# NC DIVISION OF AGING

# AREA AGENCIES ON AGING TRANSPORTATION SERVICES ASSESSMENT TOOL

Community Service Provider:

Review Date:      State Fiscal Year:       AAA Monitor:

Provider Staff Interviewed and Title(s):

Services monitored: [ ]  HCCBG 033 Medical Transportation

 [ ]  HCCBG 250 General Transportation

 [ ]  HCCBG 252 Bus Pass Program

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| PROGRAM ADMINISTRATION(In addition to the Transportation Service Standard cited at the end of each question, other authorities are cited as appropriate.) | Yes | No | N.A. |
| 1. The agency has a transportation coordinator with at least a high school diploma or a GED certificate.(Service Standards, VIII.B.1, page 6) | [ ]  | [ ]  | [ ]  |
| Documentation used to verify compliance (verbal assurance is acceptable): Click or tap here to enter text. |
|  | Yes | No | N.A. |
| 1. Drivers (paid or volunteer) meet the following qualifications:

a. Drivers are 18 years of age or older. .................................* 1. Drivers hold a valid North Carolina drivers license for the class of vehicle they are to operate.........................................
	2. Drivers have two years driving experience. .......................

(Service Standards, VIII.B.2a, page 7. [NC Gen. Statutes § 20-10](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-10.html) and [NC](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html) [Gen. Statutes §20-7.](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html))*See Attachment B worksheet.* | [ ]  | [ ]  | [ ]  |
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| Documentation used to verify compliance and other notes:Click or tap here to enter text. |

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|  | Yes | No | N.A. |
| 1. If the agency utilizes volunteers to provide transportation with their own vehicles, then the agency:
	1. maintains volunteer records and
	2. provides or assures minimum liability insurance coverage on all vehicles owned by volunteers that are used to transport clients

(Service Standards, IX.B, page 10. [NC Gen. Statutes § 20-279.21(b)(2).](http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_20/GS_20-279.21.pdf)\*)*See Attachment B worksheet.* | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  |
|  |
| \* Motor vehicle liability insurance: bodily injury liability – $30,000 each person; $60,000 each accident; property damage liability – $25,000 each accident.Documentation used to verify compliance (e.g., insurance declarations page) and other notes: Click or tap here to enter text. |
|  | Yes | No | N.A. |
| Permanent registration plates may be issued to counties, cities, and towns, per [NC Gen. Statutes §20-84.](http://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_20/gs_20-84.html)4A. Vehicles with Regular Plates. All vehicles utilized by the agency to transport clients have a current registration.4B. Vehicles with Permanent Plates. All vehicles utilized by the agency to transport clients have been properly inspected by the state.(Service Standards, VIII.D.1, page 8)*See Attachment C worksheet*.  | [ ] [ ]  | [ ]  [ ]  | [ ] [ ]  |
|  |  | Registration Card | Inspection Receipt |
|  | Regular Plate |  | X |
|  | Permanent Plate | X |  |
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| Documentation used to verify compliance and other notes: Click or tap here to enter text. |

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|  | Yes | No | N.A. |
| 5. All vehicles utilized by the agency to transport clients have adequate liability insurance as required by the State of North Carolina(Service Standards, VIII.D.1c, page 8\*)*See Attachment B and C worksheets.* |[ ] [ ] [ ]
| \* Agency insurance: vehicles with passenger seating capacity of 15 or less-$1,5000,000; vehicles with passenger seating capacity of 16 or more-$5,000,000Documentation used to verify compliance and other notes (monitors should review the declarations page of an unexpired insurance policy or other appropriate documentation):Click or tap here to enter text. |
|  | Yes | No | N.A. |
| 6. The agency has written policies and procedures establishing priority for:a. ridership ............................................................................b. destination and purpose of trip .........................................c. geographic area covered and ..........................................d. routes and schedules for providing services. ...................(Service Standards, VIII, page 5) |  [ ]  |  [ ]  |  [ ]  |
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| Documentation used to verify compliance and other notes: Click or tap here to enter text. |

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|  | Yes | No | N.A. |
| 7. The agency has written policy and procedures regarding accidents and traffic violations involving agency vehicles while on and off duty.(Service Standards, VII.E, page 9) | [ ]  | [ ]  | [ ]  |
| Documentation used to verify compliance and other notes:Click or tap here to enter text. |
|  | Yes | No | N.A. |
| 1. The agency demonstrates that transportation services are being coordinated through one of the following ways:
	1. Agency is identified in the Community Transportation Services Plan (CTSP), the Locally Coordinated Plan (LCP), or a similar multi-agency coordination document.
	2. Agency has written documentation (e.g., a Memorandum of Understanding, board minutes, etc.) that services are coordinated with at least one other human services transportation agency or public/private transportation provider (e.g., the sharing of vehicles, drivers, or operating costs)

(Service Standards, VIII.A.1-2, pages 5-6) | [ ]  | [ ]  | [ ]  |
|  |[ ] [ ] [ ]
|  |  |
| Documentation used to verify compliance and other notes:Click or tap here to enter text. |

**ATTACHMENT A: CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET Page      of**

**TRANSPORTATION SERVICES**

AGENCY:       MONTH AND YEAR REVIEWED:

Reviewer should select a random sample of clients from each Site/Route/Worker Code.

* Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies or samples of any documentation reviewed on-site. Examples include drivers’ logs; billing statements that show individual client names, pick-up addresses, and drop-off addresses for specific dates of service; or any printouts from ride-tracking software that clearly represents one-way rides provided on specific dates.
* List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
* Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

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| CLIENT NAME | S/RW Code | Eligible client? | Date ofmost recentCRF? | CRF is on file & complete? | CRF updated at least every 12 mo.? | # units reported(A) | # units verified | # units unverified (C)(to be adjustedin ARMS) |
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|  |  |  |  |  |  | **TOTAL:** |  | **TOTAL:** |
|  (C) divided by (A) X 100=% of unverified units. Percent of unverified units=\_\_\_\_%If unverified units are 10% or more, expand sample and select another month to review. |

# \*Specify documentation reviewed to verify units:

# Signature of reviewer(s) Date:

**ATTACHMENT B: DRIVER REQUIREMENTS [PAID AND/OR VOLUNTEER] WORKSHEET** Page      of

AGENCY:       DATE:

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| **DRIVER’S NAME** | **PAID OR VOL?** | **AGE 18 OR OLDER?** | **CURRENT AND VALID DRIVERS LICENSE? \*** | **2 YRS DRIVING EXPERIENCE?** | **DRIVES AGENCY VEHICLES?** | **DRIVES PERSONAL VEHICLE?** | **Personal vehicles of volunteers have min. liability ins?** |
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\* If the agency being reviewed is a transit system, the monitor may be able to determine real-time license status information from NC DMV. Systems enrolled in the NC Transit Driver System can determine the driver’s license status of their enrolled drivers on a 24/7 basis. If the system being monitored is enrolled in the DMV notification system, monitors should ask if the license statuses of HCCBG drivers can be viewed on-line or if a printout can be generated. This will provide the monitor with the most up-to-date information available.

# ATTACHMENT C: VEHICLE REQUIREMENTS WORKSHEET (OPTIONAL\*) Page       of

# AGENCY:       DATE:

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| VEHICLE MAKE & MODEL OR VEHICLE ID # | UNEXPIRED STATE INSPECTION?(only for vehicles with permanent plates) | UNEXPIRED VEHICLE REGISTRATION?(only for vehicles with regular plates) | ADEQUATE LIABILITY INSURANCE?\*\* | OTHER OBSERVATIONS RE VEHICLES? |
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# \* Monitors may find it easier to make a photocopy of the agency’s vehicle inventory and use that list to make notes about inspections and registrations. This worksheet is offered as an option for documenting compliance as needed.

# \*\* Liability insurance compliance may be documented here, on Attachment B, or on Q5.