

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 173-3-06.6

Rule Type: New

Rule Title/Tagline: Older Americans Act: transportation.

Agency Name: Department of Aging

Division:

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I. Rule Summary

1. Is this a five year rule review? No
 - A. What is the rule's five year review date?
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 173.392; 42 U.S.C. 3025(a)(1)(C); 45 C.F.R. 1321.11, 173.02, 173.01
5. What statute(s) does the rule implement or amplify? 4766.15; 42 U.S.C. 3030d(a)(2), 4766.14, 173.392, 173.39, 3032e; 45 C.F.R. 1321.65(a), 3032c
6. What are the reasons for proposing the rule?

This rule is part of a larger rule project in which ODA proposes to rescind, then replace, its 3 transportation rules (173-3-06.6, 173-39-02.21, and 173-39-02.18) with 3 new rules that contain reductions to the adverse impact upon providers. For more information, please review the BIA.

7. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

This rule contains (1) basic requirements for providing trips, such as back-up plans and providing assistance, (2) vehicle maintenance and inspections, (3) drivers' qualifications, and (4) trip verification.

Compared to the rule it will replace, this rule reduces the adverse impact of vehicle maintenance in 2 ways, reduces the impact of annual vehicle inspections for busses, reduces the impact of pre-trip/daily vehicle inspections in 2 ways, exempts first responders, EMTs, and transit drivers from the drivers' qualifications, eliminates the need for drivers to take defensive-driving training, deletes any language implying that drivers require ongoing passenger-assistance training, and allows providers more flexibility in choosing passenger-assistance training course.

The trip-verification requirements are new. For more information, please review ODA's responses to questions 9 and 15 of the BIA.

- 8. Does the rule incorporate material by reference? Yes**
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule references an ODH database on an ODH website, information on a Board of EMFTS website, and ODA forms published on ODA's website. ODA provides URLs for these websites to show where the reader may find them free of charge. This rule also references a federal regulation which the reader may find on www.ecfr.gov free of charge.

- 10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

ODA revised the incorporation by reference, corrected the spelling of PCP, and eliminated a non-word embedded in the text.

II. Fiscal Analysis

- 11. As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

\$0.00

The adoption of this rule will have no impact upon the biennial budget the Ohio General Assembly established for ODA in HB49 (132nd G.A.).

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

This cost of compliance with this rule is itemized in ODA's response to question 14b of the BIA.

13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

III. Common Sense Initiative (CSI) Questions

15. Was this rule filed with the Common Sense Initiative Office? Yes

16. Does this rule have an adverse impact on business? Yes

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

This rule requires back-up plans, vehicle maintenance, vehicle inspections, drivers' requirements before hiring (cf., ORC §§ 4766.14 and 4766.15), drivers' requirements for passenger-assistance training, and trip verification. For more information, please review the BIA.

ODA0011(06/16/2010) (Rev. 01/01/2019)
Ohio Department of Aging**PRE-TRIP DAILY VEHICLE INSPECTION**

| VEHICLE ID | LAST SIX DIGITS OF VIN | MAKE & MODEL |
|------------|------------------------|--------------|
| | | |

EACH DRIVER THE PROVIDER SHALL ~~CONDUCT AN INSPECTION ON~~ INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST ~~SERVICE TRIP~~ OF THE DAY

| DATE | |
|------------------|--|
| ODOMETER READING | |

| INSPECTION ITEMS | | Yes | No |
|---|--|-----|----|
| EXTERIOR | Ground under vehicle free of leaked fluids? | | |
| | Auto body free of new damage? | | |
| | Clean windows and mirrors? | | |
| | Windshield wipers/washers appear OK? | | |
| TIRES APPEAR OK? | Properly inflated? | | |
| | Free of visible damage? | | |
| UNDER THE HOOD The driver - <u>provider</u> shall check oil and belts before starting vehicle. | Adequate clean oil? | | |
| | Hoses appear OK? (e.g., no cracks, leaks) | | |
| | Belts appear OK? (e.g., no fraying) | | |
| | Adequate windshield washer fluid? | | |
| ITEMS STORED IN VEHICLE? | Current, valid insurance ID card? | | |
| | Current, valid vehicle registration? | | |
| | Biohazard kit? | | |
| | First-aid kit? | | |
| | Seatbelt cutter? | | |
| | Flares or reflective triangles? | | |
| | Fire extinguisher? | | |
| | Blanket? (<i>winter only</i>) | | |
| ITEMS INSPECTED FROM THE INTERIOR APPEAR OK? | Seat belts? | | |
| | Seats hazard-free (tears, loose armrests)? | | |
| | Floor free of hazards? | | |
| | Clean interior? | | |
| | Mirrors adjusted properly? | | |
| | Doors operate from inside and outside? | | |
| | Door locks? | | |
| | Gauges? (e.g., oil, fuel, temp.) | | |
| | Fuel level adequate? | | |
| | No warning lights (e.g., check brakes) lit? | | |
| | 2-way communication device? (e.g., radio/cell) | | |
| | Horn? | | |
| | Back-up alarm (if equipped)? | | |
| | Brakes? | | |
| | Heater, defroster, and AC? | | |
| LIGHTS WORKING PROPERLY? The driver - <u>provider</u> shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights) | Each headlight (high & low beam)? | | |
| | Each tail light and marker light? | | |
| | Each brake light? | | |
| | Each turn signal? | | |
| | Each back-up light? | | |
| | Hazard lights (front and rear)? | | |
| | License plate light? | | |
| | Interior lights? | | |

| INSPECTION ITEMS | | Yes | No |
|--|--|-----|----|
| If equipped WHEELCHAIR LIFT and RAMP APPEAR OK? | Operate through complete cycle? | | |
| | Properly secured to vehicle? | | |
| | Proper number of restraints? | | |
| | Free of physical damage or leaking fluid? | | |
| | Free of dirt, mud, gravel, salt, <i>etc.</i> ? | | |
| | Lack need for repair? | | |

| | | |
|--|--|--|
| <u>ATTESTATION:</u> <u>I hereby verify that the</u> <u>inspection findings</u> <u>above are accurate.</u> | | |
| | <div>(PRINT NAME)</div> <hr/> <div>(SIGNATURE)</div> <hr/> | |

ODA0008

(Rev. 12/2/2008 01/01/2019)
Ohio Department of Aging**PRE-TRIP DAILY VEHICLE INSPECTION**

| VEHICLE ID | LAST SIX DIGITS OF VIN | MAKE & MODEL |
|------------|------------------------|--------------|
| | | |

EACH DRIVER* THE PROVIDER SHALL CONDUCT AN INSPECTION ON INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST SERVICE TRIP OF THE DAY

| WEEK OF ___/___/___ | | SUN | | MON | | TUES | | WED | | THURS | | FRI | | SAT | |
|---|--|-----|----|-----|----|------|----|-----|----|-------|----|-----|----|-----|----|
| ODOMETER READING | | --- | | --- | | --- | | --- | | --- | | --- | | --- | |
| INSPECTION ITEMS | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| EXTERIOR | Ground under vehicle free of leaked fluids? | | | | | | | | | | | | | | |
| | Auto body free of new damage? | | | | | | | | | | | | | | |
| | Clean windows and mirrors? | | | | | | | | | | | | | | |
| | Windshield wipers/washers appear OK? | | | | | | | | | | | | | | |
| TIRES APPEAR OK? | Properly inflated? | | | | | | | | | | | | | | |
| | Free of visible damage? | | | | | | | | | | | | | | |
| UNDER THE HOOD The driver-provider shall check oil and belts before starting vehicle. | Adequate clean oil? | | | | | | | | | | | | | | |
| | Hoses appear OK? (e.g., no cracks, leaks) | | | | | | | | | | | | | | |
| | Belts appear OK? (e.g., no fraying) | | | | | | | | | | | | | | |
| | Adequate windshield washer fluid? | | | | | | | | | | | | | | |
| ITEMS STORED IN VEHICLE? | Current, valid insurance ID card? | | | | | | | | | | | | | | |
| | Current, valid vehicle registration? | | | | | | | | | | | | | | |
| | Biohazard kit? | | | | | | | | | | | | | | |
| | First-aid kit? | | | | | | | | | | | | | | |
| | Seatbelt cutter? | | | | | | | | | | | | | | |
| | Flares or reflective triangles? | | | | | | | | | | | | | | |
| | Fire extinguisher? | | | | | | | | | | | | | | |
| | Blanket? (winter only) | | | | | | | | | | | | | | |
| ITEMS INSPECTED FROM THE INTERIOR APPEAR OK? | Seat belts? | | | | | | | | | | | | | | |
| | Seats hazard-free (tears, loose armrests)? | | | | | | | | | | | | | | |
| | Floor free of hazards? | | | | | | | | | | | | | | |
| | Clean interior? | | | | | | | | | | | | | | |
| | Mirrors adjusted properly? | | | | | | | | | | | | | | |
| | Doors operate from inside and outside? | | | | | | | | | | | | | | |
| | Door locks? | | | | | | | | | | | | | | |
| | Gauges? (e.g., oil, fuel, temp.) | | | | | | | | | | | | | | |
| | Fuel level adequate? | | | | | | | | | | | | | | |
| | No warning lights (e.g., check brakes) lit? | | | | | | | | | | | | | | |
| | 2-way communication device? (e.g., radio/cell) | | | | | | | | | | | | | | |
| | Horn? | | | | | | | | | | | | | | |
| | Back-up alarm (if equipped)? | | | | | | | | | | | | | | |
| | Brakes? | | | | | | | | | | | | | | |
| | Heater, defroster, and AC? | | | | | | | | | | | | | | |
| LIGHTS WORKING PROPERLY? The driver-provider shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights) | Each headlight (high & low beam)? | | | | | | | | | | | | | | |
| | Each tail light and marker light? | | | | | | | | | | | | | | |
| | Each brake light? | | | | | | | | | | | | | | |
| | Each turn signal? | | | | | | | | | | | | | | |
| | Each back-up light? | | | | | | | | | | | | | | |
| | Hazard lights (front and rear)? | | | | | | | | | | | | | | |
| | License plate light? | | | | | | | | | | | | | | |
| | Interior lights? | | | | | | | | | | | | | | |
| If equipped WHEELCHAIR LIFT and RAMP APPEAR OK? | Operate through complete cycle? | | | | | | | | | | | | | | |
| | Properly secured to vehicle? | | | | | | | | | | | | | | |
| | Proper number of restraints? | | | | | | | | | | | | | | |
| | Free of physical damage or leaking fluid? | | | | | | | | | | | | | | |
| | Free of dirt, mud, gravel, salt, etc.? | | | | | | | | | | | | | | |
| | Lack need for repair? | | | | | | | | | | | | | | |

*No two drivers should use the same form. If two drivers use the same vehicle for the service, each driver should complete a separate form.

| | |
|---|-----------------------|
| DRIVER ATTESTATION: I hereby verify that the inspection findings above are accurate. | _____ (PRINT NAME) |
| | _____ (SIGNATURE) |