



THE WOMEN'S FUND



United Way
of Central Alabama, Inc.

Coordinated Non-Emergency Medical Transportation for Seniors

Lessons Learned from Women on Wheels



women on wheels

A PROJECT OF THE WOMEN'S FUND

Planning Senior Non-Emergency Medical Transportation

A Project of The Women's Fund,
a component fund of the Community Foundation
of Greater Birmingham and the United Way of Central Alabama



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Expanding transit mobility capacity by engaging faith-based volunteer drivers is a strategy that enables communities to address limited public transportation and the high cost of private transportation for transit dependent senior populations that will only continue to increase as Baby Boomers spike community demographics. As with all collaborative ventures that include public, private and faith-based partnerships, the challenges are significant and can undermine the initiative at every level of development. The following ‘lessons learned’ by Women on Wheels (WoW), a three-year project (2004-2006) of The Women’s Fund, a component fund of the Community Foundation of Greater Birmingham in partnership with the United Way of Central Alabama, can inform the development of coordinated public/private/faith-based human service transportation.

There are excellent ‘tool kits’ and resources available that are included in Appendix A. What follows is a framework that must be ‘filled-in’ uniquely in each local area. Coordinated human service transportation that includes public, private and faith-based partnerships is not only possible, but essential to meet the growing demand for and cost of transit mobility for the transportation disadvantaged.

The moral test of a society is how that society treats those who are in the dawn of life -- the children; those who are in the twilight of life -- the elderly; and those who are in the shadow of life -- the sick, the needy and the handicapped.

– Hubert Humphrey

Leadership

Establishing an array of independent, fragmented services to address unique transit mobility issues is easy. Just travel around one day and count the vans with hotel, agency, assisted living facility, shopping mall, hospital, or worship center names on them--often forming a gridlocked chain with public transit vehicles, cabs and private van services interspersed. If you also count the actual number of passengers on each vehicle, it will become readily apparent that there is transit capacity that is not being fully utilized.

The first step in beginning a community discussion that can result in coordinated non-emergency medical transportation for seniors is to identify an organization that has the community trust and capacity to establish what will become an ongoing dialogue. Without leadership that fully understands the importance of coordinating transit mobility services, adding a faith-based volunteer component only becomes another part of a fragmented, uncoordinated system.

It is important to acknowledge that identifying leadership is a challenge in and of itself. Consensus is possible, unanimity unlikely. The lead organization will need to have proven collaboration skills and be perceived as effectively demonstrating leadership in the community. In some communities it will be important that the lead organization is a neutral convener, especially if there is a heightened level of “turfism.” It is more important that broad-based stakeholders are willing to become engaged in the process than it is that one organization imprint its name on the process.

The leaders who work most effectively, it seems to me, never say "I." And that's not because they have trained themselves not to say "I." They don't think "I." They think "we"; they think "team." They understand their job to be to make the team function. They accept responsibility and don't sidestep it, but "we" gets the credit.... This is what creates trust, what enables you to get the task done.

– Peter Drucker

In addition, the lead organization must have existing staff and financial capacity, or the resources to add capacity, to function as convener. If there is financial support for this initiative, it is likely to come later in the process, so the lead organization has to be willing to accept the responsibility with no immediate remuneration. This initiative requires a significant commitment of time and effort, so it is important to identify an organization whose mission is closely aligned with the project objectives and outcomes.

Possible options for lead organization:

- AARP
- Area Agency on Aging
- Community Foundation
- Elected Official(s)
- Faith community/association
- Faith in Action
- Governmental Body
- Health or human service agency/group
- Paratransit provider
- Public transit provider
- Transportation resource/brokerage center
- United Way
- Volunteers of America

Community Awareness

The second step involves determining strategies that will raise community awareness of and support for transit coordination on behalf of seniors. While a lead organization, or convener, has been identified, the work of establishing a coordinated system will require a diverse group of people representing key stakeholders that will impact the success of the plan. Convening a task force or advisory council will garner stakeholders that can sustain the initiative.

Membership may include:

- AARP
- Assisted living facilities, nursing homes

Community foundations
Department of Transportation
Dialysis Centers
Elected officials (local, state and federal)
Faith communities/associations
Health & human service agencies
Hospital foundations
Hospitals
Liability insurance brokers
Medicaid/Medicare/Private Health Insurance Providers
Medical providers
Planning Commissions
Public/private transit providers
Rehabilitation providers
Senior service agencies, Area Agencies on Aging
United Way

It is better to be inclusive in the initial ‘sweep’ of the community, including all organizations and individuals who might have an interest in expanding senior transit options, especially faith-based transit. Momentum in the community will be directly proportional to the diversity represented in the task force, so cultivating participation at the outset will result in more effective implementation.

It's not hard to make decisions when you know what your values are. – Roy Disney

It is helpful to research the need for senior non-emergency medical transportation in comparison to the existing capacity to meet needs in the area. The Area Agency on Aging, AARP, Planning Commissions, County Governments, United Ways or other such bodies may have completed recent needs assessments or surveys. Area Agencies on Aging will have state and area plans that can also inform the assessment and planning process. Their findings and recommendations are valuable to the process.

In addition, it may be helpful to conduct a targeted survey to raise awareness and gain consensus on the local need. WoW conducted two concurrent surveys, one targeted toward medical providers and potential funders (Appendix B), and one targeted toward seniors and family caregivers who might need services (Appendix C). The surveys and analysis, conducted by a marketing research firm, confirmed the need and affirmed that seniors missed a significant number of medical appointments due to lack of transportation. Results from medical providers and funders revealed that the lack of coordination of existing transit resources negatively impacted access to medical care. In fact, the medical providers stated that lack of access to medical care for persons 60 and older was the greatest problem for this demographic facing the community.

Capacity Assessment

The next step in the coordination process is to identify existing transit resources to include: (1) public transit (buses, municipal transit, county transit); (2) paratransit; (3) private transit (van services, cabs, assisted living facilities, churches, Greyhound); and (4) medical transit (hospitals, medical centers, paramedic).

The Emergency Management Agency (EMA), Department of Transportation (DOT) and public transit authorities can provide information regarding local transit resources. The purpose of this capacity survey, however, is not only to identify the resources, but to determine the number of vehicles, hours of operation, geographic area covered, and cost of service. Assessing existing capacity has to take into account whether available resources are accessible and available for the population to meet medical appointment schedules. This includes the days, times and areas in which they operate as well as their ability to transport persons with physical and/or mental challenges. In the WoW assessment, it was apparent that there was capacity, but not enough to get seniors to morning medical/therapy appointments or to dialysis three times a week, and for those in the more rural areas of the county, resources were extremely limited.

We will either find a way or make one. – Hannibal

Ideally in a coordinated non-emergency medical transportation system, there will be funds available to assist low-income seniors with the cost of public or private transportation and to leverage existing resources with faith-based volunteer service. Determining the cost of existing services provides valuable information as a coordinated plan is developed.

In addition to identifying actual transit providers, a survey of pharmacies that deliver prescriptions is a component of a coordinated system that can provide medically related services to seniors who are transportation disadvantaged.

Liability

The greatest challenge and potential barrier to volunteer non-emergency medical transportation is the liability issue. The reality is that 'anyone can sue anyone.' There is no way to avoid risk entirely, but there are significant ways to mitigate it.

According to the Nonprofit Risk Management Center, every state has legislation dealing with the legal liability of at least some types of volunteers. In 1997, Congress passed the Volunteer Protection Act (Public Law 105-19) to provide certain protection to volunteers, nonprofit organizations, and governmental entities in lawsuits based on the activities of volunteers. While this law provides a degree of protection to volunteers "acting within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of the act or omission," it does not preempt any applicable state laws regarding civil action; does not protect against harm caused by "willful or criminal misconduct, gross negligence, reckless misconduct,

or a conscious flagrant indifference to the right or safety of the individual” harmed by the volunteer; "and does not protect against harm done by the volunteer operating a motor vehicle, vessel, aircraft or to the vehicle for which the state requires a license or insurance." Organizations and volunteers should not be led to believe they have blanket protection or immunity through the Volunteer Protection Act. Organizations that engage volunteers should read the federal law and corresponding state law fully to understand limitations and restrictions on volunteer protection.

The Center says that risk management begins with a four-step process:

- (1) Looking for risks (What could go wrong?)
- (2) Assessing the risks (How bad could it be?)
- (3) Deciding how to control the risks (What will be do?)
- (4) Implementing the strategy (How will we do it?)

And there are four strategies to address risk:

- (1) acceptance - accept the risk and prepare for consequences;
- (2) avoidance - not offering the service because the risks are too high;
- (3) reduction - change the activity and/or develop procedures that decrease the opportunities for harm and decrease the impact of the potential damage; and
- (4) transfer - shift the activity or financial liability risks to a third party (insurance).

If you put off everything ‘til you're sure of it, you'll get nothing done.

– Norman Vincent Peale

Organizations sometimes use waivers or "liability shields" to reduce liability.

Effective liability shields are hard to create and often require assistance from legal counsel. Most waivers fail because they do not adequately describe the risks of the activity and the consequences of signing. Everyone signing the waiver must be clearly informed about the dangers so they can intelligently decide whether to accept them; like exposure to tuberculosis, poisonous snakes along a hiking trail, or placement in a violent crime area. . . Minors cannot validly sign waivers. . . Some states simply do not permit parents to forfeit their children’s rights, and no court will readily enforce a waiver against an injured child. . . Waivers can serve two valuable functions. They encourage all parties in the activity to recognize the risks and take appropriate precautions. They also create a psychological deterrent to a lawsuit. A person who has signed a waiver may be less likely to sue. (Tremper & Kostin, 1994)

The Center cautions that effective risk management begins when organizations develop and follow good management practices.

- Develop written position descriptions for employees and volunteers
- Implement a structured procedure for screening and selecting employees and volunteers
- Develop orientation procedures and materials to clarify expectations and establish standards of behavior
- Provide training for the job and include ongoing training opportunities to stay on top of new techniques, trends, equipment, procedures and job changes.
- Ensure ongoing, consistent supervision that monitors performance and maintains an open and timely line of communication
- Evaluate performance honestly and create plans for improving weak or inappropriate performance, and for rewarding positive behavior. Document strengths and weaknesses, successes and problems. Implement action (termination) when warranted.

Risk Management

The following guidelines were developed over the course of the WoW project, but every program is encouraged to review and develop policies, procedures and volunteer training under the guidance of an experienced liability insurance professional who knows current state and local laws and liability standards.

Volunteer Drivers

1. Recruit volunteers who can drive their own cars and who carry adequate auto liability coverage based upon state and local standards. Volunteers who provide transportation on behalf of a coordinating organization enter into an agent/principal relationship. The driver/owner's private auto policy covers the named insured plus the organization on behalf of which the volunteer is 'working' at the time of the accident, i.e. 'errand of the church.'
2. Establish liability standards for volunteers working with the program and monitor whether the policy is in force. For example, ensure that 'loading and unloading' coverage is included in the vehicle insurance policy.
3. Determine who pays the deductible on collision. An 'at fault' accident may cause the volunteer's insurance premium to rise for a number of years. A 'no fault' accident still requires payment of the deductible. WoW policies and procedures allotted \$250 per volunteer toward the deductible for a 'no fault' accident annually.
4. Ensure that volunteers carry homeowner or renter's policies that cover 'slip and fall' general liability (bodily injury and property damage) and medical payments.
5. Ensure that exploitation is covered under the volunteer's home insurance or equity line of credit.
6. Ensure that volunteers include \$1,000-\$5,000 medical insurance payments per passenger on individual liability insurance policies to discourage lawsuits.
7. The "Guest Law" ensures that the passenger cannot sue the driver unless the driver is grossly negligent, which reinforces the need for program policies,

procedures as well as documented volunteer screening and training to reduce exposure.

8. Ensure that all volunteer drivers successfully complete a recognized defensive driving course as a module in the program's volunteer training.
9. Conduct and document results of volunteer driver screenings that reflect standard 'due diligence.'
 - a. Motor Vehicle Report (MVR) from DOT on each prospective volunteer driver. There is a cost for each report.
 - b. Criminal background check on each prospective volunteer driver. There is a cost for reports.
 - c. Abuse Registry check on each prospective volunteer. There could be a cost for this report.
 - d. Substance abuse screen on volunteers prior to their providing service. There is a cost for screening.

Volunteer Companions

For volunteers who will not drive under the auspices of the program, but will serve as 'companions' to accompany seniors to appointments or meet seniors at a medical facility and wait with them until their appointment time or their return trip home, they should be covered by Numbers 2, 5, 9b,c and d above.

In some cases, hospitals or large medical complexes have volunteers who can serve as companions and coordination with the social service department can facilitate a senior's appointment. The risk would then remain with the medical facility.

The most precious gift we can offer others is our presence. – Thich Nhat Hanh

Church Vans

1. Be aware that the church insurance agent will discourage use of church vans due to the fact that it increases exposure.
2. Best practice includes:
 - a. Use only church designated drivers and monitor use
 - b. Run a MVR report on all designated drivers
 - c. Provide documented training for designated drivers in that vehicle
3. Vehicle issues
 - a. Maintain industry standard liability insurance coverage on the van itself
 - b. Maintain the mechanical condition of the van through documented/ maintenance records (i.e. tires/brakes)
4. The accident policy will require an increased premium to cover all passengers included in this expanded usage of the vehicle.
5. Determine who will pay the deductible if there is an 'at fault' or 'no fault' accident.

6. Insurance coverage ‘follows the vehicle’ more than it ‘follows the driver.’ It is important if using church vans to determine whether the driver is an agent of the church or an agent of the program coordinating the transportation. Once again, the advice of a liability insurance professional is important.
7. Completion of a recognized defensive driving course for van drivers can help reduce insurance costs for the church.
8. If the church has a larger vehicle (more than 15 passenger), Commercial Driver’s License (CDL) policy requires more stringent driver requirements, and the program would need to explore the risk exposure on this vehicle independently.

Non-owned & Hired Vehicles

1. Nonprofit organizations can add a non-owned automobile vehicle liability rider on general liability policies for a low premium. This would include protection for volunteers who are ‘doing business’ on behalf of the organization.
2. Nonprofits would need a stand-alone policy if they actually own and operate vehicles in the program.

In the *WoW* project, two additional safeguards were used to reduce exposure for the volunteers:

1. Corporate Insurance Management Association (CIMA) volunteer insurance coverage provides accident liability medical expense reimbursement for a covered accident; personal liability insurance; and automobile liability insurance for volunteers who drive in service to the program. The annual fee is minimal and provides an added ‘layer’ of protection for any accident-related expenses that a volunteer might incur (Appendix D).
2. United Way included *WoW* volunteers under its ‘umbrella’ liability insurance coverage.

Volunteer Management

WoW recruited volunteers from churches that had senior ministries and an awareness that seniors in the congregation as well as the surrounding vicinity of the worship center needed non-emergency medical transportation. Faith-based volunteers were asked to provide non-emergency medical transportation to seniors from their respective congregations and to seniors who resided within a 10 mile radius of the worship center. This enabled *WoW* to recruit geographically disbursed faith communities in order to achieve coverage of the target area.

Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has. – Margaret Mead

Training is essential and probably the easiest part of the program since there are many health and human service providers who welcome the opportunity to educate and train volunteers regarding senior issues. The topics covered during a two-and-a-half day period included: purpose and mission of the program; etiquette and behavior for relating to older persons; etiquette and behavior for relating to persons with disabilities (visual, hearing, speech, mobility and/or memory impairments); communication skill exercises; and how to recognize and when to report suspected abuse, neglect, abandonment and exploitation.

A thorough review of policies and procedures is another component of training and risk management. WoW included volunteer job description; code of conduct; harassment; confidentiality; drug-free policy; rider grievance policy; and mileage, meal and incidental expense policy. Forms included: volunteer application; volunteer driver personal reference; volunteer driver medical/physical release; volunteer driver availability; private vehicle registration; private vehicle liability insurance verification; rider registration/trip request; trip description; and volunteer transportation release.

All prospective volunteer drivers were required to successfully complete a defensive driving course that included both classroom instruction and driving components. State DOT's may have vendors that could provide this training. AARP offers a defensive driving course that is available nation-wide. WoW employed Training Associates, Inc. to customize a safety and defensive driving course for volunteer drivers that included an interactive training manual that volunteers could keep for reference. The Alabama-based company can develop customized training programs that will meet safety standards. They can be reached through their website: www.t-a-i.com or toll free 1-877-884-5623.

Volunteer Benefits

WoW provided reimbursement to volunteers for mileage used to transport WoW-referred riders at the federally-approved mileage reimbursement rate. Reimbursement was also provided for meals that volunteers purchased during the time that a volunteer was serving as companion to a senior keeping a medical appointment. Volunteers submitted invoices for reimbursement. Some volunteers chose to consider the cost of providing service as a part of their 'ministry,' but as gas prices rise, volunteer recruitment and retention may become more highly correlated with reimbursement for the actual cost to the volunteer.

Marketing

The participating WoW faith communities were provided posters and advertised the service through their internal communication networks. Posters in local stores and public buildings surrounding the worship centers gave a wider geographic scope to the marketing efforts. WoW staff provided outreach to assisted living facilities within a 10 mile radius of participating faith communities. Once again, the value of the WoW Advisory Committee was evident as members who represented medical providers, the Department of Human Resources, and senior citizen services made the availability of the service known to their clients.

Since WoW was a pilot project, marketing was limited. For an effective, coordinated non-emergency medical transportation program, posters, notices and/or business cards in hospitals, medical offices, assisted living facilities, senior citizen centers, Area Agency on Aging, Medicaid, Medicare, private insurance companies, local I&R center, and through the program's advisory committee network would achieve the desired awareness.

How wonderful it is that nobody need wait a single moment before starting to improve the world. – Anne Frank

Service Eligibility

WoW provided free volunteer transportation to and from non-emergency medical appointments and/or pharmacies to seniors, age 60+ based upon volunteer availability. There were no income-eligibility requirements for volunteer-provided transportation and the only rider registration requirement was age.

For trip requests that could not be met by volunteer drivers, WoW utilized the results of the capacity assessment to refer seniors to alternative modes of transportation, either public or private. In some cases, the WoW staff actually brokered the trip on behalf of the senior. Sometimes a senior preferred to re-schedule an appointment in order to ride with a volunteer.

Having a safety net of public and private providers to augment the volunteer resources creates true coordination in an area, but can result in transportation barriers for limited income seniors. WoW created a 'scholarship' option for seniors at or below 200% of the federal poverty level (Appendix E) whereby WoW shared a percentage of the transportation cost with the rider.

Service Coordination

WoW was able to 'stage' its services from the offices of a regional paratransit that provides trips for elderly, disabled and rural persons in a four-county area. This made it possible to readily determine whether the paratransit could transport a senior if a volunteer was not available. To effectively coordinate, there should be a dedicated phone number and hours of operation; persons to answer the calls, register new riders, schedule, refer and/or broker trips for riders.

Good actions give strength to ourselves and inspire good actions in others. – Plato

The registration and scheduling processes were time consuming, and sometimes obtaining necessary information to schedule the trip was challenging. Trained volunteers could be used to provide these services as well. RSVP volunteers, who are themselves older persons, often have the patience to provide good customer service.

For the pilot project which lasted nine months and had a limited number of volunteers, WoW maintained data on an Excel spreadsheet. For a more expansive program, scheduling software would be necessary that could identify potential volunteer drivers based upon the pick-up address and destination of the trip. If the service is to be truly coordinated over a wide area for seniors and include numerous volunteers, a scheduling software program is necessary. Without it, scheduling errors, missed trips and the actual time needed to schedule 'by hand' will weaken the program's effectiveness.

Once again, members of the advisory group may be able to assist in identifying financial resources to purchase the software. In some cases, the public transit program, Area Agency on Aging, Medicaid, Medicare or a medical insurance company may value volunteer-provided non-emergency medical transportation as a cost-effective solution to a capacity or availability problem and include the software cost in their budget.

Evaluation

WoW collected performance indicators that included: number of churches recruited/participating; number of volunteers recruited/trained/actively providing transportation or companion services; number of trip requests from seniors; number of trip requests provided by volunteers; number of trip requests provided by other vendors; average cost of volunteer provided trips; average cost of vendor trip service.

Qualitative review included volunteer surveys and rider surveys conducted annually.

Only when we have something to value, will we have something to evaluate..and we cannot value something that we cannot share, exchange and examine.

– Lee Shulman

Appendix A

Research Resources

National Center on Senior Transportation, www.seniortransportation.net

”Medical Transportation: Toolkit and Best Practices” prepared by the Community Transportation Association of America, 2001

“Transportation Services: A Guide for Seniors” template prepared by Easter Seals PROJECT ACTION, 2004

“Transportation Solutions for Caregivers: A Starting Point” by Easter Seals PROJECT ACTION, 2004

“Volunteer Driver Turnkey Kit” by The Beverly Foundation and Partnership to Preserve Independent Living, 2006. beverlyfoundation.org/turnkeykit

“State Liability Laws for Charitable Organizations and Volunteers” prepared by the Nonprofit Risk Management Center, September 2001

“Aging Americans: Stranded without Options” prepared as a Surface Transportation Policy Project, 2001

“Independent Assessment: Florida Non-Emergency Medicaid Transportation Waiver” prepared by the University of Florida Bureau of Economic and Business Research, October 2003

“Innovations for Seniors: Public and Community Transit Services Respond to Special Needs: produced by the Beverly Foundation and the Community Transportation Association of America, February 2004

“Senior Mobility Snapshots” prepared for the STP Mobilizer Project of the Beverly Foundation and the AAA Foundation for Traffic Safety

“Transportation and Older Persons: prepared by AARP Public Policy Institute, 2001

“Transportation-Disadvantaged Seniors” a report of the General Accounting Office, August 2004

”Trends and Prospects” prepared by U.S. Census Bureau as Demographic Projections Regarding Older Persons

“Volunteer Drivers—A Guide to Best Practices” by the Washington State Agency Council on Coordinated Transportation

IMPORTANCE OF ISSUE

- Q1 From your perspective, what do you see as the extent of the need for non-emergency, routine medically-related transportation services for the elderly in our community? Would you say it is: **Read Each One and mark one.**
- Among the most important needs in the community* 1
 - Very important, but not the highest priority in the community* 2
 - Somewhat important* 3
 - Not very important* 4
 - Not at all important* 5

IMPORTANCE OF TRANSPORTATION RESOURCE CENTER

- Q2 There are two components of the project. The first is a *transportation resource center*, which would serve as the community's repository for information about existing transportation resources in Jefferson County, and provide a mechanism to link individuals with appropriate services. Looking at the transportation resource center, would you say it is: **Read Each One and mark one.**
- Among the most important needs in the community* 1
 - Very important, but not the highest priority in the community* 2
 - Somewhat important* 3
 - Not very important* 4
 - Not at all important* 5

IMPORTANCE OF TRANSPORTATION SERVICE

- Q3 The second component of the project is an on-the-ground *pilot transportation service* that includes companions when they are needed. Looking at the transportation service, would you say it is: **Read Each One and mark one.**
- Among the most important needs in the community* 1
 - Very important, but not the highest priority in the community* 2
 - Somewhat important* 3
 - Not very important* 4
 - Not at all important* 5

ELIGIBILITY

Q4 I am going to mention a few aspects of medically-related transportation for the elderly. If a service were made available, which of these do you think should be *required* for someone to be eligible to use the service?

Just answer *yes* or *no* to each one. If you don't know, just say so.
[READ EACH ONE AND CHECK YES OR NO:]

YES NO NA/DK

a. Having a lack of family or friends to assist with transportation [If needed to clarify, say:] So the question is, should the program require that someone have a lack of family or friends to help with transportation, in order to be eligible to use the service? Yes or No?

b. How about having a demonstrated financial need... should this be required?

c. A minimum age requirement of 60?

d. A limit on how often the service could be used?

e. A minimum level of physical capability to get around alone?

f. A minimum level of mental capacity to get around alone?

g. A centralized enrollment and qualification process?

h. Having a serious medical condition of a certain level?

i. Being able to pay some minimum cost for the service?

ORGANIZATION

Q5 Please think about your organization and the extent to which a non-emergency medically-related transportation service would help the population your organization serves. What % of your service population would benefit from an information and transportation service? You may base this on what you may know about how often they miss medical appointments, have to wait for medical care because of transportation, or other issues? Would you say it is:

- 100% of your population that would benefit from this service?* 1
- Over 75% but under 100%* 2
- 50-75%* 3
- 25-50%* 4
- Under 25% of your population?* 5

PROGRAM DESIGN ASPECTS

I'm going to read a few items that relate to designing a program for transportation services for the elderly. I would like for you to tell whether you consider it Very Important, Somewhat Important, Somewhat Unimportant, or Very Unimportant in designing the program ... or if it should not be a factor at all. Here's the first one:

ROTATE ITEMS		<u>Very Important</u>	<u>Somewhat Important</u>	<u>Somewhat Unimportant</u>	<u>Very Unimportant</u>	<u>Not a factor in the program design</u>
Q6	The geographic residential location of the people who need to be transported	1	2	3	4	5
Q7	The physical capability and condition of the people being transported	1	2	3	4	5
Q8	The mental capability and condition of the people being transported	1	2	3	4	5
Q9	The seriousness of the medical condition for which the person is being treated	1	2	3	4	5
Q10	How frequently someone needs transportation service, for example: daily, weekly or monthly	1	2	3	4	5
Q11	The economic status of the people, their financial need	1	2	3	4	5
Q12	The distance that the people must travel to the medical service	1	2	3	4	5
Q13	Privacy issues	1	2	3	4	5
Q14	Methods of enrolling in the service	1	2	3	4	5
Q15	Availability of companions or escorts for the senior	1	2	3	4	5
Q16	Availability of translator services for non-English speaking seniors	1	2	3	4	5

		<u>Very Important</u>	<u>Somewhat Important</u>	<u>Somewhat Unimportant</u>	<u>Very Unimportant</u>	<u>Not a factor in the program design</u>
Q17	Liability and insurance coverage	1	2	3	4	5
Q18	Available funding for those who cannot pay	1	2	3	4	5
Q19	Involvement of the Jefferson County Transit Authority	1	2	3	4	5
Q20	Federal Funding	1	2	3	4	5
Q21	State Funding	1	2	3	4	5
Q22	Foundation or Charitable Funding	1	2	3	4	5

ORGANIZATIONS

Q23 When you think about a transportation service, what types of organizations do you believe MUST be involved for the program to be successful? *Do not probe – just record organization type and then ask “Any specific one?”*

1. _____ Any specific one? _____
 2. _____ Any specific one? _____
 3. _____ Any specific one? _____
- ____ RESPONDENT COULD NOT THINK OF ANY

AIDED ORGANIZATION INVOLVEMENT

Now, I'd like to ask you about some types of organizations that could be involved. In your opinion, would it be Very Important, Somewhat Important, Somewhat Unimportant or Very Unimportant to have their involvement. If you don't recognize the organization, just say so.....

		<u>Very Important</u>	<u>S' what Important</u>	<u>S' what Unimportant</u>	<u>Very Unimportant</u>	<u>[VOL] Recognize, can't rate</u>	<u>[VOL] Don't Recognize</u>
Q24	Private hospitals If Very or SW Important, ask: Any specific hospital? _____	1	2	3	4	5	6
Q25	Public hospitals	1	2	3	4	5	6

		<u>Very Important</u>	<u>S' what Important</u>	<u>S' what Unimport</u>	<u>Very Unimport</u>	<u>[VOL] Recognize, can't rate</u>	<u>[VOL] Don't Recognize</u>
Q26	Physician groups	1	2	3	4	5	6
Q27	Communities of Faith, like churches and synagogues	1	2	3	4	5	6
Q28	Rehabilitation facilities	1	2	3	4	5	6
Q29	The United Way	1	2	3	4	5	6
Q30	The Public Health Department	1	2	3	4	5	6
Q31	Senior Centers	1	2	3	4	5	6
Q32	Assisted Living Facilities	1	2	3	4	5	6
Q33	Nursing Homes	1	2	3	4	5	6
Q34	Public Transportation Services	1	2	3	4	5	6

Q35 Would your organization participate in the project in any of these ways I will read to you? **Read each one.** Yes No

*a. Would your organization use a transportation resource center, a community repository for information about existing transportation resources in Jefferson County to coordinate services to link individuals with appropriate resources?
IF YES: HOW WOULD YOU USE IT?*

*b. Would your organization participate in an on-the-ground pilot transportation project to transport seniors to and from medical appointments?
IF YES: HOW WOULD YOU PARTICIPATE?*

c. Would you, or someone in your organization, be willing to serve on an Advisory Committee to plan and implement the program?

*d. Would your organization be willing to provide transportation for the program?
IF YES: Would you provide this at no cost or would you need to be compensated for the services? No cost
 Would be compensated*

e. Would your organization be willing to financially sponsor trips for eligible persons who use the service?

IF YES ON ANY ITEM IN QUESTION Q35, ASK FOR THE INFORMATION ON THE FOLLOWING PAGE:

Appendix C

United Way Women on Wheels Survey

Hello. My name is _____ and I am working with United Way to do a survey about the transportation women use to get to the places they receive medical care. We are talking to women over 60 or their family members or companions – do you have a few minutes to answer some questions for me? *If YES, continue.*

1. First, let me ask if you are:

- Woman 60 or over
- Spouse of woman 60 or over
- Son or daughter of woman 60 or over
- Other relative of woman 60 or over
- Other _____

If none of these: Thank and end interview.

The questions I am going to ask relate to the woman 60 or over. That would be [you, your relative, or other.]

2. About how often [do you / does this person] go to medical appointments – like doctor visits, treatment appointments, or lab work?

About how many times a month? Or a year?

_____ times per month
_____ times per year

3. How often [do you / does this person] go to a pharmacy, medical equipment provider, or other medically related visit?

About how many times a month? Or a year?

_____ times per month
_____ times per year

Interviewer recap: You said in a typical year [you / this person might] go to medical appointments [read response from #2] and other medically related trips [read response from #3].

Interviewer: Add the two numbers to get a range of medically-related trips per year. State to respondent: That totals to about * _____ medically-related trips per year.

4. Out of these trips, what is the way [you / the person] get there?

ON THE LIST AT THE TOP OF THE NEXT

COLUMN: Write the number of trips by the transportation method. Then total all ways of transportation and be sure the number matches the trips per year.

Ways of Transportation: Number of Trips/Year

- _____ Driving a personal vehicle?
- _____ Riding public transportation?
- _____ Driven by a spouse?
- _____ Driven by a son or daughter?
- _____ Driven by another family member?
- _____ Driven by a friend?
- _____ Riding with a transportation service provided by the doctor or medical provider?
Which one? _____
- _____ Paying someone for a ride?
- _____ Taking a taxi?
- _____ Other? _____
- _____ **Total Number of TRIPS PER YEAR***

5. [Have you / has this person] ever used public transportation to get to medical care?

- Yes *If YES, please comment on your satisfaction with public transportation:*

- No
- Don't Know

6. [Have you / has this person] ever paid for a vehicle to take [you/her] to medical appointments, medical treatments, or other related places?

- Yes *If YES:*
Please comment on your satisfaction with paid transportation:

- No
- Don't Know

How much did you pay for the round trip? \$ _____

- No
- Don't Know

7. If [you / this person] had to pay for medically related transportation in the future, what do you think would be a fair charge for door-to-door transportation?

- Free – there should be no charge
- \$ 1 - 3
- \$ 4 - 6
- \$ 7 - 9
- \$ 10 – 12
- Over \$12
- Don't Know / No Opinion

8. In the last six months, has lack of transportation kept [you / this person] from keeping a medical appointment, having medical treatment, or getting prescriptions filled?

- Yes: *Please describe what happened.*

- No
- Don't Know

9. I'm going to read a list of services that might help people with medically-related transportation. I'd like for you to tell me on each one whether this is available in [your / this person's] community. The first one is:

- Interviewer:** *Check all that are available.*
- Taxi
 - Senior Transportation Service
Who provides this? _____
 - Family or Friend
 - Church Transportation Service
Which church? _____
Are you a member? _____
 - Public Transportation
 - Medicaid Voucher
 - Any agency that provides transportation
Which one? _____
 - Other _____

10. Do you [does this person] have special transportation needs or need any special accommodations for transportation?

- Yes **Continue to Q11**
- No **Skip to Q12**

11. What need exists?

Interviewer: *Read and check all that apply.*

- Wheelchair
- Vision impairment
- Hearing impairment
- Walking impairment or walker
- Other _____

12. [Do you / does this person] generally need a companion to go with and assist on these types of visits?

- Yes
- No
- Don't Know

13. What would you suggest to make it easier for [you / this person] to get to medical appointments, medical treatments or the pharmacy?

14. Is there a place [you contact / this person contacts] by phone or in person to get information related to the medical or transportation needs of seniors?

- Yes *Which one?* _____
- No
- Don't Know

Now, just a few questions for classification purposes.

These are about [you /the woman we have been discussing]

15. [Your/her] age _____

16. [Your/her] Zip Code _____
or City _____

17. And where [do you / does this person] generally go for medical care? What medical center or part of town?

Do not read list, check or write in answer:

- UAB Medical Center / area
- Brookwood / area
- St. Vincents / area
- Carraway Birmingham / area
- Medical Center East / area
- Baptist Princeton / area
- Baptist Montclair / area
- Other

Interviewer *Skip 18-20 if you are interviewing the woman over 60. Ask if interviewing someone else.*

And a few items about yourself:

18. Your age _____

19. Your gender

- Male
- Female

20. Your Zip Code _____
or City _____

Interviewer provide:

Date _____ Time _____

Interviewer _____

Survey Location _____



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Volunteers Insurance Service

Appendix D

VOLUNTEERS INSURANCE SERVICE (VIS®) INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious...a volunteer is injured, or injures someone else, while performing his or her volunteer duties. One of the benefits of volunteering for this organization is that you are provided insurance protection in case these things happen to you. There are three kinds of coverage; check with your volunteer coordinator to see which coverages your organization has chosen to provide to you.

SUMMARY OF COVERAGES

I. Excess Accident Medical Coverage

This coverage is in excess of Medicare, Medicaid, and any other insurance that you have in place. The excess accident medical coverage will pay up to \$25,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.**

Other than X-rays, dental care is covered up to \$500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is \$900 per accident.

This coverage also provides up to \$50 for repair or replacement of eyeglass frames and up to \$50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident.

The maximum payment under this coverage, including dental and eyeglass expenses, is \$25,000.

This insurance does not duplicate benefits payable under Medicare or any other valid and collectible insurance coverage.

Accidental Death and Dismemberment Coverage

In addition to the accident medical coverage, the underwriter will pay the following benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident. See coverage details at www.cimaworld.com.

Exclusions to Accident Insurance

A complete listing of the exclusions is detailed in the insurance policy. Please go to www.cimaworld.com for details.

II. Excess Volunteer Liability Insurance

All registered volunteers (collectively) of an organization are provided with excess volunteer liability insurance at a limit of \$1,000,000 per occurrence (subject to an annual aggregate for each named organization). This policy provides protection if you are liable for bodily injury or property damage arising out of the performance of your duties. **This coverage is in excess of and noncontributing with any other valid and collectible insurance you may have.**

Exclusions to Volunteer Liability Insurance

A complete listing of the exclusions is included in the insurance policy details, which are available at www.cimaworld.com.

III. Excess Automobile Liability Insurance

This coverage provides an extra layer of protection for you as a registered volunteer driver while performing your duties. This insurance applies only after your own insurance is exhausted, or the policy's retention has been exceeded. You are protected for bodily injury or property damage claims arising out of your activities, (including driving directly between your home and your workstation.)

The liability policy is written at a combined single limit (including both bodily injury and property damage) of \$500,000 each accident. This insurance is in excess of the greater of:

- A. \$50,000 each accident
- B. an amount equal to the applicable limits of liability of any other collectible insurance; or
- C. an amount equal to the minimum limit of liability required under the motor vehicle financial responsibilities laws of the state in which the accident occurs.

It is important to remember that you must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any damage to your vehicle.

Exclusions to Excess Automobile Liability Insurance

A complete listing of the exclusions is in the policy details at www.cimaworld.com.

IV. Commonly asked questions

- My car was damaged in an accident while I was volunteering; will you cover my deductible for the repairs?

No. The coverage is for liability claims only. There is no coverage for damage to your car.

- Medicare says that your insurance should pay first. What should I do?

We can help! Our coverage is specifically excess over Medicare. Call us at 800.468.4200 and we will assist you.

- I see that the policy provides excess protection if I cause bodily injury or property damage. What if there is an allegation of sexual misconduct or sexual abuse?

The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. You would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the personal liability contract. **However, the policy would not defend or indemnify you if you admitted wrongdoing, or if the allegations against you proved true.**

- How do I file a claim?

For any type of claim, you first need to see your volunteer coordinator. If you have an accident claim, you will need a "proof of loss" form (available at our Web site www.cimaworld.com) Both you and the coordinator must complete the form and mail it to CIMA. Keep a copy for your records. Submit your bills to Medicare or any other existing insurance first. Once you have their "explanation of benefits" form(s), send those to CIMA at the address shown on this brochure, along with a copy of your "proof of loss" form.

For a claim against you alleging that you caused bodily injury or property damage while volunteering, contact your volunteer coordinator immediately. Provide as much detail as possible about the incident, and obtain any police reports. Your coordinator will then pass this information to CIMA, along with a statement that you were volunteering at the time of the incident.

Further questions?

Visit our Web site, www.cimaworld.com. We have copies of the policies along with additional information concerning the extent and the limitations of these policies.

About Volunteers Insurance Service:

This insurance program is provided by Volunteers Insurance Service Association, Inc. a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.).

WoW Scholarships

Policy: WoW will utilize existing public, private, non-profit and volunteer resources to facilitate non-emergency medical service transportation for women, age 60+.

WoW will execute a memorandum of agreement with ClasTran and any non-profit transportation provider(s) that want to provide WoW trips. WoW will agree to pay the usual and customary cost for those services.

- WoW scheduled volunteer trips will be at no cost to the rider. Riders will be provided with WoW donation envelopes.
- WoW scheduled public trips on ClasTran and/or ClasTran vendors will be at the regular fare: \$4.00/one stop to one stop.
- WoW scheduled non-profit vendor trips will be at the fare that is usual and customary and documented in a fully executed memorandum of agreement.
- WoW referred MAX/VIP and private vendor trips will be outside the WoW scholarship network.

All first-time WoW riders will be required to pay the full fare charged by WoW partners. Riders who may meet financial eligibility for scholarships will submit verification of income. WoW program staff will verify income eligibility based upon the federal poverty level and determine the level at which the rider's trip(s) will be subsidized by WoW.

The following table denotes the 2006 federal poverty guidelines that WoW will use to determine scholarship eligibility.

Persons in Family or Household	100% Poverty Per Year/Month	150% Poverty Per Year/Month	200% Poverty Per Year/Month
1	\$ 9,800/817	\$14,700/1,225	\$19,600/1,633
2	13,200/1,100	19,800/1,650	26,400/2,200
3	16,600/1,383	24,900/2,075	33,200/2,767
4	20,000/1,666	30,000/2,500	40,000/3,333
For each additional person, add	3,400		

- Riders at or below 100% of the federal poverty level will be eligible for a 75% fare scholarship.
- Riders between 100-150% of the federal poverty level will be eligible for a 50% fare scholarship.
- Riders between 150-200% of the federal poverty level will be eligible for a 25% fare scholarship.
- Riders above 200% of the federal poverty level will not be eligible for WoW scholarship.