# Non-Medical Transportation Guidance and Best Practices

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## Introduction

The New York State Office of Addiction Services and Supports (OASAS) is committed to the development of a statewide Recovery-Oriented System of Care that empowers individuals to thrive and lead healthy lives. Non-Medical Transportation plays a critical role in this commitment by providing access to recovery, treatment, and other supportive services, which helps individuals to remain actively engaged in their own recovery.

The purpose of this guidance is to establish a structured framework surrounding Non-Medical Transportation. This guidance is intended for providers, subcontractors, and partners delivering Non-Medical Transportation Services through an OASAS funding opportunity.

## OASAS Non-Medical Transportation

### Overview

Transportation can be a significant barrier for individuals in recovery from a substance use disorder. Without consistent and reliable transportation, individuals with substance use disorder encounter preventable obstacles to accessing critical support services and in meeting basic needs. Non-Medical Transportation provides an essential service that allows individuals to remain actively engaged in supportive services.

Non-Medical Transportation services can be used to address social needs like engagement with the courts, family services, and to meet basic needs. They are short-term, temporary services and not designed to be a permanent solution to transportation challenges. This program utilizes resources and systems within each region to best address the needs of a given area.

### Goals of Service

Where transportation costs, availability, and access are barriers for individuals in recovery, the non-medical transportation initiative aims to address short term transportation needs and assist individuals to develop long term, sustainable transportation independence. This framework emphasizes that transportation is a capacity-building service with a clear expectation of transitioning individuals to transportation independence within 120 days.

### Access and Eligibility

Non-Medical Transportation (NMT) services are available to individuals with a substance use disorder seeking transportation support to remain actively engaged in supportive services. They are a last resort service when all other transportation options, including Medicaid Transportation, have been exhausted. NMT can also support treatment transportation needs on a case-by-case basis where Medicaid transportation is not available as an option. Non-Medical Transportation services are meant to address short-term transportation needs. Transportation services should be provided in alignment with goals of service and are intended to support individuals in maintaining stability, engagement, and progress within their recovery efforts.

Providers are responsible for ensuring that transportation services are utilized exclusively for target population and for purposes that directly support recovery-oriented goals. Documentation should clearly demonstrate the connection between the transportation provided and the individual's identified recovery-oriented needs and objectives.

#### *Allowable Trip Purposes*

Allowable non-medical transportation activities may include, but are not limited to:

- Assisting in transportation to visit with children
- Attendance at job interviews
- Attendance at mutual aid meetings
- Temporary assistance getting to and from work

Non-medical transportation can be provided through:

- Ride share programs
- Volunteer transportation
- Bus and/or other publication transportation cards/passes
- Providers using their own fleet vehicles using staff as drivers; peers may serve as drivers and/or accompanying passengers.

These are examples and are not meant to be an exhaustive list.

## Participant Planning and Support

To promote the mission and core elements of this initiative, the Primary Contractor must establish written policies and procedures that establish processes and plans for

participants utilizing the non-medical transportation service that promote short-term usage, transportation independence, and strategic monitoring and support. Strategies to do this include establishing an assessment for participants to assess their individual transportation dependence. Contractors will then implement a transportation plan, which moves the person to utilize long-term resources and limits their use of this service to 120 days.

### *Initial Transportation Assessment*

For participants engaging in recurring services (i.e., more than one time only ride) in NMT services, the Primary Contractor and partners must complete an initial transportation assessment for each participant. This assessment will be provided by OASAS.

All transportation assessments must, at a minimum, include:

- Assessment of the transportation needs of individual seeking services
- Assessment that identified need meets criteria for participation in NMT
- Identification of need (ex. emergent or long-term sustainable transportation need)

The Primary Contractor and partners are expected to document all participant transportation assessments. OASAS may ask for submission of transportation assessments for review.

### *Transportation Plans*

Transportation plans should be developed for each participant who has an ongoing need for Non-Medical Transportation services. Transportation planning must be completed collaboratively with the participant and reflect a mutually agreed-upon approach to addressing transportation barriers while also promoting long-term independence and stability. Transportation planning should emphasize that transportation is a capacity-building service with a clear expectation of transitioning individuals within 120 days.

Transportation plans must be reviewed regularly with participants at a minimum frequency of once per month to assess progress, ongoing needs, and transition planning efforts. Providers are expected to document all reviews and updates within the participant's record.

A transportation plan template is provided by OASAS in **Appendix B** of this guidance document. Primary Contractors and subcontracted partners may utilize the OASAS

template or develop their own transportation planning document. However, all transportation plans must, at a minimum, include:

- The participant's documented need for transportation services
- Identified transportation-related barriers
- Transportation goals and objectives
- Progress toward transportation independence and stability
- Transition and discharge planning activities
- Estimated monthly utilization of service
- Estimated time frame of need of service, not to exceed 120 days

The Primary Contractor and partners are expected to document all participant transportation plans. OASAS may ask for submission of transportation plans for review.

### *Transportation Planning and Sustainability Strategies*

NMT services are intended to support participants in building sustainable and independent transportation solutions over time. Providers should actively engage participants in transition planning efforts and identify strategies that reduce long-term reliance on transportation assistance.

Examples of transition planning strategies may include, but are not limited to:

- Assisting participants in developing community connections and informal support networks for shared or coordinated transportation opportunities
- Educating participants on the use of public transportation systems and other available community transportation resources
- Supporting participants in identifying and securing affordable housing opportunities located closer to employment, treatment, recovery supports, or public transportation routes
- Bridging connections for participants to other departments, such as the Office of the Aging
- Assisting participants in achieving transportation independence through budgeting, savings plans, or obtaining personal transportation, such as purchasing a vehicle or bicycle

These examples are intended as guidance and are not considered an exhaustive list of transition planning strategies.

### *Service Duration Expectations*

NMT services are intended to be short-term and transitional in nature. In general, recurring NMT services should operate with the goal of most recurring riders gaining independence within 120 days.

## Equity, Access, and Continuity of Service

Non-Medical Transportation services should be delivered in a manner that promotes equitable access to services, particularly for individuals in rural areas and those with limited transportation options. Transportation supports are intended for individuals who lack access to reliable transportation and should not be used for individuals who have reasonable access to transportation.

### *Gas Card Usage Policy*

Gas cards or cash-equivalent cards may be provided only as a last resort for individuals using personal vehicles for non-medical transportation. **Any gas card usage requires approval by OASAS prior to travel.** Eligible individuals must provide proof of the following:

- Valid NYS driver's license
- Updated and valid insurance
- Vehicle registration
- Safety inspection

Reimbursement is limited to 200 miles round trip per individual, based on fuel efficiency and local gas prices, and requires trip documentation and receipts. Primary Contractors are responsible for verifying documentation and ensuring subcontractor policies align with this guidance.

Primary Contractors and Partners are responsible for maintaining a log of distribution, as well as an inventory of gas cards on hand. Inventory should be done on a monthly basis.

### *Out of State Travel*

Transportation out of state is only allowable if the destination is for a Non-Medical Transportation service that is significantly closer than any available comparable service offered within New York State. Out of state travel is allowed if it is the most efficient route

of travel to an in-state destination. The Primary Contractor holder must be able to demonstrate this to OASAS. Out of state travel must be approved by OASAS prior to transportation, unless travel is to a neighboring county.

### *Bus Passes and Alternative Transportation Supports*

When bus passes or alternative transportation supports are used, distribution shall be targeted to individuals with a demonstrated transportation need.

The Primary Contractor shall maintain a log of bus pass distribution, including the following:

- Number of unique individuals receiving bus passes.
- Number of bus passes per individual.
- Length of time of bus pass support per individual.
- Purpose of ride

Ensure the passes/cards are kept in a safe storage location. Purchase and use of these should be carefully monitored and controlled and codified as a policy within the agency. Inventory of bus passes that a Primary Contractor or Partner has on hand should be done on a monthly basis.

If bus passes and/or alternative transportation supports are recommended, they must be listed in an individual's intake form and/or transportation plan. Transportation supports are not intended to be long-term or universal and must align with documented need.

## Safety, Oversight, and Policies and Procedures

### *Policies and Procedures*

The Primary Contractor is responsible for ensuring that policies and/or procedures are developed and periodically reviewed for the following:

- Assess service recipient needs and develop an approval process for rides.
- Ensure all minors under the age of 18 are accompanied by a parent/guardian.
- A process for Incident Reporting, investigation, and management of incidents.
- Safe travel for service recipients and staff using relevant NYS driving safety standards.
- Crisis management during travel.
- Vehicle maintenance and upkeep.
- Cancelations and no shows tracking and limits.

- Tracking and addressing grievances and complaints.
- Staff and driver background checks and driver history.
- Long-term transportation planning.
- Staff and driver training.
- Prioritization of rides based on participant needs.
- Data collection and tracking including but not limited to mileage logs.

OASAS may review these policies and procedures during bi-annual site reviews, or upon request.

### *Staffing Structure*

To support effective program operations, including data reporting requirements, budget oversight, and programmatic oversight, it is recommended that the Primary Contractor maintain a staffing structure that accounts for these needs. In example, a program may find it helpful to have a staffing structure that includes a Transportation Coordinator and a Data Coordinator. These dedicated roles help ensure timely and accurate reporting, effective management of transportation services, compliance with contractual requirements, fiscal accountability, and consistent oversight of partner agencies and service delivery.

### *Safety Elements*

To support safety, quality, and workforce sustainability, it is recommended that the Primary Contractor establish written policies and procedures that include reasonable expectations and limits on any individual who is driving under the Non-Medical Transportation initiative, including:

- No more than four consecutive hours of driving without a minimum one-hour rest period.
- Breaking for rest after 100 miles or 2 hours traveled.
- At least two breaks per day.
- A defined maximum number of rides or trips per day.
- Safety planning for inclement weather.
- Splitting longer trips across staff or other programs when feasible.

All driving limits shall be documented in policy and applied using a reasonable standard to support safety. Each passenger situation should be examined to see if it is prudent to have a second driver in the car.

The Primary Contractor will ensure that these responsibilities are clearly outlined in driver job descriptions and communicated during the onboarding process to ensure staff fully understand the scope of their role and understand underlying safety concerns.

For long-distance travel, providers are encouraged to reach out to the Lead Provider for Non-Medical Transportation in neighboring Regional Networks to coordinate and offer support for the rider (ex. Exploring the possibility of sharing the ride with another Regional Network).

Transportation services where a peer is providing the transportation shall be delivered in compliance with all applicable federal, state, and local laws and regulations, including confidentiality and privacy requirements. The Primary Contractor shall ensure that peers providing transportation meet applicable driver, vehicle, insurance, and training requirements and that peer transportation activities are covered under the Primary Contractor's liability and insurance policies.

### *Partner Financial Oversight and Invoicing*

The Primary Contractor shall be responsible for the timely utilization of funds and payment to subcontractors. Primary Contractor shall ensure all spending is in alignment with approved budgets and projected utilization to demonstrate and ensure that expenditures are reasonable and tied to programmatic outputs.

The Primary Contractor shall review partner invoices for completeness and alignment with contractual and programmatic expectations prior to submission to OASAS.

The Primary Contractor must ensure that all partners are adhering to all OASAS guidelines, including allowable expense guidelines.

## Scope of Peer Services for Non-Medical Transportation Services

### *Purpose and Role of Peers in Non-Medical Transportation*

Peer services draw on lived experience to provide meaningful support to individuals navigating substance use disorder treatment, recovery, and community reentry. Integrating peers into Non-Medical Transportation strengthens engagement in care by using transportation as an assertive linkage to recovery-oriented supports and social needs. For resources related to peer integration, please refer to **Tip #64**.

The purpose of peer involvement in Non-Medical Transportation is to reduce transportation barriers while actively supporting individuals. Peer involvement in Non-Medical Transportation is intended to do the following:

- Support individuals in engaging in their respective pathway to recovery,
- Motivate and encourage continued engagement in treatment and recovery supports,
- Identify and address barriers to care during transport,
- Provide recovery-oriented encouragement, modeling, and connection through sharing of lived experience,
- Support continuity of care and engagement with harm reduction, community reentry support, recovery supports, and social needs.

Peers are intended to be motivators and cheerleaders during Non-Medical Transportation, supporting engagement and connection to care while reinforcing recovery-oriented goals.

### *Distinction Between Peer Driving and Peer Support Roles*

Peer involvement in non-medical transportation may occur in two distinct ways, depending on program design:

a. Peer as Driver

Peers may be approved to serve as the driver providing the transportation. In this role, the peer is responsible for safe transport while also offering recovery-oriented support, encouragement, and assertive linkage to services during the ride.

b. Peer as Supporter

Peers do not provide transportation but may accompany the individual in the vehicle to provide peer services. In this role, the peer's primary function is to support and provide linkage to care.

Programs should clearly define whether peers are expected to serve as drivers, support passengers, or both, and set expectations for when peer accompaniment is required regardless of the transportation provider. When possible, utilizing peers in rides under non-medical transportation shall be encouraged.

### *Scope of Allowable Peer Transportation Activities*

Peer services in Non-Medical Transportation may include transportation and/or accompaniment of individuals to and from approved, non-emergency, non-clinical destinations related to:

- Treatment access when there are no other resources available,
- Recovery supports,
- Court or community supervision obligations,
- Employment, education, or workforce development,
- Housing-related appointments,
- Benefits-related services.

Transportation must be included in the individual's approved transportation or service plan. Peer transportation shall not include emergency medical transportation, medical transportation, transportation requiring medical supervision/monitoring, or transportation where an individual requires active medical assistance during their scheduled ride. Any ride that is frequent or routine should be addressed in the transportation plan to move the rider towards independent access of transportation services.

Where third-party transportation vendors are used, the Primary Contractor shall clearly define whether peers may accompany individuals during transport and how peer engagement is used during the ride.

### *Peer Role, Boundaries, and Ethical Standards*

Peers providing transportation-related services shall operate within the defined scope of peer support services and be in alignment with OASAS peer guidance, core competencies for peers, and applicable ethical and boundary standards.

Peer involvement in Non-Medical Transportation shall focus on engagement, motivation, encouragement, and recovery-oriented support. It should not include clinical services, case management, or activities outside of the defined peer role.

Peers working with Non-Medical Transportation shall receive training on the following:

- Boundaries and ethical standards,
- Confidentiality and privacy,
- Trauma-informed engagement,
- De-escalation and safety practices,

- Role clarity related to transportation vs. peer support.

### *Oversight and Supervision of Peer Transportation*

The Primary Contractor shall maintain provider oversight of all peer transportation activities and remain responsible for ensuring that peers operate within approved scope, policy, and contractual requirements. Oversight shall include supervision, documentation review, and monitoring of peer transportation practices to ensure compliance with legal, ethical, and programmatic standards.

Supervisors overseeing peer transportation activities shall receive appropriate training and provide routine supervision no less than weekly.

For resources on peer supervision, please visit
https://www.ncbi.nlm.nih.gov/books/NBK596264/

## Data Reporting Best Practices

### *Public Transportation Passes/Tokens and Alternative Transportation Support*

When obtaining and distributing these passes, please follow these guidelines for reporting:

- When distributing the pass/token/card, take down relevant information about the rider in alignment with the data collection spreadsheet: ex. the date the pass was handed out and rider demographic information. Include ride starting point and destination if known or select "NA." Public transportation must always include a ride cost.
- Enter all relevant information about the ride on the data collection spreadsheet at the time the pass/card is distributed, not the time it is purchased.
- It may not be possible to collect information for every column (ex. Ride Time). For any column missing information, input "NA."

### *Monthly Report Formstack & Data Collection Spreadsheet*

Monthly data is due by the end of the following month: ex. March data is due no later than April 30th.

If there are any delays in data reporting, this **must** be communicated to OASAS in a timely manner **prior** to the reporting due date, along with rationale for the delay and estimated

submission date. Failure to report data in a timely manner prior to the deadline and/or to notify OASAS of any delays may result in a low data return warning.

If any partners and/or subcontractors are added or removed from the initiative by the Primary Contractor, the Primary Contractor must notify OASAS as soon as possible. If partners/subcontractors are added, send information on the entity county and zip code of the new partner/subcontractor to OASAS. OASAS will update the data collection spreadsheet and return to Primary Contractor for use moving forward.

Primary Contractor must develop a procedure to ensure that only current staff working on the non-medical transportation initiative have access to scheduling systems.

*Best Practices:*

- The "Unique Riders" section in Formstack is intended to track the number of individual riders supported by the provider in any given month. It is recommended that agencies track individual riders' month to month and provide support to the individual rider to meet long term transportation goals.
- Reporting on success stories is encouraged!
- For the data collection spreadsheet, it is crucial to keep the data as clean as possible. Please follow all drop-down options on the spreadsheet. Common pain points include capitalization, ride date not in mm/dd/yyyy format, different data than listed in the dropdowns, and utilizing older definitions in the "Ride Starting Point" and "Ride Destinations" columns.
- Use "NA" wherever possible instead of leaving the column blank.
- Ride Status: "Not Completed" in the Ride Status column should only be selected if the ride was charged but the ride was not completed. Anytime there is a Ride Status column of "Not Completed," there should be a "Ride Cost" with an amount that should not be $0. When a ride is listed as "Not Completed," then "NA" should be selected in the "Ride Time" column.
- Group rides: when reporting group rides on the spreadsheet, divide the total miles by the number of people in the vehicle and report that information in each row.

## Appendix A: Definitions

### Non-Medical Transportation:

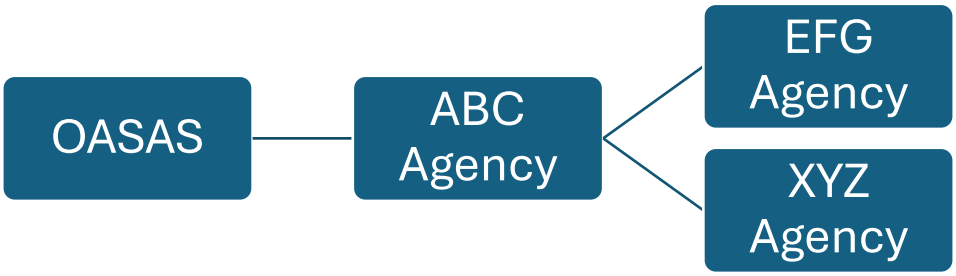
Non-Medical Transportation (NMT) refers to arranged transportation for individuals to short-term access to non-emergency appointments and activities that support recovery, harm reduction, prevention, community reentry, and related court, housing, employment, and benefits needs. NMT can also support treatment transportation needs on a case-by-case basis where Medicaid transportation is not available as an option. NMT does not include ambulance or emergency medical transportation and must be provided in compliance with applicable confidentiality and privacy requirements. NMT shall be provided in a trauma-informed, recovery-oriented, culturally responsive, and person-centered manner consistent with OASAS policy and guidance.

### Subcontractors:

Subcontractors are referred to as transportation management services delivered by third-party vendors or agencies contracted by the Primary Contractor. Subcontractors may include transportation vendors and transportation coordination platforms that arrange or provide rides for individuals, or organizations that provide administrative and/or data management support. Examples of subcontractors are Ride Health and Uber Health.

### Partners:

Partners are organizations that have access to transportation-related services under the initiative goals for the population served. Primary Contractors provide oversight for partners, and partners operate under programmatic expectations set by the Primary Contractor and OASAS.




In example, ABC agency is contracted with OASAS to provide NMT. EFG and XYZ agencies are considered partners, and work with ABC Agency and have access to transportation platform Ride Health to provide NMT for their participants. ABC oversees the work of EFG and XYZ Agencies and is allowed to set additional policies and procedures for accessing the service through them, including but not limited to setting a monthly limit or budget for the partner to stay within.

### Peer/Peer Advocate:

A Certified Recovery Peer Advocate (CRPA) who holds a certification from a certifying authority recognized by the Commissioner.

## Appendix B: Transportation Plan Template

**Non-Medical Transportation**

**Participant Transportation Plan**

**Purpose:** To assess transportation needs, eligibility, and barriers, and support planning to develop a transportation solution for individuals with an on-going need. These plans should be reviewed with participants regularly, at intervals of at least once per month. These transportation plans should be made in collaboration with the participants and be mutually agreed on.

### Agency:

### Participant Overview:

| Participant Name: | Town of Residence: | Start of Service Date: |
|---|---|---|
| | | |

### Transportation Needs Assessment:

1) **Transportation Support Needs: What does the participant need transportation support for?**

☐ Initial treatment engagement

☐ Recovery Support/ RCOC services

☐ SUD Treatment Services

☐ Harm Reduction Services

☐ Home/Shelter

☐ Medication Services

☐ Mental Health Resources

☐ Social Services

☐ Food Resources

☐ Lawyer/ Court/ Legal Services

☐Mental Health Residential Housing

☐ Non-Emergency Medical Services

☐ Employment/ Vocational Services

☐ Education

☐ Childcare/ Family Services

☐Permanent Supportive Housing

☐ Pharmacy

☐ SUD Prevention Services

☐Transitional Housing

☐ LGBTQIA+ Services

☐ Religious/ Spiritual Services

☐ Other_Click or tap here to enter text.

**2) Transportation Need Level**

| Level | Description | Selected |
|---|---|---|
| Low | Occasional transportation support needed for specific appointments or short-term stabilization | ☐ |
| Moderate | Regular transportation support needed to maintain treatment/recovery engagement | ☐ |
| High | Frequent or urgent transportation support needed due to high risk of disengagement, relapses, overdose risk, housing instability, or transition from higher level of care | ☐ |

**3) Current Transportation Assessment**

☐ No reliable personal vehicle

☐ No family/friend support available for transportation

☐ Limited access to public transportation

☐ Cannot afford public transportation, taxis, or rideshare

☐ Physical, cognitive, behavioral health, or safety concerns limit ability to travel independently

☐ Transportation instability has caused missed appointments

☐ Participant is transitioning from inpatient/residential/crisis setting and needs support connecting to ongoing care

☐ Geographic distance from services creates barrier

☐ Work, childcare, shelter, or housing instability affects ability to travel

☐ Weather, mobility, or neighborhood safety concerns

☐ Other

4) **Does participant require a peer during ride? ☐ Yes ☐ No**
5) **How long does participant anticipate needing transportation services?**
   Click or tap here to enter text.
6) **Narrative summary of needs:**

Click or tap here to enter text.

**Current Transportation Support Plan:**

| | |
|---|---|
| **Planned rides per week:** | |
| **Type of trips:** | |
| **Goals of transportation:** | |

**Transportation Independence Planning:**

1) Transportation independence goals:

Click or tap here to enter text.

2) Transportation independence plan:

Click or tap here to enter text.

| Date Reviewed: | Participant Signature: | Staff Signature: | Next Review Date: |
|---|---|---|---|
| | | | |