

Ryan White Part B and Life Care Services Medical Transportation Policy

Definition

Medical transportation assistance is the provision of non-emergency transportation services that enables people living with HIV (PLWH, referred to here as “client”) to access or be retained in HIV-related core medical and/or support services.

Medical transportation can be provided through any of the following:

- Vouchers, tokens, or bus tickets
- Contracts with providers of transportation services, such as cab companies or app-based ride services
- A subrecipient-owned or -leased vehicle
- Non-cash mileage reimbursement, such as gas cards
- Volunteer or staff drivers

Ryan White funded medical transportation must be related to obtaining a Ryan White-eligible service (see Table 1), and must be properly documented.

Table 1: List of Ryan White-Eligible Services

Core Medical Services	Support Services
AIDS Drug Assistance Program Treatments	Child Care Services*
AIDS Pharmaceutical Assistance*	Emergency Financial Assistance
Early Intervention Services (EIS)	Food Bank/Home Delivered Meals
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	Health Education/Risk Reduction*
Home and Community-Based Health Services*	Housing
Home Health Care*	Linguistic Services*
Hospice*	Non-Medical Case Management Services*
Medical Case Management, including Treatment Adherence Services	Other Professional Services (including legal services, assistance with SSDI or eligible benefits, permanency planning, and income tax preparation services)
Medical Nutrition Therapy*	Psychosocial Support Services*
Mental Health Services	Rehabilitation Services*
Oral Health Care	Referral for Health Care and Support Services
Outpatient/Ambulatory Health Services	Respite Care*
Substance Use Outpatient Care	Substance Use Services (Residential)*

**These service categories are not funded by the State of Wisconsin Ryan White Program. If providing Ryan White Part B-funded medical transportation to one of these services, please review [HRSA Policy Clarification Notice 16-02](#) and ensure that the service to which you are providing transportation meets the requirements of that Ryan White service category.*

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Eligibility

The client's eligibility for Ryan White Part B services must be determined or be in the process of being determined before medical transportation services are initiated. Client eligibility for Ryan White services must be documented in the client's files. Ryan White Part B National Monitoring Standards require that client eligibility be reassessed every six months.

The subrecipient organization must have a way to link the documentation of the medical transportation assistance to the client's records, and therefore the client's eligibility for Ryan White Part B services. If the subrecipient keeps a physical or electronic medical transportation log that is separate from the patient record, the medical transportation log must be linked back to the client file without compromising the client's personal health information (PHI) as defined by HIPAA. See the Required Documentation section for more information.

Provider of Last Resort

Ryan White must be the medical transportation provider of last resort; if a client is eligible for medical transportation through Medicaid or private insurance, the subrecipient or client must try to use medical transportation services through their insurance first. If the client has a copay for medical transportation through their insurance, Ryan White funds can be used to cover the expense.

If a client is eligible for medical transportation services through their insurance and any of the following circumstances occur, Ryan White funds can be used for the client's medical transportation:

- Medical transportation through Medicaid or private insurance is not available in the client's area.
- The medical case manager or linkage to care specialist is transporting the client or must accompany the client.
- The client needs to travel with children and the medical transportation service will not allow the client to bring children.
- The medical transportation service is late, or the client is in danger of missing their appointment.
- The client urgently needs non-emergency transportation and there is not enough time to notify the medical transportation service available through Medicaid or private insurance.
- The medical transportation service available through Medicaid or private insurance refuses to transport the client.
- The client is accessing a support service not otherwise covered by medical transportation services, such as accessing housing assistance, a food bank or pantry, or legal services.

The reason for the use of Ryan White funds rather than other transportation services must be documented in the client record using a brief narrative. For example, a case manager's note could include: "MTM could not find client. Called a taxi to ensure client made appointment." A statement like this is sufficient documentation.

Required Documentation

Required documentation can be located in a client's medical record or client file, or in a separate transportation log. If the subrecipient keeps a medical transportation log that is separate from the patient

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record, the medical transportation log must be linked back to the client file without compromising the client's personal health information (PHI). To avoid compromising PHI, a client should be assigned a unique identifier for use in the medical transportation log that does not include the client's name, medical record number, or other health information that could be specifically tied to the individual without access to the unique identifier. This unique identifier should be documented in the client's medical record so that staff can verify the client's Ryan White eligibility and Ryan White services received.

For each instance of medical transportation assistance provided, the following must be documented:

- The reason for each trip, i.e., the Ryan White-eligible service the client is using medical transportation assistance for;
- Trip description (i.e., one-way or round trip) and date;
- The trip origin location and destination;
- Method used to provide transportation;
- Cost per trip; and,
- Verification after the fact that the client attended the appointment/obtained the service, which can be documented by:
 - Accompanying the client on the trip
 - Verifying in the medical record that the client attended the appointment or with the provider.
 - Client self-report, as long as the date of the client's self-report is documented on the transportation log or a note in the client's record. For example, a dated progress note in a client's record could state "Client self-reported today that they attended their 11/3 dental appointment," and this would be sufficient documentation.

Subrecipients are encouraged, but not required, to use the attached sample Medical Transportation log. If the subrecipient chooses to create its own log for documenting medical transportation assistance, it must meet all the documentation requirements listed above.

Unallowable Costs

The following costs are not allowed as a use of Ryan White medical transportation funds:

- Direct cash payments or direct cash reimbursements to clients
- Direct maintenance expenses of a privately-owned vehicle, or costs associated with a privately-owned vehicle (such as lease or loan payments, insurance, or license or registration fees)
- Unlimited monthly or weekly bus passes.
- Funds to support activities not related to HIV-related core medical and/or support services, such as grocery shopping, personal errands, banking, recreational or social events, employment, employment readiness training, employment searches, court appearances, or probation officer visits.
- Gift cards that can be redeemed for cash, or for goods or services other than transportation costs.

Daily bus passes are allowable as long as there is sufficient documentation to determine that the client had enough appointments in one day that a daily bus pass was more economical than multiple single-use bus

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passes. For example, if a single-ride bus ticket is \$2 and the client has three appointments in one day, a one-day pass costing \$4 would be more economical than six single-ride tickets.

Additional requirements by delivery method:

- **Vouchers, tokens, or bus tickets:** Multiple ride tickets can be used only if the subrecipient can ensure the client kept Ryan White-eligible service appointments equal to the number of rides on the ticket before issuing another bus ticket.
- **Contracts with providers of transportation services:** Subrecipients are expected to use the most efficient mode of transportation available. Agencies are encouraged to pursue other options before enlisting a cab or ride service, if possible. There may be instances where a cab ride is the best transportation option due to the client's geographic location, physical or mental health, or urgency of the situation. If a subrecipient offers cab or ride services and other modes of transportation, the subrecipient should have an established policy that explains how the subrecipient determines which form of transportation assistance is used in different circumstances.
- **A subrecipient-owned or -leased vehicle:** If using Ryan White funds to purchase or lease a vehicle for client transportation, the subrecipient must seek prior approval from the State HIV Program and from HRSA.
- **Non-cash mileage reimbursement, such as gas cards:** The mileage reimbursement cannot exceed the federal reimbursement rate. If using a reimbursement rate other than the federal reimbursement rate, subrecipients must establish a consistent and properly documented mileage reimbursement policy.
- **Volunteer or staff drivers:**
 - The subrecipient must ensure that insurance and other liability issues are addressed before providing the service. The subrecipient organization must have insurance that allows volunteers or staff to transport clients in their own vehicles.
 - The volunteer or staff driver's vehicle must be insured. The subrecipient cannot require subrecipient agency staff to transport clients in their own vehicles if doing so would result in additional costs to the staff person's insurance, unless the subrecipient offers to pay the additional cost.
 - If staff or volunteers are reimbursed for mileage, the mileage reimbursement costs must be reported as part of the medical transportation service category and cannot be included as part of another service. Medical transportation provided this way should meet all requirements listed in the Required Documentation section.

Subrecipient Requirements

Subrecipient organizations must establish policies to ensure that transportation assistance can be linked to a specific instance of the client receiving core or support services, and, to the best of the organization's ability, that medical transportation assistance funds are not diverted or misused by clients. However, it is recommended that recipients not be penalized or barred from future medical transportation services for first-time misuse or diversion of medical transportation assistance.

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These policies and all other policies related to medical transportation must be available to Wisconsin HIV Program staff on request and at site visits.

The subrecipient must be able to obtain a list of clients who have received medical transportation assistance for auditing purposes.

Source: HRSA/HAB National Program Monitoring Standards – Part B; HRSA Policy Clarification Notice 16-02