

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES**

Policy 211

Transportation

Effective: 04/01/99

Policy Statement:

Area agencies on aging (AAAs) shall provide for transportation services throughout the area to meet the common need for transportation of service participants. Transportation services must include transportation program development and must include, but not be limited to, transportation management provisions for required insurance coverage, driver requirements and responsibilities, maintenance and safety, vehicle operation limitations, driver training and sub-contractor assessments.

Purpose:

To implement requirements of the Older Americans Act and the state of Arkansas regarding the provision of transportation services to older individuals with greatest economic or social need, with particular attention to low-income minority individuals.

Scope:

Applies to all area agencies on aging and subcontractors providing transportation services in Arkansas.

General Authority:

Older Americans Act of 1965, as amended
Arkansas Code 27-23-101 et. seq.
Arkansas Code 27-22-103 et. seq.

Definitions:

Transportation - Transporting a client from one location to another by public or private vehicle so the client has access to needed service, care, or assistance.

Commercial Motor Vehicle (CMV) - A vehicle used in commerce and designed to carry sixteen (16) passengers including the driver, or having a Gross Vehicle Weight Rating (GVWR) of 26,001 or more pounds, or used to carry hazardous materials. Commercial Motor Vehicles for passenger transportation fall into two categories:

*Drivers of a bus with a GVWR of 26,001 or more pounds must have a "Class B" license with a "Passenger" endorsement. The Class B license will also note if the driver is restricted from operating a CMV equipped with air brakes.

*Drivers of a vehicle with a GVWR of under 26,001 pounds and designed to carry sixteen (16) passengers or more, including the driver, must have a "Class C" license with a "Passenger" endorsement.

*Drivers of any vehicle which is not a commercial vehicle as described above, would have a "Class D" license.

Unit Definition - One (1) one-way trip.

Procedural Requirements:

I. Eligibility

A. The preferred target group consists of eligible persons with the greatest economic or social needs, particularly low income minority elderly.

B. Eligibility Criteria:

1. Any person 60 or more years of age; or
2. The spouse of a 60+ program participant; or
3. An individual with a disability or disabilities, not yet aged 60, who resides in the home with and accompanies older persons eligible under the Older Americans Act, when the care and maintenance of the person with disabilities would otherwise prevent participation of the older person (see SSBG if SSBG client), and if participation of the person with disabilities will not prevent participation of older persons and their spouses; or
4. Persons age 60 or more who meet Social Services Block Grant (SSBG) income, residence, and need for service criteria, if served by SSBG funds.

C. A means test may not be used to determine eligibility unless required by a specific funding source.

II. Transportation Agreements

- A. Area agencies on aging must consider all transportation alternatives available, including the use of volunteers or purchased services, in attempting to meet the total unmet transit needs identified.
- B. Area agencies on aging must coordinate and/or enter into agreements with agencies which provide services to older individuals in the Planning and Service Area.

III. Transportation Development

- A. Each area agency on aging must require subcontractors for client transportation services to coordinate in both the development and implementation of any locally or state approved transportation development programs.
- B. Priority must be given to the transporting of participants to essential services as identified by the area agency on aging's area plan.
- C. Transportation subcontractors must make service available to handicapped mobility impaired older persons in the contract area.
- D. Transportation subcontractors must comply with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act.

IV. Transportation Management

A. Policies and Procedures

Transportation subcontractors must develop written policies and procedures that include operational procedures and general requirements pertaining to service provision. Procedures also must include:

1. A system for subcontractors to report to the area agency on aging any serious accident which requires emergency medical attention by a paramedic, nurse, or physician; any disruption of service delivery; or any other occurrence that could adversely affect the program. The area agency on aging should be notified immediately of any such occurrence with a follow-up, in writing, to be received no later than three (3) working days after the occurrence.

2. A system for subcontractors to encourage program contributions while maintaining confidentiality of contributors and amounts and assuring that eligible persons will not be denied service because they do not contribute.

B. Insurance Coverage

1. Transportation subcontractors must comply with the following insurance requirements:
 - a. Insurance coverage must be provided by a carrier with the Best's Insurance Reports rating of at least A, class size XII. The carrier should be licensed and admitted to do business in Arkansas.
 - b. Liability limits must be equal to or exceed the minimum required by law (Arkansas Code 27-22-104).
2. Transportation subcontractors must supply documentation that they carry insurance in the preceding amounts or produce a guarantee of equivalent coverage.
3. Transportation subcontractors must give immediate or at least not to exceed a 30 day notice in the event of cancellation or material change in coverage.
4. Transportation subcontractors must keep proof of liability insurance in the vehicle glove box in compliance with Arkansas Code 27-22-103.

C. Driver Selection

In addition to the general personnel selection procedures of the organization, selection of vehicle drivers must include:

1. Verifying that the applicant has a valid Arkansas driver's license.
2. Verifying that within the past three years the applicant has had no more than one moving traffic violation, has had no driving while intoxicated (DWI) convictions, and has not been involved in any at-fault accidents.

3. Arranging for drug and alcohol testing for all drivers with Commercial Driver's Licenses operating Commercial Motor Vehicles. (This includes pre-employment, post-accident, random, reasonable suspicion, return-to-duty and follow-up testing.)
4. In addition, area agencies on aging and transportation subcontractors must comply with state and federal Motor Carrier Safety Regulations for each driver they select who operates a commercial motor vehicle in interstate or intrastate commerce and is subject to commercial driver's license requirements. The Federal Motor Carrier Safety Regulations Manual can be purchased from the Arkansas Motor Carrier Association. (Controlled substance testing, driver qualification and record files, annual traffic violation record checks and driver medical examiner's certificate are just a few of the regulations covered in the manual.)

D. Driver License Requirements and Training

Before a new driver begins driving for the area agency on aging or transportation subcontractor under the transportation program, the area agency on aging or transportation subcontractor must certify that the vehicle driver is currently licensed for the type of vehicle to be driven in compliance with Arkansas Code 27-23-101.

1. Driver License Requirements

- a. Drivers of vehicles with a design capacity for 15 passengers or less must have a current "Class D" license.
- b. Drivers of Commercial Motor Vehicles must have a current commercial driver's license of the appropriate class and endorsement (see definitions).

2. Training

- a. Before a new driver begins driving for the area agency on aging (AAA) or transportation subcontractor under the transportation program, he/she must be fully briefed by the area agency on aging or transportation subcontractor about the transportation program, reporting forms, vehicle operation and the geographic area in which they will operate their vehicles.
 - b. Drivers must be road tested by the AAA or transportation subcontractor with each kind of vehicle to be driven before the driver begins driving for the AAA or transportation subcontractor under the transportation program.
 - c. Before new drivers begin driving for the AAA or transportation subcontractor under the transportation program, drivers must be trained by the area agency on aging or transportation subcontractor to use any special equipment installed on their vehicles, such as wheelchair lifts, oxygen equipment and two-way radios.
 - d. Within the first year of employment, drivers must successfully complete the National Safety Council Defensive Driving Course, Driver's Education Program for Aging Transportation Systems, or an approved equivalent.
 - e. Within the first year of employment, drivers must successfully complete an approved course in first aid training with certification kept up-to-date.
3. At the time of employment, and annually thereafter, drivers must have a physical examination by a licensed physician as to their physical fitness and ability to safely operate a vehicle. A current physical examination must be kept on file for each driver. (If approved by the area agency on aging, this may be done by a registered nurse.)
 4. Documentation of valid driver's license for the type of vehicle to be driven and training must be maintained for all drivers.

E. Driver Evaluation

Transportation subcontractors must have a written plan for evaluating each driver's ability to transport the elderly and handicapped and for documenting performance. Evaluation methods must include at least the following:

1. Annual observation, unless there is cause to justify more frequent observation (such as calls or reports of unsafe driving), of each driver's on-the-job performance; the supervisor should ride with the driver to observe his/her driving techniques.
2. Annual review of each driver's responsibilities and performance.
3. As part of the annual review, drivers must receive an annual briefing which covers changes in the transportation program, reporting forms and vehicle operation, including the operation of special equipment. It should be noted on the annual review that the driver was briefed on the transportation program.

F. Driver Responsibilities

Transportation subcontractors must establish driver responsibilities that include at least the following:

1. Drivers will complete vehicle pre-operational, maintenance and safety check log as required in Section IV.G.3.e. of the Transportation Policy.
2. Drivers will observe the following safety precautions:
 - a. Assure the vehicle interior is free of trash and other hazards.
 - b. Assure that all passengers are seated before vehicle is put into motion and remain seated while the vehicle is in motion.
 - c. Assure that passengers, except those expressly excluded from statutory coverage, use and properly fasten seat safety belts in motor vehicles equipped with seat safety belts, before vehicle is put into operation.

- d. Not allow firearms.
 - e. Not allow alcoholic beverages in open containers.
 - f. Not allow animals in the vehicles, except for service dogs.
 - g. Assure that all packages are safely stored before putting the vehicle in motion.
 - h. Assistance is offered to passenger to enter and exit the vehicle.
 - i. Assure that passengers enter and exit the vehicle in unobstructed and safe locations.
 - j. Use all necessary safety equipment (seat belts and tiedowns).
 - k. Observe all posted speed limits and modify driving according to weather hazards.
 - l. Not use alcohol prior to or while driving.
 - m. Not use any prescribed or patent medication that may impair driving ability prior to or while driving.
 - n. Refrain from smoking while on the vehicle.
 - o. Help arrange escort assistance for a client requesting and in need of this service.
3. Drivers are authorized to deny transportation to a service recipient attempting to board the vehicle who in the judgment of the driver:
- a. Is intoxicated,
 - b. Is smoking,
 - c. Is too ill to be transported safely,
 - d. Refuses to use and properly fasten seat safety belt,
 - e. Demonstrates violent or unruly behavior,

- f. Insists on transporting prohibited items.
- 4. Driver must report to the AAA or transportation subcontractor any and all incidents of denial of services as soon as possible. This can be reported verbally, to be followed-up, in writing, to be received no later than three (3) working days after the occurrence.

G. Maintenance and Safety

- 1. Transportation subcontractors must implement and manage a maintenance program in accordance with the manufacturer's recommended maintenance schedule or an approved schedule based on actual operating conditions.
- 2. Transportation subcontractors must provide the following safety equipment and items on each vehicle:
 - a. First aid kit. (An example of OSHA Kit is attached, see Appendix A.)
 - b. Approved U.S. Coast Guard fire extinguisher.
 - c. Triangular reflective warning devices.
 - d. Flashlight.
 - e. Chains or other traction aids (if vehicles are driven during hazardous winter driving conditions).
 - f. Accident report forms.
 - g. Heavy duty jumper cables (optional).
 - h. Emergency numbers readily available for passengers and driver.
 - i. Regulatory signs regarding no smoking and seat safety belt use requirement.
 - j. Web cutter.
 - k. Spare tire.

1. Jack.
3. Transportation subcontractors must maintain a vehicle record file containing the following information:
 - a. Vehicle identification number.
 - b. Vehicle maintenance history, including type, date performed and mileage.
 - c. Vehicle accident/incident report listing incident description, date, driver and passengers, and addresses and telephone numbers (if not on file) of passengers. (An example of a Motor Vehicle Accident Report is attached, see Appendix B.)
 - d. Vehicle equipment check log verifying that special equipment has been checked according to the suggested schedule of the manufacturer, or at least semi-annually.
 - e. Vehicle pre-operational, maintenance and safety check log recorded at the beginning of each work day and indicating relevant equipment is operational and the vehicle has not been damaged. (Example of one is attached, see Appendix C.)
4. Transportation subcontractors with Commercial Motor Vehicles and those designed to carry 16 or more passengers, including the driver, must have an Annual Safety Inspection on their Commercial Motor Vehicles. This inspection report should be on the Arkansas State Police Commercial Motor Vehicle Inspection Report Form. This completed form should be kept in the vehicle's glove compartment.

H. Vehicle Operation Limitations

Vehicle operation should be subject to the following restrictions:

1. All vehicles should be secured when not in service.
2. Vehicles purchased with federal or state funds must not be used for personal use.

I. Smoking Policy

Transportation subcontractors must ensure that smoking will not be permitted on any vehicle used to provide transportation services and that signs prohibiting smoking will be prominently displayed in each vehicle.

V. Subcontractor Assessment

- A. Each area aging on aging must complete a written provider assessment at least once a year on each transportation subcontractor in accordance with AAA Subcontractor Assessment Policy and Procedures, DAAS 207. The AAA subcontractor assessment tool should include, but is not limited to, everything covered in the DAAS Transportation Policy, Policy 211.
- B. Each annual assessment of the area agency on aging by DAAS will include, at a minimum, a review of the AAA Transportation Program and a random on-site review of transportation services provided by a subcontractor. DAAS will go by the AAA's most recent, completed subcontractor assessment for the subcontractor visited when conducting their random on-site review.

Appendix A

OSHA First Aid Kit

(This kit exceeds Occupational Safety and Health Act (OSHA) requirements for offices up to 15 people.)

- 1 Watertight Medication Canister
- 30 1" x 3" Adhesive Bandages
- 1 ½" x 10 yards Adhesive First Aid Tape
- 9 Antiseptic Towelettes
- 2 Latex Barrier Gloves
- 1 Triangular Bandage
- 6 2" x 2" Sponge Dressing Pads
- 4 3" x 3" Sponge Dressing Pads
- 2 4" x 4" Sponge Dressing Pads
- 1 6" x 10" Instant Ice Compress
- 2 Large Fabric Fingertip Bandages
- 2 Large Fabric Knuckle Bandages
- 2 2" x 3" Large Island Bandages
- 2 2" x 3" Adhesive Tefla Bandages
- 1 Eye Pad
- 3 Povidone-Iodine Pads
- 6 Alcohol Cleansing Pads
- 3 Triple-Antibacterial First Aid Cream Packs
- 1 2" x 5" yards Conform Bandage Roll
- 1 Pair Scissors
- 1 Pair Tweezers
- 1 Emergency Blanket
- 1 At-A-Glance First Aid Guide
- 1 Refillable Plastic Case

For information on First Aid and CPR training, call your local chapter of the American Red Cross.

Appendix B

MOTOR VEHICLE ACCIDENT REPORT

Driver _____ Date of Birth _____
Social Security No. _____ Driver's License No. _____
Home Address _____
Place of Work _____
Work Address _____
Date of Accident _____ Hour _____ a.m. _____ p.m.
Accident occurred on street, highway, etc. _____
County _____ Log Mile _____ Or Reference _____

VEHICLE 1

Year _____ Make _____ Model _____ License Plate No. _____
Description of Damage _____

List names of passengers (also their addresses and telephone numbers, if not on file):

VEHICLE 2
AND/OR
PROPERTY DAMAGE

Registration No. _____ State _____ Year _____ License Plate No. _____
Operated by _____ Operator's License No. _____
Owned by _____ Address _____
Description of damage _____

Does owner have liability insurance? _____ If so, write name and address of company _____

Name and address of passengers _____

Name and address of injured _____

Description of property damage _____

Names and addresses of witnesses: _____

WEATHER (Check One)	ROAD CHARACTER (Check two)	ROAD SURFACE (Check One)	ROAD TYPE (Check One or More)
<input type="checkbox"/> Clear	<input type="checkbox"/> Straight	<input type="checkbox"/> Dry	Driver
<input type="checkbox"/> Raining	<input type="checkbox"/> Curve	<input type="checkbox"/> Wet	1 2
<input type="checkbox"/> Snowing	<input type="checkbox"/> Level	<input type="checkbox"/> Snowy	<input type="checkbox"/> 1 Driving Lane
<input type="checkbox"/> Fog	<input type="checkbox"/> On Grade	<input type="checkbox"/> Icy	<input type="checkbox"/> 2 Driving Lanes
<input type="checkbox"/> Other	<input type="checkbox"/> Hill Crest	<input type="checkbox"/> Other	<input type="checkbox"/> 3 Driving Lanes
(specify)		(specify)	<input type="checkbox"/> 4 or more Lanes
			<input type="checkbox"/> Divided Roadway
			<input type="checkbox"/> Expressway, Parkway, Toll Road

TRAFFIC CONTROL (Check One or More)	KIND OF LOCALITY (Check One)	LIGHT CONDITIONS (Check One)
<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Apartments, Stores,	<input type="checkbox"/> Daylight
<input type="checkbox"/> Stop and Go Signal	<input type="checkbox"/> Factories	<input type="checkbox"/> Dawn or Dusk
<input type="checkbox"/> Officer or Watchman	<input type="checkbox"/> One Family Homes	<input type="checkbox"/> Darkness
<input type="checkbox"/> R. R. Gates or Signal	<input type="checkbox"/> Farms, Fields	
<input type="checkbox"/> (Specify Other)	<input type="checkbox"/> No Marginal Development	
<input type="checkbox"/> No Traffic Control		

CONTRIBUTING CIRCUMSTANCES		
Driver 1 2	Driver 1 2	Driver 1 2
<input type="checkbox"/> Speed to Fast	<input type="checkbox"/> Passed Stop Sign	<input type="checkbox"/> Other Improper Driving
<input type="checkbox"/> Failed to Yield	<input type="checkbox"/> Disregarded Traffic	<input type="checkbox"/> Inadequate Brakes
<input type="checkbox"/> Right of Way	<input type="checkbox"/> Signal	
<input type="checkbox"/> Drove Left to Center	<input type="checkbox"/> Followed too Closely	<input type="checkbox"/> Improper Lights
<input type="checkbox"/> Improper Overtaking	<input type="checkbox"/> Made Improper Turn	<input type="checkbox"/> Had Been Drinking

WHAT DRIVERS WERE GOING TO DO BEFORE THE ACCIDENT			
Driver No. 1 was headed <u> N </u> <u> S </u> <u> E </u> <u> W </u> on _____ (Street or Highway)			
Driver No. 2 was headed <u> N </u> <u> S </u> <u> E </u> <u> W </u> on _____ (Street or Highway)			
(Check One for Each Driver)			
Driver 1 2	Driver 1 2	Driver 1 2	Driver 1 2
<input type="checkbox"/> Go Straight Ahead	<input type="checkbox"/> Make Left Turn	<input type="checkbox"/> Back	<input type="checkbox"/> Remain Parked
<input type="checkbox"/> Overtake	<input type="checkbox"/> Make U Turn	<input type="checkbox"/> Start in Traffic Lane	<input type="checkbox"/> Remain Stopped
<input type="checkbox"/> Make Right Turn	<input type="checkbox"/> Slow or Stop	<input type="checkbox"/> Start From Parked Position	<input type="checkbox"/> In Traffic Lane

Pedestrian was going __N__S__E__W ____Along____
 ____Across or Into_____
 _____(Street Name or Highway No.)_____
 ____From____To_____
 _____(N.E. corner to S.E. corner, or west to east side, etc.)_____

<input type="checkbox"/> Crossing or Entering an Intersection	<input type="checkbox"/> Pushing or Working on Vehicle
<input type="checkbox"/> Crossing or Entering not at Intersection	<input type="checkbox"/> Other Working in Roadway
<input type="checkbox"/> Getting on or off Vehicle	<input type="checkbox"/> Playing in Roadway
<input type="checkbox"/> Walking in Roadway - With Traffic	<input type="checkbox"/> Other in Roadway
<input type="checkbox"/> Walking in Roadway - Against Traffic	<input type="checkbox"/> Not in Roadway
<input type="checkbox"/> Standing in Roadway	<input type="checkbox"/> Had Been Drinking

(Indicate NORTH by Arrow)

(Refer to Vehicles by Number)

Agency: _____ Date: _____

Appendix C

DAILY PRE-OPERATIONAL, MAINTENANCE AND SAFETY CHECK

Location _____	Vehicle # _____
Date _____	License # _____
Inspected by _____	Mileage _____

PRE-OPERATION CHECKLIST

CODE: Inspected and OK (check mark)
Repair Needed (R)
Not Applicable (NA)

- _____ Oil (engine, transmissions, hydraulic)
- _____ Coolant Level
- _____ Engine Compartment (battery, belts, hoses, leaks)
- _____ Inside Van (clean, no loose objects, seat belts operational)
- _____ Windows, Mirrors, Wipers, Horn
- _____ Start Engine, Observe Gauges
- _____ Lights (turn signals, brakes, headlamps, emergency flashers)
- _____ Tires and Wheels (lug nuts, pressure, tread depth)
- _____ Exterior (damage, fluid leaks)
- _____ Service and Parking Brake
- _____ Back-Up Alarm
- _____ Emergency Door and Buzzer

PRE-OPERATION REPAIR REQUEST

_____ Repairs Required
_____ No Repairs Required

TROUBLE SYMPTOMS:

Operate as is until: _____
Approved by: _____
Repaired by: _____
Date repaired: _____

POST-OPERATION REPORT

_____ Repairs Required
_____ No Repairs Required

TROUBLE SYMPTOMS:

Repaired by: _____
Date repaired: _____