**Blueprint**

**Recommendation**

|  |  |
| --- | --- |
| **Recommendation Title:** | Increase Flexibility in Choice for Individuals |
| **Sub-Committee** | Transportation |
| **Recommendation #** | Identification Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Function/Service** | **Statutory / Rule Change Ohio Revised Code Cite** | **Driver Impact** | **Priority Status H=High, M=Medium, L=Low** |
|  |  |  | 1,2,3,4,6,7 | H |

|  |  |
| --- | --- |
| **Key Finding** | On-demand and flexible transportation options are needed in order to meet around the clock needs (non-traditional-hours/evenings/weekends) in all areas of the state. This recommendation would allow for individuals/families to have more control and choice. |

|  |  |
| --- | --- |
| **Recommendation Proposal** | Create a Participant Directed Transportation Rule for stand-alone transportation needs. DODD would allow for DODD-certified providers and non-DODD certified drivers to register and attest they are meeting public transportation requirements as a willing/able provider for individual requiring transportation.  Individuals, families, support person can purchase scheduled or on-demand rides, drivers education or permitted assistance with car repairs/modifications.   * Transportation Provider options: DODD NMT Provider, Participant-Directed certified providers, Commercial Transportation, Local Transit Systems, Non-DODD Transportation Vendors, Public Transportation Purchase Capacity (bus pass, taxi, uber/lyft, rideshare, etc.),   + Simplify and align DODD Transportation provider certification with public transportation requirements     - Driver requirements: Valid driver’s license, insurance, driving record * Community Driver Education: Funding can be directed by individuals to gain their license that can be supported by waiver dollars with discussion that starts during school years. * Car modifications/repairs: Allow funding to be utilized to modify an individual’s vehicle to meet mobility needs and be able to transport themselves or have natural supports.   **Budget:** Recommendation that the finance subcommittee and blueprint group explore the potential of identifying a single budget for all waiver services or allow for budget override via team planning process so that budget can be more flexible to meet individual needs  **Authorization:** Planning team determine need for stand-alone transportation, and identify budget to be authorized for participant directed transportation services   * **Rates:** Commercial standard rate and rate limitations set in rule for DODD certified providers. Rates must accommodate base rate + mileage reimbursement for non-commercial * **Cancellations:** Allow for scheduled and on-demand rides. Allow drivers to have cancellation policy that would warrant a no-show/no-cancellation fee that would be paid by rider. |

|  |  |
| --- | --- |
| **Rationale for Change** | This proposal would address the charter by expanding the availability of transportation to support a wider arena of non-work and work related ADS services, including for:   * non-traditional hours, including weekends and holidays, * employment hours, including different shifts * more spontaneous needs that support an individual’s independence   Based on current data 4783 people are working in competitive employment  2400 people were driven to work by their provider 49%  747 driven by a family friend or coworker 16%  664 took public transportation 15%  566 drove themselves to work 12% |

|  |  |  |
| --- | --- | --- |
| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * Individual choice and control * Increase number of available drivers * Allows for flexibility * Promote independence * Expand transportation for community integration options * Natural life goal * Decrease of cost within the system * Frees available resources * Changes the cultural thinking of the system of entitlement |
| **Cons** | * Budget limitations * Perception of safety concerns |

|  |  |
| --- | --- |
| **Fiscal Implications** | Share any financial impact of the recommendation. If germane, share revenue source implications. |

|  |  |
| --- | --- |
| **Measure of Success** | Define what can be measured to determine if the recommendation was impactful. Consider inputs, outputs and outcomes. |

|  |  |
| --- | --- |
| **Implementation Tip** | If a specific implementation approach can ease the execution of the recommendation, please share. Lessons learned? Innovations? |

|  |  |
| --- | --- |
| **Note / Reference Material** | If a reference cite, process flow, chart, research source, other benchmark or content material helps illuminate the recommendation proposal, please insert or provide web link here. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Projected Implementation** | | | | |
| **2021** | **2022** | **2023** | **2024** | **Dependency / Sequencing Factor** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Threshold Question Check** | |
| *Please vet the recommendation against these questions. Please check the left-hand column if the answer is “yes, this recommendation addresses this question.” While few recommendations will meet all threshold points, it is important to ensure that the recommendation is appropriately aligned with consensus system change drivers and advancing the vision.* | |
|  | 1. Does the recommendation address one or more of the identified system change drivers? |
|  | 1. Does the recommendation improve the client experience? Lead to better outcomes for people? |
|  | 1. Does the recommendation advance the delivery of better services for work, non-work or transportation? |
|  | 1. Does the recommendation advance community employment? |
|  | 1. Does the recommendation facilitate serving more clients? Reducing waiting lists? |
|  | 1. Does the recommendation reduce administrative burden? Simplify? |
|  | 1. Does the recommendation unify or standardize approaches across State agencies? County Boards? Multiple providers or settings? |
|  | 1. Does the recommendation represent a modern approach? Embrace technology? |
|  | 1. Is the recommendation affordable – an efficient and effective use of limited resources? |
|  | 1. Does the benefit of the recommendation balance with the cost of implementation/ongoing capacity? |
|  | 1. Does the recommendation help the system serve individual with more severe disabilities or who have medically complex issues? |
|  | 1. Does the recommendation deliver public value? Would most taxpayers feel this recommendation is worthy of the taxpayer’s time, money and trust? |
|  | 1. Does the recommendation move the system toward quality, dependable, equitable service regardless of where an individual lives in Ohio? |
|  | 1. Does the recommendation address racial bias? |
|  | 1. Is this recommendation “necessary to meet the charge” and not just “nice to have”? |

**Instructions:**

Each sub-committee will fill out completely one Blueprint Recommendation Form for each recommendation. Be concise. Report what is needed for the full membership to understand the context of the recommendation, the recommendation itself, and how the recommendation can impact expected outcomes.