

State Coordination Model for Human Services Transportation

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Forward

Why is coordinated community transportation so important for citizens with special needs and for the Commonwealth's economy?

“A strong America depends on citizens who are productive and who actively participate in the life of their communities (2005 Federal Executive Order 13330 on Human Service Transportation Coordination).” Access to transportation is a critical component to help older adults, people with disabilities and individuals with lower incomes maintain their physical, social, economic and psychological health. As a result of President Bush's Executive Order, most federal programs now emphasize coordination of human service transportation as a cost-effective solution to increase the availability of services and resources that can assist such persons in remaining active and productive in their own communities.

Cost effective increases in transportation not only improve the quality of life for persons with special needs by allowing them to visit friends, attend community events, church or synagogue, join civic groups, etc., but also allow them to be employed, pay taxes, spend in the marketplace, and even volunteer to assist others. Of equal importance, research shows that remaining employed and/or active and involved in community life with friends and family reduces the need for more expensive and segregating institutional care and the need for state subsidies for the unemployed.

It is imperative to note, however, that no one solution fits all community transportation needs. In truth, older adults, people with disabilities and individuals with lower incomes often need more assistance in using transportation than the typical rider of fixed route public transportation. Some need door to door transport, some need attendant help before, during and after the ride, some need taxi cab vouchers, and many need travel training. To provide these more individualized services efficiently, the Commonwealth must utilize its limited resources in an intelligent and coordinated manner, allowing local and regional partnerships and state interagency solutions to emerge. This plan describes the Commonwealth of Virginia's work on coordinated transportation to date and its blueprint for future advances in this important area.

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SECTION ONE: INTRODUCTION/BACKGROUND

The Virginia Department of Rail and Public Transportation (DRPT) seeks to establish a clear vision at the state level for enhanced coordination of human services transportation and to develop a realistic state model to lead coordination efforts. This effort is critical as DRPT looks to use funding resources the agency administers as efficiently as possible, while building upon current coordination activities with other state agencies which also oversee programs that fund transportation services for older adults, people with disabilities, and people with lower incomes.

Human services transportation includes a broad range of services designed to meet the needs of populations who need transportation options beyond a personal automobile, particularly older adults, people with disabilities, and people with lower incomes. These individuals have different transportation needs and may require a variety of mobility options depending on their abilities, their environment, and the transportation services available in their community. Some examples include transportation services provided by human service agencies for people participating in their programs, dial-a-ride paratransit services, taxi voucher programs, and transportation services provided through volunteer drivers.

A variety of agencies and programs fund human services transportation in Virginia. A brief outline on the role of each State agency in the provision and monitoring of human services transportation is provided in Table 1, and more information on each is included in Section Two.

Table 1: State Agency Role in Human Services Transportation

State Agency	Overview of Role in Human Services Transportation
Department of Rail and Public Transportation (DRPT)	<ul style="list-style-type: none"> • Provides funding, advocacy, planning and technical support for transportation providers • Designated recipient for Federal Transit Administration (FTA) programs that fund transportation services for older adults, people with disabilities, and people with lower incomes • Responsible for coordinated public transit-human service transportation plans required by FTA
Department of Medical Assistance Services (DMAS)	<ul style="list-style-type: none"> • Administers Virginia’s Medicaid Program • Provides non-emergency Medicaid-funded transportation through statewide brokerage
Department of Behavioral Health and Developmental Services (DBHDS) (Formerly the Department of Mental Health, Mental Retardation, and Substance Abuse Services)	<ul style="list-style-type: none"> • Has State authority for mental health, mental retardation, and substance abuse services. • Maintains oversight of local Community Service Boards (CSB) that may use funding

State Agency	Overview of Role in Human Services Transportation
	for transportation in association with allowable services
Department of Rehabilitative Services (DRS)	<ul style="list-style-type: none"> Purchases transportation for individuals to participate in vocational rehabilitation services
Department on Blind and Vision Impaired (DBVI)	<ul style="list-style-type: none"> DBVI purchases transportation when necessary in order for an individual to receive VR services related to employment.
Virginia Department for the Aging (VDA)	<ul style="list-style-type: none"> Provides funding for transportation services operated by local Area Agency on Aging (AAA)
Virginia Department of Social Services (VDSS)	<ul style="list-style-type: none"> Oversee local Department of Social Services, including programs that can fund transportation services

An interagency partnership led by DRPT, is vital as highlighted by the Table 2 data, which notes that approximately \$92 million was spent on human services transportation in the Commonwealth in FY 09. The vast majority of these funds are not administered by DRPT, only about 3.1% of the overall total. However, the DRPT funding supports critical human services transportation in Virginia, particularly through the Section 5310 Program that funds new and replacement vehicles used to provide mobility for older adults and people with disabilities throughout the Commonwealth.

Table 2: Virginia Human Services Transportation – Estimated Funding and Ridership

State Agency	Estimated Annual Transportation Funding (FY 2009)	One-way rides /unlinked human service passenger trips	Number of Unduplicated Persons served if available
DRPT Total	\$7,725,162	938,787	
Section 5310	\$3,143,000		
Section 5316	\$2,923,856		
Section 5317	\$1,368,247		
Senior Transportation	\$119,059		
Department of Medical Assistance Services (DMAS)	\$70,530, 228	3,658,730	TBA
Wavier recipients whose plans are generally preauthorized by DBHDS	TBA	TBA	TBA

Department of Behavioral Health and Developmental Services (DBHDS)	Primarily Medicaid funded	About 1,280,000 rides are related to ID Waiver (preauthorized by DBHDS)	# of ID waiver recipients (20 to 23% of Waiver recipients use Medicaid transportation)
Department of Rehabilitative Services (DRS)	\$644,635	201,515	6,110
Department for Blind and Vision Impaired (DBVI)	\$172,215	220	N/A
Virginia Department of Aging (VDA)	\$6,024,806	549,386	8,129
Virginia Department of Social Services (VDSS)	\$6,656,032	N/A	N/A
TOTAL	\$91,753,078		

DRPT’s coordination efforts are also consistent with the Federal United We Ride initiative to improve the coordination of human services transportation. United We Ride is an interagency federal initiative that supports states and their localities in developing coordinated human service delivery systems. In addition, as noted by the National Governors Association, states can address multiple needs and goals and use state, federal, local, and private resources more efficiently to provide transportation solutions for their citizens by establishing and supporting formal transportation coordinating mechanisms. The National Conference of State Legislatures (NCSL) has also noted that coordination can reduce or eliminate many of the problems caused by multiple specialized transportation programs in a report on state legislative approaches to coordinated human services transportation, which is summarized later in this section.

DRPT’s effort to improve the coordination of public transit and human services transportation builds upon an established committee at the state level and a 2005 inventory of human services transportation coordination efforts in the Commonwealth. In addition, most recently DRPT responded to the federal legislation that provides funding for transit projects and services, which includes new coordinated planning requirements for the Federal Transit Administration’s (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC), and Section 5317 (New Freedom) Programs. To meet these new requirements, but with an overarching goal to develop a local vision for meeting the transportation needs of older adults, people with lower incomes, and people with disabilities, DRPT undertook the development of Coordinated Human Service Mobility (CHSM) Plans in 2008. The plans are organized geographically around the existing 21 Planning District Commissions (PDCs) throughout the Commonwealth. While the CHSM Plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans also took a broad view of the mobility issues faced daily by older adults, people with disabilities, and people with lower incomes in Virginia.

This report highlights DRPT's efforts, discusses common benefits and barriers to coordination, reviews State agency funding for human services transportation, and describes a possible model for future Virginia activities. Most importantly, this report presents recommendations for a Virginia structure – at the State and regional levels – to lead coordination in the Commonwealth.

Benefits and Obstacles of Potential Options and Alternatives

An overview of the benefits of improved state-level coordination of human services transportation and the challenges that are associated with these efforts provides a valuable foundation for a Virginia coordination model. The NCSL produced a 2005 report titled, *Coordinated Human Service Transportation - State Legislative Approaches*, for the National Consortium on the Coordination of Human Services Transportation that operates under the auspices of the Community Transportation Association of America (CTAA). The Consortium includes a variety of national organizations, including American Association of Retired Persons (AARP), American Council of the Blind, American Public Transportation Association, Association of Metropolitan Planning Organizations, Easter Seals Project ACTION, National Association of Area Agencies on Aging, National Association of State Units on Aging, National Association of Regional Councils, the Paralyzed Veterans of America, and the Taxicab, Limousine and Paratransit Association. Reviewed by various State representatives and agencies, including Virginia's DRPT, the report included the following synopsis of common problems that hamper the delivery of programs for the transportation disadvantaged and the potential benefits and obstacles to coordination efforts:

Common Problems

- **Overlap and duplication of services.** Lack of coordination between multiple providers, each with their own goals, equipment, eligibility standards, and funding sources can result in significant duplication of expenditures and services.
- **Poor overall service.** Overlapping programs can lead the total level of service to fall below the total level of need.
- **Underutilization of resources.** Lack of coordination between multiple service providers can mean that vehicles and other resources are not used to capacity.
- **Inconsistent service across the community.** Programs are often duplicated in some areas of the community but are not available in others. Service quality and safety standards can vary substantially from provider to provider.
- **Inconvenient for the customer.** With multiple programs, system users frequently have no single reliable resource of information about all programs available to them. The burden is on the consumer to navigate the array of programs available.

Benefits of Coordination

As noted in the NCSL report, coordination has the potential to achieve two main benefits: improved customer service and economic rewards. This potential is evident in Virginia as discerned through the CHSM Plans' potential projects, as well as through the state agency funding interviews.

- Coordination makes improved customer service possible by offering a single point of contact for a variety of transportation needs. Individuals may be eligible for various programs, require transportation for many purposes, or need to travel outside their county or region. Coordination can offer a system that allows customers to contact one entity to schedule their trips despite different program regulations and possible multi-purpose trips across several jurisdictions, which are offered by different transportation providers.
- Coordination offers an opportunity for different agencies and providers to improve specialized human services transportation quality. Various agencies working together can provide better coverage across multiple jurisdictions and make specialized human services transportation programs easier to understand and use.
- Coordination can eliminate duplication, increase efficiency, and reduce costs. It can also increase the productivity of the system, enhance customer mobility by allowing access to jobs and recreational activities such as shopping, and create economic development opportunities. In the NCSL report, the Transportation Research Board (TRB) estimates that successful coordination programs could generate more than \$700 million in economic benefits to human service and transit programs in the United States.

Barriers to Coordination

Although coordination offers many potential benefits, as noted in the NCSL report, various institutional, legal, and practical barriers can also impede coordination efforts. Similar to the benefits, barriers were voiced during the CHSM Plans' three workshops and through the interviews with Virginia agencies.

- Program disparities, such as those in eligibility standards, vehicle needs, and insurance, may make agency staff reluctant to share vehicles and resources.
- Agencies that administer a specialized human services transportation program may believe that only they can fully understand, appreciate, and respond to the needs of the people they serve, and therefore they are reluctant to coordinate. A related problem is reluctance to mix different vulnerable populations in one coordinated system.
- Real or perceived rules and requirements may restrict or hinder coordination efforts, and agencies may be unwilling to consider sharing of vehicles and other resources. Often, agencies may cite liability issues raised by their insurer as a reason their organization cannot participate in a coordinated program.

- While more efficient use of available funding is an ultimate goal of coordination, establishing and staffing a structure to oversee coordination efforts may be costly and it may be difficult to identify funding sources. Other expenses including the establishment of consistent safety standards between different providers and additional insurance premiums for a coordinated system could also hamper efforts.
- There may be a lack of incentives for human service agencies to participate. Some agencies may be “competing” for individuals to enroll in their programs and the accompanying funding from a state agency to serve them, and therefore are unwilling to coordinate with other programs. As noted in the 2005 United We Ride inventory of service providers conducted by DRPT and described in more detail below, some respondents in Virginia expressed concerns about possible loss of revenue if coordinated transportation was mandated.

Coordination Efforts in Virginia

The development of a Virginia coordination model that can address these common coordination issues has a foundation to build upon, including forming a State-level Transportation Coordination Council now operating and formalized through a cross-secretariat Memorandum of Understanding; an analysis of human service transportation resources and current levels of coordination activities; and the CHSM Plans noted earlier.

Interagency Coordinated Transportation Council

DRPT’s effort to develop a State model for improved coordination of public transit and human services transportation builds upon previous and current activities through an existing interagency committee at the state level. In 2003, DRPT established the Interagency Coordinated Transportation Council to promote interagency cooperation at the State level. The goal of the Council is to allow State agencies to actively work together to identify and recommend policy changes needed to eliminate duplication and to improve transportation coordination and services to key populations.

In addition to DRPT, the Council consists of the following agencies under the Secretariat of Health and Human Resources:

- Department for the Aging
- Department for the Blind and Vision Impaired
- Department of Medical Assistance Services
- Department of Behavior Health and Developmental Services
- Department of Rehabilitative Services
- Department of Social Services
- Virginia Board for People with Disabilities
- Office of Community Integration

United We Ride Report

In 2004, with the Council's involvement, DRPT applied for and received a federally funded United We Ride State Coordination Grant. The grant was used to conduct a statewide inventory of human services transportation resources, unmet human services transportation needs, and current levels of human services transportation coordination. The results of this inventory were documented in the 2005 *United We Ride Inventory -- Coordination Efforts in Human Service Transportation in the Commonwealth of Virginia* report. While the Executive Summary from this report can be found in Appendix A, some highlights include:

- Roles in Transportation: In general, the human services transportation system is made up of community agencies that have complex organizational roles related to transportation of clients in addition to their primary service responsibilities. Most agencies provide both direct transportation services and actively arrange transportation for their clients with other private providers in addition to their primary services.
- Types of Transportation Services: Inventory results from the report identified that the most common types of transportation services provided are curb to curb and door to door services, but about two-thirds of Community Service Boards (CSBs) and some Area Agencies on Aging (AAAs) report that they provide door through door services when necessary.
- Unmet Needs: The report noted that all agencies and public transit systems in Virginia surveyed reported significant unmet transportation needs for the older adults, people with lower incomes, and people with disabilities they serve. A quarter to almost one half of agencies reported that the needs of persons who use wheelchairs are unmet. The great majority of agencies reported that the needs of persons who request "off hours/weekend" transportation (e.g., for shopping, social events, church, or synagogue) are entirely unmet. The report noted that clients receive transportation to and from their "programs", but little to no transportation exists for regular community life interests or needs.
- Specific Coordination Efforts: Respondents of the inventory (usually middle managers) noted that coordination efforts in most localities have been limited. Only about a third of organizations stated that they attend meetings with other local agencies specifically on transportation. Little coordination of vehicle maintenance was reported, and few agencies share radio or dispatch equipment or software or accounting systems. Respondents reported few efforts to develop formal cooperative agreements on transportation. The report noted the discrepancy regarding knowledge of coordination efforts between agency directors and agency middle managers. The middle managers who typically responded to the inventory reported that even simple coordination and cross-agency communication activities had not been accomplished, while subsequent discussions with Executive Directors suggested that they would have responded that coordination efforts were more advanced.
- The report noted that the reasons for lack of coordination in Virginia are varied and multifaceted. Low levels of interagency coordination may be due in part to lack of

accurate information, limited experience, and fear of cost shifting. Some respondents expressed concerns about possible loss of revenue if coordinated transportation was mandated.

- Several excellent models of successful coordination that exist in Virginia were highlighted. As noted in the report, these programs emerged from grass root partnerships on the local/regional level and discretionary/grant funding incentive programs. In several cases, the DRPT Section 5311 Program that provides public transit funding in rural areas had been used to increase rural transportation coordination. The most successful model programs discussed in the report are listed below.
 - AAA initiatives: Four County Transit, New River Valley Senior Services, and Bay Transit, all of which found unmet needs and solved the problems themselves by providing public transportation services for the elderly and some of the populations with disabilities in their regions.
 - Local Government Initiatives: RADAR (Unified Human Transportation Services, Inc.), a nonprofit corporation, and JAUNT, Inc., a public corporation owned by five local governments. Both were established expressly to provide transportation services to persons served by local social service agencies or served through local and state government and other private organizations.
 - County initiatives: Fairfax County (FASTRAN), Rappahannock Area/Fredericksburg (a CSB, AAA, and public transit coordinator).
 - Planning District Commissions: the Transportation and Housing Alliance (THA) of the Thomas Jefferson Planning District Commission funded by the Virginia Board for People with Disabilities. (developing a model to form an alliance that will make public policy recommendations in the areas of transportation and housing, and work to build and improve community infrastructure in localities and statewide).
- The report also noted that inventory respondents identified another significant transportation coordination effort in Virginia brought about through a statewide transportation association. The Community Transportation Association of Virginia (CTAV) has successfully coordinated with Cabell Insurance Associates to provide a comprehensive insurance program tailored specifically to public organizations and most importantly for multiple coordinating agencies.

The United We Ride Report noted that despite progress, much more effort on transportation coordination is needed and there is great room for improvement in building even simple transportation coordination activities across agencies on local and state levels. These include the need for more clarity from state agencies and local governments in setting goals for cross-agency coordination to better maximize local transportation resources and improve services. Several respondents to the inventory, including those from the successful coordination efforts, provided specific recommendations for state agencies and local governments:

- 1) Clear cross-agency directives authorizing needed communication and actions;
- 2) Incentive funding to encourage experimentation; and
- 3) Assurances that coordination will not reduce services to the populations currently being served or the resources to serve them.

The report also included findings on both the benefits gained by human service agencies, especially CSBs, and the reluctance of other organizations, several AAAs in particular, to access Medicaid funding or become certified Medicaid transportation providers through the existing brokerage system. The report also noted opportunities to expand services through non-Medicaid means, and discussed how AAAs have been the most aggressive and creative by seeking contracts from other programs and agencies to help bolster revenue, in some cases becoming the local public transit system as a means of expanding services. The report documented that some AAAs reported a “fear of losing revenue” if more local transportation coordination occurs.

The report’s inventory results indicated that it may be possible to develop a common accounting system for budgeting purposes. Most agencies were able to provide at least some of the expense and revenue data of interest to DRPT. The report noted that DRPT would be better able to help human service agencies avoid duplicative spending and to assist them in transportation service management, training, and vehicle maintenance if compatible accounting systems could be implemented. Since most human service agencies have not been specially trained or equipped to manage the complexities of modern transportation systems, compatible accounting systems could be an effective tool at both the state and regional levels to predict and identify needs for technical assistance and management support.

Potential next steps noted in the report included the Council’s goal to significantly increase the coordination and communication across human service agencies to eliminate duplication and maximize resources. The report also highlighted DRPT’s awareness that its influence alone can bring about only limited, multi-agency transportation coordination. The need to build internal leadership within each State and local human service agency persists; effective training and technical assistance are means to help each agency understand the significant advantages of coordination and their role in the process.

Department of Transportation/Health and Human Services Memorandum of Understanding (MOU)

Subsequently, in June 2007, the Secretariat of Transportation and the Secretariat of Health and Human Services signed a MOU that outlined three specific objectives to be addressed by the Council (Appendix B):

- Define and publish a matrix depicting the current human services transportation services, funding levels, and policy constraints affecting the provision of such services;
- Identify and promulgate best practices and uniform methods for examining the efficiency and cost-effectiveness of these services, with the goal of improving provision of coordinated services; and
- Develop an implementation plan to address the requirements of Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) and its reauthorization and any other relevant laws and regulations, and define needed policy and regulation changes to implement the plan and provide for a process for identifying appropriate local coordinating agencies.

Coordinated Human Service Mobility Plans

As noted earlier, DRPT undertook the development of CHSM Plans to meet new federal planning requirements for the Section 5310, JARC, and New Freedom Programs. Each of the regional CHSM Plans includes the following four required elements:

- An assessment of available services identifying current providers (public and private).
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes.
- Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.
- Priorities for implementation based on resources, time, and feasibility for implementing specific strategies and/or activities identified.

The CHSM Plans were developed through a process that included representatives of public, private, and human service providers and participation by the public. The development of the invitation list for all potential regional workshop attendees capitalized on the network of the established Council. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work.

The development of the CHSM Plans included three workshops with local stakeholders as is documented in each individual regional plan. Initial regional workshops included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
 - More cost-effective service delivery
 - Increased capacity to serve unmet needs
 - Improved quality of service
 - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
 - Gain economies of scale
 - Reduce duplication and increase efficiency
 - Expand service hours and area
 - Improve the quality of service
- Key Factors for Successful Coordination:
 - Leadership – Advocacy and support, instituting mechanisms for coordination
 - Participation – Bringing the right State, regional, and local stakeholders to the table
 - Continuity – Structure to assure an ongoing forum; leadership to keep the effort focused, and able to respond to ever-changing needs

In some regions, a more specific discussion at the initial workshop identified local agencies that were providing coordinated transportation services. This information was documented in the inventory of available services in the respective regional CHSM Plans.

The CHSM Plans also included recommendations for an ongoing structure to serve as the foundation for future coordinated transportation planning efforts. Similar to the process for development of the CHSM Plans, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service, and other appropriate organizations in the region. While the recommendations specified that formal responsibilities and organizational roles will be determined locally, this ongoing structure is expected to serve several functions:

- Lead updates of the CHSM Plan for that region based on local needs (but at the minimum FTA required cycle).
- Provide input and assist public transit and human services transportation providers in establishing priorities with regard to community transportation services.
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, Section 5316 (JARC), and Section 5317 (New Freedom program) competitive selection process.

Building Upon the CHSM Planning Process

Late fall/early winter 2009 DRPT facilitated another series of regional meetings. Since the CHSM plans were in place around the Commonwealth, the intent was to build upon the regional coordinated transportation planning efforts that had been done to date. These meetings offered an opportunity to review the transportation needs and strategies found in the existing CHSM plans in preparation for the next DRPT funding application cycle. During these meetings, DRPT reviewed new requirements for the Section 5310, JARC, and New Freedom Programs. As part of the FY 2011 grant application process for these programs, applicants are required to share their project's concepts and objectives with local CHSM stakeholders to help ensure the application meets the strategies and vision of the region's CHSM Plan.

In January, DRPT facilitated follow-up regional meetings that enabled applicants to discuss their potential Section 5310, JARC, and New Freedom projects. Applicants then submitted a form with their application to DRPT affirming that their grant application was shared with and reviewed by the local coordinated body of stakeholders for each CHSM Plan. Subsequent meetings are scheduled in each region to:

- Provide applicants and stakeholders the opportunity to discuss the status and implementation of these projects

- Ensure an ongoing dialogue to shape future strategies and service priorities in the region
- Assist in future updates of the existing CHSM Plan for the region.

United We Ride Mobility Management Grant Program

In 2009, FTA announced the opportunity for state departments of transportation to apply for United We Ride (UWR) Mobility Management Grants for transportation services to help low-income individuals, persons with disabilities, older adults and organizations that serve them. DRPT submitted a proposal for funding through this grant program, and was notified in late 2009 that Virginia was one of six successful applicants from the twenty five proposals that FTA received from state and tribal organizations.

The UWR Mobility Management Grant program from FTA will allow DRPT to:

- Strengthen the impact of the State Agency Council and regional CHSM teams on mobility management through best practice outreach and consensus building across agencies, and strategic additions of key business members and other transportation stakeholders to teams and to continue to utilize these teams in a multi-level advisory capacity for this project.
- Create a Virginia-specific Mobility Management toolkit and train-the-trainer model at regional leadership levels to build a viable mobility management framework for each distinct area of the State.
- Improve the ease, understanding, and availability of travel for consumers through special travel training designed for, and by riders, private/public operators, and caregivers.

Implementation of the UWR Mobility Management Grant has begun, with major activities and efforts planned for 2010.

SECTION TWO: STATE AGENCY FUNDING FOR HUMAN SERVICES TRANSPORTATION

As described in the previous section, the MOU between the Secretariats of Transportation and Health and Human Services included an objective for a State agency-by-agency analysis on transportation policies, rules and regulations, and committed resources. This section provides a brief overview of the findings from the analysis, a matrix graphically comparing the results, and key recommendations that emerged to improve human service transportation efficiencies in Virginia.

Overview of the Analysis

The range and diversity of each agency's involvement in transportation services was prominent. While certain state agencies directly fund and explicitly track local transportation provider efforts, others do not provide direct transportation funding nor do they monitor transportation as discrete services of local agencies. The latter allow significant discretion to localities or vendors. The state agencies' varying approaches to transportation, only some of which highlight transportation as a critical human service, make coordination far more difficult and accurate accounting of needs and costs entirely impossible at present.

Detailed descriptions of each agency's responsibilities, funding levels, and monitoring activities for both primary services as well as ancillary transportation services were studied and a summary is available upon request. A brief outline on the role of each agency in provision and monitoring of transportation is provided below.

DRPT

DRPT is designated by the Governor as the agency required bringing about compliance with the 2005 federal SAFETEA-LU Act which requires coordination of human service transportation resources. DRPT operates specialized transportation grant programs including FTA programs:

- Section 5310 - Elderly Individuals and Individuals with Disabilities Program
- Section 5316 - Job Access and Reverse Commute Program (JARC)
- Section 5317 - New Freedom Program
- Senior Transportation Program (State funds only)

While DRPT does not provide direct services to individuals, it administers critical State and Federal funding to localities and agencies on an annual basis for specialized transportation (operating and capital expenses) for older adults, people with disabilities, and people with lower incomes in Virginia. DRPT administers and manages state and federal grant programs, conducts performance evaluations, provides technical assistance and supports for over 57 public transit systems, many human service providers and 18 regional commuter assistance programs throughout the state. At present, DRPT administers 16 active New Freedom grants and 4 JARC

grants as well as 12 Senior transportation grants. Through the Section 5310 program, DRPT has awarded hundreds of accessible (lift equipped) buses, van and mini-van to human service, private non-profit organizations, and quasi-governmental agencies.

DRPT's online grants administration system, "OLGA", allows eligible recipients to apply and provide data for public transportation funding online. DRPT monitors transportation grant activities closely and can provide detailed data on those activities.

Department of Medical Assistance Services

Medicaid is an entitlement program financed by the State and Federal governments and administered by the states. The Virginia Medicaid program is administered by DMAS. The Virginia Medicaid program covers all of the federally mandated and certain optional and waiver services. Transportation services are provided when necessary to help people access Medicaid covered services. Medicaid covers three types of transportation:

- Emergency - Medicaid pays for emergency transportation to receive medical treatment.
- Non-Emergency - All non-emergency medical transportation is provided through a transportation broker or through a Managed Care Organization.
- Out-of-State - Medicaid pays for transportation to pre-authorized services not available in-state.

DMAS provides all non-emergency Medicaid transportation through a contract with LogistiCare, a transportation broker that pre-authorizes all trips and delivers them through a statewide network of transportation providers.

The broker is required to maintain detailed information on the number of people and the types of services provided. LogistiCare is paid monthly at capped rates and is limited to 15% of administrative costs.

Department of Behavioral Health and Developmental Services (DBHDS) (Formerly Department of Mental Health, Mental Retardation, and Substance Abuse Services)

DBHDS is the state agency for mental health, mental retardation, and substance abuse services. Virginia's public services system includes DBHDS, the Department's State Board, 16 State-operated hospitals and training centers (operated by DBHDS), and 40 CSBs, one of which is a behavioral health authority and all of which provide services directly to consumers or through contracts with private providers. CSBs are not part of the State agency, but DBHDS maintains non-operational, oversight, and funding relationships with the CSBs (e.g., policy direction, contracting, or coordination). CSBs are established by local governments. DBHDS's role in community transportation is embedded in its relationship to the CSBs.

A performance contract is the primary accountability and funding mechanism between the Department and the CSBs. For State general funds and Federal block grant funding dispersal, the performance contract does not allow transportation as a primary funding category, but it is an "eligible expense." DBHDS does not monitor the number of persons served in

transportation or the types of services. A total of 26 CSBs, however, are providers for LogistiCare. All Medicaid funded transportation services are monitored by both LogistiCare and the CSB.

Department of Rehabilitative Services

DRS is the state agency authorized to receive and administer federal funds to provide vocational rehabilitation and supported employment services to individuals with disabilities, to provide State independent living services, and to develop and support a statewide network of centers for independent living. DRS purchases a limited amount of transportation services for individuals to participate in vocational rehabilitation services if resources allow and no other options are available. Transportation is limited to persons served by Field Counselors, Long Term Employment Support Services (LTESS), and Extended Employment Services (EES).

DRS collects data on the amount of funding that is designated by vendors and used for transportation services. DRS cannot provide an unduplicated count of the number of people who receive these services or the number of trips. DRS has limited control of transportation services due to minimal resources provided to the field for transportation. The agency has no control of field transportation assets.

Department for the Blind and Vision Impaired

The agency provides services to assist Virginia's citizens who are blind, deafblind or vision impaired in achieving their maximum level of employment, education, and personal independence. DBVI's primary focus is to assist blind Virginians in achieving quality employment outcomes. Vocational evaluation, job training, job development, placement, follow-up and other services are provided to assist consumers in obtaining jobs in the public and private sectors.

DVBI is not a transportation provider as such and is not required by state or federal regulation to provide transportation as a stand-alone service. DBVI however purchases transportation when necessary in order for an individual to receive VR services related to employment.

Virginia Department for the Aging

VDA is responsible for planning, coordinating, and evaluating programs and services funded through the Older Americans Act (Title III) of the Virginia General Assembly (statutory authority from Title 2.2 Chapter 7 of the Code of Virginia and 22VAC5-20-10 of the Virginia Administrative code). The VDA provides information and assistance on a variety of programs and issues important to the elderly such as tax relief, housing, health care financing, and transportation. Virginia has a network of 25 local agencies, the AAAs, which assist older persons and their families. AAAs are designated by VDA with the sanction of local government to plan, coordinate, and administer aging services at the community level. Each AAA provides services suited to the needs of the older adults living within its service area. Transportation to and from needed community facilities and resources is often included among these services.

However, not all AAAs provide transportation services directly; some contract for services while others provide a combination of means.

VDA monitors and partially funds the local arrangements for transportation through official VDA Transportation Standards, annual contracts, and monthly reporting requirements of the AAAs to the VDA. VDA considers transportation a discrete service. As such, unlike other state agencies, VDA maintains detailed records on the unduplicated count of persons using transportation services, the number of one-way rides per year, and the cost of those services.

Virginia Department of Social Services

VDSS supervises the administration of public assistance and service programs by local social services agencies, including both federal and non-federal reimbursements as authorized by the Code of Virginia, title 63.2 – Welfare (Social Services). The Department’s primary functions are regulation and oversight of 120 local departments of social services, management of local data, and financial reimbursement for services provided by local departments. Transportation funding is only a small part of the VDSS budget (approximately 1% of the \$1.5 billion total budget). In addition, the agency’s role in transportation is based on separate funding streams with different regulations.

The agency collects data from local agencies; however, isolating transportation services from other ancillary services is difficult at present. VDSS cannot supply an unduplicated count of the persons who receive transportation or the number of trips, but the agency can provide information regarding the amount of funding used for transportation in certain VDSS programs.

Comparing and Contrasting State Agencies

Table 3 is provided to compare and contrast state agencies across several dimensions:

- Agency Role in Human Services Transportation
- General Waiting List for Services
- Current Regulatory Control Mechanisms Related to Transportation
- Policy Restrictions Related to Transportation Coordination
- Agency Priorities Related to Transportation

Table 3: Broad Overview: State Agency Transportation Coordination Issues

State Agency	Agency Role in Human Services Transportation	General Waiting List for Services	Current Regulatory Controls Mechanisms Re: Transportation	Policy Restrictions Related to Transportation Coordination	Agency Priorities Related to Transportation
DRPT	Funding support, advocacy and planning and technical support <ul style="list-style-type: none"> • Specific responsibilities ADA • SAFETEA-LU implementation requiring “cross cutting” coordination planning of human service transportation • S.5310, S.5311, JARC, New Freedom and Senior Transportation programs assist these populations 	Proportion of additional requests each year compared to actual funding available across all programs	Program Guidance for grantees FTA Grant Application Information and Instructions Packages	<ul style="list-style-type: none"> • Requires Coordination to access funds • Use of vehicles funded through public transit programs limits “agency use” of vehicles/ must be open ridership availability • Admin time allowances may limit interest in billing for Medicaid “too much paperwork” 	<ul style="list-style-type: none"> • Need all human service agencies to ensure transportation coordination due to costs • True costs unknown without uniform cost accounting system • On-going technical assistance needed on software development for scheduling and accounting
DMAS	Funds non-emergency transportation through statewide broker that arranges/purchases trips for Medicaid Services	Extensive wait lists for all Medicaid Waivers	<ul style="list-style-type: none"> • Contract with Broker • Medicaid Provider Manual • Rate setting 	<ul style="list-style-type: none"> • Various policies may limit (e.g., time en route limits); however, most can be waived upon request 	<ul style="list-style-type: none"> • Continue broker improvements • Encourage coordination to reduce costs/improve services

State Agency	Agency Role in Human Services Transportation	General Waiting List for Services	Current Regulatory Controls Mechanisms Re: Transportation	Policy Restrictions Related to Transportation Coordination	Agency Priorities Related to Transportation
DBHDS	Office of Development Services preauthorizes all individual Waiver plans including transportation services. With all state & block grant funding, transportation an eligible expense in association with allowable Core Services but not recognized as a discrete service.	14,900 persons on CSB Waiting lists (08 Comp Plan)	<ul style="list-style-type: none"> • Performance Contracts (PCs) with each CSB • Licensing • Commission on Accreditation of Rehabilitation Facilities (CARF) • Local Human Rts. Plans (Written agreements with subcontractors required) 	<ul style="list-style-type: none"> • None (The Performance Contract leaves transportation to the discretion of CSBs) 	<ul style="list-style-type: none"> • Improve brokerage system • Better maximize Medicaid transportation funds with more regional/local control • Retain CSB as providers in that they are of highest quality • Require some data reporting on transportation
DRS	Purchases transportation for individuals to participate in a voc rehab service, if no other options and if resources available.	None on waitlist at present (all categories now open due to availability of temporary stimulus funding).	DRS Policy/ Procedure Manual <ul style="list-style-type: none"> • Counselor authorization • Vendor agreements with programs • CARF (safety) 	<ul style="list-style-type: none"> • None • Vendors determine amount of long term employment support dollars to be devoted to transportation from fixed allocation 	<ul style="list-style-type: none"> • More funds (now hardship cases can be served only). • Encourage coordination to reduce costs/improve services
DBVI	DBVI may provide transportation when the service is required for an eligible individual to apply for or receive vocational rehabilitation services leading to gainful competitive employment.	No waiting list	DBVI VR Policy and Procedure Manual	Transportation services provided only when necessary in order for an eligible individual to apply for/or participate in voc rehab services leading to gainful competitive employment.	Collaboration across agencies to maximize current transportation resources

State Agency	Agency Role in Human Services Transportation	General Waiting List for Services	Current Regulatory Controls Mechanisms Re: Transportation	Policy Restrictions Related to Transportation Coordination	Agency Priorities Related to Transportation
VDA	Monitors and partially funds the local arrangements for transportation through Standards, annual contracts, and monthly reporting requirements for AAAs	No official waiting lists but only about 5% of population of 60 now receives services	<u>VDA Transportation Services Standards</u> (revised in 2003); Older Americans Act Reporting Requirements and State Report Definitions	<ul style="list-style-type: none"> • Few AAAS use Medicaid funding • <u>VDA Transportation Services Standards</u> • Use of S.5311 vehicles limits agency use of vehicles 	<ul style="list-style-type: none"> • Aging population and costs growing • Accurate cost accounting essential • Greater alliances with public transit
VDSS	Role in transportation funding and regulation is not uniform across all agency programs. Central office provides wide discretion to locals.	No waiting except for companion care	Program Specific (multiple programs)	<ul style="list-style-type: none"> • No control of local transportation assets 	Local DSS works closely with community entities; finding time for coordination difficult for local offices

Recommendations from Analysis on State Agencies

Based on the analysis of state agencies, the VA Interagency Coordinated Transportation Council agreed upon the following recommendations to promote best practices and more uniform methods to examine and improve system efficiencies and cost effectiveness in the future. The goal of these recommendations would ultimately be to improve the coordination of human service transportation. These recommendations were considered in the development of the overall recommendations detailed in Section Five:

The Council first gained consensus that DRPT should continue the following efforts already in action:

- Strengthen regional teams that meet regularly to analyze coordination efforts and make recommendations for improvements
- Conduct regional pilots (learn as you go)/Regional Mobility Coordinator
- Build more individualized, person centered mobility assistance for persons with disabilities, lower incomes and older persons through local mobility management networks providing one on one assistance, advice, and training

Next, the Council's second level recommendations for transportation coordination improvement were:

- Initiate simple, uniform client tracking system across the human service system
- Develop uniform cost accounting system (to remedy lack of understanding of true costs)
- Obtain state-specific scheduling and accounting software
- Seek to increase resources for public transportation to boost coordination efforts with human service transportation
- Reconsider "carve-outs" to meet needs across agencies (i.e., at present, CSBs are allowed to transport only their own clients while other providers must accept all riders)
- Resolve Medicaid billing issues (trips vs. units)

In February 2010, the Council agreed that one practical approach to begin working toward these second level recommendations would be to develop a specific, regional pilot creating a "state-based Medicaid transportation broker" (e.g., a consortium of CSBs—carving out a regional section of the state Logisticare contract) to specifically test the second level Council-determined recommendations especially:

- Initiate simple, uniform client tracking system across human service system
- Develop uniform cost accounting system (remedy lack of understanding of true costs)

- Obtain state specific scheduling and accounting software

SECTION THREE: REGIONAL PERSPECTIVE – FINDINGS FROM THE COORDINATED HUMAN SERVICE MOBILITY PLANS

As detailed in the Introduction/Background Section, DRPT undertook the development of CHSM Plans to meet new federal planning requirements for the Section 5310, Section 5316 (JARC), and Section 5317 (New Freedom Programs). The CHSM Plans provided a regional perspective that can be considered in the development of a coordination model for Virginia.

Assessment of Available Transportation Services and Resources

The process for assessing available transportation services in each region included a collection of basic descriptive and operational data for the various programs from participants at the initial workshops. This was achieved through a facilitated session where participants were guided through a catalog of questions. A brief two-page questionnaire, distributed at regional workshops, was also used to assist in the data collection effort. Participants who provide or purchase transportation services were requested to complete the survey and send them back for additional documentation. This data was supplemented with appropriate information gathered from transportation provider websites and via phone interviews.

While the available transportation services varied in each region, several types of transportation providers were common:

- Public transit providers
- Community Service Boards
- Medicaid transportation providers
- Human service agencies, including Section 5310 transportation providers

Common Needs and Issues

Through the CHSM planning process, each region identified unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on specific unmet transportation needs in their respective regions. The input focused on the targeted population groups for the Section 5310, Section 5316 (JARC), and Section 5317 (New Freedom Programs). The target populations for these programs are: older adults, people with disabilities, and people with lower incomes) and highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

While each region's needs were specific to their area, common themes and issues throughout the CHSM Plans are relevant for consideration in the development of a State coordination model for Virginia:

- The vast majority of needs identified by workshop participants were described as “cross-cutting” – a need of all three population groups.
- Trips to medical services not covered by Medicaid;

- Transportation services on weekends;
- Expanded transportation options to access jobs that require second and third shift work;
- Limited public transit in some areas;
- Transportation gaps in rural areas;
- Transportation provided by human service agencies constrained by jurisdictional boundaries;
- Limited or no demand-response service outside fixed-route service areas;
- Lack of information on available transportation options;
- Improved branding of services to create more positive image of transit;
- Outreach to customers, doctor offices, human service agencies, employers, and others on available transportation services; and
- Some customers need additional assistance beyond the vehicle.

Priority Strategies for Implementation and Potential Projects

Key local stakeholders in each region generated and ultimately endorsed a list of strategies based on the assessment of unmet transportation needs. Common strategies among the CHSM Plans included the implementation of new public transportation services or operation of existing public transit services on a more frequent basis; expansion of demand-response service and specialized transportation services; and establishment or expansion of programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services. Two common strategies specifically addressed coordination:

- Continue to support and maintain capital needs of coordinated human service/public transportation providers.
- Support new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.

The CHSM planning process guided each region in developing potential projects that corresponded to their priority strategies. A common project for the coordination related strategies above was the establishment of a mobility manager arrangement that would build upon existing coordination efforts or facilitate new cooperation between transportation providers. This structure would include several functions:

- Helping establish interagency agreements for connecting services or sharing rides.
- Exploring opportunities to share maintenance, training, and other resources.
- Arranging trips for customers as needed.
- Facilitating access to transportation services and serving as an information clearinghouse and central point of access on available public transit and human services transportation in the region.
- Implementing a voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

SECTION FOUR: DEVELOPMENT OF COORDINATION POLICY ALTERNATIVES FOR VIRGINIA

There are a variety of existing state-level and regional coordination models that can be used to develop one that will build upon Virginia's current process and mechanism. DRPT and the Council recommended reviewing the Florida model since Florida is widely considered the trailblazer of human service transportation coordination, and therefore alternatives and recommendations are focused on the characteristics of that model. Other select state examples have also been considered and relevant program elements appropriately noted in the alternatives and recommendations. Specific facets of other state models, including coordination policies, strategies, executive orders, legislation, procedural processes, standing committees, advisory groups, and program coordination incentives, are not detailed in this report. However these features may serve as helpful points of discussion and comparison, and may also be considered in the development and implementation of a Virginia model.

Florida Coordination Model[§]

In 1989, the Florida Legislature created the Commission for the Transportation Disadvantaged. The Commission's mission is to "ensure the availability of efficient, effective, and quality transportation for transportation disadvantaged persons", defined in legislation as those persons who because of physical or mental disability, income status, or age, are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities. The Commission projects that by 2010, over 7.3 million Floridians will fall under this definition. The goal of the Florida coordination structure is to assure the effective provision of transportation by qualified community transportation coordinators (CTCs) or transportation operators for the transportation disadvantaged. In 2007, Florida's coordinated system provided over 51 million passenger trips.

The Commission for the Transportation Disadvantaged is the state-level policy board responsible for the oversight of coordinated transportation services in the state. The Commission was created as an independent agency, located within the Department of Transportation for administrative and fiscal purposes. In all respects, the Commission operates independently with rule making and budget authority. The Commission employs staff to administer and monitor the statutory requirements for the program. The Commission sets policies and provides direction to the staff in regard to quality assurance, program administration, contract management, and financial accountability. To assist with program implementation, the Commission contracts with a community transportation coordinator and planning agency in each County.

Transportation Disadvantaged Trust Fund

A key responsibility of the Commission for the Transportation Disadvantaged is to administer the Transportation Disadvantaged Trust Fund (TDTF) that provides funding to carry out the statutory responsibilities of the Commission. The TDTF funds are a critical part of the Florida model as these funds are used to fill local transportation gaps by providing transportation

[§] Sources: Meeting with CTD staff, CTD Website and 2007 CTD Report.

for people who have limited mobility, but do not qualify for transportation services through other funding sources – described as “non-sponsored customers”. The TDTF funds are distributed by formula through two grant programs – one for CTCs in the provision of direct transportation services and equipment, and one for local planning agencies for the purpose of transportation-disadvantaged planning and for providing staff in support of local Coordinating Boards. In FY07, funding through the TDTF Program was \$39 million, about 10% of the overall budget for the Florida coordinated program. Of the 51 million-plus trips provided in FY 2007, 7.2 million were funded through the TDTF.

As outlined in the Florida Statutes, the Commission produces an annual performance report that provides an overview of the program, highlights program accomplishments, and summarizes statewide trends. The annual performance report also provides statistical, operational, and financial information on all coordinated transportation services from information gathered from the local CTCs and planning agencies. In addition to capturing ridership data and other service outcomes, the coordinated structure enables the important reporting of unmet transportation needs due to lack of funding, lack of vehicle availability, or other reasons. In FY07, 782,000 unmet trips were reported.

Organizational Structure

While specific powers and duties for the various levels in Florida’s coordination model are detailed in the Florida Statutes that authorize the program, general roles and responsibilities are described below:

Commission Membership and Staff

The Commission consists of seven voting members all appointed by the Governor; five Business Community Members and two members who have a disability and use the Transportation Disadvantaged (TD) System. One of these members must be over 65 years of age. In addition, the Secretary of the Department of Transportation, the Secretary of the Department of Children and Families, the Director of the Agency for Workforce Innovation, the Executive Director of the Department of Veterans’ Affairs, the Secretary of the Agency for Health Care Administration, the Director of the Agency for Persons with Disabilities, and a county manager or administrator who is appointed by the Governor, or a senior management level staff of each, serve as ex officio non-voting advisors to the Commission.

The Commission currently has 15 full-time and two part-time staff who provide support and administer the statewide TD Program. The Executive Director provides oversight for all staff and is directly accountable to the Commission.

CTC Role

The local CTC is responsible for the actual arrangement or delivery of transportation services for transportation disadvantaged persons. The CTC, through a competitive procurement process, may contract with local transportation operators to provide transportation for

transportation disadvantaged persons. Some CTCs serve one county and others multiple counties. Currently there are 50 CTCs in Florida. During 2007, 456 qualified transportation operators carried out the provision of services.

Local Coordinating Board Role

The Local Coordinating Board (LCB) oversees and annually evaluates the CTC, which is approved by the Commission. The LCB is appointed and staffed by one of the 11 Regional Planning Councils (RPC) authorized by Florida Statutes or by a Metropolitan Planning Organization (MPO). The LCBs provide local assistance to the CTCs by identifying local service needs and providing advice and direction to CTCs on the coordination of services. Each LCB is recognized as an advisory body to the CTC in its service area.

Membership of each LCB includes:

- The Chairperson of the Board, who is an elected official
- Representatives from the Departments of Transportation, Children and Families, Education, Elder Affairs, and Agency for Persons with Disabilities
- Two citizen advocate representatives (one of which must be a user of the system)
- A representative of the local public education system
- A person who is recognized by the Florida Department of Veteran's Affairs to represent veterans of the County
- A person who is recognized by the Florida Association for Community Action representing the economically disadvantaged
- A representative of the local private for-profit transportation industry
- A representative for children at risk
- A person representing the Regional Workforce Board
- A representative of the local medical community
- Where available, a representative of a local public transit system

Oversight and Compliance

The Oversight and Compliance unit is responsible for four teams which include Quality Assurance and Program Evaluation, Public Relations, Project Administration, and Medicaid Non-Emergency Transportation. The unit is lead by the Assistant Director of Oversight and Compliance who reports directly to the Executive Director, and provides guidance and direction to ensure program consistency and compliance.

Quality Assurance and Program Evaluation

This unit addresses contract compliance issues and collects and evaluates operational and financial data from local contractors. Program evaluation includes CTC and the Medicaid Non Emergency Transportation (NET) Service Provider reviews to ensure that each local coordinator is in compliance with their statute responsibilities and with federal requirements such as the Americans with Disabilities Act (ADA). In addition, this unit evaluates the designated planning

agencies to ensure compliance with Statute requirements and completion of contracted responsibilities.

Public Relations

This unit is responsible for an Ombudsman Program that provides customers with a forum to express concerns regarding local services and gives the Commission information for improving policies and other aspects of the program. In addition, the Public Relations unit operates a hotline for customers to call with questions or concerns, participates, and presents at various meetings and conferences, and assists the Florida Department of Transportation in the implementation of a toll road access program for qualified drivers with disabilities.

Project Administration

This unit provides local CTCs, planning agencies, and others with appropriate training and technical assistance, including help with issues identified during program evaluations and facilitating an annual statewide conference. This unit also manages and monitors the numerous contracts, MOUs, service plans, and grants with local coordinators and planning agencies.

Finance and Administration

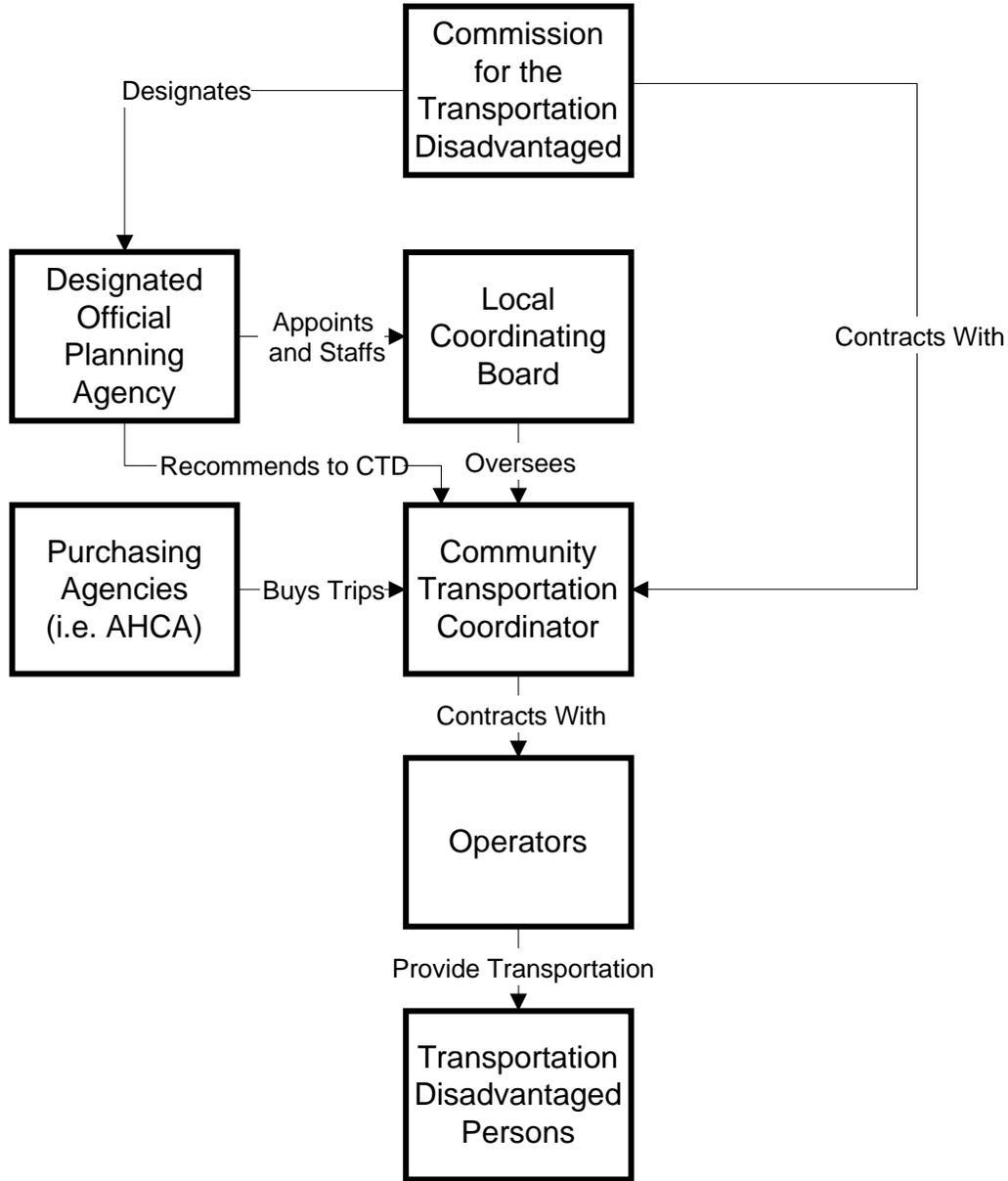
This unit provides accounting and technical assistance to the Commission, including work program and budget monitoring and forecasting and policy and procedure review. In addition, this unit oversees the reimbursement and dispersal of TDTF funds.

Medicaid Transportation

Medicaid-funded transportation was not initially part of the coordinated system, administered instead by the Florida Agency for Health Care Administration (AHCA). In June, 2004, AHCA and the Commission for the TD executed a contract to transfer the administration and management of the NET Program to the Commission. NET services are provided locally by Subcontracted Transportation Providers (STP), often but not always the CTC in that area.

An overall view of the Florida coordination model organizational structure and responsibilities can be found in Figure 1.

Figure 1: Florida Coordination Model – Organizational Structure



SECTION FIVE: RECOMMENDED HUMAN SERVICES TRANSPORTATION COORDINATION MODEL WITH IMPLEMENTATION STRATEGIES

As noted in the previous section, one of the hallmarks of the Florida coordination model is formalized coordination structures at both the state and local levels. The following recommendations utilize key aspects of the Florida program while considering programs in other states as well.

State-Level Structure

The current MOU between the Secretariats of Transportation and Health and Human Services has provided increased structure to the coordination efforts in Virginia, but a more formal organizational arrangement could be considered. The specific structure in Florida may not be suitable for Virginia, but the aspects of this model and its framework can be taken into account for possible application in the Commonwealth. This process can include the following components to more formalize the existing Interagency Coordinated Transportation Council:

- Ensure that the Secretaries appoint staff with appropriate decision-making abilities (or those with direct links to decision-makers) to serve on the Council to ensure that coordination efforts are a priority.
- DRPT serves as the lead agency for the Council to coordinate human services transportation at the state, regional, and local levels. DRPT would monitor regional coordination activities as outlined later in this section.
- Build upon the United We Ride report and this document by charging the Council with production of a triennial report that documents current human service transportation services, funding levels, and policy constraints affecting the provision of such services.
- Identify and promulgate best practices and uniform methods for examining the efficiency and cost-effectiveness of human service transportation services, including developing and conducting appropriate training with regional and local transportation providers and planning agencies to improve provision of coordinated services.

Ongoing Regional Structure

The CHSM Plans included recommendations for an ongoing regional structure to serve as the foundation for future coordinated transportation planning efforts. In addition, DRPT's application for the FY09 New Freedom and Senior Transportation programs included as an eligible project (strongly supported by DRPT) a pilot project for a Regional Mobility Coordinator (RMC). As a result, several regions applied for and have implemented mobility manager projects that include some of the RMC features. Also, the DRPT process that requires applicants discuss their potential Section 5310, JARC, and New Freedom projects with a local

coordinated body of stakeholders for each CHSM Plan has helped ensure that an ongoing structure is in place.

Building upon this momentum, using the Florida local model, and incorporating and taking advantage of the PDC structure, more formal responsibilities and organizational roles for a regional structure can be implemented and are outlined below.

Regional Mobility Coordinator

Similar to the CTCs in Florida but tailored to fit Virginia's current coordination structures, an RMC would be an organization with overall responsibility for the arrangement and delivery of transportation services for older adults, people with disabilities, and people with lower incomes in their region. Each area could tailor the role and functions of its RMC to meet the specific needs of the region. The RMC may facilitate transportation through local transportation operators or provide all or part of the services in the region directly. As noted in the application, the RMC has several overall objectives:

- Creating a single regional system to provide general public and human service transportation without regard to jurisdictional boundaries.
- Providing simple, easily accessible means of making transportation arrangements.
- Establishing a single point of contact for obtaining information on existing transportation options.
- Maximizing use of the various federal and state funding programs that fund public and human service transportation.
- Exploring opportunities for coordinating the use of Medicaid transportation funding.
- Increasing efficiencies and improving service quality, including use of centralized trip scheduling and making use of all available vehicles.
- Supporting emergency preparedness for potential assistance in evacuation or meeting other emergencies.

This pilot program serves as an important foundation for formalization of regional structures for coordination of human service transportation and consistency throughout the Commonwealth. As noted in the pilot program information, selected projects may be used as a model for other areas of the state. This presents an excellent opportunity to build upon successful existing structures to increase efficiency and improve service quality through regional transportation systems, which serve multiple county areas without regard to jurisdictional boundaries and offer centralized trip scheduling.

Planning District Commission Role

When considering a statewide coordination model for Virginia, an apparent advantage is the existing PDC arrangement. Using the Florida local model, while incorporating and taking advantage of this structure, the PDCs could assume the following responsibilities and organizational roles as part of a statewide coordination effort:

- Appoint and staff the Regional Mobility Coordinating Board.

- Designate the RMC in consultation with the Council and the Regional Mobility Coordinating Board.
- Lead updates of the PDC's CHSM Plan.

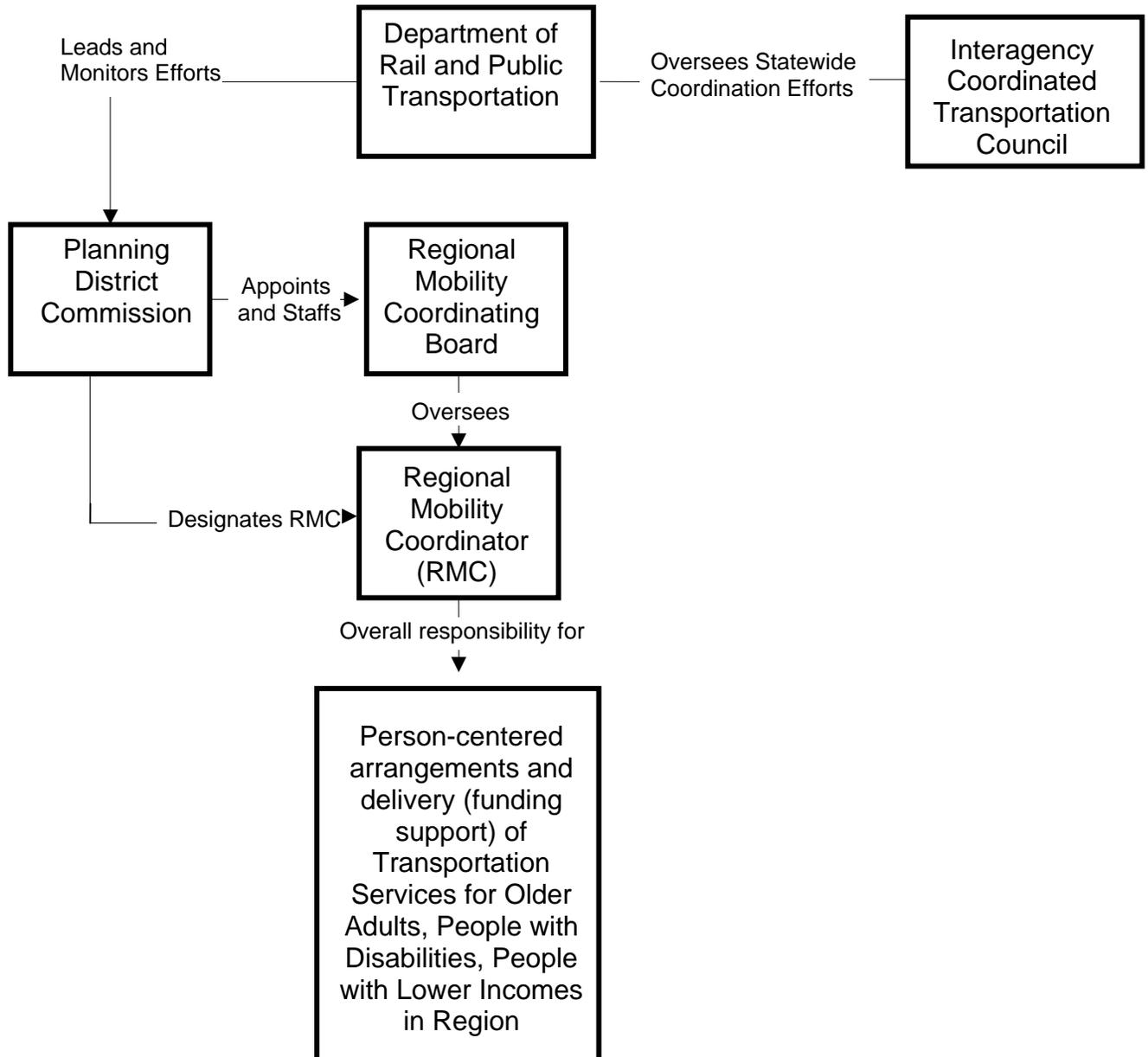
Regional Mobility Coordinating Board

A Regional Mobility Coordinating Board would provide overall guidance and support to the RMC. Suggestions regarding the structure of the Board and specific roles are outlined below:

- Appointed and staffed by the PDC.
- Membership includes the citizen advocate representatives (one who must be a user of the system), Economic Development Commission, Labor and Industry, AAA, Health Districts, Social Services, Community Services Board, Vocational Rehabilitation Board, Employment Services Organizations, Senior Navigator Program, a representative of the medical community; and where available, a representative of a local public transit system.
- Serves as advisory body to the RMC.
- Provides input and assists RMC in establishing priorities with regard to community transportation services.
- Reviews and discusses coordination strategies in the region and provide recommendations for possible improvements to help expand mobility options.
- Reviews and discusses strategies for coordinating services with other regions in Virginia and outside the State to help expand mobility options.
- Reviews applications for funding through JARC and New Freedom competitive selection process and provides State Committee with recommendations (specifics on the timing for this review will be detailed in the applications for these funding programs).
- Appoints a representative to a (to-be determined) State-level Committee or body.

Figure 2 provides an overview of this potential structure for coordination of human services transportation in Virginia.

Figure 2: Potential Human Service Transportation Structure for Virginia



Ongoing Funding Structure

As noted earlier, for the FY09 New Freedom Program DRPT is providing 95% of the project funds (50% of these funds through federal funds and 45% in state funds for operating and 80% federal, 15% state for capital projects). In addition, for the FY09 Senior Transportation Program, DRPT is providing 95% of project costs entirely through state funds. This is a positive commitment by the Commonwealth to support local transportation providers -- who often struggle to identify and obtain the typical local match for available Federal funding -- and local and regional coordination efforts.

Virginia can continue this momentum and establish an ongoing program structure that will help ensure funding is available to provide and coordinate transportation services for older adults, people with disabilities, and people with lower incomes. Building upon current efforts, several further provisions can be considered:

- Provide local transportation providers with information and assurances that they may use other federal (non-transportation) funds as match for the New Freedom Program and other grant programs through DRPT research, outreach, and education programs.
- Virginia will review state funding paradigms on serving persons with disabilities in other states and will incorporate appropriate modifications when possible within the DRPT budget that provides funding support for transportation for older adults and people with disabilities to help fill current gaps in services. Possible examples from other states that could be considered in the development of this legislated program are the Florida TDTF Program (detailed in Section Four), Maryland's Statewide Special Transportation Assistance Program (SSTAP), and the North Carolina Elderly and Disabled Transportation Assistance Program (EDTAP).
- While the New Freedom Program could continue to be the funding source for the RCM pilot program, a specific program could be established that supports the development of RCMs throughout the state. This program could be tailored for Virginia's needs while taking into account a program in Ohio that funds efforts demonstrating a level of interagency coordination in their local area, have designated a lead agency to administer day-to-day operations, executed MOUs with all participating agencies, and have the capacity to initiate a project within 90 days of grant award. The Ohio Coordination Program features an annual application process and specific program criteria, and could be used as a template to design an appropriate program in the Commonwealth that would support coordination activities.

Next Steps

DRPT with the assistance of the Interagency Coordinated Transportation Council has made great strides for improved coordination of public transit and human services transportation. DRPT's next step is to recommend to the ICTC the state-level structure that is most advantageous and feasible. Ultimately, the state model will need sponsorship to succeed. This can be accomplished at varying degrees and levels to develop a more formal structure to coordinate human services transportation going forward.

Appendix A

United We Ride Inventory -- Coordination Efforts in Human Service Transportation in the Commonwealth of Virginia Executive Summary

Federal Executive Order (EO) 13330 on Human Service Transportation Coordination was issued in 2004 to promote interagency cooperation of some 75 federal programs and services in order that transportation-disadvantaged persons throughout the country will have improved access to critical transportation services. This EO clarifies the federal government's vision that "comprehensive and coordinated community transportation systems are essential for persons with disabilities, persons with low incomes, and older adults who rely on such transportation to fully participate in their communities."

In Virginia, the Department of Rail and Public Transportation (DRPT) is the lead agency to help guide compliance with the Executive Order 13330 on Human Service Transportation Coordination. The Department is working to meet the federal government's coordination principles in several important ways.

First, DRPT is advancing cross-agency coordination by making the receipt of federal funding contingent upon local interagency coordination in certain programs. For instance, DRPT modified the state policies to require local cross-agency coordination for participation in the Federal Transit Administration's (FTA) *Section 5310 program*, a program which provides funding for capital and resources related to transportation services for persons who are elderly or have disabilities.

Next, DRPT studied the efforts of other state agencies in Virginia that are advancing human service transportation coordination. DRPT found that:

- The Department of Medical Assistance Services (DMAS)* implemented a statewide transportation broker system for all Medicaid funded transportation over the last six years. Though the initial implementation of this program was extremely difficult for both consumers and providers, the broker system has stabilized significantly and now functions effectively.
- The Virginia Board for People with Disabilities (VBPD) and the Department of Rehabilitative Services (DRS) advance coordination by using their discretionary funding to motivate innovation and local/regional coordination. Some of the most effective model programs now operating in communities within Virginia originated through small "start up grants" from these agencies.
- The Department for the Aging has also modified state policies and benchmarks used to monitor programs to encourage greater cross-agency coordination. It has promoted taxpayer donation opportunities (Tax Check-Off program) dedicated to improved transportation for older adults. Local Area Agencies on Aging (AAA) have been able to use these additional funds to pilot test transportation models and expand human service transportation on local levels.

* A glossary of acronyms is provided at the end of the full report.

To make the most of these significant efforts from state agencies, DRPT established the Interagency Transportation Coordinating Council in 2003 to promote interagency cooperation at the state level. The goal of the Council is to allow state agencies to actively work together to identify and recommend state policy changes needed to eliminate duplication and to improve transportation coordination and services to key populations. The Interagency Coordinating Council consists of agencies under the Secretaries of Health and Human Resources and Transportation including DRPT, DMAS, VBPD, DRS, the Departments for the Aging, Blind and Vision Impaired, Mental Health, Mental Retardation and Substance Abuse Services (DBHDS), Social Services, and Health. The Council is also closely aligned with the Commonwealth's Olmstead Initiative ("Community Integration") in order to raise the profile of transportation as a primary service needed to bring the state in compliance with the Olmstead Supreme Court Decision.

Last year, with the Council's involvement, DRPT applied for and received a federally funded United We Ride (UWR) State Coordination Grant. The grant funds were used to conduct a statewide inventory of the state's human service transportation resources. The Inventory, not only requested information about equipment, but also asked about unmet needs and current levels of coordination, or lack thereof, in communities. The results of this inventory are the focus of this report. This document and the unabridged version of the report can be downloaded from <http://www.drpt.virginia.gov/>.

The 2005 Human Service Transportation Inventory

The Interagency Council helped design the 2005 Inventory. The Inventory was then pilot tested by three community agencies and other stakeholders and revised accordingly. The Inventory was forwarded to the four primary types of community agencies providing human service transportation under the major service funding streams in Virginia. The agencies received the Inventory via e-mail under a cover letter from the Commissioner or Director of each major state funding agency. The Inventory was conducted during the late summer of 2005.

The agency respondent groups included:

- 40 Community Services Boards (CSBs)/Behavioral Health Authorities (Mental Health, Mental Retardation and Substance Use Services);
- 25 Area Agencies on Aging (AAA);
- 50 Employment Support Organizations (ESOs) (funded by DRS and DBHDS); and
- 50 Public Transportation Service Providers

An average response rate of 62% across all agencies was achieved with the highest response rates from CSBs and the lowest from ESOs.

This report provides baseline data on the current status of the Commonwealth's human service transportation system and its efforts toward coordination of these services. This report examines and compares the attitudes, opinions, and coordination experiences across these four human service organization types.

The Inventory findings across the four organization types have been divided into eight categories of inquiry including:

- 1) Organization Roles in Transportation of Clients;
- 2) Unmet Needs of Customers;
- 3) Specific Transportation Coordination Efforts;
- 4) Use of Medicaid Funding;
- 5) Other Types of Funding for Transportation;
- 6) Types of Expansion Efforts;
- 7) Types of Transportation Services Offered/Types of Services Needed; and
- 8) Potential for Compatible Accounting (Examining Expense and Revenue Categories for Improved Communication and Management).

Roles in Transportation: In general, the Inventory results show that the system is made up of community agencies that have complex organizational roles related to transportation of the clients in addition to their primary services responsibilities. That is, most agencies provide both direct transportation services and actively arrange transportation for their clients with other private providers in addition to their primary services.

Unmet Needs: All agencies and public transit systems in Virginia report significant unmet needs in “high need” service populations (i.e., elderly, low income, and people with disabilities on waiting lists). A quarter to almost one half of agencies now reports that the needs of persons who use wheelchairs are unmet. The great majority of agencies report that the needs of persons who request “off hours/weekend” transportation (e.g., for shopping, social events, church or synagogue) are entirely unmet. It appears that clients receive transportation to and from their “programs” but little-to-no transportation exists for regular community life interests or needs.

Specific Coordination Efforts: According to the respondents of the Inventory (usually middle managers), coordination efforts in most localities have been limited. For instance, only about a third of organizations stated that they attend meetings with other local agencies specifically on transportation. Coordinating vehicle maintenance with other providers is reported minimally by ESOs and AAAs, with only slightly more of CSBs (10%) and public transit companies (20%) reporting this type of coordination with other local human service agencies. Few share radio or dispatch equipment. Few share compatible software or accounting systems. Furthermore, while only about a third of AAAs report efforts to develop formal cooperative agreements on transportation, far fewer CSBs, ESOs, and public transit operators report efforts to develop such agreements.

It is important to note that middle managers responded to the Inventory. In their opinion even simple coordination and cross-agency communication activities have not been accomplished. Subsequent discussions with Executive Directors suggest that if they were the primary respondents of the survey, reports of cross-agency coordination, at least on a preliminary basis, would have been higher. This discrepancy regarding knowledge of coordination efforts between directors and managers points to the need for more communication and training on coordination at all staff levels within agencies.

The Inventory results reveal that the reasons for lack of coordination in Virginia are varied and multifaceted. Responses show that low levels of interagency coordination may be due in part to lack of accurate information, limited experience, and fear of cost shifting. Some respondents (AAAs) expressed concerns about possible loss of revenue now collected if coordinated transportation was mandated.

It is important to recognize that there have been some strides toward improved coordination within the Commonwealth. The Inventory revealed that in some activities, cross-agency coordination is found. For instance, much more coordination is seen in voluntarily transporting clients of other agencies when needed locally (but not regionally), with AAAs and public transit operators reporting most often on this effort. Some organizations coordinate by transporting clients of another agency by contract that is, providing transportation for another agency brings in revenue for the program and this effort requires coordination. In fact, about a third of AAAs and public transit operators engage in this type of coordination/revenue creation.

In addition, several models of excellence in coordination exist in Virginia. These programs have emerged from grass root partnerships on the local/regional level and discretionary/grant funding incentive programs. In several cases, the DRPT Section 5311 program** has been used creatively to increase rural transportation coordination. The most successful model programs are listed below. Further analyses of these models may provide a blueprint for improved transportation coordination and consolidation in the future. Important model programs showing coordination exemplars are:

- AAA initiatives: Four County Transit, New River Valley Senior Services, and Bay Transit, all of which found unmet needs and solved the problem themselves by providing the public transportation services for the elderly, and some of the other disability populations for their regions.
- Local Government Initiatives: RADAR (Unified Human Transportation Services, Inc), a nonprofit corporation, and JAUNT, Inc., a public corporation owned by the five local governments, both were established expressly to provide transportation services to persons served by or through local social service agencies, local and state government and other private organizations.
- County Initiatives: targeted coordination projects are in Fairfax County (FASTRAN) and Rappahannock Area/Fredericksburg (a CSB, AAA, and public transit coordination).
- Planning District Commission initiatives: The Transportation and Housing Alliance (THA) of the Thomas Jefferson Planning District Commission (funded by VBPD) is developing a model to form an alliance that will make public policy recommendations in the areas of transportation and housing and working to build and improve community infrastructure in localities and statewide.

** The Section 5311 program provides financial assistance for capital, administrative, and operating expenses to rural areas for local public transportation services.

Inventory respondents also identified another significant transportation coordination effort in Virginia brought about through a statewide transportation association. The Community Transportation Association of Virginia (CTAV) has successfully coordinated with Cabell Insurance Associates to provide a comprehensive insurance program tailored specifically to public organizations and most importantly, for multiple coordinating agencies. Many insurance companies will not cover multi-agency efforts. Of the 141 human service transportation providers who could most benefit (CSBs are excluded in this count because most CSBs have their coverage through the State Division of Risk Management or through local government), thirty (30) agencies (21%) have opted to participate in this coordinated insurance option (i.e., 10 AAAs, 6 ESOs, 10 public transit operators, plus 4 Centers for Independent Living (CILS) that were not surveyed in this Inventory). A list of participating agencies is provided within the full report.

The Commonwealth can also be proud of several important transportation studies underway that are examining unmet needs and the ingredients needed for specialized transportation coordination. These studies include: Richmond Area Metropolitan Planning Organization's 2005 Needs Assessment (<http://www.richmondregional.org/>) and the New River/Roanoke Public Mobility Project (<http://www.nrvpdc.org/publicmobility/home.html>).

Despite progress, much more effort on transportation coordination is needed: The 2005 Inventory results show, however, that despite the existing models of excellence in Virginia and these special studies, there is great room for improvement in building even simple transportation coordination activities across agencies on local and state levels. In general, the findings show the need for more clarity from state agencies and local governments in setting goals for cross-agency coordination to better maximize local transportation resources and improve services. In fact, model programs and several respondents provided their own specific recommendations that state agencies and local governments should provide more:

- 1) clear cross-agency directives authorizing needed communication and actions;
- 2) incentive funding to encourage experimentation; and
- 3) assurances that coordination will not reduce services to the populations currently being served or the resources to serve them.

Current Funding Sources: Responses show that many AAAs differ from the other human service agencies in that AAAs have not sought to access Medicaid funding or become certified Medicaid transportation providers.

Some report that their services are not Medicaid reimbursable and they have not modified services to qualify for Medicaid dollars. However, some AAA reluctance to access Medicaid as a reimbursement source may be based on inaccurate perceptions of the current Medicaid system. For instance, while many AAAs view the Medicaid rates as too low and paperwork requirements as too high, CSBs, with experience in Medicaid, do not report these issues as concerns. Some AAAs report that they are unable to meet the necessary door-through-door transportation needs of their clients; however, Medicaid funded-CSBs report that they are able to provide such services. This finding may indicate that accessing Medicaid funding for transportation could improve the quality or individualization of services that can (or must) be provided according to

Medicaid standards. For example, beginning in October 2005, DMAS added door-to-door and hand-to-hand (i.e., handing off a client to a responsible care-giver) transportation options in the new Medicaid brokerage contract. These requirements improve the quality of services to Medicaid transportation users.

Expanding Services: In expanding services through non-Medicaid means, AAAs have been the most aggressive and creative. More of these agencies report that they have sought contracts from other programs and agencies to help bolster revenue in general. Some have gone as far as becoming the local public transit system as a means of expanding services. In fact, some AAAs report “fear of losing revenue” if more local transportation coordination occurs. Given this concern, some AAAs may resist local transportation coordination unless they receive more assurances and/or education on this topic. This concern also shows the high need for additional resources and the current under-funding of AAAs, in general.

Types of Services: Inventory results show that the most common types of services provided are curb-to-curb and door-to-door services, but about two thirds of CSBs and some AAAs report that they provide door-through-door services when necessary. There are some variations in how the four organization types define services and these variations are provided in table form in the full report.

Potentials for Compatible Accounting: The Inventory results indicate that it may be possible to develop a common accounting system for budgeting purposes. Most agencies in the Inventory were able to provide at least some of the expense and revenue data of interest to DRPT. If compatible accounting systems could be implemented, DRPT would be in a better position to help human service agencies avoid duplicative spending and to assist them in transportation service management, training, and vehicle maintenance. Since most human service agencies have not been specially trained or equipped to manage the complexities of modern transportation systems, compatible accounting systems could be an effective tool at both the state and regional level to predict and identify the need for technical assistance and management supports. The data set collected as a part of this Inventory may represent a beginning in that effort.

In conclusion, it is the intent of the DRPT and the other agencies within the Interagency Transportation Coordinating Council to widely disseminate these results to localities, regions, and stakeholders at all levels. Showcasing the lessons-learned from the model programs and the transportation studies described above will also be accomplished using the resources of the second year of federal “United We Ride” funding. The results of this Inventory and other studies will then be used to assist the Commonwealth in the development of a meaningful State Action Plan for increased coordination of human service transportation. With a more accurate understanding of system efforts, unmet needs, and funding/budgeting issues, the Commonwealth is now better equipped to plan more comprehensive strategies to enhance its human service transportation system and to deliver more efficient and affordable transportation services to all its citizens.

Next Steps: A major goal of the Interagency Council for the upcoming next year is to significantly increase the coordination and communication across the three types of human

service agencies (CSBs, AAAs, and ESOs) inventoried this year (in association with the public transit system, if available within the region). Specifically, as a first step, the Interagency Transportation Coordinating Council will test the theory that by simply increasing coordination across the local human service agencies with any available public transit services, much duplication of transportation services would be eliminated and resources could be better maximized.

Finally, DRPT knows that its influence alone can bring about only limited, multi-agency transportation coordination. In 2006-07, DRPT, the Council, and the Olmstead Community Integration initiative have determined that there is a great need to build internal leadership within each state and local human service agency to increase attention and interest in transportation coordination. Using the UWR resources to provide effective training and technical assistance, multiagency internal leadership for coordinated transportation will be built over the next few years. This internal leadership will help each agency understand the significant advantages of coordination for the agency and for specialized transportation systems and will provide a blueprint to plan each agency's role in the process.

Beginning in FY 2007, DRPT will require local coordination plans for FTA funding under the new Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). The coordination plans will be developed through a process that includes representatives of public, private, and human service providers and participation by the public.

Appendix B
Department Of Transportation/Health and Human Services
Memorandum of Understanding

**Memorandum of Understanding
Related to Coordinated Human Service Transportation in Public and Nonpublic
Transit Systems Involving the Secretariat of Transportation and the
Secretariat of Health and Human Resources**

WHEREAS, "The Virginians with Disabilities Act", § 51.5-1, states that "it is the policy of the Commonwealth of Virginia to encourage and enable persons with disabilities to participate fully and equally in the social and economic life of the Commonwealth and to engage in remunerative employment;" and

WHEREAS, affordable mobility options that provide access to community services are necessary to supporting this state policy and are critical for many Virginians who are elderly, have low incomes, and/or have disabilities to access health care and other personal services, retail services, businesses, recreation, and places of worship; and

WHEREAS, the Code of Virginia (§ 51.5-1) also directs state agencies "to provide, in a comprehensive and coordinated manner which makes the best use of available resources, those services necessary to assure equal opportunity to persons with disabilities in the Commonwealth;" and

WHEREAS, both the Secretariat of Transportation and the Secretariat of Health and Human Resources provide financial assistance to support the development of coordinated systems of home and community-based care, including transportation, for persons who are elderly, have low incomes and/or have people with disabilities, and

WHEREAS, the Secretaries agree that coordination of transportation services is a priority for each respective system to better serve persons who are elderly, have low incomes, and/or have disabilities; and

WHEREAS, the Interagency Coordinated Transportation Council made up of appropriate agencies¹ from each Secretariat has operated since 2004; and

¹ The Council, pursuant to section 51.5-1, includes the Departments of/for Rail and Public Transportation, Rehabilitative Services, Aging, Blind and Vision Impaired, Medical Assistance Services, Mental Health, Mental Retardation and Substance Abuse Services, Social Services, Health, and the Virginia Board for People with Disabilities. The Department of Rail and Public Transportation (DRPT) serves as lead agency as an agency of the Secretary of Transportation. DRPT provides financial assistance to local governments and non-profit organizations to support the development and maintenance of public transportation systems that serve the transportation needs of the general public, and address the special transportation needs of elderly and low income persons as well as Virginians with disabilities. SAFETEA-LU Title 49 USC 5303(i)(5) and 5304(f)(3) require the state to engage public and stakeholder groups in preparing transportation coordination plans. "Interested parties include among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities."

WHEREAS, the 2005 federal “Safe, Accountable, Flexible, Efficient Transportation Equity Act (SAFETEA-LU)” requires that State agencies oversee the development of local human service transportation coordination plans;

THEREFORE, let it be resolved that the Secretaries hereby approve that the Interagency Coordinated Transportation Council shall achieve the cross-Secretariat, cross-agency objectives given below. Deliverables for each objective shall be endorsed by the appropriate Secretariat prior to implementation.

OBJECTIVE 1: The Interagency Council shall define and publish a matrix of the current service and funding levels of human service transportation services from each State agency as well as the policy constraints that limit the coordination of human service transportation services across state and local agencies.

OBJECTIVE 2: The Council will identify and promulgate best practices and, uniform methods to examine and improve system efficiencies and cost effectiveness for the effective coordination of human service transportation among public and nonpublic agencies and across public transportation and human service transportation systems.

OBJECTIVE 3: The Council will develop an Implementation Plan to meet the requirements of SAFETEA-LU and other relevant laws pertaining to human service transportation coordination; define policy and regulation changes needed to implement the plan as well as a process through which the most appropriate local coordinating agency can be identified in each locality across the Commonwealth of Virginia.

Administration of Memorandum of Understanding

The Secretaries agree to:

- Continue an Interagency Transportation Work Group composed of the state agencies that fund transportation services for elderly and low income individuals and persons with disabilities in Virginia;
- Develop and implement annual work plans each calendar year to achieve the goals and objectives of this agreement;
- Produce annual progress reports at the end of each calendar year; and
- Designate staff to be responsible for administering all aspects of this agreement.

Period of Agreement:

This agreement is effective upon signature and shall continue in effect until terminated by either party.

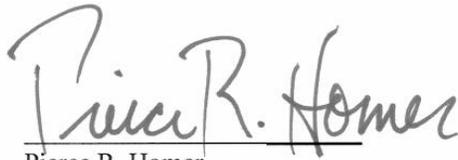
Modification or Cancellation Provision:

This agreement may be modified or amended by written agreement of both parties. Either party through written notification to the other party may initiate requests for modification and amendment of the agreement.

Costs:

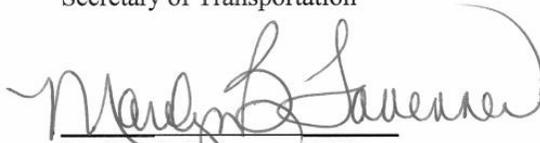
Parties agree to share costs to the extent practicable for specific action items related to training, technical assistance and dissemination activities and /or research and demonstration projects, subject to appropriations and other factors and to access federal planning grants when appropriate.

Acceptance and Signature of Each Approving Party:



Pierce R. Homer
Secretary of Transportation

6/8/07
Date



Marilyn B. Tavenner, MHA
Secretary of Health and Human Resources

6/15/07
Date

