Wisconsin NEMT Driver/Attendant Training Course
Agenda

- Welcome
- Americans with Disabilities Act (ADA) & civil rights
- Customer service standards
- Passenger & wheelchair securement
- Driver and Attendant Sensitivity
- Code of conduct
- Drug & alcohol policy
- Emergency situations
- Recordkeeping
- Quiz
Welcome to MTM Driver Training

- Training for transportation providers & drivers
  - Ensures credentialing compliance
  - Helps drivers provide safe & courteous service
- Contractual requirement for all drivers serving Wisconsin members
  - Drivers must complete training prior to taking MTM-assigned trips
  - Annual training & re-certification thereafter
ADA & CIVIL RIGHTS
ADA & Civil Rights

- “Civil Rights Protection for Over 50 Million Americans”
- ADA: a civil rights law enacted by Congress in 1990
  - Prior to ADA, inaccessible public transit created barriers to active, productive lives for 43 million Americans with disabilities
  - Individuals with disabilities were excluded from the workplace, schools & participating as contributing community members
- ADA gave individuals with disabilities the same opportunities as others
ADA & Transportation

- ADA definition of “person with a disability”: individuals with physical/mental impairments that substantially limit one or more major life activities
  - Individuals with a record of such impairment
  - Individuals regarded as having an impairment
- Addresses transportation provided by public entities & private entity systems
ADA Training Requirements

- Vehicle operators must be trained to:
  - Function vehicles & equipment safely
  - Provide required level of service
  - Treat passengers with disabilities in a respectful & courteous way
ADA Service Requirements

- Announce stops on request
- Permit service animals to accompany passengers
- Permit passengers to travel with life support (respirators, portable oxygen, etc.)
- Make appropriate use of accessibility-related equipment
- Provide adequate time to board & disembark
Other ADA Requirements

- Drivers may not:
  - Discriminate in connection with the provision of transportation
  - Deny service if the passenger is capable of using it
  - Require use of designated priority seats
  - Impose special charges based on disability, gender, religion, national origin, race, or age
  - Require an attendant
  - Refuse service solely because the passenger’s disability results in behavior that may offend, annoy, or inconvenience
Other ADA Requirements

- It is not discrimination to refuse service if the passenger engages in violent, seriously disruptive or illegal conduct
CUSTOMER SERVICE STANDARDS
Customer Service Standards

- At all times, drivers must:
  - Provide high quality service for all members regardless of age, ability, or disability
  - Assist & treat members in a respectful & courteous way
Communicating with Members

- Communicate:
  - Using professional language
  - Be accurate & specific
  - Put the emphasis on the member first
Customer Service Standards: Identification

- Wear or have visible an easily readable official company identification
- Properly identify & announce presence at the entrance of the building at the pick-up location
  - If a curbside pick-up location is not apparent
Customer Service Standards: Assistance

- Exit the vehicle to open & close doors when passengers enter & exit the vehicle
- Provide assistance as necessary to & from the main door of the pick up and drop off destinations
Customer Service Standards: Comfort

- Maintain a comfortable interior cabin temperature while vehicle is occupied by a member or attendant.
Customer Service Standards: Safety

- Never use a cell phone while driving, unless it is operated as a hands-free device
- Never text while driving
- Do not wear any type of headphones while on duty
PASSENGER & WHEELCHAIR SECUREMENT
Passenger Securement

- Do not touch members except as appropriate & necessary
  - Assistance into & out of the vehicle
  - Helping member into a seat
  - Securing seatbelts
  - Rendering first aid & assistance for which the driver has been trained
Passenger Securement: Boarding

- Provide adequate support & visual/oral directions
  - Movement of wheelchairs & mobility-limited members as they enter & exit the vehicle using a lift or ramp
- Drivers are to secure the child safety seats to the vehicle. The parent/guardian is responsible for securing the child within the child safety seat.
- Prior to allowing vehicle to proceed, confirm that wheelchairs, cots & stretchers are properly secured & that all members are properly seat-belted or secured/restrained in their mobility device
Passenger Securement: Disembarking

- Assist members in exiting the vehicle & moving to the building access of the destination
Wheelchair Securement

- Providers cannot deny service on basis of difficulty in securing a wheelchair
- Permit standees to use lift
Wheelchair Securement: Lift & Ramp Use

- Mobility devices must fit on the lift or ramp & within the “envelope” of securement

- Only the vehicle operator should control the lift
Wheelchair Securement: Storage

- Store mobility aids & folding wheelchairs for members
  - Drivers & attendants are not responsible for members’ personal items
Wheelchair Securement

- Four-point floor securement system MUST be used to secure wheelchairs & other mobility devices
- Each securement location must have a three-point passenger restraint system
Wheelchair Securement: Transfers

- Transfer from wheelchair to vehicle seat can be recommended but not required
- Assistance in transferring to a seat is required even if driver must leave his/her seat to do so
Lift Maintenance

- Maintenance programs must be in place for all lifts and ramps.
- Report non-operating lifts as soon as possible
  - Every effort must be made to repair lifts before the next day of service
DRIVER & ATTENDANT SENSITIVITY
Seizures

- Seizure: sudden uncontrolled muscle contraction resulting from abnormal brain activity

- If a member has a seizure:
  - Call for help
  - Assist the member in sitting or lying down
  - Remove objects that could cause injury
  - Place a soft towel or pillow under the member’s head
  - Remain with the member until help arrives
Sensitivity: Dialysis Members

- Sometimes people develop disorders and diseases that damage their kidneys. If the kidney disease progresses, it may eventually lead to kidney failure, which requires either regular dialysis or a kidney transplant to maintain a person’s life.
- Dialysis is a treatment that replaces some of the functions of healthy kidneys.
Sensitivity: Dialysis Members

- When assisting passengers going to or coming from a kidney dialysis session, keep in mind the following:
  1. The member is likely to be tired and slow moving
  2. The member might want to use a wheelchair or assistive device to board the vehicle
  3. Nausea and stomach distress are common symptoms
4. Be careful holding or grabbing a person by the arm in case they have a fistula or graft. It will generally be visible.

5. Ask permission before you assist and ask the member where to hold them if they need extra assistance.
Sensitivity: Members with Cancer

- Cancer affects our cells, the body’s basic unit of life. Normally the cells grow, divide, and produce more cells as they are needed. Sometime the process goes astray-cells keep dividing when new cells are not needed.

- The mass of extra cells form a growth or tumor. Tumors can be benign (tumors are not cancer) or malignant (tumors are cancer).
Sensitivity: Members with Cancer

- When transporting someone with Cancer:
  1. Cancer treatments can cause nausea and vomiting. If the passenger is nauseated please provide them with receptacle, towel, and pillow if available.
  2. Cancer treatments can cause extra exhaustion. Allow for extra time for a fatigued passenger to board and exit the vehicle. Tiredness can cause behavior changes.
Sensitivity: Members with Cancer

3. Avoid “grabbing” a passenger who has had surgery and may be experiencing pain or tenderness
4. Prepare ahead for passengers incontinence by carrying adequate cleaning supplies
5. Cancer treatments can leave passengers susceptible to infections and other illnesses
6. Make sure the member is seated away from others with colds or other contagious illnesses and in a well ventilated part of the vehicle
Sensitivity: Children and Day Programs

- When transporting children unaccompanied by an adult to a day treatment program please take extra care and consideration for the young client you are serving.
- Should a delay occur, incident happen, or other out of the normal occurrence, please report it to your management so they can quickly report it to MTM.
- With all clients reporting problems is required, but clear and timely communications for this young group of members is very important.
Sensitivity: Children and Day Programs

- Please ensure that the child is buckled in, is in a car seat provided with them at the time of transport (if they are of the size where a car seat is required), and be aware of the time you are dropping the member off at their destination.

- A drop-off too early can result in unsupervised time that puts the child at risk and a late drop-off puts the stability of their care at risk as they are missing their program. Notify MTM immediately if this occurs.
DRIVER & ATTENDANT CODE OF CONDUCT
Conduct: Drugs & Alcohol

- No driver or attendant shall use or be under the influence of alcohol, narcotics & illegal drugs or drugs that impair ability to perform while on duty
  - Must pass an initial drug test & random drug test at least annually
Conduct: Smoking

- Never smoke while in the vehicle, involved with member assistance, or in the presence of members.
- Smoking is prohibited in vehicles while performing Medicaid transportation service.
  - “No Smoking” signs shall be visible to all passengers.

MTM
Conduct: Food & Beverages

- Never eat or consume beverages while in the vehicle, involved with member assistance, or in the presence of members.
Prior to vehicle’s departure, confirm that the member is safely inside the destination.
DRUG & ALCOHOL POLICY
Drug & Alcohol Policy

- Drivers & attendants must submit signed acknowledgement of receipt & understanding of their employer’s Substance Free Workplace Policy
  - Drug screening results must be included
- MTM maintains signed acknowledgements & pre-employment drug screenings as a credentialing element on the transportation provider website
Drug & Alcohol Policy

- Third party vendor administers drug & alcohol monitoring program
- Drivers & attendants must submit to random & post-accident drug & alcohol screenings
Drug & Alcohol Policy

- Area Liaison/Contract Representative communicates results of screenings to the transportation provider & driver/attendant
- Drivers/attendants found to be in violation of the Substance Free Workplace Policy
  - Suspended and termination from providing MTM services
EMERGENCY SITUATIONS
Responding to an Emergency

- Provide leadership to passengers
  - Passengers will look to you for help & direction
- Remain calm
- Protect yourself, passengers & the vehicle
  - Prevent injury & death to anyone involved in the situation
Responding to an Emergency

- Determine what happened & what actions/inactions will protect the safety of people & property
  - Reduce vehicle & other property damage
  - Avoid unnecessary liability claims
Responding to an Emergency

- Report incidents & accidents immediately or as soon as it is safe to do so.
- Notify dispatch & your supervisor of all emergency situations.
- Contact emergency services as necessary.
  - Dial 911 for immediate assistance.
Reporting Emergency Situations to MTM

- Document the situation
- Use MTM’s Incident/Accident Form (Attachment A)
- File a police report if necessary
MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

DATE OF INCIDENT:

WEATHER/RECIPIENT INFORMATION
Name of Primary Person Involved in Incident:

Member Information (if applicable):

Type Number:

Health Plan:

Address:

LOCATION OF INCIDENT
Address of Incident if different from above:

Transportation Provider Name:

OTHER RECIPIENT/SWITNESS INVOLVED

Name:

Date of Birth:

Name:

Date of Birth:

STAFF INVOLVED

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Date of Incident:

Time:

Witness Name:

Witness Telephone Number:

Witness Name:

Witness Telephone Number:

Description of the Incident (Please provide all information in a clear and concise manner - use additional pages as necessary):

Immediate Actions Taken (Indicate what actions were taken and by whom, i.e. medical treatment provided):

Investigation Initiated by Who:

Investigator:

Signature of Investigator:

Date:

Time:

Corrective Action Plan:

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

Section 2 DESCRIPTION OF INCIDENT

Date of the Incident:

Time:

Witnessed:

Described:


Witness Name:

Witness Telephone Number:

Immediate Actions Taken (Indicate what actions were taken and by whom, i.e. medical treatment provided):

Investigation Initiated by Who:

Investigator:

Signature of Investigator:

Date:

Time:

Corrective Action Plan:

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

Date of Incident:

Time:

Witnessed:

Described:


Witness Name:

Witness Telephone Number:

Immediate Actions Taken (Indicate what actions were taken and by whom, i.e. medical treatment provided):

Investigation Initiated by Who:

Investigator:

Signature of Investigator:

Date:

Time:

Corrective Action Plan:

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

Date of Incident:

Time:

Witnessed:

Described:


Witness Name:

Witness Telephone Number:

Immediate Actions Taken (Indicate what actions were taken and by whom, i.e. medical treatment provided):

Investigation Initiated by Who:

Investigator:

Signature of Investigator:

Date:

Time:

Corrective Action Plan:

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

Date of Incident:

Time:

Witnessed:

Described:


Witness Name:

Witness Telephone Number:

Immediate Actions Taken (Indicate what actions were taken and by whom, i.e. medical treatment provided):

Investigation Initiated by Who:

Investigator:

Signature of Investigator:

Date:

Time:

Corrective Action Plan:

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

Date of Incident:

Time:

Witnessed:

Described:


Witness Name:

Witness Telephone Number:

Immediate Actions Taken (Indicate what actions were taken and by whom, i.e. medical treatment provided):

Investigation Initiated by Who:

Investigator:

Signature of Investigator:

Date:

Time:

Corrective Action Plan:
ACCURATE RECORDKEEPING
MTM authorizes a trip when a member’s service eligibility is verified.

Each trip is assigned a unique number that is communicated on the Trip Sheet (see Attachment B).

Round trip assignments will use the same number:
- “A” at the end of the number signifies the “to” leg (ie: WIHS80887785A)
- “B” signifies the “from” leg (ie: WIHS80887785B)
Attachment B: Sample Trip Sheet

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>TEST</th>
<th>FIRST NAME</th>
<th>DIANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE</td>
<td>0010457812</td>
<td>PHONE:</td>
<td>(618) 555-5555</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALT PHONE:</td>
<td>(716) 666-6666</td>
</tr>
</tbody>
</table>

**DATE:** 09/13/2012 10:12 AM

**TO:**

**CONFIDENTIAL:** This fax contains patient identifiable information for use by the FAX recipients listed above. Disclosure of this information is prohibited by state and federal laws. If you have received this fax in error, please notify the sender immediately at the contact information below. Thank you.

**MEDICAL TRANSPORTATION MANAGEMENT**

**PHONE:** (877) 892-3997

**FAX:** (877) 892-3128

**18 NORTH RIDGE DR, LAKE ST LOUIS, MO 63367**

**LAST NAME:** TEST
**PHONE:** (618) 555-5555
**MEDICARE:** 0010457812

**FIRST NAME:** DIANA
**ALT PHONE:** (716) 666-6666

**AGE:** 70

**UPDATED / WITHIN 24 HOURS**

<table>
<thead>
<tr>
<th>TRIP ID</th>
<th>K8M031291752A</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIP TYPE</td>
<td>TO PROVIDER</td>
</tr>
<tr>
<td>DELIVER TO:</td>
<td>TWO RIVERS PSYCHIATRIC HOSPITAL</td>
</tr>
<tr>
<td>ADDRESS 1:</td>
<td>2501 GILLHAM RD</td>
</tr>
<tr>
<td>ADDRESS 2:</td>
<td>KANSAS CITY, MO 64110</td>
</tr>
<tr>
<td>PHONE:</td>
<td>(716) 555-5555</td>
</tr>
</tbody>
</table>

**PICKUP:**
**TEST. DIANA**
**2501 GILLHAM RD**
**KANSAS CITY, MO 64110**
**PHONE:** (716) 555-5555

**PLUS:** 0 ADDITIONAL PASSENGERS
**VEHICLE:** Car
**LVL OF SRV:** None
**CPR/WOD:** N
**SPECIAL NEEDS:** N/A
**MEDICAL H/D:** RTI W/DOWN 9AM-12PM
**MEDICAL H/D:** C/O W/DOWN 9AM-12PM

**SCHEDULED PU:** am/pm
**ACTUAL PU:** am/pm
**SCHEDULED DEP:** am/pm
**ACTUAL DEP:** am/pm
**VIN NUMBER:**
**DRIVERS LIC NUMBER:**
**SIGNATURE:** [Missing/Attendant/Facility]

**NOTE:** The fields marked with [Missing] are not filled in the provided sample trip sheet.
Recordkeeping: Trip Logs & Signatures

- MTM must receive clear trip documentation to verify member attendance & pay claims
- Critical Daily Trip Log (see Attachment C) items:
  - Trip numbers
  - Driver’s license numbers
  - Last five digits of Vehicle Identification Numbers (VINs)
  - Pick-Up & Drop-Off (PUDO) times
  - Signatures
  - Odometer readings
## Attachment C: Daily Trip Log

<table>
<thead>
<tr>
<th>Trip Number</th>
<th>Recipient's Printed Name</th>
<th>AM/PM of Pickup</th>
<th>Distance (Miles)</th>
<th>Pickup Approval</th>
<th>Drop Off Time</th>
<th>Odometer</th>
<th>Recipient Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**: T or F Leg indicates the To or From leg for the trip. Examples: Picking the recipient up at the residence and transporting to the doctor’s office would be considered one leg (To). Picking the recipient up at the doctor’s office and transporting back to the residence would be considered the second leg of the trip (From). Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport if the Member is unable to sign the Trip Log, please have the Facility Staff or AID sign on behalf of the Member. AM/PM is indicated for the time of the Scheduled Pickup. No shows will be indicated with NO in the Drop-Off Time.

I certify that all the information contained herein is true and accurate, and understand that this statement is made subject to the applicable penalties under federal and state law for making false declarations.

**Driver's Signature:**

**Driver's Printed Name:**

Effective Date: 1/1/2013
Closing

- Thank you for your participation
- Congratulations on completing the MTM Driver Training Course!