

Comments on Medical Transportation

Standards

#	Location	Comment	DSHS Response	Determination
1	Services	Services: you may want to spell out case management as one service that medical transportation can provide transportation to and from those MCM appointments.	Agreed – will add	
2	Limitations Medical transportation cannot be used to transport a client in need of emergency medical care.	Where is this limitation found? Thinking of residence based subcontractors could have the need to transport a client to a minor emergency clinic.	HRSA definition is to enable an eligible individual to access HIV-related health and support services; not emergency services. RW/SS funds should not be used to provide transportation to emergency settings. Agencies should set up protocols to deal with clients needing emergency services or use other funding sources to transport is needed.	
3	Services All drivers must have a valid Texas Driver's license and agency/volunteer drivers must complete a "Safe Driving" course	Can funding be used to reimburse for cost of "safe driving" course? This could present a burden to small agencies.	Will delete this requirement. You may add this locally if you wish.	

4	<p>All drivers must have a valid Texas Driver's license and agency/volunteer drivers must complete a "Safe Driving" course. The contractor must ensure that each driver has or is covered by automobile liability insurance for the vehicle operated as required by the State of Texas and that all vehicles have a current Vehicle Registration and Texas State Inspection Sticker.</p>	<p>Delete Texas State Inspection Sticker</p> <p>Texas is combining the sticker to one effective March 1.</p>	<p>Agreed – thanks for correcting ☺</p>	
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5	Medical Transportation must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service.	Does this contradict the first sentence above under “Services:”	No, this statement is saying that medical transportation must be reported as a support service. Will reword for clarity to: Medical transportation must be reported as a support service in all cases regardless of whether the client is transported to a core or support service.	
6	Medical Transportation Services/Transportation Services must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service.	Taxonomy (Medical/Non-Medical)	Unsure regarding comment. – Will remove “Services/Transportation Services” for clarity	
7	Direction Transportation All drivers have current Texas driver’s licenses for the type of vehicle driven.	You may want to specify which type of valid license would be a minimum requirement (i.e. commercial vs class c license [regular license])	Agreed - will add Class C http://www.txdps.state.tx.us/DriverLicense/dlClasses.htm	

8	<p>Direct Transportation Drivers must have verified driving records, receive a drug screen and background check.</p> <p>- Driver has maintained a clean driving record for the past three years.</p>	<p>Under Agency/personnel, in the Expected Practice section under a clean driving record, you may want to add a stricter measure (i.e. “a total of 3 or more convicted traffic moving violation disqualifies the driver” and “a DUI within the past three years would disqualify the driver”). Those are examples only. You also may want to specify how “current” the driving record must be (i.e. “a yearly driving record”).</p>	<p>Agreed – will add for clarity as to what we mean by “clean record.”</p>	
9	<p>Drivers must have verified driving records, receive a drug screen and background check.</p> <p>- Driver has maintained a clean driving record for the past three years</p>	<p>Is it allowable to pay for appropriate insurance, liability, licenses and training under Ryan White SD/State Services administrative costs to meet the expected practice and requirements?</p>	<p>RW/SS funds cannot be used to pay for licenses, insurance, liability of volunteer drivers. Drivers should pay for their own driver’s licenses. Agencies who own vehicle should have insurance and liability and as such RW/SS funds can be used.</p> <p>Agency should have a policy regarding conducting background check – can be a local policy to have agency pay for (administrative cost) or ask driver to provide.</p>	
10	<p>No drug tolerance policy for any drugs that may impair the ability to drive</p>	<p>How will this be monitored? Will there be random drug testing for drivers?</p>	<p>Review of agency policy and firing of any employee not complying.</p>	

11	Each staff and volunteer will receive training in universal precautions and infection control.	Is this covered above? In the item starting “Drivers for agency conveyance will have received...” or is this different?	Staff and volunteers are different from drivers, but we can combine.	
12	Drivers for agency conveyance will have received training in CDC’s universal precautions and infection control appropriate to their duties.	Add CDC’s	Some local hospitals offer training and there are online courses available in universal precautions and infection control. So will not add CDC.	
13	Each driver will sign a statement agreeing to maintain confidentiality and safe driving practices	Is there a copy of a sample of Statement available?	Same as any employee in another service category needing to sign a confidentiality agreement.	
14	Vehicle Maintenance and Insurance	Where can these requirements be found? Don’t see any references in Nat’l Monitoring Standards.	Best practices for the safety of the agency, driver, and all passengers.	
15	Service and state inspection records Inspections of vehicle(s) should be routine and documented quarterly	Type of inspection, agency conducts daily inspection to check oil, lights, brakes, air/heating and tires.	Will delete quarterly and local agencies can make it a daily inspection of oil, light, brakes, air/heating, and tires if desired. State inspection will be annual.	

16	Transportation services must be handicap accessible	Reword to “must be in accordance with the Americans with Disabilities Act (ADA) regulations to ensure equal access to transportation for clients with disabilities”.	Agreed will add	
17	A log/form for collection of mileage is maintained by the driver(s) and is reviewed	Add language “as per agency’s standards of operation but no less than at least quarterly by supervisor.”	Agreed - will add agency policy of operation	
18	Staff Supervision Supervisors must review a ten (10) percent sample of each staff’s case records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.	This will present a significant challenge, and I don’t believe transportation staff would maintain case records. There would likely be a transportation log.	Agreed – will reword to Supervisors must review transportation logs for completeness, compliance with standards, and quality and timeliness of service delivery.	

19	Staff Supervision Supervisors must review a ten (10) percent sample of each staff's case records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.	Is this for case managers only?	No, drivers Will reword to: Supervisors must review transportation logs for completeness, compliance with standards, and quality and timeliness of service delivery.	
20	Staff must be evaluated at least annually by their supervisor according to written Agency policy on performance appraisals.	Are these items specifically related to transportation?	Yes – paid transportation staff.	
21	Agency Policies and Procedures	Many of these policies would be covered in a universal standards.	They may be, yes.	
22	Guidelines for transportation services	Reword to: must be in accordance with the Americans with Disabilities Act (ADA) requirements to ensure equal access to transportation for clients with disabilities.	Agreed – will reword	

23	Agency Policies and Procedures Each driver will be instructed in how to handle emergencies before commencing service	Under agency policies and procedures, you may want to specify emergencies (i.e. automobile accidents, client's behavior placing driver and others at risk)	Agreed – will add list	
24	-Wait times There is no more than a two (2) hour wait time for vehicles and vans so that appointments are kept	Reformat	Agreed	

25	<p>Agency Policies and Procedures</p> <p>System abuse by clients</p> <p>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</p> <p>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</p>	<p>Seems this should be agency level decision and not dictated by standards.</p>	<p>State standards need to assure that RW/SS funds are not being used for appropriate appointments.</p> <p>Other service standards state reasons for discharge.</p>	
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26	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.	Will this be definite, no longer able to access transportation services through agency or is there a process?	If a client has falsely used medical transportation, they should not be allowed to use service for a locally-defined period.	
27	The client can be removed from the agency roster	For just transportation or for all services?	Just for transportation services	
28	The client can be suspended from service for up to one (1) year	One year is extreme. The “up to” means it depends on case by case basis? As in, a client can be suspended for 3 months or 6 months?	Up to means the agency may set other time frames – but cannot restrict client over 1 year.	
29	The client's eligibility must be recertified for this service every six (6) months.	In reference to my above comment, if recertification must be done every 6 months, why can't suspension be every six months? Reiterating the fact that one year may be a little extreme.	Agency may decide this is better so can set suspension date at 6 months	
30	Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.	Understood a universal standard was being developed that would address eligibility.	An eligibility policy is being developed.	

31	<p>-General transportation service hours should be 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> <p>-Agency must allow clients to confirm appointments at least 48 hours in advance.</p>	<p>Seems this should be a local decision depending on available resources. In rural communities, there won't be many, if any options other than emergency services after 6:00 and on weekends.</p>	<p>The intent is for transportation services to be available for appointments and to meet client needs. Will be reworded to:</p> <p>General transportation services hours should mirror core and support service hours of operation.</p>	
32	<p>General transportation service hours should be 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>	<p>This may be hard to arrange since this is outside of normal business hours. RW funds can't be used to pay for overtime for transportation drivers or case managers.</p>	<p>The intent is for transportation services to be available for appointments and to meet client needs. Will be reworded to:</p> <p>General transportation services hours should mirror core and support service hours of operation.</p>	

33	Agency/Driver may refuse service to any client's with open sores/wounds where blood and other body fluids from clients are potentially infectious	Should be clients, rather than client's.	Will correct ☺	
34	Use of Agency Vehicle -Agency will report all payment/fees made by client as program income.	Add made by client	Agreed will add	
35	Provision of Services -Agency must allow clients to confirm appointments at least 48 hours in advance.	Not exactly sure what this means. Medical appt or transportation?	Will add Medical transportation	

36	<p>Provision of Services</p> <p>Clients should initiate and coordinate their own services with the transportation providers. An advocate (e.g. case manager) for the client can assist the client in accessing transportation services.</p>	This seems like an agency level decision.	<p>Follows case management philosophy of assisting clients in becoming self-sufficient and not dependent upon the agency.</p>	
37	<p>Clients should initiate and coordinate their own services with the transportation providers. An advocate (e.g. case manager) for the client can assist the client in accessing transportation services.</p>	Move up under “The agency provides client with information....”	<p>Agreed – will move</p>	

38	<p>Children must be transported safely.</p> <p>-When transporting children under the age of eight (8), appropriate operational car seats must be used</p> <p>-Children 15 years old and younger must be accompanied by an adult caregiver</p>	<p>Under transportation of children, you may want to add the following text “; the agency will adhere to the Texas Transportation code 545.412 child Passenger Safety Seat Systems. Information regarding this cod can be obtained at http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm</p>	Agreed will add	
39	<p>When in place, child car seats must be operational and installed according to manufacturer specifications.</p>	<p>Who is responsible for installing the child car seat? Agency staff or the parent/guardian of the child being transported?</p>	Agency staff should install the car seat. If the parent does not provide the car seat, agency will need to provide appropriate car seat for age/weight of child being transported.	
40		<p>Should transporting agency be responsible for the car seat accommodation for children under the age of eight (8).</p>	Agency – see above comment	
41		<p>• In regards to transporting children under the age of 8, who provides the appropriate car seat? The client or the agency?</p>	Agency is ultimately responsible – see comment above	

42	A signed statement from client agreeing to safe and proper conduct in the vehicle is on file. This statement is to include the consequences of violating the agreement	I also didn't find any information on the client consenting to transportation services and the risks involved.	Will add wording to the client signed statement to cover	
43	A signed statement from client agreeing to safe and proper conduct in the vehicle is on file. This statement is to include the consequences of violating the agreement	This seems to duplicate the statement above (agency provides clients with information). Looks like a signed statement could be incorporated.	Agreed will incorporate	
44	A signed statement from client agreeing to safe and proper conduct in the vehicle is on file. This statement is to include the consequences of violating the agreement	Add "which may lead to removal, suspension and possible termination of transportation services."	Agreed – will add "that may lead"	

45	Clients are made aware of problems immediately (e.g. vehicle breakdown) and notification documented.	Add Agency/Clients	Agreed – will add	
46	Documentation Agency is allowed to provide one (1) one-way trip per client per year without proof of service documentation.	Under documentation, you may want to change that the “agency is allowed 1 one-way trip per client per year” to “a round trip” or two trips per calendar year or per contract year” however you see fit. This may be difficult to enforce as clients will usually have to be dropped off and picked up making it a round trip.	Agreed – will change to round trip	

47	<p>Documentation Mileage reimbursement</p> <ul style="list-style-type: none"> • 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. 	<p>Could odometer readings be used as well?</p>	<p>Yes – will add</p>	
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48	<p>- Volunteer drivers</p> <ul style="list-style-type: none"> • Insurance and other liabilities have been addressed (Signed Acknowledgement) • Contract that clearly identifies allowable services and method of transportation 	<p>Will the contract vary from the Transportation Driver to the Volunteer Driver?</p>	<p>Yes as liabilities are different for agency-paid drivers and volunteers.</p>	
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49	<p>Program will maintain documentation related to:</p> <ul style="list-style-type: none"> - Client Eligibility -Level of service/number of trips provided -Reason for the transportation and its relation to accessing HIV-related health and/or support services - Method used to meet the transportation need -Trip origin and destination -Client eligibility -Cost per trip -Level of service/number of trips provided -Method used to meet the transportation need 	Reorder sequence	Agreed – will reorder	
50	General	It clearly appears like you put in a lot of good work. Congratulations.	Thanks!	

51	General	I didn't see any information about children accompanying clients. Not sure this will be relevant. I did see that children 15 and younger need to be accompanied by an adult caregiver	Will add that same requirements need to be adhered to in cases of children accompanying clients.	
52	General	I have no issues with the Transportation Standards, but I do think that the Not Applicable section will be highly utilized. Also, is there guidance as to client's insurance liability vs providers liability insurance? I am concerned for those clients that transporting clients in their personal vehicles and insurance liability.	Clients should not be transporting client unless they are approved as a volunteer driver.	

53	<p>General</p> <p>I just got to the office at 11:00 a.m. I'm just now checking my e-mail. Norbert White and Lyn Scott are out today. The management transportation staff is also not here today. I realize this is last minute, but it really does not give us time to review the policy and offer thoughtful comments with such a quick turnaround. I would want to consult with others responsible for this service category.</p>	<p>However, I reviewed the standard and monitoring tool. We currently doing many of the things listed, but we are not doing all of them. From my review, it seems like a lot more administrative documentation and policies to create. I continue to say that the administrative burden makes serving our clients difficult. With that being said, we can do all of the things in the both tools if mandated. Again, other staff have not had an opportunity to add comments. We will need time to develop the necessary policies and perform the tasks that are not being done when this is made mandatory. I appreciate the opportunity to add my opinion. Thanks!</p>	<p>Policies and procedures need to be in place to assure quality of services provided. Please feel free to obtain these policies and procedures from other agencies who have already implemented them.</p> <p>Once public comment period ends, these standards will be implemented immediately. You will have time between the now and then to begin drafting policies and procedures. Site reviews will use the monitoring tool; but site reviews are not meant to be punitive but to assess current practice and where technical assistance may be needed.</p>	
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54	General	I just worry some of the standards in this document are a bit “overkill.” When I think realistically how this program is operated and used, I am concerned that so many of the items should be left to the provider and not be listed as a state standard. I do not think many of these will be enforceable nor followed.	Standards are meant to be minimal standards and they are statewide to ensure that all clients receive the same quality of care no matter where they live.	
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55	General	<p>Overall, I think this particular standard goes way beyond what is required in the NMS. I think it is daunting and intimidating and may discourage smaller agencies from participating. It also takes any and all decisions out of the hands of planning councils and agencies.</p>	<p>State standards may include items not specifically listed in the NMS. Part B Administrative Agencies do not have planning councils. HRSA has recently sent out a document outlining what needs to be included in Standards:</p> <p>From document: What should be addressed in Service Standards? <i>Each categorical specific service standard should include:</i></p> <ul style="list-style-type: none"> ✓ Service Category Definition ✓ Intake and Eligibility ✓ Key Services Components and Activities ✓ Personnel Qualifications (including licensure) ✓ Assessment and Service Plan* ✓ Transition and Discharge ✓ Case Closure Protocol ✓ Client Rights and Responsibilities ✓ Grievance Process ✓ Cultural and Linguistic Competency ✓ Privacy and Confidentiality (including securing records) ✓ Recertification Requirements* <p><i>* Where Applicable</i></p>	
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56	General	<ul style="list-style-type: none"> • I think having “No Shows” documented in a Transportation Log and case managers being notified would be helpful. I think it will help the case manager when they inquire about why the client is a “no show” by printing something out (or however they can bring up the documentation) and showing the client. 	Agreed – will add.	
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