

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Services
Indian Health Services

BILLINGS AREA INDIAN HEALTH SERVICE CIRCULAR 15-00

PATIENT TRANSPORTATION POLICY

1. **PURPOSE:** This policy serves to establish the Billings Area Indian Health Service (IHS) provisions and guidelines for the delivery of non-emergency, medically necessary, ground transportation services to patients served by the Billings Area Purchased/Referred Care (PRC) program and administered by the Billings Area Service Units, in government owned vehicles, also known as GSA vehicles.

2. **BACKGROUND:** The PRC program is not an entitlement program, and the IHS is not **required** to provide transportation services to IHS patients. However, the Billings Area IHS Service Units may offer to provide non-emergency, medically necessary, ground transportation services as a reasonable alternative when patients may not otherwise have access to transportation to attend medical appointments. Emergency medical transportation services will not be provided by GSA vehicle unless the vehicle is classified and licensed for emergency medical transportation i.e. ambulance. The safety and well-being of the patients and federal IHS employees while in transit to a specific destination is paramount. Therefore federal IHS employees who perform the function of a transportation driver will not be responsible for persons listed below in 3 b., c., and h. The Authority to establish and manage a non-emergency transportation service is delegated to the Service Unit Executive Leadership by the Area Director.

3. **POLICY:** Non-emergency, medically necessary, ground transportation services provided by the Billings Area IHS Service Units are limited to transports that begin and end on the same day, and are restricted to patients who have received an approved PRC referral for the purchase of non-emergency, medically necessary health care services. Transportation is not guaranteed and may be provided as space allows in the GSA vehicle.
 - a. The Service Unit PRC programs who manage transportation services in a GSA vehicle may schedule patients upon receipt of confirmation of an approved PRC referral and will document the scheduled medical appointment to a non-IHS health care provider in the patient's PRC record.

 - b. Minor children must be accompanied by a responsible adult family member.

 - c. Elderly and/or disabled individuals must be accompanied by an adult family member, who is capable of providing assistance to the individual during the transport.

- d. The PRC program will not transport unaccompanied individuals who may pose a danger or present a risk to themselves or others during transport.
 - e. Patients transported who do not keep their medical appointment will be responsible for their own transportation to the next approved PRC medical appointment.
 - f. The GSA transportation vehicle is not required to delay scheduled departure times in the event an individual does not present at the predetermined time causing inconvenience and/or missed medical appointments of other passengers.
 - g. Patients and/or escorts will be notified in advance of date scheduled and be presented with the acknowledgement and patient responsibility form for signature prior to transport and the signed form will remain on file in the Service Unit PRC program.
 - h. Oxygen containers are restricted to portable systems – NO E-tanks are permitted that may impose a threat to other passengers or the driver.
 - i. Patients scheduled for transportation are requested to notify the PRC program 24 hours in advance if they will not utilize the scheduled transportation.
 - j. Patients and escorts are responsible for and must plan and provide for their own meals and/or lodging. The exception for lodging expense will apply if the Service Unit PRC program has preapproved the date, reserved a motel room and funding has been obligated by the PRC program.
4. **RESPONSIBILITY:** The Service Unit Chief Executive Officer is the primary IHS employee with responsibility for implementing this policy and ensuring compliance with the provisions.

Dorothy A. Dupree
Acting Director, Billings Area

Distribution: All Chief Executive Officers
All Purchased/Referred Care Managers

Date:

PATIENT TRANSPORTATION ACKNOWLEDEMENT OF RESPONSIBILITY

PATIENT NAME: _____

RESPONSIBLE ADULT: _____

PRC REFERRAL NUMBER: _____

DATE OF TRANSPORT: _____

TIME OF DEPARTURE: _____

MEDICAL PROVIDER: _____

I the undersigned patient/chaperone understand the Indian Health Service is providing a voluntary service of transportation to the above scheduled medical appointment and agree to conditions as written below:

- 1) I agree to be at the designated pick up location on time so as not to inconvenience other passengers.
- 2) I understand that if I do not present to the scheduled medical provider I will be responsible for my transportation to the next PRC approved scheduled appointment.
- 3) I will treat other passengers in a courteous and considerate manner.
- 4) I may be removed from the GSA vehicle if I become disruptive or threatening to other passengers and will be responsible for all costs associated to reaching my destination and/or home location.
- 5) I understand I am responsible for having adequate funds to meet the needs of myself and/or escort.
- 6) I understand I may be subject to wait times due to other passengers appointments.

Patient/Chaperone Signature

Date

PRC staff signature

Date