Guidelines for Reasonable Modification Requests

REASONABLE MODIFICATION/ACCOMMODATION OF MOUNTAIN MOBILITY POLICIES, PROCEDURES, AND PRACTICES

GUIDELINES FOR MAKING REQUESTS AND COMPLAINT RESOLUTION PROCESS

EFFECTIVE JULY 1, 2015

General Information

The U.S. Department of Transportation revised its rules under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended, to require transportation providers to make reasonable modifications/accommodations to policies, practices, and procedures to ensure nondiscrimination and full accessibility to transportation programs and services. Public transportation providers are required to adopt appropriate guidelines for reasonable modification requests and provide for the prompt and equitable resolution of complaints. (49 CFR Part 37; 49 CFR Part 37)

These guidelines set forth the procedures for making a request for a reasonable modification, the process of considering a reasonable modification request, and the complaint process for submitting and addressing complaints concerning these guidelines or requests that have been denied. In coordination with Buncombe County staff, the Transit Program Manager at Mountain Mobility Administration shall be responsible for coordinating efforts to comply with applicable regulations and guidelines.

Mountain Mobility typically accommodates requests for accommodations within its normal business practices and procedures through its efforts to provide good customer service and quality transportation services to every passenger. Therefore, these guidelines and procedures shall apply to requests for modifications to policies, procedures, and practices that cannot be made in the normal course of business by the driver and/or administrative or operational staff without supervisory assistance or which requires further review to determine if the request can be accommodated.

Forms to request a reasonable modification or file a complaint related to these guidelines can be obtained at www.buncombecounty.org/transportation; or by contacting Mountain Mobility Administration at (828) 250-6750, Ext. 5, (TTY 1-800-735-2962); email mountainmobility@buncombecounty.org; or may be requested by mail or in person from the Mountain Mobility Administrative Office located at 339 New Leicester Hwy, Suite 140, Asheville, NC 28806.

Making a Request for a Reasonable Modification/Accommodation

A Mountain Mobility rider or their personal representative of record may submit a request to modify a Mountain Mobility policy, procedure, or practice by one of the following means:
For modifications related to taking a trip on a Mountain Mobility vehicle:

1. During the eligibility process when signing up for Mountain Mobility services, by contacting Mountain Mobility Administration at (828) 250-6750, Ext. 5, (TTY 1-800-735-2962).

2. When making a reservation for a trip to be provided by Mountain Mobility; or

3. By calling the Mountain Mobility Dispatch Office at least two hours prior to a scheduled pick-up time and asking the dispatcher to make an accommodation for a trip scheduled that day; or

4. By submitting a written request for a modification for all trips scheduled for the rider, by email to mountainmobility@buncombecounty.org or by mail to Mountain Mobility Administration, 339 New Leicester Hwy, Suite 140, Asheville, NC 28806.

For modifications related to a specific Mountain Mobility policy, administrative or operational procedure or practice:

1. By calling Mountain Mobility Administration at (828) 250-6750, Ext. 5, (TTY 1-800-735-2962); or

2. By submitting a written request for a modification, by email mountainmobility@buncombecounty.org or by mail to Mountain Mobility Administration, 339 New Leicester Hwy, Suite 140, Asheville, NC 28806.

The term “reasonable modification” does not have to be used in order to request an accommodation to be made. When a verbal request is received, Mountain Mobility staff will fill out a Reasonable Modification Request Form for each request.

Requests to make a reasonable modification should be made as far in advance as possible. If a request is made on the day a trip is scheduled to be provided, the request will be elevated to priority status in order for an appropriate decision to be made prior to the trip being performed.

Process of Considering a Reasonable Modification Request

In its efforts to provide good customer service and quality transportation services to every passenger, Buncombe County reserves the right to allow smaller changes and accommodations in the normal course of administering and operating its Community Transportation System, Mountain Mobility, within its current policies, practices, and procedures.

When a request for a reasonable modification is made which requires supervisory assistance or further review to determine if the request can be accommodated, each request will be subject to the following considerations:

1. Is the request being made by or on behalf of a Mountain Mobility rider with a disability that has been documented in the passenger’s eligibility file with Mountain Mobility?

2. Would granting the request fundamentally change the nature of the transportation service? If yes, how?

3. Would granting the request create a direct threat to the health or safety of others? If yes, how?

4. Without the modification, would the passenger be able to fully access or benefit from Mountain Mobility’s services, programs, or activities? If not, why?

5. If the request is granted, would it cause an undue financial and administrative burden? If yes, how?

6. If the request is denied, are there any other actions that can be taken to address the issue noted?
The decision to grant or deny a request for a reasonable modification related to taking a trip on a Mountain Mobility vehicle shall be made by either the General Manager or Operations Manager at the Mountain Mobility Operations Office. All other decisions shall be made by the Transit Program Manager at Mountain Mobility. Management staff may seek additional guidance from other staff or resource persons as may be needed. If a decision is made to grant the request, the passenger or their representative will be contacted to follow up on any arrangements necessary to accommodate the request.

**Basis for Denial of a Request**

A request for reasonable modification may be denied if the request would fall under one of the following categories:

1. It would create a direct threat to the health or safety of others, whether driver or other passengers.
2. Granting the request would fundamentally change the nature of the transportation service.
3. Without the requested modification, the individual with a disability is able to fully utilize Mountain Mobility services, programs or activities for their intended purpose.
4. The request would cause an undue financial and administrative burden.

If a decision is made to deny the request, the Transit Program Manager will notify the passenger or their representative by mail sent with electronic tracking, informing them of the decision.

**Types of Requests Not Accepted or Allowed Under These Guidelines**

As permitted in federal regulations, certain types of requests for modifications will not be considered, including the following:

- Requests for a modification/accommodation to be made in extreme inclement weather conditions that rise to the level of a direct threat to the safety of the drivers or other passengers;
- Requests for special equipment on a Mountain Mobility vehicle that is not required under the ADA or other federal regulations;
- Requests to accommodate a wheelchair with user loads or dimensions that exceed the capacity of the vehicle or wheelchair lift;
- Requests to provide service that would require Mountain Mobility to travel outside of its established service area (Buncombe County) or to operate outside of established operating hours;
- Requests to furnish a personal care attendant (PCA) or PCA services to meet the needs of a passenger with disabilities;
- Requests for assistance to be provided in the administration of a passenger’s medication;
- Requests for an exclusive (ride alone) paratransit trip, or a request not to ride with a specific passenger;
- Requests for a specific driver to provide a passenger’s trip(s);
- Requests for a trip to be provided when the passenger with a disability cannot or refuses to pay a required fare, or requests that would require transit personnel to reach into pockets or backpacks in order to extract money to pay a fare;
- Requests to accommodate luggage or packages that exceed the number of bags or type outlined for shoppers in Mountain Mobility’s Riders Guide;
• Requests for passenger assistance where such assistance would cause a direct threat to the driver or passengers or if doing so would require the driver to leave the vehicle or passengers unattended or out of visual observation;
• Requests to hand-carry a passenger;
• Requests to allow pets to travel with a passenger when the animal is not a “service animal” as defined under the ADA;
• Requests for a driver to care for or take charge of a service animal;
• Requests for drivers to open the doors of building if doing so would require the driver to leave the vehicle or passengers unattended or out of visual observation;
• Requests for drivers to follow a path or maneuver a vehicle to a pick up or drop off point that would expose the vehicle and its occupants to hazards;
• Requests that would require a driver to text or use a phone in order to accommodate the request.

Complaint Process

Complaints related to this policy or a denial for a reasonable modification shall be made in writing and signed by the complainant(s) or a representative and include the complainant’s name, address, and telephone number. Complaints received by mail, fax or e-mail will be acknowledged and processed. Those who provide complaints by phone will be asked to fill out a formal complaint form. Complaints will be accepted in other languages including Braille.

All complaints made pursuant to these guidelines shall be submitted to the Transit Program Manager at Mountain Mobility Administration, who may be contacted by phone at (828) 250-6750, Ext. 5, (TTY 1-800-735-2962); by email to mountainmobility@buncombecounty.org; or by mail or in person at Mountain Mobility Administration, 339 New Leicester Hwy, Suite 140, Asheville, NC 28806.

Complaints must include a detailed description of the complaint and why the person perceives the issue to be in violation of these guidelines or applicable regulations.

Complainant Notification

1. When a complaint is received, the Transit Program Manager will provide written acknowledgment to the Complainant within fifteen (15) business days by mail sent with electronic tracking.

2. If a complaint is deemed incomplete, additional information will be requested, and the Complainant will be provided fifteen (15) business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.

3. Within fifteen (15) days of the acceptance of a complete complaint, the Transit Program Manager will initiate the investigation and work to resolve the issue. The complaint will be logged on a Reasonable Modification Complaints Log.

4. Within thirty (30) days of the acceptance of a complete complaint, the Transit Program Manager will notify the Complainant by mail sent with electronic tracking, informing them of the final decision. The notice shall include information regarding appeal rights of Complainant and instructions for initiating such an appeal.
5. A copy of each final report issued by the Transit Program Manager will be sent to Buncombe County Planning and Development. The investigative report and its findings will be reviewed by the Planning Director or their designee, and in some cases the investigative report and findings may be reviewed by the Buncombe County Legal Department.

6. In the event that Mountain Mobility, any existing or potential contractor, or any other entity carrying out the program or activity involved in the complaint, is in noncompliance with Reasonable Modification regulations, remedial actions will be taken by Buncombe County Planning and Development.

7. Buncombe County and Mountain Mobility may reconsider any determination if new facts and evidence come to light.

**Appeal Process**

If Complainant is dissatisfied with the determination and/or resolution, the Complainant may submit a request in writing to appeal the decision regarding the complaint. Appeals will be submitted by the Transit Program Manager to the Buncombe County Community Transportation Advisory Board (CTAB) at the next regular advisory committee meeting. The CTAB will review the appeal and make a recommendation whether to approve or deny the request for a reasonable modification. Notice of the final disposition will be mailed to the Complainant. If the CTAB recommends upon appeal that the request be granted, Mountain Mobility staff will be directed to make the requested modification. The Transit Program Manager will notify Buncombe County Planning and Development of the outcome.

**Recordkeeping**

The guidelines and procedures in this section do not apply to changes that can be accommodated in the normal course of business by the driver and/or administrative or operational staff.

When a request for a reasonable modification is made which requires supervisory assistance or further review to determine if the request can be accommodated, each request will be subject to the following recordkeeping requirements.

A Reasonable Modifications Complaints Log shall be maintained on a fiscal year basis (July 1-June 30). The Transit Program Manager shall close the Complaints Log following the end of each fiscal year and send a copy of the log to Buncombe County Planning and Development on or before July 31st following the end of each fiscal year.

In the event that no complaints are filed within a fiscal year, the Transit Program Manager shall check the applicable box and sign the log certifying that no complaints have been filed against Mountain Mobility during the fiscal year of the report.

All records pertaining to Reasonable Modifications Complaints will be retained by the Transit Program Manager for a period of three (3) years from the issuance of a final determination on any complaint. Records will be available during that timeframe for applicable federal and/or state compliance review audits.
### Mountain Mobility
**Reasonable Modification**
**Complaint Intake Form**

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<th>Last Name</th>
<th>First Name</th>
<th>Race</th>
<th>Gender/Sex</th>
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<th>Mailing Address</th>
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<th>State</th>
<th>Zip</th>
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<th>Business Name (if appropriate)</th>
<th>E-mail Address</th>
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<tr>
<th>Home Telephone:</th>
<th>Preferred Method Contact</th>
<th>Best time to call</th>
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<td>☐ Home ☐ Work ☐ Email ☐ Fax</td>
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**Describe Your Issue/Concern:** *(Include who was involved, what was said, what happened, and when it occurred (date and time)).*

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<th>Have you discussed this issue with any Mountain Mobility Representative?</th>
<th>If yes, provide the name, position, and date of discussion.</th>
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**Briefly explain what remedy, or action, you are seeking.**

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<th>Complainant’s Signature</th>
<th>Interviewer’s Initials</th>
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**Date**

**Management Use Only**

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<th>Date Complaint Received</th>
<th>Processed by (initials)</th>
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□ The complaint will be investigated, logged, and addressed according to policy guidelines.
□ The complainant does not wish to have any action taken. The complaint will be placed in an inactive status if no further action is requested within 30 calendar days.

**Follow-Up Action Taken:**
REASONABLE MODIFICATION COMPLAINTS LOG  
MOUNTAIN MOBILITY 

FISCAL YEAR: 

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<th>CASE NO.</th>
<th>COMPLAINANT NAME</th>
<th>RACE/GENDER</th>
<th>RESPONDENT NAME</th>
<th>BASIS</th>
<th>DATE FILED</th>
<th>DATE RECEIVED</th>
<th>ACTION TAKEN</th>
<th>DATE INVESTIG. COMPLETED</th>
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No Complaints or Lawsuits

I certify that to the best of my knowledge, the above described complaints or lawsuits regarding Reasonable Accommodations, or no complaints or lawsuits regarding Reasonable Accommodations, have been filed with or against Mountain Mobility.

_______________________________________________________________
Signature of Transit Program Manager  Date

_______________________________________________________________
Print Name and Title of Transit Program Manager