

# Transportation Companies Program Design/Service Agreement

Vendor Name	Vendor Number	Service Code
Contact Name	Contact Phone	Contact Email

## Approved Program Design Acknowledgment

**SIGNATURE SECTION**  
*(Signature will be required once completed Program Design and all Appendices are approved)*

I acknowledge that this document, approved on \_\_\_\_\_, is my approved Program Design

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Vendor Signature \_\_\_\_\_ Print Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Approved By:

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ACRC CSS Signature \_\_\_\_\_ Print Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By:

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R&D Signature \_\_\_\_\_ Print Name/Title \_\_\_\_\_ Date \_\_\_\_\_

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Date of Approval:

Transportation Companies

Program Design

Revised: 8/2024

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## Statement of Program Purpose

*In the space provided (shaded rectangle), please include a narrative description of the mission, philosophy, purpose, and goals of your program. When doing so, please keep in mind what this service is intended to provide.*

## Client Services

Alta California Regional Center (ACRC) funded Transportation Services provided by \_\_\_\_\_ are intended to provide transportation to ACRC clients to and from community-based day program(s), work program(s), or to places of employment.

*In the space provided below (shaded rectangle), please specify the following:*

- *All services/Overview of your program.*
- *Fleet List, which must include the following:*
  - *number of vehicles*
  - *year, make, model, and mileage of each vehicle*
  - *capacity for each vehicle*
  - *Interior and exterior pictures*
- *Standards per your applicable Service Code's "Service Standards" (carefully read the Service Standards for service code 875 as you formulate this section).*

Provider's Fleet List attached as **Appendix A**

## Additional Vendor Requirements Specific to Transportation Services

In addition to this Program Design, \_\_\_\_\_ maintains a contractual obligation with ACRC to provide Transportation for ACRC clients, for a time defined in that contract. \_\_\_\_\_ will only provide services with a valid, current contract and all provisions included in that contract must be upheld during vendorization with ACRC.

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# Demographics/Areas Served

## Counties in which services are provided in:

(Check all that apply. If applicable, *specifically* list any cities, towns, etc. where you will transport in each county chosen as some counties are very large in area).

- |                                 |                                 |                                     |
|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Colusa | <input type="checkbox"/> El Dorado  |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> Placer | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Sierra | <input type="checkbox"/> Sutter | <input type="checkbox"/> Yolo       |
| <input type="checkbox"/> Yuba   |                                 |                                     |

Language(s) Served:

**NOTE:** If your ability to serve specific counties as indicated in your approved Program Design/Service Delivery Plan (PD/SDP) changes, you must notify ACRC CSS Unit 30 days prior and may require an update to your PD/SDP.

## Referral/Intake Process

*ACRC's Transportation Broker, R&D Transportation Services, is responsible for providing Transportation Services Requests to transportation services vendors on behalf of ACRC. When a referral is made to a vendor, it is expected that safe and reliable transportation will be provided.*

- Describe your process for confirming with R&D the start of service for new referrals or new routes.
- Describe the process you will follow to contact homes for confirmation of transportation schedule and details.
- Describe the process you will follow to communicate with R&D any updates to routes/schedules. Please be aware that changes to routes/schedules must be communicated to R&D before implementation.

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## Entrance & Exit Criteria

The Entrance and Exit Criteria for [redacted] will be based on the following:

- **Entrance Criteria:**
  - *Receipt and acceptance of a Transportation Service Request*
  - *Client meets the various standards outlined in the “Client Services” section above.*
- **Exit Criteria:**
  - *It is determined that the client can no longer be safely transported.*
  - *Client chooses to discontinue receiving transportation services.*
  - *Planning team determines during review that transportation services no longer meets the client’s needs.*

## Hours of Service Operation

*Check the box(es) corresponding to the specific day(s) in which you will be operating. Additionally, please provide the specific timeframe during which you will be available to provide transportation.*

- |                                    |            |                                   |            |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Monday    | [redacted] | <input type="checkbox"/> Friday   | [redacted] |
| <input type="checkbox"/> Tuesday   | [redacted] | <input type="checkbox"/> Saturday | [redacted] |
| <input type="checkbox"/> Wednesday | [redacted] | <input type="checkbox"/> Sunday   | [redacted] |
| <input type="checkbox"/> Thursday  | [redacted] |                                   |            |

## Grievance Procedure

The Vendor’s grievance procedure is mandated by federal and state laws. The intent of a grievance procedure is to ensure the client’s rights are being upheld while receiving services from the vendored provider. Furthermore, the grievance procedure provides an opportunity for both an individual to advocate for him/herself; and for a vendor to exercise quality assurance measures and improve on services provided [CCR, Title 17§56710].

*Note: This is intended to be a written grievance procedure. As such, please include a formal description of the process for clients, families, etc., to submit a formal grievance. In that formal description, please indicate who to contact, where it is to be sent, and the process for resolution. Please refer to Title 17, sec. 56710 for specific information to include.*

- Provider’s Grievance Procedure attached as **Appendix A.**

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## Organizational Structure

Vendor Business Name (Must match Business License):

Vendor (Owner) Full Name:  Vendor #:

*Organizational Chart (Appendix B) and Job Descriptions (Appendix C)* is attached.

## Staff Training Procedure

### Timeframes and Training for Transportation Services Staff:

In the Staff Training Procedure, please describe the timeframe for new employee training. Additionally, please describe the frequency of employee training and the retention of training records. New employee orientation shall include, but is not limited to: ***Note: Please refer to Title 17, Section 56726 as well as section 58520 (a)(b)(c) for additional information on training and any requirements therein.*** Minimum requirements for drivers to include documentation of specific certification and background check requirements included in 17CCR, sec. 58520, (c) and (d).

- Transport-specific training and equipment competency requirements
- Client's Rights (17 CCR § 50510)
- Developmental disabilities service system
- Service Standard(s) for Transportation Services
- SIR and Mandated reporting requirements

Provider's Staff Training Procedure attached as **Appendix E**

NOTE: All vendors shall... Maintain records of services provided to consumers... Such records shall be maintained for a minimum of five years from the date of final payment for the State fiscal year in which services were rendered or until audit findings have been resolved, whichever is longer... [CCR, Title 17§54326]. This is a minimum requirement and does not supersede record maintenance requirements for your licensure.

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## Program Design Modification Process

If you plan to make a change to your vendorization, you must submit a formal, written notification with a description of the change you are requesting **at least 30 days prior** to the requested change to ACRC's Community Services and Supports Department.

The following are the types of changes that would require you notify ACRC/ R&D and verify approval of change(s) prior to implementing:

- Locations in which clients are served
- Change in service address
- Curriculum training components
- Hours of service provided
- Contact information

## Termination of Services and Change of Ownership of the Practice

You are required to provide written notification to ACRC's Community Services and Supports department regarding the following:

- 30 days prior to any change in ownership, location, license, registration, certificate or permit (CCR, Title 17§54330),
- At least 30 days' notice if planned discontinuation of services to a client [CCR, Title 17§56718(c)]
- At least 60 days prior to discontinuation or termination of services to **all** regional center clients (CCR, Title 17§54330).

**NOTE:** Providers must ensure that they submit current copies of the following in order to keep their vendor file current:

1. Professional License(s)
2. Business License
3. Professional Liability Insurance
4. Driver's License
5. Proof of automobile insurance coverage

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## Appendices

*This section is intended to provide a physical representation of any supporting documents that a vendor uses in support of the function of their program. Please refer to the 875 Service Code's "Service Standards" as you formulate your supporting documents. As evidenced above, at minimum the Appendices section shall include the following:*

- A: Fleet List
- B: Grievance Procedure
- C: Organizational Chart
- D: Position Descriptions for all organization staff
- E: Staff Qualifications
- F: Staff Training Procedure
- G: DMV Pull Notice and H-6 Driving Record Procedure
- H: Vehicle Qualifications
- I: Vehicle Maintenance Policy
- J: Vehicle Age/Mileage Policy
- K: On-Time Performance Policy
- L: Attendance Policy
- M: Evacuation/Shelter in place plan
- N: Pre-trip Inspection, Post-trip Inspection, and Daily Route Logs

*Beyond the aforementioned list, you may wish to include other supporting documentation such as training materials, daily logs, vehicle and/or maintenance related information and documentation, etc. Please include each appendix on a separate page with a specific letter associated with it.*

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