Driver Town Hall
FACILITATOR:

Julie Knittle,
Assistant Director, Washington Department of Licensing and Vice Chair, Driver Standing Committee
PRESENTERS:

Mary Ford, Iowa Department of Transportation and Member, Driver Standing Committee

Patrick Fernan, Administrator, Wisconsin Department of Motor Vehicles and Member, AAMVA Board of Directors

Kevin Lewis, Director, Driver Programs, AAMVA
Driver Town Hall
Iowa’s Pilot Driver Orientation Screen for Cognitive Impairment (DOSCI)

Presented by Kim Snook, Director of Office of Driver Services
How Did We Get Involved?

AAMVA received request from Training, Research, and Education for Driving Safety (TREDS), University of California, San Diego

Iowa decided to participate

• Agency support of highway safety programs
• Successful partnerships with safety organizations
• Aging Driver Population
Percentage of Iowa Drivers 65 and Older by County on 12/31/2007

- Lyon 20%
- O'Brien 21%
- Dickinson 24%
- Emmet 21%
- Kossuth 23%
-Winnebago 21%
- Worth 20%
- Mitchell 24%
- Howard 21%
-Winneshiek 20%
-Alamaloe 21%
-Sioux 18%
-O'Brien 21%
-Clay 20%
-Palo Alto 24%
-Hancock 21%
-Cerro Gorda 20%
-Floyd 22%
-Chicot 21%
-Plymouth 18%
-Cherokee 24%
-Buena Vista 16%
-Pocahontas 24%
-Humboldt 24%
-Wright 24%
-Franklin 23%
-Butler 22%
-Bremer 23%
-Woodbury 15%
-Ida 23%
-Sac 24%
-Cass 22%
-Humboldt 24%
-Wright 24%
-Franklin 23%
-Butler 22%
-Bremer 23%
-Hamilton 21%
-Hardin 23%
-Grundy 21%
-Blair 17%
-Benton 17%
-Unn 14%
-Jones 20%
-Jackson 20%
-Cedar 18%
-Clinton 18%
-Muscatine 11%
-Louisa 17%
-Des Moines 19%
-Mills 15%
-Montgomery 22%
-Adams 14%
-Union 21%
-Clarke 18%
-Monroe 21%
-Napello 20%
-Jefferson 15%
-Henry 18%
-Pottawattamie 16%
-Cass 22%
-Adair 24%
-Madison 16%
-Warren 15%
-Scott 22%
-Keokuk 22%
-Washington 15%
-Mosquito 24%
-Page 22%
-Taylor 24%
-Ringgold 27%
-Decatur 22%
-Wayne 26%
-Appanoose 22%
-Davis 21%
-Van Buren 23%
-Lee 19%
-Under 10%
-10% to 14%
-15% to 19%
-20% to 24%
-25% & Up
Percentage of Iowa Drivers 65 and Older by County on 12/31/2014

- Lyon 21%
- O'=sceola 24%
- Dickinson 28%
- Emmet 23%
- Kossuth 25%
- Winneshiek 24%
- Webster 23%
- Mitchell 20%
- Howard 24%
- Winterset 23%
- Allamakee 26%
- Sioux 26%
- Obion 22%
- Clay 22%
- Palo Alto 26%
- Hancock 24%
- Cerro Gordo 22%
- Floyd 25%
- Chickasaw 19%
- Clay 23%
- Clayton 15%
- Cherokee 26%
- Bureau County 16%
- Pocahontas 27%
- Humboldt 25%
- Wright 21%
- Franklin 24%
- Butler 20%
- Biemer 23%
- Fayette 26%
- Dubuque 20%
- Woodbury 17%
- Lee 26%
- Sac 23%
- Calhoun 27%
- Webster 22%
- Hamilton 24%
- Hardin 25%
- Grundy 24%
- Black Hawk 19%
- Buchanan 21%
- Delaware 21%
- Muscatine 16%
- Harrison 22%
- Shelby 25%
- Audubon 27%
- Guthrie 20%
- Dallas 14%
- Polk 13%
- Jasper 22%
- Poweshiek 24%
- Iowa 21%
- Johnson 12%
- Mitchell 21%
- Montgomery 24%
- Adams 23%
- Union 24%
- Cass 21%
- Lucas 23%
- Monroe 23%
- Wapello 22%
- Jefferson 21%
- Henry 23%
- Osceola 24%
- Page 28%
- Taylor 27%
- Ringgold 30%
- Decatur 24%
- Wayne 28%
- Appanoose 28%
- Davis 14%
- Van Buren 27%
- Lee 21%

- Under 10%
- 10% to 14%
- 15% to 19%
- 20% to 24%
- 25% & Up
Development For Use at Iowa DMV

- Determined when to use DOSCI
- Determined how to apply the scoring standards to medical referrals
  - 5 or more incorrect – medical report and road test required
  - 3-4 incorrect – possible medical report and road test
  - 0-2 incorrect – no medical report or road test unless other justification apparent
### Iowa DOSCI Form

**Driver Orientation Screen for Cognitive Impairment (DOSCI)**

<table>
<thead>
<tr>
<th>CLIENT NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Client #</td>
<td></td>
</tr>
</tbody>
</table>

**Client Information:**
- Age: 
- Gender: Male/Female

**Reason for Screening:**
- Reason: 
- Reason: ?

**Incidents in Past 12 Months:**
- Crashes: 
- Convictions: 
- Prior license/cert/perm: 

**Start Time:**
- Correct: 
- Incorrect: 

**Ask Each of the Following Nine Questions:**
1. What is your date of birth? Month, day, and year required; must match documents
2. What is your full home address? Address must match documents; if not, prompt for address listed on documents
3. What state are you in now?
4. What state are you in now? Within reasonable proximity
5. Without looking at your watch, can you estimate what time it is now? Answer must be within an hour or two of correct time
6. What day of the week is it? Prompt for correct day, if needed
7-9. What is today's date? Prompt for month, day and year, if needed

**End Time:**
- Suitable: 
- Incorrect: 

**Scoring Criteria:**
- 1-2 Incorrect → Probable cognitive impairment
- 3-4 Incorrect → Possible cognitive impairment
- 5 Incorrect → Consider all circumstances

**Outcome:**
- Medical Report: 
- Drive Test: 
- No Action: 

**Screening Administration:**
- How long did the screening take? 
- Ease of Administration: 
- Acceptance by Client: 
- Usefulness in Assessment: 
- Comments: 

**Screened By:**
- Examiner
- ELCOS
- OLC
- Other: 

**By:**
- DOT
- Date: 

**Comments:**
## Sample Form

### DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT (DOSCI)

**CLIENT NAME:**
- Last
- First
- Middle
- Customer No.: 110514

**CLIENT INFORMATION:**
- Age: 61
- Gender: Male
- Gender: Female

**REASON FOR SCREENING:**
- Re-exam
- Medical
- Other, state reason.

**INCIDENTS IN PAST 24 MONTHS:**
- Crashes
- Convictions
- Prior Re-exam/Line Exams

<table>
<thead>
<tr>
<th>Start Time</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SCREENING ADMINISTRATION

**How long did the screening take:** 5 minutes

**Case of Administration:**
- Very difficult: 1 2 3 4 5
- Very easy: 5 4 3 2 1

**Acceptance by Client:**
- Not receptive: 1 2 3 4 5
- Very receptive: 5 4 3 2 1

**Useful in Assessments:**
- Not useful: 1 2 3 4 5
- Very useful: 5 4 3 2 1

**Comments:**

**Screened by:**
- Examiner
- DCS
- Supervisor
- DI Clerk
- Hearing Officer
- Others:

**CT/DL Station:**
- **Almes**

**Date:** 12/12/2014
# DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT (DOSCI)

**CLIENT NAME:**
- Last: [Redacted]
- First: [Redacted]
- Middle: [Redacted]
- Customer No: 212,8642

**CLIENT INFORMATION:**
- Age: 60
- Gender: Female

**REASON FOR SCREENING:**
- Re-exam
- Recall
- Line Exam
- Prior Re-exam/Line Exam

**INCIDENTS IN PAST 24 MONTHS:**
- Crashes
- Convictions

<table>
<thead>
<tr>
<th>Start Time</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:10</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

**ASK EACH OF THE FOLLOWING NINE QUESTIONS:**

1. What is your date of birth? Month, day and year is required; must match documents.
2. What is your full home address? Address must match document; if not, prompt for address based on documents.
3. What state are we in now?
4. What city/town are we in now? Within reasonable proximity.
5. Without looking at your watch, can you estimate what time it is now? Answer must be plus or minus one hour of correct time.
6. What day of the week is it? Prompt for correct day, if needed.
7. What is today's date? Prompt for month, day and year, if needed.

**SCORING CRITERIA**
- 5 or more incorrect: probable cognitive impairment
- 3-4 incorrect: possible cognitive impairment
- 0-2 incorrect: consider all circumstances

**OUTCOME**
- Medical Report
- Drive Test
- No Action

**SCREENING ADMINISTRATION**
- Did DOSCI influence the requirement? [X] Yes [ ] No
- Was license issued today? [X] Yes [ ] No
- How long did the screening take: 4 minutes
- Ease of Administration: Very easy [1]
- Useful in Assessment: Very useful [4]
- Comments: Customer very confused, wired in office, started just vocal

**Screened by:** [Redacted]
**Date:** 1-21-15

**CT/DL Station:** CT153
**Examiner:** [Redacted]
**ILCS:** [Redacted]
**DL Clerk:** [Redacted]
**Supervisor:** [Redacted]
**Hearing Officer:** [Redacted]
**Sample Form**

### Driver Orientation Screen for Cognitive Impairment (DOSCI)

**Client Name:** [Redacted]

**Client Information:**
- **Age:** 75
- **Gender:** Male

**Reason for Screening:**
- Re-exam
- Recall
- Line Error
- Hearing
- Other, state reason: Seen Confused

**Incidents in Past 24 Months:**
- Driving
- Convictions
- Prior Re-exams/Line Errors

<table>
<thead>
<tr>
<th>Start Time</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ask Each of the Following Nine Questions:**

1. What is your date of birth? Month, day and year recorded; must match documents.
2. What is your full home address? Address must match document; if not, prompt for address listed on documents.
3. What state are you in now?
4. What city/town are you in now? Within reasonable proximity.
5. Without looking at your watch, can you estimate what time it is now? Answer must be plus or minus one hour of correct time.
6. What day of the week is it? Prompt for correct day, if needed.
7-9. What is today’s date? Prompt for month, day and year, if needed.

**End Time:** 2:34

**# Incorrect:** [Redacted]

**Scoring Criteria:**
- 5 or more incorrect → probable cognitive impairment
- 3-4 incorrect → possible cognitive impairment
- 0-2 incorrect → consider all circumstances

**Outcome:**
- Medical Report
- Drive Test
- No Action

**Screening Administration:**
- Did DOSCI influence the requirement? Yes
- Was license issued today? No

**Ease of Administration:**
- very difficult
  - 1
  - 2
  - 3
  - 4
  - 5
- very easy

**Acceptance by Client:**
- not receptive
  - 1
  - 2
  - 3
  - 4
  - 5
- very receptive

**Useful in Assessments:**
- not useful
  - 1
  - 2
  - 3
  - 4
  - 5
- very useful

**Comments:**

**Screened by:** [Redacted]

**CT/DL Station:** 40

**Date:** 1-30-15

**Screening:**
- Examiner
- DECS
- Hearing Officer
- Other:
## DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT (DOSCI)

<table>
<thead>
<tr>
<th>CLIENT INFORMATION</th>
<th></th>
<th></th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCIDENTS IN PAST 24 MONTHS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crash-</td>
<td>Conditions</td>
<td>Prior Re-arrests/Line Stans.</td>
<td>#</td>
<td>#</td>
</tr>
</tbody>
</table>

### Correct/Incorrect

1. What is your date of birth? Month, day and year required; present or document.
2. What is your full home address? A document or the correct location.
3. If present, for address listed or document.
4. What state are we in now?
5. What city/county is the closest? Within a reasonable proximity.
6. Without looking at your watch, can you estimate what time it is now? Answer within plus or minus one hour of correct time.
7. What day is it today? Answer with day, week, and month, if necessary.
8. What is today's date? Prompt for month, day, and year. If needed:
   - Month
   - Day
   - Year

### Scoring Criteria

- 0: Correct — able to complete cognitive impairment
- 3: Correct — possible cognitive impairment
- 5: Incorrect — unable to complete all sections

### Outcome

- Medical Report
- Driving Test
- Referral

### Screening Administration

- Reading list the screening items:
  - 4: minutes
- Ease of Administration:
  - Very difficult: 1 2 3 4 5 very easy
- Acceptance by Client:
  - Not acceptable: 1 2 3 4 5 very acceptable
- Useful in Assessment:
  - Not useful: 1 2 3 4 5 very useful

### Screened by

- Examiner
- DEES
- Deputy
- Other

### CT/MT Station

- CT/MT Station: CTI25

### Date

- Date: 3/1/14

### REC MVDMR

- REC MVDMR: 3/6/15

### CTI/MT Station

- CTI/MT Station: CTI25
### Driver Orientation Screen for Cognitive Impairment (DOSCI)

**Client Name:** _Embedded Name_  
**Client Information:**  
- **Age:** 59  
- **Gender:** Male  
**Reason for Screening:** □ Re-exam  □ Recall  □ Line Exam  □ Local OT  □ Hearing  
**Other state reason:** Customer approved for a driving license  
**Incidents in Past 24 Months:**  
- □ Cashes  
- □ Convictions  
- □ Prior Revisions/Line Ban  

**Start Time:** 10:30 A.M.  
**Correct Incorrect:**  
1. What is your date of birth? Month, day and year required; must match documents  
2. What is your full home address? Address must match document; if not, prompt for address listed on documents  
3. What state are we in now?  
4. What city/town are we in now? Within reasonable proximity  
5. Without looking at your watch, can you estimate what time it is now? Answer must be plus or minus one hour of correct time  
6. What day of the week is it? Prompt for correct day, if needed  
7-9. What is today's date? Prompt for month, day and year, if needed  

**End Time:** 10:37 A.M.  
**INCORRECT**  

<table>
<thead>
<tr>
<th>Factor</th>
<th>5 or more incorrect</th>
<th>Probable cognitive impairment</th>
<th>3-4 incorrect</th>
<th>Possible cognitive impairment</th>
<th>0-2 incorrect</th>
<th>Consider all circumstances</th>
</tr>
</thead>
</table>

**Outcome:**  
- □ Medical Report  
- □ Drive Test  
- □ No Action  

**Screening Administration:**  
- Did DOSCI influence the requirement? □ Yes □ No  
- Was license issued today? □ Yes □ No  

**How long did the screening take:** 7 minutes  
**Ease of Administration:**  
- Very difficult: 1 2 3 4 5  
- Very easy: 5 4 3 2 1  
**Acceptance by Client:**  
- Not receptive: 1 2 3 4 5  
- Very receptive: 5 4 3 2 1  
**Useful in Assessment:**  
- Not useful: 1 2 3 4 5  
- Very useful: 5 4 3 2 1  

**Comments:** ____________  

**Screened by:**  
- Examiner  
- DOSCI  
- Supervisor  
- Hearing Officer  
- Other: _Other_  
**CT/DL Station:** Offutt Air Force Base  

**Date:** 12/26/14  
**Driver:** [Signature Printed Here]  
**Date of Test:** [Signature Printed Here]  
**State:** [Signature Printed Here]  
**Local OT:** [Signature Printed Here]
Sample Form

DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT (DOSCI)

CLIENT NAME: ____________________________

CLIENT INFORMATION:
- Age: 70
- Gender: ☐ Male  ☐ Female

REASON FOR SCREENING:
- Re-exam
- Recall
- Line Exam
- Local DT
- Hearing
- Other: re-evaluation

INCIDENTS IN PAST 24 MONTHS?
- Crashes
- Conversions
- Prior Re-exams/Line Exams

Start Time: 11:23

CORRECT  INCORRECT

1. What is your date of birth? Month, day and year obtained; must match documents. "End of Month"
☐ ☐

2. What is your full name? Address must match document; if not, return card issued document.
☐ ☐

3. What state are we in now?
☐ ☐

4. What city/town are we in now? Within reasonable proximity.
☐ ☐

5. Without looking at your watch, can you estimate what time it is now? Answer must be plus or minus one hour of correct time.
☐ ☐

6. What day of the week is it? Promote for correct day, if needed.
☐ ☐

7. What is today's date? Prompt for month, day and year, if needed.
☐ ☐

End Time: 11:26

# INCORRECT

SCOREING CRITERIA:
- 5 or more incorrect → probable cognitive impairment
- 3-4 incorrect → possible cognitive impairment
- 0-2 incorrect → consider all circumstances

OUTCOME
- ☒ Medical report
- ☐ Drive test
- ☐ No action

SCREENING ADMINISTRATION
- How long did the screening task take? 3 minutes
- Ease of Administration: very difficult 1 2 3 4  ☐ very easy
- Acceptance by Client: not receptive 1 2 3 4  ☐ very receptive
- Useful in Assessment: not useful 1 2 3 4  ☐ very useful

Comments:

Screened by:
☐ Examiner
☐ DUS
☐ Supervisor
☐ Hearing Officer

CT/DL Station: 13A

Date: 12-30-19

REC MVD/DR

FEB 08 2015

COWADOT

R-3159
What We Learned

- Good indicator of cognitive impairment
- Easy to use
- Low cost
- Takes the pressure off staff
- Staff familiarity decreases time
- Recommend earlier follow up
Anticipated Changes

• Expand DOSCI training to Iowa Law Enforcement agencies
• Continued use of DOSCI at Iowa DL Stations
• Conversion to electronic form
• If you have any questions about this presentation, please contact Kim Snook at kim.snook@dot.iowa.gov
STATE-TO-STATE VERIFICATION (DIVS)

Patrick Fernan
Wisconsin DMV Administrator
The S2S program establishes the means to limit a person to one Driver License among the participating states.

The program allows for states to electronically enforce REAL ID, or other business rules.

The program has been built based on state working group priorities.

S2S is part of the DIVS program, which is primarily managed by state of Mississippi.
The use of CDLIS significantly reduces development efforts for jurisdictions
**S2S Pilot States**

**Implementation:**
- Committed: 11 States
- Signed LOI – 1 State

- **16**: States Funded
- **12**: States Committed
- **4**: Pilot Slots Available
CURRENT STATUS IN WI

- Wisconsin is one of three jurisdictions going live with the service this summer.
- MD is implementing with the Web Services format, WI and ND implementing with AMIE messaging.
- The structured testing environment is now available. WI will be sharing pilot data and lessons learned with other states.
S2S Development Schedule

October 2014
Agile Testing
Release 1

January 2015
Agile Testing
Release 2

March 2015
Begin
Structure Testing

July 2015
Production Go Live

March 2015 - March 2017
S2S 2 Year Pilot Operations

Oct 2015
Mississippi

July 2015
Maryland
North Dakota
Wisconsin

June 2016
Nebraska

December 2015
North Carolina

January 2016
Georgia
Indiana
Iowa
West Virginia

September 2016
Wyoming
BENEFITS OF DIVS

• “One Driver/One License” is the goal for all DMV’s across the nation – this will be an important tool in reaching that goal.

• Driver history – not just CDL – will be exchanged; states can choose what action to take on previous history.

• DIVS will grow in value as more states participate – this is the something that benefits the entire DMV community.
Additional Info Available

• Reminder: 4 pilot slots still available.
• Pilot states enjoy no testing fees, no use fees during the pilot, and focused technical support.
• Post-pilot use costs for your state have been estimated and are available from Clerus (Nancy).
• Would like to see some Wisconsin neighbors join the service, as benefits are more significant for adjacent jurisdictions!!
Driver Town Hall