances their access to oral health care. However, appointment availability due to system capacity appears to be a growing problem.

Linkage to and retention in primary medical care is a central focus of quality improvement for HIV-positive individuals on both a local and national level. The information provided in the 2009 Houston EMA focus group offers excellent insight on what areas have the potential of making the greatest impact on this issue.



## Transportation for Rural Patients

Rural patients with HIV/AIDS often find themselves with unique problems that make it more difficult to receive important medical services. According to the [National Rural Health Association](#) (NRHA), "Distance and small populations pose very real challenges in getting services to people with HIV/AIDS."

An Associated Press article highlights a compromise [national funding measure](#) to help bring transportation to these patients:

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Patients living with HIV/AIDS in rural parts of the country have frequently found themselves struggling not only with their health problems, but finding ways to travel for medical help that's often located miles away in urban areas.

Advocates said Monday that long-awaited transportation programs in parts of the South can become a reality now under a compromise national funding measure. Along with \$70 million in new money, it adjusted the funding formula to help Southern points where the disease is spreading fastest.

"If you look at our urban areas, primary care may be available, but if you go out beyond the reaches of cities like Birmingham or Charlotte, N.C., or Raleigh-Durham, it is not unusual for people living with HIV/AIDS to travel really far distances to get to a primary care provider," said Evelyn Foust, who heads North Carolina's HIV prevention branch.

"They can have a real difficult time getting primary care and that access makes all the difference in the world," she said.

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Rural areas have fewer health care providers, and according to the NRHA that "includes providers who are not involved in HIV care and, additionally, providers who are not trained or otherwise prepared to deliver quality HIV services."



# Benefits of Medical Treatment Transportation

By Erin Moseley, eHow Contributor

Everyone benefits when patients are transported to their medical appointments on time. Reliable medical transporters help patients get to and keep their appointments. They provide valuable services to nursing home staff where patients stay, and [family](#) members who would otherwise not be able to lift them into a [car](#). The benefits of improved [health](#) are evident for patients who are able to keep their treatment appointments.

## Patients Keep Appointments

People who would otherwise not go to their wound care treatment or their radiation treatments, for example, benefit when they get the medical attention that they need. Sometimes people are too sick or injured to drive themselves to their appointments. Medical transport services are available to assist.

## Patient Comfort

Patients who need to remain recumbent, or lying down, during transport are more comfortable on a bed inside a clean, air-conditioned transport van or ambulance. They often have someone sitting next to them. They can stretch their legs and avoid cramping that they might otherwise experience in a tight automobile backseat. Strong transport personnel help them into and out of the van, wheel the gurney and may also assist them getting into a wheelchair at the clinic if possible. Transporters are generally kind people who demonstrate great patience.

## Nursing Homes Benefit

When nursing home residents need to go to medical appointment for treatments, they often go in the home's specially equipped transport vans. Vans usually have oxygen canisters, medical supplies and gurneys. Patients who can sit

## Medical Facility Benefits

Clinics benefit when their patients show up for treatments. They can show better statistical data for improved patient health when patients actually show up to get treatments. They also get paid when they provide services, thus benefiting the budget.

## Family Members Benefit

Often times family members are not equipped to deal with transport issues especially when their loved one needs to breathe oxygen from tubing on the way to their treatments. Sometimes there are too many scheduling problems for family members to help out. Medical treatment transportation benefits families when they know their loved one is in good hands and getting the care they need.

## Medical Professionals Benefit

Health care providers benefit from medical transport when their patients make it to their treatments. Physical therapists, for example, benefit by knowing they are doing a good job when they deliver the prescribed care and treatments to their patients. Their confidence is boosted when they can help their patients.

## TRANSIT COOPERATIVE RESEARCH PROGRAM

Sponsored by the Federal Transit Administration

Subject Area: IA Planning and Administration  
VI Public Transit

Responsible Senior Program Officer: Dianne S. Schwager

# Research Results Digest 75

## EXECUTIVE SUMMARY: COST BENEFIT ANALYSIS OF PROVIDING NON-EMERGENCY MEDICAL TRANSPORTATION

This digest summarizes the final report of TCRP Project B-27, "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation." The final report is available as *TCRP Web-Only Document 29*. This digest was written by P. Hughes-Cromwick and R. Wallace of Altarum Institute.

This digest contains information on the relative costs and benefits of providing transportation to non-emergency medical care for individuals who miss or delay healthcare appointments because of transportation issues. Paratransit operators and other transportation providers, legislative policy makers, and healthcare providers responsible for cost-effective transportation and healthcare decisions will find this digest of interest.

### INTRODUCTION

Millions of Americans are considered to be "transportation disadvantaged," because they cannot provide or purchase their own transportation. As a result, this population—which is disproportionately elderly, poor, mobility-impaired, minority, or some combination of these—depends on others to access employment, education, shopping, and healthcare. Because they depend on others for transportation, the persons in this population have reduced access to healthcare services, and this places them at risk for poor health outcomes. Lacking available or affordable transportation, they miss or postpone routine care or preventive services, which can lead to a need for emergency care and preventable hospitalizations. For

example, poorly managed asthma, a problem among children in the inner city with unique transportation barriers, can cause a major asthma episode (or attack). Access to non-emergency medical transportation (NEMT) can reduce emergency room and hospital expenditures for members of the transportation-disadvantaged population.

In response to the importance of examining the need for improved access to NEMT nationally, TCRP launched Project B-27, "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation." The goal of this study was to compare the costs and benefits, including potentially large net health benefits, of providing NEMT to those who lack access to it. To achieve this goal, the objectives of this study were to

- Identify the transportation-disadvantaged population that misses non-emergency medical care because of a lack of available transportation (the target population);
- Determine the medical conditions that this target population suffers from and describe other important characteristics of these individuals, such as their distribution across urban and rural areas;

- Estimate the cost of providing the transportation that this population would need to obtain medical transportation according to various transportation service needs and trip modes;
- Estimate the healthcare costs and benefits that would result if these individuals obtained transportation to non-emergency medical care for key healthcare conditions prevalent for this population; and
- Compare the relative costs (from transportation and routine healthcare) and benefits (such as improved quality of life and better managed care, leading to less emergency care) to determine the cost-effectiveness of providing transportation for selected conditions.

This study investigated the hypothesis that improving access to healthcare for the transportation-disadvantaged population will lead to improved quality of life and an overall decrease in healthcare costs. Furthermore, this study examined whether this hypothesized net decrease in healthcare costs exceeds the incremental increase in transportation costs. *TCRP Web-Only Document 29* ([www4.trb.org/trb/onlinepubs.nsf/](http://www4.trb.org/trb/onlinepubs.nsf/)) explains the methods used in the Altarum Institute's study of this novel and complex issue and presents the findings, along with supporting documentation.

## SUMMARY OF RESULTS

An analysis of nationally representative healthcare datasets revealed that about 3.6 million Americans miss or delay non-emergency medical care each

year because of transportation issues. This target population of 3.6 million persons was found to have a higher prevalence of chronic diseases and a higher rate of multiple chronic conditions. The reasons for this higher prevalence and rate are described in *TCRP Web-Only Document 29*, as are the reasons chronic conditions and preventive care conditions were selected for the economic evaluation of providing transportation.

The researchers determined that the most appropriate method of evaluating the benefits of improved access to medical care is cost-effectiveness analysis (CEA). *For all 12 medical conditions analyzed, the researchers found that providing additional NEMT is cost-effective*; for four of these conditions, the researchers found that providing additional NEMT is actually *cost saving*—additional investment in transportation leads to a net decrease in total costs when both transportation and healthcare are examined. Table 1 summarizes the condition-specific results highlighting the most likely estimates.

The CEA method measures the effectiveness-per-unit cost, as opposed to a cost-to-cost comparison. As described in the final report, healthcare improvements are worth the amount invested when the cost is reasonable in light of improvements in mortality (enhanced life expectancy) and morbidity (health-related quality of life). Thus, while cost savings are the best possible outcome, cost increases may nevertheless be seen as worthwhile—i.e., cost-effective if they provide sufficient improvement in quality of life, life expectancy, or both. This standard is met for the eight conditions that are not estimated to be cost saving.

**Table 1** Summary of Condition-Specific Cost-Effectiveness

Condition	Type	Result
Influenza Vaccinations	Preventive	Highly Cost-Effective
Prenatal Care	Preventive	<b>Cost Saving</b>
Breast Cancer Screening	Preventive	Moderately Cost-Effective
Colorectal Cancer Screening	Preventive	Moderately Cost-Effective
Dental Care	Preventive	Highly Cost-Effective
Asthma	Chronic	<b>Cost Saving</b>
Heart Disease (Congestive Heart Failure, CHF)	Chronic	<b>Cost Saving</b>
Chronic Obstructive Pulmonary Disease (COPD)	Chronic	Highly Cost-Effective
Hypertension (HTN)	Chronic	Highly Cost-Effective
Diabetes	Chronic	<b>Cost Saving</b>
Depression / Mental Health	Chronic	Highly Cost-Effective
End-Stage Renal Disease (ESRD)	Chronic	Highly Cost-Effective

Based on the convention frequently cited in health economics literature, investments that provide one additional Quality Adjusted Life-Year (QALY) are valued at \$50,000 (see Appendix C in *TCRP Web-Only Document 29*). Interventions that provide one QALY and cost less than \$50,000, therefore, are deemed to be cost-effective—worth the investment. Each of the analyses yielded either a cost saving or a net cost increase of less than \$50,000 per QALY. Due to variations in cost per QALY, the researchers labeled NEMT for specific conditions as either highly or moderately cost-effective, with the former referring to costs far less than \$50,000 per QALY and the latter referring to costs closer to \$50,000 per QALY.

Using two approaches—one for chronic conditions amenable to disease management and one for conditions amenable to preventive care—the researchers were able to determine reasonable healthcare cost differences between well and poorly managed care. These differences were applied to the target population, which is assumed to have poorly managed care due to its transportation barriers. For chronic conditions, the researchers used the Medical Expenditure Panel Study data to determine these cost differences and, for preventive care, used values derived from the literature.

The net healthcare benefits of increased access to medical care for the transportation-disadvantaged exceed the additional costs of transportation for all of these conditions. These benefits include both actual decreases in healthcare costs for some conditions (e.g., emergency care replaced by routine care) and improved quality of life for those who receive access. For three of the chronic conditions (asthma, heart disease, and diabetes), results show net cost savings; for the other four (depression, hypertension, chronic obstructive pulmonary disease, and end-stage renal disease), improvements in life expectancy or quality of life are sufficient to justify the added expense.

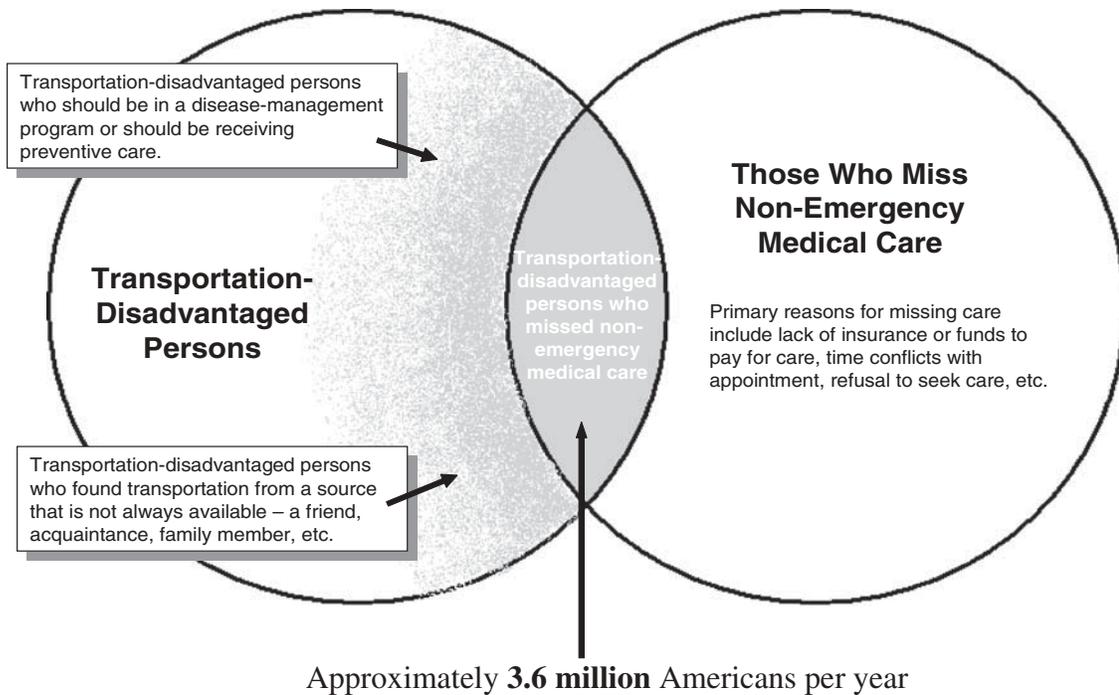
These results evince a major finding and theme of this project: adding relatively small transportation costs does not make a disease-specific, otherwise cost-effective environment non-cost-effective. For example, a congestive heart failure monitoring program, already evaluated as highly cost-effective, will not become cost-*ineffective* by only adding incremental transportation costs. In other words, in today's economy, transportation is relatively inexpensive compared with the high and rapidly growing cost of healthcare.

## WHO MISSES NON-EMERGENCY MEDICAL TREATMENT BECAUSE OF LACK OF TRANSPORTATION: DEFINING THE TARGET POPULATION

The estimate of 3.6 million Americans who miss or delay medical care because of a lack of access to NEMT each year, derived from analysis of the National Health Interview Survey (NHIS) and the Medical Expenditures Panel Survey (MEPS), is conservative and should be seen as a lower bound estimate. Response bias inherent in these studies, e.g., their difficulty in surveying the homeless and other truly disadvantaged individuals, lowers the estimate, and some populations may be totally ignored in the data. This bias will tend to make the estimate lower than if the studies truly represented the entire U.S. population. Furthermore, because people can fall into and out of transportation-disadvantaged status over time, as well as change healthcare status (e.g., healthy or not, have insurance or not), results suggest that only some of the Americans who are at risk of missing non-emergency care because of a lack of transportation actually do miss medical treatment in a given year. This phenomenon is shown in Figure 1. Finally, several factors and trends—disproportionate population growth of groups in the current target population; the aging of the U.S. population; more expensive, less affordable healthcare; rising disease prevalence—will conspire to dramatically increase the future projection of transportation-disadvantaged individuals at risk of missing health care, i.e., this study's target population.

Those who fall into the target population of 3.6 million for this study have characteristics that clearly distinguish them from the rest of the U.S. population. Demographically and socio-economically, the findings show that, compared to the rest of the U.S. population, this target population

- Has relatively low income (54.6 percent have household incomes less than \$20,000 per year compared with only 17.7 percent for the remainder of the U.S. population);
- Is disproportionately female (62.8 percent female versus 51.9 percent) and non-white (19.1 percent non-white versus 17.7 percent);
- Has a higher minority representation (13.5 percent African American versus 12.6 percent; 16.7 percent Hispanic versus 13.2 percent);
- Is roughly one-half as likely to possess a four-year college degree;



**Figure 1** Transportation-Disadvantaged Population at Risk of Missing Non-Emergency Care

- Is older (16.3 percent are 70 or older compared with 11.5 percent); and
- Is distributed across urban and rural America much the same as the U.S. population as a whole, although children are slightly more concentrated in urban areas.

In terms of health status, the target population suffers from critical diseases at a higher rate than does the rest of the U.S. population, and it generally accesses more medical care than does the rest of the U.S. population, despite its transportation barriers, almost certainly because it is much more ill on average.

### SELECTION OF HEALTH CONDITIONS FOR THE ANALYSIS

The examined diseases were drawn from the prevalence data in NHIS and MEPS. While there is clear value in a condition-by-condition approach for evaluating the costs and benefits of providing transportation to transportation-disadvantaged individuals, there is an obvious trade-off between the number of conditions that are evaluated and the quality of these analyses. For this study, a limited number of health conditions, both chronic and preventive, were analyzed. These conditions were selected primarily because of their prevalence in the target pop-

ulation. The final list was reviewed and approved by the panel convened by TCRP to oversee the project. The conditions are listed in Table 2.

Members of the target population are extremely high healthcare users, despite the barriers they face getting to appointments, because they have high disease prevalence, multiple simultaneous diseases, and high disease severity. Based on their demographic, socio-economic, and health characteristics, members of the target population also appear to be more likely than others are to live in less healthy environments, exacerbating their need for healthcare visits. Recent research shows that a significant portion of overall healthcare cost inflation derives from a small set of healthcare conditions—on the order of 30 percent of cost growth is accounted for by five conditions (heart disease, pulmonary disease, mental health, cancer, and hypertension). These findings strongly argue for a condition-specific method, in which a selective set of conditions is intensively studied.

### THE COST OF NEMT

To determine the costs associated with providing additional transportation, the researchers analyzed trip cost data for the year 2004 obtained from transportation providers located throughout the United

**Table 2** Critical Medical Conditions Affecting Transportation-Disadvantaged Persons

Type of Care	Medical Condition	Prevalence in the Target Population (%)
Chronic	Depression or Other Mental Health Problem	50
	Hypertension	37
	Heart Disease	26
	Asthma	20
	Chronic Obstructive Pulmonary Disease (COPD)	19
	Diabetes	15
	End-stage Renal Disease (ESRD)	7
Preventive	Dental Problems	28
	Cancer	12
	Prenatal Care	2
	Vaccinations	N/A

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, NHIS (2002).

States. The ambulatory, wheelchair, and stretcher costs of various trip types were determined in both urban and rural locations. Although persons who are ambulatory could, in theory, access fixed-route transportation, the research suggests that those who actually have such access are or could be using it to obtain medical care. Thus, paratransit service was the focus for these three service types in urban and rural areas, resulting in six transportation cost categories. These categories and costs are listed in Table 3.

A small portion of missed trips could be provided by fixed-route public transportation. Using data from the National Transit Database (NTD), the researchers also determined that the average cost of providing a one-way, fixed-route trip is \$2.86 (using 2002 data). Using these average costs—paratransit and fixed-route public transportation—for providing the unmet NEMT needs of the target population, the researchers

were able to determine whether the net healthcare cost savings exceed the costs, by medical condition.

### MISSING LINKS: SHORTCOMINGS IN AVAILABLE DATA

Addressing the study's objectives was difficult using the available datasets from the healthcare and transportation fields. Simply put, healthcare data lack sufficient information on transportation and access to care, while transportation data contain little on healthcare utilization and nothing on utilization by medical condition. To allow more detailed study of the nationally important questions and hypotheses addressed in this study, both transportation and healthcare professionals and researchers need better data.

### PROMISING AVENUES FOR FUTURE RESEARCH

The current study was not able to investigate two important dimensions of the problem associated with the transportation-disadvantaged and access to non-emergency medical care. First, the researchers were not able to examine the target population over time (longitudinally), meaning that the cumulative health benefits derived from improved access to transportation were not captured. Second, the researchers were not able to investigate the effects of disease severity on cost-effectiveness and to identify the individuals most likely to benefit from improved access to NEMT. Both of these limitations are in line with the conservative nature of the research and, when studied in more detail, should contribute to even more significant findings than this study obtained.

**Table 3** NEMT Costs for Paratransit Services in Urban and Rural Areas

Service Type	Region	Average Cost per One-Way Trip (\$)
Ambulatory	Urban	19.95
	Rural	20.95
Wheelchair	Urban	28.52
	Rural	33.02
Stretcher	Urban	89.68
	Rural	86.20

Source: Proprietary cost data (from 2004) based on 800,000 trips provided by services located in 20 locales across the United States.

These digests are issued in order to increase awareness of research results emanating from projects in the Cooperative Research Programs (CRP). Persons wanting to pursue the project subject matter in greater depth should contact the CRP Staff, Transportation Research Board of the National Academies, 500 Fifth Street, NW, Washington, DC 20001.

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**Transportation Research Board**

500 Fifth Street, NW  
Washington, DC 20001



## How to Get a Ride to the Doctor, Dentist or Drug Store

If you need a ride to the doctor or dentist's office, hospital, drug store or any place you get Medicaid services, call us toll-free at:

1-877-633-8747 (TTY: 1-800-735-2989)

1-877-MED-TRIP

Monday to Friday, 8 a.m. to 5 p.m.

To get a free ride, you or your child must be on Medicaid or be in the Children with Special Health Care Needs program. You also must not have any other way to get to the doctor or drug store.

Before you call for a free ride you must have already set up a time to see a doctor. To get a ride:

1. Call us at least 2 work days or more before you need a ride. If you will need to travel a long way out of town to see your doctor, call us at least 5 work days before you need a ride. If you need a ride the same day you call us, we will do everything we can to help, but we can't promise we will be able to get you a ride.
2. Tell us your Medicaid ID, Children with Special Health Care Needs program number or your Social Security number.
3. Tell us the address where we will pick you up. If there is a phone number at the place we are picking you up, we need that too.
4. Tell us the name, address and phone number of the doctor or drug store where you need to go.
5. Tell us the date and time of your doctor's visit.
6. Tell us if you or your children have any special needs so we can send the right type of vehicle. For example, for people who use a wheelchair, we can send a van with a wheelchair ramp.

[\[Read Frequently Asked Questions about Getting a Ride\]](#)

# Getting a Free Ride to the Doctor, Dentist or Drug Store

## Frequently Asked Questions

To get a ride or to learn more, call us toll-free at:

**1-877-633-8747 (TTY: 1-800-735-2989)**  
**1-877-MED-TRIP**

Monday to Friday, 8 a.m. to 5 p.m.

**Q: If my child is 17 years old or younger can he or she go to the doctor without an adult?**

A: Children who are 14 and younger can never travel without an adult. Children who are 15 to 17 years old can travel without an adult if:

- A consent form is filled out by their parent or guardian before a trip is scheduled. To get this form, call us toll-free at 1-877-633-8747.
  - The teen is a parent.
  - The child has been emancipated by a court.
- OR
- The law requires the doctor visit to be kept confidential.

**Q: I need to go to the dentist. Will Medicaid pay for my ride to the dentist?**

A: Medicaid will pay for rides to the dentist if a person gets dental care through Medicaid.

**Q: I heard that Medicaid will help pay if I can find someone to drive me. Is that true?**

A: Medicaid will reimburse, or pay back, someone else to drive you to your doctor's visit or drug store if:

- The driver has filled out the Individual Driver Registration Form (Form 3101). To get this form, call us toll-free at 1-877-633-8747.
- The driver has a current driver's license, license plates, inspection sticker and car insurance.
- We approve each trip before the person drives you.

**Q: If someone driving a car owned by a non-profit organization, doctor's office, service organization or association drives me to my doctor's visit, will Medicaid pay for the trip?**

A: No. We can only help pay for a ride if the person driving you is using a personal car.

**Q: I have a car, but I'm having trouble buying gas. Will Medicaid help pay for my trip?**

A: Medicaid might be able to pay you back for gas you used on your trip if:

- You are age 20 or younger and you can drive yourself.
- You are driving a person who has Medicaid and is age 20 or younger.

To get paid back for gas, Medicaid must approve your trip before you take it. To learn more, call **1-877-633-8747** (toll-free).

*Note:* Medicaid pays for gas at State of Texas mileage rates.

**Q: What happens if my child has to stay in a hospital and I need to spend the night?**

A: We can help get you and your child to the hospital. Sometimes we also can help a parent or guardian get free meals and a place to stay if the child has to stay in the hospital.

**Q: I don't have an emergency, but I need a ride to the doctor in an ambulance. Who do I call?**

A: Call us toll-free at 1-877-633-8747. After we talk with you, we will ask your doctor if he or she will approve a non-emergency trip by ambulance.

**Q: Can I schedule more than one trip in the same call?**

A: Yes.

**Q: Can I ride in a vehicle other than a bus or van if my medical condition requires it?**

A: Yes. We can send your doctor a form that needs to be filled out.

**Q: What if an adult needs a ride but cannot travel without someone to ride along and help?**

A: Another person can travel with an adult if a doctor agrees that help is needed. We can send your doctor the form that needs to be filled out.

Help for the adult rider can include help with physical needs and for language translation.

**Q: Will you keep my medical information private?**

A: Yes. The drivers only get information that is needed to give you a ride.