FY 2017 Houston EMA/HSDA Ryan White Part A Service Definition

Medical Transportation (Van Based) (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Medical Transportation**
Local Service Category Title:	**a. Transportation targeted to Urban** **b. Transportation targeted to Rural**
Budget Type: **RWGA Only**	**Hybrid Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	• Units assigned to Urban Transportation must only be used to transport clients whose residence is in Harris County. • Units assigned to Rural Transportation may only be used to transport clients who reside in Houston EMA/HSDA counties other than Harris County. • Mileage reimbursed for transportation is based on the documented distance in miles from a client's Trip Origin to Trip Destination **as documented by a standard Internet-based mapping program (i.e. Google Maps, Map Quest, Yahoo Maps) approved by RWGA.** 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. • Transportation to employment, employment training, school, or other activities not directly related to a client's treatment of HIV disease is not allowable. Clients may not be transported to entertainment or social events under this contract. • 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. • Contractor must reserve 7% of the total budget for Taxi Vouchers. • Maximum monthly utilization of taxi vouchers cannot exceed 14% of the total amount of funding reserved for Taxi Vouchers. • 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. • **Contractor must provide RWGA a copy of the agreement between Contractor and a licensed taxi vendor by March 30, 2015.** • 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). • A copy of the taxi company's statement (on company letterhead) must be included with the monthly CER. Supporting documentation of disbursement payments may be requested with the CER.
HRSA Service Category Definition: **RWGA Only**	**Medical transportation services** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
Local Service Category Definition:	a. Urban Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to **HRSA-defined Core Services** 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 prior written approval from RWGA. b. Rural Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to **HRSA-defined Core Services** 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 prior written approval from RWGA. 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. The Contractor shall ensure that the transportation program provides taxi vouchers to eligible clients only in the following cases: • To access emergency shelter vouchers or to attend social security disability hearings; • Van service is unavailable due to breakdown or inclement weather; • Client's medical need requires immediate transport; • Scheduling Conflicts. **Contractor must provide clear and specific justification (reason) for the use of taxi vouchers and include the documentation in the client's file for each incident. RWGA must approve supporting documentation for taxi voucher reimbursements.** For clients living in the METRO service area, written certification

	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. **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.** 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. 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.
Target Population (age, gender, geographic, race, ethnicity, etc.):	a. Urban Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Harris County. 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.
Services to be Provided:	To provide Medical Transportation services to access Ryan White Program defined **Core Services** 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. **Eligibility for Transportation Services is determined by the client's County of residence as documented in the CPCDMS**.
Service Unit Definition(s): **RWGA Only**	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.
Financial Eligibility:	Refer to the RWPC's approved *FY 2015 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	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.

	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. 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. 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.
Agency Requirements	Proposer must be a Certified Medicaid Transportation Provider. Contractor must furnish such documentation to Harris County upon request from Ryan White Grant Administration prior to March 1st 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. Contractor must provide each client with a written explanation of contractor's scheduling procedures upon initiation of their first transportation service, and annually thereafter. Contractor must provide RWGA with a copy of their scheduling procedures by March 30, 2014, and thereafter within 5 business days of any revisions. **Contractor must also have the following equipment dedicated to the general transportation program:** • 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. **The telephone line must be managed by a live person between the hours of 8:00 a.m. – 5:00 p.m.** Telephone calls to an answering machine utilized after 5:00 p.m. must be returned by 9:00 a.m. the following business day. • A fax machine with a dedicated line. • All equipment identified in the Transportation Standards of Care necessary to transport children in vehicles. • Contractor must assure clients eligible for Medicaid transportation are billed to Medicaid. This is subject to audit by the County. The Contractor is responsible for maintaining documentation to evidence 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. ***It is the Contractor's responsibility to verify the County in which clients reside in.***
Staff Requirements	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.
Special Requirements: **RWGA Only**	Individuals who qualify for transportation services through Medicaid are not eligible for these transportation services. **Contractor must ensure the following criteria are met for all clients transported by Contractor's transportation program:** Transportation Provider must ensure that clients use transportation services for an appropriate purpose through one of the following three methods: 1. Follow-up hard copy verification between transportation provider and Destination Agency (DA) program confirming use of eligible service(s), or 2. Client provides receipt documenting use of eligible services at Destination Agency on the date of transportation, or 3. Scheduling of transportation services was made by receiving agency's case manager or transportation coordinator. The verification/receipt form must at a minimum include all elements listed below: • Be on Destination Agency letterhead • Date/Time • CPCDMS client code • Name and signature of Destination Agency staff member who attended to client (e.g. case manager, clinician, physician, nurse) • Destination Agency date stamp to ensure DA issued form.

FY 2018 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/08/17**
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/01/17**
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Assurance Committee**		Date: **05/18/17**
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup**	Date: **04/25/17**
Recommendations:	Financial Eligibility:
1.	
2.	
3.	

TRANSPORTATION

Transportation services provides transportation to persons living with HIV (PLWH) to locations where HIV-related care is received, including pharmacies, mental health services, and substance abuse services. The service can be provided in the form of public transportation vouchers (bus passes), gas vouchers (for rural clients), taxi vouchers (for emergency purposes), and van-based services as medically indicated.

(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 47% of participants indicated a need for *transportation services* in the past 12 months. 40% reported the service was easy to access, and 7% reported difficulty. 10% stated they did not know the service was available. When analyzed by type transportation assistance sought, 84% of participants needed bus passes, 10% needed van services, and 6% needed both forms of assistance.

(**Table 1**) When barriers to *transportation services* were reported, the most common barrier type was transportation (28%). Transportation barriers reported include both lack of transportation and difficulty with special transportation providers.

GRAPH 1-Transportation Services, 2016

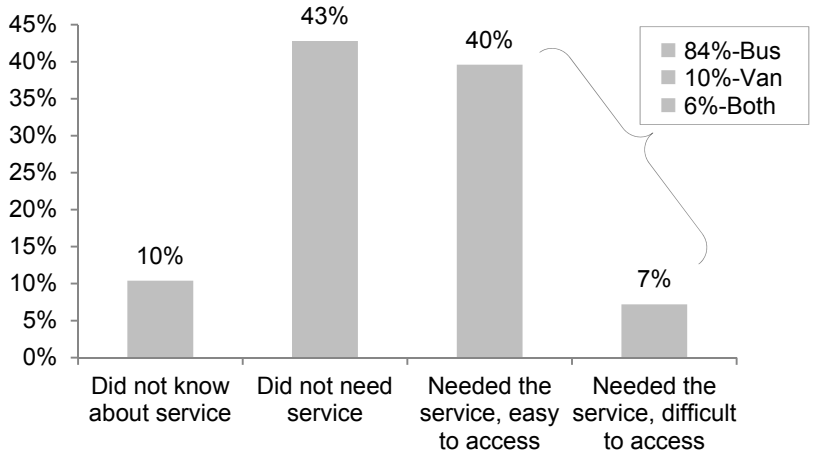

TABLE 1-Top 5 Reported Barrier Types for Transportation Services, 2016

		No.	%
1.	Transportation (T)	9	28%
2.	Education and Awareness (EA)	6	19%
3.	Eligibility (EL)	4	13%
4.	Accessibility (AC)	3	9%
5.	Resource Availability (R)	3	9%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *transportation services,* this analysis shows the following:

- More females than males found the service accessible..
- More African American/black PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more transgender, recently released, unstably housed, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Transportation Services, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	11%	8%	7%	9%	15%	13%	22%	10%	9%
Did not need service	47%	31%	55%	36%	41%	87%	43%	44%	40%
Needed, easy to access	35%	55%	27%	48%	38%	0%	30%	38%	44%
Needed, difficult to access	8%	6%	10%	8%	5%	0%	4%	8%	7%

TABLE 3-Transportation Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	17%	13%	50%	8%	6%	14%
Did not need service	27%	49%	50%	22%	72%	18%
Needed, easy to access	46%	31%	0%	59%	16%	50%
Needed, difficult to access	10%	8%	0%	11%	6%	18%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

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FY 2015 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

Ryan White Part A
HIV Performance Measures
FY 2015 Report

Transportation

Van-Based Transportation	FY 2014	FY 2015	Change
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Van Transportation services	417 (68.2%)	464 (68.8%)	**0.6%**
35% of clients will utilize Parts A/B LPAP services after accessing Van Transportation services	353 (57.8%)	345 (51.2%)	**-6.6%**

Bus Pass Transportation	FY 2014	FY 2015	Change
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Bus Pass services	1,166 (41.9%)	898 (34.3%)	**-7.6%**
A minimum of 20% of clients will utilize Parts A/B LPAP services after accessing Bus Pass services	600 (21.6%)	440 (16.8%)	**-4.8%**
A minimum of 65% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Bus Pass services	2,404 (86.4%)	1,993 (76.2%)	**-10.2%**

Health IT OUTCOMES
News Feature | September 19, 2016

Are Lyft And Uber Coming To Healthcare?

By Christine Kern, contributing writer

Ridesharing programs could help reduce costs of patient transports.

Even as more Americans than ever before are covered by health insurance thank to the Affordable Care Act, many lower income patients face real barriers to healthcare access because of transportation issues. Ridesharing services like Uber, Lyft, and others could provide the solution to a very real problem. With their low cost and ease-of-use, ridesharing services could be the next big thing in improving patient healthcare access for many patients.

According to CareMore, research suggests an estimated 3.6 million Americans miss or delay nonemergency healthcare appointments as a result of transportation issues each year, a complication that ultimately could have serious consequences for patients. The federal government spends an estimated $2.7 billion annually on nonemergency medical transportation, a figure expected grow under Medicaid expansion. But those costs could be reined in with rideshare programs like Uber and Lyft, according to ***the Journal of the American Medical Association***.

In the article, ***Nonemergency Medical Transportation: Delivering Care in the Era of Lyft and Uber***, JAMA writes the average per-ride costs have been reduced by more than 30 percent — from $31.54 to $21.32 — and patient satisfaction exceeded 80 percent. The program currently covers beneficiaries in selected areas of southern California, but CareMore plans to continue the program and potentially expand to markets beyond California. One attractive feature of the program is its ease-of-use: a patient simply calls CareMore, where workers schedule rides via Lyft, and wait times average nine minutes.

“Ultimately, our partnership with Lyft makes accessing healthcare easier,” said CareMore

President Dr. Sachin H. Jain, in a press release. “Although the program is in the early phases, the results are promising and represent a significant shift — challenging the status quo to do what is right for patients.”

The program highlights the effectiveness of care if patients can access it, underscoring the need to think outside of the box when it comes to connecting patients and healthcare providers. Dr. Sachin H. Jain, president of CareMore stated, “Great clinical care is only great if patients can get to it; ultimately, our partnership with Lyft makes accessing healthcare easier. Although the program is in the early phases, the results are promising and represent a significant shift — challenging the status quo to do what is right for patients.”

Lyft also announced a partnership with National Medtran Network in New York City earlier this year, aimed at assisting patients get to their scheduled medical appointments. And in January, Washington DC-based MedStar Health ***announced a partnership with Uber*** to help patients access healthcare. MedStar patients can utilize Uber’s platform through a button on the hospital’s website. Users view estimated wait time and cost per ride online, and then proceed to request a ride.

“Working with Lyft, we’re helping patients live healthier lives by providing reliable, enjoyable rides to their appointments,” Billy McKee, National Medtrans Network’s president, in a ***blog post***. “Using transportation-as-a-service like this, the health plans and government agencies we partner with are significantly reducing fraud, saving costs, and improving the patient experience.”

States Struggle to Manage Medical Transportation

Millions of disabled, sick and elderly people rely on medical transportation that can leave them stranded for hours in times of need.

BY: Katherine Barrett & Richard Greene | May 2016

The dialogue around providing accessible health care includes such big issues as high-priced prescriptions, overuse of emergency rooms and a burgeoning need for long-term care. One topic that gets relatively little attention, but could have a big impact on accessibility, is transportation. It represents a tiny fraction of the total spent on health care, but it has been a big challenge for states to manage.

This piece of the health-care puzzle affects 7.1 million people, according to the nonprofit Altarum Institute, which provides health-care research and consulting. A chunk of this group are Medicaid patients. The federal government requires transportation reimbursement for all Medicaid recipients.

A report to the 2015 National Conference of State Legislatures described the extent of the overall problem. “Services can overlap in some areas and be entirely absent in others,” it said, noting that funding shortfalls, policy and implementation failures, and lack of coordination leave many who need transportation with few or no options.

Often the service shortfalls are as mundane as cars that show up late -- sometimes 15 minutes, sometimes hours. Or worse, they don’t arrive at all. This is more than an inconvenience. It can be devastating, particularly when the patients involved are frail or disabled and trying to get home from an appointment. Nathalie Molliet-Ribet, senior associate director of Virginia’s Joint Legislative Audit and Review Commission notes, for instance, how traumatic it would be for, say, an intellectually disabled child to be left alone for hours while waiting for a ride home.

Poor service isn’t the only issue states have to deal with. There have been a host of instances in which states wind up overpaying for transportation or paying for transportation that wasn’t necessary in the first place.

Massachusetts, for example, audited a company that had contracted to provide wheelchair van services based on a fee-for-service model. When Massachusetts examined the books, the state auditor’s office found that:

- More than $17 million in questionable payments were made to the provider for wheelchair van transportation.
- Hundreds of claims were made for members who were inpatients at hospitals at the time the alleged transportation was proffered.
- 16 percent of transportation services to methadone clinics occurred with members who were not receiving any medical services.

In a model of understatement, State Auditor Suzanne Bump says that “the administration of the program has not been its strong suit.” The provider’s failure to comply with the terms of the program was so blatant, she adds, “it blew the auditors and me away.”

How did the provider respond to the publication of these problems? They said that they were acting under the direction of MassHealth, the state’s Medicaid and children’s health insurance program. MassHealth denies that was the case. The provider has been suspended, and the attorney general’s office is investigating. Meanwhile, Medicaid recipients, with the help of MassHealth, have been scrambling to find other ways to get to their medical appointments.

The problems with nonemergency medical transportation in Virginia have been somewhat different. As many states do, Virginia uses a single broker to match transportation providers with Medicaid recipients. Under the contract, the broker is paid a fixed rate per enrollee. But the broker has claimed to be unable to cover its costs, arguing that the service rate set in its contract is too low. There is no demonstrated cause and effect between the reimbursement rate and the quality of service, but there would appear to be a link. The state has experienced an increased rate of complaints from patients about unfulfilled trips.

One of the challenges in fixing the problem was a lack of data. “Medicaid didn’t have any information on whether the broker was losing money, and why,” says Molliet-Ribet. A year ago, the state did a study and found enough justification to provide an increase in reimbursement.

But the broker continues to claim not to have enough money, and the state doesn’t appear willing to raise its rates again since “the broker has been unwilling or unable to provide [necessary] information,” says Molliet-Ribet. In the meantime, the auditor’s office has been pushing for greater transparency in order to deal fairly with its broker and optimize quality of service.

It’s not all failure out there. One state that has run a particularly efficient nonemergency medical transportation program is Vermont. The state is largely rural, and a lot of citizens live far away from medical facilities. As a result, many Medicaid recipients do not have easy access to health care. What’s more, the number of transportation-needy Medicaid recipients has been growing as a result of Medicaid expansion and an increase in the number of patients with addiction-related problems.

Vermont has taken a multiprovider approach to managing the transportation challenge. It gives 12 separate providers wide latitude to provide rides. “It’s their responsibility to develop their own transportation plans,” says Suellen Bottiggi, who heads up Medicaid provider relations. But that’s only the first part of their approach. The second is to practice oversight -- each of the 12 is audited once or even twice a year. “Ongoing monitoring is so important,” says Bottiggi.

Regardless of the public-sector service, we can’t repeat that sentiment often enough. There’s nothing like a focused look at the books to keep providers on their toes.