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## Alabama Ryan White Part B Service Standards

### Medical Transportation

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#### Purpose

This Service Standard was prepared by the Alabama Department of Public Health (ADPH) Office of HIV Prevention and Care (OHPC) and the United Way of Central Alabama (UWCA) in consultation with Organizational Ideas (a technical assistance provider), with stakeholder input to guide the delivery of high-quality services for people with HIV (PWH). This document contains the minimum requirements Ryan White Part B (RWPB) providers are expected to meet when delivering HIV care and support services funded by RWPB. Providers may exceed these standards. These standards will also provide a basis to evaluate the RWPB services. Please note that all RWPB Service Standards expectations also apply to Health Resources and Services Administration (HRSA) Ending the HIV Epidemic in the U.S. (EHE)-funded services unless exceptions are noted.

#### Definitions and Descriptions

The description under the “Standard” column outlines the required activities that must be provided to the client receiving the RWPB service. The “Documentation” column provides the documents that must be maintained by the provider delivering the service. The Service Standards contain the following major elements:

- **Agency & Personnel Requirements:** The minimum required education, certification, experience, and facility requirements that are needed to provide the

RWPB service.

- **Eligibility & Intake:** Eligibility refers to the current statewide criteria for receiving services through RWPB as outlined in the RWPB Universal Standard. The agency must determine or confirm RWPB eligibility for the client prior to provision of services. Eligibility may occur during intake or through a stand-alone process. Intake is the process of collecting information to determine the client's immediate service needs.
- **Assessment:** The Assessment is an evaluation of need conducted by qualified personnel to determine if there is a need for the RWPB service. The evaluation must render the determination for referral or provision of service. It must include the elements listed in the standard. The documentation of the evaluation of need is determined by the agency.
- **Provision of Services:** The provision of services are the activities or services that are provided to the client. Where appropriate, a Service Plan should address the client's assessed needs with a timeline to resolve the need(s).
- **Transition/Discharge:** Transition/Discharge refers to the release or cessation of the RWPB service. Transition or Discharge may occur in conjunction with the transition or discharge from the agency's program, when the client no longer needs or meets the criteria for the service, when the client is transitioned to another care provider, or when a client is deceased.
- **Case Closure:** When a client is discharged or transitioned to another care provider, the services will cease and the case is closed.

## I. HRSA Service Category Definition

Medical Transportation (MT) is the provision of non-emergency transportation that enables an eligible client to access or be retained in core medical and support services.

## II. Program Guidance

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through non-cash system) to HIV-related appointments and medical visits; reimbursement rates should not exceed federal mileage reimbursement rates
- Purchase or lease of agency-owned or contracted vehicles for client transportation, provided ADPH receives HRSA approval before purchase
- Volunteer drivers who are adequately licensed and approved via agency insurance and liability systems
- Voucher or token systems

## III. Key Services Components and Activities

### **Allowable costs include:**

- Contracts with providers of transportation services
- Mileage reimbursement
- Purchase or lease of organizational vehicles for client transportation
- Voucher or token systems for transportation services

### **Not allowable:**

- Direct cash payments or reimbursements to clients
- Direct payment of maintenance expenses for privately owned vehicles
- Other costs associated with vehicles not owned by the organization such as lease, loan payments, monthly insurance, tag renewal, etc.
- Any costs associated with emergency medical transportation or recreational transportation for clients.

For common components required for all RWPB services, please see the RWPB Universal Service Standard. Key service components and activities are noted in the Service Standards below.

## ADPH Service Standards:

<b>Standard</b>	<b>Documentation</b>
<b>1. Agency &amp; Personnel Requirements</b>	
1.1) All vehicles being used for MT services must be maintained in accordance with agency policies including maintenance of current vehicle inspection certificates, registration tags, insurance policies, and titles.	1.1) Current vehicle inspection certificates, state registration tags, insurance policies, and titles for all vehicles in use for MT services.
1.2) All staff and volunteers driving clients to appointments must have an active Alabama Driver's License and must follow all agency liability and insurance policies.	1.2) Current Alabama State Driver License for drivers providing MT services.
1.3) All vendors or companies being used to contract MT services must have active contracts with the agency that detail HIPAA-compliant patient privacy, safety policies, and practices as determined by the agency.	1.3) Contracts or agreements with MT vendors that detail privacy and safety policies and practices determined by the agency and signed by both agency representatives.
1.4) Agency has policies and procedures in place to identify medical emergencies for which the client is requesting transportation. If medical emergency is identified, agency policies and procedures provide guidance to staff on how to address the emergency situation and assist the client. (e.g. call 911)	1.4) Agency policies documenting how emergency situations are identified and how agency staff address the emergency situation to assist the client with obtaining emergency transportation.
1.5) Agency has policies and procedures in place for clients to directly contact the agency and MT provider during the time of service provision.	1.5) Agency policies documenting how clients can directly contact the agency and the MT provider during the time of service provision.
1.6) Agency has policies in place to address clients who repeatedly do not show for MT services (i.e. no shows).	1.6) Agency policy documenting how to address clients who repeatedly do not show for MT services (i.e. no shows).

<b>2. Eligibility &amp; Intake</b>	
2.1) Subrecipient must conduct or confirm eligibility consistent with statewide eligibility requirements. All clients must have an active eligibility at the time of service.	2.1) Active eligibility for RWPB in client's record during the service delivery period.
2.2) Complete intake within 5 business days of referral.	2.2) Intake completed within 5 business days of referral.
<b>3. Assessment</b>	
3.1) Agency staff must determine whether the client qualifies for insurance-covered transportation through Medicaid or another insurance provider or whether alternative transportation methods are available to the client and identify strategies with the client for other possible resources. Assessment should occur within 5 business days of Intake.	3.1) Evaluation of alternative MT services options available to client are documented in the client file. Assessment is documented within 5 business days of Intake.
3.2) The following criteria must be assessed by agency staff before MT services are provided: <ul style="list-style-type: none"> <li>• The transportation method the client has used to attend past non-emergency medical appointments.</li> <li>• Other non-transportation related barriers to attending medical appointments.</li> <li>• The reasons for medical visits for which transportation is requested.</li> <li>• Assessment of special accommodations needed including whether the client is ambulatory and/or has health issues or disabilities that may indicate the most appropriate form of transportation to accommodate the client's needs (wheelchair access, etc.)</li> </ul>	3.2) Assessment of needs for MT services for all outlined criteria are documented in the client's record and certification of client's need is signed and dated by the agency staff.
<b>4. Provision of Services</b>	
4.1) Agency staff provides MT services as determined by the Assessment and depending on scheduling of other service requiring transportation.	4.1) Client record or agency transportation log includes the following: <ul style="list-style-type: none"> <li>• Date and time of MT service</li> <li>• Trip origin and destination</li> <li>• Transportation method used</li> </ul>

5. Transition/Discharge	
5.1) See Universal Standard	
6. Case Closure	
6.1) See Universal Standard	

**Resources**

1. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:  
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>
2. Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients:  
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>