Agenda – Council – December 15, 2010

Report – Standing Policy Committee on Infrastructure Renewal and Public Works – November 16, 2010 adjourned to November 23, 2010

Item No. 1 Changes to the Handi-Transit Eligibility Criteria and Registration Process

STANDING COMMITTEE RECOMMENDATION:

On December 8, 2010, the Executive Policy Committee concurred in the recommendation of the Standing Policy Committee on Infrastructure Renewal and Public Works and submits the following to Council:

1. That the eligibility criteria for Handi-Transit be as follows:

   A. Requires the use of a wheelchair or scooter:
      i. On an ongoing basis – unlimited eligibility, or
      ii. Until a specific date – eligibility only until the expected date of recovery, or
      iii. As a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.

   B. Unable to walk 175 metres (575 feet) outside:
      i. At all times – unlimited eligibility, or
      ii. During winter months only – eligibility restricted to the period from October 15th to April 15th, or
      iii. Until a specific date – eligibility only until the expected date of recovery, or
      iv. As a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.

   C. Has 20/200 vision or less, or a visual field of less than 20 degrees in both eyes (legally blind) not corrected by lenses – unlimited eligibility.

   D. Has Alzheimer's Disease or Related Dementia (ADRD) which interferes with ability to use the regular fixed route transit system with an equivalent level of independence and safety (functional assessment of cognitive ability to use public transit required).

Report – Standing Policy Committee on Infrastructure Renewal and Public Works – November 16, 2010 adjourned to November 23, 2010

2. That the application process for Handi-Transit be as follows:

   A. Applications under eligibility criteria 1a, 1b, and 1d are to be completed by the applicant (with assistance if required).

   B. Applications under eligibility criteria 1c (legally blind in both eyes not corrected by lenses) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist.

   C. That all applications for Handi-Transit be submitted directly to the Handi-Transit Branch, Transit Department, to determine eligibility.

   D. That all applicants be required to attend a functional assessment of transit abilities at the Handi-Transit Branch to assess mobility impairment and cognitive transit skills (when applicable) to determine eligibility and if a mandatory attendant is required for safe travel on Handi-Transit (notified by letter and given three weeks to book their appointment) unless:

      i. The application is for dialysis trips only or for short-term service and duration of eligibility can readily be determined and no cognitive impairment is identified, i.e., surgery date provided for a knee or hip replacement.

      ii. The application is submitted under criteria 1c (legally blind) and no cognitive impairment is identified and the applicant does not use a wheelchair or scooter requiring an assessment of vehicle seating requirements.

   E. That Handi-Transit will require the applicant provide confirmation of impairment related to the eligibility criteria by a health care professional only when unable to determine their eligibility at the functional assessment of transit abilities.

Report – Standing Policy Committee on Infrastructure Renewal and Public Works – November 16, 2010 adjourned to November 23, 2010

3. That Handi-Transit registrants be required to attend a functional assessment at the Handi-Transit Branch every three years on the anniversary month of their original registration (notified by letter and given three weeks to book their appointment). Handi-Transit registrants approved under criteria 1c (legally blind), 1a(i) (ongoing use of wheelchair/scooter), or 1b(i) (unable to walk 175 meters) and 1d (ADRD requiring a mandatory attendant) with "unlimited eligibility" whose physical disability is "permanent, progressive and non-reversible" will not have to re-register every three years.

4. That trips to Day Programs for persons with ADRD that have transportation services in place will not be provided by Handi-Transit

5. That additional permanent staff resources of 1.5 Occupational Therapists and one additional Clerk A be approved to manage the increased workload associated with the above recommendations.

6. That the Proper Officers of the City be authorized to do all things necessary to implement the intent of the foregoing.

Report – Standing Policy Committee on Infrastructure Renewal and Public Works – November 16, 2010 adjourned to November 23, 2010

DECISION MAKING HISTORY:

EXECUTIVE POLICY COMMITTEE RECOMMENDATION:

On December 8, 2010, the Executive Policy Committee concurred in the recommendation of the Standing Policy Committee on Infrastructure Renewal and Public Works and submitted the matter to Council.

STANDING COMMITTEE RECOMMENDATION:

On November 23, 2010, the Standing Policy Committee on Infrastructure Renewal and Public Works concurred in the recommendation of the Winnipeg Public Service and submitted the matter to the Executive Policy Committee and Council.

Also on November 23, 2010, the Standing Policy Committee on Infrastructure Renewal and Public Works received from Molly Sparber a communication dated November 22, 2010, in opposition to Changes to the Handi-Transit Eligibility Criteria and Registration Process.

ADMINISTRATIVE REPORT

Title: Changes to the Handi-Transit Eligibility Criteria and Registration Process

Critical Path: Standing Policy Committee on Infrastructure Renewal and Public Works – EPC - Council

AUTHORIZATION

Author	Department Head	CFO	CAO
C. Caldwell	D. Wardrop	M. Ruta	M. Ruta

RECOMMENDATIONS

1. That the eligibility criteria for Handi-Transit be as follows:

    a. Requires the use of a wheelchair or scooter:
        i. on an ongoing basis – unlimited eligibility, or
        ii. until a specific date – eligibility only until the expected date of recovery, or
        iii. as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.

    b. Unable to walk 175 metres (575 feet) outside:
        i. at all times – unlimited eligibility, or
        ii. during winter months only – eligibility restricted to the period from October 15th to April 15th , or
        iii. until a specific date – eligibility only until the expected date of recovery, or
        iv. as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.

    c. Has 20/200 vision or less, or a visual field of less than 20 degrees in both eyes (legally blind) not corrected by lenses – unlimited eligibility.

    d. Has Alzheimer's Disease or Related Dementia (ADRD) which interferes with ability to use the regular fixed route transit system with an equivalent level of independence and safety (functional assessment of cognitive ability to use public transit required).

2. That the application process for Handi-Transit be as follows:

    a. Applications under eligibility criteria 1a, 1b, and 1d are to be completed by the applicant (with assistance if required).

b. Applications under eligibility criteria 1c (legally blind in both eyes not corrected by lenses) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and

c. That all applications for Handi-Transit be submitted directly to the Handi-Transit Branch to determine eligibility.

d. That all applicants be required to attend a functional assessment of transit abilities at the Handi-Transit Branch to assess mobility impairment and cognitive transit skills (when applicable) to determine eligibility and if a mandatory attendant is required for safe travel on Handi-Transit (notified by letter and given three weeks to book their appointment) unless:

- the application is for dialysis trips only or for short-term service and duration of eligibility can readily be determined and no cognitive impairment is identified, i.e., surgery date provided for a knee or hip replacement.

- the application is submitted under criteria 1c (legally blind) and no cognitive impairment is identified and the applicant does not use a wheelchair or scooter requiring an assessment of vehicle seating requirements.

e. That Handi-Transit will require the applicant provide confirmation of impairment related to the eligibility criteria by a health care professional only when unable to determine their eligibility at the functional assessment of transit abilities.

3. That Handi-Transit registrants be required to attend a functional assessment at the Handi-Transit Branch every three years on the anniversary month of their original registration (notified by letter and given three weeks to book their appointment). Handi-Transit registrants approved under criteria 1c (legally blind), 1a(i) (ongoing use of wheelchair/scooter), or 1b(i) (unable to walk 175 meters) and 1d (ADRD requiring a mandatory attendant) with "unlimited eligibility" whose physical disability is "permanent, progressive and non-reversible" will not have to re-register every three years.

4. That trips to Day Programs for persons with ADRD that have transportation services in place will not be provided by Handi-Transit

5. That additional permanent staff resources of 1.5 Occupational Therapists and one additional Clerk A be approved to manage the increased workload associated with the above recommendations.

REASON FOR THE REPORT

On October 23, 2005 the Public Interest Law Society submitted a Human Rights Complaint on behalf of the Alzheimer's Society concerning eligibility for persons with Alzheimer's Disease and Related Dementia (ADRD). Subsequently, the Human Rights Commission ordered the City to

participate in mediation and the proposed addition of ADRD eligibility for Handi-Transit (under certain conditions) is the outcome of that process.

This report recommends some significant policy changes which require the approval of Council.

IMPLICATIONS OF THE RECOMMENDATIONS

Expanding Eligibility Criteria

It is recommended that the eligibility criteria for Handi-Transit be expanded to include persons with Alzheimer's disease or Related Dementia (ADRD) if ADRD interferes with their ability to use the regular fixed route transit system with an equivalent level of independence and safety (functional assessment of cognitive ability to use public transit required).

Similar to other progressive diseases, there may initially be very little impact on the functioning of a person with ADRD and as a result the individual may not be eligible for Handi-Transit service. However, as the disease progresses there will be more significant changes in the person's ability to function independently and assessment is required to determine eligibility.

To ensure that persons qualify for Handi-Transit service and the applicant is transported safely utilizing the appropriate stream of the public transit system, it is recommended that Handi-Transit develop an assessment tool in consultation with the Alzheimer Society of Manitoba to identify the appropriate service offered by Winnipeg Transit for an individual with ADRD. Service categories that the assessment will tool will determine are as follows:

- Ability to use the regular fixed route system without an attendant
- Ability to use the regular fixed route system with an attendant
- Ability to use Handi-Transit alone safely and, if not, with an attendant.

A detailed policy statement achieved in the mediation process is attached (Appendix 1).

According to *Rising Tide: The Impact of Dementia in Manitoba 2008 to 2038*, as of 2008 18,710 people in Manitoba (1.6% of the population) live with dementia – approximately 4,000 residing in the community (not residing in personal care homes) served by Winnipeg Transit. It is expected the percentage of Handi-Transit applicants with ADRD will be similar to those with physical disabilities, a potential pool of over 700 applicants based on 2009 service area population statistics. However, not all will apply for or be eligible for Handi-Transit service and it is anticipated that those who are will not be frequent riders given the nature of this disease.

Application Process

In 2006, the application process for Handi-Transit was changed to make the evaluation process fair and consistent. A medical consultant (.5 FTE Occupational Therapist) was hired to review applications and follow-up with any action required to determine the applicant's eligibility, i.e., clarification from the health care professional completing the application and/or applicant's doctor, interview with the applicant, mobility assessment, etc. This was aimed at ensuring a

more accurate evaluation of the applicant's mobility impairment in relation to use of both regular and specialized transit services.

Despite attempts to gather accurate information by improving the application form, it is necessary to complete a functional assessment in most cases to determine the extent of the applicant's mobility restrictions. Most health care providers are not knowledgeable of the accessible features of the regular transit system and identify medical conditions but often fail to provide accurate information concerning the applicant's functional mobility. In addition, it has recently come to light that the need for an attendant to accompany the applicant for assistance during or after a trip is frequently not identified.
A reliable process to identify if a mandatory attendant is required for safe independent travel for persons with cognitive limitations and ADRD is required.

Medical doctors are charging a significant fee (typically $75.00) to complete the application form which is costly for applicants and often fails to address the functional mobility of the applicant. Therefore, it is recommended that applicants complete a self referral form and attend Handi-Transit for a functional assessment of transit abilities concerning their mobility restrictions and cognitive transit skills (when applicable) to ensure eligibility and manage the City's liability risk of vulnerable persons travelling on Handi-Transit.

Day Programs

When Handi-Transit was established 30 years ago, it was done so as a parallel service to the regular transit system but was not intended to duplicate transportation services provided by collateral agencies, insurance programs, school divisions and the provincial government for specialized programs.

Many individuals with ADRD who live in the community attend Day Programs and transportation is provided by The Winnipeg Regional Health Authority (WRHA). Correspondence exchanged during the complaint process confirmed The Alzheimer's Society of Manitoba does not expect Handi-Transit to provide transportation to these programs. To ensure ridership is not significantly impacted by offloading to the public system, it is imperative that the City's policy of not duplicating transportation resources available to some registrants be reiterated.

Human Resources

Additional permanent staff resources of 1.5 Occupational Therapists and one additional Clerk A are required to manage the increased workload. Increasing the eligibility criteria to include persons with ADRD (under certain conditions) coupled with anticipated increases in applicants related to an aging population will add to the assessment workload. In addition, ADRD applicants may have to be reassessed more frequently than the standard three years if changes in cognition become evident, requiring assessment of attendant requirements for safe transport.

Handi-Transit currently receives an average of 130 applications (including re-registrations) each week of which 70% require a functional assessment; the workload will increase with these changes to the eligibility criteria. Likewise, the Handi-Transit Contact Centre call volumes (currently 1,200 to 1,600 daily) will increase due to booking assessments, more inquiries, and more trip requests.

HISTORY

In 1977, the City of Winnipeg began to operate Handi-Transit on a trial basis utilizing Winnipeg Transit bus operators and Handi-Transit vans owned by the City. In 1979, the operation was made a permanent part of the Winnipeg Transit operation.

In 1988, Handi-Transit began an ambitious service expansion program by contracting out service delivery to private industry.

At its meeting of February 10, 2004, as a result of a presentation by a delegation expressing concern that some individuals approved for Handi-Transit service do not fully meet the eligibility criteria, the Standing Policy Committee on Public Works directed the Transit Department to undertake a review of the Handi-Transit eligibility criteria and registration process.

The Transit Department submitted a report to the Standing Policy Committee on Public Works on October 19, 2004 outlining significant changes to the eligibility and registration process. Presentations by delegation made at the November 9, 2004 meeting by individuals and groups representing persons with disabilities expressed concern from the community and health care field about some of the recommendations. Therefore, the Standing Policy Committee on Public Works instructed the Transit Department to consult further with community representatives to come closer to a consensus on the recommendations.

Consensus was achieved except for one issue, eligibility concerning cognitive disability (apart from mobility impairment). The proposed changes regarding criteria and the application process were adopted by Council on April 26, 2006.

FINANCIAL IMPACT

Financial Impact Statement — Date: November 2, 2010

Project Name: Changes to Handi-Transit Eligibility Criteria & Registration Process — **First Year of Program** 2011

	2011	2012	2013	2014	2015
Capital					
Capital Expenditures Required	$ -	$ -	$ -	$ -	$ -
Less: Existing Budgeted Costs	-	-	-	-	-
Additional Capital Budget Required	$ -	$ -	$ -	$ -	$ -
Funding Sources:					
Debt - Internal	$ -	$ -	$ -	$ -	$ -
Debt - External	-	-	-	-	-
Grants (Enter Description Here)	-	-	-	-	-
Reserves, Equity, Surplus	-	-	-	-	-
Other - Enter Description Here	-	-	-	-	-
Total Funding	$ -	$ -	$ -	$ -	$ -
Total Additional Capital Budget Required	$ -				
Total Additional Debt Required	$ -				
Current Expenditures/Revenues					
Direct Costs	$ 131,960	$ 142,074	$ 152,134	$ 158,249	$ 166,697
Less: Incremental Revenue/Recovery	-	-	-	-	-
Net Cost/(Benefit)	$ 131,960	$ 142,074	$ 152,134	$ 158,249	$ 166,697
Less: Existing Budget Amounts	131,960	142,074	152,134	158,249	166,697
Net Budget Adjustment Required	$ -	$ -	$ -	$ -	$ -

Additional Comments: **The direct costs include additional salaries and benefits (FTEs) necessary to carry out and administer eligibility assessments and the registration process. Funding for the additional FTEs will be accomodated through internal efficiencies. Ridership has been declining since 2007 and it is expected that any increases in trips can be accommodated in funds allocated for trips in the 2011 budget.**

original signed by Tanis Yanchishyn, CA
Manager of Finance and Administration

CONSULTATION

In preparing this report there was consultation with:
Legal Services Division
Handi-Transit Policy Advisory Committee
Public Interest Law Society
Alzheimer's Society of Manitoba
Human Rights Commission of Manitoba

SUBMITTED BY

Transit Department
Client Services Division
Prepared by: Catherine Caldwell
Date: October 20, 2010
File No.

APPENDIX 1

OBJECTIVE OF THIS POLICY:

THE INCLUSION OF PEOPLE WITH ALZHEIMER'S DISEASE OR A RELATED DEMENTIA (ADRD) IN THE ELIGIBILITY CRITERIA FOR THE CITY OF WINNIPEG HANDI-TRANSIT

Introduction

1. Alzheimer's Disease and Related Dementias

Alzheimer's disease is a progressive degenerative disease of the brain. Persons affected by the disease are impacted by the progressive and degenerative nature of the disease at varying rates. As per the document produced by the Alzheimer's Society of Canada, regarding Alzheimer's disease and related dementia, ***[please insert the name and year of the document]***, individuals with Alzheimer's disease require ongoing and complete assessments as deemed necessary.

Alzheimer's disease does not discriminate and although the majority of people affected by the disease are over 65, Alzheimer's disease can and does develop at a younger age. Alzheimer's disease is the largest and most common form of dementia, but is not the only form of dementia. There are several forms of dementia including vascular dementia, substance induced dementia, etc. The Global Deterioration Scale (GDS) or Reisberg Scale is a recognized tool used by Health Care providers to identify where an individual with Alzheimer's may be on the continuum of the disease process.

2. People with Alzheimer's Disease and their Need for Inclusion in the Services of City of Winnipeg Handi-Transit

Similarly to other progressive diseases, there may initially be very little impact on the functioning of a person with ADRD and as a result the individual may not be eligible for Handi-Transit service. However, as the disease progresses there will be more significant changes in the person's ability to function independently and a reassessment may be necessary and the need for Handi-Transit Services implemented.

For those individuals with ADRD applying for Handi-Transit service there may not be one single diagnosis affecting the applicant's abilities. For example, an individual with Alzheimer's disease may also be experiencing a form of physical frailty related to aging. Conversely, an applicant may be applying due to decreased mobility secondary to osteoarthritis but may also be impacted by a cognitive decline. In cases of co-morbid conditions, it may be paramount to individual safety to complete a detailed assessment of

the appropriate medical systems involved. In these cases, clients would need to be assessed (or reassessed) from a multi disciplinary perspective.

In certain cases an individual's impairment may come to light as a result of an observed behavioural, cognitive or medical status as noted by the Handi-Transit team (inclusive of but not limited to the dispatcher, occupational therapist or driver). In other situations, it may be a family member, friend or caregiver of the client which alerts the Handi-Transit team with respect to a change in the client's status.

Therefore, all assessments are comprehensive in their approach and the type of assessment is based on an individual basis. In some cases a functional cognitive skills assessment may not be required and alternatively a complete functional mobility assessment may not be necessary.

Purpose

An assessment tool will be developed in consultation with the Alzheimer Society of Manitoba and used to identify the appropriate service offered by Winnipeg Transit for an individual with ADRD. Services categories are as follows:

1) Ability to use the regular fixed route system without an attendant
2) Ability to use the regular fixed route system with an attendant
3) Ability to use Handi-Transit alone safely and if not, with an attendant.

As with all assessment tools utilized by Handi-Transit, we continue to monitor our processes and tools for their practicality, reliability and validity. The assessment tool for people with ADRD will be monitored for its practicality, reliability and validity in consultation with the Alzheimer Society of Manitoba.

Guiding Principles

1. Eligibility criteria are expanded to include applicants with ADRD if ADRD interferes with their ability to use Regular Transit with an equivalent level of independence and safety.

2. Assessment of the eligibility of applicants with ADRD will be individualized and equivalent to the assessment process for applicants with other disabilities.

Commentary:
All applications will be assessed and the majority of applicants will require in-person assessments to determine eligibility. An example of when a person would not be required to have an in-person assessment would be a person who is scheduled for hip surgery and will need Handi-Transit for a short, predetermined duration.

3. Assessment of the eligibility of applicants with ADRD will take into consideration, on an individualized basis, the role that support people provide in maximizing the independence of the individual applicant with ADRD.

Commentary:
Requiring an attendant to achieve independence and safety while taking Handi-Transit will not automatically make an applicant with ADRD ineligible for Handi-Transit.

Applicants with ADRD that do not use an attendant will be assessed for ability to use the regular fixed route system and Handi-Transit alone safely. An applicant with ADRD who requires an attendant will be assessed for ability to use the regular fixed route system with an attendant.

4. Handi-Transit will not employ more stringent monitoring of the eligibility or safety of Handi-Transit users with ADRD than of those with other disabilities.

Commentary:
All Handi-Transit registrants undergo reassessment of eligibility on a case-by case basis. Most registrants have their eligibility reviewed every three years. Some do not have their eligibility reviewed if the nature of their qualifying disability is unlikely to improve or change over time. Individuals with a qualifying functional disability may have their eligibility reviewed sooner if the registrant's functioning is expected to improve. People with ADRD experience a progressive cognitive decline and will have a resulting need for reassessment to ensure the appropriate level of Handi-Transit service and support (companion, attendant or mandatory attendant).

Likewise, some registrants are reassessed for safety (unrelated to their eligibility) if the registrant has a progressive disease that may requires adjustments in service due to changes in functioning or a concern that is identified by a driver, the registrant or a caregiver. For example, a registrant with a physical disability may be able to transfer from a scooter to a passenger seat in a vehicle but, due to the nature of the disease, may require a change in mobility equipment to a wheelchair when they cannot independently transfer to a passenger seat. For a person with ADRD, behaviours that indicate a change in cognition requiring reassessment of ability to travel alone will trigger a reassessment. For example, a registrant who has been travelling alone on Handi-Transit and who begins to experience disorientation to time and place may require a change of service category permitting/requiring them to use Handi-Transit with an attendant or mandatory attendant.

Appendix 2

Summary of Changes to Handi-Transit Criteria and Registration Process

Current Policy	Recommendations
Eligibility Criteria: 1. Requires the use of a wheelchair or scooter: a. on an ongoing basis – unlimited eligibility, or b. until a specific date – eligibility only until the date specified, or c. as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment. 2. Unable to walk 175 metres (575 feet) outside unassisted: a. at all times – unlimited eligibility, or b. during winter months only – eligibility restricted to the period from October 1st to March 31st, or c. until a specific date eligibility restricted until the date specified, or 6. as a result of dialysis treatment eligibility only for trips to and from dialysis treatment. 3. Has 20/200 vision or less or a visual field of less than 20 degrees (legally blind) – unlimited eligibility.	**Eligibility Criteria:** 1. Requires the use of a wheelchair or scooter: a. on an ongoing basis – unlimited eligibility, or b. until a specific date – eligibility only until the expected date of recovery, or c. as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment. 2. Unable to walk 175 metres (575 feet) outside: a. at all times – unlimited eligibility, or b. during winter months only – eligibility restricted to the period from October 15th to April 15th , or c. until a specific date – eligibility only until the expected date of recovery, or d. as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment. 3. Has 20/200 vision or less, or a visual field of less than 20 degrees in both eyes (legally blind) not corrected by lenses – unlimited eligibility. 4. Has Alzheimer's Disease or Related Dementia (ADRD) if interferes with ability to use the regular fixed route transit system with an equivalent level of independence and safety (functional assessment of cognitive ability to use public transit required).
Registration Process: Application under criteria 1a and b and criteria 2a, 2b and 2c be authorized by any one of the following health care professionals: medical doctor, occupational therapist, physiotherapist, nurse, or chiropractor. Applications under criteria 1c (wheelchairs and scooters – dialysis) or 2d (unable to walk 175 metres – dialysis) be authorized by a medical practitioner from the dialysis unit, and Applications under eligibility criteria 3 (legally blind) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and That all applications for Handi-Transit registration be submitted directly to Handi-Transit's medical consultant for purposes of reviewing all applications and recommending approval or rejection to the Handi-Transit administration.	**Registration Process:** Applications under eligibility criteria 1, 2, and 4 are to be completed by the applicant (with assistance if required). Applications under eligibility criteria 3 (legally blind in both eyes not corrected by lenses) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and That all applications for Handi-Transit be submitted directly to the Handi-Transit Branch to determine eligibility.

	That all applicants be required to attend a functional assessment of transit abilities at the Handi-Transit Branch to assess mobility and cognitive transit skills (when applicable) to determine eligibility and if a mandatory attendant is required for safe travel on Handi-Transit (notified by letter and given three weeks to book their appointment) unless: • the application is for dialysis trips only or for short-term service in which the duration of eligibility can readily be determined and no cognitive impairment is identified, i.e., surgery date provided for a knee or hip replacement. • the application is submitted under criteria 3 (legally blind) and no cognitive impairment is identified and the applicant does not use a wheelchair or scooter requiring an assessment of vehicle seating requirements. That Handi-Transit will require the applicant provide confirmation of impairment related to the eligibility criteria by a health care professional only when unable to determine their eligibility during the functional assessment of transit abilities.
Appeal Process: That any appeals to the decision of the Handi-Transit branch regarding registrations be made to a hearing body designated by Council to hear appeals from applicants determined to be ineligible for Handi-Transit. The hearing body be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit.	**Appeal Process:** Same.
Re-registration: That Handi-Transit registrants be required to re-register for Handi-Transit service every three years on the anniversary month of their original registration. Handi-Transit registrants approved under criteria 3 (legally blind), 1a (ongoing use of a wheelchair/scooter) or under criteria 2a (unable to walk 175 metres) with “unlimited eligibility” whose disability is “permanent, progressive and non-reversible” in their original registration will not have to re-register every three years.	**Re-registration:** That Handi-Transit registrants be required to attend a functional assessment at the Handi-Transit Branch every three years on the anniversary month of their original registration (notified by letter and given three weeks to book their appointment). Handi-Transit registrants approved under criteria 3 (legally blind), 1a (ongoing use of wheelchair/scooter), 2a (unable to walk 175 meters) or 4 (ADRD requiring a mandatory attendant) with “unlimited eligibility” whose physical disability is “permanent, progressive and non-reversible” will not have to re-register every three years.