

PART III - COA/AAA SERVICES AND ACTIVITIES

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PART III - COA/AAA SERVICES AND ACTIVITIES

SPECIAL TRANSPORTATION - LIFT/RAMP

SECTION 1: OPERATIONAL SERVICE DEFINITION:

- 1.1 These services are similar to the "Reserved" transportation services, only they are in accessible vehicles and provided to disabled persons who cannot access a conventional vehicle. Transportation services are provided in Lift/Ramp Equipped vehicles at a person's request (e.g., from home to doctor, from grocery shopping to home, etc.). Trips to and from nutrition sites in accessible vehicles are eligible.
- 1.2 The unit of service is one (1) one-way passenger trip. Compensation will not be made for "no shows" at either the trip origin or on "will-call" return trips. No-shows are to be considered part of the overall reimbursement for services actually provided, and regarded as a cost of doing business.

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SECTION 2: PROGRAM/SERVICE STANDARDS AND MINIMUM REQUIREMENTS:

2.1 Contractor(s) are required to provide transportation in lift/ramp equipped vehicles at a maximum of three (3) trips per person per day in or out of the service area to disabled persons aged 18 to 59 and persons over the age of sixty (60) who are identified by MARC. Contractor(s) are required to provide transportation from one location to another (e.g., home to doctor, shopping to home, doctor to hospital, etc.). As necessary, Contractor(s) are required to transport people to destinations outside of the service area(s) including across the Kansas-Missouri State Line when required for medical care.

2.1(a) Eligibility:

2.1(a)(1) The Older Americans Act addresses the needs of all persons aged sixty (60) and above. For some service categories funds have been allocated through the Social Services Block Grant which expands the eligible population for those services to include handicapped or disabled persons of 18 and 59, inclusive. Therefore, disabled persons between the ages of 18 and 59, inclusive, who require accessible vehicles are eligible for Special Transportation Lift/Ramp services. The spouse or designated escort of an eligible client may also receive service if it can be determined to be of benefit to the client.

2.1(a)(2) Physicians Statements - For persons under age sixty (60) to access MARC's transportation system, they must be disabled and unable to use regular mass transit regardless of its availability. Visually assessing a person's ability to engage in this activity is not always possible or accurate. Therefore, where a person is between the ages of 18 and 59, inclusive, and requesting Special Transportation – Lift/Ramp service, and no visual affliction is apparent, contractors shall require the client to submit a PHYSICIANS STATEMENT. The Physicians Statement must be signed and dated by a physician, stating specifically that the client (by name) is disabled, the nature of the disability, the expected length of the disability, and expressly stating that the client is incapacitated to the extent that the client is unable to physically/emotionally use a public transportation system, and that the client (by name) therefore requires access to a special transportation system.

Upon receipt of the Physicians Statement, the contractor should note the condition on the "MARC Client Intake Form", attach the statement to the Card retained at the contractor's site, and provide transportation services to the client as an eligible recipient of MARC services.

The Contractor is responsible for establishing the eligibility status of all persons between the ages of 18 and 59 inclusive, either by visual assessment (with notation made on the Client Intake Form) or by Physicians Statement (attached to the Client Intake Form) prior to requesting MARC reimbursement.

2.1(b) Service Priorities - Service priorities are applied when a contractor experiences competition among eligible MARC clients for daily trip allotments. The following guidelines are provided to assist contractors in distinguishing and classifying (prioritizing) individual trip requests from persons eligible for Special Lift/Ramp transportation:

- Priority 1 - Service shall be given to disabled older persons with the greatest social and economic need, with particular attention to the low-income minority elderly (1984 amendments to the Older Americans Act).
- Priority 2 - An emergency situation requiring immediate response (but not a medical emergency requiring an ambulance or medically-trained/certified personnel).
- Priority 3 - Routine medical trips:
 - a) therapy or treatment
 - b) regular office visit/pharmacy
- Priority 4 - Essential shopping
 - a) pharmacy
 - b) food/supplies
- Priority 5 - Essential business such as utilities, Social Security, Division of Family Services

2.2 Vehicles and personnel are required to be provided in accordance with the MARC/COA Policies and Procedures Manual for Contractors and the Missouri Code of State Regulations (19-CSR 15-7.040 Transportation Standards), incorporated herein by reference as though they were fully rewritten.

2.3 Shared riding is permitted when practical. Group scheduling shall be approved by MARC prior to payment. Vehicles are required to be in safe operating condition with functioning air conditioning in the summer months and heating in the winter months for the comfort and well being of the clients served.

2.4 Each primary contractor of MARC during the effective dates of each contract, and each subcontractor approved by MARC, must submit to MARC a current copy of all fictitious names, and a copy of each and every application made to the Missouri (or Kansas) Secretary of State for

a Fictitious Name Registration. The primary contractor and all subcontractors must submit said copies to MARC at the same time their respective applications are submitted to the Missouri (or Kansas) Secretary of State. Municipalities administering transportation programs are exempted from this requirement.

2.5 Subcontracts:

2.5(a) Each primary contractor may, after obtaining MARC's written approval, subcontract a portion of its MARC contract to other transportation operators, provided that the proposed subcontractors are not simultaneously serving as primary contractors in the same area and for the same services. To obtain MARC approval, the primary contractor and the proposed subcontractor must agree to all applicable requirements set forth in the primary contract. Municipalities administering transportation programs are exempted from this requirement.

2.5(b) The primary contractor must submit to MARC a written copy of the proposed agreement to subcontract, a copy of the proposed subcontractor's most recent Annual Registration Report filed with the Missouri (or Kansas) Secretary of State, and evidence of any and all of the subcontractors' Fictitious Name Registration(s) currently on file with the Secretary of State.

2.5(c) In the event that MARC approves a written subcontract agreement, each subcontractor is required to deliver MARC-funded services in vehicles that are either titled in the name of the approved subcontractor, or leased in the name of the approved subcontractor.

2.6 Minimum Requirements of Primary Contractor (municipalities administering transportation programs are exempted from this requirement): Each primary contractor must use company employees covered by Worker's Compensation insurance to provide contracted service units reimbursed by MARC. The primary contractor must use vehicles that are titled in the name of the successful bidder or leased in the name of the primary contractor.

2.7 All primary contractors and subcontractors approved by MARC will be required to furnish MARC with valid current Certificates of Insurance issued in their respective corporate names, and naming MARC as an additionally insured party prior to the first date on which services are to be performed. It is the responsibility of all primary contractors and all subcontractors to assure that MARC has a valid current Certificate of Insurance throughout the effective period of each contract year. All insurance requirements are specified in Part II, Section 8 of this manual.

2.8 Contractors and any subcontractors shall screen for criminal background history of all applicants for full-time, part-time, or temporary employment for a position that provides direct services to clients. (Refer to the MARC/COA Policies and Procedures Manual, Part II, Section 2.7).

2.9 All references to the "primary contractor" in this section specifically refer to the successful respondent for services in each service area, whether that successful respondent is a sole provider or a joint venture.

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SECTION 3: PERFORMANCE STANDARDS:

- 3.1 Contractor(s) are required to pick up designated persons no later than twenty (20) minutes after the agreed upon time for pickup. Contractor(s) are required to provide whatever assistance is necessary and/or requested to help the person from their home and into the destination, etc. Contractor(s) shall not exceed legal capacity of vehicle.
- 3.2 The contractor(s) are required to obtain a completed “MARC Client Intake Form” on each service recipient. The contractor(s) are required to provide a written complaint procedure to each client when the client signs the “MARC Client Intake Form”.
- 3.3 The contractor(s) personnel are required to treat riders courteously and to avoid careless driving.
- 3.4 Contractor(s) are required to provide the service recipient an opportunity to contribute to the cost of service provision. Other methods of collecting contributions and returning them to MARC may be implemented as approved by MARC.
- 3.5 Drivers are not allowed to sign for a client unless that client has been designated on the “MARC Client Intake Form” as being incapable of signing his/her own name. This information should be noted on the daily signature sheet so that substitute drivers may be aware of this circumstance.
- 3.6 Contractor(s) are required to complete daily signature sheets with the driver’s original signature and an original signature by each client for each one-way trip. Contractor(s) are required to coordinate and manage the service utilization to ensure the availability of service for the duration of the contract term.
- 3.7 Contractors are required to certify that they maintain drug-free workplaces.
- 3.8 Contractors shall tell the client about agency procedures for service, contributions, confidentiality, and complaints.
- 3.9 Contractors shall employ an adequate number of appropriate trained staff and provide an appropriate number of vehicles to deliver the number of required service units within the prescribed time period.
- 3.10 Contractors shall wear and/or exhibit identification recognizable from a minimum distance of three feet.

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SECTION 4: COORDINATION WITH OTHER SERVICES:

- 4.1 Contractors are required to make direct contact with service recipients. Drivers are required to report all instances of suspected elder abuse and neglect to the State administered Elderly Abuse Hotline, and when information is requested by the service recipient, to direct recipients to the I & A (Information and Assistance) network to assist the elderly and disabled.
- 4.2 Transportation contractors should be cognizant of alternative transportation services available to the client population, and readily convey related information to the client.
- 4.3 The contractor(s) should record specific characteristics (relatives phone numbers, debilitating conditions) regarding the clients' health and safety on the backs of the "MARC Client Intake Form" and/or copies for ready use in the event of emergency.

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SECTION 5: REQUIRED RECORDKEEPING:

Contractors are required to maintain administrative records regarding personnel, vehicles, insurance, training, audits, disaster assistance, joint ventures, civil rights, and drug-free workplace requirements, as well as all documentation concerning all reports that are submitted to MARC. This includes copies of “MARC Client Intake Form” as well as original Client Signature Sheets.

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SECTION 6: SPECIAL REPORTING REQUIREMENTS:

6.1 The following is a list of reports that must be maintained and submitted to MARC periodically, followed by special instructions, where applicable. General instructions for the completion and submission of each report can be found in Part II of this manual.

- 6.1(a) MARC Client Intake Form
- 6.1(b) Daily signature sheets (maintained only)
- 6.1(c) Monthly Client Summary(s)
- 6.1(d) Invoice
- 6.1(e) Quarterly Cost Report
- 6.1(f) Quarterly Service Narrative Report

6.2 “INVOICE” AND “MONTHLY CLIENT SUMMARY”:

A “Monthly Client Summary Report” must be completed for each service area under contract. This report lists each client receiving services, each client’s social security number, the number of units each client receives each day during the course of the month, the total number of services received by each client during the course of the month, the total number of units provided by the service provider each day, and the total number of units provided for the month. This last number will represent the total number of units for which the provider will be reimbursed and should represent approximately one-twelfth of the contract amount for each service area. This number will be transferred to the “Invoice” for payment. There must be a “MARC Client Intake Form” submitted for each client served. The intake form must accompany the invoice for the period of time that that client is initially provided the service. Units of service provided to clients for whom there has been no intake form submitted will not be reimbursed.

6.3 The contractor shall report its progress on serving the low-income minority elderly as a part of the Quarterly Narrative Report.

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SECTION 7: MONITORING AND PERFORMANCE EVALUATION:

All contractors will be monitored a minimum of once per program year. Staff will physically visit the contractor's facility in addition to performing the on-going monitoring of contractor compliance with record/bookkeeping requirements. The contractor may be required to meet with MARC staff at the MARC office to review the required records maintained at the contractor's facility in support of the contractor invoices submitted to MARC for payment. Monitoring results will be presented to the MARC committees for their evaluation.