

# **Special Needs Transportation Coordination Study**

Joint Transportation  
Committee Policy Study  
Group Meeting  
September 30, 2008

# Presentation: Overview

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- I. Users, Providers and Funders of Special Needs Transportation
- II. Coordination in Washington State
- III. Best Practices: Lessons Learned
- IV. Study Key Findings and Preliminary Recommendations
- v. Next Steps

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# **Users, Providers and Funders of Special Needs Transportation**

# Who are Users of Special Needs Transportation?

- "Those people, including their attendants, who because of physical or mental disability, income status, or age, are unable to transport themselves or purchase transportation."

RCW 47.06B.012

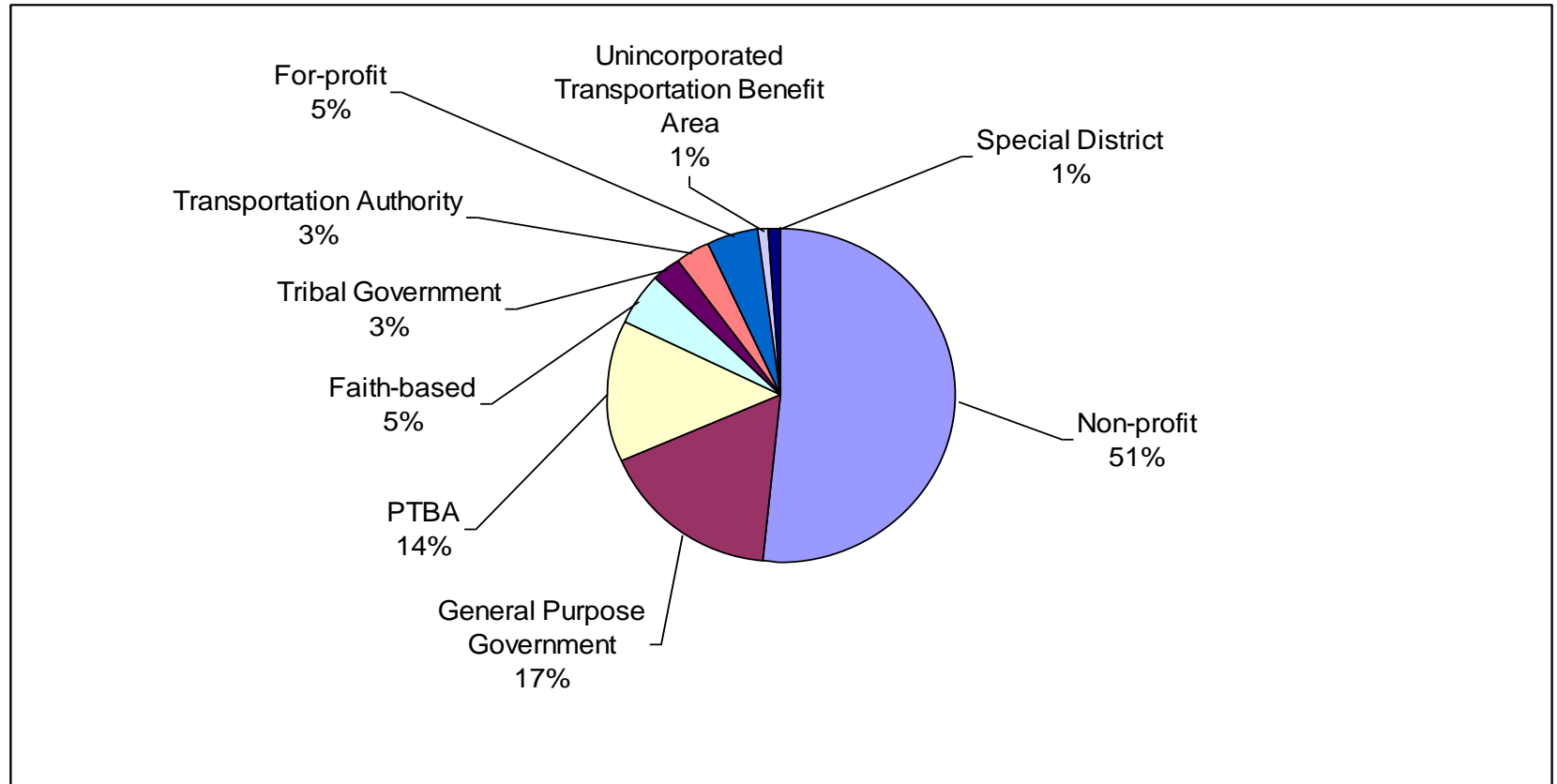
# State of Washington: Basic Population Demographics

- 23% age 15 or under
- 11.5% age 65 or older
- 16% report a disability
- 12% at or below federal poverty level
- 21% of disabled at or below poverty level
- 42% of older adults have a disability

# Who Provides Special Needs Transportation?

- Organizations identified that provide special needs transportation with public funds
- No “typical” provider
- Non-profits account for half of all providers
- Many non-profits serve general public in rural areas
- Most providers specifically serve seniors and persons with disabilities

# Agency Provider by Type



# Who Pays for Special Needs Transportation?

- Public Transit Agencies (28)
- Department of Social and Health Services (DSHS)
- Superintendent of Public Instruction (OSPI)  
Local School Districts
- WSDOT: Community Transportation Programs
- Other State Human Service Agencies



# Public Transit: Paratransit/Demand Response

- ADA requires complementary paratransit for people whose disability prevents use of fixed routes
- Some communities provide deviated fixed-route or other demand-response programs
- Service requirements specified in ADA do not always meet needs of disabled persons
- Statewide, 15% of public transit dollars is dedicated to demand response programs

# DSHS Administrations

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- **Health and Recovery Services**  
(Medicaid non-emergency medical trips)
- Aging and Disability Services
- Economic Services
- Children's Administration
- Juvenile Rehabilitation
- Vocational Rehabilitation

# DSHS: Medicaid Non-Emergency Medical Transportation

- Federal requirement to provide access to medical services for Medicaid-eligible persons
- In Washington, services provided through a brokerage arrangement: 8 brokers in 13 regions
- \$58 million spent in 2005; about 1% of total Medicaid budget

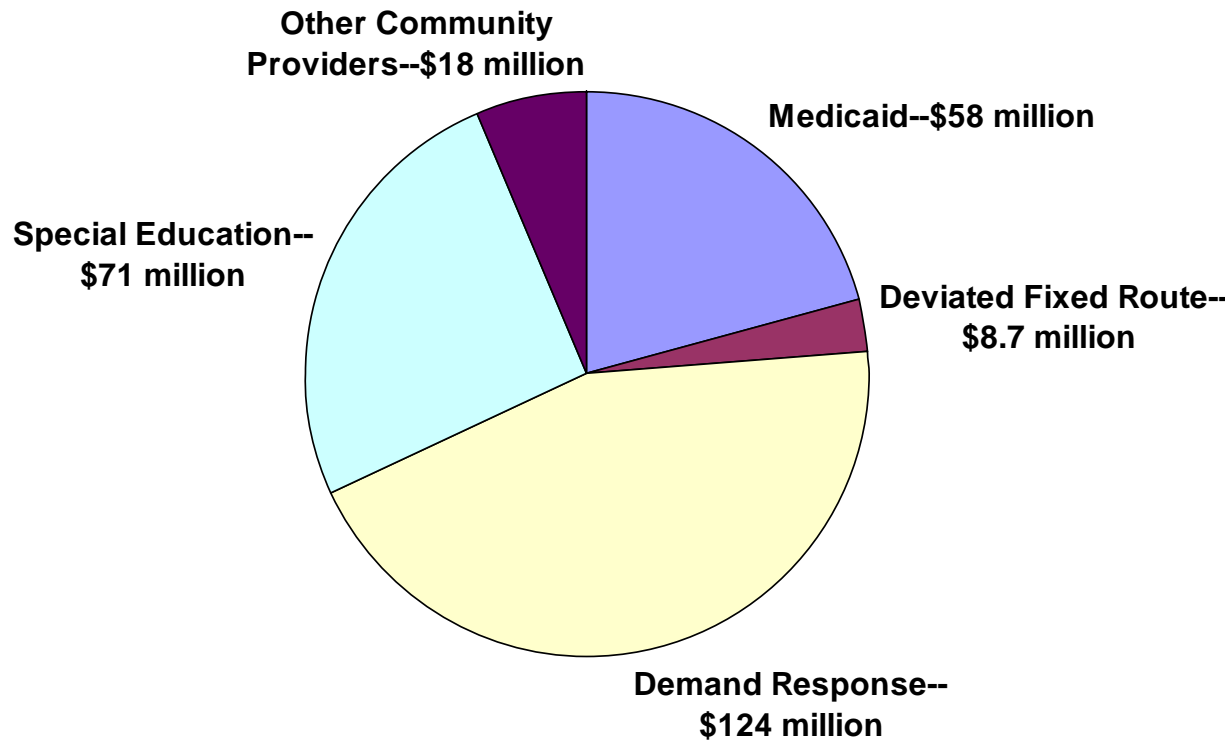
# 8 Medicaid brokers statewide



# Pupil Transportation: Funding

- Over \$300 million annually spent on basic (non-specialized) transportation
- Transportation costs covered 2/3 by State and 1/3 by local funds
- State allocation provides an additional \$40 million annually for vehicle procurements
- Special program (special education, services for homeless students) allocations are about 1/3 of total
- Special program allocations growing at a faster rate than basic program allocations

# Specialized Transportation Funding Snapshot: \$280 million



FY 2005



# **Coordination in Washington State**

# Coordination: Activities in Washington

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- Recent federal legislation (SAFETEA-LU) engaged human service & transportation partners at local level
- Many active local coordination councils
- Versatile brokerage infrastructure
- Coordination with tribes
- Innovation through pilot projects
- Trend toward more regional, corridor based services



# Coordination: Untapped Opportunities

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- **Lack of statewide policies** to define and enforce coordination
- **Largest sponsors do not blend funds** and operate separately



## Results in:

- confusion for customer
- potential for duplication and redundancy

# Coordination Barriers: Findings

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- **Funding restrictions** prevent or hinder blending agencies' funds
- Developing equitable **cost-sharing** methodology is cumbersome
- **Incompatible vehicle requirements** (especially with school buses)
- **Client databases** cannot be shared

## Coordination Barriers: Findings (Cont.)

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- Different **driver requirements**
- Inconsistent planning and **reporting requirements** for transportation and human service agencies
- **Unique customer needs** don't always allow for grouping passengers
- **Contract or labor union restrictions** sometimes limit flexibility

# Coordination Barriers: Customer's Perspective

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- Confusing and inconsistent eligibility standards for various programs
- (Often) no clearinghouse to find out about options
- Travel across county lines is difficult and time consuming, especially if a transfer is involved
- Social service caseworkers don't always know full range of mobility options

# Role of ACCT

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- Not a clear understanding by stakeholders of its mission
- Not empowered with meaningful oversight of coordination at the statewide level
- Not provided with adequate staffing or budget to fulfill its potential
- DOT required to chair and staff ACCT— prevents opportunity to cultivate leadership role from others

# Role of ACCT

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- ACCT initiated local coordination councils; currently there is lack of formal relationship with local councils
- Most think ACCT should continue, at minimum as a forum to encourage discussion and information sharing
- Members want to be more pro-active, but need the tools and authority to do so



# **Best Practices: Lessons Learned**

# Best Practices: Overview

- Statewide coordination councils
- Organization of local coordination efforts
- ACCESS Program (Pittsburgh, PA)
- Ride Connection (Portland, OR)
- Coordination with Medicaid programs

**Best practices from:**  
Florida, Iowa, North Carolina, Ohio



# Best Practices: Statewide Coordination Councils

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**38 state-level inter-agency coordination councils nationwide**

**State-level councils may:**

- **Oversee coordination funding for statewide and local programs**
- **Focus on reducing duplicative programs and services**
- **Eliminating conflicting State requirements and regulations**
- **Assist local and regional entities with coordination efforts**

# Statewide Coordination Councils: Lessons Learned

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- There needs to be a state-level council or body to foster coordination in the state
- Membership in the state-level council should be inclusive
- The councils and their composition should be established by statute or Executive Order
- Councils should have “teeth” over coordination policies and the coordination infrastructure

# Local Coordination: Lessons Learned

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- Coordination should have a formal bi-level structure (at both state and local/regional level)
- Responsible local units should be formally identified for uniformity (coordinating council or member agency)
- Coordinating bodies should provide state-wide coverage

# Best Practices: ACCESS Program

**Decentralized brokerage** providing shared-ride, door-to-door paratransit in Pittsburgh & Allegheny County. Program serves general public and those with special transportation needs.

The for-profit broker is sponsored by regional transit agency and:

- Contracts with a variety of local service carriers
- Conducts ADA eligibility certification
- Manages service contracts and performance monitoring reporting
- Handles advocacy functions and public participation
- Oversees scrip sales

# ACCESS Program: Lessons Learned

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- Competition and economy of scale
- Continuous review of providers
- Portability of concept may only be possible in unique circumstances
- Private agencies have greater flexibility
- Local conditions may largely determine success
- Cost allocation models can be simple, accurate, and acceptable

# Best Practices: Ride Connection

- Non-profit community organization that coordinates transportation services for older adults and people with disabilities
- Network of 30 partners in Portland, OR area
- Evolved from small volunteer program to a major provider for people with special needs (11,700 rides in 1988 to 371,000 rides in 2007)

# Ride Connection: Lessons Learned

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- **Centralized information and referral improves client access and transportation efficiency.**
- Non-profits: Funding is more available; they are faster and more flexible in meeting needs.
- Maintain collaborative relationships with network providers.
- Quality service is the best advertising.

# Best Practices: Medicaid Coordination

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## Coordination issues:

- Co-mingling/non-exclusive rides
- Curb-to-curb vs. door-through-door
- Written confirmation of delivery
- User choice vs. assigning carrier or system



# Medicaid Coordination: Lessons Learned

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- Medicaid participation in a statewide program of community transportation services is feasible.
- A funding source that grows as demand grows is necessary when accepting responsibility for an entitlement transportation service, such as Medicaid.
- Strong state legislation and participation are important ingredients to successful integration of state and local programs.



# **Study Key Findings and Preliminary Recommendations**

# Principles for Developing Recommendations

- View coordination as a strategy, not as the ultimate goal
- Effective coordination policies and procedures need to be established at both the state and local levels
- Seek to advance coordination where there is opportunity for the greatest “bang for the buck”
- Build on strengths
- Test new concepts
- Recognize tradeoffs between efficiency and quality
- Crisis can foster creativity

# Findings & Preliminary Recommendations: Overview

- Governance and Policy
- Uniformity of Definitions
- Funding
- Improving Connectivity
- Influencing Facility Siting Practices
- Coordination with Pupil Transportation
- Influencing Federal Planning and Program Requirements

# Governance and Policy: Key Findings

- Effective coordination occurs within a bi-level structure: state and local levels
- ACCT's mission is not well understood and it lacks tools needed to be more effective
- No state mandate for agencies to coordinate
- No central clearinghouse to document state's expenditures for special needs transportation
- Opportunity exists to better coordinate Medicaid and public transit programs
- Medicaid brokerage arrangement works well and has proven to support broader coordination efforts

# Governance and Policy: Preliminary Recommendations

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- Establish Bi-Level Coordination Oversight
- Amend ACCT bylaws to strengthen its role as the statewide Coordinating Council
- Allow more autonomy for ACCT
- Establish Local Coordinating Boards to oversee Community Transportation Coordinators (brokers)
- Require all state agencies, not only Medicaid, to purchase transportation through regional broker

# Governance and Policy: Preliminary Recommendations (cont)

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- The Local Coordination Board would:
  - Provide oversight of Community Transportation Coordinator
  - Serve as local resource to identify and advance coordination activities
  - Conduct coordinated planning, in collaboration with local RTPO

# Governance and Policy: Preliminary Recommendations (cont)

- Community Transportation Coordinator would:
  - Operate one-call center to provide information on mobility options
  - Contract with variety of local service providers
  - Provide services under contract for participating agencies, according to agency specifications
  - Assign client trips to the most appropriate provider
  - Manage a volunteer program
  - Maintain program records and report on progress



# Governance and Policy: Preliminary Recommendations

- Pursue opportunities to better coordinate Medicaid and public paratransit services
  - Contract with transit operators to serve as Medicaid providers to be reimbursed consistent with Medicaid policies
  - Share client information, within the guidance of HIPPA, to identify passengers with dual eligibility.
  - Establish and implement uniform cost allocation formulas when grouping trips with different funding sources.

# Governance and Policy: Under Consideration

- How should we define regions?
  - RTPO regions
  - existing Medicaid regions
  - counties
- Who should contract with the local community transportation coordinator?
  - State council (ACCT)
  - local designated agency, such as county or RTPO
  - DSHS

# Uniformity of Definitions: Key Finding

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- Inconsistent definitions and methods for budgeting, reporting and evaluating special needs transportation is a barrier to coordination

# Uniformity of Definitions: Preliminary Recommendations

- Direct ACCT to establish common definitions for reporting service characteristics—to be used by all ACCT members and local programs
- Establish uniformity in performance and cost reporting requirements
- Establish uniformity by mode and passenger type for vehicle and driver standards
- Establish a clearinghouse and common procedures to facilitate driver background checks

# Funding: Key Findings

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- ACCT is underfunded and cannot carry out its potential mission without adequate funding
- Seed money—as well as ongoing financial support—needed for local coordination councils
- WSDOT controls state and federal funds which could be tied to coordination requirements

# Funding: Preliminary Recommendations

- Require state agencies that purchase transportation to participate in and financially support ACCT
- Establish a dedicated funding source that could be used for “gap funding” and local mobility managers
- Prioritize use of federal SAFETEA-LU funds for mobility management purposes to help support local coordination councils
- Direct WSDOT to tie use of funds it oversees to meeting coordination objectives

# Connectivity: Key Findings

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- Many people need to travel beyond their immediate community to access specialized services
- Often, interjurisdictional travel is difficult, time consuming and inconvenient
- Transit systems do not always coordinate schedules, fares, or have convenient transfer sites

# Connectivity: Preliminary Recommendations

- Identify transit “hubs” and direct Local Coordinating Board to develop connectivity plans
- Identify and adopt common connectivity standards
- Develop, test and implement technology that can promote connectivity
- Seek to eliminate artificial barriers that force transfers
- Set up corridor service where demand justifies it



# Facility Siting: Key Findings

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- Considering proximity to public transportation when making decisions on facility siting is often an after thought.
- Public transit providers are often asked after the fact to provide service to new facilities

# Facility Siting: Key Findings

**There is some opportunity to influence decisions made by human service providers with respect to locating facilities near transit.**

- **Public sector facilities:** Some opportunity, but the state & DSHS have policies and procedures to ensure that facilities are well sited.
- **Private state licensed/funded facilities:** Currently, licensing and funding does not consider facility siting. Facilities could be better sited and there is potential to affect siting decisions.
- **Other private businesses/organizations:** Retirement communities are probably the most poorly sited with respect to transit. However, they are the least regulated and hardest facility type to influence.

# Facility Siting: Preliminary Recommendations

- Reduce parking requirements for housing developments serving senior and low-income residents, and for transit-oriented developments
- Take accessibility into account as an operating cost when comparing potential sites
- Sites may be located near a “cluster” of clients to ensure more efficient provision of Dial-a-Ride services
- State and local incentives for private sector facilities to locate near transit

# Facility Siting: Preliminary Recommendations

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- Development review for access to transit for all private sector human service facilities
- Review preferred location by transit provider before purchase/lease is finalized
- More specific language defining “access to transit” in siting guidelines for state facilities

# Coordination with Pupil Transportation: Key Findings

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- There are limited opportunities to integrate pupil and public transportation systems
- Providing transportation for homeless students is challenging, and a significant cost for school districts
- Provisions already exist that allow for coordination with pupil resources (buses), but are rarely implemented

# Coordination with Pupil Transportation: Preliminary Recommendations

- Direct districts to investigate feasibility of providing transportation for homeless youth through community broker
- Direct districts to collect cost and trip information for providing homeless transportation
- Direct OSPI to develop program guidelines for use of school resources (vehicles) for broader community purposes

# Influencing Federal Planning and Program Requirements: Key Findings

- Many special needs transportation programs are defined by federal laws and regulations, such as:
  - Medicaid,
  - Americans with Disabilities,
  - Older Americans Act,
  - McKinney-Vento Act, etc.

# Influencing Federal Planning and Program Requirements: Preliminary Recommendations

- Establish comparable planning requirements for human service agencies as those directed for use of transit funding through SAFETEA-LU
- Collaborate with the National Association for the Education of Homeless Children and Youth or other associations to develop common goals and objectives for reauthorization of the McKinney Vento Act
- Support federal legislation that would increase the reimbursement rate authorized for volunteers
- Expand funding programs to be subject to Coordinated Plans to include Section 5311 and 5311(c) (tribal transportation program)



# Other Items

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- Issues not discussed
- Other comments

# Next Steps

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- Review findings and preliminary recommendations with key stakeholders, including representative Medicaid brokers, DSHS staff, transit operator representatives, OSPI, etc.
- Refine recommendations as needed
- Draft Plan issued for public review: November
- Draft Plan submitted to JTC in early December