ELDERLY SERVICES PROGRAM (ESP℠)

NON MEDICAL TRANSPORTATION

SERVICE SPECIFICATIONS

2010

EFFECTIVE JANUARY 2010 (BCESP)
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION TITLE</th>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>1.0</td>
<td>3</td>
</tr>
<tr>
<td>Unit of Service</td>
<td>2.0</td>
<td>3</td>
</tr>
<tr>
<td>Provider Requirements</td>
<td>3.0</td>
<td>4</td>
</tr>
<tr>
<td>Training</td>
<td>4.0</td>
<td>5</td>
</tr>
<tr>
<td>Driver Requirements</td>
<td>5.0</td>
<td>6</td>
</tr>
<tr>
<td>Appendix A – ODA0004 Annual Vehicle Inspection Form</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Appendix B – ODA0008 Pre-Trip Vehicle Inspection Form</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>
1.0 OBJECTIVE

Non-Medical Transportation (NMT) transports clients to local community resources or services which are integral to living independently in the community through the use of a provider’s vehicle and driver. Service may be provided into contiguous counties.

Eligibility Criteria
Clients who are eligible for this service must be enrolled in the ESP program and meet the following criteria:

• have a minimum of one IADL transportation deficit and; at least, one other ADL or IADL deficit as per program guidelines.

• unable to drive due to physical or cognitive limitations, does not have a driver’s license and/or has a MD order prohibiting driving;

• are not eligible for PASSPORT, or public transport or para-transport, or any other program that could provide non-medical transportation on a sliding scale fee or reduced fee to the requested destination.

• is unable to secure transportation from informal supports such as family, friends or relatives.

2.0 UNIT OF SERVICE

2.1 A unit of service is a "one-way" trip.

2.2 The unit rate is the price quoted for the "one-way" trip.

2.3 The unit rate must include all Provider-related costs associated with the trip including administrative costs, training and documentation time.

2.4 Units must be authorized by a Care Manager

2.5 Each client may receive no more than 2 units per month (one round trip).
3.0 PROVIDER REQUIREMENTS

Provider requirements include the following:

3.1 The Provider must furnish evidence of a service back-up plan to provide service when a driver or vehicle is unavailable or when a vehicles becomes disabled. The plan can describe the process for providing the service when the driver or vehicle is unavailable or it may describe the process for notifying the client that a driver or vehicle is unavailable.

3.2 All vehicle operators and owners must maintain proof of financial responsibility as required in Section 4509.10.1 of the Ohio Revised Code.

3.3 The Provider must furnish a price quote for the trip requested by the Care Manager at time of the referral for service and document the price authorized by the Care Manager.

3.4 The provider shall maintain a policy for drivers that list any additional responsibilities assigned to the driver by the provider agreement (e.g., helping a client from the door of their home to the vehicle or helping a client from inside their home to the vehicle).

3.5 The provider shall inform care manager of this policy when furnishing the price quote for the trip. (e.g., “Our driver will only pick client up if they meet him/her at the curb” or “Our driver will only pick the client up if they meet him/her at the door of their home”).

3.6 The Provider must bill for the original price quote submitted to and approved by the Care Manager

3.7 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.

3.8 The Provider shall create a written plan for preventative maintenance, safety inspections and wheelchair lifts used for this service specification and maintain documentation of the preventative services for each vehicle.

3.9 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the highway patrol safety inspection unit, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements listed in ODA0004 Form (Appendix A) of this rule, as applicable to the vehicle inspected.
3.10 The Provider must assure that all vehicles are easily identifiable with the Provider's name.

3.11 The Provider must assure that all vehicle drivers have identification badges or uniforms identifying them as employees of the Provider.

3.12 Vehicles equipped for transporting passengers who remain in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position used. Providers must inspect their vehicles for compliance with the items listed in ODA0008 From (Appendix B) on a daily basis.

3.13 The Provider must document and maintain a record of each service-related client contact to include

(a) Each service delivered
(b) Date of contact
(c) Type of contact
(d) Name(s) of person(s) having contact with the client.

3.14 The Provider must maintain documentation for each episode of service delivery that includes

(a) A description of the service provided
(b) The date
(c) The location of the pickup
(d) The time of client’s pick-up
(e) The location of the delivery
(f) The time of the client’s delivery
(g) The name and signature of the driver
(h) Name and signature of the client to whom transportation services were provided
(i) Number of units provided

4.0 TRAINING

4.1 Prior to transporting clients, the provider must document agency’s transportation training with return demonstration on transferring client, wheel-chair lift operation, restraint application, and universal precautions. The Provider must assure and document in driver’s file, prior to transporting clients, that each driver meets all of the following requirements:

(a) Current certificates of completion of training courses in first aid and cardio-pulmonary resuscitation (CPR) offered by the American Red Cross, the American Heart Association, the National Safety Council, or an equivalent course approved by Council on Aging®.
4.2 Within six months of hire, all drivers must have:

(a) A certificate of completion of an introductory defensive driving course sponsored or endorsed by the National Safety Council or the Ohio Department of Transportation, and completion of a four-hour refresher course every three years thereafter.

(b) A certificate of completion of an introductory training course (i.e., DRIVE, or other course approved by COA) addressing the transport of older persons and people with disabilities, and a refresher course every three years thereafter, both of which must include:

(i) Sensitivity to aging training;
(ii) An overview of diseases and functional factors commonly affecting older adults;
(iii) Environmental considerations affecting passengers;
(iv) Instruction in client assistance and transfer techniques;
(v) Training on the management of wheelchairs and how to properly secure a wheelchair;
(vi) The inspection and operation of wheelchair lifts and other assistive equipment; and,
(vii) Emergency procedures.

5.0 DRIVER REQUIREMENTS

The Provider must maintain documentation that all medical transportation drivers have the following:

5.1 At least two years of verified licensed driving experience; and, the driver has the ability to understand written and oral instructions and document services delivered.

5.2 A current and valid driver’s license with fewer than six points against the driver issued under Chapters 4506 or 4507 of the Ohio Revised Code or their equivalent if the operator is a resident of another state;

5.3 Assurance that drivers:
(a) Maintain a pre-trip vehicle inspection on form ODA0008 (Appendix B) Pre-trip Vehicle Inspection checklist that must be completed by the driver prior to transporting client(s).

(b) Assist in transfer of the client, as necessary, safely from the client’s door to the vehicle and from the vehicle to the entrance of the destination point. The Provider must
perform the same transfer assist service when transporting the client back to the client's residence.

(c) Provide assistance in and out of vehicle: As part of each service provided, the driver shall help the client to safety enter and exit the vehicle.

5.4 Furnish documentation to verify an annual Bureau of Motor Vehicle check is completed on each driver.

5.5 Provide a valid copy of a signed statement from a licensed physician acting within the scope of the physician's practice declaring that the applicant does not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.

5.6 Provide the results of a chemical test or tests of the driver's blood, breath, or urine conducted at a hospital or other laboratory licensed by the Ohio Department of Health for the purpose of determining the alcohol or drug content of the applicant's blood, breath and/or urine.

5.7 Provide evidence of passing a training course in First Aid AND CPR offered by a COA approved organization.

5.8 No later than 6 months after a driver provides his/her first service shall:
   (a) Complete a defensive driving course sponsored or endorsed by the national safety council or the Ohio Department of Transportation. The driver shall also complete a defensive driving course every three years thereafter and:
   (b) Complete D.R.I.V.E. training or any COA approved training that includes:
       (i) Passenger assistance training
       (ii) Sensitivity to aging
       (iii) Overview of diseases and functional factors commonly affecting older adults
       (iv) Environmental consideration affecting clients i.e., ice on steps
       (v) Client assistance and transfer techniques
       (vi) Management of a wheelchair life and other types of assistance equipment
       (vii) Emergency procedures

5.9 The driver shall also complete D.R.I.V.E. training every three years thereafter.

TRANSPORTATION
Appendix A – ODA0004 Form – Annual Vehicle Inspection