

NON-EMERGENCY HUMAN SERVICE TRANSPORTATION TASK FORCE

Established by Section 134 of Chapter 24 of the Acts of 2021 (FY22 Budget)

December 1, 2022

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Task Force Overview

The Non-Emergency Human Service Transportation Task Force was established in July 2021 with the passage of [Section 134 of Chapter 24 of the Acts of 2021 \(FY22 Budget\)](#) and was charged with exploring ways to **better collaborate, improve service and achieve operational and cost efficiencies through the brokerage system and provide the highest quality outcomes for consumers** utilizing these services in the Commonwealth. The Task Force was charged with developing recommendations and proposing guidelines on non-emergency human services transportation with the goal of examining and better understanding the Human Service Transportation brokerage program and identifying opportunities for improved service and productivity that provides a strong safety net for vulnerable populations in both rural and urban areas. The Task Force was tasked with submitting its report no later than December 1, 2022.

Task Force Overview (cont.)

- The Task Force was comprised of a diverse panel of legislators, policymakers, individuals with lived experience, advocates, regional transit authority administrators, and stakeholder organizations and chaired by the Undersecretary for Human Services from the Executive Office of Health and Human Services (EOHHS) (see full membership list in Appendix B).
- The Task Force met seven times from November 2021 through November 2022.
- This Report is being filed to the Clerks of the House of Representatives and Senate, the House and Senate Committees on Ways and Means, the Joint Committee on Transportation, the Joint Committee on Children, Families and Persons with Disabilities, the Secretary of Health and Human Services, and the Secretary of Transportation no later than December 1, 2022.
- While the Task Force had robust discussions of issues and its proposed recommendations in its final meetings, a consensus could not be reached around the package of recommendations, with a few members expressing that there was not sufficient time for the Task Force to complete its work.
- Task Force members had several opportunities to recommend changes to the draft report while it was under development. A formal request to extend the report's date was not submitted by the legislators. Written feedback on the report received from members after the Task Force's final meeting on 11/15/2022 appears in Appendix H.

Public Input to Task Force Recommendations

- At the Task Force's recommendation, the HST office convened two public listening sessions on May 16 and 18, 2022 to solicit feedback from HST consumers. These public listening sessions gathered consumers' feedback on their experiences using HST services since the new contracts with the two Brokers who administer transportation services, the Montachusett Regional Transit Authority (MART) and the Greater Attleboro Taunton Regional Transit Authority (GATRA), went into effect on July 1, 2021.
- The HST office promoted the public listening sessions by mailing over 42,000 letters to Massachusetts residents who had utilized HST services since July 2021, in addition to promoting the sessions with HST stakeholders and partners.
- Over 40 HST consumers from across the Commonwealth testified during the public listening sessions and 50 individuals submitted written testimony. This feedback from HST consumers was a primary source for the Task Force's recommendations.

Background on HST Services

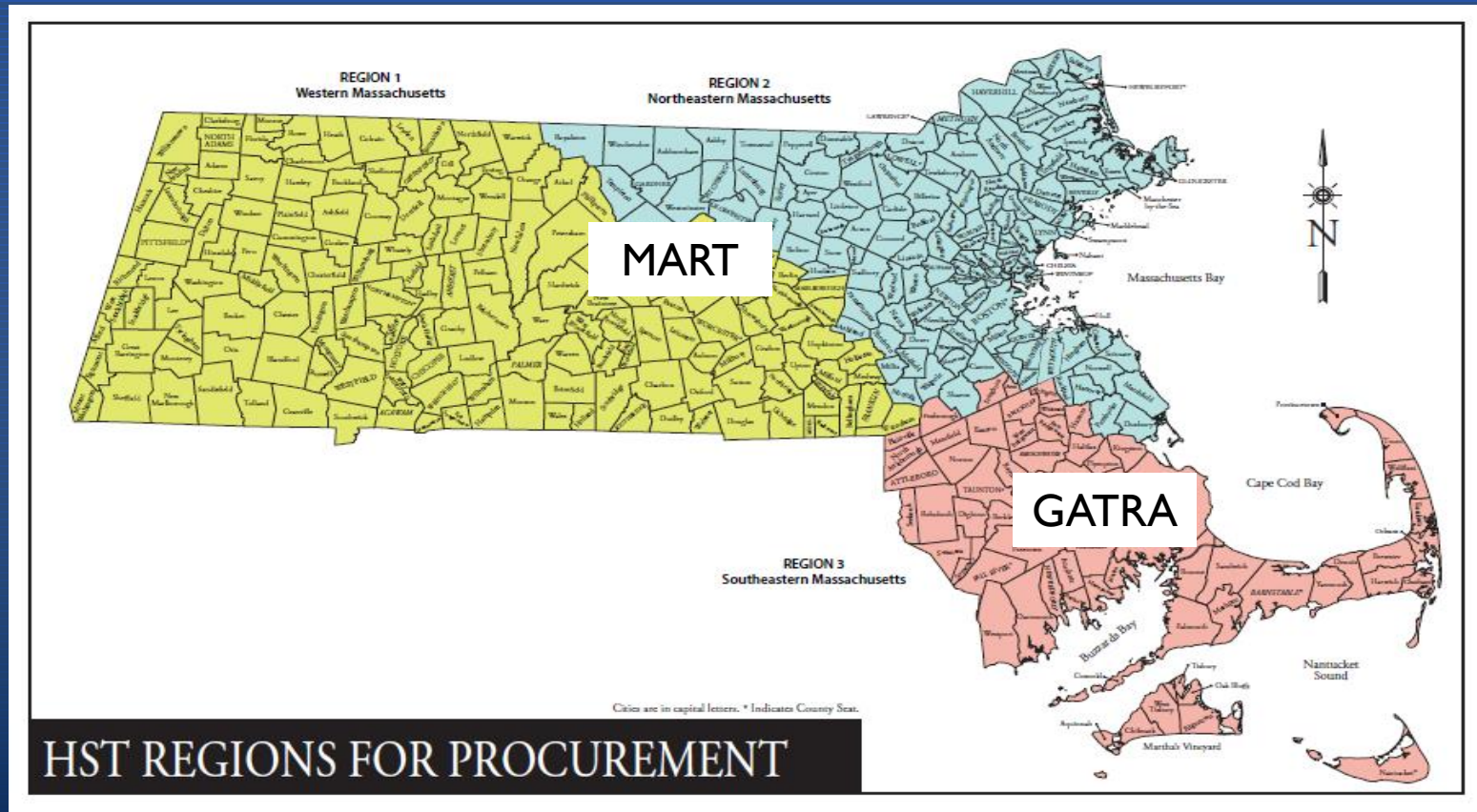
- The Human Service Transportation (HST) office is the second largest public provider of transportation in the Commonwealth, after the MBTA, providing over 6.2 million rides to over 50,000 consumers in FY22. The HST office coordinates transportation for the Commonwealth's most vulnerable citizens to access medical appointments, life sustaining medical treatments, and day services.
- The mission of the HST office is to promote access to health and human services, employment and community life by managing a statewide transportation brokerage network for eligible consumers and by providing technical assistance and outreach strategies in support of local mobility and transportation coordination efforts especially for transportation-disadvantaged Massachusetts residents.

Background on HST Services (cont.)

- The HST office brokers two types of Non-Emergency Medical transportation for eligible MassHealth members:
 - Demand-Response PT-I Transportation: transportation provided to eligible MassHealth members to MassHealth covered services such as routine medical appointments and ongoing, life-sustaining medical treatment.
 - Program-Based Transportation: Transportation to and from a specific destination, such as the site of a day habilitation or clubhouse program, on a regularly-scheduled basis.
- The HST office oversees transportation programs for six EOHHS agencies:
 - MassHealth
 - The Department of Developmental Services (DDS)
 - The Department of Mental Health (DMH)
 - The Department of Public Health – Early Intervention Program (DPH-EI)
 - The Massachusetts Commission for the Blind (MCB)
 - The Massachusetts Rehabilitation Commission (MRC)

Background on HST Services (cont.)

- EOHHS contracts with two Regional Transit Authorities (RTAs) – MART and GATRA – that function as brokers to provide direct transportation services to EOHHS consumers in all cities and towns within the Commonwealth. The service areas of each broker is reflected in the map below.



Background on HST Services (cont.)

- MART and GATRA administer transportation services through subcontracting with qualified transportation vendors within their coverage areas. Collectively the two RTAs subcontract with over 300 different transportation providers in the Commonwealth.
- New contracts with MART and GATRA went into effect on July 1, 2021. In response to consumer feedback, these new contracts introduced changes to improve consumer experience and safety:
 - Complaints process – Requires 95% of complaints resolved within three business days, 100% within 10 business days, HST phone and email publicized for complaints.
 - Online scheduling – Requires the adoption of new technologies to improve customer service, including smart phone apps and self-service web portals to facilitate transportation scheduling and the reporting of complaints.
 - Call wait times – Contract requires that all calls be answered in under three minutes.
 - On-time performance and reliability – GPS systems required on all Demand Response vehicles to provide data on on-time performance.
 - Driver and vehicle safety standards – Quality and Assurance team within the HST office staffed with four Compliance Officers, tripling the number of field visits.

Background on HST Services (cont.)

HST FY22 Trip Volume

FY22 Trip Volume	Montachusett RTA (MART)	Greater Attleboro and Taunton RTA (GATRA)	FY 2022 Total
Total # Number of Trips	4,805,286	1,316,371	6,121,657
Demand-Response Trips	3,021,212	857,572	3,878,784
Program-Based Trips	1,784,074	458,799	2,242,873
Total # of Requests for Rides (Demand-Response only)	3,798,225	1,168,072	4,966,297
Requested Rides by Phone	3,758,346	1,161,437	4,919,783
Requested Rides in the Portals and Apps	39,879	6,635	46,514

Background on HST Services (cont.)

HST FY22 Expenditures

HST FY22 Expenditures	Montachusett RTA (MART)	Greater Attleboro and Taunton RTA (GATRA)	FY 2022 Total
Total Expenditure	\$171,010,424	\$46,302,856	\$217,313,280
Demand-Response Expenditure	\$90,655,989	\$27,443,959	\$118,099,949
Program-Based Expenditure	\$80,354,435	\$18,858,896	\$99,213,331
Average Cost Per Trip	\$35.59	\$35.17	\$35.50
Average Cost Per Trip: DR	\$30.01	\$32.00	\$30.45
Average Cost Per Trip: PB	\$45.04	\$41.10	\$44.23

Task Force Recommendations

Task Force's Recommendations – Wheelchair Securement

The HST office and Brokers should continue to improve the security, safety and comfort of consumers who utilize wheelchairs. Wheelchair trainings should take into account the different types of equipment used by consumers. The unique circumstances and equipment needs of wheelchair users should continue to be tracked in the consumer's file and communicated and confirmed by the transportation vendor.

Actions Taken and Recommended

- The HST Office instituted a new requirement of annual wheelchair securement training by a certified trainer and mid-year evaluation of all drivers of wheelchair vehicles.
- Brokers retraining all wheelchair drivers immediately with deadline of November 30, 2022.
- HST compliance officers inspecting all wheelchair vehicles – to be completed by January 1, 2023.
- As a part of inspections, inspectors now required to sit in the wheelchair and have drivers to secure them during inspections.
- Placards to be posted in all wheelchair vehicles by October 1, 2022 demonstrating proper securement.
- Corrective Action Schedule of fines and suspensions implemented for drivers and vendors for failing to properly secure wheelchairs.
- Brokers sent email communication to all vendors reminding them of progressive penalties for failure to secure wheelchairs.

Task Force's Recommendations – Wheelchair Securement (cont.)

Actions Taken and Recommended

- For wheelchair users, the medical provider communicates the consumer's wheelchair and mobility needs in the PT-I form. Unique circumstances and equipment is then recorded in the consumer's file and communicated to the transportation vendor who accepts the trip. It was recommended that there be a review of this process to ensure that the unique equipment needs are properly communicated to the vendor.
- While there was not unanimous agreement amongst the Task Force members about how best to incorporate consumer involvement into wheelchair securement training due to the complexities of logistical and liability concerns, there was a recommendation that consumers should be provided opportunities to provide feedback on the trainings.

Task Force's Recommendations – Driver Training and Professionalism

Improve driver training and professionalism

Actions Taken and Recommended

- Trainings added:
 - Annual Human Rights and Sensitivity Training
 - Annual Sexual Harassment Training
 - Annual Defensive Driving by Certified Trainer
 - Annual wheelchair securement training
- Require drivers to wear nametags visible to consumers. Recommend drivers provide name upon arrival, confirm passenger's name and that they are medical transportation to the drop-off location.
- Reinforce that existing rule that drivers are not permitted to use cell phones while driving passengers.
- There should be greater collaboration with The RIDE to share successful strategies and/or protocols that HST could adopt.
- Recommend that the trainings include a video featuring a wheelchair user and other consumers with disabilities. During the Task Force's final meeting, members offered to share examples of similar videos with the HST office to help guide development of the video.

Task Force's Recommendations – Unannounced Vehicle Inspections

Conduct more frequent and unannounced vehicle inspections

Actions Taken and Recommended

- Following the procurement in 2021, HST hired an additional two Compliance Officers. The HST office is hiring two additional Compliance Officers and will have a total of five full-time and one part-time Compliance Officers reporting to the Manager of Compliance.
- GATRA and MART each hiring an additional inspector. MART will have seven Inspectors; GATRA will have three.
- HST Compliance Officers and Broker Inspectors conduct unannounced field inspections at programs, homes and facilities. Brokers have a monthly inspection goal of 0.05% of the total volume of one-way trips and must be reported to the HST office. Inspections must include the HST Vehicle Safety Checklist.
- HST and Brokers coordinated and scheduled inspections of every wheelchair vehicle.
- Additional inspections will be focused on vendors with high complaint volumes.
- Announced/pre-planned inspections of vehicle fleets should take place either outside of transportation hours or be coordinated with vendors to minimize disruption to consumer transportation.

Task Force's Recommendations – Encouraging Feedback from Consumers

Encourage and provide more avenues for consumers to submit feedback, which should include both electronic means and phone, to make it accessible to those without internet access.

Improve complaint process and communication of complaint resolution.

Advocates and trade groups should convene a standing group of HST consumers and transportation providers with broad geographic representation to provide consumer and vendor feedback to HST and Brokers. The group should have representation from both program-based and PT-I consumers and vendors.

Actions Taken and Recommended

- HST Compliance Team conducts random telephone surveys to offer consumers the opportunity to share feedback.
- Brokers have Quality & Assurance units that resolve and communicate complaint resolution to consumers via phone and text. Additional follow-up is provided per customer request.
- Consumers can submit complaints in the smart phone app, the member and facility portals with resolutions sent via email and text, and call the HST office directly.
- HST and Brokers should invite feedback from consumers continuously and on multiple platforms – and do so in a way that makes clear “We want to hear from you”. This should include exploring automatic texts or emails following rides and posting information about submitting complaints in places conspicuous to consumers.

Task Force's Recommendations – Complaint Process and Resolutions (cont.)

Actions Taken and Recommended (cont.)

- Explore ways to provide consumers with a durable tool (like a magnet or keychain) to remind consumers of the how to provide feedback to the Brokers and HST.
- The HST office should solicit random feedback from consumers by providing incentives to regular riders to provide detailed feedback on their HST experience (note that this will require a procurement).
- The HST office is working with MassHealth to add information and QR codes to PT-I Approval and Renewal letters encouraging consumer to provide feedback and providing instructions for doing so. Links to provide feedback are posted on Broker websites and apps.
- The Task Force had a robust discussion around whether and when consumers should be able to exclude and preference vendors; however, the Task Force did not reach a firm conclusion or recommendation on this topic.

Task Force's Recommendations – On-time Performance

Improve on-time performance

Actions Taken and Recommended

- MART and GATRA implementing GPS tracking of on-time performance. Required to have 90% of trips tracked by GPS by December 31, 2022.
- MART and GATRA are required to report on-time performance measured by GPS to the HST office monthly and the data will be posted publicly on an online dashboard.
- On-time performance incentive is earned if 90% or more trips are performed on-time.
- Brokers should continually evaluate the scheduling algorithm to ensure that its recommended pick-up time allows for enough time to ensure on-time arrival, including drivers' grace periods.
- Recommend having call center staff inform riders that they can adjust their pick-up time within a recommended window to ensure on-time arrival.

Task Force's Recommendations – Accessibility and Booking

Improve and align broker and HST websites and the accessibility and adoption of online booking through apps and portals

Actions Taken and Recommended

- Postcard with QR codes promoting the apps and portals sent to all consumers that used transportation in the past year. Postcard included a reminder that three-day advance scheduling is recommended but not required.
- Automated Call Center message provides new short URL for the apps and portals.
- The Executive Office of Technology Services and Security (EOTSS) engaged to do a review of HST's Mass.gov website, broker websites, and apps and portals, and make recommendations.
 - EOTSS conducted consumer interviews to inform improvements to website and apps.
 - EOTSS has recommended changes to improve website and app accessibility.
- EOTSS conducting usability testing with consumers and facilities on the apps and portals to map the user journey and make recommendations for improvements.

Task Force's Recommendations – Accessibility and Booking

Promote the PT-I service among medical providers and nursing facilities

Actions Taken and Recommended

- Explore providing PT-I transportation information to medical providers to promote PT-I use for eligible consumers.
- Promote PT-I among skilled nursing facilities (SNF), which were newly eligible to enroll in the brokerage as of April 1, 2022.
 - MassHealth led the outreach efforts to SNFs through numerous provider bulletins, as well as conducting outreach and training to the ambulance companies that service SNFs. Efforts to educate nursing facilities are ongoing. The most recent communication to SNFs informed them that if they had a wheelchair van or wanted to purchase a wheelchair van to provide transportation to their residents, they could do so and receive payment through the HST brokerage if they contracted with a Broker.

Task Force's Recommendations – Accessibility and Booking

Educate consumers about their rights as HST riders

Actions Taken and Recommended

- EOTSS and Brokers created “Single Source of Truth” pages on HST and Broker websites with links to “Know Before You Go” document, a document which enumerates consumers rights and was developed in consultation with the Boston Center for Independent Living (BCIL).
- “Know Before You Go” information is prominently displayed on the Broker pages:
 - [GATRA HST webpage](#)
 - [MART HST webpage](#)
- The HST office is working with MassHealth and Maximus to include a QR code link for the “Know Before You Go” document on the PT-I Approval Letter, which is sent to a consumer when they have a new or renewed PT-I (i.e., it is a member the consumer will regularly receive).
- Consumers should receive a “Know Before You Go” pamphlet or booklet outlining their rights as HST Consumers in a clear and concise manner upon becoming an HST user.

Task Force's Recommendations – Call Center Wait Times and Professionalism

Improve call center wait times and professionalism

Actions Taken and Recommended

- MART and GATRA have added additional call center capacity through contract with external call center support.
- MART's voice recording and website now informs consumers of call hold time and provides the website address for on-line booking. MART has added and GATRA will have a call back feature by November 30, 2022 allowing consumers to leave a call back number if they do not want to remain on hold.
- HST is reviewing call center training and will make suggested improvements, to be reviewed with the brokers to determine feasibility and timeline. Agreed upon improvements and should be posted publicly.

Additional Actions Taken by the HST Office

Additional Actions taken by the HST Office

- The HST office has issued a Corrective Action Plan with MART and GATRA to include:
 - Revised “Welcome Letters” to include directions for online booking (See Appendix F) **(Completed)**
 - Postcard mailing to all consumers who have used transportation in the past year to promote online booking through the apps and portals **(Completed)**
 - Improve functionality, accessibility, and support of the apps and portals **(November 2022)**
 - Consistent branding of the apps and portals **(November 2022)**
 - Improvements to the Brokers’ webpages to make the “Know Before You Go” more visible and a “single source of truth” page with all of the information needed to receive transportation **(Completed)**
 - Improvements to Brokers’ call center’s automated messaging to include URLs for on-line booking and call hold times **(November 2022)**
 - Additional reporting metrics to the HST office to include the number of trips cancelled, on-time performance percentages as measured by GPS, etc. **(November 2022)**
 - Progressive roll-out of GPS adoption by vendors and drivers to achieve 90% by December 31, 2022.
 - Monthly review of the Corrective Action Plan to assess progress.

Task Force's Overall Findings and Recommendations

Other Task Force Findings

- The Task Force finds that the current process for determining PT-I eligibility, which places the decision-making authority between consumers and their medical providers, should remain unchanged. Per the MassHealth regulations, this process includes a determination that public transportation is either not accessible or not suitable for the consumer. The Task Force therefore strongly recommends against attempting to provide HST consumers with bus passes or attempting to divert consumers to existing public transportation routes.
- MART and GATRA have robust policies in place to ensure that the capital and operating costs for the brokerage and public transit systems are assigned to the appropriate cost center for reimbursement. To effectively manage the cost components of the public transit and brokerage services, MART and GATRA utilize a chart of accounts to segregate revenues and expenses to the appropriate service line - transit or brokerage and specific service type for both operating and capital costs. MART and GATRA utilize the expansive Chart of accounts structure, as well as their Procurement Processes, to designate and delineate all services and expenses that are procured and expended to either a Transit Service account or a Brokerage Service account. Both MART and GATRA have extensive oversight of funding and internal control processes by both state and federal agencies. These oversight activities examine the funding that each agency receives and expends, the overall financial internal control procedures and processes in place to ensure proper allocation and utilization of revenues and expenditures, as well as the eligibility of the costs incurred against the funding utilized for reimbursement. These include: Annual Audits, OMB Circular A-133 Single Audits, EOHHS Annual Desk Audits, Triennial MassDOT Audit, Bi-annual State Audit, and FTA Triennial Review. See Appendix E for more information.

Task Force's Overall Findings and Recommendations

Recommended Areas for Future Study and Review

- A thorough, collaborative review is needed of program-based transportation in close collaboration with the HST office, transportation providers, stakeholder groups, and consumers. The review should include:
 - Whether greater flexibility should be provided to allow vendors and providers to alter routes;
 - An evaluation of hiring protocols and background check protocols, including whether a positive test for marijuana should disqualify drivers;
 - Careful planning for the reprocurement of program-based transportation, with the goal of providing visibility to vendors about long-term investments and to minimize consumer disruptions. The planning should take into account supply-chain issues affecting the availability of new vehicles.
- The HST office should undertake a financial study of HST services, which should include:
 - The budget of the program and the cost per ride;
 - An evaluation of the current methodology of bidding out PT-I rides to vendors and choosing the lowest cost bidder;
 - The estimated impact of COVID on vendors and employees;
 - The impact of COVID and supply chain disruptions on vehicle availability and replacements, especially for wheelchair and accessible vehicles;
 - Comparison of costs with other states' PT-I and program-based transportation, as available, and other state transportation programs, including the RIDE;
 - Impact of CMS policies on the budget, including policies that prohibit reimbursement for no-show rides.

Appendices

Appendix A – Legislative Mandate

Chapter 24, Section 13I of the Acts of 2021 (FY22 Budget)

- (a) There shall be a task force on non-emergency human services transportation to explore ways to better collaborate, improve service and achieve operational and cost efficiencies through the brokerage system and provide the highest quality outcomes for consumers utilizing these services. The task force shall consist of the following members or their designees: the director of the human service transportation office, who shall serve as chair; 2 members of the house of representatives, 1 of whom shall be appointed by the minority leader of the house of representatives; 2 members of the senate, 1 of whom shall be appointed by the minority leader of the senate; a representative from the Massachusetts Department of Transportation; 3 persons to be appointed by the regional transit authority administrators, all of whom shall be regional transit authority administrators currently administering human services transportation; 2 persons to be appointed by the governor, 1 of whom shall be an expert in human services transportation planning; 1 person appointed by the Association of Developmental Disability Providers; and 6 representatives serving consumers with disabilities through the transportation program, 1 of whom shall be appointed by the Boston Center for Independent Living, Inc., 1 of whom shall be appointed by the statewide independent living council, 2 of whom shall be appointed by Arc Massachusetts, Inc., 1 of whom shall be appointed by the Disability Law Center, Inc. and 1 of whom shall be appointed by the Massachusetts developmental disabilities council.
- (b) The task force shall make recommendations and propose guidelines on non-emergency human services transportation with the goal of examining and better understanding the human services transportation brokerage program and identifying opportunities for improved service and productivity that provides a strong safety net for vulnerable populations in both rural and urban areas. The recommendations and guidelines shall include, but not be limited to, the use of existing routes when available, the provision of bus passes to eligible individuals and the need to have strong, transparent and consistent cost allocation systems in place to ensure that the capital and operating costs for both the brokerage and public transit systems are assigned to the appropriate cost center for reimbursement.
- (c) The recommendations and guidelines shall be used by the human services transportation office to develop non-emergency human services transportation broker services. The task force shall file a report of its study and its recommendations with the clerks of the house of representatives and senate, the house and senate committees on ways and means, the joint committee on transportation, the joint committee on children, families and persons with disabilities, the secretary of health and human services and the secretary of transportation not later than December 1, 2022; provided, however, that the task force may make a draft report available to the public for comment before filing its final version.

Appendix B – List of Task Force Members

Name / Affiliation	Task Force Seat
Elizabeth Denniston (chair) Undersecretary for Human Services, Executive Office of Health and Human Services (EOHHS)	Appointment of the Governor
Tom Cahir Administrator, Cape Cod RTA	Appointment of RTA Administrators (<i>current administrator of HST</i>)
Sean Cristofori Director of Transportation, Center of Hope Foundation	Appointment of The Arc Massachusetts
Mary Ellen DeFrias Administrator, Greater Attleboro-Taunton RTA (GATRA)	Appointment of RTA Administrators (<i>current administrator of HST</i>)
Mindy Domb Massachusetts Representative	Member of the Massachusetts House of Representatives
Bruno Fisher Administrator, Montachusett RTA	Appointment of RTA Administrators (<i>current administrator of HST</i>)

Appendix B – List of Task Force Members (cont.)

Name / Affiliation	Task Force Seat
Millie Hernandez Individual with lived experience	Appointment of the Statewide Independent Living Council
Chris Hoeh Individual with lived experience	Appointment of the Disability Law Center
Joe Krajewski Chief Operating Officer, Community Connections	Appointment of the Association of Developmental Disability Providers (ADDP)
Catherine Mick Chief of Staff, Commonwealth Medicine	Appointment of the Governor (<i>expert in Human Service Transportation</i>)
Susan Moran Massachusetts Senator	Member of the Massachusetts Senate
Mathew Muratore Massachusetts Representative	Member of the Massachusetts House of Representatives (<i>minority leader appointment</i>)

Appendix B – List of Task Force Members (cont.)

Name / Affiliation	Task Force Seat
Patrick O'Connor Massachusetts Senator	Member of the Massachusetts Senate (<i>minority leader appointment</i>)
Jessica Podesva Community Organizer, Boston Center for Independent Living	Appointment of the Boston Center for Independent Living (BCIL)
Stephen T. Salwak Transportation Director, South Shore Community Action Council	Appointment of the Massachusetts Developmental Disabilities Council
Leo Sarkissian Executive Director, The Arc of Massachusetts	Appointment of The Arc Massachusetts
Meredith Slesinger Rail & Transit Administrator, Massachusetts Department of Transportation	Representative from the Massachusetts Department of Transportation (MassDOT)
Sharna Small Borsellino Director, Human Service Transportation Office	Human Service Transportation Director

Appendix C – Summary of Meetings and Input Provided to the Task Force

Presenters	Topics Discussed	Resources and Supporting Documents
November 3, 2021		
Elizabeth Denniston (<i>chair</i>) Undersecretary of Human Services, EOHHS	Discussion of the Task Force's charges, proposed meeting schedule	<u>Task Force Presentation</u>
Sharna Small Borsellino Director, HST office	Overview of HST office	<u>HST Office Overview Presentation</u>
February 14, 2022		
Alda Rego Assistant Secretary for Administration and Finance, EOHHS	Overview of HST services	<u>Task Force Presentation</u>
Sharna Small Borsellino Director, HST office	Overview of procurement process	<u>Human Service Transportation Office Broker Procurement Presentation</u>

Appendix C – Summary of Meetings and Input Provided to the Task Force (cont.)

Presenters	Topics Discussed	Resources and Supporting Documents
April 28, 2022		
Elizabeth Denniston (<i>chair</i>) Undersecretary of Human Services, EOHHS	Discussion of the Task Force's charges	<u>Task Force Presentation</u>
Elizabeth Sandblom Deputy Assistant Commissioner for Operations Department of Developmental Services (DDS)	Overview of transportation benefits for eligibility DDS consumers	<u>Department of Developmental Services Presentation</u>
Rosana Senise Director of the Quincy Enrollment Center MassHealth Keith West Director of Provider Experience Maximus	Overview of eligibility requirements for MassHealth and PT-I transportation	<u>MassHealth Eligibility Transportation Overview</u>

Appendix C – Summary of Meetings and Input Provided to the Task Force (cont.)

Presenters	Topics Discussed	Resources and Supporting Documents
June 28, 2022		
Elizabeth Denniston (<i>chair</i>) Undersecretary of Human Services, EOHHS	Summary of listening sessions and discussion of the Task Force's draft recommendations	<u>Task Force Presentation</u>
September 22, 2022		
Elizabeth Denniston (<i>chair</i>) Undersecretary of Human Services, EOHHS	Discussion of the Task Force's draft recommendations	<u>Task Force Presentation</u>
October 27, 2022		
Elizabeth Denniston (<i>chair</i>) Undersecretary of Human Services, Executive Office of Health and Human Services	Discussion of the Task Force's findings and working draft of the Task Force's report	<u>Task Force Charge</u>
November 15, 2022		
Elizabeth Denniston (<i>chair</i>) Undersecretary of Human Services, Executive Office of Health and Human Services	Discussion of the Task Force's findings and working draft of the Task Force's report	<u>Task Force Charge</u>

Appendix D – Resources Reviewed by the Task Force

November 3, 2021

1. Task Force Meeting Presentation
2. HST Office Overview Presentation

February 14, 2022

3. Task Force Meeting Presentation
4. Human Service Transportation Office Broker Procurement Presentation
5. MART and GATRA Brokerage Improvements Presentation

April 28, 2022

6. Task Force Meeting Presentation
7. Department of Developmental Services Presentation
8. MassHealth Eligibility Transportation Overview
9. HST Office Overview of Complaints Process

Appendix D – Resources Reviewed by the Task Force (cont.)

June 28, 2022

- 10. Task Force Meeting Presentation

September 22, 2022

- 11. Task Force Meeting Presentation

October 27, 2022

- 12. Task Force Draft Report

November 15, 2022

- 13. Task Force Draft Report

Appendix E – Letters Received from Brokers and Stakeholder Groups (cont.)

MART/GATRA

RTA/BROKER REVENUE AND COST ALLOCATION METHODOLOGY

MART and GATRA, as regional transit authorities, primary function is to provide public transportation. The public transportation services provided are fixed route bus service, complimentary ADA, and additional paratransit van services. In addition to the public transit function, MART and GATRA are also Human Service Transportation brokers for the Massachusetts Executive Office of Health and Human Services (EOHHS) through their Human Service Transportation (HST) office managing the performance of Demand Response transportation for MassHealth: Non-emergency Medical Transportation (NEMT), Enhanced Chair Car services and limited trips for the Massachusetts Commission for the Blind (MCB) and Massachusetts Rehabilitation Commission (MRC), as well as Program-Based transportation for MassHealth funded Day Habilitation, Department of Developmental Services supportive day, Department of Public Health Early Intervention and Department of Mental Health programs.

To effectively manage the cost components of the public transit and brokerage services, MART and GATRA utilize an extensive chart of accounts to segregate revenues and expenses to the appropriate service line – transit or brokerage and specific service type for both operating and capital costs. MART and GATRA utilize the expansive Chart of accounts structure, as well as their Procurement Processes, to designate and delineate all services and expenses that are procured and expended to either a Transit Service account or a Brokerage Service account. By ensuring that all revenues and expenditures are not only designated to the appropriate service line – transit or brokerage, but also to specific accounts, each agency can more accurately define the receipt and utilization of associated revenues and expenses.

Cost allocation is based on a Stand-Alone-Policy, i.e. - would this cost exist if only transit services were occurring. This policy is to support the required GAAP/GASB, State and Federal reporting which also allows MART and GATRA to produce, analyze and have effective Financial Management Oversight (FMO) of all financial and operational service reporting requirements. This is specific to all Transit Programs that receive any form of Federal Direct or State passthrough funding. This requirement is based on transit authorities being required to manage all Federal and State Transit funding grants to provide an efficient transportation program under their charters and in agreement with the FTA Master agreements.

In addition to the direct revenue and cost allocation and management of each service line, MART and GATRA may have some expenses that are shared costs, if the cost cannot be easily decided by using the Stand-Alone-Policy. An example would heating / air conditioning for a dual transit / brokerage service occupied facility. In these cases, Managerial Accounting Reporting rules are utilized to determine the appropriate allocation. This allocation would be based on the most applicable common denominator as to how to allocate the revenue or cost (head count for the two service types occupying the facility, hours used by each service type within the facility, square foot utilization by the two service types in the facility, etc.)

The cost management structure utilized by MART and GATRA is to ensure the appropriate allocation of revenues and expenses associated with each service line. This allocation methodology not only ensures that each service lines' revenues and expenses are allocated appropriately but also provides the broker with robust financial reporting of data and information for analysis and decision-making.

MART/GATRA

RTA/BROKER STATE AND FEDERAL OVERSIGHT

Both MART and GATRA have extensive levels of oversight of funding and internal control processes by both state and federal agencies. These oversight activities examine the funding that each agency receives and expends, the overall financial internal control procedures and processes in place to ensure proper allocation and utilization of revenues and expenditures, as well as the eligibility of the costs incurred against the funding utilized for reimbursement.

Below is the listing of financial and internal control oversight that are applied to each of the regional transit authorities Transit and Brokerage operations:

1. Annual Audits – These are an annual audit of the Financial Statements and internal controls which, upon completion are presented to our Advisory boards, as well as being distributed to member community Boards of Selectman, the Federal Transit Administration (FTA), House and Senate Joint Committee on Transportation, Chairs of House and Senate Ways and Means, Comptroller of the Commonwealth, the State Auditors' Office, the State Treasurers' Office, MassDOT - Rail and Transit/ CFO/External Financial Reporting and the Executive Office of Health and Human Services.
2. OMB Circular A-133 Single Audits – This organization-wide financial statement and federal awards' audit of agencies that expend \$750,000 or more in federal funds in one year which is intended to provide assurance to the Federal Government that a non-federal entity has adequate internal controls in place and is generally in compliance with program requirements. The single audit is distributed in the same manner as the annual audit.
3. EOHHS Annual Desk Audits – This audit by the HST Compliance Officers includes a comprehensive review of broker operations and procedures, as well as MassHealth Claims Review. The HST Compliance Team reviews each broker's compliance with HST contractual requirements including: Insurance, Reporting, Service Delivery, Training, Vendor Inspections, Complaint Resolution, Inspections, Vendor Reimbursement, etc.
4. Triennial MassDOT Audit - This audit is conducted by the MassDOT Audit Operations team on a three-year rotation of the RTA's (five RTA's each year). The audit reviews: the Control Environment, Financial Management of AP/AR/General Ledger, Payroll, Vehicles, Vendors, etc., as well as a review of the most recent FTA Triennial Review and State Auditor's report.
5. Bi-annual State Audit – This audit is conducted by the State Auditor's Office and is a performance audit of the regional transit authority designed to examine the efficiency and effectiveness of the regional transit authorities' programs, with the goal of implementing improvements to agency processes and procedures. The audit review looks at both the Transit and Brokerage operations of the transit authority.
6. FTA Triennial Review – The Triennial Review is conducted every three years on the regional transit authority by consultants engaged by the FTA. The review assesses management practices and program implementation to ensure that the FTA programs are administered in accordance with FTA requirements and are meeting program objectives across twenty-three categories including but not limited to: Legal Requirements, Financial Management, Technical Capacity of Award Management, as well as Program Management and Project Management, Transit Asset Management, Maintenance, Procurement, Disadvantaged Business Enterprises, Title VI, and ADA, EEO, Safety Sensitive Employee Drug and Alcohol Testing Program, etc.

Appendix E – Letters Received from Brokers and Stakeholder Groups (cont.)



For people with intellectual
and developmental disabilities

The Arc of Massachusetts
217 South Street
Waltham, MA 02453-2710
T: 781-891-6270
F: 781-891-6271
arcmass@arcmass.org
www.arcmass.org

Achieve with us.

Janet Sweeney Rico
President

Leo V. Sarkisian
Executive Director

Non-Emergency Human Services Transportation Task Force of the Executive Office of Health and Human Services

October 19, 2022

Response and further recommendations regarding Draft "Task Force Recommendations"
presented on September 22, 2022 from The Arc of Massachusetts

Thank you for the opportunity to respond to this report as a member of the Task Force. There are many specific recommendations that hopefully will improve the experience of HST Transportation. Of course, as the task force ends its work, we will not know the outcomes of the recommendations made. Two forums that were held in recent months, and the letter from April 14, 2021 (BCIL, DLC and GBLs) to Transportation Committee chairs¹ report significant difficulties with the present system including reference to the quality of drivers and vehicles. They include reference to:

- Many vehicles not having functioning safety belts.
- Lack of follow through in tying wheelchairs appropriately in vehicle
- Riders falling from wheelchairs due to straps not in place
- Lack of appropriate wheelchair restraint training
- Riders weren't aware they can exclude companies and share list of preferred/inclusion companies that would be contacted first
- Issues with algorithms and pick up time, persons waiting hours and sometimes not receiving their rides
- Examples of predatory behavior by drivers were shared
- Not enough feedback received by riders about experiences

The original charge to the committee included a broad reference to costs and cost allocation systems as noted here: "This includes using existing routes when available, providing bus passes to eligible individuals and the need to have strong, transparent and consistent cost allocation systems in place to ensure that the capital and operating costs for both the brokerage and public transit systems are assigned to the appropriate cost center for reimbursement."

The Arc in Massachusetts Includes the Following Chapters:

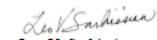
Berkshire County • Bristol County • Greater Brockton • CCI/Lower Cape • Center of Hope Foundation
Charles River Center • Communities • Greater Haverhill-Newburyport • Incompass HS
Minute Man • Northeast • The Arc of Opportunity • Lifeworks
Opportunities for Inclusion • Plymouth/Upper Cape • South Shore • The United Arc

I have one additional recommendation to be included in the Task Force report: A financial study be made of non-emergency human services transportation. The study would be shared with the Joint Committee on Transportation, the Joint Committee on Children, Families and Persons with Disabilities, and task force members. It would include the following information:

1. Overall budget of program
2. Budget ranges and populations (FY'2022 and projected) to serve participants through the two brokerage entities
3. Sample budget templates for large, medium, and small transportation companies contracted with the brokers which reflect a sample of how the funding impacts customer responsiveness. The templates would include number of persons served with the budget provided.
4. Estimated impact of COVID on costs both for employees and vehicles
5. Estimated impact of COVID on replacing vehicles, especially wheelchair fitted or accessible vehicles as companies (some or many?) likely cancelled leases during the height of the pandemic

This recommendation would educate recipients and interested parties on a fundamental dimension of the HST and P1 programs.

Thank you again for allowing me to share comments regarding the Task Force report.


Leo V. Sarkisian
Executive Director
sarkisian@arcmass.org
617-838-8832, m

¹ The April 2021 letter referenced was written to Chairs of the Committee on Transportation to make sure that the new July 2021 HST contracts moved ahead along with the hoped-for improvements.

Appendix E – Letters Received from Brokers and Stakeholder Groups (cont.)



October 14, 2022

Elizabeth Denniston
Undersecretary of Human Services
Executive Office of Health and Human Services
One Ashburton Place
11th Floor
Boston, MA 02108

Re: Non-Emergency Human Service Transportation (HST) Task Force Recommendations

Dear Undersecretary Denniston and HST Taskforce Members:

On behalf of the members of the Association of Developmental Disabilities Providers (ADDP), thank you for the opportunity to comment on the recent recommendations presented by the Non-Emergency Human Service Transportation Task Force. We appreciate an extension to submit our comments so that we could organize feedback from a small group of ADDP members with expertise in program-based transportation. We would also like to restate our appreciation to the Task Force for not only including an ADDP representative, which is held by an ADDP selected provider member, Joe Krajewski, Community Connections COO, but also for the commitment of the Task Force to improve this service.

ADDP is a prominent statewide association, representing 134 human service organizations that provide a wide range of services to individuals with Intellectual and Developmental Disabilities (ID/DD) including Autism, and to individuals who have brain injuries. Transportation is a critical need as most individuals rely on it for transport to/from day service programs, such as (MassHealth) Day Habilitation, (DDS) Community-Based Day Services, or (DDS) Supported Employment.

Outlined below please find ADDP's feedback.

Workforce Crisis

Program-based transportation providers have felt the hard hit of the workforce shortage. Providers report difficulty recruiting, hiring, and retaining drivers due to various reasons. Some individuals have yet to return to their day programs due to lack of transportation. Providers are becoming more creative, such as shuffling driver schedules or transportation provided by family members, to address the issue. ADDP recommends reducing the administrative burden by allowing providers the flexibility to make

impromptu route changes based on program and individual needs without penalty or the need to alert brokers at each occurrence or within a certain timeframe.

It has been reported that, at this time, one broker is screening for driver approval before hiring is allowed by program-based transportation providers. It is our understanding that the broker maintains a list of former drivers who are not authorized to be hired. If there is no legal infraction, how and by whom is a violation determined? What is the notification and appeals process for drivers on this list? ADDP recommends a standardized screening criteria and hiring process.

Program-based providers continue to support pre-employment drug testing; however, it has become complicated due to the legalization of marijuana in the Commonwealth. Program-based providers would appreciate further guidance in navigating this issue as it has had an impact on the recruitment of drivers (in an already difficult hiring climate).

Contracts

Program-based transportation providers have continued to express concern about the implications of former contracts that have been extended over the years. Extensions have caused delay in the purchase of expensive new vehicles given there is no assurance that a contract will be awarded again to the same provider. Given that the backlog of vehicles will likely continue in the unforeseen future, ADDP requests that the current vehicle flexibilities remain once new contracts are awarded.

Wheelchair Securement

The ADDP membership fully supports improving wheelchair securement in vehicles; however, we respectfully request flexibility based on individual need. Given some individuals do not use standard (smaller) wheelchairs, ADDP recommends adapting the required training and vehicle inspections to recognize alternative wheelchair sizes that may require different loading/unloading techniques.

Vehicle Inspection

ADDP also requests additional flexibilities for vehicle inspections that requires understanding of the population served. It would be most helpful if vehicles are scheduled for inspections outside of transportation hours to avoid service disruption. Providers typically transport individuals to programs in the morning and back home in the afternoon. Our suggestion is that brokers work with each provider to determine a schedule that works best for the individuals in programs. In general, it would be most beneficial to inspect vehicles during core day program hours, which typically falls between 10:00 a.m. – 2:00 p.m., Monday through Friday.

GPS Tracking and Video Surveillance

ADDP requests an opportunity for dialogue with HST and brokers on the new contract requirements (GPS tracking and video surveillance) prior to the effective date that program-based transportation providers are expected to implement these changes. It would be helpful to flesh out expectations and standard practices and explore logistical/operational implications.

Appendix E – Letters Received from Brokers and Stakeholder Groups (cont.)

In closing, ADDP is appreciative of the opportunity to provide comments relative to the proposed recommendations of the Non-Emergency HST Task Force.

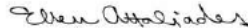
We look forward to continuing to work together to achieve the shared vision of quality and effective service provision.

Please feel free to contact us by email you have any questions.

Sincerely,



Amanda D. Nichols
Vice President
mandynichols@addp.org



Ellen Attaliades
ADDP President / CEO
ellenattaliades@addp.org

Appendix F – Broker Welcome Letters and Postcards



Bruno J Fisher, Administrator
Headquarters: 1427R Water Street,
Fitchburg, MA 01420
(978) 345-7711 or 1-800-922-5636

Dear MassHealth Member,

To schedule a trip to a medical appointment or other PT-1 approved appointment, you have three options:

- Visit our website at hstrides.mrta.us or www.mass.gov/MassHealthRides
- Download our **mobile app** by scanning the QR Code (shown below).

Point your smart phone's camera at the QR code to find the QRyde Rider app in the App Store or Google Play Store to book your transportation online.



- Call our Medical Transportation **Call Center at (866) 834-9991**.

Please note that:

1. MART's Call Center is open Monday through Friday, 7 a.m. — 7 p.m.
2. MassHealth encourages you to schedule your transportation at least three business days before your scheduled appointment to ensure we can arrange transportation.
3. Transportation for urgent care appointments that were given on the same day or for the next day will be provided.
4. If you are unable to provide a return pickup time for your trip, please call our Medical Transportation Call Center at (866) 834-9991 to give the call taker an estimated time for your return trip. If your appointment runs earlier or later, you will need to call the transportation provider directly when you are ready to return. Please keep in mind that it may take up to one hour from the time you call to be picked up. Your wait time could be greater than 1 hour for out-of-area transportation (i.e., Boston), depending on traffic.

If you need to reach MART outside of business hours, call (866) 834-9991 and after language selection, choose Option 2. Your call will be answered by our After-Hours Service.

MART can only schedule transportation for those MassHealth members with a valid PT-1 authorized by MassHealth. An authorized PT-1 is required for **each doctor, for each location**. MART is unable to schedule a trip for which a valid PT-1 is not on file. To determine the status of your PT-1 approval, please contact MassHealth Customer Service at (800) 841-2900.

Confirmation of Trip and Pickup Time

You will receive an automated confirmation phone call confirming the details of the next day's trip beginning at 5 p.m. on the business day before the scheduled travel date. You may also call our interactive voice response (IVR) system at (866) 834-9991, select language option then select 1 to get further information regarding your scheduled trip(s).

hstrides.mrta.us

How to Cancel

If you need to cancel a previously scheduled trip, please call MART's Medical Transportation Call Center at (866) 834-9991. Trips must be cancelled at least **one hour** before the scheduled pick-up time. You may also use the IVR (as explained above), 1 to 3 days prior to your scheduled trip date(s) to cancel trips.

Tell Us How We're Doing

To submit feedback, including complaints to MART:

If you have feedback regarding the quality of the transportation services you have received, **please call MART at (866) 834-9991**, select your language option, then select Option 3. Our Quality Assurance department will investigate the incident and take any actions necessary. MART will respond to your complaint within one business day of receipt to perform outreach and to gather additional information. **Please do not call your Transportation Provider to file complaints.**

Share Your Positive Experience:

If you received superior customer service from your driver or call center agent, **please contact us at (866) 834-9991** to share that information. We want our drivers and employees to know when they have provided great services. Our management team can also use that information to continuously improve our customer service trainings.

Things to Keep in Mind Regarding Your Transportation:

MART Medical Transportation Call Center will be closed in observance of the following federal and/or state holidays:

New Year's Day	Martin Luther King, Jr. Day	Presidents Day
Patriots Day	Memorial Day	Independence Day
Labor Day	Columbus Day	Veterans Day
Thanksgiving Day	Christmas Day	Juneteenth

If you need transportation on one of the above-mentioned holidays, please contact MART at least three business days in advance of the trip.

- If you need help getting to your medical appointment(s) from an escort or family member, please make sure that your medical provider has indicated that on your PT-1 form.
- MART is only authorized to transport you to your MassHealth-authorized medical appointments and back to your home. Additional stops along the way (e.g., shopping, etc.) are not permitted.
- If you need to make a change to previously scheduled transportation, please call MART at (866) 834-9991 during normal business hours to ensure your transportation needs are met.
- All MART contracted transportation providers are required to have the name of their company clearly identified on the passenger-side door, as well as the rear of the vehicle. Members should not enter a vehicle that does not indicate the name of the company scheduled to provide the transportation.

MART'S NON-EMERGENCY MEDICAL TRANSPORTATION TEAM ARE COMMITTED TO ENSURING YOUR NEEDS ARE MET, AND YOUR TRANSPORTATION IS SAFE, RELIABLE, AND TIMELY. WE LOOK FORWARD TO SERVING YOU!

Sincerely,

MART's Non-Emergency Medical Transportation Team

hstrides.mrta.us

Appendix F – Broker Welcome Letters and Postcards (cont.)



Dear MassHealth Member,

Welcome to the Greater Attleboro Taunton Regional Transit Authority (GATRA)! We look forward to coordinating your MassHealth transportation needs through our Medical Transportation Department. We have received your approved Prescription for Transportation (PT-1) and you may now begin scheduling your MassHealth-approved safe and secure medical transportation with us.

Please take a moment to read the following guidelines and policies prior to scheduling your trips.

GATRA's regular business hours are 7:00 a.m. – 6:00 p.m. Monday through Friday.

GATRA's toll-free number is (800)431-1713. If you need to reach GATRA outside of our business hours, call the number listed above and choose Option 3. You call will be answered by our After-Hours Service.

Scheduling your Medical Transportation:

To schedule a trip, please call our Medical Transportation Department at (800) 431-1713

1. To ensure transportation can be arranged, **MassHealth encourages you to schedule your transportation at least 3 business days (Monday thru Friday) before your scheduled appointment.** GATRA will try to accommodate trips scheduled with fewer than three days' notice.
2. If you are unable to provide a return pickup time for your trip, please give the call taker an estimated time for your return trip. If your appointment runs earlier or later, you will need to call the transportation provider directly when you are ready to be picked up. **Your wait time could be greater than 1 hour for out-of-area transportation (i.e. Boston), depending on traffic conditions.**
3. If you are stranded at your destination after GATRA's normal business hours, you can call (800) 431-1713 and press **#3** to reach GATRA's After-Hours services. We will make every attempt to accommodate your request.
4. Additional options for scheduling your transportation is available (smart phone apps, consumer and provider web portals).

GATRA can only schedule transportation for those MassHealth members with a valid Prescription for Transportation (PT-1) issued by MassHealth. **An authorized PT-1 is required for each doctor, and for each location/address.** GATRA is unable to schedule any trips for which a valid PT-1 is not on file. To determine the status of your PT-1 approval, please contact MassHealth Customer Service at (800)841-2900.

Confirmation of trip and pickup time:

You will receive an automated confirmation phone call confirming the details of the next day's trip beginning at 4:00 p.m. on the business day before the scheduled travel date. You may also call our automated voice response system at (508) 802-4797 to obtain further information regarding your scheduled trip(s).

Members may also call their assigned transportation provider between 3:00 p.m. and 5:00 p.m. to confirm details of their transportation for the next day. The vendor's name and contact telephone number will be provided to you by GATRA staff.

10 Oak Street, 2nd Floor, Taunton, MA 02780-3950
Phone (508) 823-8828 • Fax (508) 824-3474 • TDD (508) 824-7439
www.gatra.org

How to Cancel

If you need to cancel a scheduled trip, please call GATRA's Medical Transportation Department at (800)431-1713. Trips must be canceled **at least 1 hour before** the scheduled pick-up time.

Tell Us How We're Doing

Complaint Filing Process

If you have a complaint regarding the quality of the transportation services you have received, you are encouraged to call GATRA immediately at (800) 431-1713. Our Quality Assurance Unit will investigate the incident and take any necessary action. GATRA will respond to your complaint within one business day of receipt to perform outreach and to gather additional information. **Please do not call your Transportation Provider to file complaints.**

Share Your Positive Experience

If you received superior customer service from your driver or call taker, please contact us at (800) 431-1713 to share that information. We want our drivers and employees to know when they have provided great service. Our management team can also use that information to continuously improve our customer service training.

Things to Keep in Mind Regarding Your Transportation

- **GATRA's Medical Transportation Department will be closed in observance of the following Federal and/or State holidays:**

**New Year's Day
Martin Luther King, Jr. Day
President's Day
Patriot's Day**

**Memorial Day
Juneteenth
Independence Day
Labor Day**

**Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day**

If you need transportation on one of the above-mentioned holidays, please contact GATRA at least three business days in advance of the trip

- If you need assistance getting to your medical appointment from an escort or family member, please make sure that your medical provider has indicated that on your PT-1 form and let GATRA staff know that you will have an escort when you call to schedule your transportation.
- GATRA is only authorized to transport you to your MassHealth-authorized medical appointments and back to your home. Additional stops along the way (i.e. shopping, etc.) are not permitted.
- If you need to make a change to previously scheduled transportation, please call GATRA at (800) 431-1713 during normal business hours to ensure your transportation needs are met.
- All GATRA contracted transportation providers are required to have the name of their company clearly identified on the passenger-side door, as well as the rear of the vehicle. You are strongly discouraged from entering a vehicle that does not indicate the name of the company scheduled to provide your transportation.

GATRA's Medical Transportation Department staff members are committed to ensuring your transportation needs in a safe and timely manner. We look forward to serving you!

Sincerely,

GATRA Medical Transportation Department

Appendix F – Broker Welcome Letters and Postcards (cont.)

Book Your PT-1 Trip Online

Step 1: Visit Website or Mobile App

Visit our website: hstrides.mrta.us/memberservices

OR

Download the



Point your smart phone's camera at the QR code to find the QRyde Rider app in the App Store or Google Play Store to book your transportation online.



Step 2: Login

Username:Your MassHealth ID Number

Password:Your birth month and day of birth
(Example: January 1 = 0101)

Step 3: Book your Trip

Reminders:

- As a reminder, clients are urged to book transportation at least 3 business days before the day of appointment.
- Transportation cannot use the app or website for the same day, next day, weekend, or holiday trips.

Need Help? Call (866) 834-9991



Appendix F – Broker Welcome Letters and Postcards (cont.)

Book Your
**MassHealth
PT-1 Trip**
using the
**QRyde
Rider App**



Schedule using
our mobile app.
Point your
smartphone's
camera at the
QR code to
the left to
find the QRyde
Rider app.

Download on the
App Store

GET IT ON
Google Play

Need Help?
Call 800-431-1713

www.GATRA.org/MassHealthRides

GATRA **MassHealth**

HOW CAN I BOOK A TRIP?

Login

Username: MassHealth ID #
Password: Month and day
of birth
(Example: January 1 = 0101)

Things to Remember

- Clients are urged to book transportation at least 3 business days before the day of appointment.
- Transportation cannot be booked using the app for same day, next day, weekend, or holiday trips.

GATRA
10 Oak Street
Taunton, MA 02780

Appendix G – Passenger Assistance Safety and Sensitivity Training Manual

www.ctaa.org/pass

Passenger Assistance Safety and Sensitivity

PASS 7.0

The Industry Standard



Hands-On Mobility
Securement Manual



Passenger Assistance Safety & Sensitivity 7.0

The PASS course is for the use of participants in the Community Transportation Association of America (CTAA)'s Passenger Assistance, Safety, & Sensitivity (PASS) Certification Program.

It is not intended to be all inclusive nor to address the hazards faced by each participant specifically. Users must evaluate their own needs and adapt the information and procedures presented in this course to meet those needs.

CTAA assumes no liability for the contents herein or lack thereof.

For clarification of information presented in this program, contact:

Community Transportation Association of America
1341 G. Street N.W., Suite 250
Washington, DC 20005

Phone: 800.891.0590
Fax: 202.737.9197
E-mail: training@ctaa.org
Web: www.ctaa.org

Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

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ASSISTING OUR PASSENGERS

This section will address how we assist ALL of our passengers. We will address the specifics of assisting our passengers that use mobility devices later in the course. Always **Ask** your passenger if they need assistance.

A Passenger Should Never Have To Ask For Assistance Because The Driver Failed To Offer It!

The first and most important aspect when working with passengers is to greet them and ask if they need assistance. This applies to all of your passengers – NOT just those that “look” like they have a disability.

Why would a passenger not ask you for assistance?

PRIDE!

Think about it. Your passengers may not be too happy “riding the bus” in the first place. They may be feeling uncomfortable because they cannot provide their own transportation. Now, because the driver did not do his or her job, the passenger has to ask for help getting in and out of this vehicle that they are not too happy about being on in the first place. This could be humiliating, “needing” a ride, then having to “ask” for assistance.

Think of this likely scenario – Without your assistance, your passenger attempts to board your vehicle, falls, resulting in injury. Now you have reports to complete, you are questioned by management, then possibly given a few days off for not doing your job. Remember that your passenger may have suffered an injury that could have been prevented, if you had just asked that person if they needed assistance.

Could this have been prevented if the driver had assisted the passenger? What about explaining to the passenger that he was using his mobility aid improperly, then asking him to stand up and use his “walker” as a walker, not a rider?

Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Keep it simple!

- Ask your passenger if he or she needs assistance.
- If the answer is yes, ask how you can assist, then follow directions.
- Do not assume that you know better than your passenger the type of assistance needed.

What about the passenger who refuses your assistance?

- You are responsible for passenger safety.
- You must still stand by your passenger in the event they stumble or fall.
- Do not leave the passenger and return to your seat.

Your job IS the Passenger

- Be patient.
- Allow for sufficient time for boarding and exiting your vehicle.
- Be supportive.
- Do not make your passenger feel pressured if you are behind schedule.

In this video, notice that the driver is outside of the vehicle, concentrating on closing the lift door, while the passenger is inside attempting to sit in a seat. The driver could have done a number of things to keep this passenger safe. The driver could have asked the passenger not to move until she was inside the vehicle. She could have helped the passenger safely get into his seat, then go back outside and close the lift door. The driver then could secure the passenger with a lap/shoulder belt after she returned to the inside of the vehicle. At the very least, the driver should have been watching the passenger from the outside while she closed the lift door. Once she noticed the passenger moving and attempting to sit, she could have stopped closing up the lift, gone inside the vehicle to ensure that the passenger is safely seated, then returned to the outside to complete closing the lift doors. She could then secure the passenger's lap/shoulder belt after returning to the inside of the vehicle.

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MOBILITY EQUIPMENT AND FEATURES

Do not assume that your passenger needs your assistance just because they may be using a mobility device.

Ask your passenger IF they need your assistance.

If they do,

- Ask how you can assist
- Follow your passengers' instructions



What is a "wheelchair"?

Section 37.3 of the DOT ADA regulations defines a "wheelchair" as,

- A mobility aid belonging to any class of three or more-wheeled devices,
- Usable indoors,
- Designed for and used by individuals with mobility impairments,
- Operated manually or powered,
 - Vehicle operators, are not required to assume the controls of power wheelchairs to assist riders with boarding vehicles.
 - Providing assistance with a power wheelchair falls under the category of attendant-type services, which the regulations do not require.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Some wheelchairs weigh more than 600 pounds when occupied.

- At a minimum, all occupied wheelchairs weighing up to 600 pounds and measuring 30 inches in width and 48 inches in length must be transported (formerly known as a "common wheelchair").
- If a lift has the minimum design load of 600 pounds, there is no requirement for an agency to transport a heavier (passenger occupied) device.
- However, if the vehicle lift has a design load of 800 pounds, the agency still must transport an 800-pound wheelchair/passenger combination, but not a combination exceeding your lift capacity.
 - Do not guess and certainly do not weigh the passenger.
 - If the device fits on the lift and the lift raises, transport the passenger and device.

"Legitimate Safety Concerns"

- An operator may deny transportation if carrying the wheelchair and its occupant would be inconsistent with legitimate safety requirements.
- **Must be based on actual risks**, not on mere speculation, stereotypes, or generalizations about individuals with disabilities or about the devices they use for mobility purposes.
- Include such circumstances as a wheelchair of such size that it would
 - Block an aisle
 - Be too large to fully enter a vehicle
 - Interfere with the safe evacuation of passengers in an emergency.
- **Does not** apply to securement.
 - A transit provider **cannot** impose a limitation on the transportation of wheelchairs and other mobility aids based on the inability of the

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securement system to secure the device to the satisfaction of the transportation provider.

The majority of wheelchair manufacturers today have included very important safety notices in their owners manuals.

Medline® Standard Manual Wheelchairs USER GUIDE WARNINGS & SAFETY INSTRUCTIONS

GENERAL INFORMATION

DO NOT use the wheelchair in a vehicle for transport. This wheelchair has not been approved as a seat surface to be used within a vehicle of any kind. Always transfer the wheelchair user to an approved vehicle seat and use restraints available from the auto industry for this application.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

It clearly states NOT to use their wheelchair in a vehicle for transport. They go on to let the user know that their wheelchair has not been approved as a seat surface to be used within a vehicle of any kind.

Highlight from the Jazzy Select Owners Manual Jazzy Select Safety Page

It tells the owner, **"NEVER sit on their power chair when it is being used in connection with any type of lift/elevation product"**. They also add a **"WARNING"** just in case. **"Do not sit on your power chair while it is in a moving vehicle."**

9

So what can we do?

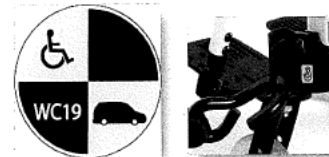
According to the ADA we cannot refuse to transport our passengers in these chairs. We also cannot require our passengers who use these types of chairs to transfer to a fixed seat.

What we CAN do is ensure that each wheelchair, no matter the type, is properly secured. You will see later, when we discuss wheelchair securement, that studies have shown that most injuries come from wheelchairs and passengers not being secured properly, not from wheelchair failure.

We must ensure that our passengers and their wheelchairs are being properly secured to reduce the risk of injuries or fatalities.

There **IS** a wheelchair available on the market that is safe to use as a seat in a moving vehicle. That chair is a **WC19**.

That standard was created by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), and accepted as a Federal Motor Vehicle Safety Standard by the National Highway Traffic Safety Administration (NHTSA).



WC19-compliant or transportation-ready wheelchairs

- Reduce user error in securing four-point, strap-type tiedowns,

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

- Under simulated crash conditions, they demonstrate that they can be effectively secured.
- Provide four permanently labeled, easily accessible securement-point brackets that are labeled so they can be readily identified.

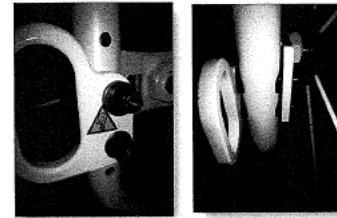
RESNA's Position on Wheelchairs Used as Seats in Motor Vehicles

WC19-compliant or transportation ready wheelchairs have design features that

- Provide effective occupant support for the same frontal impact conditions that are used to test occupant-restraint systems and seats in passenger cars, and child safety seats used by children, which includes
 - A base frame and seating system that, along with the four securement points,
- Have been successfully crash tested in a 30-mph, 20-g frontal impact when loaded by an appropriate-size crash-test dummy,
- With the wheelchair secured facing forward by a surrogate four-point, strap-type tiedown.

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WC19 Wheelchair



Notice how the securement strap location in the first picture is bolted through the frame of the wheelchair.

From this angle in the second picture, you can see the thickness of the securement bracket and the backing plate; both which are attached through the frame of the wheelchair.

How does this compare to the securement strap locations you may be using now?

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Compare how the WC19 wheelchair is impacted by a crash with the non-WC19 wheelchair that we saw earlier.

What is an "Other Power-Driven Mobility Device"?



Other power-driven mobility device (OPDMD) is defined as "any mobility device powered by batteries, fuel, or other engines that is used by individuals with mobility disabilities for the purpose of locomotion, including golf cars, electronic personal assistance mobility devices... such as the Segway® PT, or any mobility device designed to operate in areas without defined pedestrian routes, but that is not a wheelchair."

In transit, the primary OPDMD is a Segway, a two-wheeled, gyroscopically stabilized, battery-powered personal transportation device.

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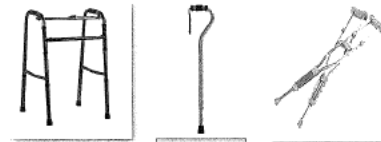
By ADA definition, a Segway is not a wheelchair.

However, a Segway, when used by a person with a disability as a mobility device, is part of the broad class of mobility aids that Part 37 of the ADA intends will be accommodated.

A Segway occupies a legal position similar to canes, walkers, etc.

Mobility Aids

Other mobility aids your passengers may use include walkers, canes and crutches.



Mobility Aids

Passengers using walkers may be moving quite slowly since balance is a problem.

Do not rush your passengers.

When providing assistance to a passenger using any type of cane, do so on the side of the passenger opposite the cane.



Stay close by your passenger in case they are not familiar with using their mobility aid.

Even when passengers indicate they do not want assistance - stay close!

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Mobility Aids & the Lift

- It may be extremely difficult for the passenger to utilize the steps in your vehicle.
- The ADA requires that this individual be permitted to use the accessible entrance for entry and exit of the vehicle.

If your passenger that uses a walker requests to use the wheelchair lift, it is important to know that the safest way for them to use the lift is to sit in a boarding chair.

Boarding chairs are also referred to as transfer chairs, are relatively inexpensive, and can be stowed safely inside your vehicle behind a rear seat or secured inside the lift platform after it has been stowed.



Should your passenger wish to stand on your lift, the safest way to do that is to stand between the handrails, facing the direction of travel.

If they take their walker onto the lift, they must hold the handrails on the lift, not their walker.

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Although the passenger used his walker incorrectly, he stopped at the red indicated on the previous page, before he proceeded to board the vehicle.

If the Operator had been standing at the point the passenger stopped (indicated by the red line) to assist the passenger, she should have asked him to stand up and use the walker correctly to enter the vehicle.

Using the walker correctly would have prevented the passenger from falling.

Prosthesis



An artificial substitute or replacement of a part of the body such as a tooth, eye, a facial bone, the palate, a hip, a knee or another joint, the leg, an arm, etc.

A prosthesis is designed for functional or cosmetic reasons or both.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Although a person with a prosthesis may have mobility issues, regulating their body temperature may present difficulty also.

We must ensure that our vehicles are kept at a temperature level that will not cause the passenger to overheat and become ill.

A study conducted by the Puget Sound Health Care System, University of Washington, Seattle WA, found that people with a lower-limb amputation had elevated body temperatures after donning their prosthetic device which continued to rise as activity levels increased.

Be patient and give your passenger the opportunity to board and exit your vehicle at a pace that will not dramatically elevate their body temperature.

Additionally, their body temperatures remained elevated even after a rest period.

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ASSISTING OUR PASSENGERS WHO USE MOBILITY DEVICES

Do not assume that your passenger needs your assistance just because they may be using a mobility device.

ASK your passenger IF they need your assistance.

If they do,

- Ask how you can assist
- Follow your passenger's instructions

When your passenger needs your assistance,

- Their device is as valuable to the user as the body part or function it has replaced.
- A person who uses a wheelchair considers their wheelchair to be a part, or extension, of their body.
- Unnecessary leaning on or touching the wheelchair is similar to touching a person who does not use a wheelchair.

The wheelchair has replaced your passenger's legs – would you grab the legs of your ambulatory passengers? Sounds silly but again, the wheelchair is now functioning as the passenger's legs.

When your passenger does need your assistance,

- Your passenger is putting you in charge.
- Communication may be a challenge since you are standing behind your passenger and talking over their head.
- Let your passenger know what you are going to do BEFORE you do it so they can prepare for the movement.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

- Keep your movements as smooth as possible to avoid unnecessary jolting or jerking.
- Be sure your passenger keeps their hands in their laps so they do not get caught in the wheels.
- If your passenger does not use footrests, be careful not to force their legs under the wheelchair when pushing them forward.
- Treat your passenger's wheelchair with care.
- Let your passenger know if you see defects with their wheelchair.

When informing your passenger of defects in their wheelchair, keep in mind that they may be aware of the defects but cannot afford to have them repaired or replace the wheelchair.

Make a note of this concern and inform your supervisor.

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Driving Techniques

- Where do we place our passengers that use a wheelchair?
- Where on the vehicle is the worst ride?

Your passenger's wheelchair transmits any road shock into the passenger.

Where is the bounciest, roughest place to ride in your vehicle?

Everything you do in the front is amplified in the back. Hard breaking; quick acceleration; hitting potholes, curbs and sharp turns.

To your passengers in the back of the vehicle, especially those who use wheelchairs (which have no suspension to absorb the motion), every movement is magnified.

As the operator performs an action in the course of driving the vehicle, the passenger is put at the mercy of the drivers decisions.

Frequently Asked Questions

Does a wheelchair need brakes to legally use transit service?

No.

A transit provider may not deny transportation to a person who uses a wheelchair because the wheelchair does not have brakes/wheel locks or the user does not choose to set the brakes/wheel locks.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Can you require a person to transfer from a wheelchair into a vehicle seat?

No.

- Regulations allow the person to transfer if a seat is available.
- Transferring is the rider's decision.
- The driver may suggest a transfer in a non-coercive manner.

Although we now know that it is safer for the passenger to sit in a vehicle seat, we cannot require the person to transfer out of their wheelchair.

To keep them safe we must be certain to secure their wheelchair properly, and secure the passenger using a separate passenger securement device.

Can you require a person to transfer from a scooter into a vehicle seat?

No.

- Regulations allow the person to transfer if a seat is available.
- Transferring is the rider's decision.
- The driver may suggest a transfer in a non-coercive manner.

Although a passenger who uses a scooter may have enough mobility to transfer to a vehicle seat, you cannot require them to transfer. The bigger concern is securing the passenger safely.

You may want to consider a policy that requires passengers who use a mobility device with a steering column, to transfer to a vehicle seat. The concern with the steering column is the passenger may hit their face, neck, or chest on the column with just a hard braking situation.

Even if you have a policy requiring a transfer, you still need to give the passenger the opportunity to stay on their scooter. One way of doing this is by having a "duty-to-inform" document available for them to sign which explains the risk they accept by not following your policy and remaining in their scooter. If they choose not to sign the form, the driver notes their refusal on the form then calls dispatch to also record the passengers response.

The document now becomes part of the passenger's file. After this has been done, welcome the passenger on board.

Each time after the initial trip the driver should ask the passenger to transfer. If the refusal continues, the driver would just need to call back to dispatch to record the passenger's response.

Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

ACCESSIBLE LIFTS & RAMPS

Lift & Ramp Requirements

We begin our discussion about wheelchair lifts and ramps with the federal safety requirements, § 571.403 Standard No. 403; Platform lift systems for motor vehicles specifies requirements for platform lifts used to assist persons with limited mobility in entering or leaving a vehicle.

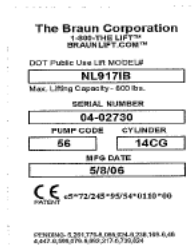
Following are excerpts from the 403 standard that are easily checked by the driver during a pre-trip inspection.

Required Features of the ADA Lift

- Labeled as "DOT Public Use Lift"
- Minimum 800-pound load
 - Can be rated higher (800-1000 pounds)
- Minimum platform dimensions – 30" x 48"
- Visual and audible alarm system when entering threshold if lowered below 1" or more and portion of body or device is on threshold
- Outer and inner barrier

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- Handrail with 2000-pound downward force
- Platform markings and edge guard
- Control panel switches
 - On and off
 - Fold and unfold
 - Raise and lower
- Backup (Manual) operation
- Interlock
- Operational counter



Lift & Ramp Requirements

Bear a label with the words "DOT—Public Use Lift" as certification of compliance with the requirements specified in paragraph S6(b)(1).

The Public-Use sticker is usually placed on one of the lift arms.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Standard load means a static load or mass centered on the test pallet such that the total combined mass for public-use lifts shall be 272 kg (600 lb.) or the lift manufacturer's stated rated load, whichever is greater.

The standard lift capacity for a public-use wheelchair lift is 600 pounds or the manufacturer's lift capacity rating.

What this means is if your lift is rated at 800 pounds, it must lift 800 pounds. If it is rated at 1,000 pounds, it must lift 1,000 pounds.

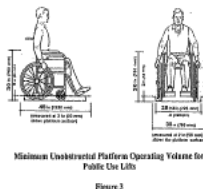
800-pound load test

Place the rated weight on your lift then operate it.

When you do this, be sure to place the weight where a standee would stand. Your lift is not designed to have all of the concentrated weight on the end of the lift platform.

The weight used in this test is a water tank filled with 96 gallons of water. (1 U.S. gallon of water = 8.35 lbs. x 96 gallons = 801.6 lbs.)

Unobstructed platform operating volume



Minimum Unobstructed Platform Operating Volume for Public Use Lifts

Figure 3

All wheelchair lift platforms must measure at least 30 inches wide by 48 inches long.

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Threshold warning signal

Except when the platform lift is operated manually in backup mode - A **visual and audible warning** must activate if the platform is more than 25 mm (1 inch) below the platform threshold area and portions of a passenger's body or mobility aid is on the platform threshold area.

The **visual warning** required must be a flashing red beacon.

The **visual/audible warning system** is designed to alert anyone inside the vehicle that approaches the wheelchair lift opening that the lift is not at floor level and stepping further may cause the person to fall out of the vehicle.



The visual warning system consists of a flashing red light (red arrow pointing at light) that is activated when the lift is below the floor of the vehicle and someone steps between the lift arms.

Some warning lights are activated either by someone stepping on the plate between the lifting arms or breaking a photocell beam between the lifting arms.

The **audible warning** required by S6.1.2 and S6.1.3 must be a minimum of 85 dBA between 500 and 3000 Hz.

The audible alarm is activated the same way and the same time as the visual warning system.

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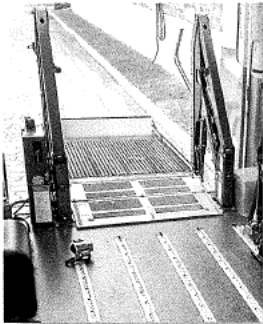
Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

The audible alarm must be as loud as somewhere between an alarm clock and a power tool; and in the range of 500 Hz and 3000 Hz.

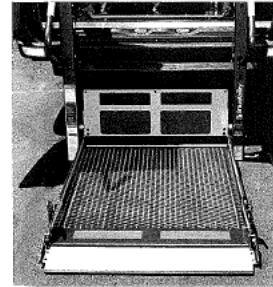
Wheelchair retention

Outer Barrier

- Located on the edge of the platform
- Traversed during ground level loading and unloading
- Designed to retain wheelchairs on the platform during operation
- Transition from ground to lift
- Lift will not work if wheels are touching the barrier.



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Inner roll stop

- Prevents rolling back into the space between the lift and the vehicle
- Allows transition from the lift to the interior
- Lift will not work if a wheel is touching the barrier.

Handrails

Must have a handrail located on each side of the lift.

Platform markings

Throughout the range of passenger operation, all edges of the platform surface, the visible edge of the vehicle floor or bridging device adjacent to the platform lift, and any designated standing area on a public use lift must be outlined.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Edge guards

- Must have edge guards that extend continuously along each side of the lift platform to within 75 mm (3 inches) of the edges of the platform that are traversed while entering and exiting the platform at both the ground and vehicle floor level loading positions.

Control panel switches

Must have control panel switches that

- **Enables and disables the lift control panel switches.** The POWER function must have two states – “ON” and “OFF”.

Moves the lift from a stowed position to an extended position or, to one of the two loading positions.

This function must be identified as "Deploy/Unfold" and "Stow/Fold" on the control.

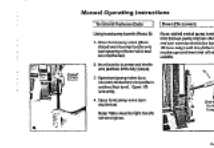
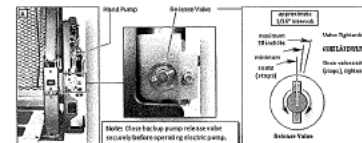
Lowers the lift platform. This function must be identified as "Down/Lower" and "Up/Raise," on the control.

Moves the lift from a position within the range of passenger operation to a stowed position.

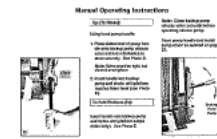
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Backup (manual) operation

- Must be equipped with a manual backup operating mode.



The manual operating procedures are similar between lift manufacturers.



This back up mode is designed primarily to deboard your passenger from the vehicle.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Interlocks

Except when the platform lift is operated in backup mode, the platform lift system must have interlocks or operate in such a manner as to prevent

- Forward or rearward mobility of the vehicle unless the platform lift is stowed and does not affect vehicle movement when the lift is stowed - until the vehicle is stopped and the lift deployed.
- Operation of the platform lift from the stowed position until forward and rearward mobility of the vehicle is inhibited, by means of placing the transmission in park or placing the transmission in neutral and actuating the parking brake, or the vehicle service brakes by means other than the operator depressing the vehicle's service brake pedal.

Operations counter

The platform lift must have an operation or cycle counter that records each complete Up/Down (Raise/Lower) operation throughout the range of passenger operation.

Why is a "cycle counter" important? – because it needs to be part of the vehicle operators pre-trip inspection and maintenance. First, what is a cycle?

C. PLATFORM MOTIONS

WHEEL-LESS PLATFORM MOTIONS	
MOTION	DESCRIPTION
	Platform extends, or deploys, out of vehicle from stowed position. It engages with a ground clear sensor, the door automatically opens before it deploys.
	Platform lowers from vehicle from level toward ground level. The vehicle automatically senses when platform reaches ground level.
	Platform rises from ground level towards vehicle from level. The vehicle automatically senses when platform reaches vehicle ground level.
	Platform locks, or stows, back into vehicle from level to stowed position. It engages with a ground clear sensor, the door automatically closes after it stows.

END OF TABLE

The diagram shows one complete cycle.

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In addition to pre-trip inspection, it needs to be part of the maintenance cycle.

As you can see, the maintenance that is to be performed is based on the number of cycles. This portion of the maintenance program is to be performed at 150 cycles.

The ADA requires that you keep your lifts maintained so you do not have a situation where you cannot provide service to a person who uses a wheelchair because your lift is broken. The ADA requires that "regular and frequent" checks of the lift be made.

- The vehicle operator is required to report lift failure to the transportation agency "by the most immediate means" available and the vehicle must come out of service prior to the next service day.
- If a backup vehicle is not available, the transportation agency can operate the vehicle with the broken lift for no more than 3 to 5 days, depending upon the population of the service area.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Accessible Vehicle Ramp

Required Features of the ADA Ramp

- Design Load
 - 30 inches or longer – supports 600 pounds
 - Shorter than 30 inches – supports 300 pounds
- Slip resistant and continuous
 - 30 inches wide
 - Accommodates three- or four-wheeled devices
- Ramp barrier – At least 2 inches on each side
- Slope above 6 inch curb
 - 3 inches or less – 1:4
 - 3-6 inches – 1:6
 - 6-9 inches – 1:8
- Greater than 9 inches – 1:12
- Firmly attached to frame of vehicle
- Stowage
 - Does not impinge on passenger's device
 - Does not create hazard in operation

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Design load

- Ramps 30 inches or longer must support a load of 600 pounds.
- Ramps shorter than 30 inches must support a load of 300 pounds.

Ramp surface

- The ramp surface shall be continuous and slip resistant;
- Must have a clear width of 30 inches; and
- Must accommodate both four-wheel and three-wheel mobility aids.

Ramp barriers

Each side of the ramp shall have barriers at least 2 inches high to prevent mobility aid wheels from slipping off.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Slope

Ramps shall have the least slope practicable.

- 3 inches or less – 1:4
- 3 to 6 inches – 1:6
- 6 to 9 inches – 1:8
- Greater than 9 inches – 1:1

Ramp slope allowable under the ADA varies depending upon how high a vehicle floor is above a curb (assumed 6 inches.)

The safest and easiest way to board your passenger using a ramp is to stand on the lower side, or behind your passenger, for both entering and exiting the vehicle.

Standing above the passenger greatly increases the likelihood that your passenger may fall out of their wheelchair.

It also increases the likelihood of the driver getting injured.

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Attachment

When in use for boarding or alighting, the ramp shall be firmly attached to the vehicle so that it is not subject to displacement when loading or unloading a heavy power mobility aid and that no gap between vehicle and ramp exceeds 5/8 inch.

Stowage

A compartment, securement system, or other appropriate method shall be provided to ensure that stowed ramps, including portable ramps stowed in the passenger area, do not impinge on a passenger's wheelchair or mobility aid or pose any hazard to passengers in the event of a sudden stop or maneuver.

Lift Operating Procedures

- The lift operating procedures discussed here are taken from manufacturers' recommendations and industry standards.
- If your procedures vary, you may want to consider if any risks involved are acceptable.
- Lifts are potentially hazardous equipment.
- They must be maintained and operated properly.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

- Considerable caution and awareness is needed when operating a lift.
- Only the vehicle operator should operate the lift.

These are general guidelines for lift operation. You must always follow YOUR agency's policies.

Prior to operating your wheelchair lift,

- Stop on level ground
- Put the vehicle in "park"
- Set the emergency brake
- Activate emergency flashers
- Inform your passengers that you are deploying the lift
- Make sure there is enough room for the lift platform to open without hitting obstacles.
- Set safety cones to create a safe operating area

Consistency is a key to safe operations.

Each driver doing the same thing each time the wheelchair lift is deployed greatly reduces the risk of injury. A few simple procedures, which you require each operator to follow when operating the wheelchair lift, help ensure consistency.

Operating your wheelchair lift

- Open and secure the lift doors from OUTSIDE of your vehicle.
- Greet your passenger

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- Ask your passenger if they need your assistance
- Board the passenger onto the lift platform
- Raise the lift
- Ensure that the area is clear of pedestrians and obstacles BEFORE you open the doors.

Some of your passengers may be able to roll themselves onto the lift platform. If they wish to do so, you must stay near your passenger to assist if they have difficulty.

Safety Precautions for Wheelchair Lift Operation

- The safety precautions we will discuss are excerpted from the Braun and Ricon wheelchair lift owner's manuals.

SAFETY PRECAUTIONS

The following safety precautions must be complied with when operating lift.

- Refer to Figure 2-1. Deploying the lift when vehicle is on sloped ground is hazardous.
- Operate lift with vehicle parked on level ground.
- Vehicle must be safely parked with parking brake set before using lift.

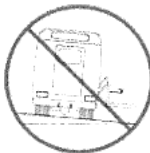
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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

- Inspect lift before use. Do not use lift if an unsafe condition exists, or unusual noises or movements are noticed.

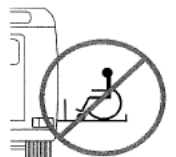
FIGURE 2-1: SLOPED PARKING 2-HAZARD

- Due to variations in the size and configuration of mobility aids, for maximum safety, Ricon recommends that passengers always face outward when riding the lift platform.
- It is never safe for a wheelchair occupant to exit a vehicle facing inboard. It is not safe to rely on a threshold warning device (audible or other) to confirm that it is safe to exit vehicle while facing inboard.
- Exiting the vehicle while facing outboard allows for visual confirmation that the lift platform has been raised in the event that the threshold warning device is inoperative or unheard and prevents the occupant from exiting the vehicle backwards when the platform is still on the ground.



If the passenger that uses a wheelchair faces into the vehicle while on the wheelchair lift, it would be very easy for that person to lean back and fall off of the lift.

Why do Braun and Ricon recommend that the passenger face "outward" when they are boarded using the wheelchair lift?



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It is much safer for the passenger to be backed onto the wheelchair lift, the weight of the combined passenger/wheelchair is placed where the lifting arms are located, not on the end of platform.

If the weight is at the end of the platform, the platform will dip more severely making much easier for the passenger to fall backwards off of the lift.

Rear-Entry Lifts vs Side-Entry Lifts

For a rear entry vehicle, boarding the passenger facing into the vehicle may be the only way to board. Once inside a rear entry vehicle it is very difficult if not impossible to turn the passenger around to face the front if you back them into the vehicle.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

However, the concern of placing all of the passenger's weight on the end of lift is lessened because on a rear entry vehicle the entire length and weight of the vehicle offsets it; whereas a lift mounted on the side only has the width and less of the vehicle weight to offset the weight of the passenger and wheelchair.

Both Braun and Ricon stress...

- The lift is intended for one wheelchair and its occupant or one standee.
- The lift attendant should not ride on the platform with the passenger.

If the operator falls off of the lift, who is left to care for the passengers?

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Where the driver is standing in the photo below, there is no room for him to move his feet and catch himself should he stumble backwards. In this situation the driver will surely fall off of the lift.

If the driver is on the lift, how much "extra" weight is now on the lift?

When the driver stands on the lift with the passenger, the lift manufacturers warnings are now being ignored.

It would be much safer and easier for the operator to ensure the passenger's safety if the operator is standing on solid ground while boarding the passenger, instead of standing on a moving platform?

Industry Best Practices

- When exiting vehicle, verify that platform is at same height as floor and front rollstop is up and locked.
- The raised front roll-stop prevents slow and unintentional rolling off of the platform. It is not intended to stop a fast-moving wheelchair, which might tip forward if the small front wheels collide with the rollstop.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

- Be certain the wheelchair fits safely on platform; it must not extend beyond edges or interfere with rising and locking of front rollstop.
- Do not operate with a load in excess of the rated weight of the wheelchair lift.
- Keep arms, legs, and clothing away from moving lift parts.
- **Operate the lift from the ground.**
- Stand on the ground with one hand holding the wheelchair and one hand operating the controls.
- Raise the platform only a couple inches.
- Check the front safety barrier to be certain it is locked.
- Only after you are certain the barrier is locked, continue raising the lift platform to the vehicle floor level.
- If your passenger is traveling with a service animal – also consider the animal's safety.

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Critical Safety Precautions

- Place the lift controls in a secure location with one hand, while holding the wheelchair with the other.
- Release the wheel locks and guide the chair into the vehicle.
- Reach in and lock one wheel.
- Never leave a wheelchair on the platform unattended.
- When boarding, guide the wheelchair in.
- When exiting, draw the wheelchair out.
- Be sure to use the occupant restraint belt mounted to the handrails if your wheelchair is so equipped.

If your lift is equipped with an occupant restraint belt, it may not work unless it is properly connected.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Additional Safety Precautions

- Secure the wheel locks or use wheel chocks to keep the wheelchair from moving while on the lift platform.

Since the ADA does not require a wheelchair to have locks, the use of wheel chocks will prevent the wheelchair from moving while on the lift platform.

To properly block the wheels, place the chocks in the front and back of each wheel.

Even if the wheelchair locks are operating properly, it is a good practice to use the wheel chocks on all wheelchairs.

Powered Wheelchair Safety Precautions



- Be sure that the power is turned off on any powered wheelchair BEFORE raising or lowering the lift.
- After the power has been turned off, ask your passenger to move the joystick to ensure that the power is actually off.

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Standee Safety Precautions

1. You may have passengers who do not use a wheelchair requesting to use your wheelchair lift to board and exit your vehicle.
2. Remember that the ADA allows a standee to use your wheelchair lift.
3. The safest way for a standee to use your wheelchair lift is to have them sit in a boarding or transfer chair.

The Standee should

- Face the direction of travel
- Stand between the handrails
- Hold the handrails, NOT their mobility aid.

The driver performs this boarding procedure from the ground and **DOES NOT RIDE THE LIFT** with passenger.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

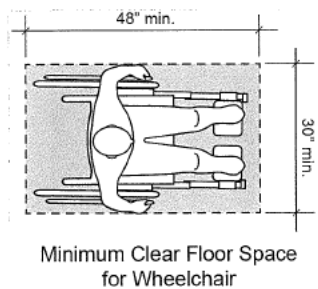
MOBILITY DEVICE & PASSENGER SECUREMENT

ADA requirements

Mobility aid accessibility

- At least two securement locations and devices on vehicles in excess of 22 feet in length;
- At least one securement location and device on vehicles 22 feet in length or less.

Securement devices — Location and size.



- The securement system shall be placed as near to the accessible entrance as practicable
- Shall have a clear floor area of 30 inches by 48 inches.

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Securement areas may have fold-down seats to accommodate other passengers when a wheelchair or mobility aid is not occupying the area, provided the seats, when folded up, do not obstruct the clear floor space required.

Orientation

- Secure the wheelchair or mobility aid facing **toward the front** of the vehicle.
- Or rearward with a padded barrier, extending from a height of 38 inches from the vehicle floor to a height of 56 inches from the vehicle floor with a width of 18 inches, laterally centered immediately in back of the seated individual.

Side facing is NEVER acceptable.

Movement

- When the wheelchair or mobility aid is secured in accordance with manufacturer's instructions, the securement system shall limit the movement of an occupied wheelchair or mobility aid to no more than 2 inches in any direction under normal vehicle operating conditions.
- Your goal is to eliminate as much movement as possible.

Although the ADA allows two inches of movement, if the wheelchair has been secured properly, **NO MOVEMENT** is the goal.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Design Load

- Securement systems on vehicles with GVWRs of 30,000 pounds or above, and their attachments to such vehicles, shall restrain a force in the forward longitudinal direction of up to 2,000 pounds per securement leg or clamping mechanism and a minimum of 4,000 pounds for each mobility aid.
- Securement systems on vehicles with GVWRs of up to 30,000 pounds, and their attachments to such vehicles, shall restrain a force in the forward longitudinal direction of up to 2,500 pounds per securement leg or clamping mechanism and a minimum of 5,000 pounds for each mobility aid.

All four straps are needed to secure the wheelchair to the floor of a vehicle.

- The standard for testing the strength of the securement of the wheelchair to the floor of the vehicle with straps or a docking system is comparable to the standard used for testing the attachment of a car or bus seat to the frame of the vehicle.

It is critical to use all straps as intended.

- Some bus drivers, transit aids or passengers might consider attaching only the straps that are the easiest to reach.
- Not using all 4 straps places too much of a load on the straps that are used and may also lead to tipping.

49

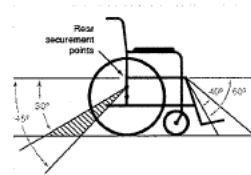
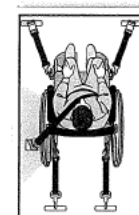
Every wheelchair securement equipment manufacturer, and the industry standard, is to have a 4-point wheelchair securement system using four straps per wheelchair.

The University of Michigan Transportation Research Institute (UMTRI) tested various combinations of wheelchair securement, including using only two straps; and found that using four straps on a wheelchair was comparable in safety to the attachment system used for car or bus seats.

Securement devices

All four straps are needed to secure the wheelchair to the floor of a vehicle.

- Attach to a solid frame member
- Straps should not be twisted
- Rear straps should be placed inside the rear wheels at a 30 to 45 degree angle
- Front straps should be placed outside of the front wheels at a 40 to 60 degree angle



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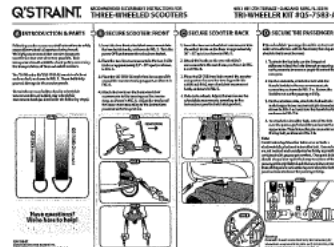
Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Wheelchair & Passenger Securement – Improper Securement

This video demonstrates what happens when a wheelchair is not secured; is secured using only two straps; and is secured properly.

The test speed is 30 mph. This is important because you do not need to get into an accident for any of these scenarios to happen.

A hard brake at 30 mph will produce the same results.



Here is Q'Straint's recommendation for securing a three-wheeled scooter

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Difficult to Secure Mobility Devices

On this scooter web loops are used in addition to the securement straps.



The web loops are placed around the nose cone of the platform as there is not another spot on the scooter to secure the straps.

Attaching to the seat frame would interfere with the passenger's legs.



Use of webbing loops may be necessary to help secure devices that are difficult to secure otherwise.

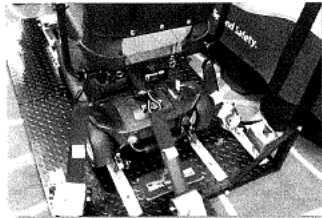


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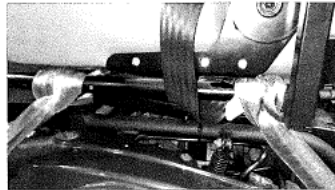
Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Web loops are used to secure the rear of this scooter. The web loops are placed on the seat posts, which are secured to the frame of the scooter.

The web loops are used if the hooks from the securement strap cannot fit in the desired area and to lessen the possibility of damaging to the mobility devices.



Another option for securing the rear of a scooter includes using multiple straps.



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Web loops are attached to the seat frame to secure this powered mobility device.

A web loop is "synched" instead of wrapped at the front and back of the seat frame on each side of the device.

This configuration places the securement as close to the seat pan as possible, providing four proper attachment points.



Here is another option for using web loops to secure to the seat frame of a motorized mobility device.

Although this is not the "best" place to secure the front of a powered mobility device, it may be the only place available.

The front is secured very low to the ground which could cause the chair to tip. However, it is better than not securing the front of the chair at all.



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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

If using this securement location, ensure that the web loop will not slide down to the wheel.

It must remain in place for it to work properly.



Notice how much easier it is to locate and use the tie-down points on a WC19 device.

The yellow triangle indicates that this device is WC19 certified. Notice the thickness of the securement location, how it is attached to the frame of the device, and how it is located at the seat base.

Frequently Asked Question

May a transit operator require that wheelchairs be secured in buses and vans?

Yes.

if the transit operator has established such a policy, and the vehicle is required to be equipped with a securement system by 49 CFR Part 38.

- DOT ADA regulations allows a transit operator to establish a policy that requires all riders to have their wheelchairs secured while aboard a transit bus or van.

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- Therefore, the operator may decline to provide service to a rider who refuses to allow his or her wheelchair to be secured.

However, the transit provider **MUST have a policy requiring that ALL be secured or they will not be transported.**

Use "Mobility Device" in the policy instead of "Wheelchair" so it covers all types.

Additionally, the policy must be enforced - not just on the books.

The passenger may have an issue with this policy, but remember, you are not refusing to provide transportation for the passenger, you are refusing to take their wheelchair.

The passenger has rights, not the chair.



Securement devices — Seat Belt and Shoulder Harness

- All ADA compliant buses and vans are required to have a 2 part securement system.
- One to secure the wheelchair and a seatbelt and shoulder harness for the wheelchair user.
- Such seat belts and shoulder harnesses shall not be used in lieu of a device

which secures the wheelchair or mobility aid itself.

Under the broad nondiscrimination provisions of §37.5, a transit agency is not permitted to mandate that individuals using wheelchairs use seat belts and shoulder harnesses, unless the agency mandates the use of these devices by all passengers on the vehicle, including those sitting in vehicle seats.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

This is another area where the ADA gives you some latitude when it comes to safety. You must make it a reality however by creating and enforcing a policy.

Transit agencies may establish a policy that requires the seat belt and shoulder harness to be used by all riders, including those who use wheelchairs as well as those who use vehicle seats, if seat belts and shoulder harnesses are provided at all seating locations.

At a minimum, ensure that your policy meets your local State requirements.

To reduce any complaints or concerns about whether a "seat belt" is a lap belt, shoulder belt, or the combination of both, use the term **"provided occupant restraint system"**.

What is provided in a middle passenger seat may be just a lap belt. However, what is provided at the wheelchair location is a lap/shoulder belt.

Not discussed in the ADA is any medical condition that may prevent a passenger from wearing a seat belt and/or shoulder harness.

Some passengers may have a medical condition that makes it unsafe for them to wear the provided occupant restraint system. If that is the situation, the passenger must present the operator with a note from their doctor. The note will not describe the medical condition, only that wearing a lap belt and/or shoulder harness may produce a health risk.

This note stays with the passenger as it must be presented each time the passenger refuses to wear the provided occupant securement system.

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Proper Passenger Securement

- Proper placement of the lap and shoulder belt requires the belt to rest on the passenger's body.
- Both the lap and should belts must be used to transfer the impact of the collision to the strongest parts of your body that can take it - hipbones and shoulder bones.
- With just the shoulder strap on, you can still slide out from under it and be strangled, while the lap belt alone does not keep your face from hitting anything in front of you.

A shoulder harness is worn across the shoulder and chest with minimal, if any, slack.

The shoulder harness should not be worn under the arm or behind the back.

Wearing the harness the wrong way could cause serious internal injuries in a crash.

The lap belt should be adjusted so that it is snug and lies low across your hips after fastening.

Lap and shoulder belts are designed to reduce injury to occupants and help to do so in five different ways.

1. Prevent ejection – People thrown from a vehicle are four times more likely to be killed than those who remain inside. Ejected occupants are also 14 times as likely to sustain cervical spine injury than those who remain within the vehicle.
2. Load crash forces on the strongest parts of the body – For older children or adults, these parts are the hips and shoulders. For rear-facing infants and young children, this is the child's back.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

3. Spread crash forces over a wide area of the body – This puts less stress on any one part of the body. Lap and shoulder seat belts and forward-facing car seat harnesses spread the crash forces across a large area of the body including the shoulder, chest, and hips. Rear-facing car seats spread the forces along the child's entire back, neck and head.
4. Allow the body to slow down gradually – Vehicles are engineered to crush in a controlled manner. Occupants can take advantage of the vehicle "ride down" only if they become a part of the vehicle by using a snug seat belt or properly installed car seat.
5. Protect the head, neck, and spinal column – Shoulder belts and car seat harnesses help to keep the head and upper body away from the hard interior surfaces of the vehicle. Rear facing car seats support the head and neck to avoid stress on the neck and trauma to the head and spinal cord.

Passenger NOT Secured

The speed is 12 mph when the driver slams on the brakes.



This is what happens when your passenger is not secured.

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This can also happen if your passenger is seated in a wheelchair without a lap and shoulder harness.

Notice how quickly the passenger disappears from camera view.

Imagine if the vehicle was travelling faster.

Crash Statistics Involving Passengers Seated in a Wheelchair in a Moving Vehicle

Recent studies provide increasing evidence that a large percentage of injuries and fatalities to wheelchair-seated travelers are being caused in non-collision events, such as abrupt vehicle turning maneuvers and hard braking (Frost & Bertocci, 2007, 2009a).

Most non-crash injuries arose from

- Sudden braking (50%) or
- Sharp turning (33.3%),

which resulted in

- The wheelchair tipping over (33%),
- Securement failure (22%), or
- The occupant falling out of the wheelchair seat (15.3%).

The evidence further indicates that these injuries are due to the lack of proper wheelchair securement that result in the wheelchair moving within the vehicle or tipping over, and/or non-use or improper use of belt restraints by wheelchair passengers that result in the wheelchair occupant coming out of the wheelchair seat, resulting in injuries from contact with the vehicle interior (Frost & Bertocci, 2009b).

Involving Passengers Seated in a Wheelchair in a Moving Vehicle

3.6 injury events per 100,000 miles traveled while traveling seated in their wheelchair.

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This is 45 times higher than the injury rate for the general automotive population of 0.08 injuries per 100,000 miles traveled (NHTSA, 2009).

Crash Statistics Involving Passengers Seated in a Wheelchair in a Moving Vehicle

- As of 2009, in 39 crash and non-crash events involving 42 wheelchair-seated occupants, 34 of the 42 wheelchairs were effectively secured during the crash or non-crash event.
- Only 12 of these occupants were properly secured using a crash-tested pelvis/shoulder belt securement. Many wheelchair-seated occupants failed to use shoulder belts or wore the belt securements loosely or improperly positioned.
- Frequently wheelchair components interfere with the routing of lap/shoulder belts, or individuals assume that a postural or positioning belt will provide effective securement in crash situations.

Crash Statistics Involving Passengers Seated in a Wheelchair in a Moving Vehicle

Ten of the 42 occupants died and ten others sustained serious injuries, and many of these occurred in low to moderate severity crash events that would not be expected to result in serious or fatal injuries to properly secured occupants sitting in vehicle seats.

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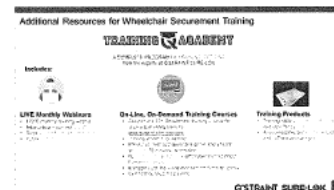
HANDS-ON EXERCISES

Now is time to apply what you have learned.

For this "Hands-On" portion of PASS, your Instructor will demonstrate the industry standard for securing a wheelchair and the person using it.

Topics covered will include,

- Pre-trip inspection of wheelchair securement straps
- "Yo-Yo" effect of a self-retracting securement strap
 - Tipping over resulting from "Yo-Yo" effect
- Proper placement of wheelchair securement straps
 - Close to seat-bottom
 - Proper angles
 - Inside rear wheels, outside front wheels
 - Proper locations
- Proper use of "Web Loops"
- Proper passenger securement techniques
 - Securing your passenger without invading personal space
 - Ensuring securement straps rest on passenger's body, not the wheelchair
 - Appropriate contact and "person space" of your passenger



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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

CTAA PERFORMANCE EVALUATION: Lift Operation and Securement Skills
Name of Instructor (Print) _____ Training Location _____

Special Task	RATING	PASS	FAIL	Instructor Comments	Initials
Learning the lift					
Rolling onto the lift platform					
Rolling off the lift					
Rolling off the lift platform					
Positioning Mobility Device in Securement Location on Vehicle					
Set the Wheel Locks or Pumps Off					
Front Securement					
Rear Securement					
Use of Whisking Lany (if available)					
Lap Belt					
Shoulder Belt					
Test Overall Securement (No movement)					
Passenger Communication (No tasks)					

Rating Definitions: P: PASS - Trainee demonstrated complete understanding of specific tasks
F: FAIL - Trainee demonstrated unsatisfactory understanding of specific tasks

Trainee Name: _____
 Organization: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Trainee Signature: _____
 PASS Instructor Signature: _____

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IMPROPER VS. PROPER SECUREMENT

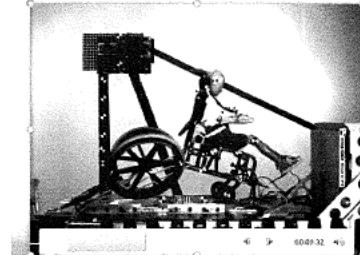
Now that you know the Industry Standard for wheelchair and passenger securement, What are the consequences of not following these procedures in the field?

The following tests duplicate a vehicle travelling at 30 mph.

As we mentioned before, this is important because it does not take an accident for these incidents to occur.

Just a hard brake at 30 mph will produce these effects.

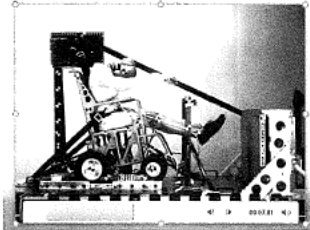
Securing by the Rear Wheels



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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Loose Wheelchair Securement

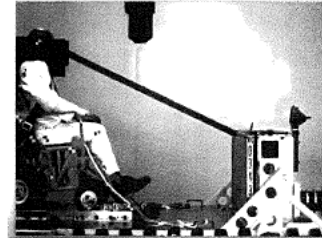


Wheelchair Secured/Passenger NOT Secured



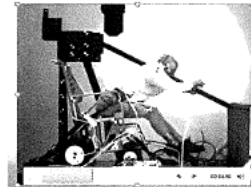
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Wheelchair Secured/Lap Belt Placed Above Armrest



This causes the passenger to slide forward before the shoulder belt works. If the belt would have been secured low on the hips, the passenger would not have slid so far forward, causing a "submarine effect."

Wheelchair Secured/Lap Belt Only on Passenger

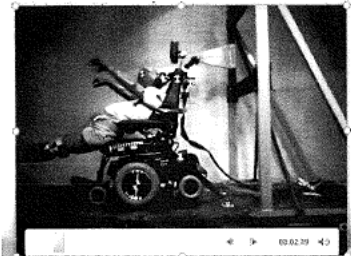


Only the lap belt is securing the passenger. This causes the passenger to slide forward before the lap belt works. If a shoulder belt had been added to the occupant restraint, this would have spread the crash force and not caused the jack-knife effect. Serious internal injury (Seatbelt Syndrome) results from such belt placement.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Wheelchair Secured/Passenger Secured with Shoulder Belt & Wheelchair Lap Belt instead of Standard Lap Belt



The passenger is secured with the standard shoulder belt and the belt that is attached to the wheelchair – commonly referred to as a postural support belt.

At the point where a standard lap belt would hold the passenger in place, the wheelchair lap belt breaks because it is not strong enough to withstand the force of the passenger's body in a hard braking or accident situation.

When the lap belt breaks, the lower portion of the passenger's body keeps moving forward causing the passenger's body to slide out of the wheelchair.

The shoulder belt has done its job and locked.

Unfortunately, the passenger's head cannot slide under the shoulder belt. Instead the shoulder belt catches the passenger under the chin and decapitates him.

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Consequences of PROPER Securement



You should have noticed that the man is sitting in a power wheelchair that the owner's manual most likely says he should not use in a moving a vehicle.

The wheelchair is one that is difficult to secure.

Notice that the passenger's hat does not fall off and the wheelchair does not move.

Very survivable.

Consequences

Notice the man in the ambulatory seat, which is theoretically safer, and the man in the wheelchair at the same time.

Their reactions are almost a mirror image.

Although the operator was not driving safely, texting and driving, he did an excellent job securing his passengers.

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Appendix G – Passenger Assistance Safety and Sensitivity Training Manual (cont.)

Imagine what would have happened if the driver had taken short cuts.

More than likely the passenger would have ended up through the windshield, taking the driver with him.

Do Not Take Shortcuts!

What you just saw in the videos showing improper securement is what you can expect to happen if you take shortcuts and do not practice the securement procedures we just learned.

By following the industry standards for proper wheelchair and passenger securement, you can expect to transport your passengers who use mobility devices more safely. Every customer deserves a safe and courteous ride everytime.



Appendix H – Written Feedback Received from Task Force Members After 11/15/2022

Received 11/25/2022



Achieve with us.

Non-Emergency Human Services Task Force Recommendations and Feedback

Thank you for the opportunity to respond to the final meeting of The Task Force. As a member I feel the many discussions, meetings, and forums were extremely informative and healthy; I have often found that one of the most difficult functions to achieve in any business or operation is the establishment of good, consistent communication, which is definitely one of the main functions of the Task Force. I applaud the robust discussions, ideas, and input that the different members of this panel contributed over the last year. The myriad roles that are represented by such a diverse group of distinguished individuals involved in Human Services Transportation throughout The Commonwealth allow us to achieve a shared and thorough understanding of how we can better serve the individuals of our area. I, for one, found the whole process very eye-opening, informative, and helped me gain a better perspective on not only Human Services Transportation as a whole, but how I can apply this understanding to better serve the individuals supported by my organization.

Although many feel that the various recommendations and ideas shared did not allow us to come to concrete resolutions as we had hoped, I am still of the opinion that forward progress was made. The main recommendation that this Director has to offer is to continue the work of the Non-Emergency Human Services Task Force in the future and continue to move toward finding the resolutions that will offer safer, more cost-effective Transportation with better efficiency and availability for all in need. There are a few topics I would like to comment on.

Consumers should receive a "Know Before You Go" pamphlet or booklet outlining their rights as HST Consumers in a clear and concise manner upon becoming an HST user. Considering the extreme range of age, functionality, and disabilities of individuals that Human Services Transportation address and serve on a daily basis, a simple, direct, and brief explanation of expectations seems imperative.

MART and GATRA have added additional call center capacity through contract with external call center support. Having previously mentioned the importance of communication, I find this instrumental to the success of MART and GATRA providing timely and consistent transport, along with the recommendation that various forms of feedback on multiple platforms from consumers utilizing said transport is equally important. The public listening sessions, which elicited both positive and negative feedback, was important to the understanding of many issues that consumers experienced while receiving transportation services from MART and GATRA, allowing The Task Force to use this information to target the real issues and form recommendations.

On the recommendation of allowing consumers to exclude or preference vendors depending on quality of service, I feel this would limit MART and GATRA's ability to broker transport consistently in a post-COVID climate where resources are extremely limited, however competition in the marketplace dictates the quality of services increase due to demand that goes beyond cost. I agree with the recommendation that an evaluation of the current methodology of bidding out PT-I rides to vendors and choosing the lowest cost bidder is necessary.

PO Box 66 100 Foster Street, Southbridge, MA 01550 Phone/TTY (508) 764-4085 F (508) 765-0255 www.thecenterofhope.org

Again, thank you for the opportunity to respond to the recommendations and offer feedback on the many discussions, presentations, and ideas generated by The Non-Emergency Human Services Task Force over the last year. I hope my recommendation to continue the fine work of the task force is shared by others. Not only could we move closer to resolving many of the issues that are at hand. I feel there could be a great more discussion on topics that were only touched upon during our meetings. If the decision is made to continue this work, I would definitely appreciate being considered in remaining a member.

Sincerely,

Sean Cristofori

Director, Transportation

PO Box 66 100 Foster Street, Southbridge, MA 01550 Phone/TTY (508) 764-4085 F (508) 765-0255 www.thecenterofhope.org

Appendix H – Written Feedback Received from Task Force Members After 11/15/2022

Received 11/25/2022

Response to final recommendations of the HST task force-

I've appreciated the opportunity to work with task force members, HST leadership, and EOHHS over the past 11 months. It is also good to see that much of the input from PT 1 consumers and advocates has been included in the final recommendations and that the group could not reach consensus with many of us continuing to have concerns about the program.

As the only member of the task force who regularly uses PT 1 for medical appointments I can attest that I've seen some improvement in the service that begin to fulfill the requirements included in the broker contract that began on July 1, 2021. There's also a great deal more that needs to be done as was reinforced during my last two round-trip van rides that occurred after the final meeting of the task force. These experiences also call into question the veracity of statements included in this document, in particular proper safety belts, signage regarding securement and safety belts for wheelchair's, nametags for drivers, and aggressive inspection from the broker.

- Drivers did not properly attach safety belt. They did not use a shoulder strap. (To be clear this is a brand new van with new equipment). Driver said what they had didn't work with power chairs?! I only felt safe because I used the chest trap that's part of my power chair.
- No signage about securement or Safetybelts.
- Drivers were not wearing name tags.
- I brought these concerns to the attention the HST. An inspector from MART met the vehicle at the hospital the for my next trip with the same company. The inspector was not able to see whether I was secured or had a proper safety belt. The driver left without any instruction about seatbelt use. The inspector did not ask me any questions I waited and gave him my assessment. It's very likely that this driver went on to transport others with out proper use of seatbelts endangering these people. This experience does not make me feel confident that the broker inspections will catch and address problems.

It is clear that the task force has played an important role in identifying problems, interventions that have motivated the administration to act. I'm concerned that the recommendations and commitments that are included in this final report will not be enacted without the attention of the task force. It is my hope that task force members will continue to pay attention to this area in the following years. I'm also looking forward to participating in the "standing group of HST consumers... To provide feedback to HST and brokers." There remains a lot of work to do to meet the promise of safe reliable transportation for MassHealth members.

Respectfully submitted,
Chris Hoeh
November 25, 2022

Appendix H – Written Feedback Received from Task Force Members After 11/15/2022

Received 11/29/2022



COMMONWEALTH OF MASSACHUSETTS
THE GENERAL COURT
STATE HOUSE, BOSTON 02133-1063

Elizabeth Denniston
Undersecretary for Human Services
Executive Office of Health and Human Services
Chair, Non-Emergency Human Service Transportation Task Force

Re: Draft Final Report of the Non-Emergency Human Service Transportation Task Force

Dear Chair Denniston,

We write to convey our feedback on the Non-Emergency Human Service Transportation Task Force draft final report. We have various concerns about the content and timeline for the release of the report that we request be included in the final report.

We want to thank the members of the HST Office and the Executive Office of Health and Human Services for being so engaged in this process and for putting several solutions into effect in real-time during the last months of the task force's meetings.

We are pleased that consumer listening sessions were included as part of our work. These sessions revealed problems and dissatisfaction that would have otherwise not had an opportunity to be expressed, heard, or responded to. These sessions were invaluable to our understanding of the nature of problems facing the HST system.

However, the ongoing disappointing and inconsistent performance by HST vendors reflects the need for continued vigilance, attention, and deliberation around developing and implementing sustainable and effective solutions to ensure reliable safe transportation services for MassHealth members. We have not yet achieved this goal.

Our work has been substantial. Sadly, it is not sufficient. We recommend postponing the release of the report or including a recommendation that a subsequent report should be filed at a date in the future. The effects of the COVID-19 pandemic continue to affect the findings in the report and may skew results that could be different over a longer period of time. Additionally, we believe that a recommendation should be included in the final report that advises extending the mandate of the Task Force in order to achieve continuity with the new administration and ensure that various efforts undertaken by the Task Force, including the new trainings in wheelchair securement, biannual listening sessions, aggressive inspections, and various pilot programs; will

continue to be prioritized under the new administration. We believe the ability to continue to assess remedial actions and receive consumer feedback in addition to ongoing vigilance and attention to performance will benefit our effort to create a reliable and safe transportation network.

We have a few concerns regarding the substance of the draft final report. We appreciate the Task Force's efforts to include various concerns that were voiced at the most recent meeting, but there are a few that were not included which we believe should be. While the report recommends that vendors continue to track the unique needs of each consumer, there was discussion in our latest meeting of contractually obligating the requirement of these specific notes from vendors, with possible penalties for lack of compliance. This discussion should be included in the final report.

Additionally, there was robust discussion during our most recent meeting regarding the potential harm that comes with a lowest-cost bidding strategy for state services for people with disabilities, and vulnerable populations. Selecting the lowest-cost bidder can lead to disastrous consequences for standards of care among these populations when the stakes are much higher. This discussion should be included in the final report as well as a recommendation to explore alternative strategies for vendor selection.

We believe our work thus far represents significant, albeit initial, steps, but we have not yet completed our task. Extending the Task Force's work does not diminish what we have accomplished this far, but it will afford us with an opportunity to achieve our goal.

Sincerely,

Susan Moran
State Senator
Plymouth & Barnstable district

Mindy Domb
State Representative
3rd Hampshire district