

**ELDERLY SERVICES PROGRAM (ESP<sup>SM</sup>)**

**ADULT DAY TRANSPORTATION**

**SERVICE SPECIFICATION**

**2023**

**EFFECTIVE October 1, 2023  
(BCESP, CCESP, HCESP, WCESP)**

ELDERLY SERVICES PROGRAM

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## **1.0 OBJECTIVE**

- 1.1 Adult Day Transportation is a service designed to enable a client to gain access to and from the adult day center.
  - (a) Transportation will be provided directly by the center unless the center subcontracts with another provider complying to this rule.
  - (b) It is an industry standard that ADS transportation trips include multiple passengers. Transportation services are not provided when a client has been under anesthesia or when a client is being admitted to or discharged from a hospital or rehabilitation facility.

## **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, but not be limited to, all administrative costs, training and other costs associated with maintaining a fleet of vehicles.
- 2.4 Additional units require prior authorization from Care/Case Management.

## **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 is unavailable or when a vehicle becomes disabled.
- 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 A copy of the certificate of insurance and the vehicle registration must be maintained in each vehicle.
- 3.4 The Provider must have a written plan for regularly scheduled maintenance and safety inspection for the vehicles in service and must document compliance with the plan.

- 3.5 The Provider must assure that each vehicle is inspected every twelve months by a certified mechanic, the state highway patrol, or the Ohio Medical Transportation Board, and is certified to be safe. The inspections must include the elements as outlined on the Annual Inspection Form [APPENDIX B \(ohio.gov\)](#), as applicable to the vehicle inspected.
- 3.6 The Provider must assure that all vehicles are easily identifiable with the Provider's name.
- 3.7 The Provider must assure that all vehicle drivers have identification badges or uniforms identifying them as employees of the Provider.
- 3.8 Service Delivery
- (a) Assist in transfer of the client, as necessary, safely from client's door to the vehicle and from the vehicle to the street level entrance of the destination point. The driver must perform the same transfer assist service when transporting the client back to the client's residence. All hands-on escorting of all passengers including entry and exit of the vehicle must be done in compliance with training received.
  - (b) Vehicles equipped for transporting a passenger who remains 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 on the Daily Vehicle Inspection Form [APPENDIX A \(ohio.gov\)](#) on a daily basis.
  - (c) Transfers of a passenger who remains in a wheelchair must be conducted in a safe manner.
  - (d) All transportation providers/drivers are expected to arrive at the pick-up/drop-off location at the predetermined time with the correct vehicle type. All transportation services are expected to have on time arrivals and departures. Acceptable limits for the service are +/-10 minutes.
  - (e) There is to be no smoking, vaping, or use of smokeless tobacco in any vehicle transporting customers or clients.
  - (f) Transportation is to be conducted in a manner that is safe and courteous. Any reported aggressive driving behaviors including speeding, cell phone usage while driving, or tablet usage while driving will be investigated and logged. Substantiated reports may result in corrective action.
- 3.9 The ADS center may use the daily attendance roster as evidence of

service delivery. In order to support services delivered by the center or the subcontractor, the roster must include:

- (a) Client's name;
- (b) Date of Service;
- (c) Client's arrival and departure times;
- (d) Client's mode of transportation i.e., ADS center, name of subcontractor, family/caregiver; and
- (e) Client's signature and the signature of the ADS staff person. If the client is unable to sign, the provider must document in the client's file if initials or other mark will be used for service verification.

#### **4.0 TRAINING**

4.1 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<sup>sm</sup>.
- (b) Evidence of return demonstration on:
  - (i) Client transfers;
  - (ii) Wheelchair lift operation; and
  - (iii) Restraint application
- (c) Training on Universal Precautions

4.2 Within six months of hire, all drivers must have one of the following passenger assistance training courses:

- (a) A certificate of completion of the Passenger Assistance Safety and Sensitivity (PASS) Training <https://ctaa.org/pass/>. A refresher course is required every three years thereafter.
- (b) A certificate of completion of the DRIVE Training <http://www.coaaa.org/cms/education/drive-training>. A refresher course is required every three years thereafter.

## 5.0 DRIVER REQUIREMENTS

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

- 5.1 At least two (2) 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 safety checklist that includes items listed on the Daily Vehicle Inspection Form [APPENDIX A \(ohio.gov\)](#). The form must be completed each day by the driver or designated staff prior to transporting client(s).
  - (b) Maintain service logs or trip sheets daily as defined in Section 3.10.
  - (c) Hands-on assistance as outlined in Section 3.8 (a).
- 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 and drug content of the applicant's blood, breath and/or urine.

Note: An applicant/employee with a valid ambulance license or EMT/First responder certification is deemed to meet the requirements in Sections 4.0, 5.0, and the ESP Free Database Reviews and Criminal Records Check rules. The Ohio Medical Transportation Board verifies the above requirements every three (3) years.

# Appendix A

Form

## ODA0008

(Rev. 02/01/2019)  
Ohio Department of Aging

### DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

THE PROVIDER SHALL INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

WEEK OF ___/___/___		SUN		MON		TUES		WED		THURS		FRI		SAT	
ODOMETER READING															
INSPECTION ITEMS		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
EXTERIOR	Ground under vehicle free of leaked fluids?														
	Auto body free of new damage?														
	Clean windows and mirrors?														
	Windshield wipers/washers appear OK?														
TIRES APPEAR OK?	Properly inflated?														
	Free of visible damage?														
UNDER THE HOOD The provider shall check oil and belts before starting vehicle.	Adequate clean oil?														
	Hoses appear OK? (e.g., no cracks, leaks)														
	Belts appear OK? (e.g., no fraying)														
	Adequate windshield washer fluid?														
ITEMS STORED IN VEHICLE?	Current, valid insurance ID card?														
	Current, valid vehicle registration?														
	Biohazard kit?														
	First-aid kit?														
	Seatbelt cutter?														
	Flares or reflective triangles?														
	Fire extinguisher?														
	Blanket? (winter only)														
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Seat belts?														
	Seats hazard-free (tears, loose armrests)?														
	Floor free of hazards?														
	Clean interior?														
	Mirrors adjusted properly?														
	Doors operate from inside and outside?														
	Door locks?														
	Gauges? (e.g., oil, fuel, temp.)														
	Fuel level adequate?														
	No warning lights (e.g., check brakes) lit?														
	2-way communication device? (e.g., radio/cell)														
	Horn?														
	Back-up alarm (if equipped)?														
	Brakes?														
	Heater, defroster, and AC?														
LIGHTS WORKING PROPERLY?  The provider shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights)	Each headlight (high & low beam)?														
	Each tail light and marker light?														
	Each brake light?														
	Each turn signal?														
	Each back-up light?														
	Hazard lights (front and rear)?														
	License plate light?														
	Interior lights?														
If equipped WHEELCHAIR LIFT and RAMP APPEAR OK?	Operates through complete cycle?														
	Properly secured to vehicle?														
	Proper number of restraints?														
	Free of physical damage or leaking fluid?														
	Free of dirt, mud, gravel, salt, etc.?														

ATTESTATION: I hereby verify that the inspection findings above are accurate.	_____
	_____

Form

**DA0004**

(Rev. 12/15/2010)  
Ohio Department of Aging

**ANNUAL VEHICLE INSPECTION**

VEHICLE ID	
ODOMETER READING	
INSPECTION DATE	
CERTIFIED MECHANIC	(NAME of ASE-certified mechanic)
	(COMPANY NAME: e.g., Buckeye Auto Repair Shop)
	(ADDRESS)
	(SIGNATURE)

GENERAL EMERGENCY EQUIPMENT	Yes	No
Horn operates properly?		
3 red reflectors stored in vehicle?		
5-lb. ABC fire extinguisher secured in vehicle?		

BRAKES	Yes	No
Emergency brake properly mounted, properly lubricated, properly operating, and not dangerously worn?		
Brake lines free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components (e.g., an exhaust pipe)?		
If using vacuum-assisted brakes, wheel cylinder, master cylinder, hydrovac, and hose connections are free of fluid leaks?		
If using air brakes, reservoirs, chambers, valves, connections, and lines are free of air leaks?		
Brake pads meet vehicle manufacturer's specifications during inspection?		
All moisture ejection valves are free of leaks and in proper working order?		

EMERGENCY DOOR (for bus-type vehicles)	Yes	No
Opens to maximum width without catching or binding?		
Free of obstructions?		
Free of padlocks or other security devices while vehicle is in motion?		
Each handle permanently installed?		
Operating instructions permanently affixed to inside of door?		
Safety buzzer sounds when door opens?		
Safety buzzer placed in driver's area?		

HEATER and DEFROSTER	Yes	No
Heater, defroster, and AC operate properly?		
Each hose in good state (e.g., no cracks/leaks)?		

BODY	Yes	No
Free of any broken part that could cause injury?		
Each window free of chips or cracks and securely mounted without exposed edges?		
No Plexiglas in place of safety glass?		

CHASSIS	Yes	No
The steering gear assembly, power steering unit, brackets, and mounting bolts securely fastened?		
Steering column moves less than 1/2 an inch when pulled upwards?		
Power steering operates properly and has correct fluid levels and belt tensions?		
Tie rod ends function properly?		
Each tire has full range-of-motion without rubbing chassis or body?		
Each tire has at least 1/16 <sup>th</sup> of an inch of tread?		
Steering axle free of retreaded tires?		
Each tire free of irregular wear, a cut, or a bruise?		
Each tire balanced?		
Each wheel aligned?		
Each lug nut present and properly tightened?		
Each shock/spring properly mounted and intact?		
Gas tank free of rust, damage, or a leak?		
Gas tank securely mounted?		
Exhaust system operates properly?		
Exhaust sections properly welded/clamped?		
Exhaust manifold free of cracks or missing bolts?		

VISIBILITY	Yes	No
Wipers and washer operate properly?		
Wiper blades in driver's field-of-vision clean?		
Wiper blades in working order?		
Rear-view mirror properly secured and properly placed?		
Each side-view mirror properly secured and properly placed?		
Convex blind-spot mirror installed?		
Each mirror reflects a clean image without cloudiness, a crack, or another obstacle?		
Each light operates properly?		

INTERIOR	Yes	No
Each seat securely fastened to floor?		
Seating area free of broken tubing, protruding metal, or debris?		
Floor made of metal?		
Floor intact and free of holes?		