

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD
of
CLAY COUNTY, MISSOURI**

**TRANSPORTATION POLICY AND PROCEDURES MANUAL
Workshop / Day Program / Supported Employment**

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**TRANSPORTATION POLICY MANUAL
Workshop / Day Program / Supported Employment**

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DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Reference Information

1. **DDRB** refers to Developmental Disabilities Resource Board of Clay County
2. **VSI** refers to Vocations Services, Inc.
3. **DL/CW** refers to Della Lamb/City Wide Transportation
4. **CHS** refers to Center for Human Services
5. **SC** refers to Service Coordinator, Center for Human Services
6. **KCRO** refers to Department of Mental, Kansas City Regional Office

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Transportation Service Rates

Rates are quoted to Developmental Disabilities Resource Board (DDRB) and approved each year during the annual funding period. Current contract rates are available upon request.

Scope of Service

Type of Program	Days of Service:	Hours of Service:
Workshop / Day Program	Monday through Friday	6:30 a.m. - 9:30 a.m. 2:45 p.m. - 5:30 p.m.
Supported Employment	Monday through Friday	6:00 a.m. - 5:00 p.m.

Exceptions to hours of service include:

Facility emergencies such as shut downs due to weather, water problems, fire, or safety threats. Workshop and/or Day Program Providers will communicate with the Della Lamb/City Wide directly on all requests for early dismissals.

Note:

Della Lamb/City Wide Transportation is responsible for daily transportation to and from the workshop, day program, or community-supported employer facilities at the scheduled times only for **All Riders**. Parents/guardians are responsible for transportation if a rider must return home before the scheduled transportation time (i.e., illness, injury, suspension). This applies to **All Riders**.

Supported Employment Riders must contact Della Lamb/City Wide Transportation **weekly** with their work schedule for the following week. Failure to advise Della Lamb/City Wide of the schedule can result in no transportation for that week.

Cost of Service

There is **No Charge** to the approved riders for transportation to and from the prior approved destinations.

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Transportation Service Area Boundary Limitations

The DDRB Workshop, Day Program and Community- Supported Employment transportation service area is defined as follows:

<u>Boundary</u>	<u>Description</u>
East	Clay County line
West	Clay-Platte County lines
North	Kearney, Excelsior Springs, Smithville
South	Clay County line at Missouri River (Liberty, Gladstone, North Kansas City, Claycomo, Kansas City North)

Note:

Transportation to and from any other county will not be approved. Any transportation requested outside the established service area will be the responsibility of the consumer. The consumer must contract directly with a private provider and incur the cost. DDRB transportation will not be available for individuals on an as needed basis.

Residential address must be within the boundary limitations and service days and hours approved by the DDRB to qualify for transportation. Alternative options must be discussed with the consumer, family, and/or guardian before DDRB transportation is offered. After other options of transportation have been investigated, evaluated and deemed inappropriate, DDRB transportation may be provided for persons with a regular schedule.

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Rider Responsibilities

1. **All Riders** must be 18 years of age at the start of services.
2. **All Riders** must be a Clay County residents.
3. **All Riders** must have a permanent residential address.
4. **All Riders** must be determined eligible for services through the Kansas City Regional Office of the Department of Mental Health.
5. **All Riders** must be able to get on and off the van with **limited assistance**. Limited assistance is defined as the ability to step on/off the van, find a seat, scoot over in the seat, and fasten own seat belt.
 - a. Assistance may be given to consumers in wheelchairs getting on and off the vans at the residence and workshop/day program facilities.
 - b. **All Riders** must be ready at the time specified for pick-up and drop-off at residence and workshop, day program, or community employer location.
6. **Supported Employment Riders** must call DL/CW **weekly** to confirm their work schedule for the following week.
 - a. All appointments must be made between 6:30 a.m. and 5:00 p.m.
 - b. All appointments must be made by 10:00 a.m. on the business day before the ride is needed.

Contact Della Lamb/City Wide Transportation Dispatch Office
Phone Number: 816-241-8822

Residential Pick-Up:

Vehicles will pull up in front of the residence. The consumer is expected to meet the van at the street. The transportation department will not call consumers to advise the van has arrived. Vans will wait 3 to 5 minutes before moving to the next scheduled stop.

Facility Pick-up:

Vans will wait 3 to 5 minutes for a consumer at the workshop, day program, or community employment facility. Delays for any reason are not acceptable since parents/guardians of many other consumers are waiting for members to arrive home at a specified time.

Residential / Facility Drop-Off:

Van driver will make sure the consumer enters the workshop, day program, community employer facility, or residence. Should the consumer enter the residence, workshop, day program, or community employer facility, it is assumed that there is a responsible party present.

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Rider Responsibilities (continued)

7. **All Riders** must call DL/CW to **cancel rides** in these cases:
 - a. Vacation
 - b. Illness
 - c. If any other transportation means is being utilized to and from the facilities
 - d. Call as soon as possible **for any reason transportation services will not be used.**

Cancellations may be made at any time by calling the DL/CW Dispatch Office. If the call is made outside DL/CW normal business day (6:00 a.m. – 5:00 p.m.), please leave a message on the answering machine.

8. **All Riders** must call DL/CW Dispatch Office during the normal business day (6:00 a.m. to 5:00 p.m.) to report **changes in transportation needs** such as:
 - a. Change in permanent address, phone number. or emergency contact phone numbers: consumer/parent/guardian. (See Transportation Rules, Item #4).
 - b. Change in workshop/day program facility location. (See Transportation Rules, Item #5).
 - c. If a rider does not ride on the van to their destination but will need a ride home, they need to notify DL/CW they are at work and will need a ride home.
9. **All Riders** must utilize the ride process outlined in this section. Failure to cancel rides could result in a suspension or permanent loss of service.
10. **All Riders** must agree to abide by these Rider Responsibilities and the Transportation Rules.
11. **All Riders** must sign and return to DDRB the Passenger Information Form and the Rider Agreement / Signature Form. The forms are updated annually.

Contact Della Lamb / City Wide Transportation Dispatch Office
Phone Number: 816-241-8822

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Transportation Rules

All Riders must abide by these Transportation Rules:

1. DL/CW will drop individuals at the **SPECIFIC WORKSHOP, DAY PROGRAM FACILITY or COMMUNITY EMPLOYER JOB SITE** within **DEFINED BOUNDARIES** only. Prior to job being secured, Notice of Transportation Request Form must be completed and returned to DDRB. DL/CW will determine the date that actual transportation can be started. Until approved by DL/CW, transportation will not be provided.
2. **All Workshop and Day Program Riders:** Pick-up and drop-off times for workshop and day programs are based on the facility hours. Facility hours must be confirmed prior to the start of services.

Supported Employment Riders: Pick-up times at work may be changed to meet consumers' needs. For example, if the scheduled pick-up time is 2:10 p.m. and employee cannot be ready to leave work until 2:20 p.m., then the time may be changed to 2:20 p.m.

3. Residential pick-up points cannot be changed once the route has been established unless the change is permanent.

All Riders: Permanent address changes must be approved by DDRB. **Change of Status Form / Change of Transportation** must be completed and returned to DDRB. The new address will be approved by DL/CW **if van space is available** on the new route. DL/CW must be notified of a permanent address change at least one week prior to the move.

4. **All Riders:** A permanent change in workshop and/or day program facility or community employer location must be approved by DDRB. **Change of Status Form / Change of Work Location** must be completed and returned to DDRB. The new address will be approved by DL/CW **if van space is available** on the new route. DL/CW must be notified of a permanent address change at least one week prior to the move.

(Transportation Rules continued on next page)

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Transportation Rules (continued)

6. **All Riders:** Any conduct that interferes with the safe transportation of consumers will not be tolerated. Discipline will be handled by DL/CW. The first offense will result, at minimum, in a written warning. The second offense will result in suspension. The length of suspension will depend on the severity of the offense. Suspension forms outlining the offense and the action being taken will be given to consumers and/or guardians by the van driver. DDRB will be notified immediately of any disciplinary actions taken. Multiple offenses may result in the termination of the consumer from transportation services.

Examples of conduct that will result in suspension or termination include, but are not limited to: biting, hitting another individual, verbal abuse, threats of violence, placing hands onto another individual, failure to use safety equipment on the vehicle (seat belt), sexual behavior, physical damage to the vehicle, eating on the vehicle, use of smoking or tobacco products on the vehicle, use of obscenities and possession of weapons (i.e., knives, guns).

7. **All Riders:** DL/CW drivers and/or any DL/CW employees will not tolerate abuse of any kind. This may result in the immediate suspension and/or termination of the consumer from transportation service.
8. **All Riders:** Other health and safety issues, such as seizures, contagious diseases or illnesses must be brought to the attention of the DL/CW Office. Each case will be dealt with privately and individually. Health or safety issues which cannot be improved or resolved may result in the termination of the consumer from transportation service.
9. **All Riders:** Proper personal hygiene is required.

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Vocational Services, Inc. Workshop and Supported Employment Transportation Request Procedure

1. Person contacts VSI for Workshop or Supported Employment.
2. VSI assesses if person is KCRO eligible.
 - a. If no, VSI refers consumer to KCRO.
 - b. If yes, VSI:
 - i. Assists consumer with application.
 - ii. Advises CHS SC of application and requests a copy of the service plan.
 - iii. Acquires appropriate signatures on Release of Information (ROI)
3. VSI ensures completion of:
 - a. DDRB Resident Eligibility Determination Form.
 - b. Passenger Information Form.
 - c. Reviews the Transportation Manual with the individual and provides copy to appropriate parties.
 - d. Rider Agreement Form (signature required).
 - e. VSI faxes/emails ALL forms to DDRB.
4. DDRB:
 - a. Reviews the application for Clay County residency.
 - i. If no, VSI is advised of lack of eligibility.
 - b. If yes, the DDRB Director signs the Resident Eligibility Form.
 - c. Returns by fax/email ALL forms to VSI, DL/CW and CHS SC.

****Note: at this point the person has been determined eligible for hire but not officially hired so no transportation has officially been requested.***
5. When a job offer is made and a start date has been established, VSI will:
 - a. Complete Notification of Transportation Request Form.
 - b. Faxes/emails to DDRB, DL/CW, and CHS SC with appropriate release of information.

*****Note: at this point transportation has been requested but is not guaranteed.***
6. DL/CW determines the actual start date for transportation and:
 - a. Completes and signs the Notice of Transportation Request Form.
 - b. Faxes/emails the signed form noting the transportation start date to DDRB.
 - c. Notifies the consumer and other appropriate parties of the transportation start date.
7. DDRB receives the signed Notice of Transportation with effective start date and faxes/emails the appropriate service provider and CHS SC.

******Note: at this point transportation has been approved. Any changes in schedule, work location or residency will require approval of DL/CW to ensure transportation is available to/from the new locations.***

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Day Program and Community Supported Employment Transportation Request Procedure

1. Persons requesting transportation to Day Program or Community-Supported Employment (other than VSI) will be processed through the assigned CHS SC.
2. CHS SC assists person in completing:
 - a. DDRBCC Resident Eligibility Determination Form.
 - b. Passenger Information Form.
 - c. Rider Agreement Form (signature required).
 - d. Reviews the Transportation Manual and provides copy to consumer and/or appropriate parties.
 - e. Faxes/emails the documents to DDRB.
3. DDRB:
 - a. Reviews the application for Clay County residency.
 - i. If not eligible, referred back to the CHS SC.
 - b. DDRB signs the Resident Eligibility Form and returns by fax/email ALL forms to CHS SC and DL/CW.
4. CHS SC will:
 - a. Determine the Start Date in cooperation with the facility and or employer.
 - b. Complete Notification of Transportation Request Form.
 - c. Notification of Transportation Request Form will be sent to DDRB and DL/CW.

****Note: at this point transportation has been requested but is not guaranteed.***
8. DL/CW determines the actual start date for transportation and:
 - a. Completes and signs the Notice of Transportation Request Form.
 - b. Faxes/emails the signed form noting the transportation start date to DDRB.
 - c. Notifies the consumer and other appropriate parties of the transportation start date.
9. DDRB receives the signed Notice of Transportation with effective start date and faxes/emails the appropriate service provider and CHS SC.

*****Note: at this point transportation has been approved. Any changes in schedule, work location or residency will require approval of DL/CW to ensure transportation is available to/from the new locations***

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Della Lamb/City Wide Transportation Additional Responsibilities

1. Communicate on an ongoing basis with consumer/parent/guardian regarding vacations, delays, cancellations or other special requests.
2. Provide limited assistance loading and unloading the vehicle. Health or safety issues which cannot be improved or resolved may result in the termination of the consumer from transportation service.
3. Stop and load/unload vehicle at the curb side of the residence, traffic laws permitting.
4. Under normal circumstances, no consumer will experience more than 1 ½ hours on a vehicle going to or from a workshop, day program or community-supported employer facility.
5. Transportation cancellation due to bad weather is based on the Liberty and/or North Kansas City School district rulings regardless if the facility remains open. DL/CW will contact the facility to advise that transportation has been cancelled.
6. If program facilities are not officially closed, transportation to and from outlying areas and residential areas with impassable streets may be cancelled. Transportation will notify consumer/guardian if transportation is cancelled. **Cancellation of service is at the sole discretion of the DL/CW Director of Transportation.** Safety is of the utmost concern with inclement weather.
7. Enforce Transportation Rules regarding conduct. Determine what constitutes suspension or permanent expulsion. Communicate actions taken with DDRB and service provider.
8. DL/CW will report to DDRB any problem with a consumer, guardian, family member, or service provider within 24 hours.
9. DL/CW will report to DDRB any accident or incident within 24 hours.
10. DL/CW will request updated Passenger Information Forms from all riders on an annual basis.

Developmental Disabilities Resource Board of Clay County Resident Eligibility Determination

Demographic Information

Individual Name: _____ **Date of Birth:** ____/____/____

Gender: Male Female

Address: _____
Street City State Zip

Best Contact Person: _____ **Phone:** _____

Best Contact Email: _____

Type of Residence: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Service Coordinator: _____ **SC Email Address:** _____

Guardianship Information

Does the individual have a guardian? Yes No

Name of Guardian: _____ **Phone:** _____

Family **Public Administrator** **Guardian Email:** _____

Eligibility Information

KCRO Eligible: Yes No **Active Medicaid?** Yes No In Process

Medicaid Waiver Eligible: Yes No In Process **Type of Waiver** _____

Service(s) Requested:

- Autism Services:** ESMW
- Day Habilitation:** ESMW MD-Broadacres MD-Mill Street
- Early Intervention:** ESMW NEEC CCVI
- Therapeutic Recreation:** Life Unlimited
- Sheltered Workshop:** VSI Liberty VSI Liberty Annex VSI NKC
 Ability KC Alphapointe
- Supported Employment:** VSI ESMW
- Therapeutic Horseback Riding:** NTRC
- Transportation:** Della Lamb/City Wide

FOR DDRB USE ONLY	
Approved	Denied
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

County Director's Signature

**Developmental Disabilities Resource Board of Clay County
Notice of Transportation Request Form**

Name: _____ Date: _____
 First MI Last

Resident Eligibility Form with pertinent information completed and submitted previously: Yes No

Effective Start Date: _____

Transportation start date is assumed to be as soon as possible unless otherwise indicated.

Transportation is not guaranteed or confirmed without **Notice of Approval from Della Lamb/ City Wide Transportation.*

Work Location /Program: _____
 Address City State Zip

Work Schedule: _____

Residential Address (pick up and drop off must be the same address)

Address: _____
 Street City State Zip County

Telephone: _____
 Phone # Cell # Other #

Email of primary contact: _____

Special circumstances or conditions which may apply: _____

Request Completed by: _____
 Name Organization Date

Completed form should be faxed/mailed to DDRB, CHS Service Coordinator, Della Lamb/City Wide Transportation

**Notice of Approval/ Denial of Transportation Request
To Be Completed by Della Lamb/City Wide Transportation**

Approved

Denied

Transportation Start Date: _____ Denied: _____

Reason for Denial

Consumer / Family Notified Date: _____

Special circumstances or conditions which may apply: _____

APPROVED/DENIED BY: _____ Date: _____

Della Lamb/City Wide Transportation

Completed form should be faxed/mailed to DDRB.
DDRB will fax/email the form to the appropriate service provider and CHS Service Coordinator.

Developmental Disabilities Resource Board of Clay County

PASSENGER INFORMATION FORM

(Please type or print clearly)

Date: _____

Consumer Name: _____ Home Phone: _____

Home Address: _____

Street City State Zip

Destination - Workshop/Day Program/Community-Supported Employment:

Name: _____

Destination Address: _____

Street City State Zip

Contact Person Name: _____ Phone: _____

Email Address: _____

Does the Consumer have a legal guardian? Yes No

IF SO, please complete full information about the court-appointed guardian:

Guardian Name: _____ Phone: _____

Email Address: _____

Please list three (3) emergency phone numbers in the order they should be contacted:

1. Name: _____ Relationship: _____ Phone: _____

Email Address: _____

2. Name: _____ Relationship: _____ Phone: _____

Email Address: _____

3. Name: _____ Relationship: _____ Phone: _____

Email Address: _____

Medical/Behavioral Information:

Does the consumer use a wheelchair or other assistive device(s)? _____

Does the consumer have a seizure disorder? _____ If YES, please describe type of seizures, frequency, typical duration, and physical appearance to expect: _____

Are there other medical considerations driver should be aware of: _____

Are there behavioral considerations driver should be aware of? _____

Comments or suggestions: _____

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Consumer Change of Status or Update of Information Form (2 of 3-page form)

Change of Emergency Contact Information: *Effective Date of Change:* _____

Emergency contact 1: _____

Name Relationship

Address: _____

Phone # Work Phone# Cell #

Email Address: _____

Emergency contact 2: _____

Name Relationship

Address: _____

Phone # Work Phone# Cell #

Email Address: _____

Emergency contact 3: _____

Name Relationship

Address: _____

Phone # Work Phone# Cell #

Email Address: _____

Change of Legal Status:

Court-Appointed Guardianship **Court-Appointed Conservator**

Guardian/Conservator: _____

Name Relationship

Address: _____

Phone # Work Phone # Cell/#

Email Address: _____

Date of Guardianship: _____ Date Rescinded: _____

Change of Legal Name:

Name Changed to: _____

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Consumer Change of Status or Update of Information Form (3 of 3-page form)

This space for Vocational Services Inc. ONLY

I authorize and request Vocational Services, Inc. to notify the Director of DDRB, Director of Della Lamb/City Wide Transportation, and

_____ CHS Service Coordinator, of this change of information.
(insert service coordinator's name)

Consumer Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Service Provider if other than VSI

I authorize and request _____
(Insert name of Program/Service Provider)

to notify the Director of DDRB, the Director of Della Lamb/City Wide Transportation, and

_____ CHS Service Coordinator, of this change of information.
(insert service coordinator's name)

Consumer Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

This form must be completed and forwarded immediately upon notification of a change of information to DDRB and Della Lamb/City Wide Transportation and the consumer's CHS Service Coordinator.
