

VIII. Transportation Services

The Virginians with Disabilities Act, § 51.5-44 of the *Code of Virginia*, and the Americans with Disabilities Act (ADA), P.L. 101-336, stipulate that people with disabilities have the same rights as other persons to the full and free use of the streets, highways, sidewalks, walkways, and all other parts of the transportation system. The *Code of Virginia*, § 54.1-44B, further requires for people with disabilities: “full and equal accommodations, advantages, facilities and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor buses, streetcars, subways, boats, or any other public conveyances or modes of transportation.” According to the state **Department of Rail and Public Transportation’s (DRPT) 2007 Strategic Plan**, however: “approximately 17 percent of Virginia’s population lives in areas without public transportation service. Many people are still unable to access basic services such as grocery stores and medical care or obtain employment.”

Future trends and service projections detailed in DRPT’s *Strategic Plan* indicate that its customer base has steadily grown over time and will continue to grow, in every area of operation, including passenger and freight rail, public transportation, commuter services, and human service transportation. Continued customer-base growth is expected in the near future because of the increase in general population, globalization of trade, increasing congestion on Virginia’s highways, and the aging of Virginia’s population. Addressing the growing needs of the elderly was cited as a critical need. As reported by this plan, over the past decade, the general state population grew by 16 percent and is expected to increase by another 20–30 percent by the year 2025. While the proportion of elderly (that age statewide comprised 11.7 percent of the general population in 2000, that proportion is expected to increase to 18 percent by 2025.

In addition to access to the basic transportation system required by law, Virginians with disabilities are served by specialized transportation systems. These include regularly scheduled, accessible transit services; “**paratransit**” or “**demand-response**” services; and **emergency and nonemergency transportation** services provided through publicly funded insurance programs and by disability services providers. The American Public Transportation Association defines paratransit (also called demand-response or “dial-a-ride”) as transportation that

is comprised of passenger cars, vans or small buses operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle to pick up the passengers and transport them to their destinations. A paratransit operation is characterized by the following: (a) The vehicles do not operate over a fixed route or on a fixed schedule except, perhaps, on a temporary basis to satisfy a special need; and (b) typically, the vehicle may be dispatched to pick up several passengers at different pick-up points before taking them to their respective destinations and may even be interrupted en route to these destinations to pick up other passengers.

This chapter will focus on **paratransit services**. It is, however, important to note that adaptive driving and vehicle modifications are an important and viable transportation option for many individuals with disabilities. Adapted driving allows a driver with a disability to drive equally as well as a driver without disabilities. The first step to obtain vehicle modifications for adaptive driving is receiving a reliable assessment by a driving rehabilitation specialist. With the appropriate adaptive aids, an individual with most types of physical disability can drive safely. The organization Infinite Potential Through Assistive Technology (www.infinitec.org) also notes: “just about any vehicle can be adapted if the vehicle fits the driver. Some drivers will need a two-door car; while others find more flexibility in a four-door, and still others will require a van or sports utility vehicle.” For a list of vehicle modification dealers in their area, individuals can call the National Mobility Equipment Dealers Association (NMEDA) at (813) 932-8566 or can visit its Web site, <http://www.nmeda.org>.

A. What Are Transportation Services?

Three key state agencies are involved with providing transportation services for Virginians with disabilities. As the Commonwealth’s chief agency for transportation planning and for the construction, maintenance, and operation of its highway systems and related infrastructure, the **Virginia Department of Transportation (VDOT)** plays an extremely important, but largely indirect role in providing service to people with disabilities. VDOT’s mission is to “plan, develop, deliver and maintain—on time and on budget—the best possible transportation system for the traveling public.” Virginia has the third-largest state-maintained highway system in the country, just behind North Carolina and Texas. With the exception of ensuring ADA compliance in all of its highway-related facilities, however, VDOT has no programs, projects, or initiatives specifically targeted to serving the transportation needs of people with disabilities.

The Virginia **Department of Rail and Public Transportation’s (DRPT)** mission is “to improve the mobility of people and goods while expanding transportation choices in the Commonwealth.” The agency fulfills its mission by providing technical and financial assistance to more than 160 public transportation operators, health and human service agencies, commuter assistance agencies, and railroad operators in the Commonwealth. DRPT has fourteen specific responsibilities within the *Code of Virginia* (§§ 33.1-391.1–391.5) that the department categorizes as follows: “economic and financial analysis capabilities, accountability, planning and programming, and coordination.”

DRPT’s **Public Transportation Division** administers and manages state and federal grant programs such as state operating-assistance grants, capital assistance grants, and special projects grants; conducts performance evaluations; provides technical assistance; and works to support ride-sharing operations and alternate commuting options. Of particular importance to transportation services for people with disabilities are the advice, technical support, and funds for passenger rail and public bus operators, including paratransit services that DRPT provides. The **Rural Transit Section** within its Public Transportation Division manages rural and specialized grant funds provided by the Federal Transit Administration (FTA).

The state **Department of Medical Assistance Services (DMAS)**, as noted in previous chapters of this report, is the designated state agency that administers the Medicaid program under Title XIX of the Social Security Act in the Commonwealth. Title XIX (42 CFR § 431.43) requires that states assure necessary emergency and nonemergency transportation to and from approved Medicaid services and providers. Transportation services are provided, when necessary, to help people find access to Medicaid-covered services. In some cases, transportation may also include meals, overnight lodging, and an attendant. With prior approval by the Medicaid Support Unit, transportation is also provided out-of-state when a medically necessary service cannot be provided in Virginia.

B. Who Is Eligible for Transportation Services?

Public Transportation: State and federal laws require that public transportation systems be accessible to individuals with disabilities. This includes all vehicle services designed to transport customers on local and regional routes (such as private and public buses, trolley-buses, vanpools, “demand-response” services, heavy and light rail, commuter rail, automated guideway transit, planes, cable cars, monorails, and ferryboats) as well as the facilities that provide access to and from them. Under the **Americans with Disabilities Act (ADA)**, public transit providers may meet the requirement for accessibility through the use of “paratransit” services, either on existing fixed routes or on a demand-response basis. Eligibility for paratransit typically requires verification of a disability.

Medicaid-Funded Transportation: Transportation services to and from providers of medically necessary services are covered for Medicaid-eligible individuals under the **Medicaid State Plan** and **Virginia’s State Children Health Insurance Programs (SCHIP)** when the individuals do not have other access to transportation. Additional information on Medicaid and SCHIP eligibility may be found in the Health chapter of this report or obtained from the **Department of Medical Assistance Services (DMAS)**.

Under the Medicaid State Plan, among various eligibility requirements, are two major guidelines for transportation services. Under the **Mobility** guideline, transportation is provided and covered if the Medicaid recipient either does not own an operable automobile or cannot operate one safely—and has no other transportation available from a spouse or, in the case of minors, from a custodial parent. The driver must have a valid operator’s license and the vehicle must be properly registered and inspected. The vehicle must be in operable condition and available for use at the time of the appointment. Exceptions to “no other transportation available” must be made for recipients who are going to dialysis treatment, chemotherapy, or radiation treatment; are receiving foster care; or are enrolled in a Medicaid Home and Community Based Waiver. An additional exception is when the length or frequency of the trip(s) would impose a financial burden on the recipient or the recipient’s family.

Under the **Eligible Purpose** guideline, transportation is provided so that services covered by Medicaid can be received. If the service requires preauthorization by DMAS or its agent, the recipient must have preauthorization before requesting transportation to travel to the service or to any follow-up visits. Detailed information on eligibility and covered transportation services under

the state Medicaid program can be found in the DMAS Transportation Manual, Chapter IV, on the DMAS Web site at http://www.dmas.virginia.gov/prm-provider_manuals.htm.

Individuals who participate in **Home and Community Based Waivers** are eligible for transportation services. When an individual receives services under a waiver, the provision of transportation is subject to the rules of that waiver. For example, under the **Individual and Family Developmental Disabilities (DD) Waiver**, transportation may be provided to and from any service authorized under the DD Waiver, such as supported employment and day support sites, including transportation from the individual's place of residence or other designated location to the enrolled waiver provider and back. Each waiver has specific requirements and criteria for services. Detailed information on Home and Community Based Waivers can be found in the Community Living Supports chapter of this report.

C. How Are Transportation Services Accessed and Delivered?

Public Transportation: Buses, trains, and other means of conveyance provided by public transportation services usually operate on fixed routes with stops at specified times or time intervals. The Americans with Disabilities Act (ADA) requires that those unable to use these services must be served by “**paratransit**” or “**demand-response**” services. These services may be provided directly by a transit system itself or by a separate operator. A public transportation provider in Virginia can be located by accessing the **Department of Rail and Public Transportation's (DRPT)** Web site at www.drpt.virginia.gov (click on public transportation service locator). As of March 2008, there are 52 providers in this database.

For **paratransit/demand-response systems**, the rider (or his or her designee) typically calls a reservation agent to schedule a pickup day and time. During the call, the individual must be sure to let the agent know of any special circumstances or needs such as requiring a wheelchair-accessible van or being accompanied by an attendant. Times of operation for reservation systems vary widely between localities as do time requirements for advance notice before a pickup is needed. Most services require at least 24 hours' notice. Transportation service providers in an individual's locality should be contacted directly for details.

Medicaid-Funded Transportation: Medicaid recipients' access to health care is highly dependent on a reliable network of professional transportation providers. The Department of Medical Assistance Services (DMAS) manages its transportation responsibilities using a **Transportation Brokerage** model. In this model, DMAS selects and contracts with a transportation broker through competitive bids. The selected broker, in turn, contracts with community agencies or private transportation providers for provision of services and transportation to people with disabilities. The broker is responsible for: determining a rider's eligibility in compliance with DMAS guidelines, verifying his or her need for transportation services, determining the most appropriate mode of transportation to meet the individual's needs, authorizing the transportation service, and arranging trips with subcontracted transportation providers. In addition, the transportation broker is responsible for establishing and maintaining

adequate and reliable networks of transportation providers for nonemergency Medicaid-funded transportation services.

To receive reimbursement from DMAS, all **nonemergency transportation providers** must have a contract with a broker to provide transportation services. The broker is encouraged by DMAS to contract with Community Services Boards (CSBs), private providers of mental retardation and developmental disabilities services, Area Agencies on Aging, and other community organizations that provide disability-related transportation services. DMAS requires the broker to ensure, to the greatest extent possible, that service recipients have stable and consistent transportation services with their regular drivers. With prior approval from DMAS, these community providers may restrict the transportation services that they provide to a specific population that they serve.

To arrange for Medicaid-funded transportation, an eligible individual, relative, caregiver, or medical facility staff member must call the broker reservation line at least 48 hours (2 days) prior to the scheduled medical appointment. The broker obtains information on the rider's health condition and physical limitations. The broker then determines the appropriate pickup time based on that information, as well as the expected travel time in order to arrive at the scheduled appointment on time. Verifiable urgent trips, such as hospital discharges, may be accepted with less than 48 hours' notice.

For recurring appointments, such as dialysis or day supports funded through a **Home and Community Based Medicaid Waiver**, the transportation is scheduled in advance and continues until the broker is instructed to cancel the service. The broker refers to such appointments as "standing orders" or "prescheduled trips."

DMAS has been promoting alternative means of nonemergency transportation in an effort to give better support for the needs and circumstances of individual service recipients and to augment nonemergency Medicaid transportation options. The first alternative is to promote, when possible and feasible, fixed-route public transit (not ADA paratransit). Public transit is the most desirable alternative because it increases the mobility of the passenger, sometimes very dramatically. Other alternatives include these two options:

- 1) **Volunteer Driver Program** is managed by the contracted transportation broker. A trained and qualified volunteer driver provides transportation in his or her own approved vehicle. The driver receives mileage reimbursement at the State rate.
- 2) **Gas Reimbursement Program:** If a person needs to go to a medical appointment or other Medicaid-funded service and a family member or friend can drive them, the driver can receive a mileage reimbursement. Preapproval by the contracted transportation broker is required for participation.

These two options have been effective in increasing transportation capacity in other states, especially in rural and/or isolated areas.

D. What Transportation Services Are Available?

Public Transportation: The vast majority of scheduled, **fixed-route transit services** use buses or trolley-buses on public streets and highways. Complementary **paratransit services** are required by law for those persons with disabilities not able to use fixed-route services, and generally use smaller, specially equipped vehicles (such as vans or minibuses) and specially trained operators. Paratransit services typically do not operate over a fixed route or on a fixed schedule, but they must operate in the same areas and during the same hours as fixed-route services. Twenty-four hours' notice is usually required to schedule transportation. Public transportation fares are limited to twice the fixed-route rate.

“Demand-response” services, which operate outside of a locality's public transit system hours or in areas where public transportation is not available, are not legally mandated and are not subject to either the route and schedule requirements or fare restrictions for complementary paratransit services. Vehicles may be dispatched to pick up several different passengers at several different points before taking them to their respective destinations and they may even be diverted en route to these destinations to pick up additional passengers. Services may be limited to certain target populations, areas, or times. Some localities use demand-response services during late-night and weekend hours in place of fixed-route services.

In **“user-side subsidy” services**, a rider's cost of transportation is partially subsidized by a transit agency. The rider is the “user” who pays a reduced fare for the services. A typical user-side subsidy program utilizes taxicab operators or a brokerage system that may charge a per-ride fee for handling the rider's transportation arrangements.

Medicaid-Funded Transportation: Transportation services covered by Virginia's Medicaid programs are categorized as **“emergency ambulance”** and **“nonemergency.”** Emergency ambulance transportation covers situations such as heart attacks and life-threatening injuries. Emergency transport does not include service for minor abrasions, lacerations, bruises, fever, normal labor pains, headaches, intoxication, or other non-life-threatening conditions—all of which are categorized as nonemergency services. Nonemergency transportation services are provided through the brokerage system described earlier in this chapter.

Medicaid funding for transportation covers the appropriate level of service needed for safe pickup and delivery of the recipient to his or her destination. **Curb-to-curb service** is provided for individuals who need little, if any, assistance from the vehicle to the door of the pickup point or destination. **Door-to-door service** is provided to individuals who need assistance to move safely from the door of the vehicle to the door of the pickup point or destination. In some cases, transportation service recipients are transported **hand-to-hand**. That is, a person at the pickup point passes the recipient to the hands of the driver who will transfer the recipient into the hands of a facility staff member, family member, or other responsible party at the destination. Examples of individuals who may require this level of service are those with dementia or severe cognitive disabilities.

For Medicaid recipients who qualify, the broker is encouraged to provide tickets or passes for use on fixed-route public transportation. **Travel training** may also be provided for recipients who require it. If a recipient does not own a car or cannot drive, the broker may provide gasoline reimbursement to a spouse or to the parent of a minor child (with the exception of foster parents) for driving the person to an appointment. As noted earlier, preapproval is necessary for participation in the gasoline reimbursement program. Ambulatory recipients may be transported by cars or minivans, including taxis, arranged by the broker. Wheelchair users are transported in lift-equipped vehicles; and those who must remain prone are transported by nonemergency ambulance or by stretcher transportation.

E. Cost and Payment for Transportation Services

Virginia Department of Transportation (VDOT): With the exception of Americans with Disabilities Act (ADA) compliance in all its highway-related facilities, **VDOT** does not provide services specifically targeted to people with disabilities. In FY 2008, VDOT had an annual budget of approximately \$4.0 billion from state and federal sources, an increase of approximately \$223 million from FY 2007. VDOT funds are used for building and maintaining highways and related facilities, mass transit, airports, seaports, payments to localities for maintaining their own roads, and administration. Funds also are allocated for debt payments on the state's toll roads as well as for operations, maintenance, and improvement costs for those highways. More details about VDOT's budget and revenue sources can be found at www.vdot.virginia.gov/about/vdot_budget.asp.

Department of Rail and Public Transportation (DRPT): The **Rural Transit Section** of DRPT's Public Transportation Division manages rural and specialized transportation grant funds supplied by the Federal Transit Administration (FTA). Of these grants, Virginia's FTA **Section 5310 program** is a resource for agencies seeking financial assistance to purchase capital equipment (i.e., no operating costs) for transportation services for the elderly and persons with disabilities. These funds are used for the purpose of assisting private nonprofit groups in meeting the transportation needs of these populations in a locality or region when transportation services are unavailable, insufficient, or inappropriate to meeting those needs. Section 5310 funds are obligated based on the annual program of projects included in a statewide grant application to the FTA. Under this program, grant funds are distributed based on the size of the elderly and disabled population using formula funding. The DRPT is responsible for ensuring that local applicants and project activities are eligible and in compliance with federal requirements, that private nonprofit transportation providers have an opportunity to participate as feasible, and that the program provides for as much coordination of federally assisted transportation services as possible.

The Commonwealth of Virginia does not mandate coordination of transportation services, and state funding for public transportation does not have any requirement for coordination. The FTA does, however, require DRPT to assure that grant recipients have provided for maximum coordination of transportation services. DRPT is making coordination of transportation services the most important goal and priority of Virginia's Section 5310 program.

DRPT's Rural Transit Section also manages FTA formula-based **Section 5311 grants**, which are for public transportation services in areas of the state with a population of fewer than 50,000. Section 5311 funds may be used for capital, operating, and administrative assistance. Eligible entities include local and state governments, transportation district commissions, nonprofit organizations, and public service corporations. Federal funds may be used to pay 90 percent of the cost of projects that address bicycle access or meet the requirements of the Americans with Disabilities Act (ADA) or the Clean Air Act.

In August 2005, Congress reauthorized the Section 5310 program under the **Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)**. Under SAFETEA-LU are two other programs that DRPT will administer: the **Job Access and Reverse Commute Program (JARC)** and the **New Freedom Program**. The **JARC** program develops transportation services to and from suburban employment opportunities for welfare recipients and low-income individuals living in rural and urban areas. The **New Freedom Program** will provide funds for public transportation services beyond the ADA requirements and for new public transportation alternatives for people with disabilities.

In order to be eligible for federal funding for the SAFETEA-LU programs in Virginia, an interested entity has to demonstrate participation in development of its locality's **Coordinated Human Service Mobility (CHSM)** plan, which is developed in cooperation with public, private, nonprofit, and human service transportation providers. A DRPT initiative was begun to ensure that each local Planning District will have a CHSM plan. As of December 2007, DRPT had held more than 30 workshops to assist localities in developing these plans.

DRPT's *2007 Strategic Plan* provides the following fiscal information:

- “From FY02 to FY07, the Section 5310 program purchased over 312 vehicles for human service agencies that provided an estimated 3,500,000 passenger trips for elderly persons and persons with disabilities over the five-year period.
- In FY08, DRPT received \$2,605,065 in federal funding for the Section 5310 program, and DRPT awarded grants to 34 recipients to purchase 64 vehicles for the transportation of elderly person or persons with disabilities.”

DRPT required, and continues to require, all organizations to purchase accessible vehicles with removable regular seating that will help maximize space to meet the needs of currently served persons. During state FY 2008, all passenger vehicles purchased under the Section 5310 program for human service transportation will be fully accessible for persons with disabilities.

Public Transportation: Funds supporting local public transportation systems are derived from a mixture of federal, state, and local governmental sources as well as their own operating revenues. Since fare rates are locally determined, those rates vary widely between communities. Except as noted for user-side subsidized services and Medicaid-funded services, individuals are responsible

for payment of public transportation fares. Local transportation services should be contacted for further information.

Medicaid-Funded Transportation: The established transportation broker is responsible for all nonemergency transportation services provided to Medicaid recipients, whether they were served under in a traditional fee-for-service program or enrolled in capitated managed-care organizations. Transportation providers are paid by the broker at negotiated rates and cannot obtain additional reimbursement from the recipient or the recipient's family.

F. Monitoring and Evaluation of Transportation Services

Virginia Department of Transportation (VDOT): The **Commonwealth Transportation Board** provides guidance and oversight for both the Departments of Transportation (VDOT) and the Department of Rail and Public Transportation (DRPT). The seventeen members of this Board are appointed by the Governor. The Secretary of Transportation serves as chairman, and the Commonwealth Transportation Commissioner, as vice chairman. The DRPT Director is a nonvoting member of the Board.

Department of Rail and Public Transportation (DRPT): The DRPT Director reports to the Secretary of Transportation; and, as indicated above, the Commonwealth Transportation Board provides guidance and oversight for DRPT, which works with VDOT and other state agencies in planning and administering a wide variety of transportation activities throughout Virginia. DRPT also has specific responsibility for oversight, evaluation, and technical assistance for certain federal grant programs, including those listed above.

Public Transportation: Individual operators of local public transportation programs determine how best to monitor and evaluate their performance and quality of service. As mentioned previously, Virginia does not have a statewide system for coordinating or monitoring their activities. Local providers should be contacted directly for information on their quality assurance practices.

Medicaid-Funded Transportation: The **Department of Medical Assistance Services (DMAS)** is responsible for monitoring the performance of its contracted transportation services' broker. The broker is responsible for receiving and responding to all complaints about nonemergency transportation services, verbal or written, from service recipients, providers, DMAS, or other sources. Individuals wishing to report a problem or to ask a question must contact the transportation broker at the broker's regional office through its toll-free customer service telephone number. This information can be located online at the DMAS Web site, www.dmas.virginia.gov.

In turn, the broker is responsible for monitoring its network of transportation operators to ensure their compliance with the terms of their subcontracts and with all state and federal laws and regulations, including a number of DMAS safety and performance requirements. Operators must meet driver and vehicle requirements; resolve complaints; and deliver courteous, safe, timely, and efficient services.

To assure compliance of its subcontracted transportation operators, the brokers are required to review regularly drivers' licenses, driving records, and training requirements. They track safety equipment carried on vehicles, make semiannual vehicle inspections, and verify maintenance records. Operators must provide accident and incident reports to both the brokers and DMAS. The safety of service recipients, the assistance provided to them, and driver courtesy are monitored through on-street observations, analysis of complaints, and a semiannual customer service survey. DMAS staff members and brokers also conduct unannounced, on-site monitoring of drivers' performance as well as conduct detailed inspections of vehicles. For major safety violations, authorized employees of DMAS or the broker may immediately remove any driver or vehicle from service until the deficiencies have been corrected. Deficiencies and corrective actions are documented and become a part of the driver's or a vehicle's permanent record.

In addition to the above-monitoring activities, DMAS conducts quality assurance reviews of services through an independent Quality Review Organization. These **DMAS Utilization Reviews** may be conducted anonymously and without advance notice. DMAS is also responsible for conducting fraud investigations in cooperation with state and federal law enforcement agencies.

According to information received from DMAS, approximately 260,000 Virginians are eligible for nonemergency transportation services in any given month. Of these, typically 21,000 individuals actually utilize nonemergency services each month. In State Fiscal Year 2007, approximately 3.3 million one-way trips through nonemergency transportation services were made throughout the Commonwealth, which accounted for 34.7 million miles traveled.

Transportation Grant Initiatives: President George W. Bush announced the New Freedom Initiative in February 2001 as part of a nationwide effort to remove barriers to community living for people with disabilities. As a part of this initiative, the President issued Executive Order 13217, "Community-Based Alternatives for Individuals with Disabilities," on June 18, 2001. The Order called on the federal government to assist states and localities with swiftly implementing the landmark U.S. Supreme Court decision in *Olmstead v. L.C.* The **United We Ride State Coordination Grant**, and **SAFETEA-LU/New Freedom** programs were created in response to the federal initiative and Executive Order.

The following material describes funded activities in Virginia that emanate from these federal initiatives as well as a key **Virginia Board for People with Disabilities- (VBPD)** funded initiative. Although not specifically "monitoring and evaluation" efforts, the purpose of all these programs is in large part to improve assessment of need, determine unmet need, and improve transportation throughout the Commonwealth through increased coordination, accountability, and creativity.

United We Ride State Coordination Grant: In November 2004, the **Department of Rail and Transportation (DRPT)** applied for and received a federally funded **United We Ride State Coordination Grant**. The purpose of the grant was to establish a clear and objective

baseline of the Commonwealth's human service transportation resources and to assess unmet needs and current levels of coordination in communities across the state. Through this grant, a needs' assessment questionnaire was designed, pilot tested, and distributed statewide to the four primary types of agencies, each with its own funding stream, providing human service transportation: 40 Community Services Boards (CSBs)/Behavioral Health Authorities, 25 Area Agencies on Aging, 50 Employment Service Organizations (funded by the Department of Rehabilitative Services) and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), and 50 Public Transportation Service Providers. Based on the inventory survey results, the DRPT report recommended that Virginia could significantly remove barriers to transportation coordination by providing: "(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."

SAFETEA-LU/New Freedom: As noted previously, **Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)** authorizes the federal surface transportation programs for highways, highway safety, and transit. The 2005 reauthorization of this Act included some significant changes that have an impact on transportation for people with disabilities. A new federal requirement instructs that

all projects selected for funding in the Section 5310, JARC and New Freedom programs must be derived from a locally developed, coordinated human service transportation plan. The planning process must include representatives of public, private and non-profit transportation, human service providers and participation by members of the public.

Under the authorization of **SAFETEA-LU/New Freedom**, DRPT will fund services that go beyond the requirements of the ADA and that represent new transit service. DRPT is assisting in the development of local coordination plans, and DRPT reports that a local coordination plan will be completed for each of the 21 state Planning Districts by the end of calendar year 2008. Each plan will include: "assessment of available services, assessment to identify gaps in service, strategies to address gaps; and recommendations for implementing strategies." In the spring of 2007, DRPT sponsored eleven workshops to assist localities in the assessment of services and identification of service gaps. In the fall of 2007, fourteen workshops were held to develop strategies, activities, and projects to address identified service gaps.

Executive Order 13330/Interagency Transportation Coordinating Council: Federal Executive Order (EO) 13330 on Human Service Transportation Coordination issued in 2004 to promote interagency cooperation across some 75 federal programs and services has as its goal: improving access to critical transportation services by disadvantaged persons nationwide. This EO clarified 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."

The Department of Rail and Public Transportation (DRPT) is one of the lead agencies in the Commonwealth helping to guide compliance with EO 13330. DRPT was well positioned to do so in advance of the EO because the agency had begun work on the issue in 2003, at which time it established the **Interagency Transportation Coordinating Council (ITCC)** to promote interagency cooperation at the state level. In its 2007 Strategic Plan, DRPT states: “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 **ITCC** was instrumental in the development of a Memorandum of Understanding (MOU) that was signed in June 2007 by Virginia’s Secretary of Transportation and the Secretary of Health and Human Resources. In the MOU, titled *Memorandum of Understanding Related to Coordinated Human Service Transportation in Public and Nonpublic Transit Systems*, the Secretaries agreed to the following:

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

The MOU also requested that the Commonwealth’s **Interagency Transportation Work Group** publish a matrix of current service and funding levels of human service transportation services from each state agency as well as the policy constraints that limit the coordination of human service transportation services across state and local agencies.

As part of the MOU, the ITCC will identify and promulgate best practices and uniform methods to examine and improve system efficiencies and cost effectiveness for the effective coordination of human service transportation. The MOU also requires development by the ITCC of an Implementation Plan to meet the requirements of **SAFETEA-LU** and other relevant laws pertaining to human service transportation coordination. The ITCC must also define policy and regulatory changes needed to implement the plan, as well as a process through which the most appropriate local coordinating agency can be identified in each locality across the Commonwealth.

Housing and Transportation Alliance: Self-determination, independent living, and full community inclusion can only be accomplished when planners and managers at the local and statewide levels develop a system of mutual responsibility for communication, coordination, and collaboration that integrates housing and transportation in ways that meet the unique needs and overlapping interests of people with disabilities. To promote interagency collaboration, the **Virginia Board for People with Disabilities** awarded the **Transportation and Housing Alliance (THA)** grant to the Thomas Jefferson Planning District Commission (TJPDC) in June

2004. The primary goal of this project was to develop a THA that would serve as a conduit of information, resources, technical assistance, and education in comprehensive planning and developing both housing and transportation for persons who have disabilities, or have low income, or who are elderly.

The THA developed a **THA Toolkit** for localities to use to assess and plan more effectively for their transportation and housing needs. The THA Toolkit, which employs state-of-the-art mapping technology, is an innovative assessment system that integrates analysis of current and projected housing and transportation capacity. Using data analysis, the THA has made public policy recommendations for improving transportation and housing and has worked to expand and improve community infrastructure at the local and state level. To build on the successes of that initiative, the THA grant was extended by the Board for an additional two years (July 2007 through June 2009) to spread awareness and use of the innovative and multipurpose THA Toolkit in planning processes on a local and regional level.

G. Areas of Concern for Transportation Services

The chapter detail provides information on the breadth and depth of transportation services, supports, and resources in Virginia. Cited throughout the chapter are important statistical data regarding program activities and investments in transportation systems and services. The chapter detail also provides information on areas in which the system and services have improved and describes improvement activities and outcomes. Section G focuses on the specific areas in which further improvements may be needed to move the system forward and increase affordable and accessible transportation capacity and options. The Virginia Board for People with Disabilities (VBPD) identified the issues and concerns below through a variety of mechanisms, including: (1) review and analysis of the numerous source documents referenced within and listed at the end of this chapter, (2) public comment received via the Board's six public forums held throughout the state in the spring of 2007, and (3) written comment and information provided and verified by state agencies in their reviews. The issues below are not all-inclusive, but represent those that VBPD has identified as important to systems improvement.

- 1. Fragmented Transportation Services and Disjointed Planning:** Transportation services for people with disabilities in Virginia are managed and administered in highly compartmentalized systems and the current transportation planning structures on the state and local levels are disjointed. Furthermore, planning of transportation projects/assessment of needs does not routinely take into account the needs of persons with disabilities. This service fragmentation and disjointed planning result in inadequate, unreliable, and/or inaccessible public transportation services in communities throughout the Commonwealth and significantly contributes to the dependency of people with disabilities in meeting their basic health, welfare, and safety needs. It can also thereby increase the potential for unnecessary institutionalization or prevent successful transition from institutional settings to community living.
- 2. Impact of an Aging Population:** As mentioned in the 2006 *Biennial Assessment of the Disability Services System*, the demand for increased mobility options will continue to grow

as Virginians age, which will increase as the “baby boomers” mature. A need for additional transportation options for access to employment, medical care, rehabilitation, and recreational and social events has been expressed by individuals with disabilities. Furthermore, as the population grows older, there is an increased likelihood of disability, and thus the demand for public transportation services will continue to grow. There are also emerging Aging in Place initiatives that will require accessible and available public transportation. Coordination of transportation services at the state and local level will be vital to providers charged with meeting the need for service.

3. **Service Segregation:** Special transportation services, in which each agency operates its own fleet of vehicles and transports only its clientele, are neither cost- nor capital-efficient, nor do they provide individuals with disabilities with the opportunity to be integrated with the rest of the community. While specialized transportation services are needed in some cases, many individuals with disabilities are able to ride public transportation, whether a fixed route or demand-response service.
4. **Difficulty in Obtaining Cost Comparisons:** Because transportation costs in many human service agencies are not tracked by trip and by passenger, as it is in some rural transit systems, policymakers find it difficult to compare costs per unit of service. What is required is to build local and regional infrastructure knowledge of capital costs versus operational costs, and ways to leverage creatively local, state, and federal resources. Several rural communities, such as those in southwestern Virginia, already have a publicly funded transit system with professionally trained drivers, regular vehicle inspections, and accessible vehicles. Many of the rural privately owned transit systems can and do provide contracted health and human service transportation more efficiently than the public agencies that are currently providing these services. The experience of other states indicates that when rural transit systems serve individuals with disabilities, publicly funded health and human service agencies save money that can be allocated to other direct services benefiting persons with disabilities.
5. **Inadequate Rider Safety and Accommodations:** Safety and appropriate accommodations are a major concern for individuals with disabilities using public transportation, whether it is paratransit, demand-response, or fixed route. Concerns that have been cited include: (1) Many reported instances where wheelchair users have not been properly secured (using the wheelchair tie-downs and/or passenger restraint systems). As a result, both passengers with and without disabilities have been injured. (2) Cell phone usage by drivers has also been identified as a safety hazard. (3) Persons with visual disabilities need to have the transit stops announced so that they know where to get off the bus. This also applies to paratransit and demand-response services described earlier in the chapter. (4) There have been several reports of persons with visual disabilities who have been left at the wrong address.

In addition, although many drivers receive training in defensive driving and CPR, many individuals with disabilities feel that public transportation drivers could use more customer service and sensitivity training regarding how to assist, communicate, and interact

with persons with disabilities. These individuals feel that drivers who receive this type of training have a greater understanding and respect for people with disabilities.

6. **Service Limitations and Access, Especially in Rural Areas:** Individuals with disabilities who reside in rural areas and in some urban areas continue to express a desire to participate more fully in the activities of their communities. This, however, requires reliable transportation; and restrictions on transit service areas, hours of operation, and trip purposes make medical and human service transportation provided by local public and private sector entities of very limited use to individuals with disabilities and to older Virginians.

The general lack of adequate public and paratransit services is compounded by operational and quality issues affecting the paratransit services that do exist and by a lack of stable transportation funding with, at the same time, growing demand. This fiscal instability significantly restricts a public transit provider's ability to expand services by adding routes and/or by providing a feeder system that would connect individuals with disabilities and the general public to mainline transportation systems.

In many areas of the Commonwealth, public transit services represent either the only source of accessible and affordable transportation available or the only viable supplement to the very limited medical or human service transportation services mentioned above. As stated in the 2006 *Biennial Assessment of the Disability Services System*, an increase in evening and weekend services would allow individuals with disabilities the opportunity to pursue full-time employment, attend religious activities of their choice, enhance their education, participate in political functions, socialize, and have the freedom to live in the housing of their choice. The Federal Transit Authority (FTA) now requires the establishment of a "locally developed, coordinated public transit-human services transportation plan for all FTA programs for underserved populations." As these plans are developed and implemented, two key benefits that could address some of the above-mentioned challenges are improved customer services and cost savings.

7. **Lack of Stoop-to-Curb Service and Related Liability Issues:** The level of assistance that is, or should be, provided by paratransit providers to and from homes and other buildings continues to be a frequent area of conflict and confusion between transportation providers and passengers with disabilities. Major challenges—both for the passenger (in terms of safety risk) and the transportation provider—arise when an individual needs stoop-to-curb or hand-to-hand service and the driver is unaware of or unable to provide this level of service.
8. **Continued Challenges with the Medicaid Transportation Brokerage System:** Consistent with public comment from users of service and with the 2006 *Biennial Assessment of the Disability Services System*, the current brokerage system for scheduling Medicaid-sponsored transportation services under contract to the Department of Medical Assistance Services (DMAS) has eliminated choice of providers and has resulted in serious incidents of unreliable and unsafe service delivery. Reports also indicate that providers of medical transportation often fail to have vehicles with proper wheelchair securement or fail to employ drivers who have training and experience in working with persons with disabilities. While

DMAS has attempted to work with the current transportation broker, LogistiCare, to remedy these problems and concerns, services continue to be unreliable. Service recipients report that when they contacted LogistiCare, their complaints do not receive a response and are not consistently reported to DMAS. Under the contract with DMAS, “When a complaint is received involving transportation, an investigation will be initiated with the appropriate transportation company. A written response must be submitted to LogistiCare within 24 hours. This response should include documentation of the facts involved and any corrective action that will be taken to ensure that the problem does not occur again.” Service recipients report receiving misinformation about the complaint process and report that they call with a complaint only to find out when they call back later to follow up that there is no record of their complaint. Poor quality assurance for brokerage services continues to be a significant barrier to appropriate transportation for persons with disabilities.

9. **Inaccessibility of Related Infrastructure:** Sometimes, community infrastructure is not accessible to individuals who require the use of public and paratransit transportation services. Multiple physical barriers still exist in localities such as poorly placed and unsafe curb cuts, inaccessible emergency call boxes, lack of traffic-calming devices such as speed bumps in neighborhoods, the use of audio and other technologies for people with visual disabilities, and poorly maintained sidewalks.

National paratransit experts report a lack of priority on safe local pedestrian travel, especially in combination with the aging of the “baby boomer” generation, as one of the most significant issues that will be driving the need for improvements in accessible public transportation in the future. Localities in Virginia are required by the *Code of Virginia*, § 15.2-2223, to adopt a comprehensive plan. In 2004, the *Code* was amended to require the inclusion of a transportation element in local comprehensive plans. In 2006, the General Assembly further amended the *Code* to require the inclusion of a transportation plan: “Each locality shall develop a transportation plan that designates a system of transportation infrastructure needs and recommendations.” Pedestrian accommodations are now a required reporting standard in the above-mentioned statute. The Virginia Transportation Research Council’s 2006 report, entitled *An Evaluation of County Comprehensive Plans in Virginia*, notes that many comprehensive plans did not include bicycle and pedestrian accommodations and many of the localities that did include them did so from a recreation rather than a transportation perspective.

10. **Inadequate Coordination between Transportation and Housing:** There is a need to develop collaboration between housing and transportation stakeholders and professionals for the purposes of building the capacity of transportation and housing access and choice in communities throughout Virginia. The interdependence of housing and transportation planning on the local level in order to build a community’s capacity to promote inclusion and participation is gaining recognition; however, significant barriers still exist. In some areas, real estate developers are building more housing communities beyond the normal transit system routes. As a consequence, businesses, schools, and recreational facilities are also locating in those areas. The lack of transportation in these communities prevents an

individual with disabilities from seeking employment, participating in school or community activities, or socializing there. It also reduces the choice of residential communities in which to live for citizens who rely on public transportation.

H. Board Recommendations for Transportation Services

Transportation issues are one of the most-frequently cited barriers to full inclusion in community life by people with disabilities. Transportation is more than an access issue alone; it is also directly related to health, safety, and quality-of-life issues, as well. In addition, those issues directly relate to effective implementation of the Supreme Court decision in *Olmstead v. L.C.* Maximizing practical application of emerging technologies can profoundly affect the quality of community living for people with disabilities, including those with severe disabilities. In all aspects of their lives, people with disabilities who are unable to drive or who cannot afford an automobile must find solutions to their transportation needs. The Virginia Board for People with Disabilities (VBPD) makes the following recommendations to address identified areas of concern and improve the quality and availability of transportation throughout the Commonwealth.

- 1. Implement a Coordinated Human Services and Public Transportation Planning Model:**
A coordinated planning structure would enable the State to leverage resources better to serve all of its citizens.

The Department of Rail and Public Transit (DRPT) is taking a leadership role in current transportation coordination efforts. As described in the chapter detail above, significant groundwork has been achieved in educating localities and constituents about the improved quality of service and economic benefits that could be realized when transportation services are coordinated. DRPT has been effective in bringing to the Commonwealth important inventory, assessment, and planning components required from the various federal initiatives described earlier. As other states—such as Georgia—have proved, coordination of transportation services works, especially when implementation occurs at both the state and local levels.

Interviews with transportation-disadvantaged individuals indicate they want more transportation options, such as more-flexible schedules and more-convenient routes. VBPD recommends a coordinated transportation services' model that accounts for and examines the use of all vans and buses purchased with state funds for joint use by health and human service agencies at the local level (with an exception for school buses used to transport students to and from school). This could include, but not be limited to, vehicles used by community services boards, Area Agencies on Aging, and employment service organizations as well as other vehicles purchased with state funds. Having these vehicles accessible in evening or weekend hours would be beneficial to individuals and communities. Passenger vans and buses purchased with state funds should be used as efficiently as possible to serve transportation needs. While agency administrators may report that they need their vehicles all the time, there are typically peaks and valleys in use through the course of a 24-hour period. When these vehicles are viewed as a resource available to the community 24 hours a day and 7 days a week, their underutilization becomes apparent. In addition, one program's

low usage time may fall at another program's peak usage time. Issues with respect to liability and coordination could be resolved through Memorandums of Understanding or contracts.

To the extent available, services providers should consider using the public transit systems to provide transportation for persons with disabilities as an alternative to private transport. A number of rural communities already have a publicly funded transit system. Many of these systems can and do provide contracted health and human service transportation more efficiently than the public agencies that are currently providing these services. Because the costs for transportation in many human service agencies are not tracked by trip and passenger, policymakers find it difficult to compare costs per unit of service. The experience of other states indicates that when rural transit systems provide transportation to persons with disabilities, health and human service agencies save money that can be allocated to other direct services benefiting its citizens.

- 2. Increase Public Transportation Funding:** A stable and adequate base of funding for public transportation should be established. Annual appropriations are subject to budget shifts, recessions, and changing political priorities, and thus cannot provide the dependability needed by people with disabilities, as well as others, who rely on public transportation for their basic mobility. VBPD recommends that localities include funding for public transportation as a line item in local budgets, with yearly increases to allow for expansion of services. The General Assembly should consider creating incentives for localities that do develop and expand services. Incentives could potentially be used as a match to draw federal dollars.

Because of the dependence by Virginia's public transportation programs on local funding, budgets should include capital investments in accessibility enhancements that remove barriers to individuals with disabilities. Investments in sidewalks and curb cuts, for example, can provide access to greater portions of public transportation systems, as well as offer unobstructed travel on pedestrian routes, which in some cases can provide a new option on how and where an individual can travel.

- 3. Promote the Use of the Transportation and Housing Alliance (THA) Toolkit:** The Transportation and Housing Alliance Toolkit, developed by the Thomas Jefferson Planning District Commission under a grant from VBPD, includes resources, information, guidance, and technical assistance to augment a locality's ability to assess comprehensively its transportation and housing needs and capacity and to project future needs. This information can be invaluable to local planners and advocates as they work to ensure that the needs of citizens with disabilities and the aging community are adequately planned for and addressed. The Toolkit includes guidance on the use of Geographic Information Systems (GIS) to create detailed "maps" of transportation service providers and their service areas in relation to the locations of people with disabilities. The mapping can show service capacity versus prevalence of disability, and project future trends and needs. This visual map of services and service providers at the state and local levels will foster greater opportunities to improve

coordination of services, to reduce compartmentalization of services, and to help service development planning to unserved or underserved areas. VBPD recommends that localities, planners, and advocates use the Toolkit as a standard practice. The Toolkit is best used as part of a planning effort for a region, community, or neighborhood. It gives planners additional tools to analyze data numerically and through mapping. It also provides a checklist to assess the study area in a variety of dimensions to evaluate the livability and efficiency of its transportation systems, housing stock, and services. The Toolkit can be used:

- As a part of a locality's Comprehensive Planning process
- As part of a community plan or transportation study
- As an element in the Needs Assessment for people with disabilities
- To help determine desirable locations for housing or services
- To evaluate proposed projects and their impact on the surrounding area

The Toolkit can be accessed at the Thomas Jefferson Planning District Commission's Web site at www.tjpd.org/housing/thatoolkit.asp.

4. Ensure Uniform Data Collection to Support Transportation Coordination Efforts:

VBPD recommends that a uniform method of data collection be researched, developed, and mandated by the Commonwealth in order to enable better coordination of transportation. Because local providers are not using uniform methods of data collection, no universal method of evaluating success of a particular locality's coordination efforts is available. A state-mandated system for data collection would serve as a "yardstick" for measuring success of coordination efforts for every transit system in the state.

5. Provide Education and Training for Human Service and Public/Paratransit Drivers:

People with diverse disabilities are a significant portion of the ridership of human service and public/paratransit services. VBPD recommends that initial ongoing education and training for all human service and public/paratransit drivers be required on diverse disabilities, disability culture, and disability sensitivity and etiquette.

6. Improve Quality Assurance for Nonemergency Medicaid Transportation:

The Department of Medical Assistance Services (DMAS) must hold its transportation broker, LogistiCare, accountable for correcting service shortcomings. Complaints about late pickups, drivers who are not adequately trained, misinformation, and a lack of acknowledgment of complaints, accountability, and follow through are still prevalent. VBPD recommends that DMAS and LogistiCare include on their Web sites, in a place and manner that is easy to locate, a detailed overview of the process to make a complaint and what the expected follow through should be. VBPD also recommends that DMAS conduct a comprehensive and publicly visible assessment of service needs and evaluation of service delivery and subsequently identify solutions to discovered shortcomings. Currently, a random sample of customers is surveyed on a semiannual basis. VBPD has previously expressed concern that this survey sample represents too small a percentage of transportation

users to give an adequate representation of the needs and experiences of such a large and diverse customer base and provider system.

Transportation Sources Referenced in This Chapter

Web Sites:

Commonwealth of Virginia VTRANS 2025: www.vtrans.org

Infinite Potential for Assistive Technology: www.infinitec.org

United We Ride (Federal Inter-agency Coordinating Council on Access and Mobility):
www.unitedweride.gov

Virginia Department of Medical Assistance Services: www.dmas.virginia.gov

Virginia Department of Rail and Public Transportation: www.drpt.virginia.gov

Virginia Department of Social Services: www.dss.virginia.gov

Virginia Department of Transportation: www.virginiadot.gov

Documents:

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