

2005 United We Ride Inventory

Coordination Efforts in Human Service Transportation in the Commonwealth of Virginia

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Virginia Department of Rail and Public Transportation
1313 East Main Street, Suite 300
Richmond, VA 23219
www.drpt.virginia.gov

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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.

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

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- 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.

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 (DMHMRSAS), 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

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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 DMHMRSAS); 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.

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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 report 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.

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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

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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*¹ 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 non-profit 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.
- Other excellent examples of targeted coordination are in Fairfax County (FASTRAN) and Rappahannock Area/Fredericksburg (a CSB, AAA, and public transit coordination).
- 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

¹ The 5311 program provides financial assistance for capital, administrative, and operating expenses to rural areas for local public transportation services.

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public policy recommendations in the areas of transportation and housing and working to build and improve community infrastructure in localities and statewide.

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:

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- 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 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

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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” (UWR) 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.

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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, multi-agency 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 Federal Transit Administration (FTA) funding under the new Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). The coordination plans will be developed will be developed through a process that includes representatives of public, private and human service providers and participation by the public.

I. INTRODUCTION

In Virginia, the Department of Rail and Public Transportation (DRPT) has been designated as the lead agency to help guide compliance with the 2004 Presidential Executive Order 13330 on Human Service Transportation Coordination (See Appendix 1). DRPT has sought to bring the State in line with the federal government's principles in many ways. DRPT's mission as it relates to the coordination of human service transportation has been to strengthen existing transportation services by providing grants for vehicles and other resources to localities contingent on evidence of accountability, some level of coordination, and the assurance of safe services for all types of special needs consumers. Given the Federal Transit Administration's (FTA's) increased interest in human service transportation coordination and its United We Ride (UWR) initiative, DRPT formed the Interagency Transportation Council² in 2003 to consider more ways of advancing transportation coordination across agencies.

Discussions within the Interagency Council immediately revealed concerns that the Commonwealth has multiple public and private agencies that provide human service transportation in any one Virginia community. Most of the state agencies participating in the Council have recognized the problem and initiated some activities on their own to advance improved human service transportation coordination. From the analyses of each state agency, the Council became aware that transportation services are often redundant, that conflicting policies on coordination exist and that a unified state action plan is needed. In 2004, the Council agreed that more reliable information was needed before a firm State Action Plan could be developed. As a result, DRPT applied for and received a United We Ride (UWR) State Coordination Grant (November 2004) to enable the Council to establish a clear and objective baseline of the Commonwealth's human service

² The Interagency Coordinating Council consists of agencies under the Secretary of Health and Human Resources and Transportation including the Department for the Aging, Department for the Blind and Vision Impaired, Department of Medical Assistance Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Rehabilitative Services, Department of Social Services, Virginia Board for People with Disabilities, and the Department of Rail and Public Transportation.

transportation resources, unmet needs, and current level of coordination, or lack thereof, in communities across the State.

The Council agreed to use the results of the inventory to assist in the development of a meaningful State Action Plan for Coordinating Human Service Transportation. It was also hoped that the baseline data with some annual updates would also provide DRPT and other state agencies with information that will help understand training needs, reduce duplicative services, and ensure more equitable distribution of resources across systems.

II. Method

A. Inventory Development

Working with contract research staff from the Virginia Commonwealth University (VCU), Commonwealth Institute for Child and Family Studies, using UWR resources and “Framework for Action” (State Self Assessment), the State Interagency Council determined multiple categories of mutual interest. First, members wanted to understand more about the basic group transportation system in Virginia, that is, regular subscription transportation options that would be easier to coordinate, not individual rides. These “group options” are provided or arranged by human service organizations such as mental health, aging, etc. The members agreed that it would be necessary to retrieve information about each organization’s transportation efforts, including unmet needs, current human service transportation coordination efforts, if any, and the barriers to coordination that exist.

Members also wanted to know about factors that may have contributed to successful coordination, how programs are funded, if clients are charged for services, and any operating policies that differ across agencies and regions. Finally, the Council was interested in the feasibility of developing a financial database to may help to analyze costs within each system and identify programs that could benefit from technical assistance.

A draft inventory was developed and shared with the Council for revisions. Three different types of agencies also tested the second draft, which preceded the final revisions. The inventory primarily requested information in a forced (multiple) choice manner, with the exception of specific program destination³ and budget information (See Appendix 2: Virginia Transportation Inventory 2005).

B. Administering the Inventory

The Inventory was distributed to the human service agencies that provide transportation in localities/regions throughout Virginia. To avoid duplication of information and to organize the data for comparisons, funded transportation systems in Virginia were surveyed. To accomplish this, researchers developed mailing lists by following existing funding streams. The Inventory was forwarded to four types of agencies providing human service transportation under four different funding streams. Inventories were emailed out with 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 (local Mental Health, Mental Retardation and Substance Use Services),
- 25 Area Agencies on Aging (AAA),
- 50 Employment Support Organizations (funded by the Department of Rehabilitative Services (DRS) and Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), and
- 50 Public Transportation Service Providers (public transit operators).

³ The DRPT UWR inventory also collected a considerable amount of information on cross-agency human service transportation destinations and current vehicles serving destinations in each community throughout the state. The Commonwealth intends to enter these data into Global Positioning System software, with the help of resources from the 2006 UWR Virginia Implementation Grant. The DRPT intends to provide the GPS mapping information for use by local and regional human service agencies, stakeholders and planners, giving them a graphic tool depicting service redundancies. It is hoped that the GPS information will help to advance better planning and more coordination across human service agencies. These data will be reported in a future study.

DRPT has also communicated with the Department of Social Services and the State's Medicaid agency to gain access to information about low income transportation users and will more directly work with these agencies in the next phase of coordination efforts.

DRPT and research staff from the VCU Commonwealth Institute was available to the respondents for questions and concerns by phone and email, as needed. The agencies were given approximately one month to complete and return the inventory. If an organization did not return the inventory, the agency director was contacted and asked to return the inventory or at least some part of the inventory.

C. Analyses

Inventories were collected and re-entered into a statistical program, STATA 9.0. Inventory results were subjected to descriptive and univariate statistics and compared across two primary factors:

1. Organization type (total of 4), and
2. Geographic region (total of 9).

This report examines and compares the attitudes, opinions, and coordination experiences of these four human service organization types. Information is also available upon request comparing the attitudes, opinions, and coordination experiences across nine geographic regions of the state.

III. Results and Discussion (Comparisons by Organization Type)

An overall response rate of 62% was achieved. Response rates for each type of agency survey were:

- 75% of CSBs/BHAs;
- 52% AAAs;
- 58% ESOs;

- 60% public transit operators (30 out of 50)⁴

The Inventory findings by organization type have been organized into eight categories of inquiry as follows:

- 1) Organization Roles in Transportation to Clients
- 2) Unmet Needs of Customers
- 3) Transportation Coordination Efforts
- 4) Use of Medicaid Funding by Direct Transportation Providers
- 5) Other Types of Funding for Transportation (special focus provided on types of self-pay and fare/fee policies)
- 6) Types of Expansion Efforts Generated by Organizations
- 7) Types of Transportation Services Offered/Types of Services Needed
- 8) Compatible Accounting Categories (Expense and Revenue Category Comparisons)

Organizational Roles in Transportation of Clients

Results: Comparing the roles of organization types in transportation, the Inventory showed that over 90% of CSBs responding directly provided transportation to some of their clients, almost 70% of AAAs and only 50% of ESOs defined themselves as direct transportation providers. Approximately the same percentages of agencies reported that they also helped arrange for transportation for consumers with private providers for some of their clients (over 90% of CSBs, over 60% of AAAs, and slightly over 50% of ESOs). While few organizations report that clients use public transportation to and/or from programs, 45% of CSBs had a policy to provide bus tickets to clients if needed, versus 35% of AAAs, and 20% of ESOs.

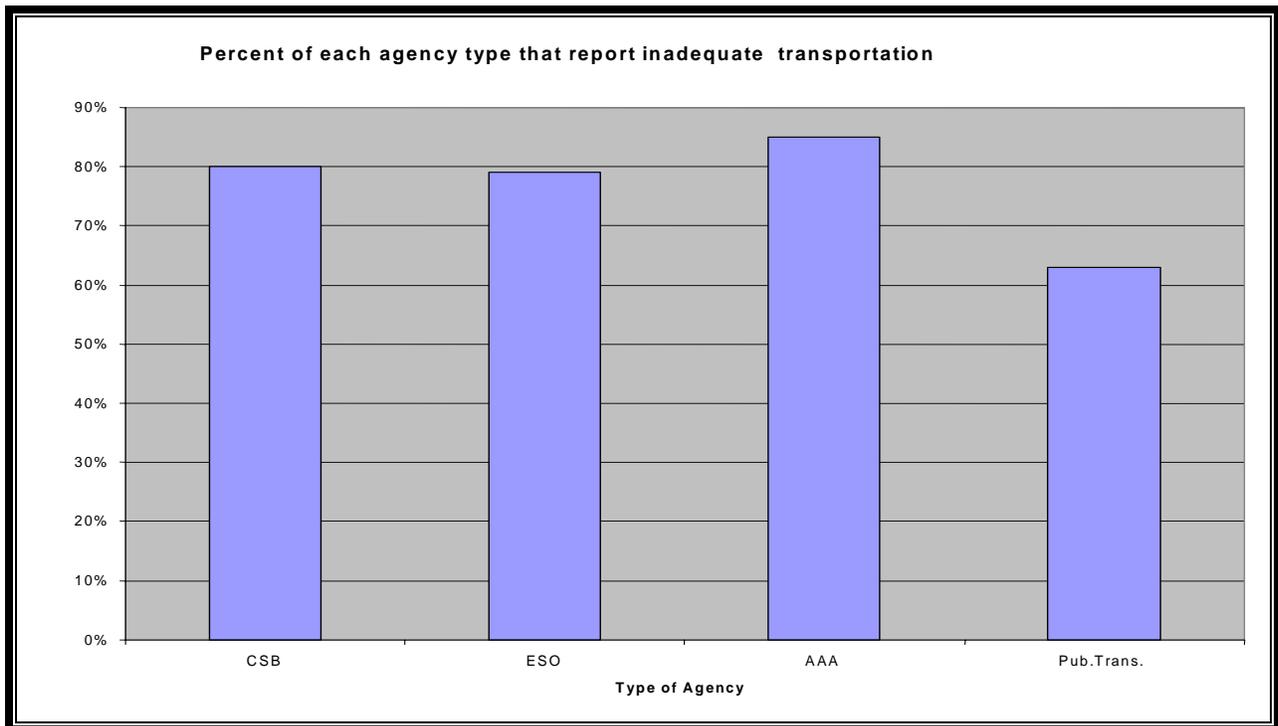
Interpretation: These data show us that the human service agencies have complex roles in transportation of their clients. In addition to the primary services they are offering, the majority of agencies also directly provide transportation for some clients and are required to make

⁴ Note: Public transit operators could not be compared with the three (3) human service agencies on all inventory items due to basic organizational differences. When appropriate, comparisons that were possible with the public transit operators are included herein.

arrangements with private transportation providers for others. They also report the need to provide on-demand individual rides to special appointments both locally and regionally when needed by the clients. More study is needed to understand why agencies do not more frequently encourage public transportation use with transportation training, if needed.

Unmet Needs of Customers

Results: About 80% of all three organization types and over 70% of public transit operators report that there are geographic areas within their jurisdiction where inadequate transportation services for people with special needs exist.

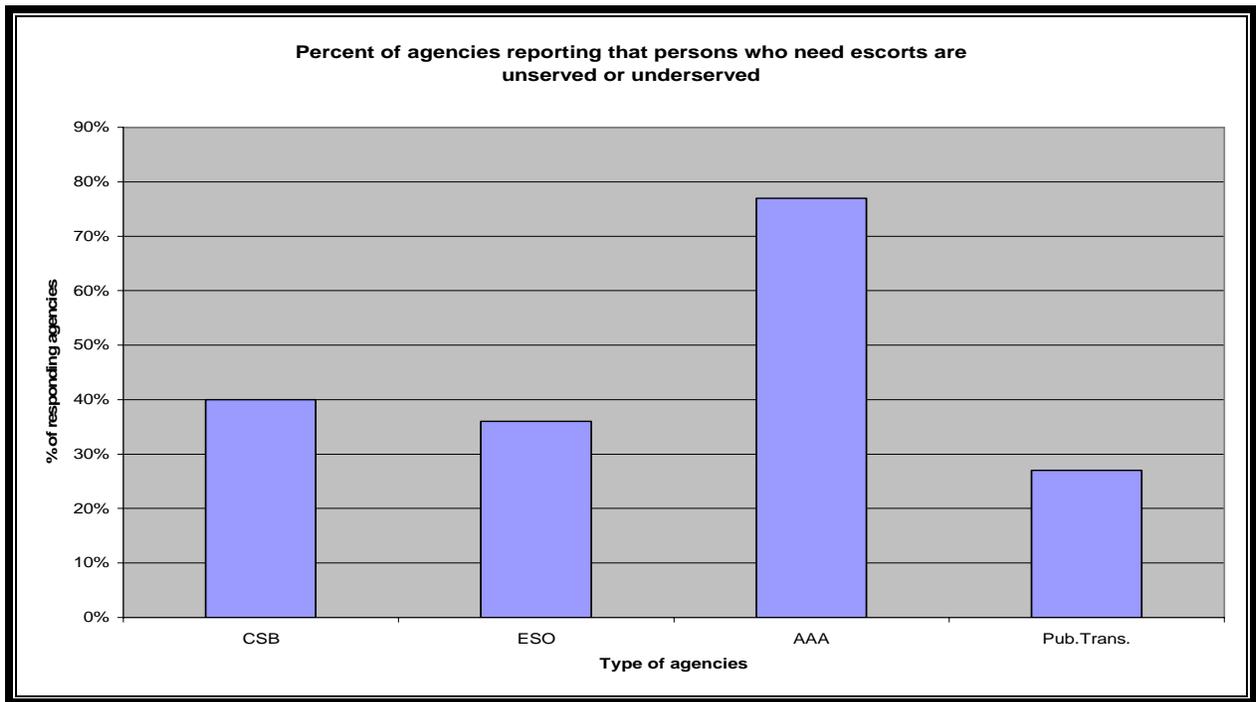


Over 90% of ESOs and AAAs and over 70% and 60% of CSBs and public transit operators respectively responded that there are “high need” populations (i.e., elderly, low income and people with disabilities on waiting lists) within jurisdictions without transportation.

Over 45% of AAAs and about 35% of CSBs and ESOs report that wheelchair users are unserved or underserved. In fact, over one fourth of responding public transit operators also reported unmet needs for wheelchair users.

Between 55% and 70% across all four types of organizations reported that persons who need “off hours/weekend” transportation (e.g., for shopping, social events, church or synagogue) are unserved or underserved.

Many agencies across all organization types report that there are unserved or underserved persons because they need escorts while being transported or during pick up or drop off. The highest number of agencies reporting this need was AAAs (nearly 80%) and CSBs (40%).



Interpretation: Nearly all organizations including public transit operators report significant unmet needs. The great majority of all four types, but especially ESOs and AAAs, also report that these unmet needs extend to “high need” populations (i.e., elderly, low income and people with disabilities on waiting lists who need regular transportation). Even though, after 1990 with the passage of the Americans with Disabilities Act (ADA), a public entity operating a demand responsive

system for public use is required either to ensure that vehicles are readily accessible to and useable by individuals who use wheelchairs or to provide “equivalent services,”⁵ a large percentage of agencies report that the needs of some wheelchair users are unmet. Nearly half the AAAs and over a third of the CSBs and ESOs report that some wheelchair users are unserved or underserved. In fact, over one fourth of responding public transit operators also report that they cannot meet the needs of all persons who use wheelchairs.

These findings indicate that organizations need more wheelchair-accessible vehicles to meet the needs of wheelchair users. In Virginia, DRPT is the state administering agency of the federally funded vehicle purchase program for public entities providing transportation. DRPT’s first priority in its capital (vehicle purchase) program is to assist public organizations in replacing older vehicles with new, fully accessible ones. The Inventory results indicate that older vehicles, not equipped with wheelchair lifts, are still operating in many communities in Virginia. Organizations may also be opting to procure inaccessible vehicles to maximize seating space for typical riders but cannot accommodate wheelchair users. However, the fact that wheelchair users have unmet needs in Virginia shows that all funding agencies must work harder to educate organizations/transportation providers that more accessible vehicles should be purchased to accommodate waiting lists and/or that equivalent services are required by the Americans with Disabilities Act.

At present, any applicant of the DRPT vehicle program that requests a vehicle that is inaccessible for users with disabilities is encouraged to revise that request to an accessible option. If there is any hope that Virginia human service organizations will one day be able to coordinate and eliminate redundant transportation systems in individual communities, the great majority of vehicles purchased now by all organizations must be accessible to meet the needs of all potential riders in the future, coordinated system. Other state agencies and funding sources should follow DRPT’s lead

⁵ Equivalent means equal to the service provided to other individuals with respect to response time, fares, geographic area of service, hours and days of services, restrictions or priorities based on trip purpose, availability of information and reservations capability, and any constraints on capacity or service availability.

in encouraging all organizations to purchase accessible vehicles now (with removable regular seating that will help maximize space to meet the needs of currently served persons).

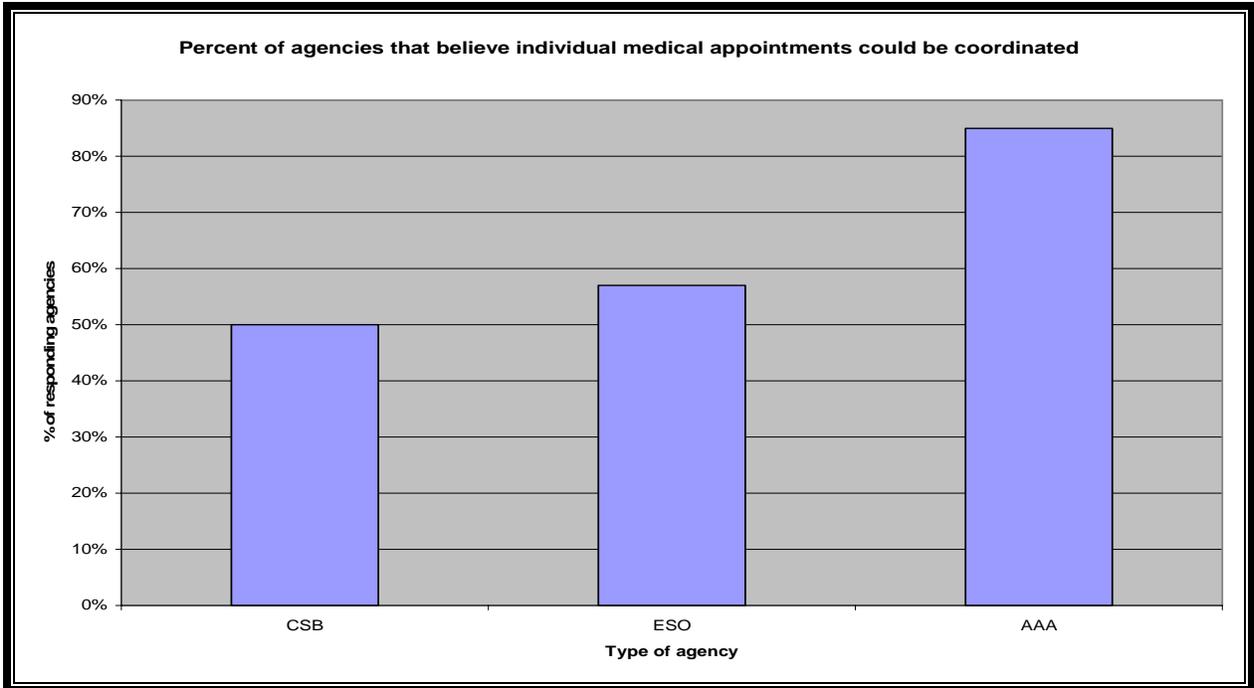
In general, agencies report that the availability of transportation is limited to program-specific rides. The majority of all four types of organizations reported that their clients/customers need “off hours/weekend” transportation (e.g., for shopping, social events, church or synagogue) and these needs remain unmet. Many agencies across all organization types report that clients who need escorts while being transported or during pick up or drop off are underserved because supports for escorts are not available. The highest needs on this variable were reported by AAAs (nearly 80%).

Transportation Coordination Efforts

Respondents were asked to provide their opinions on coordination issues on two types of transportation:

- a) Transportation for individual rides (i.e., not provided on regular basis, with standing order, or subscription services)
- b) Transportation that is provided on a regular basis, with standing order, or subscription services

a. Coordination of Individual Rides: All organizations were asked, “Do you think that individual rides to medical appointments (and other locations) could be coordinated in your area?” The figure below shows that the majority of organizations do think that individual rides to medical appointments or other individual locations could be coordinated that are not now. Nearly 90% of AAAs believe that rides to medical appointments could be coordinated in their jurisdictions.



Many providers have ideas about how to coordinate the many individual rides that must be provided to their clients for medical appointments. The Inventory requested that respondents list their ideas for coordinating individual rides. These ideas are shown in the table below.

Ideas to Coordinate Medical Appointments and Other	
CSBs	<ul style="list-style-type: none"> • Residential providers coordinate such services/CSB finds individual taxi services • Can residential providers coordinate more? • Take care of HIPPA Concerns • Possibly through expanding Logisticare operators • Have a Central Agency w/ Sufficient Resources Needed • We have had coordinated services in Rockingham Co. which have been reduced due to administrative/cost/funding problems; some services are still provided • Our area has private providers who do this, however, they are not dependable. It could be done if there are dependable agencies/providers to do it. • This service is currently being offered throughout the city of Chesapeake. • With difficulty, several agencies have vehicles. Someone would have to coordinate usage of these around times of need, an independent party would have to employ drivers • We are beginning an operational test to determine the feasibility of electronically scheduled rides among various human service agencies via the Public Mobility Program • Regularly scheduled bus route for transport to medical facilities and hospitals in the jurisdiction from the local transit authority • We currently coordinate transportation appointments. We call Logisticare for our group home residents and get approval so that we can transport them and get

	<p>reimbursed by Medicaid. We often arrange appointments so several folks can go together such as to the dental clinic in Richmond.</p> <ul style="list-style-type: none"> • Design a transportation service where drivers and vehicles are designated for this purpose and coordinate/share services with other local agencies/organizations. • We have considered developing a short term contract system that would allow for basic transportation to clients on an individual per contract basis. • In such a small community, we could work with local physicians and their support staff to have them call a "dispatcher" when someone needing a ride is scheduled for an appointment • Longer range appointment planning
AAAs	<ul style="list-style-type: none"> • We currently fund this service through a contracted provider. Cost is \$1.50 to seniors; City funds remainder of cost • GIS coordinates could be utilized and trip data posted on the internet with one central provider scheduling trips. • We go to a lot of Senior living facilities –we could work with them to coordinate. • If appointments can be grouped so clients in the same area can go to doctors/medical appointments at the same day/time. • Nursing Homes can contact Doctors offices to allow more than one person to be transported on out of area trips • We already provide this service with local funds; we use volunteer drivers to staff this service; program is called MED-TED (medical transportation for the elderly and disabled); this service is provided to residents of Waynesboro to local and distant medical appointments • Providers need to collaborate and have a single call/entry point for clients to call. Less restrictive funding would aid coordination and allow vans to transport different segments of population. • There are many providers; however, there is little coordination. We could have a single number and contract with all providers to transport those in need based on their specific need. • Could drop off clients at appointments on way to or from the senior centers.
ESOs	<ul style="list-style-type: none"> • Logisticare providers currently provide rides as needed for qualified clients- more of this. • Have central office or person (similar to case manager) to coordinate appointments and transportation • They are already to a degree through DRS support or insurance company support or arranged through Medicaid transport • This service is in place through the brokerage. • If the cost could be subsidized, use contracted cab services.
Public transit operators	<ul style="list-style-type: none"> • No public transit responses recorded

Interpretation: It is clear that most providers believe much more can be done in coordinating and maximizing resources for individual rides. They also have many excellent ideas about the ways this could be accomplished. Some feel that the Logisticare Medicaid brokerage has a prototype for

this type of effort and believe it is likely that organizations can learn much from Logisticare in terms of coordinating individual rides to various locations. Given the interest in this form of coordination and the expertise of Logisticare, a special work group could be formed including Logisticare representatives to make clear recommendations on this type of coordination to the Interagency Coordination Council.

b. Coordination of Regular Transportation (standing order or subscription services): The FTA admits that there is no single definition of adequate transportation coordination per se and that great variation exists from locality to locality throughout the country given the differing needs, resources, political environments, etc. Transportation coordination activities may range from occasional meetings across agencies to full-scale consolidation of all agencies. Given the diversity, complexity, and size of the Commonwealth, researchers knew that coordination efforts in Virginia would vary greatly across localities and regions throughout the state. This inventory attempted to establish the current level of coordination activities by providing a well-defined range of coordination activities and asking each organization to identify which activities among the choices offered have been attempted. In this way, coordination activities could be better compared across organizations.

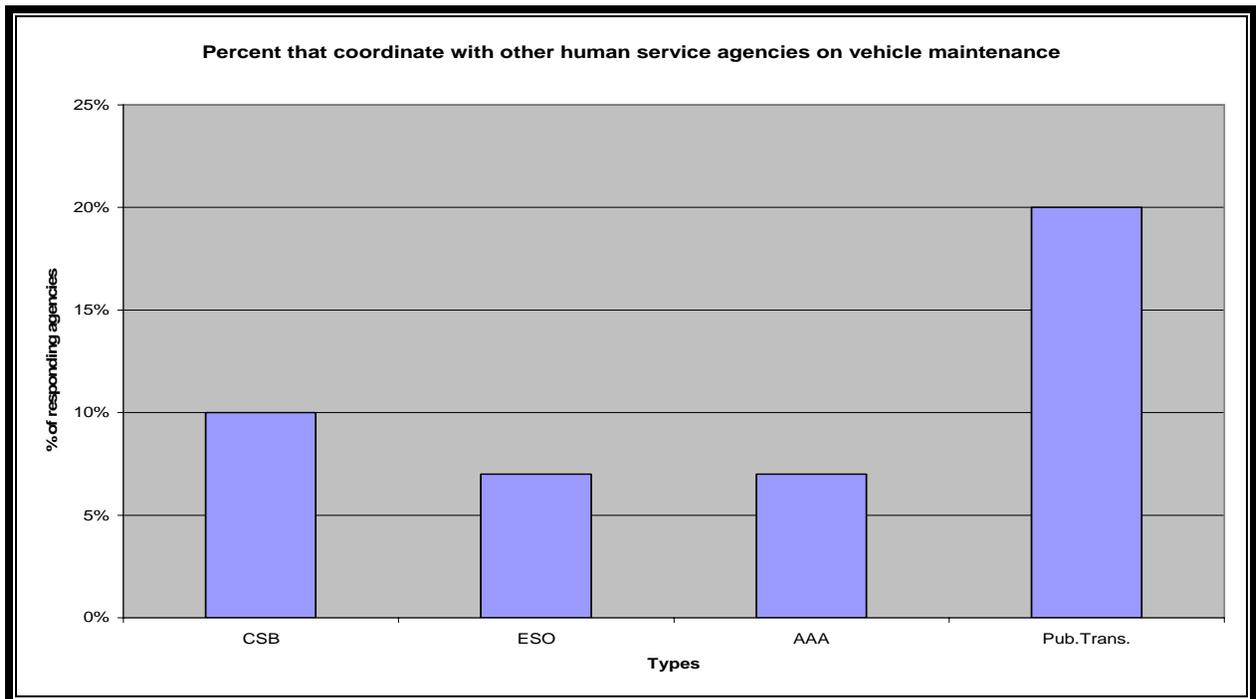
The Range of Coordination Activities (as defined within the federal “United We Ride” Materials) listed within the survey are as follows:

- Provide/use meeting space with another human services agency for transportation meetings.
- Attend communication /coordination meetings that specifically deal, at least in part, with human service agency transportation.
- Coordinate vehicle maintenance or storage with other human services transportation providers.
- Transport clients/consumers of another agency on a local or regional basis (on a case-by-case basis at no cost or for fees).
- Provide transportation services to other human service agency by contract.
- Share radio communication or engage in dispatch assistance with any type services agency or providers, emergency or otherwise.
- Share compatible accounting or software systems with another human services agency/agencies to be able to analyze costs.

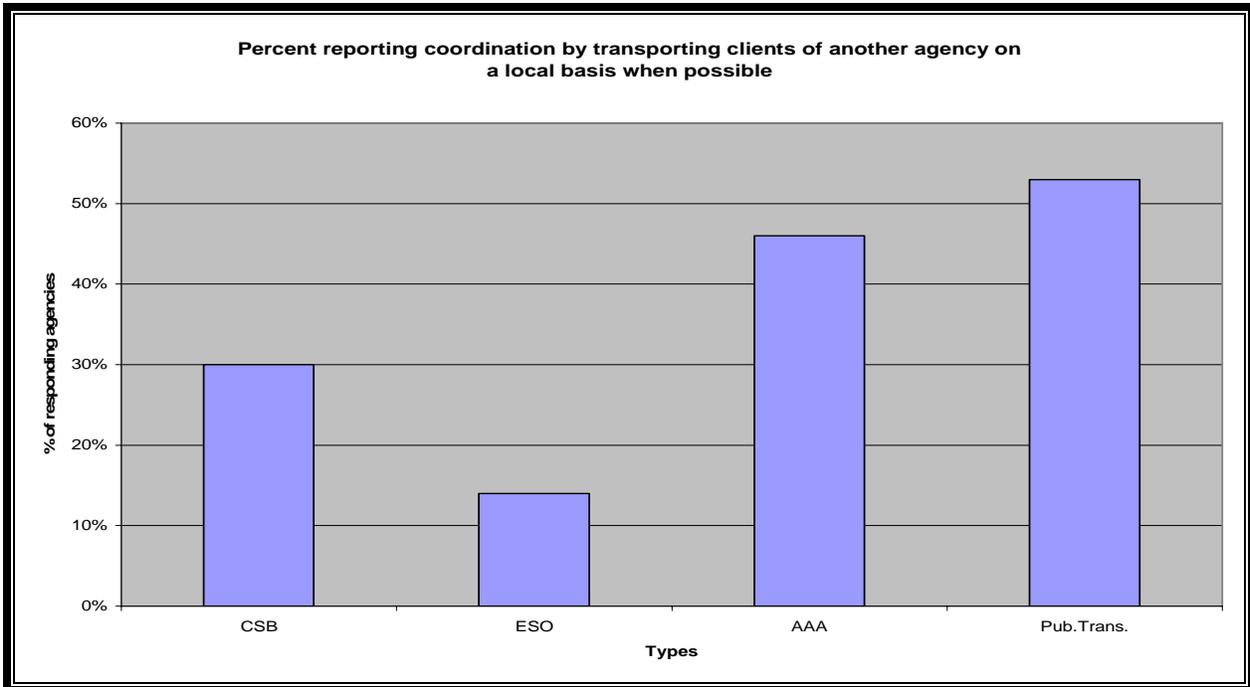
- Any coordination on insurance costs or coverage with other agencies.
- Any formal cooperative agreements across human services agencies regarding transportation.
- Consolidate transportation in your area (i.e., transportation to a majority of human services programs is provided by one entity).

Agency participation in each of these coordination activities in Virginia is described below:

- **Sharing of Meeting Space-** Results from the inventory showed that 35% to 50% of all four organization types report providing or sharing meeting space with transportation providers with CSBs expressing the highest percentage of sharing meeting locations.
- **Attending Joint Meetings on Transportation-** Only about a third of organizations stated that they attended meetings with other local agencies specifically on transportation with a slightly higher number of responses (over 40%) reported by ESOs on this item.
- **Vehicle Maintenance-** As shown below, coordinating vehicle maintenance with other providers is reported only minimally by ESOs and AAAs, with slightly more of CSBs and public transit operators (20%) reporting this type coordination with other local agencies.

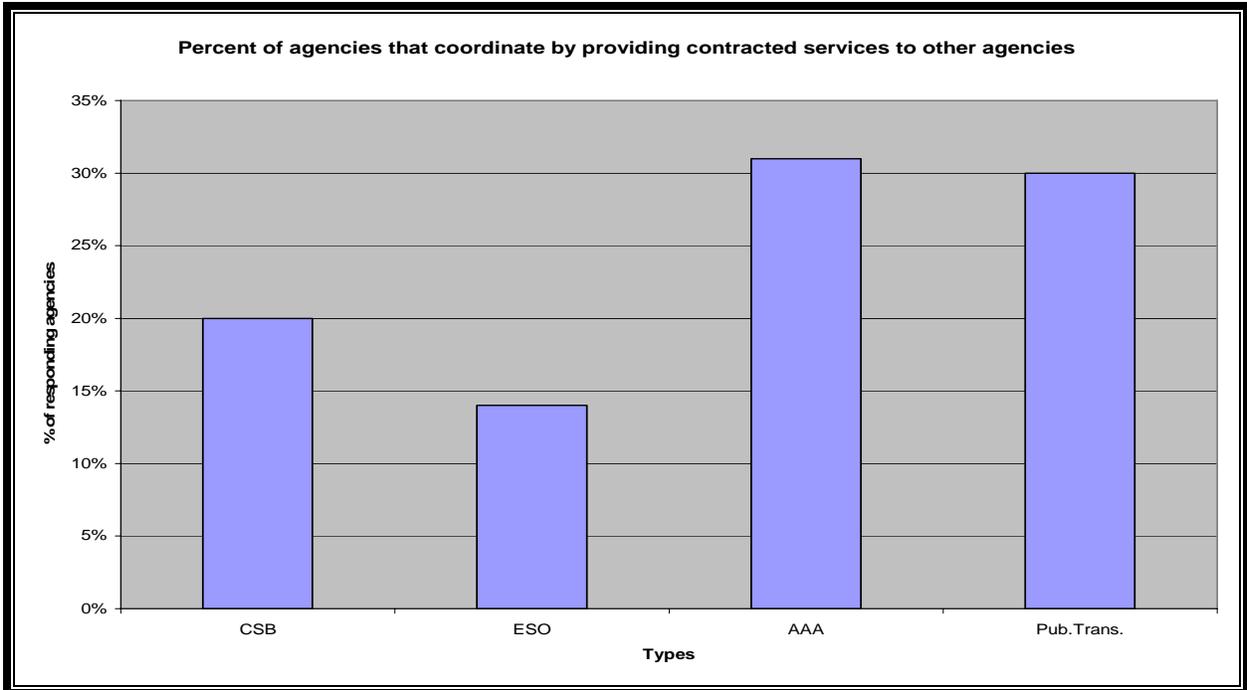


- Voluntarily Transporting Other Agency Clients-** Much more coordination is seen on the variable of voluntarily transporting clients of other agencies locally with 40% OF AAAs and 30% of CSBs reporting that they engage in this effort. Over 50% of public transit operators coordinate in this way, though few ESOs (which are usually private providers) engage in this effort.

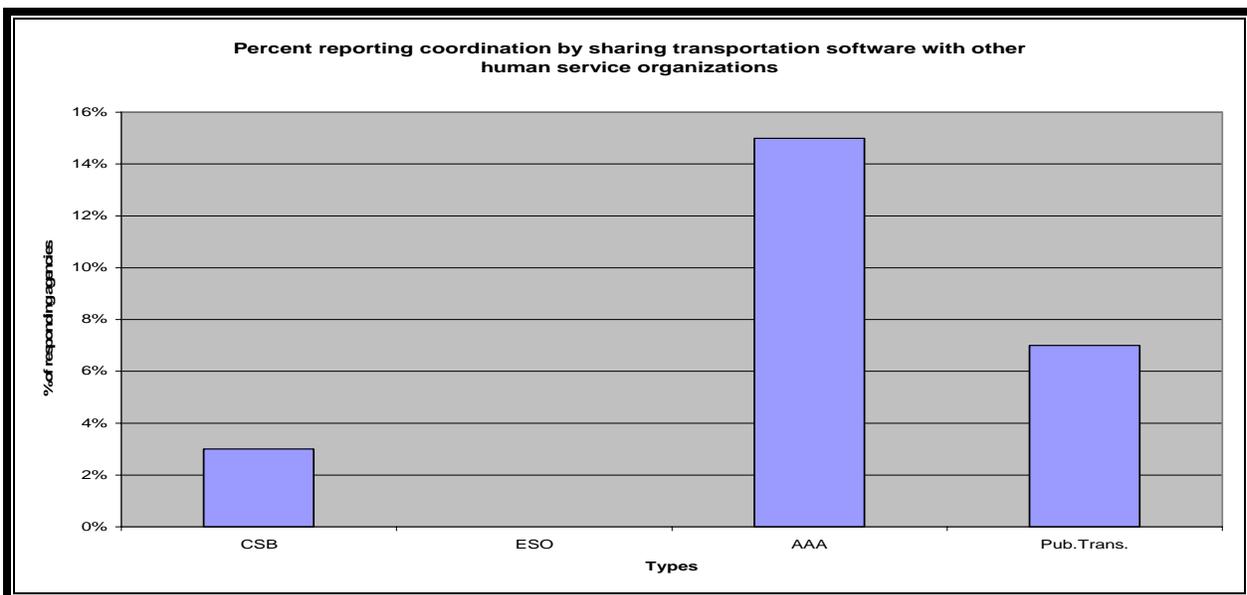


Far fewer agencies across all types indicated that they engaged in transporting clients of another agency on a regional basis either for fees or free of charge.

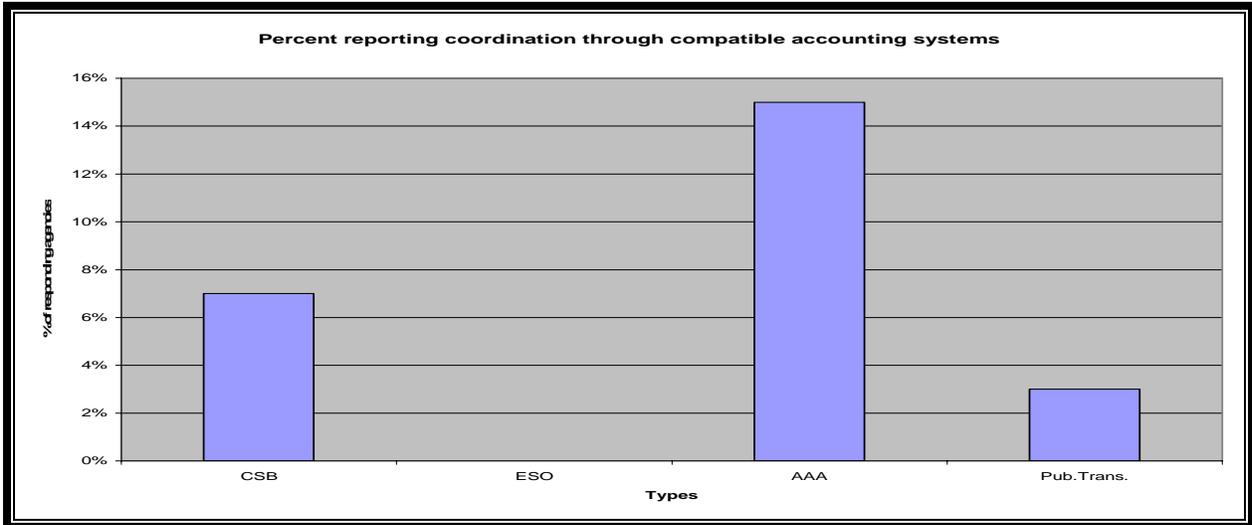
- Accepting Contracts-** Some organizations coordinate by transporting clients of another agency on a contract basis. About a third of AAAs and public transit operators engage in this type of coordination. One fifth of CSB respondents engage in contract transportation for another agency with fewer ESOs indicating that they exercise this option.



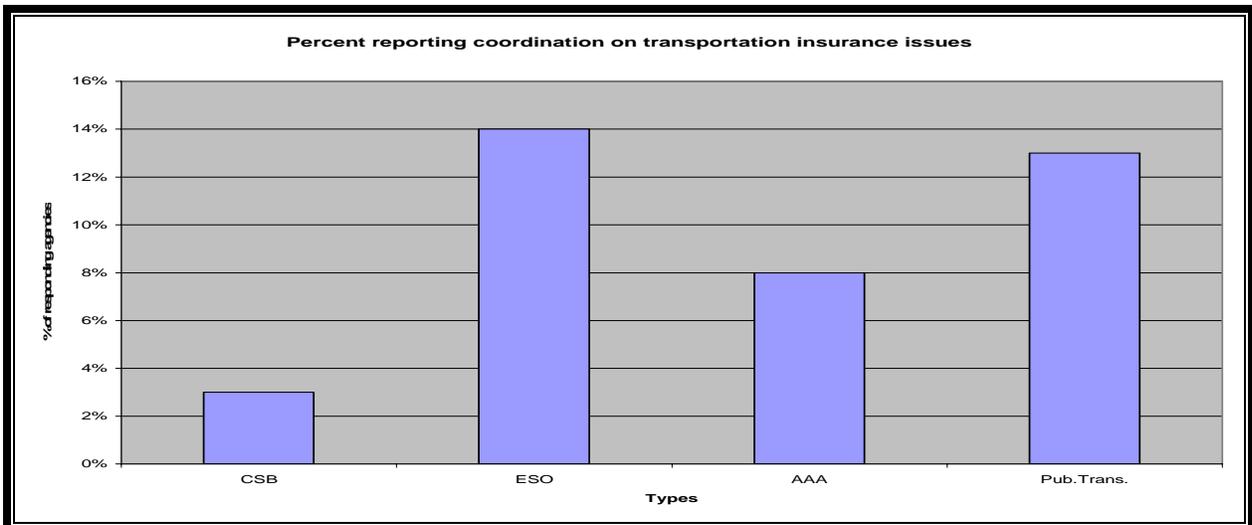
- Sharing Equipment-** None of the CSBs or AAAs and only one ESO indicate that they share radio or dispatch equipment across providers. Twenty (20) percent of public transit operators report that they share dispatch efforts across providers. As seen below, likewise responses are very low regarding the sharing of transportation software with other human service organizations with 14% of AAAs and 6% of public transit operators reporting on this activity.



- Compatible Accounting-** The chart below shows that AAAs report slightly more progress in trying to coordinate using compatible accounting systems but limited progress is also seen in general in this area as can be seen below.

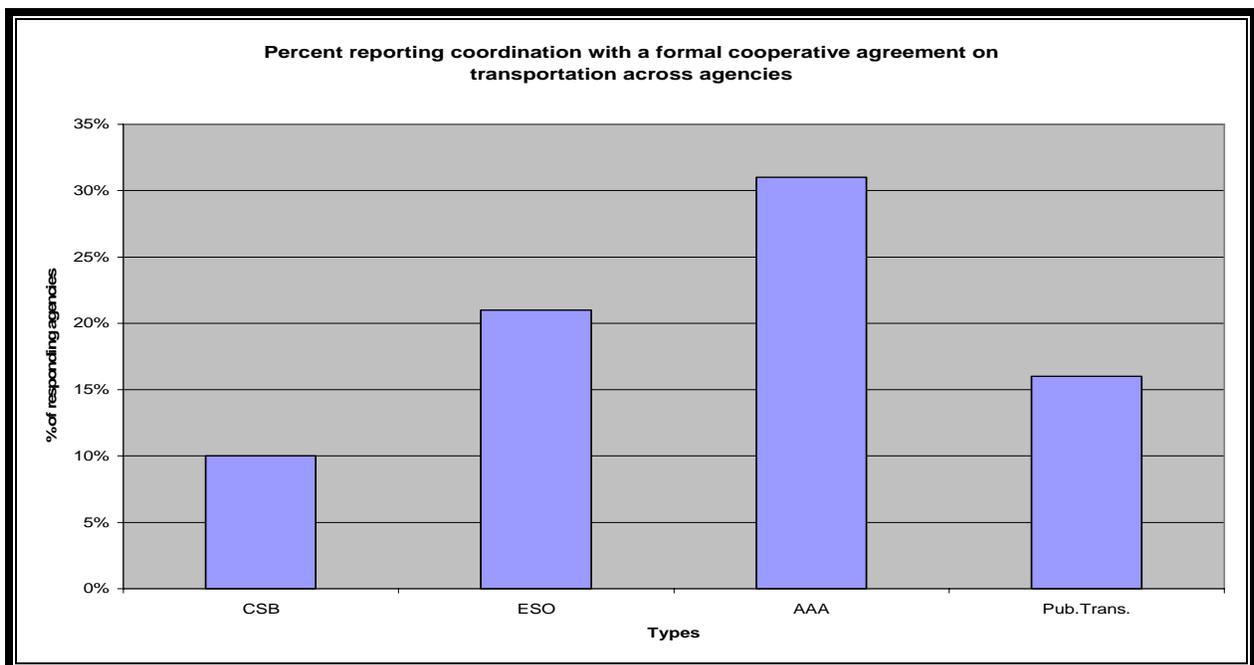


- Insurance-** Regarding coordination on transportation insurance across human service agencies, few CSBs, AAAs, or ESOs middle managers report that coordination has occurred on the local level. In fact, only about 13% of public transit operators report coordination of insurance issues on a local level.



Some organizations provided write-in information on the Inventory identifying the efforts of their statewide transportation association, the Community Transportation Association of Virginia (CTAV). CTAV has worked to coordinate with Cabell Insurance Associates to provide a comprehensive insurance program tailored specifically to public organizations and to multiple coordinating agencies. 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 or (21%) have opted to utilize this coordinated insurance option. The 30 participants represent a total of 10 AAAs, 6 ESOs, 10 public transit operators. Four Centers for Independent Living (CILS) that provide transportation are also participating but not included in this report. (See Appendix 3 for list of Virginia participating programs).

- Formal Cooperative Agreements-** Almost a third of AAAs indicate that they have a formal cooperative agreement on transportation but only 20% of ESOs and only 16% of public transit operators. CSBs (10 %) had the lowest response rate on developing formal cooperative agreements on transportation.

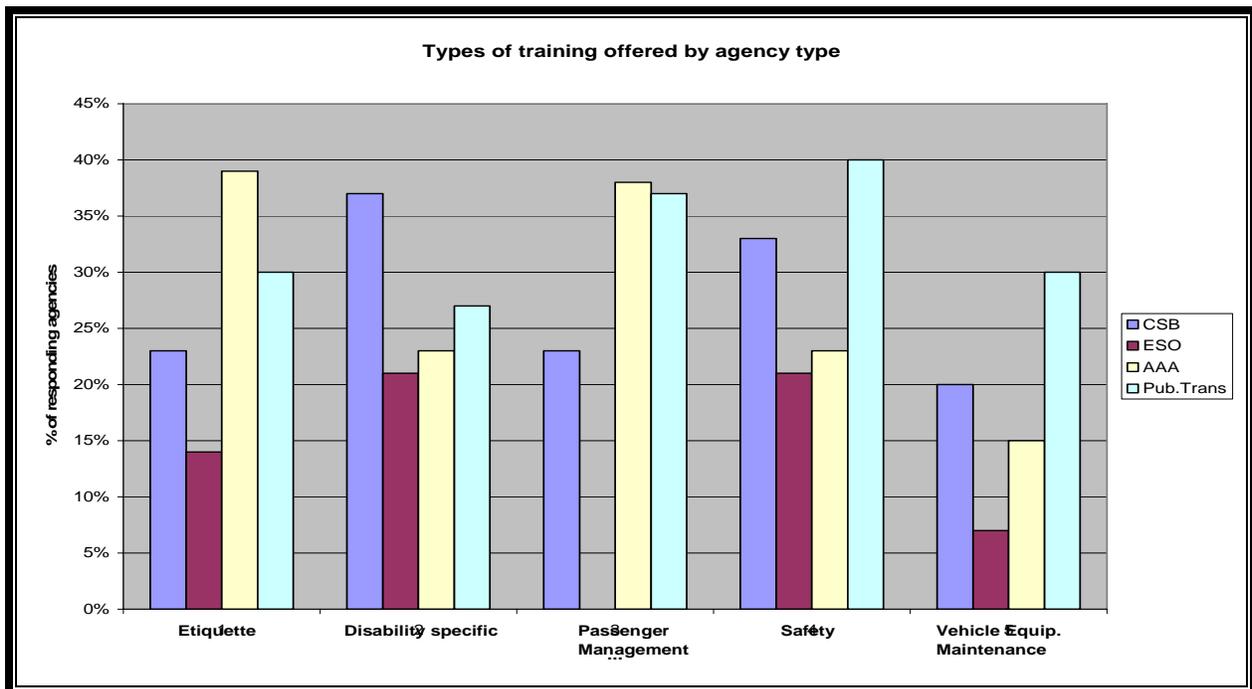


- **Shared Training-** Across all four types of agencies, between 30% and 46% of respondents report that they “never” coordinate on shared training with other human service agencies. The next highest response was only on an annual basis. Only a few agencies provide training more frequently across agencies.

Agencies were asked to indicate if they engaged in internal training in any of the five below areas:

- Disability etiquette
- Disability specific training
- Passenger management
- Passenger safety
- Vehicle equipment maintenance

The variations in training provisions on these topics are shown in the figure below.

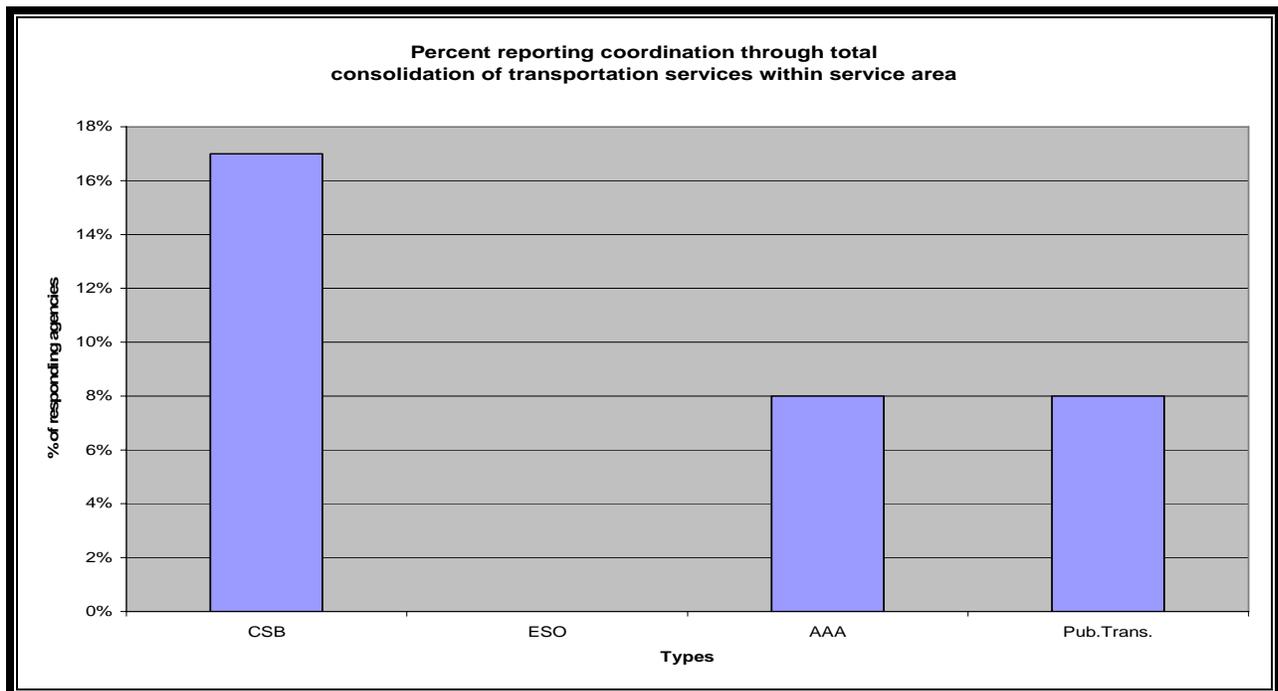


ESOs appear to provide the least training in all categories while public transit operators provide the most. AAAs top training choice appears to be on etiquette and passenger management;

CSBs report the greatest amount of training in disability specific content and safety. CSBs, AAAs, and ESOs report less training on vehicle equipment maintenance than public transit operators.

Other Types of Training Reported by Organization Type	
CSBs	<ul style="list-style-type: none"> • Defensive Driving • Cultural Diversity • As requested by providers (e.g., defensive driving classes) • Drivers' training
AAAs	<ul style="list-style-type: none"> • First Aid & CPR; Defensive Driving • Walk a mile in my shoes...sensitivity training • Now developing a training program to cover all categories listed in the Inventory
ESOs	<ul style="list-style-type: none"> • CPR / First Aid
Public transit operators	<ul style="list-style-type: none"> • Defensive Driving Course • Defensive driving, Emergency Procedures, Passenger Relations; etc.

- **Consolidation of Services-** On total consolidation of human service transportation, 16% of CSBs, only 8 % of AAAs and Public transit operators, and no ESOs report on this the form of coordination as shown below.



“Other” specific forms of coordination were written-in by respondents and are shown in the table below.

Other Coordination Activities Reported by Organization Type	
CSBs	<ul style="list-style-type: none"> • Fiscal Agent for Disabilities Services Board • Informal understanding that we will assist each other • Share vehicles, defensive driving training, drivers' skill enhancement courses • United Way funds obtained to transport consumers to medical appointments in Bristol • Coordination of training needs (Defensive Driving, 1st Aid/CPR) • Public Mobility Project will increase coordination across human service agencies • We spent almost two years trying to coordinate with Bay Aging and Arc of Virginia Peninsula on transportation and out of that came Bay Transit now operated by Bay Aging and serving all 10 counties of our service area. • Ours is demand-responsive interagency transportation services
AAAs	<ul style="list-style-type: none"> • CTAV Insurance Program • Local 4-H groups and human groups use VPAS vans during non-operation hours to transport their clients
ESOs	<ul style="list-style-type: none"> • CTAV Insurance Program • Channel United Way funds to County critical needs transportation program; City transit transports Friendship clients residing in the city • In the past, we have attended meetings to extend existing transportation services to Chesterfield and Henrico Counties
Public transit operators	<ul style="list-style-type: none"> • CTAV Insurance Program • Share fuel costs for quantity discounts • Provide infrequent transportation of DSS clients when requested. Rate fare \$7.50/trip. • Contract out demand-response service and complementary paratransit. • Provide coordinated general public and human service transportation services. • DSS and our On-Demand vendors meet regularly to discuss the program and overall community/county transportation needs. Information and resources are shared as well as group discussions regarding how/ when/where to address local transportation issues and meet with officials. • Meet with human service agencies to discuss service changes and hear of needs that transit could fulfill. Also, sell tokens in bulk to allow them to be provided to clients instead of giving them cash for bus fare. • We allow approved agency drivers to use our vehicles for field trips, etc. • Bus route training w/civic groups and Mayors Committee for Disabled. We offer bus route training to nursing homes and assisted living communities and job sites and employers within our service area.

Interpretations: Unfortunately, although all organization types reported significant unmet transportation needs, coordination activities across most human agencies are the exception rather

than the rule. For instance, even for relatively simple cross agency communication on the local level, most agencies report that coordination has not yet been accomplished. For instance:

- None of the CSBs and AAAs and only one ESO shared radio, dispatch equipment, or transportation software across providers and only 20% of public transit operators report that they shared dispatch efforts across providers.
- Only about a third of organizations reported that they attended meetings with other local agencies specifically on transportation.
- About 20% of public transit operators companies but very few human service agencies report coordinating with other providers on vehicle maintenance even though many are using similar, highly specialized vehicles and some agencies have excellent mechanical maintenance support.
- Few agencies indicate that they have a formal cooperative agreement on transportation.
- Across all four types of agencies, a third to nearly half indicate that they “never” coordinated shared training events across with other human service agencies. Most of those that report any shared training report that it occurs only as an annual training event.

In short, there is much room for improvement to build simple coordination activities across agencies on a local level. State efforts that would promote and/or provide technical assistance on these coordination activities would likely bring about much improved communication and set a foundation for better maximization of local transportation resources.

On coordination of insurance issues, two sources of data examined for the Inventory present somewhat conflicting pictures. First, within the Inventory results, we find that agencies report little effort on coordination of insurance issues across agencies by any of the four types of organizations. Comments written-in on the Inventory and from data gathered elsewhere, we find that due to the efforts of the statewide Community Transportation Association of Virginia (CTAV), some outstanding progress on insurance coverage coordination with Cabell Insurance Associates has been

accomplished. The CTAV insurance program is a comprehensive insurance program tailored specifically to public organizations. The CTAV reports that most insurance companies writing social service/transit business will not allow coordination of services as they do not understand the process. The CTAV Insurance Program is designed to avoid problems when working with multiple agencies or when agencies are coordinating services in some way. The CTAV/Cabell Insurance program demonstrate an excellent coordination opportunity as well as a sound business decision in that organizations can benefit from the premium savings offered through the “group rate.” Indeed, since the program began, a fifth of the organizations that could likely benefit, have become insured by the CTAV insurance program – this is a good start toward coordination on insurance.

A total of 40% of AAAs are now participating in this coordination possibility and again, they should be commended for their initiative here. We know, however, that many more transportation providers could likely benefit from this opportunity in that no CSBs, only 6 ESOs, and only 10 public transit operators are participating. Much more research is needed to determine the potential benefit of the program for CSBs. These findings taken together suggest that, in the future, all funding agencies must educate transportation providers about the benefits of coordination on insurance and about options like the CTAV Property and Casualty Insurance program. In addition, any applicant for the DRPT vehicle program should be required to investigate any possible option for coordination on insurance with other providers or through the CTAV program.

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 program⁶ 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.

⁶ The 5311 program provides financial assistance for capital, administrative, and operating expenses to and rural areas for local public transportation services.

Important model programs addressing coordination in Virginia are:

Current Human Service Transportation Coordination/Consolidation Models in Virginia

AAA Initiatives

- Four County Transit, owned and operated by Appalachian Agency for Senior Citizens, is a non-profit community based transportation business organization. Four County Transit is a fully funded public transportation system made possible by Virginia's Department of Rail and Public Transportation and the counties of Buchanan, Dickenson, Russell, and Tazewell County.
- The New River Valley Senior Services is a private non-profit organization now provides public transportation as well as the majority of services for the elderly in the New River Valley. New River Valley Senior Services and the New River Community Services Board work together providing transportation services for those with disabilities (physical or sensory). Funding is received from the counties of Montgomery, Pulaski, Floyd, Giles and the City of Radford.
- Bay Transit is a private non-profit public transit system operated by Chesapeake Bay Area Agency on Aging (CBAAA) provides services to and from twelve (12) senior centers, 3 adult day centers across eight separate counties in rural eastern Virginia with shopping and medical visits enroute to the centers.

Local Government Initiatives

- RADAR (Unified Human Transportation Services, Inc) is a non-profit corporation, which provides rural public transit services and specialized transit primarily in the "Greater Roanoke Valley." The RADAR Transit System was established expressly to provide transportation services to persons served by or through local social service agencies, local and state government and other private organizations. Among those served are members of the public who have physical or mentally disabilities, and those who are elderly, indigent or transportation disadvantaged.
- JAUNT, Inc. is a public corporation owned by the five local governments. It is a regional transportation system providing service to the general public, agency clients, the elderly and people with disabilities of Charlottesville, Albemarle, Fluvanna, Louisa, and Nelson Counties. JAUNT was established when several human service agencies realized that it would be much more efficient and cost-effective for them to have their clients share rides. After a successful year of providing routes for agency clients, JAUNT received a first federal grant to make the service affordable for the general public as well.

Other Targeted Coordination Efforts

- Rappahannock Area Community Services Board and Rappahannock Area Agency On Aging, Inc. have a unique working relationship in providing transportation services for clients of both agencies. This partnership is also distinctive because these agencies have developed a compatible accounting system to better understand expenses and maximize revenue.
- FASTRAN is a system initiated by Fairfax County Human Service Agencies when it was determined that it would be far more efficient and cost-effective to have their clients share rides in a coordinated manner. FASTRAN, operating under Fairfax County Community Recreation and Parks Department, primarily transports clients of human service agencies who cannot drive, find a ride, use Metro or Connector buses, or afford taxi fares to reach needed services. All riders must be certified by the sponsoring agencies including Mental Retardation Services, Mental Health Services, Alcohol and Drug Services, Senior Centers, Senior Residences, Senior Adult Day Health Care and Community and Recreation Services. Low-income residents of Fairfax County

are also eligible for FASTRAN transportation to and from medical appointments, grocery/shopping centers and social service appointments.

Special Projects/Studies

- The Transportation and Housing Alliance (THA) of the Thomas Jefferson Planning District Commission (funded by VBPD) is developing model, seeking to form an alliance will make public policy recommendations in the areas of transportation and housing and work to build and improve community infrastructure in localities and statewide.
- 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>).

In conclusion, with the exception of the exemplary models and studies described above, the Inventory results show that efforts to coordinate transportation across human services agencies in Virginia has been limited and that even relatively simple coordination and cross-agency communication activities have not been accomplished. The Inventory results reveal that the reasons for lack of coordination are varied and complex. Some of the lack of coordination appears to be due to lack of information and limited experience, the fear of cost shifting and possible loss of revenues. Clearly, the responses of CSBs and ESOs were more similar in general than those of AAAs. In fact, AAAs reported an inability to gain the cooperation of the other human agencies for coordination efforts. Perhaps because AAAs are finding the resistance of other human service agencies, they have been motivated to seek alternative means of expanding services through contracts with other agencies, establishing themselves as public transit entities to also serve the general public, and participating to a higher extent in the coordinated CTAV insurance program at a higher rate than other organization.

In general, there is much room for improvement in building even simple transportation coordination activities across agencies on local and state levels. 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 the several respondents of the Inventory 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.

State efforts that would promote and/or provide technical assistance on these coordination activities would likely bring about much improved communication and set a foundation for better maximization of local transportation resources.

Factors that Lead to Successful Transportation Coordination

When asked what factors contribute to transportation coordination, about 50 % of all respondents report that “high need” is the factor that stimulates coordination across agencies. Approximately 50% of AAAs and public transit operators report that local leaders are motivating some successful transportation coordination. Only 40% of CSBs and about 30% of ESOs report local leadership on coordination.

Over 60% of responding AAAs report that financial opportunities motivate transportation coordination (contracts to transport other clients). This factor is reported much less by CSBs, public transit operators, and ESOs (less than 25%).

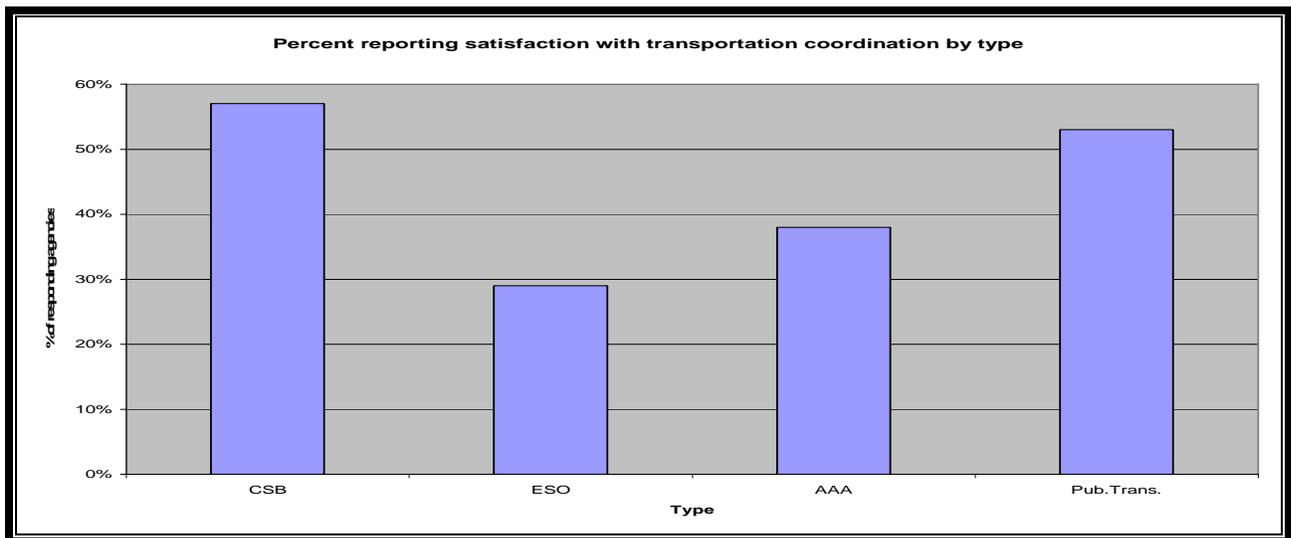
“Other” factors listed leading to successful transportation coordination if any:	
CSBs	<ul style="list-style-type: none"> • Opportunity to develop test projects • Lack of any other public transportation system
AAAs	<ul style="list-style-type: none"> • Many agencies provide service to the same seniors/consumers. • Same Routes • No other options available but to do it ourselves
ESOs	<ul style="list-style-type: none"> • Emphasis from funders

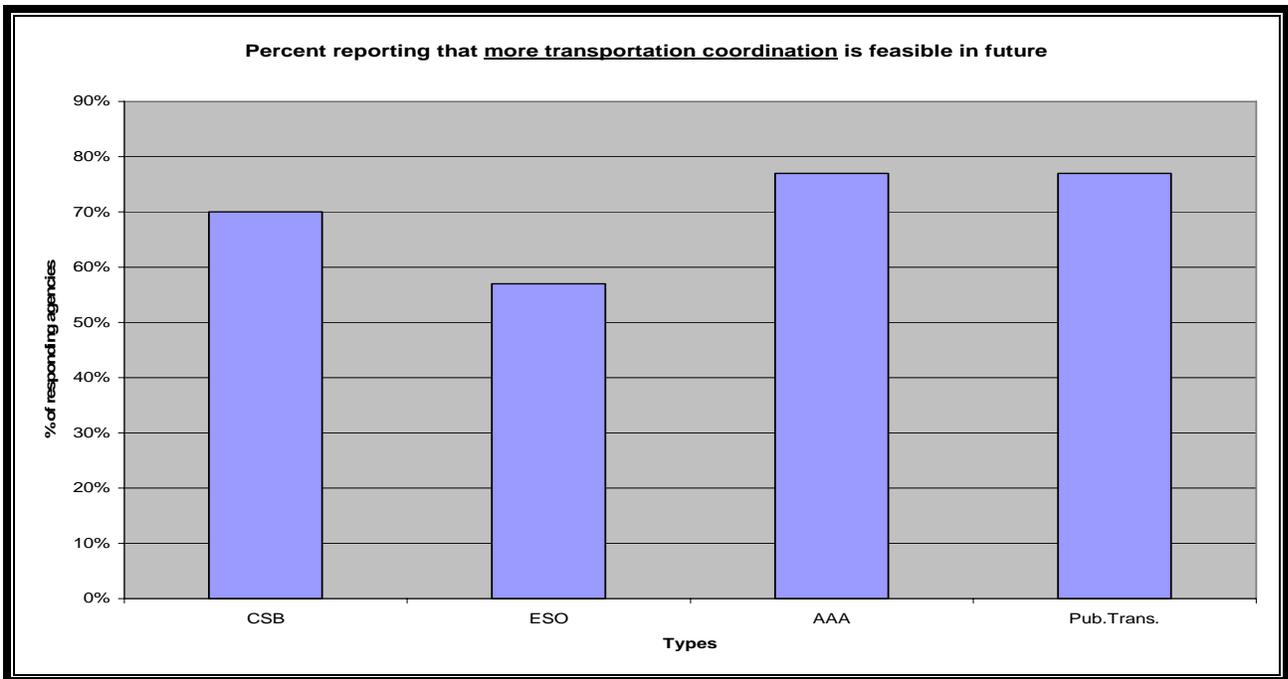
Public transit operators	<ul style="list-style-type: none"> • State legislation requiring coordination would bring about success • Increased ridership • A human service agency that understands and tracks their true transportation costs is more receptive to coordination. • 1. Interest in taking needs into account 2. convenience • Started in the 70's with gas crisis, CETA positions available • Our need to educate the public and increase our ridership
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Interpretations: Regarding factors that have lead to any successful transportation coordination, AAAs report that coordination proved to be a financial opportunity through transportation contracts with other agencies. Apparently since AAAs generally do not access Medicaid funding for client transportation, they bring in revenue funds via contracts. Other factors that enhanced coordination were reported by about half of all respondents as “high need” and “local leadership.”

Satisfaction with Current Efforts /Feasibility for more Coordination

Respondents were asked to report on 1) their level of satisfaction with their own coordination efforts; and 2) the feasibility of more coordination within their jurisdiction. Note, in the figures below, high rates of satisfaction are reported particularly by CSBs and public transit operators regarding their own coordination efforts, yet 70% and more of the same respondents think that more coordination is feasible.





Interpretation: These seemingly paradoxical responses seem to indicate that many CSBs and public transit operators may feel that more advancement in coordinated transportation is outside of their personal control. This finding may imply that with clearer directives from the Governor and/or state agencies encouraging true cross-agency coordination, that much more transportation coordination may be feasible on local levels. Of the four agencies, AAAs reported least satisfaction with coordination efforts and over 70% agree that more coordination is feasible.

Current Barriers/Future Hindrances

Respondents were also asked to list current barriers and future hindrances that reduce motivation for human service transportation coordination. Regarding current barriers, “No Funding” and “Lack of Cross Agency Communication” are among the top three greatest perceived barriers by all organization types but variations in other responses are illustrative:

- CSBs, ESOs, and public transit operators perceived barriers “Fear of Cost Shifting” as the next greatest barriers, but
- AAAs found “Unwilling Providers” as their next greatest barrier.

Interpretations: CSBs, ESOs, and Public transit operators perceive “Fear of Cost Shifting”, while AAAs found “Unwilling Providers” to be one of their top three barriers. This finding shows that some agencies are afraid that they may have to spread their limited resources even farther and that coordination could become an unfunded mandate if transportation coordination occurs. The AAAs, which serve very dissimilar populations from CSBs and ESOs, report an “unwillingness from the other providers” to coordinate. Presumably AAAs view CSBs and ESOs as unwilling to coordinate. Many agencies also provided comments on this topic as shown in the table below.

“Other” barriers to coordination offered by Agency Type.	
CSBs	<ul style="list-style-type: none"> • We see poor response history from Logisticare—don’t want to go there • Vehicle insurance liability and maintenance responsibility • Lack of resources • Varying schedule needs; populations served being mixed; cost and personnel • Coordination too often means centralization rather than sharing of resources; fear loss of responsiveness to our consumers' needs • Providers are often very late in serving clients for their appointments • Fear of loss of control; fear that existing consumers will not be as well served • We can only deal with our clients, cannot deal with general public • Slow progress in the development/ability to use route coordination software due to high turnover of trained staff in the participating and resignation of project coordinator • Special needs of particular populations • All of above could apply depending upon situation. We have limited resources for coordination efforts • Need to have time-responsive service; we have no dedicated drivers - use staff
AAAs	<ul style="list-style-type: none"> • Need funded transportation systems under HHRS • Reduction in funding, increase in fuel costs
ESOs	<ul style="list-style-type: none"> • Resistance of local government • Overlapping trip schedules • Inadequate funding
Public transit operators	<ul style="list-style-type: none"> • Coordination is always viewed as cost reduction • Change in ADA paratransit program (strict ADA) • Local leader interest - Rockingham County • Lack of Florida Model in Virginia. There is no mandatory statewide coordination since funding streams are never combined or required to be. Also, human nature. Agencies whose client's needs have been met have no incentive to do the work coordination requires to be successful. • Prior to implementation of local service in 1995, this was a significant topic of discussion; it has not been since then.

Future Hindrances That Must Be Resolved Before Coordination Can Be Successful

(Note: The public transit inventory did not include this question).

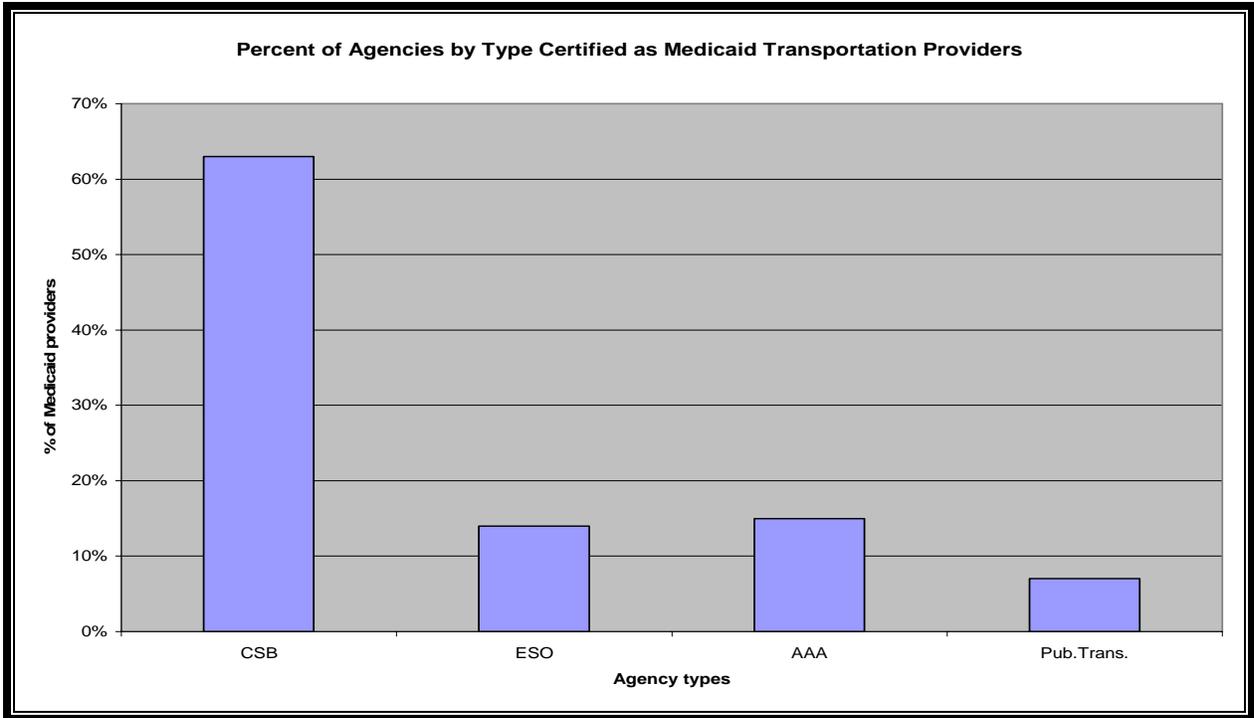
A list of possible hindrances that may need to be resolved in the future were provided for the respondents. They were asked to indicate the top hindrances from their points of view. Choices were:

- Hours of need conflict/ Routes conflict
- Unique needs of consumers
- Potential loss of funding to agency
- Low communication across agencies (no time /no will)
- Consumer preferences
- Objection of local officials
- Federal/State/local regulations prohibit
- Potential loss of control of vehicle
- Training needs too intense

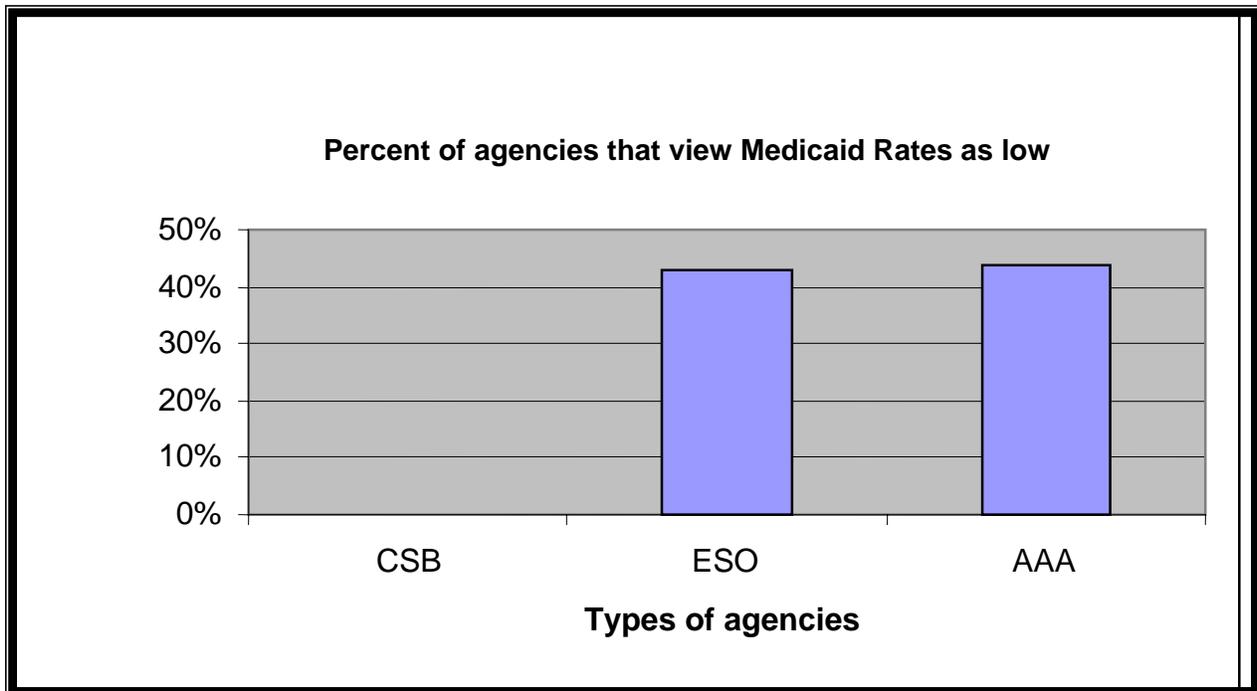
When asked what needs to be resolved before coordination can occur, CSBs and AAAs both reported that the “unique needs of consumers,” “hours and route conflicts” and “lack of communication” need to be managed. However, AAAs, likely because they use transportation as a source of revenue in general, report the top hindrance as “potential loss of funding.” Few ESOs responded to this question in general.

Use of Medicaid Funding

Presumably, the lack of available funding is the primary reason for the unmet needs described above. With the lack of resources, use of federal Medicaid funding would appear to be welcome source revenue to expand services for clients. Indeed, CSBs appear to agree in that over 60% of responding CSBs report being certified Medicaid providers for their clients. Conversely, only about 10% of AAAs, ESOs, and public transit operators have accessed Medicaid funding as a transportation resource for clients.



Anticipating an uneven use of Medicaid as a resource, the inventory asked organizations to identify reasons why they are reluctant or disinterested in Medicaid transportation funding utilization. Over 40% percent of responding ESOs and AAAs report they view Medicaid rates as too low for the effort; none of the CSBs identify this as an issue. Over 40 % of AAAs also report that too much paperwork is associated with Medicaid billing. Twenty percent of AAAs report that there is “Board opposition” to their becoming a Medicaid provider. About 20% of responding AAAs report that they could not meet the vehicle standards required.



The table below provides a list of “other” reasons provided by agencies why they have not elected to become certified Medicaid transportation providers.

“Other” Reasons Agencies Have Not Become Certified Medicaid Providers	
CSBs	<ul style="list-style-type: none"> • Medicaid does not pay for Substance Abuse services at this time. • We contract through VanGo • Restrictions • Transportation is provided as a part of service • Was told that no additional providers needed in our area • Low revenue-high effort/liability was previously Medicaid provider some years ago
AAAs	<ul style="list-style-type: none"> • Most of the services we provide are not reimbursable under Medicaid • Too difficult to work with due to our limited capacity. • No expertise in that field, no staff available to run the program, no vehicles • Others already provide this service
ESOs	<ul style="list-style-type: none"> • We have just been approved to be a Medicaid provider • No funds available for us to use it • SOC does not provide transportation • Logistical difficulty/ not worth the rates
Public transit operators	<ul style="list-style-type: none"> • Trip scheduling difficulties • Service rules • No excess capacity

	<ul style="list-style-type: none"> • Started as public transit • Fixed-route bus service provider. Do not provide door-to-door services. • Council just not interested. • Status as a public transportation provider - cannot solicit rides • Demand response bus line • Logisticare provides • We attempted to make our services available under the terms and conditions of existing transit service when the brokerage program was being planned and implemented but it did not come to fruition. • Concerns about Logisticare • Have not considered this option in the past
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Interpretations: 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 of Medicaid as a reimbursement source may be based on inaccurate perceptions of the current system. For instance, while many AAAs view the Medicaid rates as too low and paperwork requirements as too high, CSBs, with much experience in Medicaid, do not report these issues as concerns. Some AAAs report that they are unable to provide necessary door through door transportation needs of their clients; however, Medicaid funded-CSBs report that they are able to provide such services to those they serve. 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 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, when needed.

Other Types of Funding for Transportation

Each agency was asked to identify all sources of funding. The table on the next page shows the percent of each organization that reported the revenue from the sources shown.

Revenue Sources	CSBs	AAAs	ESOs	Public Transit Operators
Federal (non-Medicaid)	6%	62%	7%	100%
State operating	23%	62%	14%	83%
Local operating	23%	69%	29%	86%
Fees from programs for provision of services	23%	54%	29%	73%
DSBs	0%	0%	0%	3%
Fares/Fees (self-pay)	40%	38%	43%	80%
Other *	26%	31%	14%	26%

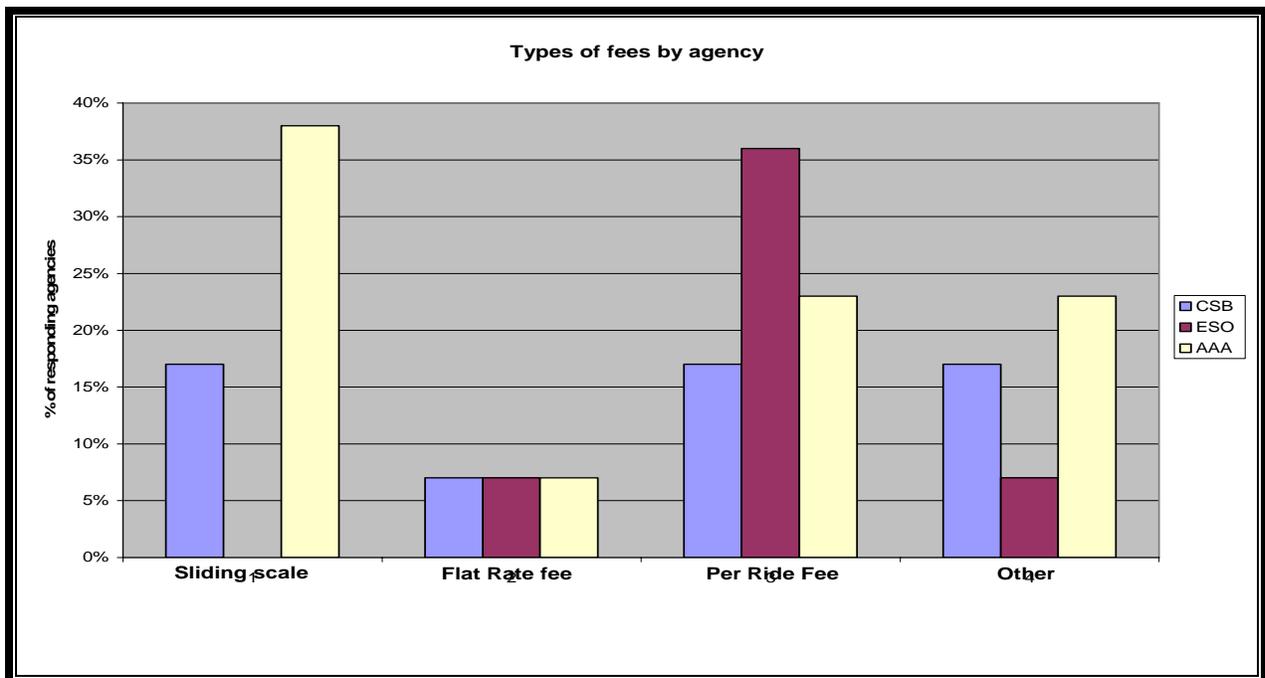
Transportation for CSBs and ESOs is generally funded by Medicaid. Only small amounts of state and local funds are used for their system of services. Conversely, federal (non-Medicaid), state and local funds support AAAs and public transit operators.

Respondents were asked to identify other sources of revenue as shown below:

“Other” Types of Revenue Listed	
CSBs	<ul style="list-style-type: none"> Retained Earnings, Aging Grant, Part C Funds Logisticare Reimbursement VA Premier
AAAs	<ul style="list-style-type: none"> Contributions and In-Kind Contributions and sales of vans
ESOs	<ul style="list-style-type: none"> UW (United Way) - \$20,911 & Donations \$1,075 United Way Funds
Public Transit Operators	<ul style="list-style-type: none"> Drivers keep fares - All other costs subsidized by City VA Board for People with Disabilities Competitive Grant, Title III-B Federal Partnerships James Madison University Contract General Fund and State & Local Fuel Rebate Garage Rent Interest & Fund Raising Donations from clients/families served/etc. Advertising on Buses, Greyhound Ticket Sales Commission, Insurance Dividends Interest, Reimbursements, Gain/(Loss) on Fixed Assets Bus Advertising

Types of Self-Pay (fares, fees, etc.)/Fare and Fee Policies

Though most agencies report unmet needs within their jurisdictions, less than half of organizations charge fees or fares to clients. The Inventory identified four categories of fee types: sliding fee scales, flat rates, per ride fees, or “other.” The chart below shows the percent of each by organization type. The most common type of fee arrangement by AAAs is the sliding fee scale, while the most common arrangement by ESOs is the fee per ride. The CSBs that charge fees are evenly distributed across sliding fee scale, per ride fees, and other individual types listed the table below.



“Other” Transportations Fee Descriptions Listed

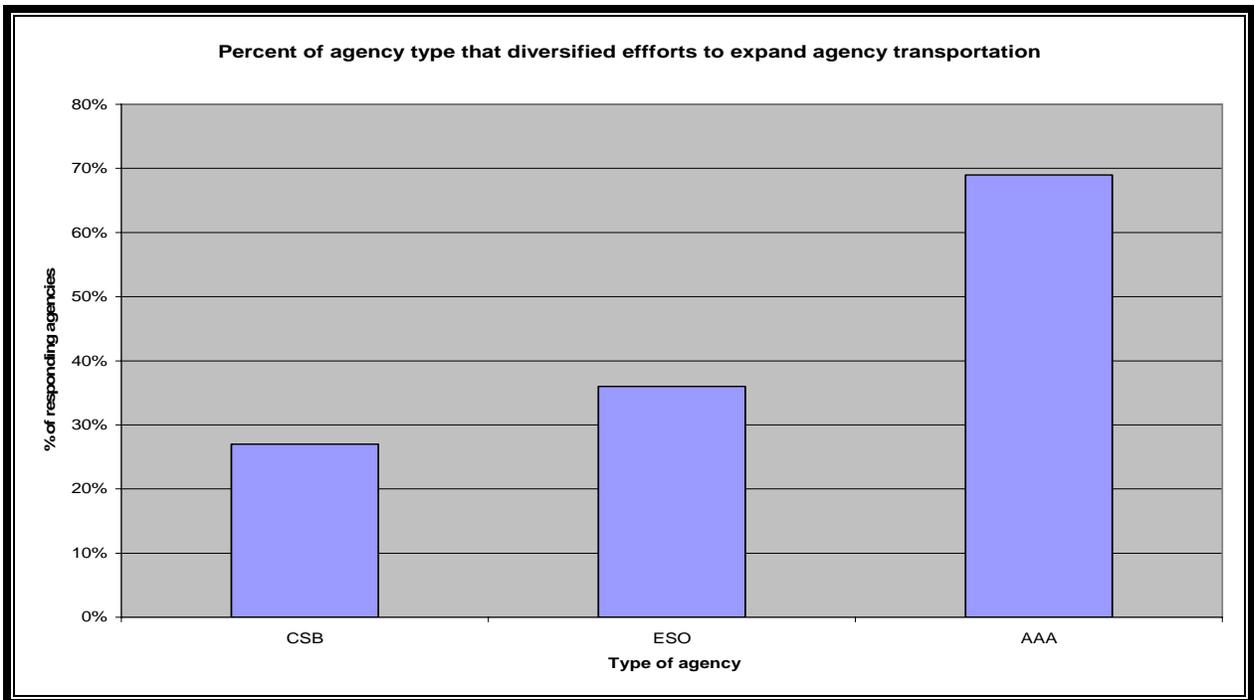
CSBs	<ul style="list-style-type: none"> • Rappahannock Goodwill Industries, a contractor agency charges employees up to \$5.00/trip through P/R deduction • flat rate per trip / .75 per trip • \$2.00 per ride • sell books of tickets - no standard • MR clients are charged a sliding scale (\$1.00/trip min) and MH/SA clients are charged the same fee subject to a fee cap
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AAAs	<ul style="list-style-type: none"> • Voluntary Contributions • x-suggested donation of .50 for trips to senior centers • ask for donations only
ESOs	<ul style="list-style-type: none"> • No comments provided
Public Transit Operators	Fare structures will be described elsewhere

Interpretations: With the lack of resources and unmet needs documented by the inventory, use of fees and fares would be an expected source of revenue. However, only about 4 out of 10 agencies charge fees/fares, with the exception of public transit systems. The Inventory shows that public transit operators (about 80%) report the charging fees or fares to customers far more often than do the human service agencies. Human services agencies that do charge fees vary considerably in their methods and no single way emerges as most common. Of those that charge fees, AAAs lean toward using a sliding fee scale while ESOs report charging a per ride fee most often. CSBs are even divided on use of sliding scales, per ride fees, and “other” options listed above. Flat rates (e.g., monthly rates) are the least reported method. Considering the poverty level of the populations served, it is understandable that most human service agencies do not charge for transportation services. Some AAAs describe financial benefits from voluntary donations from clients for transportation. More emphasis on donations from financially-able CSB and ESO clients may be a potential source of more revenue for these agencies.

Types of Expansion Efforts Generated by Organizations

Some agencies of all three organization types report that they try to expand agency transportation in their jurisdiction; however, nearly 70% of AAAs responded that they engaged in some type of expansion activity.



AAAs are the only organization type out of the three that indicate use of volunteer programs as a transportation-expansion method (over 45% of AAAs). One AAA also report that it has initiated charter services as a means to expand services. In addition, nearly 40% of the responding AAAs and a few ESOs indicated that they have taken contracts from other agencies to expand transportation to clients. Other expansion efforts given are:

“Other” ways listed in which organizations expanded transportation:	
CSBs	<ul style="list-style-type: none"> • Contract with van driver to provide driving services • Private provider & cooperative agreements • Fee for service transportation for vocational activities • Participation in coordination efforts via Public Mobility Program of Northern Shenandoah Valley • Virginia Premier, AAA-providing transportation to congregate meals & home delivered meals delivery • Provide bus tickets - GRTC; case manager/case aides transport consumers • Consolidated transportation within Dept of Human Services
AAAs	<ul style="list-style-type: none"> • Contracts to provide services for other agencies • Subcontract with the local public transportation provider. • Verbal agreements with other agencies when possible • Hired a transportation coordinator to help those in need utilizing existing services

ESOs	<ul style="list-style-type: none"> • Offer two different routes to our consumers • May started doing some medical transports for existing consumers
Public Transits	<ul style="list-style-type: none"> • Adult day care transportation

Interpretations: Some agencies of each organization type reported that tried to expand agency transportation in their jurisdiction; however, AAAs have been the most aggressive and creative in some type of expansion activity (but not in Medicaid use). It appears clear that instead of accessing Medicaid, AAAs have shown initiative in seeking outside transportation contracts to expand their services. Since some services that are provided by AAAs are not reimbursable by Medicaid, AAAs should be commended for their entrepreneurial approach to try to expand their overall services to clients and their communities by providing contract services to other programs and agencies.

Types of Services Offered/Types of Services Needed

Respondents were asked to indicate the types of transportation services they now provide and those that are needed for clients (but not provided) from among the five general categories below. They were also asked to provide their definition of each category.

The five categories are:

- Curb to curb
- Door to door
- Door through door
- Bus Stop type (group pick up)
- Other

Results showed that the most common types of services provided are curb to curb and door to door services. Fifty-three percent of CSBs and 63% of AAAs report that they provide door through door services but 100% of responding AAAs and a few ESOs indicated that door through door

services were needed. CSBs reported that their clients need, and they are providing, necessary door through door services.

There was some variation in definitions of these services by organization type. Below are some examples of how each organization type defines services.

Curb to Curb Services	
CSBs	<ul style="list-style-type: none"> • Transportation providers are told if riders are independent enough for curb-to-curb, driver to staff or family hand off • those consumers who are unable to use public transportation • Stopping on the street, client comes to the vehicle • Stopping at curb/sidewalk/driveway with consumer coming and getting in vehicle independently • Pick up and delivery from resident at street to/from destination at parking lot • Drop off consumers and leave
AAAs	<ul style="list-style-type: none"> • Driver waits in vehicle for seniors to board from their homes or apartments • Drivers assist clients who need assistance to board the vehicles. • Clients pick up at curb • Transport clients to and from congregate meals sites
ESOs	<ul style="list-style-type: none"> • No ESO responses recorded
Public Transit Operators	<ul style="list-style-type: none"> • All service is curb to curb • STAR • Curb to curb or to edge of pavement of street • Complementary paratransit service provided by JAUNT • Deviate 3/4 mile or 1 to 2 minutes off route - is safe to do so • Welfare-to- work and paratransit services • For paratransit eligible customers • Client meets the vehicle at the curb to board • The standard

Door to Door Services	
CSBs	<ul style="list-style-type: none"> • Those consumers who are unable to use HRT Handi-Ride; primarily MR Waiver/Clubhouse consumers • Maintaining visual contact with the vehicle is provided to consumers based on their needs as defined by case management & family • Individual goes to the door and brings client to the vehicle • Going to consumer's door; walking consumer back to the vehicle; and vice versa • Occasional support, when needed, to consumers to/from site door to/from residence door • Pick-up and drop-off at consumers' home/residence • Drop off and take them to the door

AAAs	<ul style="list-style-type: none"> • Drivers are trained to assist passengers from their door to board the vehicle. • Some assisted to door • Drivers escort clients to and from their front doors
ESOs	<ul style="list-style-type: none"> • Clients are picked up from work center and taken to home address without having to walk any distance to ride • Any assistance needed is provided to load & take passengers to destination building
Public Transit Operators	<ul style="list-style-type: none"> • Under special circumstances • If people request additional help, we will go door-to-door • All pick-ups are made door to door

Door through door Services

CSBs	<ul style="list-style-type: none"> • For Consumers who wander/run; use wheelchairs • Driver brings consumer into the program • Actually assisting consumer into residence • If consumer is in wheelchair or needing other help ambulating • Pick up and drop off at consumer's home/residence/industrial development centers/ nursing homes (driver enters building/home etc.)
AAAs	<ul style="list-style-type: none"> • Some assisted from inside homes • Transport clients to and from Dr.'s appointments, drug store, super market, etc. • Volunteer drivers escort clients into and out of their destinations
ESOs	<ul style="list-style-type: none"> • No ESO responses recorded
Public Transit Operators	<ul style="list-style-type: none"> • Assisted STAR

Bus Stop or Group Pick Up Services

CSBs	<ul style="list-style-type: none"> • Picks up at apartment complexes • Sometimes pick up more than one person at a home (ALF, for example) • Group home pickups • Pick up and drop off at Psychosocial Programs (clubhouses) and industrial development centers
AAAs	<ul style="list-style-type: none"> • Driver waits in bus for seniors to board from senior centers for rides back to their homes • Group of clients at central location to destination and back to central location
ESOs	<ul style="list-style-type: none"> • Clients are asked to meet at designated pick up area central to multiple residences where transportation picks up several clients
Public Transit Operators	<ul style="list-style-type: none"> • Group drop off and pick up at Friendship Industries, ESO

Interpretations: Respondents were asked to indicate the types of transportation services they now provide and those that are needed for clients (but not provided) from among the five general categories mentioned above. The fact that AAAs (with low use of Medicaid reimbursement) report that they cannot provide the extent of door through door services needed for seniors but CSBs (with high use of Medicaid reimbursement) can provide door through door services may indicate that accessing Medicaid funding improves the quality or individualization of transportation services. In fact, beginning in October 2005, DMAS required stronger Medicaid standards for the new Medicaid transportation brokerage contract by adding door-to-door and hand-to-hand (i.e., handing off client to a responsible caregiver) transportation options. These requirements improve the quality of services to Medicaid transportation users, when needed.

Accounting Categories (Expense and Revenue Comparisons)

DRPT provided detailed expense and revenue categories and asked respondents to supply budget information for State Fiscal Year 2005 (See Appendix 4). If an agency operated on a federal fiscal year basis, information on the same period was provided by using data for two separate years (that is, the last quarter of federal FY 04 - July 1, 2004 through September 30, 2004 and three quarters from federal FY 05 - October 1 through June 30, 2005).

During the Inventory design phase, DRPT was uncertain if the human service organizations surveyed would be able to report budget data using the DRPT budget categories. Findings show that 60% of CSBs provided budget information, 69% of AAAs and 43% of ESOs. A total of 87% of responding public transit operators provided requested information.

Interpretations: One of DRPT's goals is to understand and assist in the transportation management needs of the various human service agencies and public transit operators serving special needs customers throughout Virginia. Clearly, human service agencies are, first and foremost, specialized human service providers, not transportation providers per se. Most have developed ancillary transportation services out of necessity, rather than desire and most have little

training or experience in managing this complex service. One direct way to review and diagnose management needs is to examine and compare expenses and revenues across agencies and geographical locations. These types of data can be used as indicators of quality management and efficiency and guide the state toward important transportation management training needs.

The budget categories that DRPT uses with public transit operators and the agencies accessing its federal 5310 and 5311 vehicle programs have been designed to examine management issues and focus DRPT on training and support needs for each agency. DRPT hoped, but was uncertain if, all human service organizations surveyed would be able to report budget data using these categories. 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, maximize resources, and generally 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.

IV. Conclusions

It is the intent of DRPT and the other agencies within the Interagency Transportation Coordinating Council to widely disseminate these results to localities, regions, and stakeholders at all levels. Also, 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 developing a meaningful State Action Plan for increased coordination of human service transportation. With a more accurate understanding of system efforts, unmet needs, funding issues, budget management, 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.

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 inventoried this year (in association with the public transit system, if available). Specifically, as a first step, Interagency Transportation Coordinating Council will test the theory that by simply increasing coordination across the local Community Services Boards, the Area Agencies on Aging and Employment Support Organizations 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, multi-agency 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 Federal Transit Administration (FTA) funding under the new Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). The coordination plans will be developed will be developed through a process that includes representatives of public, private and human service providers and participation by the public.

Glossary of Acronyms, Terms, and Related Agencies

Acronym	Term
AAA	Area Agency or Agencies on Aging
AoA	Administration on Aging
CIL	Center or Centers for Independent Living
CMS	Centers for Medicare & Medicaid Services (Federal)
CSB	Community Services Board
DBVI	Department for the Blind and Vision Impaired
DD	Developmental Disabilities or Developmental Delay or Dually Diagnosed
DD Waiver	Individual & Family Development Disabilities Support Waiver
DMAS	Department of Medical Assistance Services
DMHMRSAS	Department of Mental Health, Mental Retardation & Substance Abuse Services
DOE	Department of Education
DRS	Department of Rehabilitative Services
DSB	Disability Services Boards
DSS	Department of Social Services
E & D Waiver	Elderly & Disabled Waiver
ESO	Employment Services Organization
HCSB	Home & Community Based Services
HHR	Health and Human Resources
MH	Mental Health
MI	Mental Illness
MOU	Memorandum of Understanding
MR	Mental Retardation
MR	Waiver Mental Retardation Waiver
TA	Technical Assistance
V4A	Virginia Association of Area Agencies on Aging
VAA	Virginia Association on Aging

VAAAA	Virginia Association of Area Agencies on Aging
VACIL	Virginia Association of Centers for Independent Living
VACSB	Virginia Association of Community Services Boards
VAHA	Virginia Association of Homes for the Aged
VATLFA	Virginia Assistive Technology Loan Fund Authority
VBPD	Virginia Board for People with Disabilities
VCA	Virginia Coalition for the Aging
VCoA	Virginia Center on Aging
VDA	Virginia Department for the Aging
VDBVI	Virginia Department for the Blind & Vision Impaired
VDDHH	Virginia Department for the Deaf & Hard of Hearing
VDH	Virginia Department of Health
VDMAS	Virginia Department of Medical Assistance Services
VDMHMRSAS	Virginia Department of Mental Health, Mental Retardation & Substance Abuse Services
VDOE	Department of Education
VDOT	Virginia Department of Transportation
VDRS	Virginia Department of Rehabilitative Services
VDSS	Virginia Department of Social Services
VI	Visually Impaired
VOPA	Virginia Office for Protection and Advocacy
VR	Vocational Rehabilitation

Appendix 1

For Immediate Release
Office of the Press Secretary
February 24, 2004

Executive Order 13330: Human Service Transportation Coordination

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged, it is hereby ordered as follows:

Section 1. This order is issued consistent with the following findings and principles:

- (a) A strong America depends on citizens who are productive and who actively participate in the life of their communities.
- (b) Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities. The importance of this role is underscored by the variety of transportation programs that have been created in conjunction with health and human service programs and by the significant Federal investment in accessible public transportation systems throughout the Nation.
- (c) These transportation resources, however, are often difficult for citizens to understand and access, and are more costly than necessary due to inconsistent and unnecessary Federal and State program rules and restrictions.
- (d) A broad range of Federal program funding allows for the purchase or provision of transportation services and resources for persons who are transportation-disadvantaged. Yet, in too many communities, these services and resources are fragmented, unused, or altogether unavailable.
- (e) Federally assisted community transportation services should be seamless, comprehensive, and accessible to those who rely on them for their lives and livelihoods. For persons with mobility limitations related to advanced age, persons with disabilities, and persons struggling for self-sufficiency, transportation within and between our communities should be as available and affordable as possible.
- (f) The development, implementation, and maintenance of responsive, comprehensive, coordinated community transportation systems is essential for persons with disabilities, persons with low incomes, and older adults who rely on such transportation to fully participate in their communities.

Sec. 2. Definitions.

- (a) As used in this order, the term "agency" means an executive department or agency of the Federal Government.

(b) For the purposes of this order, persons who are transportation-disadvantaged are persons who qualify for Federally conducted or Federally assisted transportation-related programs or services due to disability, income, or advanced age.

Sec. 3. Establishment of the Interagency Transportation Coordinating Council on Access and Mobility.

(a) There is hereby established, within the Department of Transportation for administrative purposes, the "Interagency Transportation Coordinating Council on Access and Mobility" ("Interagency Transportation Coordinating Council" or "Council"). The membership of the Interagency Transportation Coordinating Council shall consist of:

(i) the Secretaries of Transportation, Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, and the Interior, the Attorney General, and the Commissioner of Social Security; and

(ii) such other Federal officials as the Chairperson of the Council may designate.

(b) The Secretary of Transportation, or the Secretary's designee, shall serve as the Chairperson of the Council. The Chairperson shall convene and preside at meetings of the Council, determine its agenda, direct its work, and, as appropriate to particular subject matters, establish and direct subgroups of the Council, which shall consist exclusively of the Council's members.

(c) A member of the Council may designate any person who is part of the member's agency and who is an officer appointed by the President or a full-time employee serving in a position with pay equal to or greater than the minimum rate payable for GS-15 of the General Schedule to perform functions of the Council or its subgroups on the member's behalf.

Sec 4. Functions of the Interagency Transportation Coordinating Council. The Interagency Transportation Coordinating Council shall:

(a) promote interagency cooperation and the establishment of appropriate mechanisms to minimize duplication and overlap of Federal programs and services so that transportation-disadvantaged persons have access to more transportation services;

(b) facilitate access to the most appropriate, cost-effective transportation services within existing resources;

(c) encourage enhanced customer access to the variety of transportation and resources available;

(d) formulate and implement administrative, policy, and procedural mechanisms that enhance transportation services at all levels; and

(e) develop and implement a method for monitoring progress on achieving the goals of this order.

Sec. 5. Report. In performing its functions, the Interagency Transportation Coordinating Council shall present to me a report not later than 1 calendar year from the date of this order. The report shall:

(a) Identify those Federal, State, Tribal and local laws, regulations, procedures, and actions that have proven to be most useful and appropriate in coordinating transportation services for the targeted populations;

(b) Identify substantive and procedural requirements of transportation-related Federal laws and regulations that are duplicative or restrict the laws' and regulations' most efficient operation;

(c) Describe the results achieved, on an agency and program basis, in:

(i) simplifying access to transportation services for persons with disabilities, persons with low income, and older adults;

(ii) providing the most appropriate, cost-effective transportation services within existing resources; and

(iii) reducing duplication to make funds available for more services to more such persons;

(d) Provide recommendations to simplify and coordinate applicable substantive, procedural, and administrative requirements; and

(e) Provide any other recommendations that would, in the judgment of the Council, advance the principles set forth in section 1 of this order.

Sec. 6. General.

(a) Agencies shall assist the Interagency Transportation Coordinating Council and provide information to the Council consistent with applicable law as may be necessary to carry out its functions. To the extent permitted by law, and as permitted by available agency resources, the Department of Transportation shall provide funding and administrative support for the Council.

(b) Nothing in this order shall be construed to impair or otherwise affect the functions of the Director of the Office of Management and Budget relating to budget, administrative, or legislative proposals.

(c) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by a party against the United States, its departments, agencies, instrumentalities or entities, its officers or employees, or any other person.

GEORGE W. BUSH
THE WHITE HOUSE,
February 24, 2004.

#

<http://www.whitehouse.gov/news/releases/2004/02/20040224-9.html>

Appendix 2

United We Ride Inventory for Virginia- August 2005 Department of Rail and Public Transit

See Interpretive Guidelines for each question attached in separate file.

Note: When you click on any response option within the inventory, you may either place an X on the item, or if a narrative response is needed, you may type in a brief response. Please try to use the multiple choice options if possible.

1)-Name of human service organization, Executive Director, Address/zip code, email address, website (please type)

- Organization Name:-
- Executive Director:-
- Address (incl. zip):-
- Email Address:-
- Website Address:-

2)-Type of Organization:-

- Community Services Board / Behavioral Health Authority (CSB/BHA) funded through DMHMRSAS-Public Transit---
- Area Agencies on Aging (AAAs) ---
- Employment Support Organization (ESO) funded through a vendorship with DRS (not part of a CSB/BHA)
- If Other, please specify:---

3)-Primary Transportation Contact for your Organization---

- Name:
- Title:
- Address:-
- Email Address:-

4)-Indicate all counties/ towns /cities within your organization's service area (place an "x" next to the city / county after clicking on the hyperlinks below)

- [For Counties Click Here](#)--
- [For Towns Click Here](#)--
- [For Cities Click Here](#)--

Direct Transportation Services Provided by Your Agency

5)-Does your organization directly provide transportation services to your clients / consumers?-(yes/no):-

6)-If yes, is your organization a Medicaid transportation provider?-(yes/no):-

6a) If not, why has your organization opted not to collect Medicaid revenue? (rates, paperwork, vehicle standards) ('x' all that apply).

- Reimbursement rates too low--
- Paperwork seems too excessive--
- Board has not approved--
- Vehicle standards preclude our participation--
- Other (describe / specify)-

-6b) Have you diversified your transportation work in other ways to expand your transportation services?-

- Yes--
- No--

-6c) If yes, in what way ('x' all that apply)---

- Volunteer program--
- Charter services--
- Became public transit provider--
- Taken on contracts to provide services to other agencies--
- Other (describe / specify)-

7)-Do you charge transportation fees / fares to your clients /consumers?-

-(yes/no):-

8)-If yes, select the type(s) of consumer / client fees or fares charged by your organization:-('x' all that apply)-

- Sliding fee scale for transportation (specify)-
- Flat rate monthly (specify)-
- Per ride fare or fee (specify)-
- Other (describe / specify)-

9a)-What type(s) of transportation services are provided to the clients / consumers who are served via your organization?

-(*"x"* all that apply and describe how your organization defines that level of service):- Curb to curb services---

- Door to door services---
- Door through door services or escort services--
- Bus stop type / Group pick ups--
- Other (specify)---

9b)-What type(s) of transportation services are needed by clients / consumers who are provided services by your organization?

-(*"x"* all that apply and describe how your organization defines that level of service):- Curb to curb services---

- Door to door services---
- Door through door services or escort services--
- Bus stop type / Group pick ups--
- Other (specify)---

9c)-Do you think that individual rides to medical appointments could be coordinated in your area?-

-(yes/no)-

-If yes, how? Please briefly describe your ideas.-

List Other Transportation Providers Serving Your Consumers / Clients

10)-Does your organization arrange or support transportation from private or public vendors / providers for consumers /clients to destinations within your service area?

-(yes/no):-

11)-If yes please list all transportation providers:—

-Business Name:- -Medicaid Transportation /-Yes/No

- Logisticare Provider- -yes/no

Primary Destinations

12)-Within your service area, please indicate below the primary service or program destinations that your organization helps support or arrange for use by your consumers/clients and to which they are regularly transported (i.e., standing order or subscription transportation). Please also answer a few questions about the transportation to this destination (type in):

-Program / Service Destination #1:—

-Name:-

-Address / zip:

Type of Service:-[Sheltered Employment/MR Day Support-](#)

Approximate hours of transportation to and from this destination from all providers ("x" all that apply):

-7am - 10am----

-10am - 2pm- ----

-2pm - 5pm----

-Other (1)- specify:- --

-Other (2)- specify:- --

Days of transportation operation to this destination (check all that apply):

-Sunday- ----

-Monday----

-Tuesday----

-Wednesday----

-Thursday----

-Friday----

-Saturday- ----

-Special Events (weekly)----

-Special Events (monthly)- ----

-Special Events (<1/month)- ----

Number and type of vehicles that transport consumers/clients to this location (all providers combined). (This may require that you gather info from the program destination regarding the vehicles used by private transportation providers for your consumers/clients) - give the number of vehicles for all that apply:

Total Number-# >4yrs Old-# w/ Ramp-# w/ Wheelchair Lift-

-Mini Vans:---

-BOC Vans:---

-Transit Buses:---

-12/15 Pass. Vans-x- - - -

--If other, please specify:- -

-Number of one way trips to destination in FY 2005 (all vehicles transporting consumers for whom your agency is primary case manager):

-See Interpretive Guidelines- -(# of your consumers x # service days per year)--

13)-Outside of this service area, indicate the primary sites that consumers / clients must be transported (XYZ hospital, ABC clinic, 123 theatre, etc.):

Destination #1:---

-Name:

-Address / zip:

Approximate hours of transportation to and from this destination from all providers ("x" all that apply):-

-7am - 10am----

-10am - 2pm- ----

-2pm - 5pm----

-Other (1)- specify:- -

-Other (2)- specify:- -

Days of transportation operation to this destination (check all that apply):-

-Sunday- ---

-Monday----

-Tuesday----

-Wednesday----

-Thursday----

-Friday----

-Saturday- ---

-Special Events (weekly)- ---

-Special Events (monthly)- ---

-Special Events (<1/month)- ---

Number of one way trips to destination in FY 2005 (all vehicles transporting consumers for whom your agency is primary case manager):

--(# of your consumers x # service days per year)--

14)-Estimate the percent or number of your consumers who use public transportation to access services, programs, or sites related to your organization?

-percent (%):---

-number (#):---

15)-Do you provide bus tickets for any consumers to access services?---

-(yes/no)-

Unmet Needs in this Service Area

16)-Are there geographic areas within your service area without adequate transportation services for consumers or potential consumers?

-(yes/no)

17)-If yes, indicate where:-

~~-For List Click Here----~~

18)-Are there high need populations within your service area without services?--

(yes/no):

19)-If yes, indicate the populations in need of more transportation services:--

- Persons who need wheelchair lift--
- Persons who need escorts or attendants--
- Persons outside main route parameters--
- Persons who want service during off-hours / days--
- Persons with infrequent needs --
- Persons on waiting lists for funding --
- Other (please specify):-[Persons needing transportation for non medical reasons-](#)
- Other (please specify):- -

Coordination Activities

20)-What type of coordination have you engaged in with other agencies (see definition):-

- Provide or receive vehicle maintenance support in accordance with an other human services agency
- Provide services to human service agencies by contract -
- Engage in dispatch assistance with another human services agency-
- Provide/use meeting space with another human services agency-
- Use compatible accounting systems with another human services agency/agencies
- Transport clients/consumers of another agency on a local basis-
- Transport clients/consumers of another agency on a regional basis-
- Consolidation - we provide a majority of human services transportation on a regional basis
- Attend communication coordination meetings that specifically deal in part with transportation
- Share Radio communication with private transportation companies-
- Share or have compatible transportation software as other human service agencies
- Formal Cooperative agreement across human services agencies exists regarding transportation
- Coordination on insurance costs or coverage --
- Other (please specify):- -

If your coordination activities not listed above, briefly describe coordination efforts in your area (only if necessary):-

21)-If your organization has been involved with coordination efforts, are you satisfied with the efforts?-

-(yes/no):

22)-What factors contributed to the initiation or success of coordination efforts?--

- High need--
- Local leaders interested --

- A financial opportunity --
- If other, please specify:- -

23)-What barriers to transportation coordination effort(s) exist?--

- Fear of cost shifting/responsibility shifting--
- Lack of communication/time--
- Low need--
- No Funding--
- Unwillingness of consumers--
- Unwillingness of providers--
- Other (please specify):- -

24)-Is more coordination of transportation across organizations and populations in your service area possible / feasible?

-(yes/no):

25)-If no, why not? That is, what seems to be the greatest barriers in your area that hinder more coordination of existing human service transportation program?

-

- Hours of need conflict --
- Routes conflict--
- Local officials object to merger and coordination/Board or agency policies prohibit vehicle sharing
- Federal regulations against vehicle sharing/State or local regulations against vehicle sharing
- Potential loss or reduction in funding --
- Potential loss of control of vehicles/Potential loss of business control -
- Unique needs of various client/consumer populations -
- Communication across agencies (the time and/or the will) -
- Consumers prefer services customized to their own disability/intermingling not desirable
- Training needs would be intense and expensive--
- Other (please specify):- -
- Other (please specify):- -

26)-How frequently is shared training conducted across programs or agencies in your service area?-

- Never—
- Monthly --
- Quarterly --
- Semi-annually --
- Annually --
- If other, please specify:- -

27)-What type(s) of shared training is conducted (if any)?--

- Disability etiquette --
- Disability specific needs--
- Passenger management--
- Passenger safety --
- Vehicle equipment maintenance --
- Other (please specify):- -

FY2005 Transportation Revenue & Expenses

28)-Expenses FY2005 (7/1/04 - 6/30/05)- Please carve out expenses for only group, subscription, or regular transportation (no on-demand rides)

- Advertising & Promotion Media - ---
- Cleaning Supplies-- ---
- Communication Services - ---
- Contracted Repair & Maintenance - ---
- Drug testing Supplies -- ---
- Fixed Charges (other)-- ---
- Fringe Benefits-- ---
- Indirect Costs -- ---
- Insurance & Bonding -- ---
- Motor Fuels & Lubricants - ---
- Parts-- ---
- Printing & Reproduction-- ---
- Professional Services -- ---
- Salaries & Wages (Admin)- describe:-
- Salaries & Wages (Drivers)- ---
- Supplies & Materials-- ---
- Tires & Tubes -- ---
- Travel -- ---
- Utilities -- ---
- Expense Subtotal-- ---

29)-Revenue FY2005 (7/1/04 - 6/30/05)---

- FTA Funds-- describe:-
- Other Federal Funds-- ---
- Medicaid Fees to your agency as provider- ---
- State Operating Funds-- ---
- Local Operating Funds-- ---
- Private pay / consumer fees / fares- ---
- Fees from programs for your provision of services- ---
- DSB Funds-- ---
- Other-- describe:-
- Revenue Subtotal-- ---

For Transportation Providers that Serve this Organization (please use one of the two options listed below to examine private provider expenses and revenue in your area):

-a) Provide Purchased Transportation Service: The payment or accrual to other transportation providers from your organization to provide transportation to your human service agency clients/consumers for FY 2005. -

-b) Total number of one way rides from this provider for FY 2005. ---

Optional: Select one or more of your transportation providers and require the provider to supply expense and revenue information as described above for serving consumers/clients from your organization in FY 2005. (Note: DRPT consultant will provide individual technical assistance to the selected provider/vendor to complete this report. Note: This is a good opportunity to review vendor costs and revenue).

Appendix 3

Virginia Agencies participating in the CTAV Coordinated Insurance Option through Cabell Insurance Associates March 2006

- Lake Country Area Agency on Aging
- Central Virginia Area Agency on Aging
- Crater District Area Agency on Aging
- Jefferson Area Board for Aging
- Mountain Empire Older Citizens
- New River Valley Senior Services, Inc.
- New River Valley Agency on Aging
- Shenandoah Area Agency on Aging
- Southern Area Agency on Aging
- Capital Area Agency on Aging/Senior Connections
- Appalachian Agency for Senior Citizens, Inc.
- Lynchburg Area Center for Independent Living
- Jaunt, Inc.
- Blue Ridge Independent Living Center, Inc.
- Junction Center for Independent Living, Inc
- Accomack/Northampton Transportation District Commission/Star Transit
- Rockbridge Area Transportation System
- Unified Human Services Transportation System, Inc/Radar
- Virginia Regional Transit/Loudoun Transit
- Coordinated Area Transportation Services, Inc. (CATS)
- Community Transportation Association of Virginia
- *Valley Associates for Independent Living*
- Pulaski Area Transit
- Four County Transit
- Sussex-Greenville-Emporia Adult Activity Services, Inc.
- Every Citizen has Opportunities, Inc. – ECHO

Contact Don Thornhill, CIC, LUTCF for more information.
don@cabellinsurance.com

Appendix 4

DRPT Requested Budget Information

Expense Categories Descriptions

Advertising & Promotion Media-Includes: advertising and publicity in newspaper, radio, video, magazines and related items.

Cleaning Supplies

Communication Services- The cost of communications, including phones, fax, postage, etc.

Contracted Repair & Maintenance- (e.g. buildings, vehicles, equipment, etc.).

Drug testing Supplies

Fixed Charges (other)-Includes: payments for rental, insurance, pensions, benefits and other current expenses (such as rental of real property, rental of equipment, service/ maintenance contracts, dues and subscriptions, taxes, and licenses).

Fringe Benefits- FBs for all positions both administration and drivers.

Indirect Costs-Amounts charged for function because of general and administrative services under a central or departmental indirect cost plan.

Insurance & Bonding-Cost of insurance on property or against specific or general liabilities of the program.

Motor Fuels & Lubricants

Parts

Printing & Reproduction

Professional Services-Retainer fees and expenses paid to professionals, not employees of the specific program for their special expertise. Includes accounting, legal, A/E, management and marketing services.

Salaries & Wages (Admin) -Administration, managers, dispatchers, secretary, bookkeeper, other non-driver staff wages. RE: Administrator and manager include all wages paid to the administrator and manager of the agency and transportation program for the time allotted to the transportation operation or the value of their time spent on transportation administrative and management duties.

Salaries & Wages (Drivers)-Here include wages paid to drivers for the operation of passenger vehicles or the value of time spent driving.

Supplies & Materials-(Other than those listed separately such as cleaning supplies, Motor Fuels and Lubricants, Tires and Tubes, and Parts, this category includes commodities that are consumed within a relatively short period or the use of which results in a material change in, or an appreciable impairment of their physical condition. It also includes all articles or substances in a natural, prefabricated or manufactured that are either used for current purposes or processed in the construction or manufacture of articles).

Tires & Tubes- Includes material for the maintenance of tires and purchase tires.

Travel-Reimbursement of employees when traveling on business for the transportation program/project.

Utilities-Heat, lights, power, water and sewer expense for the transportation program buildings, other facilities, and equipment.

Revenue categories descriptions:

Federal Transportation Administration (FTA) Funds

Other Federal Funds – Other federal funds not including Medicaid from federal agencies for specific projects agreed to by provider.

Medicaid Fees- Arranged through Logisticare or other.

State Operating Funds- Funds from state agencies for specific projects agreed to by provider.

Local Operating Funds-Funds from local entities for specific projects, generally for the purposes of maintaining ratios for administrative, operating, capital or other expenditures.

Private Pay/Consumer Fees/Passenger Fares-Amounts charged to customers on a regular basis for service. This should include farebox revenues, advertising revenues, service charges and any other form of income that is derived from the provision of services. This should not include federal aid, state aid, local government subsidies or contributions received. The definition is the same for system totals and for each mode reported.

Contract Fees- From programs for providing transportation services on their behalf- Revenue generated by the provision of service with an entity under contract for such services

Other (specify): What other revenue do you collect? Please specify on inventory (this information may assist other programs).