

ADA Paratransit Plan Exhibit 10 for Public Comment, December 2017 to January 5, 2018

Paratransit Plan Exhibit 10 of 14

EXHIBIT 10: ELIGIBILITY CERTIFICATION

This exhibit contains the following policies and procedures: 1) the proposed Paratransit Eligibility Policy; 2) The text content of the proposed Application for Paratransit Eligibility Certification; 3) the Paratransit Appeal Process and Procedures; 4) the text content of the NOTICE OF INTENT TO APPEAL PARATRANSIT ELIGIBILITY DETERMINATION form; and 5) the text content of flow charts describing the internal steps for processing applications and appeal requests.

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Paratransit Eligibility Policy proposed for the Paratransit Plan 2017-18

RGRTA provides complementary paratransit services in Monroe County through RTS Access. RTS Access provides transportation to people who are certified as eligible for it in accordance with the Americans with Disabilities Act of 1990 (ADA). This document describes the application process, eligibility categories, appeal process, recertification requirements, and fares for ADA paratransit-eligible passengers (“customers”) and those accompanying them.

RTS Access paratransit service will be available for use by any of the following persons:

1. Applicants certified as eligible through the application process (“customers”);
2. Eligible visitors from outside the region (for up to a total of 21 days in a 365-day period);
3. Applicants whose complete application was not processed within 21 days of receipt (temporarily until an eligibility decision is made); and
4. Appellants whose appeal decision is not issued within 30 days of the completion of the appeals process (temporarily until an appeals decision is made).

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1.0. Criteria for Eligibility

In accordance with the ADA and its regulations, Section 37.123(e), a person would be considered ADA eligible for paratransit service under these circumstances:

1. The person with a disability is unable to board, ride, or disembark from any vehicle in the fixed route system that is accessible to individuals with disabilities without the assistance of another individual (excluding the vehicle's operator).
2. The person with a disability could utilize an accessible vehicle but such a vehicle does not operate on the route he/she wishes to travel; or, one or more bus stops or transit facilities on the route are not accessible.
3. The person with a disability has a specific impairment related condition that prevents travel to a boarding location or from a disembarking location on the fixed route system.

A person's diagnosis or use of a mobility aid will not automatically qualify the person as paratransit eligible.

Decisions on paratransit eligibility will consider the following: 1) Whether an applicant—due to his/her disability—is unable to travel on a fixed route system; and 2) The level of effort and risk involved for the applicant during such travel.

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2.0. Geographic Area

A customer can use RTS Access in the same geographic area that RTS fixed route covers during the same general hours of service. Although applicants are not required to live within the RTS Access paratransit service area to be certified as paratransit eligible, RTS Access will provide paratransit service only to points within its service area. It will be the responsibility of the customer to arrange for alternate transportation to and from points within the paratransit service area. Prior to applying for paratransit eligibility, people can find out whether their anticipated travel is within the RTS paratransit service area by dialing 585-224-8330, Option #3 from Monday-Friday during business hours. Note: RTS Access buses cannot back up from driveways or from dead-end streets without cul-de-sacs (circular areas for turning around).

3.0. Applications, Interviews, and Assessments

A completed application will be required for assessing eligibility but does not guarantee certification of eligibility. A determination will not be made until the application is complete. It is the applicant's responsibility to submit a completed application to RTS Access. Applicants cannot use RTS Access during the application process. However, RTS Access will grant temporary use of paratransit service to the applicant should it require longer than 21 days to reach a determination. In addition to a complete application, RTS Access may require

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an interview and/or a functional assessment to make an accurate eligibility decision. The determination will result after consideration of all information provided in the complete application—including information from a licensed health care provider authorized to release such information—and information disclosed during any interviews or assessments.

3.1. Initial Determination

Within 21 days of receiving a fully completed application, RTS Access will issue a written letter explaining the decision for granting or denying eligibility certification. If an interview or a functional assessment is required, RTS Access shall schedule the appointments in advance with the applicant. If the applicant fails to appear for the appointment, the 21-day "clock" stops and does not start until the date the applicant attends his/her interview/assessment.

3.2. Certification Type

There are four types of eligibility certification: unconditional, conditional, temporary, and seasonal. Note: in the following descriptions the term "disability" refers to the disability which results in the person being unable to use RTS fixed route service.

Unconditional certification does not expire, is valid for life provided the disability does not change, and the disability is unlikely to improve during the person's lifetime. Note: if the

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does change, RTS Access reserves the right to require recertification to determine whether there could be a corresponding change in eligibility.

Conditional certification expires every three years, requires regular recertification, includes the possibility that learning specific skills may allow a person with conditional eligibility to use fixed route for some or all trips, and includes the possibility that the disability may improve during the person's lifetime.

Temporary certification expires after a specific period, requires recertification to continue, and is applied to a short-term disability.

Seasonal certification expires every three years, requires regular recertification, allows the certified person to ride paratransit from October 1 to April 30, and includes the possibility that external factors affect or influence the person's disability (such as shorter daylight hours, freezing temperatures, ice, or snow).

If determined eligible, the customer will receive a letter confirming the type of certification granted, a certification card, and appeal procedures. The certification card shall include the name of the eligible individual, a photo of the individual, and the contact information for the RTS Access ADA Certification Coordinator. Cards issued to customers with Temporary, Conditional, or Seasonal Certification will include an expiration

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date for eligibility. If the customer indicated on his/her application that he/she may travel with a personal care attendant, the acronym “PCA” is also printed on the card. RTS Access will expect eligible customers to show photo ID to the Operator upon boarding the paratransit vehicle. If the customer does not yet have a phot ID card issued by RTS Access, the customer may use another recent photo ID (such as a non-driver ID card, photo driver’s license, or passport) during the interim. If determined ineligible, the person will receive a letter explaining the decision and will receive written appeal procedures.

3.3. Recertification

The customer is responsible for recertifying by no later than the expiration date to continue use of the paratransit service. RTS Access will mail written instructions and a recertification application three months before eligibility certifications expire. It is each customer’s responsibility to provide RTS Access with current mailing and contact information to ensure receipt of such materials. Recertification involves submitting the required written materials and may include a functional assessment.

Note: A prior eligibility certification does not guarantee continued eligibility. Customers must complete the recertification process before or by no later than the expiration date. RTS Access will issue the customer a new certification

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card. RTS Access may deny service to customers with expired eligibility certification.

4.0. Appeals

An eligibility decision may be appealed in accordance with the paratransit appeal process and procedures. The procedure is provided with the letter granting or denying certification.

Appellants must file the appeal within 60 calendar days from the date of the letter granting or denying certification. The appellant shall be given an opportunity to present his/her grounds for appeal at a hearing before a Paratransit Appeals Committee. The appellant may choose to have a representative in attendance at the hearing. The Committee will issue a final written decision on an appeal within 30 calendar days after the appeals process is complete.

5.0. Visitors

Individuals with disabilities who do not reside in the jurisdiction served by RTS (“visitors”) are entitled to receive 21 days of paratransit services within a 365-day period before obtaining an eligibility certification from RTS Access. The 21 days may be continuous, or parceled out over several shorter visits. Visitors are considered eligible for RTS paratransit services if they: 1) Present documentation of ADA paratransit eligibility from their home jurisdiction’s paratransit system; or 2) Present proof of visitor status (i.e., proof of residence somewhere else). If the person’s disability is not apparent (e.g., cognitive disability or

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cardiac condition) RTS Access is permitted to request documentation of disability, such as a letter from a medical professional or eligibility for other services based on a determination of disability. Once this basic documentation is provided, RTS Access will make service available based on the person's statement that his or she is unable to use the fixed route bus system.

End of Paratransit Eligibility Policy proposed for the Paratransit Plan 2017-18

Text of RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Overview of the Paratransit Application Process

If you are unable to travel on an RTS fixed route bus service due to a disability, you may be eligible to use public paratransit service. Paratransit allows you to schedule specific bus rides instead of following a fixed route bus schedule. You will share a bus ride with other people who are traveling to a similar location and time. RTS Access is a paratransit bus service that operates within certain areas of Monroe County, New York.

Read this entire overview to learn about eligibility and the application process. Read the checklist on the next page and follow each step in list to complete the application. RTS Access will only accept applications that are completed in full. Once

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we receive the fully completed application, we will notify you within 21 business days.

How Is Eligibility Determined?

We consider your functional ability and whether you are unable to travel on RTS fixed route service all or some of the time due to your disability and your effort and risk during such travel. We do not base the eligibility decision automatically on symptoms, type of disability, use of a mobility aid, age, income, ability to drive, or access to private automobile transportation.

When Can I Use RTS Access?

We must certify you as eligible before you can use RTS Access. You cannot use RTS Access during the application process. We will try our best to make a decision within 21 days of receiving your entire completed application. If we need more than 21 days, we will notify you and give you temporary permission to use RTS Access service.

What Else Do I Need to Know?

We must receive the entire completed application before we will process it. Use the Part 1 Checklist to ensure that your application is completed properly. You or your personal representative must complete Parts 1, 2, 3, and 4. After completing these parts, give the entire application to an authorized, licensed health care provider so that he or she can review it and complete Part 5. Your provider must return the

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entire application with Part 5 completed to you. Do not fax the application or supporting documents. We do not accept faxed applications. If any part of the application is missing or incomplete, we will be unable to determine your eligibility. The application process is necessary to assess your eligibility but does not guarantee that you will be certified eligible and often includes an interview and/or functional assessment. After we complete the process, we will send a letter confirming or denying your application for certification. If you feel the decision is incorrect, you can file an appeal within 60 days. A licensed health care provider whom you authorize to release your personal health information must fill out Part 5. Your information is confidential, will not be shared with anyone outside the RTS Access eligibility process, and will not be released to any other party without your written permission to the maximum extent permissible under law. If you or another unqualified person fills out Part 5, it is fraud and invalidates your application. Do not allow a medical office to send separate pages of your application to RTS. Submit all attachments with the application.

How Can I Get Answers to My Questions About the Application Process?

Call Monday through Friday from 8 am to 5 pm at 585-224-8330, Option #2 or use the "Contact Us" online form.

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How Do I Submit My Application?

Send the entire, complete application to RTS Paratransit Eligibility through one of these three methods.

Method 1: United States Postal Service

Mail the application to “RTS Paratransit Eligibility” 1372 East Main Street, Rochester, New York 14609.

Method 2: Electronic Mail

Email the application file to access@myrts.com. Put your name and RTS Paratransit Eligibility in the subject line.

Method 3: In Person

Drop the application off at the desk in the front lobby of RGRTA at 1372 East Main Street, Rochester, New York 14609. The lobby is open Monday through Friday from 8:00 AM to 5:00 PM.

End of Overview

Part 1: CHECKLIST in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

This is a list of the eight important steps in the application.

After you finish each step, type your initials and check the box.

1. Find out if your travel will occur inside the RTS Access Paratransit Service Area. Dial 585-224-8330, Option #3. Ask the Scheduler whether your address and desired travel destinations

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are within the RTS Access Paratransit Service Area. If you are certified as eligible for paratransit service but you live outside the service area, you will need another way to reach the pick-up points inside the service area, your trips must be within the service area, and you will need another way to travel from an RTS Access drop-off point to your final destination.

I live [pick one of the following choices: inside the paratransit area or outside the paratransit service area].

[Box for your initials] I understand that I cannot use RTS Access for traveling to or from destinations outside the paratransit service area even if I am certified as paratransit eligible.

[Checkbox] I completed step 1 of 8 in this checklist.

2. Fill out Part 2 and Part 3 of the application. In Part 2 of the application, you must provide RTS Access with identification information. It is important to fill out this section accurately, even if you are recertifying, so that RTS Access records are correct. Then, you must complete the all questions in Part 3: Self-Assessment.

[Box for your initials] I provided all the information in Part 2: Identification. I understand that RTS Access cannot process my application if any fields in Part 1 are blank.

[Box for your initials] I answered all the questions in Part 3: Self-Assessment and attest that my answers about my ability or

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inability to use the regular RTS buses (“fixed route buses”) are truthful. I understand that RTS Access cannot process my application if any fields in Part 2 are blank.

[Checkbox] I completed step 2 of 8 in this checklist.

3. Fill out Part 4 of the application. You must authorize at least one of your licensed health care provider(s) to release your personal health information to RTS Access for the application process. You must be a current patient of the provider. The provider must be qualified to give the specific diagnoses and assessments requested in the application. Examples of qualified providers include medical doctors, psychologists, psychiatrists, licensed mental health professionals, MDS nurses, nurse practitioners, physician’s assistants, optometrists, ophthalmologists, physical therapists, occupational therapists, and certified orientation and mobility specialists. In Part 4, you must type your name and date of birth, type in the contact information for at least one licensed health care provider, and then provide an appropriate signature. If you are under 18 years of age, a parent must sign on your behalf. Otherwise, the signature must be yours or that of your Legal Guardian or Power of Attorney.

[Box for your initials] I provided my name and date of birth. I included contact information for at least one of my current

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health care providers and I made sure the appropriate signature authorizes the disclosure of my information.

[Checkbox] I completed step 3 of 8 in this checklist.

4. Take your application to your authorized health care provider or providers. Give the entire application to the provider so he or she can review Part 2 and 3. Your provider must complete the assessment in Part 5. Do not separate any of the application pages. Do not allow your provider to separate any of the application pages. Your provider must return the application to you with Part 5 completed and give you at least one of the supporting documents. A supporting document may be your current medical summary, patient care plan, therapy plan, clinical assessment, GAF score, adaptive functioning score, IQ score, visual acuity measurement or hearing acuity measurement. Attach the supporting document(s) to your application with a paperclip.

[Box for your initials] I gave my entire application to my authorized provider. My provider completed Part 5 and returned my application to me along with at least one supporting document.

[Checkbox] I completed step 4 of 8 in this checklist.

5. Decide whether you will include a recent photo of yourself with this application or wait to have your photo taken if you are

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certified eligible. Sending a photo with the application may expedite the creation of a photo ID if you are certified eligible. Please note that your will photo not be returned. The photo must show your face clearly. If you will mail the photo with the application, attach the photo to the application with paperclip. If you will email a digital or scanned photo of yourself to access@myrts.com, make sure to put your full name in the subject line. I [pick one of these choices: paper clipped my photo to the application, or emailed my photo (full name in the subject line), or prefer to come to RTS to have my photo taken.].

[Box for your initials] I selected one of the options about the photo.

[Checkbox] I completed step 5 of 8 in this checklist.

6. Review the entire application. Make sure all the questions have answers and all portions that require a signature were signed by the correct person. Attach supporting documents from your licensed health care provider with a paperclip. If you are providing a photo, attach the photo to the application with a paperclip.

[Box for your initials] I made sure all questions on the application have answers and all the necessary signatures are on the application. I attached my supporting documents. If I decided to provide a photo, I have attached it.

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[Checkbox] I completed step 6 of 8 in this checklist.

7. Make a copy of the completed application for your personal reference and records. A completed application will not be returned to you. If you attached a photo, it will not be returned to you. The original supporting documents will not be returned to you.

[Box for your initials] I made a copy for my personal records and understand that none of the originals that I send will be returned to me.

[Checkbox] I completed step 7 of 8 in this checklist.

8. Confirm in writing that the information in this application is true and that you understand that providing false information may result in penalties. Provide your signature—or that of your parent, power of attorney or legal guardian. The following Representative signed on my behalf: [pick one of the options: Parent (applicant is a minor), or Power of Attorney, or Legal Guardian, or As the Applicant, I signed on my own behalf.].

[Box for your initials] I understand this application is part of the process to determine eligibility for ADA paratransit service and that giving false information may result in penalties.

[Box for your initials] I understand that RTS Access will only process my complete application in the date order received and

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that my application must be complete or it will be returned to me.

[Box for your initials] I affirm that the information in this application is true to the best of my knowledge.

Date [Box for the date]

Name of Applicant or Personal Representative: [Box for the name]

Phone Number of Applicant or Personal Representative: [Box for the phone number]

Mailing Address of Applicant or Personal Representative [Box for the address]

Signature

[Checkbox] I completed step 8 of 8 in this checklist.

End of Part 1 in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Part 2: IDENTIFICATION in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Date: [Box for the date].

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1. Is this application for a recertification? [Pick Yes or No]. If you are recertifying, please enter the date your certification will expire and your identification number. Otherwise, enter “Not applicable” for the expiration and number.

My certification expires on: [box to provide an answer]

My Access Identification Number is: [box to provide an answer]

2. My full name is: [box to provide an answer]

3. My date of birth is: [box to provide an answer]

4. My mailing address is: [box to provide an answer]

5. My email address is: [box to provide an answer]

6. I would like to receive information from RTS Access as [pick one of the following choices: Braille, audio recording, large font hardcopy, regular font hardcopy, accessible PDF file, accessible Microsoft Word file, other format]. In the event that I select “other format” the format should be: [box to provide an answer].

7. I would like RTS Access to send future information to

[Checkbox] My mailing address.

[Checkbox] My email address.

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[Checkbox] My information designee's mailing address. If you picked this choice, answer these questions. My information designee is [box to provide an answer]. My information designee's mailing address is [box to provide an answer]. My information designee's email is [box to provide an answer].

8. My home phone number is [box to provide an answer]. My mobile phone number is [box to provide an answer]. My preferred phone number is [pick one of the following choices: my home number, my mobile number, no preference].

9. My emergency contact is [box to provide an answer].

10. The emergency contact is my [box to provide an answer].

11. My emergency contact's phone number is [box to provide an answer].

End of Part 2 in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Part 3: SELF-ASSESSMENT in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Please note that using fixed route service (regular RTS buses) does not automatically exclude you from paratransit eligibility.

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1. I have the following diagnosed disability/disabilities: [box to provide an answer].

2. I am unable to use regular RTS buses all or some of the time without the assistance of another individual because: [box to provide an answer].

3. Mark all responses that apply to you. If none apply, mark “None of the choices apply to me.” My condition or disability:

[Checkbox] Is constant

[Checkbox] Changes daily

[Checkbox] Changes at different times of day

[Checkbox] Is in remission

[Checkbox] None of the choices apply to me

4. Mark all activities that apply to you. If none apply, mark “None of the choices apply to me.” I am able to do this activity all or some of the time:

[Checkbox] Get to the RTS bus stop

[Checkbox] Wait alone at the RTS bus stop or curb

[Checkbox] Board the RTS bus

[Checkbox] Travel alone from a drop-off point to my destination

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[Checkbox] Transfer from one RTS bus to another

[Checkbox] Ride the RTS bus

[Checkbox] Exit the RTS bus

[Checkbox] Navigate the RTS bus system

[Checkbox] Navigate the RTS Transit Center

[Checkbox] Find my way (visually / cognitively)

[Checkbox] Sign my name

[Checkbox] Use a phone to call for assistance

[Checkbox] Give addresses upon request

[Checkbox] Give phone numbers upon request

[Checkbox] Travel alone as a passenger

[Checkbox] Count money to pay for a purchase

[Checkbox] Insert bills, coins, or cards into a machine

[Checkbox] Recognize a destination or landmark

[Checkbox] Ask for and follow oral instructions

[Checkbox] Ask for and follow written instructions

[Checkbox] None of the choices apply to me

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5. Mark all the mobility aids that apply to you. I use the following mobility aids all or some of the time:

[Checkbox] Cane

[Checkbox] Crutches

[Checkbox] Walker

[Checkbox] Prosthesis

[Checkbox] Manual wheelchair

[Checkbox] Motorized wheelchair or scooter

[Checkbox] Not applicable – I do not use a mobility aid

[Checkbox] Other type of aid: [box to provide an answer]

6. Mark all the situations that apply to you. I am able to navigate this situation all or some of the time:

[Checkbox] Unpaved paths

[Checkbox] Places without curb cuts

[Checkbox] Steep sidewalks or streets

[Checkbox] RTS bus stops

[Checkbox] Snow on sidewalks or streets

[Checkbox] Busy streets and intersections

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[Checkbox] None of the choices apply to me

7. Mark all answers that apply. I use these modes of transport regularly:

[Checkbox] I do not use other modes of transport regularly

[Checkbox] Ambulance

[Checkbox] Friend/relative gives me a ride

[Checkbox] Personal vehicle (car)

[Checkbox] Walking (with or without a mobility aid)

[Checkbox] Wheelchair or scooter

[Checkbox] Agency-sponsored ride from:

[Checkbox] Other answer: [box to provide an answer]

8. If you selected “Wheelchair or scooter,” please provide additional information about your device. If you do not use a wheelchair or scooter, please mark “Not Applicable” for each question.

a) I weigh [box to provide an answer] pounds. [Checkbox] Not Applicable.

b) My wheelchair or scooter weighs [box to provide an answer] pounds. [Checkbox] Not Applicable.

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c) The wheelchair/scooter make and model is [box to provide an answer]. [Checkbox] Not Applicable.

d) The weight limit is [box to provide an answer]. [Checkbox] Not Applicable.

e) The battery life is [box to provide an answer] minutes. [Checkbox] Not Applicable.

f) The maximum distance it can travel is [box to provide an answer] miles. [Checkbox] Not Applicable.

9. Mark all distances that apply when traveling outdoors on your own in mild weather. “Mild” is used in the same context as weather forecasters apply it and is meant convey weather that is generically comfortable, moderate, or temperate.

a) When traveling to and from the bus stop nearest to my residence, I [pick one of the following choices: can walk the distance without a mobility device; or can walk the distance with a mobility device; or can go this distance using my manual wheelchair; or can go this distance using my mobility device; or require assistance, I cannot travel this distance].

b) When traveling to the curb only, I [pick one of the following choices: can walk the distance without a mobility device; or can walk the distance with a mobility device; or can go this distance using my manual wheelchair; or can go this distance using my

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mobility device; or require assistance, I cannot travel this distance].

c) When traveling 1 block, I [pick one of the following choices: can walk the distance without a mobility device; or can walk the distance with a mobility device; or can go this distance using my manual wheelchair; or can go this distance using my mobility device; or require assistance, I cannot travel this distance].

d) When traveling 3 blocks or $\frac{1}{4}$ mile, I [pick one of the following choices: can walk the distance without a mobility device; or can walk the distance with a mobility device; or can go this distance using my manual wheelchair; or can go this distance using my mobility device; or require assistance, I cannot travel this distance].

e) When traveling 6 blocks or $\frac{1}{2}$ mile, I [pick one of the following choices: can walk the distance without a mobility device; or can walk the distance with a mobility device; or can go this distance using my manual wheelchair; or can go this distance using my mobility device; or require assistance, I cannot travel this distance].

f) When traveling 9 blocks or $\frac{3}{4}$ mile, [pick one of the following choices: can walk the distance without a mobility device; or can walk the distance with a mobility device; or can go this distance using my manual wheelchair; or can go this distance using my

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mobility device; or require assistance, I cannot travel this distance].

10. Mark all conditions that apply. The following weather conditions will affect my ability to travel outdoors on my own and would modify my answers to the previous question.

[Checkbox] Not applicable

[Checkbox] Rainfall of $\frac{1}{2}$ inch per hour or more

[Checkbox] Sustained wind speeds of 25 miles per hour or more

[Checkbox] Ice

[Checkbox] Temperature above 80 degrees Fahrenheit

[Checkbox] Temperature below 30 degrees Fahrenheit

[Checkbox] Other weather condition: [box to provide an answer]

11. I can reasonably travel this distance under optimal conditions in an accessible area on my own: [box to provide an answer] (pick one of the following choices: feet, blocks, or miles).

12. I [pick one of the following choices: can, cannot, other answer] cross a two-lane street [pick one of the following choices: with help; on my own without help; sometimes on my

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own; at all]. If you picked “Other Answer” please explain [box to provide an answer].

13. I [pick one of the following choices: can, cannot, other answer] cross a four-lane highway with traffic lights [pick one of the following choices: with help; on my own without help; sometimes on my own; at all]. If you picked “Other Answer” please explain [box to provide an answer].

14. I use the following some or all of the time:

[Checkbox] Personal Care Attendant designated to assist me with one or more life activities regularly

[Checkbox] Service Animal trained to assist me

[Checkbox] Not applicable

[Checkbox] Prefer not to answer

End of Part 3 in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Part 4: AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Applicant’s Name [box to provide an answer]

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Applicant's Date of Birth [box to provide an answer]

I authorize the provider(s) named here, his/her officers, employees, agents, contractors, members, directors, shareholders or affiliates entrusted with handling medical records, to disclose to RTS Access all of the protected health information relating to me that is reasonably necessary for the provider to fully and accurately complete Part 5 of this application.

1. Information for Licensed Health Care Provider #1 (Required)

Provider's Name: [box to provide an answer]

Office or Facility Address: [box to provide an answer]

Office Phone Number: [box to provide an answer]

You may authorize more than one provider. If you do not wish to do so, select "Not Applicable."

2. Second Licensed Health Care Provider (Optional)

[Checkbox] Not Applicable

Second Provider Name: [box to provide an answer]

Second Office or Facility Address: [box to provide an answer]

Second Office Phone Number: [box to provide an answer]

3. Third Licensed Health Care Provider (Optional)

[Checkbox] Not Applicable

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Third Provider Name: [box to provide an answer]

Third Office or Facility Address: [box to provide an answer]

Third Office Phone Number: [box to provide an answer]

This authorization shall remain in effect until my eligibility for RTS paratransit service is finally determined or 60 days from the date of the authorization, whichever occurs first. I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the persons named above. I understand that the revocation of this authorization is not effective to the extent that the name provider has relied upon it for the use or disclosure of the Protected Health Information prior to receiving my written revocation notice. I understand that any Protected Health Information disclosed pursuant to this Authorization to an individual or entity that is not covered by state and federal privacy laws and regulations may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I acknowledge that the named persons will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I sign this Authorization.

The following Representative signed on my behalf: [pick one of the options: Parent (applicant is a minor), or Power of Attorney, or Legal Guardian, or As the Applicant, I signed on my own behalf].

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Date: [box to provide an answer]

Name: [box to provide an answer]

Phone Number: [box to provide an answer] [pick one of the options: This is my phone number; or This is my Personal Representative's phone number.]

Mailing Address: [box to provide an answer] [pick one of the options: This is my address; or This is my Personal Representative's address.]

Signature

End of Part 4 in RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

**Part 5: HEALTH CARE PROVIDER ASSESSMENT AND
VERIFICATION in RTS ACCESS Paratransit Application for
Eligibility Certification proposed for the Paratransit Plan 2017-18**

Attention Applicants: This part must be completed by a licensed or certified professional or disability service provider who is qualified to render the specific diagnoses and assessments. You, or your representative, are responsible for getting the application to the provider/professional, collecting the completed application and supporting material, and ensuring that the entire application is submitted to RTS Access.

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Attention Medical Professionals and Disability Service Providers: The Applicant must be your current patient or client. The Applicant must provide authorization for you to release his/her Protected Health Information (Part 4). Your patient/client is applying for eligibility certification to use the tax-supported paratransit service through RTS Access.

Paratransit eligibility is based on whether a person, due to his/her disability, is unable to use the regular ADA compliant and accessible RTS bus system (fixed route) which provides public transportation to residents in the Monroe County service area.

Failure to provide the information in this Part will prevent or delay processing of the patient/client's application for eligibility certification.

The following are not qualifying factors for paratransit service: age, income, convenience of the service, fear of falling, fear of crowds, fear of crime, fear of darkness, inability to drive, or inability to carry packages.

Do not detach any part of the application. Return the entire application and materials to the patient/client or representative (parent, legal guardian, power of attorney). Do not fax copies or materials to RTS. Faxes are no longer accepted for eligibility applications.

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All Protected Health Information will be kept confidential. Call 585-654-0608 if you have questions.

1. Check all that apply. I am a New York State licensed:

[Checkbox] Certified Orientation and Mobility Specialist

[Checkbox] Licensed Mental Health Professional

[Checkbox] MDS Nurse (Skilled Nursing Facilities Only)

[Checkbox] Medical Doctor (MD or DO)

[Checkbox] Nurse Practitioner (ARNP)

[Checkbox] Occupational Therapist

[Checkbox] Ophthalmologist

[Checkbox] Optometrist

[Checkbox] Physical Therapist

[Checkbox] Physician's Assistant

[Checkbox] Psychiatrist (MD or DO)

[Checkbox] Psychologist (Ph. D.)

2. Licensed Professional Identification (please print clearly):

Name: [box to provide an answer]

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License #: [box to provide New York State Certification Number or License Number]

Contact: [box to provide phone number, business address, email)

3. Patient/Client Identification (please print clearly)

Name: [box to provide an answer]

Date of Birth: [box to provide an answer]

4. List the condition that would prevent the Patient/Client from independently getting to or from or riding on an accessible RTS bus equipped with a ramp and kneeler. One diagnosis is required, but additional fields are provided.

#1 Diagnosis/Condition (not symptoms) [box to provide an answer]

Degree (mark all that apply)

[Checkbox] Mild

[Checkbox] Moderate

[Checkbox] Severe

[Checkbox] Episodic

[Checkbox] Permanent

[Checkbox] Active

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Status (mark all that apply)

[Checkbox] Temporary

[Checkbox] In Remission

[Checkbox] Controlled w/ Medication

#2 Diagnosis/Condition (not symptoms) [box to provide an answer]

Degree (mark all that apply)

[Checkbox] Mild

[Checkbox] Moderate

[Checkbox] Severe

[Checkbox] Episodic

[Checkbox] Permanent

[Checkbox] Active

Status (mark all that apply)

[Checkbox] Temporary

[Checkbox] In Remission

[Checkbox] Controlled w/ Medication

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#3 Diagnosis/Condition (not symptoms) [box to provide an answer]

Degree (mark all that apply)

[Checkbox] Mild

[Checkbox] Moderate

[Checkbox] Severe

[Checkbox] Episodic

[Checkbox] Permanent

[Checkbox] Active

Status (mark all that apply)

[Checkbox] Temporary

[Checkbox] In Remission

[Checkbox] Controlled w/ Medication

5. I have read Part 3 and agree with the Patient/Client's self-assessment.

[Checkbox] Yes

[Checkbox] No

[Checkbox] Somewhat

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If NO or SOMEWHAT, explain below: [box to provide an answer]

6. I am providing the Patient/Client with this material to submit with his/her Application as required by RTS Access (provide at least one of the following items; mark each that you provided).

Physical Mobility

[Checkbox] Current Medical Summary (or Patient Care plan)

[Checkbox] Current Therapy plan (PT or OT)

Cognitive, Mental Health, or Neurological

[Checkbox] Current Clinical Assessment

[Checkbox] Current GAF score

[Checkbox] Current Adaptive Functioning score

[Checkbox] Current IQ score

Sensory Measure

[Checkbox] Visual acuity

[Checkbox] Hearing acuity

My signature attests to the following: I am certified or licensed in New York State as a disability service provider or medical professional. The patient/client is currently under my care and I am authorized to release his/her Protected Health Information to degree relevant for this eligibility application. I understand

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that the information I provide is necessary to corroborate a patient/client's application for eligibility for paratransit service under the "Americans With Disabilities Act of 1990 "(ADA) and its regulations, Section 37.123(e), within the designated paratransit service areas of RTS. My statements are true and based on legitimate records, diagnosis, and assessment.

Printed Name [box to provide an answer]

Signature of the Authorized Licensed Health Care Provider

Date [box to provide an answer]

End of Part 5 and End of RTS ACCESS Paratransit Application for Eligibility Certification proposed for the Paratransit Plan 2017-18

Paratransit Appeal Process and Procedures proposed for the Paratransit Plan 2017-18

1.0. Overview

The Rochester Genesee Regional Transportation Authority (RGRTA) provides complementary paratransit services in Monroe County through Regional Transit Service (RTS) Access. This Procedure explains the process for appealing a denial of paratransit service eligibility, appealing the type of eligibility, appealing a paratransit service suspension determination based on Repeated No-Show Violations, and appealing a paratransit service suspension based on prohibited conduct. This

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Procedure is in accordance with the provisions of 49 CFR Part 37 Subchapter F. Applicants who are denied paratransit eligibility or who dispute the eligibility determination (eligibility type) shall have the right to appeal a denial of eligibility.

Certified eligible paratransit customers suspended from service for incurring Repeated No-Show Violations shall have the right to appeal the service suspension determination. Certified eligible paratransit customers suspended from service due to Prohibited Conduct under the Rules of Conduct shall have the right to appeal the service suspension determination. Authority and RGRTA each mean the Rochester-Genesee Regional Transportation Authority and shall include RTS Access.

Paratransit means transportation services provided to persons with disabilities pursuant to the Americans with Disabilities Act of 1990 and the provisions of 49 CFR Part 37 Subchapter F.

2.0. Appealing an Eligibility Certification Denial or Type

Upon issuing notification of a denial of an application for paratransit eligibility, or notification of a specific type of eligibility certification, RTS Access shall explain the reasons for the determination and provide notification of the individual's right to appeal. RTS Access shall also provide the individual with a form that the individual shall use to request an appeal.

Individuals shall have 60 days from the date of the notice of denied eligibility/notice of eligibility type to file an appeal. In order to be timely, an appeal must be within 60 calendar days

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of the date of the notice of eligibility denial/notice of eligibility type.

The appellant has the right to be heard in-person for the appeal. An appellant may include the basis or reasons for the appeal along with the appeal request at his/her discretion. The appellant may choose to submit written information in advance of a scheduled appeal hearing.

The appellant may elect to submit written basis for the appeal rather than attend the scheduled appeal hearing in person. During the scheduled hearing, the written information will be reviewed.

3.0. Appealing Service Suspensions Issued for Repeated No-Show Violations

Upon issuing an order for suspension of paratransit service, RTS Access shall explain the reasons for the determination, set forth the proposed sanction (number of days suspended) and provide notification of the individual's right to appeal. RTS Access shall also provide the individual with a form that the individual shall use to request an appeal. Individuals shall have 14 days from the date of an order of service suspension in which to file an appeal. If the individual files an appeal before the suspension start date, RTS Access postpones the suspension during the appeal process. In order to be timely, an appeal must be within 14 days of the date of the received service

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suspension order being appealed. Pursuant to the provisions of 49 CFR Part 37 Subchapter § 37.125(h) the filing of a timely appeal of an order of service suspension shall stay the sanction imposed until the hearing process is complete. The appellant has the right to be heard in-person for the appeal. An appellant may include the basis or reasons for the appeal along with the appeal request at his/her discretion. An appellant may appeal the basis for a proposed suspension even if he/she elects not to dispute any individual No-Show. The appellant may choose to submit written information in advance of a scheduled appeal hearing. The appellant may elect to submit written basis for the appeal rather than attend the scheduled appeal hearing in person. During the scheduled hearing, the written information will be reviewed.

4.0. Service Suspensions Issued for Prohibited Conduct

RTS Access shall enforce, exclude from service, and provide notice of exclusion (suspension) in accordance with the procedures identified in “Article IV. Enforcement” of the RGRTA’s Rules of Conduct for Transit Vehicles, Facilities, and Properties (“Rules”). The appeals process shall be provided to any person excluded (suspended from service) for a period of 31 days or more. The Appeal Procedure is provided in the Rules and shall apply.

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5.0. Scheduling an In-Person Appeal Hearing

The RTS Access Paratransit Appeals Committee (hereafter referred to as “the Committee”) shall meet at least once per month. Appeals received by RTS Access shall be scheduled to be heard at the next scheduled meeting of the Committee, except that RTS Access shall provide individuals filing the appeal with at least 10 days written notice of the date of the scheduled appeal hearing. Consequently, any appeals received within the 10-day period prior to a scheduled Committee meeting shall be scheduled for the following month’s regularly scheduled meeting to permit at least 10 days written notice of the scheduled appeal date. RTS Access shall provide the individual filing the appeal with a written notice of the scheduled appeal hearing. Said notice shall include the date, time, and location of the scheduled hearing. Said notice shall also include notice that the individual may elect to bring a representative of his/her choosing to assist in the appeal. Said notice shall also include notification that the individual has the right to present any new evidence, orally or in written form, that he/she believes supports his/her eligibility for paratransit services, or which supports his/her right to continued paratransit services. If the appellant is unavailable on the originally schedule hearing date, RTS Access will reschedule the hearing for the following month.

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6.0. Hearings for Appeals of Eligibility or Service Suspensions Due to Repeated No-Show Violations

Each Committee shall convene with three hearing officers. RTS Access shall develop a pool of hearing officers. RTS Access may recruit hearing officers from any source that RGRTA deems appropriate so long as the individuals selected are not involved in the RTS Access initial determination processes for eligibility or for service suspension. RTS Access shall select three members from the hearing officer pool to preside over each Committee hearing no later than 10 days prior to the scheduled hearing. Ten days prior to the scheduled hearing, RTS Access shall provide each hearing officer with the docket of appeals to be heard. RTS Access shall require that each hearing officer inform RTS Access of any personal, financial, and/or professional relationships the hearing officer has with any appellant before the Committee. If a hearing officer declares a personal, financial, or professional relationship with an appellant, RTS Access shall remove the hearing officer from the panel hearing the individual's appeal, and shall replace the hearing officer with another hearing officer who does not have any personal, financial, or professional relationship with the appellant. Hearings shall be conducted in a manner that provides the appellant with a fair opportunity to present his/her reasons for believing that he/she qualifies for paratransit services or his/her reasons for believing that the ordered service suspension is improper. The appellant must be

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given the opportunity to respond directly to each reason cited by RTS Access to justify the denial of eligibility or order of service suspension.

The regular order of the hearing will be as follows:

1. Opening of hearing;
2. Introduction of parties;
3. Presentation of RTS Access denial/suspension rationale;
4. Presentation of the appellant's rationale as to why he/she should have been found eligible for RTS Access paratransit service or why RTS Access should not suspend him/her;
5. Questions from the hearing officers;
6. Closing of the hearing, including an explanation of the decision issuance process.

Although the hearing must be conducted in a manner that presents the appellant with a fair opportunity to present his/her case, hearings are intended to be informal proceedings. As such, no formal rules of evidence or formal administrative law or judicial procedures apply. As such, the regular order of the hearing outlined herein shall not preclude the Committee from deviating from it in cases where doing so is in the best interests of fairness, or necessary to obtain the information to render an informed decision. RTS Access may elect to provide

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the Committee members with information regarding the scheduled appeals in advance of the hearing. If RTS Access elects to provide such information, the same information shall also be provided to the appellant.

6.1. Deliberations

After the hearing closes, the Committee shall deliberate until it reaches a decision regarding the appeal. The Committee shall exclude both the appellant and the RTS Access staff presenting RTS Access's eligibility determination from the deliberative process. The Committee may elect to have an RTS Access staff person present to provide administrative support. Any RTS Access staff present 1) shall not have any relationship with the processes for determining eligibility or service suspension; and 2) shall not be a supervisor or subordinate of the person making the eligibility/suspension determination. A decision shall be reached by majority vote of the three-person panel. In reaching a decision, the Committee shall consider the RTS Access paratransit eligibility guidelines, applicable RTS Access rules and procedures, and all evidence presented by RTS Access and by the appellant. Each Committee member shall indicate his/her decision (i.e. vote) and rationale for it on a form provided by RTS Access. The Committee's decision shall be final. RTS Access shall issue a written decision to the appellant within 30 days of the hearing date. The decision letter shall be prepared by an individual who is neither 1) involved in the

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initial eligibility/suspension determination; nor 2) a supervisor or subordinate of the person making the eligibility determination. The decision letter shall accurately reflect the decision of the Committee. If the decision upholds RTS Access's initial determination of eligibility denial or service suspension, the written decision shall explain in detail the Committee's rationale for the decision. If a written decision pertaining to an appeal of a denial of paratransit eligibility is not issued within 30 days of the hearing, pursuant to the provisions of 49 CFR Part 37 Subchapter F §37.125(g)(3) RTS shall deem the individual eligible for paratransit services until a written decision is issued.

6.2. Record of Proceedings

RTS Access shall maintain a complete and accurate record of each appeal hearing. The official record of each appeal hearing shall include:

1. A copy of the initial eligibility/suspension determination;
2. A copy of all notices issued related to the appeal;
3. A copy of all evidence presented by RTS Access in support of the initial eligibility/suspension determination;
4. A copy of all evidence presented by the appealing individual in support of his/her position;
5. A copy of each Committee member's appeal decision form;

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6. A copy of the appeal decision letter; and
7. A written or electronically recorded transcript of the appeal hearing.

End of Paratransit Appeal Process and Procedures proposed for the Paratransit Plan 2017-18

Text content of the NOTICE OF INTENT TO APPEAL
PARATRANSIT ELIGIBILITY DETERMINATION form

Notice of Intent to Appeal Paratransit Eligibility Determination
Name: [box to provide an answer]

Address: [box to provide an answer]

Telephone: [box to provide an answer]

I am appealing (choose one)

[Checkbox] Denial of Paratransit Eligibility (Appeals must be postmarked within 60 days of the decision date).

[Checkbox] Paratransit Eligibility Determination (Appeals must be postmarked within 60 days of the decision date).

The decision I am appealing is dated: [box to provide an answer]

I understand that upon receipt of this Notice of Intent to Appeal, RTS Access will schedule my appeal to be heard by the

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RTS Paratransit Appeals Committee. RTS Access will provide me with at least 10 days written notice of when and where the appeal will be heard. I further understand that I have the right to present evidence to the committee, both in writing and orally, regarding why I believe the RTS Access decision that I am appealing is wrong. I understand that I may bring a representative of my choice to the hearing to assist in the presentation of my appeal. I further understand that the RTS Paratransit Appeals Committee will render a decision within 30 days of the appeal hearing, and that all decisions of the Paratransit Appeals Committee are final.

[Checkbox] I have a disability that requires a Reasonable Accommodation pursuant to the Americans with Disabilities Act of 1990 in order to participate in the appeal hearing.

I request the following Reasonable Accommodation: [box to provide an answer]

I request the above accommodation due to the following disabilities: [box to provide an answer]

I believe that the RTS Access decision that I am appealing is wrong because (please attach additional sheets if needed): [box to provide an answer]

Signature: [box to provide signature]

Please mail this completed appeal form to:

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RTS Paratransit Services
Appeals Coordinator
1372 East Main Street
Rochester, NY 14609

End of Notice of Intent to Appeal Paratransit Eligibility Determination

Internal Process Maps (Flow Charts) for Eligibility Certifications and Appeals

1.0 Customer Requests for Service

1. Access office receive a request for new service.
2. Search name in CRM for existing customer.
3. Customer in system?
 - a) If Yes, verify information, click on new case, case type inquiry, close, and send application.
 - b) If No, Create customer, enter details and select record type: new customer. Create a new case, case type inquiry, close, and send application.

2.0 Receive New and Recertification Applications

1. Receive application. Open envelope and date and time stamp paperwork.
2. Search for customer in CRM. Enter new or updated customer information.

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3. Review application for completeness and medical support information.

4. Application info complete?

a) If No, fill in info about what is missing and generate letter. Send letter and original application to customer.

b) If Yes, enter the complete date in CRM.

5. Is the application for recertification?

a) If Yes, run ridership report and look at service usage and assess the type of service required. If a functional assessment is required, perform the assessment. If the recertification is denied, enter the date and reason for denial. Prepare the denial letter with appeal rights and form information and mail to customer. Close the case in CRM.

b) If No, approve the application or perform the functional assessment if necessary. If the application for certification is denied, enter the date and reason for denial. Prepare the denial letter with appeal rights and form information and mail to customer. Close the case in CRM.

3.0 Functional Assessment and Notification to Customer

3.1 Functional Assessment

1. Schedule functional assessment. Set up a day and time for assessment. Provide applicant with date and time.

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2. Customer arrives. Interview and observe customer for overall assessment. Take picture of customer and load into computer.

3. Customer certified?

a) If Yes, enter the assessment data and date of approval into CRM and generate the approval letter. Print the approval letter and the user id with picture. (batch printed). Place id, instructions, and policy information materials in envelope and mail to customer. Close case.

b) If No, Enter assessment data in CRM, enter reason for denial and open the denial letter template. Prepare the denial letter with appeal rights information and mail to customer. Close case.

3.2 Application Approved

1. Log in to Trapeze and update with new customer data and enter the new expiration date.

2. Print the approval letter and the user id with picture.(batch printed).

3. Place id, instructions, and policy information materials in envelope and mail to customer.

4. Close case.

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4.0 Query CRM for Recertification Required and Notification to Customers

1. Run report the first of every month. Reports recert due in: 90 days with application, 60 days no application.
2. For each report: mail merge function, print labels, print blank applications with instructions (batch printed), stuff envelopes with letter and application (for 90 day only) and attach label.
3. Deliver to mail room for postage and mailing.

5.0 Lost ID Card Replacement

1. Receive notification from customer of a lost card.
2. Look up customer in Trapeze to verify customer is a valid Access user.
3. Valid user?
 - a) If No, place phone call to customer and send an application if requested.
 - b) If Yes, is picture on file and fee received?
 - 1) If Yes, create and print ID card. Mail ID card with instructions to customer.
 - 2) If No, call customer to notify them of picture and/or fee required. Receive customer picture and/or ID card replacement

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fee. Create and print ID card. Mail ID card with instructions to customer.

6.0 Eligibility Appeal Process

1. Denial or Suspension: receive appeal form in the mail.
2. Assign to a pre-scheduled meeting and notify customer.
3. Pull original application and create package for appeals committee with RTS justification for denial.
4. Send packet to CEO Exec Assistant. Schedule a hearing with the committee.
5. CEO Exec Assistant briefs the RTS staff person responsible for presenting the denial information.
6. RTS staff representative present information to the appeals committee.
7. RTS Access resources on call.
8. Appeals meeting agenda:
 - a) Member introductions.
 - b) RTS justification presentation.
 - c) Customer response and documentation.
 - e) Committee questions.

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- d) Committee deliberations without RTS or customer presence.
- f) Each committee member completes form with personal decision rationale.
- g) Committee makes decision on eligibility.
- h) Decision rationale is forwarded to the RTS ADA Coordinator.

9. Meeting is recorded. All notes taken by committee members are collected. Committee member forms are collected. Any other evidence presented by RTS or the customer is collected. All materials scanned and retained.

10. RTS denial upheld?

- a) If No, the application is approved.
- b) If Yes, RTS writes a letter (CRM template) with the final decision to the customer.

End of Internal Process Maps (Flow Charts) for Eligibility Certifications and Appeals

End of Exhibit 10

There are 14 total Exhibits available for public comment.