

X. Transportation

A. Introduction

The *Americans with Disabilities Act* (ADA, 42 USC 12101 et seq.) and the *Virginians with Disabilities Act* (51.5-44) stipulate that people with disabilities have the same rights as other persons to the full, free use of the streets, highways, sidewalks, and all other parts of the transportation system. For people with disabilities, the *Code of Virginia* (54.1-44[B]) further requires “full and equal accommodations, advantages, facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motorbuses, streetcars, subways, boats, or any other public conveyances or modes of transportation.”

The *2010-2012 Strategic Plan* for the Commonwealth’s **Department of Rail and Public Transportation (DRPT)** states that: “80 percent of Virginians now live in jurisdictions that have transit services, compared to 73 percent in 2003. Nineteen new transit programs and service expansions have been added since 2003, and DRPT has completed several significant planning and needs studies that will help improve public transportation in Virginia.” In its strategic plan, DRPT further notes that the lack of access to public transportation for the remaining 20 percent of the population makes it difficult for many to participate in everyday activities such as going to the grocery store, receiving medical care, or obtaining employment.

The DRPT plan also notes that the growth and aging of Virginia’s population continues to impact the state’s need for transportation services. Virginia’s population has grown 16 percent over the past ten years, and an additional increase of 20 to 30 percent is anticipated by 2025. The percent of the population over age 65 is expected to grow from 11.7 percent in 2000 to approximately 18 percent in 2025.

In addition to being guaranteed access to basic transportation systems, as 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 human service transportation** available through publicly funded insurance programs or from disability services providers.

Since the passage of the *Americans with Disabilities Act* (ADA), paratransit service has grown rapidly as a mode of public transit across the nation, and continued growth can be expected due to the aging of baby boomers. Some estimates suggest paratransit ridership could double during the next ten years. The American Public Transportation Association (www.apta.com) defines paratransit as:

“...transportation that is characterized by the use of passenger automobiles, 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. The vehicles do not operate over a fixed

route or on a fixed schedule. 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.”

For a number of years, Virginia has emphasized development of coordinated human service transportation models that include a broad range of services designed to meet the needs of populations who need transportation options beyond a personal automobile, particularly older adults, people with disabilities, and people with lower incomes. Depending on their abilities, their environment, and the transportation services available in their communities, these individuals may require a variety of mobility options. Examples include transportation services provided by human service agencies for people participating in their programs, “dial-a-ride” paratransit services, taxi voucher programs, and transportation services provided through volunteer drivers.

DRPT has taken the lead in statewide efforts on human service transportation coordination. Its *State Coordination Model for Human Service Transportation* report, released in April of 2010, provides some new, useful data regarding coordination efforts, needs and action plans. Many of these initiatives emanated from the federal directives and incentives described below.

Presidential **Executive Order 13217**, *Community-Based Alternatives for Individuals with Disabilities*, issued on June 18, 2001, called on the federal government to assist states and localities with enforcement of the landmark U.S. Supreme Court decision in *Olmstead v. L.C.* (www.law.cornell.edu/supct/html/98-536.ZS.html). In 2004, Presidential **Executive Order 13330**, *Human Service Transportation Coordination*, further 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.” Emphasizing the need for compliance with the *Olmstead* decision, President Obama marked its tenth anniversary on June 22, 2009 by designating the next year as “The Year of Community Living.”

The **United We Ride State Coordination Grant** and the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users* (SAFETEA-LU, 23 USC 101 *et seq.*) federal initiatives were created in response to these executive orders. The United We Ride State Coordination Grant obtained by DRPT in 2004 was used to establish a clear and objective baseline for the Commonwealth’s human service transportation resources, determine current levels of coordination in communities across the state, and assess unmet needs. In 2009, DRPT submitted a funding proposal to the Federal Transit Administration (FTA) in response to its announcement of the United We Ride Mobility Management Grant opportunity. Later that year, DRPT was one of six successful applicants to receive a grant. Implementation of activities funded by the grant began in 2010 and will continue into 2011. DRPT’s activities under SAFETEA-LU are discussed further in the cost and payment section of this chapter.

In support of state and local efforts and in response to extensive public comment in this area, the **Virginia Board for People with Disabilities (VBPD)**, author of this assessment, has had a long-standing focus on improving transportation options for individuals with disabilities. The Board believes that 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 VBPD awarded the **Transportation and Housing Alliance (THA)** grant to the Thomas Jefferson Planning District Commission (TJPDC) in June 2004. Through the THA, planners and developers engaged in providing housing and transportation for persons who have disabilities, have low incomes, or are elderly were brought together to get to know and educate one another by sharing information, resources, and technical assistance. A follow-up grant from VBPD to TJPDC produced an innovative **THA Toolkit** (www.tjpd.org/housing/THAtoolkit.asp). This data collection and analysis tool, which uses state-of-the-art mapping technology, makes it easier for localities to integrate information on current and projected housing and transportation capacity, improving their ability plan and coordinate the two. A second follow-up grant funded the use of the toolkit by 12 sub-grantees between July 2007 and June 2009 and further refined its capabilities using their feedback. These projects have resulted in public policy recommendations at the local and state levels to improve and expand communities' housing and transportation infrastructure.

A third extension of the THA Toolkit grant, from October 2010 through March 2012, will market and promote its use and develop an assessment tool and model language for ordinances and regulations. TJPDC will review zoning ordinances, subdivision regulations, and development review processes of a representative sample of its member localities to identify barriers in these regulatory instruments, then model language that localities can adopt to address them. The goal of this process is to persuade local elected officials and staff of the importance of incorporating inclusive principles to fully integrate transportation and housing planning and accessibility for their communities.

A variety of state entities are involved with providing transportation services for Virginians with disabilities. The **Virginia Department of Transportation (VDOT)** is the Commonwealth's chief agency for transportation planning and for the construction, maintenance, and operation of its highway systems and related infrastructure; however, while extremely important, VDOT's role in providing service to people with disabilities is largely indirect. VDOT's mission is to "plan, deliver, operate, and maintain a transportation system that is safe, enables easy movement of people and goods, enhances the economy, and improves our quality of life." It is responsible for ensuring that Virginia's state-maintained highway system, the third largest in the country after North Carolina and Texas, is compliant with the federal *Americans with Disabilities Act (ADA)*, but it has no programs, projects, or initiatives specifically targeted to serving the transportation needs of people with disabilities.

With its mission “to improve the mobility of people and goods while expanding transportation choices in the Commonwealth,” the **Virginia Department of Rail and Public Transportation (DRPT)** plays a key role for Virginians both with and without disabilities. It provides financial and technical assistance to more than 160 public transportation operators, health and human service providers, commuter assistance agencies, and railroad operators in the state. The *Code of Virginia* (33.1-391.1-391.5) identifies 14 specific responsibilities for the agency, under the categories of “economic and financial analysis capabilities, accountability, planning and programming, and coordination.” As noted in its 2010 report, *State Coordination Model for Human Service Transportation*, cited earlier, DRPT:

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

DRPT’s *2010-2012 Strategic Plan*, also cited earlier, further describes its initiatives to improve and expand human service transportation programs in the Commonwealth as:

“...operated by local government social service agencies or private non-profit human service agencies for the benefit of their clients. These clients are elderly, have disabilities, or are economically disadvantaged children who are enrolled to receive publicly funded social services. Human service transportation differs from public transportation in that it is designed to serve the very specific needs of human service agency clients and, in most cases, service is restricted to the clients of those agencies who often have no other transportation service available to them. It is not open to the public.”

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. The advice, technical support, and funds for passenger rail and public bus operators, including paratransit services, that DRPT provides are of particular importance to transportation services for people with disabilities. The **Rural Transit Section** within its Public Transportation Division manages rural and specialized grant funds provided by the Federal Transit Administration (FTA).

DRPT’s *State Coordination Model for Human Service Transportation* also calls attention to other state agencies that play significant roles in providing and monitoring human service transportation. In particular, as described in an earlier chapter of this assessment, the **Virginia Department of Medical Assistance Services (DMAS)** is the state’s designated agency for administration of Medicaid. As such, it has the responsibility under Title XIX of the *Social Security Act* (42 USC 1396 *et seq.*) to assure that necessary emergency and nonemergency

transportation is available, when necessary, to approved providers of services covered by Medicaid.

Brief descriptions of the human service transportation services provided by other agencies, some at least in part through DRPT resources or the Medicaid brokerage system, are listed below.

<u>State Agency</u>	<u>Role in Human Service Transportation</u>
Department for the Aging (VDA)	Provides funding for transportation services operated by local Area Agencies on Aging (AAAs).
Department for the Blind and Vision Impaired (DBVI)	Purchases transportation for individuals to participate in vocational rehabilitation services.
Department of Behavioral Health and Developmental Services (DBHDS)	Has authority for mental health, intellectual disability, and substance abuse services. Oversees Community Services Boards (CSBs) that may use funding for transportation in association with allowable services.
Department of Rehabilitative Services (DRS)	Purchases transportation for individuals to participate in vocational rehabilitation services.
Department of Social Services (DSS)	Oversees local departments of social services, including programs that can fund transportation services.

B. Eligibility for Transportation Services

Public Transportation: With the passage of the *Americans with Disabilities Act (ADA)* in 1990 and its subsequent amendment in 2008, **all activities of state and local government are required to be accessible to people with disabilities.** Accessibility is not limited to programs receiving federal funds, as required by Section 504 of the *Rehabilitation Act (29 USC 794)*. Under ADA, public transit services, regardless of how they are funded or managed, must be accessible. Transit providers may meet accessibility requirements through the use of **paratransit** services, either on existing fixed routes or on a **demand-response** basis. Eligibility for paratransit service typically requires verification of a disability.

Medicaid-Funded Transportation: When individuals who are eligible for Medicaid do not have other access to transportation, their transportation to and from approved providers of medically necessary services are covered under Virginia's **Medicaid State Plan and State Children's Health Insurance Program (SCHIP)**. Additional information on Medicaid and SCHIP eligibility can be found in the Medicaid chapter of this assessment or obtained from the

Department of Medical Assistance Services (DMAS, <http://dmasva.dmas.virginia.gov/default.aspx>).

In addition to its other eligibility requirements, the Medicaid State Plan has two major guidelines for providing and covering 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 a minor, a custodial parent. Spouse or parent drivers must have a valid operator’s license, and the vehicle must be properly registered, inspected, in operable condition, and available for use at the time of the appointment. Exceptions to the “no other transportation available” provision must be made for individuals going to dialysis treatment, chemotherapy, or radiation therapy; recipients of foster care; or enrollees in a **Medicaid Home and Community Based Services (HCBS) Waiver**. An additional exception is possible when the length or frequency of a trip, or trips, 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 obtain that preauthorization before requesting transportation to travel to the service or for any follow-up visits. Chapter IV of the DMAS Transportation Manual (www.dmas.virginia.gov/tra-transportation_services.htm) contains detailed information on coverage and eligibility for transportation services.

Human Service Transportation: Eligibility for these transportation services varies based on the service being provided, the agency providing the service, and the source of funding. As shown in the table at the end of this chapter’s introduction, local Area Agencies on Aging (AAAs) and Community Services Boards (CSBs) often provide transportation as a Medicaid-reimbursed provider. Eligibility is based on the specific program or local requirements. Similarly, the Department of Rehabilitative Services (DRS) and the Department for the Blind and Vision Impaired (DBVI) can purchase transportation if it is needed for an individual participating in their vocational rehabilitation programs to access agreed upon services. Eligibility for DRS and DBVI vocational rehabilitation programs is covered in the Employment chapter of this assessment.

As noted above, individuals who receive services under a Medicaid HCBS Waiver are eligible for human service transportation services subject to the rules of their particular 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 to and from an individual’s place of residence or other designated location and an enrolled waiver services provider of supported employment or day support. Each waiver has specific eligibility requirements and criteria for services that are detailed in the Medicaid chapter of this assessment.

Additional, user-friendly information on human service transportation can be found at the **Virginia EasyAccess** website (www.easyaccess.virginia.gov/transportation.shtml).

C. Access to and Delivery of Transportation Services

Public Transportation: Buses, trains, and other means of public conveyance usually operate on fixed routes with stops at specified times or time intervals. As indicated in the eligibility section above, when individuals with disabilities are not able to use these services, the *Americans with Disabilities Act* (ADA) requires that they be served by **paratransit or demand-response services**. Those services may be provided directly by the transit system itself or through a separate operator. As of March 2011, there were 79 public transit providers listed in the Department of Rail and Public Transportation (DRPT) statewide database (www.drpt.virginia.gov/locator/allproviders.aspx?type=3).

For paratransit and demand-response systems, the rider or someone acting on his or her behalf typically calls a reservation agent to schedule a pickup day and time. The caller must inform the agent of any special circumstances or needs such as the need for a wheelchair-accessible van or an attendant accompanying the rider. Times of operation and requirements for advance notice of a pickup vary widely among localities. Most services require notice at least 24 hours in advance, and some providers have penalties for late notice or frequent trip cancellations. Transportation service providers in a rider's locality should be contacted directly for details.

Medicaid-Funded Transportation: Access to health care for Medicaid recipients is highly dependent on a reliable network of transportation providers, and in Virginia, the **Department of Medical Assistance Services (DMAS)** is responsible for creating and managing this network. To do so, it solicits and contracts with a **Medicaid transportation broker** that then contracts with individual community agencies or private providers for transportation services for people with disabilities. The transportation broker is responsible for establishing and maintaining a safe, sufficient, and reliable network of providers of nonemergency Medicaid-funded transportation. In addition, the broker determines a rider's eligibility in compliance with DMAS guidelines, verifies his or her need for transportation services, determines the most appropriate mode of transportation to meet the rider's needs, authorizes the transportation service, and arranges trips with the subcontracted transportation providers.

To receive reimbursement for nonemergency Medicaid trips, transportation providers must have a contract with the Medicaid transportation broker. The broker is encouraged by DMAS to contract with Community Services Boards (CSBs), private providers of intellectual and developmental disabilities services, Area Agencies on Aging (AAAs), and other community-based organizations that provide disability-related transportation services. DMAS requires that all transportation providers comply with the *Americans with Disabilities Act* (ADA) and the *Rehabilitation Act* of 1973, as amended (29 USC 791 *et seq.*), and requires the broker to ensure, to the greatest extent possible, that service recipients have stable and consistent transportation

services with regular drivers. With prior approval from DMAS, these community-based providers may restrict their transportation services to the specific populations that they serve.

Unless it is an urgent trip, to arrange for Medicaid-funded transportation, an eligible individual, relative, caregiver, or medical facility staff member must call the broker reservation line at least five days in advance. The broker obtains information about the rider's health condition and physical limitations, then determines the appropriate pickup time, based on that information as well as the expected travel time, in order to arrive at the scheduled service on time. Verifiable urgent trips, such as sudden illness or hospital discharges, may be accepted with less than five days' notice. For recurring appointments, such as dialysis or day supports funded through a Medicaid Home and Community Based Services (HCBS) Waiver, the transportation is scheduled in advance and continues until the broker is instructed to cancel it. The broker refers to such appointments as "standing orders" or "prescheduled trips."

Individuals who are deaf, hard of hearing, deafblind, or speech disabled can access a free public service, **Virginia Relay**, with a standard telephone to schedule transportation. Relay services are available 24 hours a day, 365 days a year, with no limit on the number or length of calls a user may make. Anyone can initiate a Virginia Relay call by dialing 7-1-1. After reaching Virginia Relay, callers give the Virginia Relay Communications Assistant the phone number of the person or business that they wish to contact. Once a connection has been made, the Communications Assistant relays the conversation between the two parties. More information on Virginia Relay appears in the Community Supports chapter of this assessment or can be found at www.varelay.org.

DMAS has been promoting alternative means of nonemergency transportation to augment existing Medicaid transportation options and better support the needs and circumstances of individual service recipients. Fixed-route, not paratransit, public transit is the most desirable alternative, when possible and feasible, because it can increase passenger mobility significantly. Two other alternatives have been successful in increasing transportation capacity in other states, especially in rural or isolated areas. In the **Volunteer Driver Program**, trained volunteers, assigned by the transportation broker, transport eligible recipients to Medicaid-funded services in their own approved vehicles and are reimbursed for mileage. Information on this service, including becoming a driver, is available by telephone from the nonemergency transportation broker at 866-810-8305 (toll-free). In the **Gas Reimbursement Program**, a family member or friend of the individual needing to go to a medical appointment or other Medicaid-funded service can obtain advance approval from the broker to drive that individual and be reimbursed for mileage. Information on this program is available at 866-809-4620, extension 600 (toll-free).

According to information provided by DMAS, approximately 260,000 Virginians are eligible for nonemergency transportation services in any given month. Of these, typically 21,000 individuals actually utilize these services each month and about 50,000 unduplicated individuals use them in the course of a year. In state fiscal year (SFY) 2009, approximately 3.7 million one-way nonemergency transportation trips were made throughout the Commonwealth.

D. Available Transportation Services

Before continuing with his chapter's focus on public transit and human service transportation services, it is important to note that **adaptive driving** and **vehicle modifications** are an important transportation option for many individuals with disabilities. Adaptive driving allows an individual with a disability to drive as well as an individual who does not have disabilities, and the organization Infinite Potential Through Assistive Technology (www.infinitec.org) notes that "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."

The first step to vehicle modification for adaptive driving is to obtain a reliable assessment by a driving rehabilitation specialist. This assessment determines whether the individual, with appropriate adaptive aids, can drive safely. A list of local vehicle modification dealers is available from the National Mobility Equipment Dealers Association (NMEDA, 813-932-8566 or www.nmeda.org).

Public Transportation: The vast majority of scheduled, fixed-route transit services use buses or trolley-buses on public streets and highways. **Paratransit services** are required by law for persons with disabilities who are not able to use fixed-route services and, generally, use smaller specially equipped vehicles such as vans or minibuses and specially trained operators. Paratransit must operate in the same areas and during the same hours as fixed-route services, and their fares can be no more than twice the fixed-route fares.

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 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 in 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 uses 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. It does not include service for minor abrasions, lacerations, bruises, fever, normal labor pains, headaches, intoxication, or other conditions that are not life-threatening and are categorized as

nonemergency. Nonemergency transportation services are provided through the brokerage system introduced earlier in this chapter and described in more detail below.

In nonemergency situations, the Medicaid transportation broker determines the appropriate level of service needed for a 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 door of the pickup point or destination to the vehicle. In some cases, transportation service recipients are transported **hand-to-hand**; that is, a person at the pickup point passes the recipient into 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 include those with dementia or significant cognitive disabilities.

For Medicaid recipients living in areas with transit systems, the transportation broker can 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 reimburse preapproved gasoline expenses to a spouse or to a parent, guardian, or foster parent of a minor child for driving the recipient to an appointment. 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.

In some cases, Medicaid may also cover transportation-associated costs such as meals, overnight lodging, and an attendant. With prior approval by the DMAS Medicaid Support Unit, transportation is also provided out-of-state when a medically necessary service cannot be provided in Virginia.

E. Cost and Payment for Transportation Services

Virginia Department of Transportation (VDOT): VDOT's annual budget for state fiscal year (SFY) 2011 is \$3.32 billion, a 1.6 percent decrease from the previous year; however, with the exception of ensuring compliance with the Americans with Disabilities Act (ADA) for all its highway-related facilities, VDOT does not provide or fund services specifically targeted to people with disabilities. Its 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 are also allocated for debt payments, operations, maintenance, and improvement costs for the state's toll roads. Details of VDOT's budget and revenue sources can be found at www.vdot.virginia.gov/about/vdot_budget.asp.

Virginia Department of Rail and Public Transportation (DRPT): The Commonwealth does not mandate or provide any state funding for coordination of transportation services; however, the **Federal Transit Administration (FTA)** does require that DRPT assure that recipients of federal transportation grants have provided for maximum coordination of transportation services.

As result, DRPT has made coordination of transportation services the most important goal of the state's **Section 5310** program.

FTA Section 5310 funds are used by local agencies to purchase capital equipment for transportation services for the elderly and persons with disabilities in areas where those services are unavailable, insufficient, or inappropriate to their needs. They cannot be used for operating expenses.

DRPT is responsible for ensuring that local applicants for Section 5310 funds and their projects are eligible for the funds 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. Section 5310 funds are obligated based on an annual program of projects included in a statewide grant application submitted to the FTA by DRPT and are distributed by DRPT using a formula based on the size of the population of individuals who are elderly or have disabilities.

In its strategic plans, DRPT reports that it received \$2,832,364 in Section 5310 funding in fiscal year 2009 and awarded grants to 39 recipients for the purchase of 66 vehicles. In 2010, it received \$3,037,891 in funds for grants to 36 recipients for 76 vehicles. All vehicles purchased using DRPT's Section 5310 funds in fiscal year 2010 were fully accessible for persons with disabilities, and DRPT continues to require all organizations to purchase accessible vehicles with removable regular seating that help to maximize space to meet the needs of their service populations.

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

In 2005, the U.S. Congress passed the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)*, first mentioned in this section's introduction, which reauthorized the federal *Surface Transportation Act*. Under SAFETEA-LU, DRPT administers the **Job Access and Reverse Commute (JARC) Program** and the Section 5317 or **New Freedom Program**. The JARC Program develops transportation services to and from suburban employment opportunities for welfare recipients and individuals with low incomes living in rural and urban areas. The New Freedom Program funds public transportation services beyond the ADA requirements and for new public transportation alternatives for people with disabilities.

DRPT's *2010-2012 Strategic Plan* notes that, in addition to its Human Service Agency Capital Grants, which include the federal Section 5310 and 5317 funds described above, it

manages Public Transportation Paratransit Capital Grants that use state funds to support procurement of vans and small buses used in demand-response transport of individuals who are elderly, have a disability, or are economically disadvantaged. It also funds and provides training, expert advice, and technical assistance for operators of human service transportation regarding defensive driving, wheelchair lift operations and wheelchair securement, vehicle and lift preventive maintenance, and working with people with disabilities.

Public Transportation: The Commonwealth ranks 12th in the nation in total state spending on public transportation and 14th in per capita spending. It is also one of 17 states with commuter rail service. Funds supporting local public transportation systems in Virginia come from a mixture of federal, state, and local government sources, as well as operating revenues. Except as noted for Medicaid-funded and user-side subsidized services, individuals are responsible for payment of public transportation fares. Local transportation service providers can be contacted for further information.

Medicaid-Funded Transportation: The Medicaid transportation broker is responsible for all nonemergency transportation services provided to Medicaid recipients, whether they were served by a traditional fee-for-service program or enrolled in a capitated managed care organization. Transportation providers are paid by the broker at negotiated rates, and they cannot obtain additional reimbursements from the transportation recipient or the recipient's family. For state fiscal year (SFY) 2010, the Department of Medical Assistance Services (DMAS) reports that 3,739,063 one-way nonemergency transportation trips were made at a cost of \$72,168,973.

Human Service Transportation: The table below shows agency funding for human service transportation for state fiscal year (SFY) 2009. It is the latest annual information available and was obtained from DRPT's *State Coordination Model for Human Service Transportation* report.

ESTIMATED ANNUAL HUMAN SERVICE TRANSPORTATION FUNDING

<u>State Agency</u>	<u>SFY 2009 Funding</u>
Department of Rail and Public Transportation (DRPT)	
Section 5310	\$3,143,000
Section 5316	\$2,923,856
Section 5317	\$1,368,247
<u>Senior Transportation</u>	<u>\$119,059</u>
DRPT Total	\$7,554,162
Department of Medical Assistance Services (DMAS)	\$70,530,228
Department of Rehabilitative Services (DRS)	\$644,635
Department for the Blind and Vision Impaired (DBVI)	\$172,215
Department for the Aging (VDA)	\$6,024,806
<u>Department of Social Services (DSS)</u>	<u>\$6,656,032</u>
<u>TOTAL</u>	<u>\$91,582,078</u>

F. Monitoring and Evaluation of Transportation Services

Virginia Department of Transportation (VDOT): The Commonwealth Transportation Board provides guidance and oversight for both VDOT and the Department of Rail and Public Transportation (DRPT). The board's 17 members are appointed by the Governor, the Secretary of Transportation is its chair, the Commonwealth Transportation Commissioner is its vice chair, and the DRPT Director is a non-voting member.

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 the agency. DRPT works with VDOT and other state agencies to plan and administer a wide range of transportation activities in Virginia and has specific responsibility for oversight, evaluation, and technical assistance for certain federal grant programs, some of which were listed in previous sections of this chapter.

DRPT is also one of the lead agencies in the Commonwealth helping to guide compliance with Presidential Executive Order 13330, described in the introduction to this chapter. In 2003, DRPT took a leadership role in establishing the Interagency Transportation Coordinating Council, now called the **State Agencies Coordinating Transportation (SACT) Work Group**, to promote interagency cooperation at the state level. In its *2010-2012 Strategic Plan*, DRPT describes the role of the SACT Work Group as: "Examination of Virginia's policies, as part of a team of state agencies, to ensure compliance with the U.S. Supreme Court decision called the *Olmstead Decision*. This team is charged with examining all of Virginia's policies affecting persons with disabilities to help them live in the setting that is most appropriate for their needs."

The SACT Work Group was instrumental in development of a *Memorandum of Understanding Related to Coordinated Human Service Transportation in Public and Nonpublic Transit Systems* that was signed by Virginia's Secretary of Transportation and Secretary of Health and Human Resources in June 2007 and is still in effect. In this memorandum of understanding (MOU), the Secretaries agreed to:

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

The MOU also requested that the SACT Work Group publish a matrix showing, by state agency, the current service and funding levels for human service transportation as well as any policy constraints that limit coordination of human service transportation across state and local agencies. The work group was also charged with identifying and promoting best practices and

uniform methods to identify system efficiencies and improve the cost effectiveness and coordination of human service transportation. The resulting *2010 State Coordination Model for Human Service Transportation* provided recommendations focusing on state-level and regional structure, the role of Planning District Commissions, ongoing funding structure, the state of Florida as a best practice model, and next steps.

As indicated by the report's name, one of its recommendations called for implementing a transportation coordination model, a regional pilot creating a "state-based Medicaid transportation broker (*e.g.*, a consortium of CSBs—carving out a regional section of the state Medicaid brokerage contract) to specifically test the second level Council-determined recommendations." The second level Council-determined recommendations included development of a uniform client tracking system and uniform cost accounting system, obtaining state-specific scheduling and accounting software, increasing resources to boost coordination efforts, and resolution of Medicaid billing issues involving trips versus units.

Concurrent with these developments, the federal *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users* (SAFETEA-LU) called for new requirements on grants from the Federal Transit Administration (FTA) administered by DRPT, including creation of coordinated action plans for public transit and human service transportation at the state, regional, and local levels. To be eligible for federal SAFETEA-LU funding in Virginia, an interested entity must demonstrate participation in development of its locality's *Coordinated Human Service Mobility (CHSM) Plan*, which is developed in cooperation with public and private nonprofit human service transportation providers.

To meet these requirements, DRPT held more than 30 workshops in 2007 to assist localities in developing their CHSM Plans. After the workshops, DRPT oversaw the development of the CHSM Plans in 2008. The plans were organized geographically around the existing 21 Planning District Commissions across the Commonwealth. While these CHSM Plans focused on the FTA coordinated planning requirements, they also took a broad view of the mobility issues faced daily by older adults, people with lower incomes, and individuals with disabilities, with the overarching goal of developing a vision for meeting their transportation needs. DRPT continues to work closely with localities as they implement their CHSM Plans.

Public Transportation: Individual operators of local public transportation programs determine how best to monitor and evaluate their performance and quality of service. Virginia does not have a statewide system for coordinating or monitoring their activities. Paratransit services, on the other hand, are now highly regulated and closely monitored for compliance with Federal Transit Administration (FTA) standards. 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 Medicaid transportation broker. The broker is responsible for receiving and responding to all verbal or written complaints about nonemergency transportation services from service recipients, providers,

DMAS, or other sources. Individuals wishing to report a problem or to ask a question must contact the transportation broker through its toll-free customer service telephone number, 800-742-9758.

The broker is also responsible for monitoring its network of transportation operators to ensure compliance with the terms of their sub-contracts 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.

Specifically, the broker is required to regularly review drivers' licenses, driving records, criminal records, and training requirements of its subcontracted operators. The broker tracks safety equipment carried on vehicles, makes semiannual vehicle inspections, and verifies maintenance records. Operators must provide accident and incident reports to both the transportation broker 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 semi-annual customer service survey. DMAS staff members and its broker can also conduct unannounced, onsite monitoring of drivers' performance as well as detailed inspections of vehicles. For major safety violations, authorized DMAS employees 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 monitoring activities above, DMAS conducts quality assurance reviews of services. 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.

In 2010, a national research organization, The Center for Research (CFR) in Meridian, Connecticut, conducted a **Client Satisfaction Study** on behalf of Logisticare, the state's current Medicaid transportation broker. Using a random sample generated by Logisticare of Medicaid-funded transportation clients living in Virginia at the time, CFR conducted 404 interviews between October 22 and 26 of that year to determine those clients' level of satisfaction with the transportation services they had received. A random sample of this size has a maximum statistical error of plus or minus five percentage points at the 95 percent level of confidence.

The study report, which is not available online, covered satisfaction with Logisticare's subcontracted transportation operators and their drivers. The interviewed clients rated service on six characteristics: "neat and clean appearance of driver," "driver was courteous," "arriving on time for your appointment," "arriving on time to pick you up for your return trip," "driving safely," and "driving legally." Overall, 89 percent of interview respondents gave the operators and drivers a positive rating in October 2010. This was down from 97 percent in October 2009 and 91.9 percent in May 2009. The lowest percentages of positive ratings from the October 2010 survey were for "arriving on time to pick you up for your return trip" at 80.5 percent (95.8

percent in October 2009) and “arriving on time for your appointment” at 82.3 percent (94.5 percent in October 2009).

The DMAS contract with Logisticare expires on September 30, 2011. Prior to that date, DMAS will issue a Request for Proposals (RFP) for selection of a future contracted Medicaid transportation broker or brokers. Consumer suggestions and comments regarding the RFP can be sent to Transportation@DMAS.virginia.gov. A survey is also being used to collect input from local agencies and associations that serve people with disabilities.

G. Transportation Services Sources Referenced in This Chapter

Links to websites and online documents reflect their Internet addresses in March 2011. Some documents retrieved and utilized do not have a date of publication.

Websites:

American Public Transportation Association:

www.apta.com/resources/statistics/Pages/glossary.aspx

Infinite Potential for Assistive Technology:

www.infinitec.org

National Mobility Equipment Dealers Association (NMEDA):

www.nmeda.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.org

WorkWORLD Disability Laws Rights Overview:

www.workworld.org/wwwwebhelp/disability_rights_laws_overview.htm

Documents:

Alder, Leon, and Jones, Joy. (September 2005). *Mobility for All: A Model Approach for the Commonwealth: Best Practices & Expanding Mobility Options for the Transit Dependent*. Final Report to the Virginia Board for People with Disabilities. Four County Transit, Appalachian Agency for Senior Citizens, Cedar Bluff, Virginia. Retrieved from: www.vaboard.org/downloads/gsfourcountyfinalreport.pdf.

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- Virginia Department of Rail and Public Transportation. (2010). *2010-2012 Strategic Plan*. Retrieved from: <http://vaperforms.virginia.gov/agencylevel/stratplan/spReport.cfm?AgencyCode=505>.
- Virginia Department of Rail and Public Transportation. (April 2010). *State Coordination Model for Human Service Transportation*. Retrieved from: www.drpt.virginia.gov/activities/files/State_Coordination_Model_for_Human_Service_Transportation.pdf.
- Virginia Transportation Board. (November 2004) *VTrans2025: A Statewide Multimodal Long-Range Transportation Plan: Phase 3*. Retrieved from: www.virginiadot.org/projects/vtrans/resources/revisedPhase3Reportforctb.pdf.