March 14, 2013

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: AES/004/2013]

On February 12, 2013, the Department of Advanced Education and Skills received your request for access to the following records:

I am requesting under the Access to Information Act:
The cost of taxi services for income support clients for the most recent fiscal year available.
(2011?)
As well as Guidelines governing this program (voucher limit amounts, taxi registration with AES process, eligible taxi travel covered by program, etc.)

Your request for access to these records has been granted.

Based on the 2011/12 fiscal year (latest full year available), an amount of $4,828,190 was paid directly to commercial companies for the transportation of AES clients.

This total includes payments to Municipal Transit programs (ie. bus passes for MetroBus), accessible transportation providers (ie. Wheelway), shared bus services (ie. larger mini vans/small buses which travel on scheduled routes from more rural areas into larger centres), provincial bus system (DRL) as well as taxi companies which are hired for single passengers.

Transportation covered under these authorizations includes medical transportation and non-medical transportation (ie. victims of violence being transported to a safe location, stranded individuals and assistance with attending court hearings for child support).

If you have any further questions, please feel free to contact Janelle Kenway at telephone number 729-7920.

Yours sincerely,

Darrin Pike
Deputy Minister

Enclosure
Medical Transportation

Intent

To identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.

Regulations

Other income support

19. (5) Other income support for which an applicant or recipient may be eligible is:

     (a) for transportation, an amount determined by the prevailing commercial rates:

Overview

- Income Support recipients may require financial assistance in attending medical appointments or treatment facilities. This service may be provided by a physician, psychiatrist, or by other professionals such as social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies.

Policy

General Principles

In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation.

- Transportation is not normally provided to clients who have access to medical treatment within their local area; rather clients are required to find their own means of transportation. Where clients demonstrate a need for frequent trips for medical treatment, situations are to
be assessed on an individual basis taking into account the frequency and cost of trips. Transportation is only to be provided when a failure to cover the costs will result in the client being unable to access the medical treatment.

- Transportation funds for clients can only be provided to enable clients to visit the nearest (from the client's residence) doctor, medical clinic, optometrist, dentist or hospital (outside the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

- Where possible, clients should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle can be issued at $0.30 per km provided that this is more economical than public transportation. It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one's own car as long as it is not done for hire, gain or reward.

- Where a client does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:
  - The most economical mode of public transportation is to be utilized at all times (e.g. bus pass versus taxi).
  - Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airline. Any deviation from this policy must be supported by medical documentation which explains why a particular client must travel by a certain mode of transportation. (Exception: out of province medical transportation is normally by airline unless there is a medical reason why this is not appropriate, or for long term trips – i.e. awaiting transplants, where the client will be traveling by own vehicle)
  - When considering the most economical means, this should be as a package which includes any accommodations and meals, as the choice of a bus may then include overnight accommodations and meals, whereas a taxi may make the return trip in one day without those additional costs and may in the end be less expensive.

Other Criteria

- Transportation may be considered in cases which enable a client to receive treatment, if it is court ordered or if a physician/psychiatrist, social worker, psychologist, nurse or counsellor verifies that the treatment is necessary. These services may include group therapy offered by one of these professionals or through a support group recommended by the professional as part of the client's service/treatment plan.

- Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.

In Province Medical Transportation
- Clients requesting transportation assistance for medical reasons must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.

- Where possible and practical, transportation should not be provided when medical needs are not immediate (where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

- When defining the cost that the Department will pay for clients' medical transportation, Client Service Managers are responsible to identify in their districts: which communities, under what circumstances, and what rates of transportation assistance may be considered. Managers must also determine what medical procedures are provided at local clinics in the district as opposed to major facilities such as hospitals outside the district. The district policy must be available to the district Staff, to clients and to the general public upon request.

- If an escort is being requested for an adult or the request is for two parents/escorts for a child, documentation of medical need (not just for emotional support) for same is required.

- Clients occasionally request assistance for transportation to self help groups i.e. AA, GA, etc. where obtaining verification of attendance may be an issue due to the confidentiality rules of the group. HRLE can provide the transportation as long as there is medical documentation of need on file.

- Costs incurred in visiting a chiropractor cannot be covered through the Income Support Program, even if medically recommended by a physician. Chiropractic treatment is not recognized as a medical treatment by the Medical Care Plan (MCP).

- Transportation may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):
  - For children under 12, as per the Provincial Children’s Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip. (Verification of attendance required prior to reimbursement)
  - For children age 13-17, as per the Provincial Children’s Dental Health Program, once every 24 months for a regular examination. (Verification of attendance required prior to reimbursement)
  - For children under the age of 17 who require additional appointments for other MCP covered procedures (x-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved.
  - When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs.
  - For all clients of the Income Support Program, including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter confirming the visit must be provided.

- If a client requires physiotherapy treatment, it must be obtained at the nearest hospital where the treatment is available. Transportation assistance to access physiotherapy at other facilities or private clinics is not to be provided through the Income Support Program

- Whenever possible, return transportation costs should be arranged for the client.
• If required, waiting time for taxis must be kept to a minimum and clients should be advised of same. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.

• Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with in-town accommodations (i.e., hostel costs or a rental unit) where the cost of the accommodation costs would be less than the transportation costs.

Medical Transportation outside the Province

• Medical transportation outside the province is sometimes required by clients who are in receipt of income support benefits or non-clients who have been determined eligible for assistance with medical transportation costs.

• When a request is received to provide transportation outside the province, the Client Services Officer must obtain the particulars required for consideration. This includes the name of the referring specialist, where and to whom the patient must be referred, the date of the confirmed appointment, the reason for the referral and any other pertinent information. Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information regarding the particular request is required, contact can be made with the Physician Services Division of the Department of Health and Community Services at 758 – 1501.

• Consideration should be given to arranging the flight through Hope Air where applicable. As well, non-clients who request financial assistance should also be aware of the Medical Transportation Assistance Program through the Department of Health and Community Services.

• Under the Income Support Program, the following costs can be included in the total cost of the trip:
  - airfare, bus or mileage for private vehicle from this province to the other province;
  - taxi from the airport to the health care centre and return;
  - accommodations (preferably hostel);
  - meal costs of $20 per day per person and expenses for an escort where medically required.

• For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the HRIE contribution towards the cost of the trip.

• Where a non-client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for income support benefits, the Client Services Officer may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.

• In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the income support program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.
Escort Duty (if medically required)

- In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.

- Where escorts spend their own money to accompany clients, they may submit claims to the Client Services Officers for reimbursement. Expenses cannot exceed the $30 per km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person. Receipts are required.

- When nursing personnel are required by the attending physician to act as escorts for outpatients who are eligible for income support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

Alcohol Treatment Related Medical Transportation

- There are three recognized alcohol residential treatment centers in the province:
  - Recovery Centre, St. John's
  - Howard House, St. John's
  - Humber Wood Alcohol and Drug Treatment Centre, Corner Brook

  Persons who are eligible for Income Support Benefits will be provided transportation to and from these centers.

- There is no provision to send persons outside of the province for alcohol related treatment unless approved by the Department of Health and Community Services.

Air and Road Ambulance Program

- Income support client will be issued a new ambulance/dental services card on their cheques each month. When clients require road ambulance services, they must present their ambulance card to the ambulance driver for coverage. The patient fee charged for road ambulance usage is $115. This coverage is also valid for subsidized residents in nursing homes and non-subsidized residents deemed eligible for transportation assistance.

- For clients requiring an air ambulance, there is an administrative fee charged of $80 which is to be paid as medical transportation. In addition, if a medical escort if required, the additional fee is $50.

- Where clients are outside of the province and require an ambulance, MCP will not cover any portion of the cost. In the case of income support clients, coverage can be provided for the full amount paid directly to the service provider or reimbursed to the client where they provide proof of payment.
Clients who Require Road Ambulance Transportation for Renal Dialysis:

- Individuals who access renal dialysis treatment at a hospital or community site and who have medical documentation denoting their need to travel by road ambulance can have these fees paid through HRLE if they are in receipt of income support benefits or subsidized home support services through an Integrated Health Board.

- Individuals who access renal dialysis treatment at a hospital or community site at least three times/week by road ambulance, who are not eligible for income support benefits or subsidized home supports should be referred to their local Regional Health Authority. The Regional Health Authorities can use enriched needs guidelines to determine eligibility for partial/full payment of transportation by road ambulance if this need is medically documented by a physician/nephrologist.

Methadone Treatment

- Clients who are seeking financial assistance with transportation to receive methadone treatments are required to get medical documentation advising of the need for regular transportation to receive their treatments, normally dispensed at pharmacies. In some instances, pharmacists allow “carries” (a dosage to take home as opposed to ingesting the medication at the pharmacy) of the drug. The fee associated with these ‘carries’ are normally covered by a special authorization under NLPDP. However, where there are multiple ‘carries’ provided (i.e. for 3 days), NLPDP only provides for 1 dispensing fee and the pharmacy may charge for 3 – one for each ‘carry’. Where it would otherwise mean that without payment for the additional dispensing fees, HRLE would be required to pay a higher cost for the transportation, approval can be provided to cover the dispensing fee as a form of medical transportation.

Blood Collection

- The Income Support Program does not normally provide for the payment of direct health services such as private blood collection services. However, for clients who would be approved for medical transportation based on frequency of visits or the distance of the medical facility from their home, consideration can be given to the payment of such costs where they are more economical than the cost of transportation/waiting time.

Waterford Community Care/Nursing Homes

- Subsidized residents of the Waterford Community Care Homes and nursing homes are assumed to be eligible for medically related transportation if their liquid assets are within income support guidelines.

- Regional Health Authorities are responsible for the transportation of subsidized residents of Personal Care Homes and this should not be approved under the income support program.

- Where non-subsidized residents of nursing homes, Community Care homes or Personal Care Homes require assistance with medical transportation, a needs test must be completed to determine if eligibility exists.

Procedure

General
• Where prior approval is given for medical transportation, a request to reflect same should be added in CAPS as well as a case note.

Payment

• Transportation assistance in the amount of $0.30 per kilometer will be paid directly to the client to provide for the expenses involved provided that the transportation meets the other conditions (e.g., nearest treatment, frequency of trips, is not within the local office area and is less expensive than public transportation).

• Payment for public ground transportation may be made payable to the service provider or to the client. Payment for air travel must be made payable to the airline or travel agent.

Benefit added to recurring pay cheques

• Clients with long term ongoing medical transportation needs can have funding for these trips included in their regular semi-monthly cheque. The use of recurring pay for ongoing medical transportation requests will be offered to cases where the source of transportation is private vehicle or public transportation (i.e. bus pass). Clients who use taxi transportation, via service authorization, should not have their travel costs added to recurring pay. Those utilizing a taxi for medical appointments, but paying the same as private vehicle rates (shared taxis), can have these benefits placed on recurring pay.

• To be considered to have this benefit added to a recurring pay cheque, the transportation requirement should be needed for a minimum of 3 months. As this is meant for long term, frequent medical treatment; it is anticipated that the following types of treatment would fall into the criteria noted:
  • Dialysis
  • Chemotherapy
  • Radiation
  • Methadone Program
  • Psychiatric Programs
  • Other treatments which are frequent and will last at least 3 months in duration.

• While this option is available to all clients, there may be some individuals who because of medical or management issues, would be better served if their bus pass is mailed to them on a regular basis or they are reimbursed for each trip. This decision will be left to the discretion of the CSO, in consultation with management.

• Initial verification of the need for ongoing medical transportation is required upfront – i.e. client will require chemotherapy for 16 weeks. Further verification of attendance at medical appointments must then be provided by the client every 3 months. This attendance verification may require only 1 note from the medical professional indicating that the client attended the appointments with the dates noted, as opposed to a separate note for each date. Based on the compliance of the documentation being received, consideration will be given to extending the time frame for up to six months so that the need for the documentation is less frequent. For clients who receive bus passes, a request from a health care professional for additional months is sufficient verification that previous appointments were kept.

• KIV’s must be set up and actioned to ensure that verification of medical attendance is received and that the benefit is removed from the allowance at the end of the treatment. KIV categories already exist in CAPS for “medical confirmation” and “verification of medical appointment;” however for purposes of this new procedure an additional KIV
category has been created in CAPS-Medical Transportation/Recurring Pay and should be utilized for this purpose. Once the verification of attendance is received, staff must action the current KIV and set up a new one for the following 90 days (or 180 days for clients who submit documentation every six months). It is essential that the PAU keep these KIV’s up to date. If verification is not received within the time frame, the benefit should be removed from the recurring pay allowance and paid only as a reimbursement to the client, or as a payment directly to the supplier. To ensure the integrity of this procedure, managers are asked to monitor the KIV’s and compliance of the documentation received.

- When the medical transportation request is entered into CAPS, the start and end date of the benefit is required. These dates should not exceed six months as verification of medical appointments are required before further approval can be given. Dates are for informational purposes only. The benefit will not end unless a CSO suspends the case and completes a reassessment. Although it will not be necessary to change the start and end dates when a further 90 or 180 days are approved, it is expected that when a reassessment is completed for other reasons, that the dates are updated at that time.

Ambulance transportation

- When income support benefit clients request medical transportation via road ambulance – they present their ambulance card to the ambulance driver and the ambulance operators bill the Regional Health Authorities for payment. Prior to payment by the RHA, a client’s eligibility for the service is validated by utilizing the Newfoundland & Labrador Prescription Drug Program. Once eligibility is determined, the Regional Health Authorities pay the ambulance fee and request HRLE to reimburse them. However, there are situations where an income support client failed to present the ambulance card to the operator and has received an invoice for payment of the patient fee for road ambulance services. The patient fee is $115 and in those cases, the client requests the assistance of the Department for payment. The Client Services Officer should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

- The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the ‘include drug card’ button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

- Non-IS clients who request assistance with the cost of ambulance bills must apply to the income support program and have a needs assessment completed.

Escort Fees

- Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

Authority level

Client Services Officer – regular transportation requests

Client Services Manager – Extenuating transportation requests
  - Out of Province medical transportation
  - Monitor KIV’s for recurring pay medical transportation