Virginia Division for the Aging

**Transportation Program Monitoring**

 **Agency: PSA**

**Service Delivery Elements:**

|  |  |  |
| --- | --- | --- |
| **1. Assessment Process for Transportation Services:** | **Yes**  | **No** |
| **a.** | **Is the Virginia Service – Quick Form used in the client assessment process?** |  |  |
| **b.** | **Is the Uniform Assessment Instrument used in the client assessment process?** |  |  |
| **c.**  | **Are clients reassessed for transportation services annually?** |  |  |
| **If not, please explain:**  |
|  |
| **Comments:**  |
|  |
| **2. Safety Policy:** |
|  |  |  |  |
| **Are there written policies for the following safety issues?**  |  **Yes** | **No** |
| **a.** | **All passengers must wear safety belts when and where available and practical.** |  |  |
| **b.** | **Each vehicle must be equipped with a fire extinguisher, first aid kit, and emergency signaling devices.** |  |  |
| **c.** | **Inspection procedures for safety equipment, including the** **method and frequency of inspection.** |  |  |
|  | **Comments:**  |
| **3.** | **Administrative Elements:** |
|  |
| **Driver Testing:** | **Yes** | **No** |
| **a.** | **Has the Agency adopted and implemented a behind-the-wheel driving test to be administered to each potential driver prior to transporting passengers.** |  |  |
| **Comments:** |  |  |
| **Driver Record Check:** | **Yes** | **No** |
| **a.** | **Has the agency or its provider adopted a written policy regarding a minimum acceptable driving record for all drivers who transport passengers?** |  |  |
| **b.** | **Does the agency or its provider have a written policy indicating the driver must provide a copy of their driving records from the Virginia Department of Motor Vehicles?** |  |  |
| **c.** | **At hiring, does the Area Agency or its provider complete drug and alcohol testing of drivers?** |  |  |
| **Comments:** |
|  | **Records:** |  |  |
| **Are the following records maintained by the Area Agency on Aging or its provider?** |
| **1.** | **For each vehicle:** | **Yes** | **No** |
|  | **a. Vehicle maintenance/repair history** |  |  |
|  | **b. Pre-trip checklists** |  |  |
|  | **c. Vehicle logs (mileage, passengers, etc.)** |  |  |
|  | 1. **A certificate of insurance showing the vehicle**

 **identification number (VIN)** |  |  |
|  | **e. Vehicle accident records** |  |  |
|  | **f. Service plans** |  |  |
|  | **g. Safety inspection logs** |  |  |
|  |  |  |  |
|  | **Comments:**  |
| **2.** | **For each driver:** | **Yes** | **No** |
|  | **a. Behind-the-wheel testing results** |  |  |
|  | **b. Annual DMV record checks** |  |  |
|  | **c. Drug and Alcohol testing upon hiring.** |  |  |
|  |  |  |  |
| **Comments:**  |
|  |  |
|  | **Driver Record Review:** |  **Driver #1** |  **Driver #2** | **Driver # 3** |
|  | **a. At hiring, behind-the-wheel driving test results on file** |  |  |  |
|  | **b. Annual DMV record check** |  |  |  |
|  | **c. Results of driver alcohol and drug testing, if applicable** |  |  |  |
|  | **d. Accident Reports**  |  |  |  |
|  | **e. Post-accident testing**  |  |  |  |
|  | **f. Criminal background checks** |  |  |  |
|  | **Comments:** |
| **4.** | **Service Delivery:**  |  |  |
|  |  |  |  |
|  **a. How are the agency's transportation services provided?**  |  |  |
|  |  |  |  |
|  |  **as a direct service via subcontractor(s)** |  |  |
|  |  |  |  |
|  | **Identify all subcontractors below:** |  |  |
|  |  |  |  |
|  | **1.** | **5.** |
|  | **2.** | **6.** |
|  | **3.** | **7.** |
|  | **4.** | **8.** |
|  |  |
|  | **b. What type of transportation service is provided?** | **Yes** | **No** |
|  |
|  | **Fixed-Route: transit service where vehicles run on regular, pre-designated, pre-scheduled routes, with no deviation.**  |  |  |
|  |
|  | **Demand-Response: where passengers can request transportation from a specific location to another location at a certain time. The provider does not follow a fixed route.** |  |  |
|  |
|  | Combination Fixed-Route & Demand-Response |  |  |
|  |
|  | **Paratransit: Most often refers to wheelchair accessible, demand - response van service.** |  |  |
|  |  |
| **Comments:**  |
|  | **Fleet Inventory:** |
|  | **Vans With No Lifts**  |  |
|  | **Vans With Lifts** |  |
|  | **Vans With Raised Roof and No Lifts** |  |
|  | **Vans With Raised Roof and Lifts** |  |
|  | **Mini Vans With No Lifts** |  |
|  | **Mini Vans With Lifts** |  |
|  | **SUV’s** |  |
|  | **Pick-Ups** |  |
|  | **Trucks** |  |
|  | **Sedans** |  |
|  | **Total Fleet** |  |
|  | **Total Drivers** |  |
|  | **Comments:**  |
| **5.** | **Job Descriptions:** | **Yes** | **No** |
| **a.** | **Is there a current and complete job description of the duties and responsibilities of each transportation services staff position?** |  |  |
| **b.** | **Is there a current description of the minimum entry-level standards for each job?**  |  |  |
| **Comments:** |
| **6.** | **Vehicle Accidents** | **Yes** | **No** |
| **a.**  | **Are there written procedures for drivers to respond to and report accidents?** |  |  |
| **b.** | **Are there written procedures for the following:** |  |  |
|  | **1. Instructions for accidents without injuries and with injuries?** |  |  |
|  | **2. Accidents involving one or more other vehicles?**  |  |  |
|  | **3. single vehicle accidents;**  |  |  |
|  | **4. preparing a written accident report; and**  |  |  |
|  | **5. post-accident testing** |  |  |
|  | **Comments:** |
| **7.** | **Consumer Contributions/Program Income:** | **Yes** | **No** |
| **a.** | **Does the agency or its provider have a written policy regarding the collection, disposition, and accounting for program income?** |  |  |
| **b.** | **Voluntary Contributions: Explain how rider confidentiality is protected when making donations for transportation services:** |  |  |
| **Comment:** |
| **8.** | **Units of Service:** |
| **Explain how units of service are tracked and documented:** |
| **Coordination Efforts:** |
|  |
| **Coordination of transportation services has become an important goal for many rural and urban transit programs and non-emergency medical transportation providers on both the local and regional levels. Identify any coordination efforts that are supported by your agency’s transportation program, e.g. transportation purchased by other agencies, rural specialized transportation services, collaboration to transport special populations to special events, etc.** |
|  |
| **Specify:** |
| **Technical Assistance and Training Needs:**  |
|  **Indicate any technical assistance needs.**  |
|  |
|  **Indicate any training needs.** |
|  |

**VDA Staff: Date:**