

# TRANSPORTATION GUIDELINES AND CONSIDERATIONS

*Revised 2016*

## PURPOSE OF PAPER

The purpose of this paper is to help clarify the various transportation issues, which exist in catastrophic and non-catastrophic workers' compensation situations. The primary guideline for determining transportation is based on Georgia State Board of Compensation Rule 200.1, which states the understanding that the goal of Rehabilitation Services is to *"provide items and services that are reasonable and necessary for catastrophically injured employees to return to the least restrictive lifestyle possible."* All parties are charged with the fulfillment of this goal.

## II. TRANSPORTATION

### A. General Considerations

The Rehabilitation Supplier needs to identify transportation needs of the injured worker, taking into consideration appropriate options as discussed in this paper.

An injured worker who experiences cognitive and/or physical injuries which impact his ability to drive, will need to be involved in appropriate evaluations to determine cognitive and physical abilities, before being cleared to resume driving and to determine transportation needs. It is preferable for the injured worker to maintain driving independence. However, their previous driving record/history may impact decisions regarding transportation. Driving potential often cannot be determined right after initial injury, due to other medical complications or factors.

Research all positive/negative factors for providing what is medically necessary, as well as appropriate, for the individual's specific needs. Consider safety, reliability, extent of transportation needs, location of individual geographically, resources in the area and costs of each choice, short term and long term.

### B. Rehabilitation Supplier Responsibilities

1. Identify transportation needs of the injured worker for
  - a. Medical and rehabilitation appointments
  - b. Personal business
  - c. Social/ recreational/health maintenance
  - d. Pre-vocational and vocational activities
  - e. Avocational activities
2. Assess the need for an evaluation of the injured worker's physical and/or cognitive abilities as related to driving
  - a. Physical functions affecting driving ability may include, but are not limited to: range of motion, muscle strength, reaction time, mobility status, transfer ability, sensation and visual skills. These may be associated with conditions such as, but are not

limited to: Amputation, Neuropathy, Spinal Cord Injury, Complex Regional Pain Syndrome, Visual Impairments and Extremity Impairments.

Additional visual testing may be necessary to identify visual deficits that may affect driving.

- b. Cognitive functions affecting driving ability may include, but are not limited to: processing speed, concentration, attention span, reaction time, visuospatial judgment and ability to generalize. These may be associated with conditions such as, but not limited to: Brain Injury, Stroke, psychological factors and medication issues as determined by the treating physician.

In brain injury/stroke cases, a neuropsychological evaluation will address deficits accurately and give data to help determine ability to drive, make judgments, learn new skills, etc.

The Rehabilitation Supplier must be aware that cognitive functioning is an ongoing, dynamic process, affected by aging, functional changes and technological advances. It may be appropriate from time to time for the Rehabilitation Supplier to consider whether cognitive function testing should be repeated or provided. Further, it may be appropriate for Neuropsychological testing to be included.

- 3. Coordinate a driving evaluation with Certified Driver Rehabilitation Specialist.
- 4. Assess and recommend transportation options - consider short-term vs. long term intervention. Injured worker considerations include: age, conditioning, strength, weight, disease progression and overall medical status. Vendor considerations include knowledge, experience, reliability, availability for service and geographic location in relation to the client. Public Transportation and Ride Sharing services may be considered as part of this assessment. Before utilizing to Public Transportation or Ride Sharing Services, the Rehabilitation Supplier should address whether such services meet the injured worker's transportation needs.

Using adaptive equipment modifiers registered with the National Highway Traffic Safety Administration (NHTSA) is recommended to ensure that Federal Motor Vehicle Safety Standards are met. ([www.nhtsa.dot.gov/cars/rules/adaptive/Modifier/Index.csm](http://www.nhtsa.dot.gov/cars/rules/adaptive/Modifier/Index.csm))

- a. Contract taxi, Ride Sharing, or medical transport
  - 1) Type of transportation (ambulance, medical transport, auto) should be based on the injured worker's mobility needs; i.e. ambulatory or dependence on mobility devices.
  - 2) Dependability of service, cost, availability in area needed, etc. should be a consideration on an individual basis
  - 3) Injured worker's level of confidence, competence and safety issues need to be relayed to the transportation company

b. Public transit

- 1) May offer an alternative source for specific appointments and personal activities
- 2) Must consider convenience (travel time, route changes, stops in relation to destination), availability (route schedule), accessibility (does injured worker have mobility/cognitive skills to use system), and safety issues.

c. Rental

- 1) Rental of handicapped, accessible vans for short-term transportation may be financially appropriate
- 2) Some minimal adaptive equipment, such as hand controls, may be available through car rental agencies. Use of this type of equipment is not recommended prior to the injured worker receiving a driver's evaluation.
- 3) Must consider who is to hold the vehicle insurance on the rented unit

d. Modification of vehicle

- 1) Should be based on a dependent passenger or driving evaluation, type of mobility device and/or prescribed vehicle equipment needs
- 2) Assess and determine cost effectiveness to modify employee's existing vehicle, considering the age of the vehicle, mileage and operating condition. A mechanical diagnostic evaluation may be necessary to determine condition of vehicle and projected life expectancy of vehicle. It is recommended to use an ASE Certified mechanic. In addition, it must be determined that any existing vehicle can be modified safely and within the context of Federal Motor Vehicle Safety Standards.
- 3) Average replacement schedule for a new vehicle is approximately 7 – 10 years, depending on mileage and condition of vehicle. Replacement of vehicle is not in all instances required at vehicle age of 7-10 years. In any assessment for replacement of a vehicle, incidence, frequency of repairs and expense of repairs should be considered.
- 4) Adaptive Equipment ranges from spinner knobs and left footed accelerators to high tech hand controls and computerized joystick systems. Adaptive equipment training may require 5 to 40 additional hours, for the injured employee as recommended by the driving evaluation. In special circumstances, this could be higher.
- 5) Rarely are structural modifications (raised roof, lowered floor) performed on older vans. Additional weight could cause accelerated wear and tear and may be dangerous. Some equipment such as hand controls and foot pedals may be moved to another vehicle. Consider cost to move equipment from one vehicle to another.
- 6) Financial considerations (see section J)

e. Auto vs. van vs. truck (See section D)

5. Develop and submit proposed Independent Living Rehabilitation Plan (per Rule 200.1 (II)(C)(2)) incorporating proposed transportation needs. This must be substantiated by

documentation, including, but not limited to: driving evaluation, functional evaluations, seating/mobility evaluations, cost projections and physician orders.

- a. A plan should always be in place that allows the injured worker to be transported safely as a passenger, even if he is the primary driver.
  - 1) A secure lock down should be in place for the wheelchair, even if unoccupied.
  - 2) An able bodied driver should be able to operate the vehicle, if necessary
  - 3) If the injured worker's vehicle is not modified so that he/she can be transported as a passenger, an alternative transportation service needs to be provided.
  - 4) Likewise, if the modified vehicle is inoperable, alternative transportation needs to be provided.

## C. **Driving Evaluation**

### 1. General Considerations

A driving evaluation will assess physical, visual, perceptual and cognitive skills, as well as identifying safe/unsafe-driving techniques. It will also help identify adaptive equipment needs. Referral for a driving evaluation with a Certified Driver Rehabilitation Specialist (CDRS) is strongly recommended and should be performed by a provider that has both clinical and on-the-road evaluation capabilities available. Specific adaptive equipment should be listed as a result of the evaluation, in order to obtain physician orders and clear and cost effective bids as needed.

- a. According to Georgia Law (Code Section 40-5-35) a driver must be seizure free for 6 months.
- b. A driver's license or learner's permit is required unless otherwise specified by the Certified Driver Rehabilitation Specialist (CDRS)
- c. Both a car and a van may need to be available for assessment. The injured worker should test all equipment being recommended during the "on the road" evaluation
- d. The optimal time for referral varies based on physical recovery, ability to learn new tasks/techniques, and the effect of medications on the central nervous system and cognitive function.
- e. Information needed includes physician prescription and a brief medical summary (current report addressing functional abilities impacted by disability and medications).
- f. If the injured worker does not pass the evaluation, re-evaluation in 6-12 months may be an option. A driver's training/rehabilitation program may assist the injured worker in passing the evaluation.

### 2. Specific Considerations

#### a. Physical

If the injured worker uses a mobility device (power or manual wheelchair, scooter) or functional/adaptive aids, this equipment needs to be available for the driving evaluation.

- b. Cognitive/Psychological – The Injured Employee’s psychological condition may be considered in whether a driving evaluation is appropriate. Consult the treating physician regarding the timing of this evaluation.

**D. Vehicle Types/Equipment Needs**

The injured worker’s capability to transfer himself/herself, with or without assistance, and ability to load/unload his/her mobility device, must be considered in all aspects of vehicle purchase and modifications (See Decision Tree).

**1. Automobile**

Automotive design recommendations will depend upon the physical size and limitations of the injured worker, type and size of mobility device to be utilized and the need for accommodation in driving controls to safely drive vehicle. Many of these questions will likely be addressed as part of the driving evaluation.

The injured worker should test his/her ability to load and unload the mobility device into the automobile being considered for purchase.

- a. Accommodations may include accelerator and/or brake modifications, hand controls and a power driver’s seat. Consideration should be given to automatic windows, door locks and side mirrors.
- b. Assess need for two-door or four-door design to facilitate loading/unloading of mobility device.
- c. Seat height should accommodate both transfers and visibility.
- d. Distance between the steering wheel and injured worker must allow for transfer of mobility device into vehicle. This may require a powered driver’s seat.
- e. A bench seat may be more practical than bucket seat for making transfers
- f. Assess the vehicle’s capability to bear the weight of adding a loader type lift.
- g. If transfers, loading/unloading and vehicle operation requires significant expenditure of energy from the injured worker, the appropriateness of an automobile versus a van should be reassessed. Future and premature damage to the injured worker’s upper extremities should be considered.

**2. Truck**

If a truck is utilized, the structure, height of truck, need for extended cab (particularly for a lift) and a canopy to the truck bed need to be addressed. Lifts are available for putting a wheelchair/scooter into the bed of a truck and also for positioning the injured worker into the driver’s seat.

**3. Mini-Van versus Full Size Van**

Structure, weight, tonnage, lift platform options, size of engine, wheelbase, lowered floor and/or raised roof, terrain, individual level of function and technology requirements are all factors that determine appropriate van purchase.

- a. A van has to be large enough to provide easy ingress and egress, as well as maneuverability of interior space.
- b. Family size, cargo capacity, vehicle handling, visibility, fuel economy, maintenance costs, tire replacement, ground clearance and garage access are considerations for any van.
- c. Full size vans, such as the Ford E-250 may be preferred due to the higher gross vehicle weight rating, heavy-duty systems, and overall durability. With modifications, this vehicle can accommodate clear unobstructed entry for individuals with a seated height of up to 60 inches or more. Recommendations for lowered floors and raised roofs should be obtained through a driver's evaluation

**E. Handicapped Permit and License Plate**

The treating physician will determine whether the injured worker will qualify for a handicapped permit/plate. In the case of a long-term disability, an injured worker has the choice of either a portable handicapped permit or a handicapped license plate. Temporary permits are available for short-term use.

1. Handicapped Permit form is obtained from the local State Driver's License Office and must be completed by the treating physician. Some physicians have this form in their offices. The permit form must be notarized. The permit is portable and can be used in any vehicle in which the injured worker travels.
2. Handicapped license plates are obtained from the local county tag office. The physician must complete the handicapped permit form and it must be notarized. Fees for this license plate are the same as a regular plate. To obtain a handicapped license plate, the disabled person must have the vehicle title in his/her name. This license plate is not portable or transferable.

**F. Outside Carriers, Lifts and Ramps**

Safety, security, exposure to weather, handling and maneuverability of the vehicle, possible damage to mobility equipment, cargo space, injured worker's functioning level, vehicle modifications and cost are all factors to consider in determining the appropriate system.

**1. External lifts/trailers**

The vehicle must be retrofitted with an approved hitch and platform. The size of engine and type of vehicle determines if this type carrier can be considered. The wheelchair/scooter is transported outside of the vehicle. This system allows for easy access to equipment and no cargo space is required.

The injured worker must be able to position and lock down the scooter/wheelchair and be able to ambulate from the back of the vehicle, if no one is available to assist.

**2. Inside lift**

An inside system allows the injured worker to transport mobility equipment inside the vehicle.

- a. An unoccupied hoist lift positions the wheelchair/scooter into the bed of a truck or through the rear door of the vehicle. The injured worker must be able to attach the wheelchair/scooter to the lift and be able to ambulate to get into the vehicle, if no one is available to assist.
- b. Fully automated lifts allow the injured worker to be lifted inside the vehicle while occupying his/her mobility device and can be operated independently or with assistance. The type of lift is determined by total combined weight of the injured worker and the mobility device. This information should be provided through the driving or dependent passenger evaluation.

### 3. Ramps

Generally, ramps are used on mini vans only, due to the safety concerns and degree of incline.

#### a. Automated Ramp

Allows injured worker to ingress/egress (enter/exit) while occupying a mobility device and can be operated independently or with assistance.

#### b. Manual Ramp

Manual ramps are available for occupied mobility devices if attached to a vehicle, assuming the ramp angle is safe and that the mobility device has adequate traction and power. Manual ramps require assistance.

### G. **Portable Ramps**

Portable ramps are available for wheelchair /scooter users to carry in their vehicles to allow access to areas not handicapped accessible. These ramps are lightweight and available in varying lengths.

### H. **Home Ramp System**

Refer to Housing Guidelines and Considerations Section regarding ramp specifications for covered areas.

### I. **Accessible Covered Areas**

Mobility problems may restrict the speed at which an injured worker may *enter* (ingress) and *exit* (egress) from a vehicle. Exposure to the elements may be particularly hazardous to an injured worker's health and the preservation of the mobility device. In such cases, the Board will require a covered parking area. For example, people with spinal cord injuries have a hard time regulating their body temperature, so exposure to rain/cold, etc., could have medical consequences.

Where feasible, it is preferred that the covered parking area be attached to the home. Parking requirements will vary on a case-by-case basis. The parties should take a common sense approach as to what each injured worker will need, based upon his/her individual factors.

**J. Financial Considerations**

1. Consider purchase versus rental, pre and post injury insurance rates, and maintenance costs for vehicle. Case parties need to determine, prior to the actual purchase and modifications, their financial responsibility in the transportation process and who is paying for what. This must be documented in an Independent Living Rehabilitation Plan.
2. Traditionally, vehicles are considered an ongoing rehabilitation expense due to scheduled replacement of vehicle and ongoing maintenance and repairs related to prescribed adaptive equipment.
3. If a vehicle is purchased or modified and that vehicle is utilized in rehabilitation services, (such as medical appointments, pharmacy, rehabilitation/vocational services, etc), the injured worker is reimbursed for mileage, per the Georgia Worker's Compensation Fee Schedule, unless negotiated otherwise. This reimbursement compensates for gasoline and wear and tear on the vehicle.
4. Maintenance costs to the prescribed adaptive equipment are the responsibility of the employer/insurer.
5. Extended Warranties on the entire vehicle are strongly recommended to protect all parties, increasing the life of the vehicle and adaptive equipment and reducing replacement time.
6. General maintenance, including replacement of consumable items, for the vehicle remains the responsibility of the injured worker, unless negotiated otherwise.
7. Insurance: generally, the injured worker is responsible for continuing payments of the vehicle insurance premiums, based on pre-injury vehicle insurance costs. The employer/insurer is responsible for additional insurance premium costs due to the increased value of the vehicle and modifications required, unless negotiated otherwise.
8. Cell phone service, as medically prescribed, is essential for persons with the potential to develop a medical or vehicle emergency while driving independently or being transported.
9. The injured worker is responsible for maintaining current tags/ad valorem tax, based on pre-injury vehicle costs, with the employer/insurer being responsible for additional cost due to increased value of the vehicle and modifications, unless negotiated otherwise.
10. Title determination must be addressed by case parties on an individual case basis. To obtain a Handicapped License Plate, the disabled person must have the vehicle title in his/her name.



**K. Ethical Considerations**

The concept of “normalization” is especially vital to individuals who require adaptive equipment for independent functions. Access to the community is an important aspect of normalization. Rehabilitation Suppliers have an ethical obligation in working with the catastrophically injured worker to ensure that transportation is available, not only for medical appointments and independent living activities, i.e.: shopping, but also for recreational activities.

The Rehabilitation Supplier has a vital role in the process of obtaining appropriate transportation, taking into consideration the injured worker’s preferences and the cost effectiveness for the insurer. Each injured worker has individual physical needs and life-style requirements. The independence offered by the appropriate vehicle and mobility equipment can be life changing.

**L. Disclaimer**

This transportation information is being provided as general information and to assist with giving appropriate solutions for various transportation issues that may arise while working with an injured worker during the rehabilitation process. It is not all-inclusive or specific to an individual injured worker’s needs. It is to be used as a guide to explore transportation issues with all parties.

The Board’s Managed Care and Rehabilitation Division wish to thank the following people for their valuable input and research in developing this document:

Carilyn Arkin, Chair  
Pam Arthur  
Pat Bell  
Lynn Carpenter  
Paulin Judin  
Deborah Krotenberg  
Valerie Martin  
Melanie Miller  
Carroll Putzell  
Vicki Sadler  
Butch Syfert

Development completed 7/2003

## DECISION TREE

### Car versus Van

Can the person transfer independently and efficiently to a car? (If it takes too long or takes too much energy, it might not be worth the effort.)

No Consider a van with a person driving from a wheelchair or transfer seat. Skip to #5

Yes Car is a possibility. (If the person owns a vehicle that is not a car, such as a pickup truck, SUV or van, make sure they can transfer into their personal vehicle, not just vehicle) Proceed to next question.

#### **Does the person have a mobility device? (walker, crutches, canes, wheelchair, scooter)**

No Car should be possible

Yes Proceed to next question

Can the person load and unload their mobility device independently?

No Proceed to next question.

Yes Car should be possible (If the person owns a vehicle that is not a car, such as a pickup, SUV or van, make sure they can load this device into their personal vehicle, not just any vehicle)

Can the person load and unload their mobility device using adaptive equipment such as a lift or topper? (NOT compatible with all wheelchairs and scooters or with all vehicles)

No Van should be considered

Yes Car can be considered.

Can the person transfer efficiently to a level or downhill surface?

No Consider a van for a wheelchair driver with a lowered floor in cargo and driver's areas and an automatic lockdown.

Yes Consider a van with a transfer seat. This may allow the person to avoid some structural modifications. (Keep in mind they may have to reposition their legs several times while moving into position under the wheel. Tall people or people with bad extensor spasms can have problems with the narrow space between seats)

Is their seated height more than 5'3"? (applies to dependent passengers also)

No Consider flat top or lowered floor minivan.

Yes Consider raised roof and doors.

Is their seated height more than 5'5"? (applies to dependent passengers also)

No Can consider either lowered floor minivan or full size van. See next question.

Yes Should only consider full size van.

Can the person push or drive up a minivan ramp

No Should only consider full size van

Yes Can consider either lowered floor minivan or full size van

The Board's Managed Care and Rehabilitation Division wish to thank the following people for their valuable input and research in developing this document:

Susan Caston  
Sarah Endicott  
Vicki Engel  
Nancy Green  
Steve Head  
Leda Lively  
Jody Loper  
Ileana McCaigue  
Myra McCowan  
Vicki Sadler  
Melanie Suarez Miller  
John Sweet  
Kayla Weekley  
Gordon Zeese