

Demand Response Service Policy

Davis Behavioral Health Americans with Disabilities Act of 1990 (ADA) Policy and Procedures Date: September 1, 2023

Introduction and Purpose

This ADA policy is written to establish operating and service guidelines and procedures for the implementation of the requirements of the Americans with Disabilities Act of 1990 (ADA), the U.S. Department of Transportation (U.S. DOT) regulations for implementing ADA (49 CFR Parts 27, 37 and 38), and applicable state laws and regulations. Davis Behavioral Health operates services on a fixed route basis, commingled on the same vehicle as ADA complementary paratransit. Davis Behavioral Health complies with ADA requirements with respect to such services.

Policy Statement

It is the policy of Davis Behavioral Health to comply with all the legal requirements of federal and state laws and regulations as they pertain to individuals with disabilities. If state laws and federal regulations are contradictory, the federal ADA regulations prevail. The transit system provides quality transportation services without discrimination to all persons including individuals with disabilities. Discrimination on the basis of disability against any person by transit system employees will not be condoned or tolerated.

Goals: Service is provided in a manner that meets these goals to:

1. provide safe, accessible, and dignified services to all persons, including individuals with disabilities.
2. expedite the safe and efficient boarding, securing, transporting, and alighting of all passengers, regardless of mobility status.
3. accommodate the wide range of mobility aids within the confines of available vehicles and commercial standard equipment.

Applicability: This policy applies to all transit system employees, services, facilities, and vehicles. It applies equally to all people needing and/or using the services provided by the system.

Definitions:

Disability: With respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Fixed Route Service: Operates along a prescribed route according to a fixed (regular) schedule.

Mobility Device: A device that is designed to assist an individual with disabilities with locomotion. Examples include wheelchairs, canes, crutches, and walkers. Also called mobility aid.

Securement Area or Station: A designated location for riders using wheelchairs, equipped with a securement system.

Securement Device, Equipment or System: Equipment used for securing wheelchairs against uncontrolled movement during transport.

Service Animal: Any guide dog, signal dog, or other animal that has been individually trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

Wheelchair: A mobility aid belonging to any class of three- or more- wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered.

General Guidance and Procedures for Implementing Policy

Recruitment and Employment: As stated in the transit system's personnel policies, the agency is an Equal Opportunity Employer (EOE) and fully complies with ADA in its recruitment, hiring and continued employment practices.

Facility and Vehicle Accessibility: The transit system administrative facility, passenger facilities and vehicles shall meet or exceed the requirements of 49 CFR Parts 27, 37 and 38 and requirements of the State of Utah. If state requirements do not meet federal requirements, the federal ADA regulations prevail. All vehicles purchased for fixed route and route deviation service will be accessible. Vehicles purchased for demand response service will only be non-accessible to the extent that the demand response system, when viewed in its entirety, provides the same level of service for individuals with disabilities as for individuals without disabilities. The transit system will conduct an analysis of service equivalency prior to the acquisition of any inaccessible vehicles for demand-responsive service.

Vehicle and Route Assignment:

The demand response system of Davis Behavioral Health when viewed in its entirety, is accessible. All trips by wheelchair users will be assigned to accessible vehicles. To the extent possible, the assignment of particular types of vehicles will be based upon rider needs. Trip denials will be tracked by whether or not a rider requires use of the lift or ramp, to monitor that service is not disproportionately denied to individuals with disabilities because an accessible vehicle is not available. Davis Behavioral Health provides demand response rural public transportation and provides equivalent service to individuals with disabilities, that is consistent with U.S. DOT ADA regulations under 49 CFR Part 37, Section 37.77. This transportation will be provided in the most integrated setting appropriate to the needs of the individual and will be equivalent to the service provided other individuals with respect to:

- Response time

- Fares
- Geographic area of service
- Hours and days of service
- Restrictions or priorities based on trip purpose
- Availability of information and reservations capability
- Any constraints on capacity or availability

Maintenance of Accessible Features: Accessibility features on vehicles, including lifts, ramps, wheelchair securement devices and public address systems, will be maintained in operative condition. The preventive maintenance program of Davis Behavioral Health provides for regular and frequent maintenance checks of these features as well as preventive maintenance as recommended by the equipment manufacturers. In addition, the lift must be cycled as part of each pre-trip inspection.

Inoperative Lifts and Ramps: Drivers are required to report lift or ramp failures immediately. Vehicles with inoperative lifts will be removed from service and replaced with an accessible vehicle until the inoperative lift is repaired. For vehicles equipped with ramps, it may be possible to continue in service as long as the ramp can be and is deployed manually when necessary. If an inoperative ramp cannot be (or is not) deployed manually, the transit agency will apply the policy for a vehicle with an inoperative lift.

Wheelchair Accommodation: All accessible vehicles meet or exceed the requirements of 49 CFR Part 38. Transportation providers are required to carry a wheelchair and its user, as long as the lift can accommodate the size and weight of the wheelchair and its user, and there is space in the securement area for the wheelchair on the vehicle without blocking the aisle. If a vehicle lift/ramp and securement area can accommodate a wheelchair (or other mobility device), Davis Behavioral Health will transport the device (and its user).

An individual who uses a wheelchair that, when occupied, exceeds the weight rating of the vehicle lift/ramp, will be offered the opportunity to board and disembark from the vehicle separately from the wheelchair. However, transit agency personnel are not required to operate a passenger's wheelchair. The individual may travel with another individual who can assist with operating the unoccupied wheelchair to maneuver it on and off the lift/ramp.

Boarding: Drivers and scheduling practices will provide adequate time for a passenger with a disability to board and/or disembark the vehicle, which includes adjusting the schedule if necessary and waiting for passengers to be seated before moving the vehicle. Only a properly trained transit system employee can operate the lift or ramp and secure the wheelchair in the securement station. Passengers may board facing toward or away from the vehicle.

Wheelchair Securement:

Davis Behavioral Health requires that all wheelchairs be secured. Drivers should not allow a passenger to ride if they are not secured properly unless the securement system will not accommodate the wheelchair. Drivers cannot deny a passenger a ride based on the inability to secure the wheelchair. However, drivers must warn the passengers of the danger of riding in a non-secured wheelchair. Passengers who refuse to allow their wheelchairs to be secured may be denied service.

Securement of wheelchairs is the responsibility of the driver. Drivers are trained in the proper operation of all securement equipment based on the equipment manufacturer's specifications. Drivers will listen to and respect riders' instructions on how to secure their equipment. Drivers cannot be expected to be familiar with each and every wheelchair type that may come aboard, and securement attachment points may differ by wheelchair manufacturer. The rider may be in the best position to instruct the driver on how to properly secure their mobility device.

If the securement system is not compatible with the wheelchair the passenger is using, the driver will still make an attempt to safely secure the wheelchair. If the wheelchair cannot be secured because of the wheelchair design, the passenger still has the right to ride in the vehicle. Drivers must secure wheelchairs in the designated securement area only, even if the passenger wants their mobility device to be secured in a non-designated area. The wheelchair is not allowed to block the aisle.

Seat belts and shoulder harnesses are required for ALL passengers. Seat belts will never be used instead of independent securement of the passenger's wheelchair.

In cases where an individual using a wheelchair attempts to board and requires use of a securement location that is currently occupied by another passenger that is not using a wheelchair, the driver will ask that passenger to allow the individual using a wheelchair to use the securement position.

Driver Assistance: Drivers will make themselves available to assist individuals with disabilities and will assist upon request of the passenger. Drivers will assist a passenger with using the vehicle ramp, lift and/or securement systems using the accessibility-related equipment and features on their vehicles.

Use of Lift or Ramp by Individuals with Disabilities Not Using a Mobility Device: The driver will deploy the lift or ramp for an individual with a disability who is not using a mobility device to board or alight the vehicle upon request.

Accommodation of Other Mobility Devices: Mobility devices that are not wheelchairs, but which are primarily designed to for use by individuals with mobility impairments, will be accommodated to the extent that the ADA-compliant lift or ramp and securement areas can safely do so. However, these devices are the responsibility of the individual passenger, and must be secured in a manner that does not interfere with the safe operation of the vehicles and the transport of other passengers.

Transfer to Fixed Seating: All passengers using wheelchairs have an option of transferring to fixed seating once on board the vehicles. Drivers may recommend, but never require, wheelchairs users to transfer to fixed seating. No waivers are allowed to be required.

Accommodation of Portable Oxygen: Individuals are allowed to travel with respirators and portable oxygen supplies on board, consistent with applicable U.S. DOT rules on the transportation of hazardous materials in 49 CFR Subtitle B, Chapter 1, Subchapter C. *[Note: U.S. DOT requirements related to transportation of hazardous materials not part of the U.S. DOT ADA requirements and thus are not spelled out in this ADA policy template.]*

Priority Seating: With the exception of the wheelchair securement stations, the transit system does not require any passenger to sit in designated seating.

Priority seating for seniors and individuals with disabilities is to be designated by permanent signage in each vehicle. In cases where an individual with a disability requests use of priority seating that is currently occupied by another passenger, the driver will ask that passenger to move so as to allow the individual with a disability use of the priority seating. In cases where a wheelchair user requires the use of a securement location, the driver will ask any passenger (including other passengers with disabilities) to vacate the securement location.

Service Animals: In compliance with 49 CFR Part 37, the transit system allows trained service animals to accompany passengers with disabilities. The driver will not ask for proof of the qualifications of the animal but may ask what tasks the animal has been trained to perform. However, any animal which is not under the passenger's control, or which becomes a direct threat to the health or safety of other passengers may be restricted from riding.

Alighting: It is the responsibility of the driver to determine that the location for passenger alighting is safe. For fixed routes, the driver will allow a passenger who uses the lift or ramp to alight at any stop, unless the lift or ramp cannot be deployed, will be damaged if deployed, or conditions at the stop would present unsafe conditions.

for all passengers. Only the driver will unsecure the wheelchair and operate the lift or ramp to return the passenger to the ground level.

Staff Training: All drivers and transit system staff are trained to proficiency in use of accessibility equipment, the operating policies related to each of the service requirements described, and in properly and respectfully assisting and treating individuals with disabilities with sensitivity. Mechanics are also trained to properly maintain lifts and other accessibility equipment.

Rider Information: All printed informational materials are made available in accessible formats upon request, for example, large print for individuals with low vision or audio for blind individuals, as well as accessible electronic formats.

Complaint Procedure: All complaints of discrimination on the basis of disability will be promptly and objectively investigated and forwarded to the compliance officer (Michelle Scott 801-773-7060) and promptly and objectively investigated. Davis Behavioral Health will promptly communicate its response to the complaint allegations, including its reasons for the response, to the complainant. The response will be documented. Corrective or disciplinary action will be taken for behavior prohibited by this policy, up to and including termination of employment. Documentation of each complaint will be kept on file for five years. An expanded complaint procedure is included at the end of this policy

Reasonable Modification of Policy: If a passenger with a disability requires modification of any of Davis Behavioral Health's policies and practices to accommodate their disability to use the service, the passenger may request such a modification by contacting Jason Adams_. The transit system will work with the individual to find an acceptable accommodation solution. Where a request for modification cannot practicably be made and determined in advance operating personnel will make a determination of whether the modification should be provided at the time of the request. Operating personnel may consult with Davis Behavioral Health management before making a determination to grant or deny the request.

Requests for modification of policies and practices may be denied only on one or more of the following grounds:

- Granting the request would fundamentally alter the nature of Davis Behavioral Health's services, programs, or activities.
- Granting the request would create a direct threat to the health or safety of others;
- Without the requested modification, the individual with a disability is able to fully use Davis Behavioral Health's services, programs, or activities for their intended purpose.

If Davis Behavioral Health denies a request for a reasonable modification, the agency shall take to the maximum extent possible, other actions (that would not result in a direct threat or fundamental alteration of service) to ensure that the individual with a disability receives the services or benefit provided by Davis Behavioral Health.

Guidelines for Implementing Policy Specific to Demand Response Services

Service in the Most Integrated Setting: Davis Behavioral Health demand response transportation service is a shared-ride service. It is the policy of Davis Behavioral Health to provide service for individuals with disabilities in the most integrated setting appropriate to the needs of the individual, including providing service to individuals with disabilities on the same vehicles and together with all other riders.

Service Characteristics:

Davis Behavioral Health shall ensure that individuals with disabilities receive the same level of service as individuals without disabilities. The demand response system of Davis Behavioral Health, when viewed in its entirety, provides an equivalent service to individuals with disabilities, including individuals who use wheelchairs, with respect to the following service characteristics:

- **Response time:** individuals with disabilities are not required to reserve services further in advance than other individuals.

- **Fares:** individuals with disabilities are not charged higher fares than other individuals.
- **Geographic area of service:** individuals with disabilities can use the service to travel to and from the same areas as other individuals.
- **Hours and days of service:** individuals with disabilities can use the service during the same days and hours as other individuals.
- **Restrictions or priorities based on trip purpose:** travel by individuals with disabilities is not restricted by trip purpose any more than travel by other individuals.
- **Availability of information and reservations capability:** individuals with disabilities have access to the same information and reservations capability as other individuals.
- **Any constraints on capacity or service availability:** travel by individuals with disabilities is not limited by capacity any more than travel by other individuals.

Passenger Assistance: Demand response services will be provided on a curb-to-curb basis. Davis Behavioral Health drivers will assist riders with disabilities in boarding and alighting from vehicles and in securing wheelchairs. All drivers who operate Davis Behavioral Health services will be proficiently trained in passenger assistance and sensitivity towards persons with disabilities.

The staff of the Davis Behavioral Health will not lift a passenger, leave a vehicle unattended or out of visual observation for a lengthy period of time, enter a rider's home, care for service animals, operate a power wheelchair, provide personal care attendant (PCA) service, or take actions that would be clearly unsafe. If more extensive assistance is needed by the individual than Davis Behavioral Health can provide as provider of public transportation, the individual will be responsible for arranging for personal assistance. Staff of Davis Behavioral Health will work with the individual and/or their caregiver/social worker to clarify parameters of the assistance that can be provided by the driver and formally document this in a letter sent to the individual.

POLICY Davis Behavioral Health (DBH) will appoint a person to receive and be responsible for grievances. All grievances, as defined above, received by DBH will be directed to this individual for proper processing and handling. A grievance is defined as an expression of dissatisfaction about any matter other than an Adverse Benefit Determination, as "Adverse Benefit Determination" is defined in Davis Behavioral Health's Adverse Benefit Determination policy. The term is also used to refer to the overall system that includes grievances and appeals handled by Davis Behavioral Health which includes access to the State Fair Hearing process.

PROCEDURE 1. The Enrollee, or with written consent, his/her legally authorized representative (including the legal representative of a deceased enrollee's estate) or a provider acting on behalf of the Enrollee as an authorized representative, may file a Grievance at any time. 2. The Grievance may be filed either orally or in writing. 3. DBH will give enrollees any reasonable assistance in completing required forms for submitting a written Grievance or taking other procedural steps. Reasonable assistance includes, but is not limited to, auxiliary aids & services upon request, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. From anywhere in Davis County the Enrollee may call toll-free (844)305-4782 and ask for the Grievance Officer. For TTY/TTD the Enrollee may call 711 or call

1-888-346-3162 for Spanish. If an Enrollee needs interpreter services or other assistance, the Enrollee may contact any DBH facility or call the Grievance Officer and request an interpreter or other assistance. Section: Grievance Process Pages: 3 Subject: Grievances Effective Date: Revision Date: 09/28/2021 Page 2 of 3 4. DBH will acknowledge the receipt of the Grievance in writing in a format & language that is easily understood by the enrollee. a. DBH will ensure that the individuals who make the decision on Grievances are individuals who: b. Take into account all comments, documents, records, & other information submitted by the member or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination. c. Were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. d. If deciding on a Grievance regarding denial of a request for an expedited resolution of an Appeal; or a Grievance that involves clinical issues, are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure and expertise in treating the Enrollee's condition or disease. e. Grievances that involve quality of care concerns will be reviewed by our Clinical Director to ensure that appropriate measures are taken to resolve the grievance. 5. DBH will notify the affected parties of the disposition of the Grievance in writing in a format & language that is easily understood by the enrollee. 6. DBH will maintain complete records of all Grievances and submit semiannual reports summarizing Grievances using reporting templates specified by the Utah Department of Health. a. DBH will maintain documentation for Oral grievances including, but not limited to: b. Date the oral Grievance was received and documented. c. The name of the person taking the oral Grievance. d. A summary of the nature of the Grievance, including the name of the Provider or other staff or individual involved/named in the Grievance, if it involves a person. e. Copies of written notices when extending the time frame for adjudicating oral Grievances when DBH initiates the extension. f. The date of resolution, and summary of the resolution of the oral grievance. This information may be documented in a written Notice of Grievance Decision if DBH chooses to inform the Enrollee of the Grievance decision in writing. g. The name of the individual(s) resolving the oral Grievance will ensure that the individuals who make the decision on grievances are individuals who were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. Grievances that involve quality of care concerns will be reviewed by our Clinical Director to ensure that appropriate measures are taken to resolve the grievance. If the Grievance is regarding denial of a request for an expedited resolution of an Appeal or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that they are individuals who: i. were not involved in any previous level of review or decision- making and ii. are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure Page 3 of 3 and clinical expertise as determined by the Utah Department of Health, in treating the Enrollee's condition or disease. iii. (If DBH chooses to inform the Enrollee of the Grievance decision in writing, the information in 86 above may be documented in the Notice of Grievance decision) h. The date the Enrollee was notified of the grievance resolution and how the enrollee was notified (either orally or in writing). If the Enrollee was notified of the Grievance resolution in writing, DBH will maintain a copy of the written Notice of Grievance Decision. i. For oral Grievances not resolved within the required time frames, copies of Adverse Benefit Determination letters informing Enrollees that they may file an appeal. j. Any other pertinent documentation needed to maintain a complete record of all oral Grievances and to demonstrate that they were adjudicated according to the Contract provisions governing Grievances. k. DBH will maintain documentation for written Grievances including, but not limited to: l. Date the

written Grievance was received. m. Date and method of acknowledgement (e.g., Orally or in writing). n. Copies of written notices when extending the time frame for adjudicating oral Grievances when DBH initiates the extension. o. The date of resolution and summary of the resolution. This information maybe documented in a written Notice of Grievance Decision if DBH chooses to notify the Enrollee of the Grievance decision in writing. p. The name of the individual(s) resolving the Grievance to ensure that the individuals who make the decision on Grievances are individuals who were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. If the Grievance is regarding denial of a request for an expedited resolution of an Appeal or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that they are individuals who: i. were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance, and ii. are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure and clinical expertise, as determined by the Utah Department of Health, in treating the Enrollee's condition or disease. iii. (If DBH chooses to inform the Enrollee of the Grievance decision in writing, the information in 9.5 above may be documented in the Notice of Grievance Decision) q. The date the Enrollee was notified of the grievance resolution. This information may be documented in the written Notice of Grievance Decision if DBH chooses to inform the Enrollee of the Grievance decision in writing. r. Copies of all written Notices of Grievance Decision to affected parties. s. For written Grievances not resolved within the required time frames, copies of Notices of Grievance Decision informing Enrollees that they may file an Appeal. t. Any other pertinent documentation needed to maintain a complete record of all written Grievances and to demonstrate that they were adjudicated according to contractual provision governing Grievances.