

**PIERCE COUNTY COORDINATED  
TRANSPORTATION COALITION  
(PCCTC)  
REPORT**

to

**THE AGENCY COUNCIL ON COORDINATED  
TRANSPORTATION**

**December 2009**

## Acknowledgements

Coordination depends on mutual trust, respect and goodwill among all parties involved. The members of the Pierce County Coordinated Transportation Coalition (PCCTC) have worked cooperatively to develop the ideas expressed in this report. While coordination can be a technique for resource management, it can also facilitate the development of new models of transportation that allow for increasing capacity, leveraging funding, pooling resource and expanding coverage. Special thanks goes to the staff of Pierce Transit, Paratransit Services, and the WSDOT Public Transportation Division who gave countless hours of their time to help develop the pilot projects.

The experience in Pierce County has shown that top down involvement is also needed for success, including legislative and state agency leadership. The PCCTC has spent many years working on coordinated transportation, but HB2072 has helped move the process to a new level. The governance systems and leadership intervention processes that remove roadblocks to leveraging resources across agencies are important underpinnings for successful coordination. The PCCTC acknowledges the support of WSDOT, DSHS, Pierce Transit, Sound Transit, Multicare Adult Day Health, Pierce County Community Services and Paratransit Services in helping to make this project possible

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## Executive Summary

The Pierce County Coordinated Transportation Coalition (PCTC) has been working together for over ten (10) years now to build a special needs transportation system. Transportation plays an important role in people's lives. Regardless of age or ability, people need to be able to get around in the community so that they can receive medical care and social services, shop for necessities, and visit with family and friends. Reliable and accessible transportation is key to a full life in the community.

The PCCTC has worked to develop a range of transportation choices for people who cannot transport themselves due to age, disability or income. Through our partner United Way of Pierce County, people can call "211" to learn about all of the transportation resources in the community. Case managers and the general public can go to the PCCTC website [www.piercecountyrides.com](http://www.piercecountyrides.com) to learn about all of the transportation services offered through the PCCTC member agencies. Catholic Community Services of Western Washington provides "Travel Options" workshops for case managers and "Bus Buddies" who will teach people to ride the bus, and accompany them while they learn.

PCCTC partner agencies also apply for state and federal funds to support ride services. Catholic Community Services offers free rides for low income seniors and people with disabilities through a volunteer driver program. Puget Sound Educational Services District provides driver training for WorkFirst participants and free rides to employment and critical services. Pierce County Community Services partners with Pierce Transit and the Medicaid broker Paratransit Services to provide a demand-response free ride service to special needs populations living in rural areas of the county.

The PCCTC was honored to be named as the Local Coordinating Coalition in Substitute House Bill 2072, passed in the 2009 legislative session. The PCCTC gladly accepted the challenge of taking on two major tasks; updating the County Coordinated Transportation Plan, and developing a Coordinated Transportation Pilot Project.

The PCCTC has addressed the issues described in Section 10 of SHB2072 (Identify transportation providers, service needs, and strategies to address local service needs and gaps) through the development of our Pierce County Coordinated Transit-Human Services Transportation Plan. The Coordinated Plan is the roadmap for building a coordinated transportation system that solves the issues of access, quality and cost. The development of the first county plan was funded through the Agency Council on Coordinated Transportation. The current plan covers the years 2007-2011, and the PCCTC will spend next year updating the county plan for 2011-2014.

Our county planning process helps us gather important information that guides our decisions about addressing transportation needs. One of the most important pieces of information is the US Census data for the year 2000 that showed an astonishing seventy three percent (73%) of the individuals aged 65 and older in this country live in suburban and rural areas. Since our

public transit system tends to serve people who live in central cities with high population density, there is an ever increasing gap between the transportation services provided and the needs of the people. Rural areas may not see the explosive growth in the elderly population that is expected in suburban areas, but large numbers of older adults will continue to live in places where public transit is nonexistent. Since older residents of rural areas tend to be poorer than their urban counterparts, it will be important to enhance the programs that serve the rural areas

As the “baby boom” generation ages this gap in services is likely to grow. AARP studies show that most people expect to “age in place” in their rural or suburban homes, and yet most people will outlive their ability to drive by six (6) to eleven (11) years. Life expectancy is also increasing, and with that, a dramatic increase in the numbers of older adults with disabilities.

Another important factor that places continuing demands on our transportation system is the need for medical transportation. The approach to medical care in this country has changed significantly over the years. Most of the care is now through doctor’s office visits and out-patient services rather than through hospitalization. Simultaneously, most people want to “age in place” in their own community if not in their own home. As a result of this, there has been an increasing emphasis on shifting long term care for seniors from institutional nursing home settings to community settings.

While changes in both the medical system and the long term care system have been promoted as wonderful cost-saving approaches, it is important to remember that both systems require reliable, accessible transportation if people are going to be able to use them. Transporting people to medical care is actually a cost saving measure, too. A report by Florida State University showed that the primary purpose of medical trips is to provide preventive medicine. The study found that the state receives an \$11.08 return on investment for each dollar spent on transportation.<sup>1</sup>

The PCCTC pilot project emerged at the point where the public transit system, the Medicaid transportation system and the long term care system intersect.

In 2008, DSHS reported 72,000 Medicaid brokered Non Emergency Transportation (NEMT) rides to Adult Day Health programs in Pierce County. This was one of the largest destinations for accessible transportation services in the county. Prior to July 1, 2009, Pierce Transit provided about 48% of the rides. When Adult Day Health was changed to a Medicaid 1915 (i) waived service, the brokered NEMT ended. This resulted in a large increase in demand for Pierce Transit’s ADA SUTTLE service. It also meant a loss of transportation services for people living outside of the Pierce Transit service area.

In response to this problem the PCCTC plans to develop “The Adult Day Health Express.” This pilot project will create an economical form of special needs transportation through shared funding, the use of private transportation providers, and a project structure that maximizes productivity. The funding partners will include WSDOT, DSHS, Pierce Transit, Sound Transit, Multicare Adult Day Health and Pierce County Community Services. DSHS through the Aging and Disability Services Administration (ADSA) will provide a flat rate of \$15 per day per person

for each Medicaid participant attending the Multicare Adult Day Health program. This is not a fully allocated cost, but it does provide a method of combining Medicaid and Public Transit funds to deliver the transportation service without complicated cost sharing/ cost allocation decisions and time consuming federal approvals.

The issue of using Non Emergency Medical Transportation through the Medicaid broker system in a coordinated transportation project will be referred to the ACCT federal workgroup for resolution. The complex issues of “usual and customary fee” and “payer of last resort” that have made it difficult coordinate Public Transit and Medicaid transportation will also be referred to the federal workgroup for resolution.

### **Policy Implications**

- It is important to note that decisions about Medicaid Non Emergency Medical Transportation (NEMT) have a great impact on the local community. The decision to change the state Medicaid plan to obtain a “medical match” rate for the brokered NEMT will save state tax dollars needed for match, but will shift more transportation costs to the local transit. It would be helpful to encourage the state legislature to take a “big picture” look at issues, so “savings” created in one program do not increase costs for other programs.
- The legislature could choose to encourage federal regulations that would allow states to include NEMT in Home and Community Based Service programs implemented under Medicaid waivers, to ensure that people have access to needed care.
- There is an immediate need to increase public investment in transportation for elders, people with disabilities, and people with low incomes. It will also be important to increase funding to expand public transit in the suburbs and metropolitan fringe areas.

# History

## The PCCTC

**The Pierce County Coordinated Transportation Coalition (PCCTC)** is a group of people representing human services agencies, private and nonprofit transportation providers, the Medicaid transportation broker, public transit, and people who use these transportation services. Transportation gives people the freedom to access employment, healthcare, education and basic community services as well as to enjoy an active life in the community. The work of the PCCTC is to build a coordinated transportation system that provides safe and efficient transportation, supports and creates vibrant, healthy, and livable communities, and uses resources wisely. Coordinating transportation is the best way to stretch scarce resources and improve mobility. The PCCTC has been working together for the past ten years to provide a range of transportation choices for people who cannot transport themselves due to age, disability or income.

Pierce County is the second most heavily populated county in Washington, with approximately 780,000 residents. The county covers 1,676 miles, with over 45% of the population living outside of incorporated cities. According to census data, over 40% of the population is in the demographic group identified as having a higher need for transportation services because they are potentially unable to drive due to age, disability or income. In fact, according to the Puget Sound Regional Council (PSRC) Human Service-Transit Coordinated Transportation Plan, "Pierce County has the highest percentage of the population with potential special transportation needs in the region."

Transportation is critical for health, employment, and social connection. Reliable and accessible transportation is key to a full life in the community. Regardless of age or ability, people need to be able to get around in the community so they can receive medical care and social services, shop for necessities and visit with family and friends. The work of the PCCTC has made it easier for older adults, individuals with disabilities and people with low incomes to get to work or school, medical or social service appointments, shopping, recreation and social activities.

**The PCCTC develops the Human Services - Transit Coordinated Transportation Plan.** The County Coordinated Planning process is meant to help public transits, the Medicaid broker, private transportation providers and human services agencies find ways to reduce the duplication of services. The key to a successful coordination effort is to develop a plan that builds a shared vision and encourages innovative solutions at the local level.

The PCCTC has a history of working together to make things happen. The PCCTC conducted a needs assessment and identified crucial transportation needs for people living in the county. The PCCTC worked collaboratively to plan and implement coordinated transportation services in response to the identified needs. The Pierce County Coordinated Plan guides the use of state and federal dollars spent in support of these special needs transportation projects:

## **Beyond the Borders**

Pierce County Community Services (PCCS) contracts with the Medicaid broker (Paratransit Services, Inc.) to schedule and coordinate rides for residents of rural east and southeast Pierce County. Beyond the Borders serves locations outside of the Pierce Transit benefit area (PTBA) that have few or no other transportation services. It provides connection to Pierce Transit which allows access to employment and critical services for people with special transportation needs.

## **Road to Independence**

Puget Sound Educational Service District (PSESD) addresses the transportation needs of WorkFirst participants by recruiting individuals to complete a driver training program that may lead to unsubsidized employment. While in training, the student drivers provide rides for other WorkFirst participants and special needs clients to employment and other approved activities.

## **211 – Transportation Information**

United Way of Pierce County (UWPC) administers the local 211 – Human Services Information and Referral line which includes transportation services. United Way-211 developed a database with information about all of the transportation resources in Pierce County.

## **Volunteer Coordinator/Driver Program**

Catholic Community Services (CCS) Volunteer Chore Service recruits individuals for the volunteer driver program, with a satellite office at the Mustard Seed project on the Key Peninsula. The scheduling and dispatching is handled by a volunteer coordinator. Transportation services are provided to low income disabled and elderly adults by volunteers using their own vehicles, and is primarily for trips to medical appointments, grocery shopping, and other essential errands.

## **Bus Buddy**

Catholic Community Services (CCS) volunteer coordinator also recruits volunteers who are experienced bus riders for the “Bus Buddy” program, and matches them with people who lack the confidence to ride the fixed route bus system. The Bus Buddies volunteer to accompany clients with challenges who want to learn how to plan a trip on public transit or how to ride the bus.

## **Travel Ambassador**

Catholic Community Services (CCS) organizes “Travel Options” workshops with the PCCTC partner agencies. Case Managers and others learn about all the transportation services in Pierce County, and receive the “Getting Around the Sound” manual developed by Sound Transit. Case managers become “Travel Ambassadors” who can share information about transportation choices in the county with co-workers and clients.

## **Mobility Coordinator**

The person in this position convenes the PCCTC meetings, generates interest in and recruits partners for the PCCTC, coordinates the implementation of the PCCTC projects, develops and maintains the website, provides information to community members about the PCCTC activities and services, and keeps elected officials informed about transportation needs in Pierce County. The PCCTC website is [www.piercecountyrides.com](http://www.piercecountyrides.com)

## Coordinated Transportation

Two major systems converge when states and communities tackle transportation coordination – the human services system and the public transportation system. Public Transportation agencies provide “specialized paratransit” or “accessible transportation” which means vehicles equipped with wheelchair lifts. Transit agencies that provide fixed route public transportation services are required by the Americans with Disabilities Act (ADA) to provide wheelchair equipped paratransit vehicles for people who can not use the fixed route services due to a disability. Medicaid is the largest human services transportation program. The state-federal funded Medicaid program provides health coverage, including “Non Emergency Medical Transportation (NEMT) to medical appointments for low income or disabled Americans. NEMT rides may include “specialized paratransit” – wheel chair equipped vehicle – rides.

As indicated previously, better coordination between human services and public transit begins with the planning process. Because individual federal programs that fund specialized transportation were created by Congress to address the distinct needs of specific constituencies, these programs have unique purposes, regulations and procedures. Understanding and operating within these differences can be complex. These differences can also promote creativity and develop new approaches. Serious coordination efforts often constitute a new way of doing business, outside of the traditional programmatic boundaries.

In 2004, an Executive Order directed federal agencies to address coordination obstacles and the United We Ride initiative was started. The PCCTC kept the United We Ride principles in mind as we designed the pilot project. The six major actions mandated for coordination included:

- 1) Simplify customer access to services
- 2) Enhance cost effectiveness of service delivery
- 3) Reduce duplication of transportation services
- 4) Identify practices in coordinating human services transportation
- 5) Recommend changes to produce effective coordination results
- 6) Report on it

Coordination is an intensely local activity. The best plans are closely tailored to a community's unique needs, skills and resources. For many years, the PCCTC operated in a “cooperation” mode. The partner agencies had some loose association and focused primarily on information sharing while all of the agencies retained their separate identities and authorities, including control over the vehicles they own. In developing the Adult Day Health Express pilot project, the

PCCTC has engaged in true “coordination.” The pilot required “the joint decisions and actions of a group of agencies with formal arrangements to provide for the management of the resource of a distinct system” – which meets the FTA definition of “coordination.” (Planning Guidelines for Coordinated State and Local Specialized Transportation Services, 2004). Process proceeds action, but it is important that process does not substitute for action. By documenting our actions we hope to identify areas of success and highlight the actions that are still needed to improve the coordination of human services transportation in Pierce County.

## House Bill 2072

House Bill 2072, “an act relating to effective transportation for persons with special transportation needs” was passed in the 2009 legislative session. Section 3 of the bill states that, ***“It is the intent of the legislature that public transportation agencies, pupil transportation programs, private nonprofit transportation providers, and other public agencies sponsoring programs that require transportation services coordinate those services. Through coordination of transportation, programs will achieve increased efficiencies and will be able to provide more rides to a greater number of persons with special needs.”***

### **Establishing the Local Coordinating Coalition**

HB2072 stipulates that the Local Coordinating Coalition (LCC) will be appointed by the chair of ACCT, and include existing coalition members as well as staff from specific agencies or groups. The list of Pierce County Coordinated Transportation Coalition (PCCTC) members who were appointed as members of the LCC is included in the “Acknowledgements” section and in **Appendix A**. The representative from the Washington state Department of Veterans Affairs has not yet been appointed.

### **Staff Support for the Local Coordinating Coalition.**

HB2072 directed the Regional Planning Organization (RTPo) to provide the necessary staff support for the LCC. The Puget Sound Regional Council (PSRC) is the RTPo for Pierce County as well as King County, Snohomish County and part of Kitsap County. During the legislative session, the PSRC indicated that funding of over \$42,000 per year would be needed to provide a half-time senior planner for the LCC. Since adequate funding to support this position was not included in the budget for HB 2072, the PSRC declined to provide staff to support the LCC. Instead, a Pierce County Community Services (PCCS) staff person, who’s “Mobility Management” position receives federal Job Access Reverse Commute (JARC) funding through a contract with Washington State Department of Transportation, has assumed the responsibility for working with the PCCTC/LCC and the committee developing the pilot project.

### **Identify transportation providers, service needs, and strategies to address the local service needs and gaps.**

These items from Section 10 of the legislation are included in the planning process the PCCTC uses in developing the County Coordinated Transportation Plan. As part of the process for developing the current County Coordinated Plan, the PCCTC conducted a needs assessment in 2002. It identified age, disability, serious illness, and poverty as issues that create barriers to accessing needed transportation. Forty five percent (45%) of the county's population lives in unincorporated areas of the county where transportation resources are scarce. In the southeastern part of the county fifty one (51%) to sixty percent (60%) of the population could be considered transportation disadvantaged. This lack of transportation can also prevent individuals with low incomes from getting and keeping jobs.

The lack of funding to support the activities required in SHB2072 prevented the PCCTC from starting work on updating the County Coordinated Transportation Plan. In January 2010 the PCCTC will begin the process of updating the current (2007-2010) plan. At that point some of the funding that WSDOT will provide in support of the LCC will allow Pierce County Community Services to hire a consultant to assist with task of revising the coordinated plan. The new county Coordinated Transportation Plan will be finished and ready for adoption by December 2010.

### **Develop or implement a Pilot Project**

The PCCTC is the Local Coordinating Coalition (LCC), authorized through SHB2072 to develop a pilot project designed to “demonstrate opportunities for cost sharing, including but not limited to opportunities among public transit and Medicaid nonemergency medical trips...” In July 2009, the PCCTC began to identify possible pilot project ideas. On August 7, 2009 the PCCTC held a Ten Year Anniversary Celebration, and presented this list of possible pilot project ideas to the member agency executives and Representative Deb Wallace. (See **Appendix B**, attached). From July through December the PCCTC continued to meet twice a month to develop these ideas.

## **PILOT PROJECT IDEAS**

### **A Project Modeled on Beyond the Borders**

One idea that emerged during PCCTC meetings was to consider the Beyond the Borders program as a model for the new pilot project. The Beyond the Borders transportation service was developed in response to the need for specialized transportation services for people living outside of the Pierce Transit Benefit Area (PTBA). It is important to note that over 45% of the population of Pierce County lives outside of the incorporated cities (2000census.) Beyond the Borders provides access to employment and critical services within urbanized areas of Tacoma and the surrounding suburban locales.

In the Beyond the Borders program, Pierce County Community Services (PCCS) coordinates funds from several sources to serve all special needs populations. PCCS applies for federal Job Access Reverse Commute (JARC) funding through the Puget Sound Regional Council

(PSRC). Pierce Transit contributes local funding and WSDOT contributes state funding to match the federal funds.

Using these multiple funding sources, PCCS contracts with Paratransit Services, Inc., the Medicaid broker for Pierce County, to coordinate and schedule trips to and from rural south and east Pierce County. Since Paratransit Services, Inc also arranges trips throughout the county for the Medicaid program, they are able to broker the trips to the most appropriate and lowest cost transportation providers, and group the trips when possible.

Access to the service is simple. PCCS reviews rider applications and determines their eligibility. The names of the eligible riders are forwarded to Paratransit Services, Inc. Participants call Paratransit Services Inc, to schedule rides. Paratransit Services, Inc. subcontracts with transportation providers who prepare the trip manifest and provide the actual trips. Beyond the Borders rides connect with Pierce Transit fixed-route bus stops or transfer stations where individuals can catch a bus or the ADA "SHUTTLE." Beyond the Borders fills a significant service gap in the rural parts of south and east Pierce County, helping people get to work and employment related support services such as childcare and job training. It also helps older adults, people with disabilities and youth access critical services and activities.

The service area is depicted on the map in the front of the report.

Key concepts from the Beyond the Borders project include:

PCCS serving as the fiscal agent for the project

Combining funding from several sources to share the costs of the project

Simple eligibility process for all users of the service

Private transportation providers giving the rides and keeping records of services provided

### **Common Ground - Revisited**

Over the course of several years, the PCCTC developed a demonstration project called "Common Ground." In this project PCCTC worked with Pierce Transit and the Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) to determine the feasibility of coordinating trips between Pierce Transit's Americans with Disabilities Act (ADA) paratransit service and Medicaid Non Emergency Medical Transportation (NEMT) accessible rides provided by the broker. The Adult Day Health programs had been identified as one of the largest destinations for accessible rides for both agencies. The Common Ground project grouped, on paper, the rides of people, eligible for both Medicaid and ADA transportation programs, to a specific Adult Day Health Center.

The partners invested several years on the issue of identifying methods of sharing passenger information while upholding privacy protections, and the problem of developing a cost allocation formula for sharing the costs of the trips between Public Transit and Medicaid. These were complicated and time consuming processes. The precise mechanism for cost sharing proved to be complex, and would have required computerized software to determine shared seat miles. The project was discontinued in 2008 due to a lack of funding and unresolved questions

regarding Federal rules about the “usual and customary” charge for public ADA rides and Medicaid as the “payer of last resort.”

### **Adult Day Health Express**

The PCCTC intends to build on the experience with the Beyond the Borders brokered transportation service and the years of work invested in the Common Ground project to develop the “Adult Day Health Express” project. The Adult Day Health Express pilot project will create an alternative to ADA and Medicaid transportation, and meet the Adult Day Health demand for transportation services. The pilot project seeks to create an economical form of special needs transportation, with shared funding, the use of private transportation providers, and a program structure that maximizes productivity.

## **The Need for Medical Transportation**

While traditional health insurance does not provide transportation as a benefit, transportation is a fundamental part of Medicaid services. Since Medicaid was enacted, medically necessary nonemergency medical transportation has been woven into the fabric of the program. Medicaid’s assurance of access to services has been important for its beneficiaries because the inability to reach health care services is a great concern for low income, disabled and older people served by Medicaid. The fact is, even the best medical services in the world can’t help people if they can’t get to them. The primary purpose of medical trips is to provide preventive medical care to transportation disadvantaged citizens who have no other way to reach medical services. For people with low incomes, the lack of non-emergency medical transportation (NEMT) can pose a major barrier to receiving adequate healthcare.

A growing part of the Medicaid program consists of waivers that enable states to offer Home and Community-Based Services (HCBS) to individuals considered to be nursing home eligible. Under these programs, states enable older and disabled individuals to receive services in their homes and communities rather than in nursing homes and other institutions. Two-thirds of the states include transportation in their HCBS programs, providing trips for essential services such as grocery shopping, however Washington State does not. The need for non-medical transportation for those in HCBS and other programs is likely to increase in response to the increasing demand for non-institutional long term care options, and is an important fiscal and policy issue.

A study commissioned by a Rural Health Partnership found that “In many communities, a lack of transportation stands in the way of receiving adequate medical attention for some citizens. Such persons are often older, disabled, poor, rural residents, or members of minority groups. Since such persons often experience other barriers to healthcare services, such as inadequate health insurance coverage, the additional burden of inadequate transportation compounds an already difficult situation. Problems in accessing appropriate health care services typically result in:

- A tendency to limit medical trips to those immediately and absolutely necessary;

- Restricted access to healthcare services that results in missing health screening and vaccinations;
- Greater dependence on emergency transportation and emergency health care services;
- Worsened health conditions that lead to greater expenditures than would have been necessary;
- Diminished health, shorter life spans, loss of worker productivity, and increased healthcare costs.”<sup>ii</sup>

### **Return on Investment**

The State of Florida funded a study to determine what state and local governments receive for their investment in transportation disadvantaged programs. The study calculated the rate of return on funds invested in these programs. “Given that nursing home costs in Florida average approximately \$5,000 per month, average hospital stays are approximately \$7,900, and Adult Day care costs range from \$25 to \$100 a day, the benefit that results from providing transportation to prevent medical care is substantial based on the state’s ability to avoid funding assisted living costs. Conservative assumptions were used to identify the return on investment or payback to the State of Florida. Specifically, if one percent of the trips funded result in the avoidance of a hospital stay, the payback to the state is 1108%, or about \$11.08 for each dollar the state invests. The State will also benefit from healthier citizens and a reduction in the need to invest in such programs as Medicare/Medicaid to fill the need for medical care for these transportation disadvantaged clients.”<sup>iii</sup>

The decisions a state makes regarding Medicaid NEMT have a great impact on any opportunities to develop coordinated transportation, too. Medicaid is often the largest single funder of transportation in the local or regional area, and coordinated transportation has the potential to greatly affect the well being of the local transportation system. In a very real way, choices that states make regarding the provision of NEMT are shaping the specialized transportation infrastructure.

As a case in point, in 2008, the Department of Social and Health Services (DSHS) reported there were 72,000 NEMT Medicaid trips to Adult Day Health services, making it one of the largest destinations for specialized transportation in Pierce County. Prior to July 1, 2009, Pierce Transit (the Public Transit company) provided about 48% of the rides and Paratransit Services, Inc. (the Medicaid broker for Non Emergency Medical Transportation (NEMT)) provided about 52% of the rides for people attending Adult Day Health programs. On July 1, 2009, DSHS stopped providing Medicaid NEMT for Adult Day Health treatment, and individuals were referred to Pierce Transit for ADA “SHUTTLE” services. This resulted in a large increase in demand for ADA services, for which Pierce Transit had no opportunity to budget.

“Paratransit” or “accessible” rides are the most expensive transportation services for both Medicaid NEMT and Public Transit. The loss of Medicaid NEMT for Adult Day Health programs shifts the burden for additional accessible trips to the state and local governments that fund public transportation, without reimbursement for the fully allocated costs of providing that transportation. Any significant increase in the number of rides given in wheel chair lift equipped

vehicles by the public transit agencies also results in substantial costs to fund additional vehicles, labor and maintenance.

Despite the loss of Medicaid NEMT through the Department of Social and Health Services (DSHS), Adult Day Health will remain a significant source of specialized transportation demand in the future. For Adult Day Health participants, transportation is extremely important - if they can't get to the service it is of no help to them. Many of the Adult Day Health participants are being transported by Pierce Transit, which will not be able to absorb the costs of all of the additional ADA trips within its current fiscal constraints. A Public Transit agency cannot deny ADA trips, so if capacity is reached, the transit may be forced to reduce its service area to reduce the demand for paratransit services. Another problem is that some of the Adult Day Health participants currently live outside of the Pierce Transit boundaries for ADA SHUTTLE service. The Adult Day Health programs or the family members have to assume the responsibility for getting these individuals to services.

### **The Growing Challenge**

Increasingly, older individuals live outside of central cities where high population density has supported public transit services, and where these services are concentrated. The car has made suburban living practical and contributed to a decline in public transportation and walking. (Transportation Research Board, 2004). Most people age 60 and older expect to age in place in their current suburban and rural homes. In 2000, seventy three percent (73%) of individuals aged 65 and older lived in suburban and rural areas (US Census 2000). Mobility will be a significant challenge for this dispersed population. In the coming years, the demand for transportation services is expected to sky rocket because of these demographic realities.

The growing population of individuals over the age of 60 is of particular concern in regard to transportation in Pierce County. As people age they are likely to face challenges to driving that accompany age-related changes in functional ability. According to the American Journal of Public Health, about one in five Americans age 65 and over do not drive and more than fifty percent (50%) of non-drivers over age 65 stay home on any given day because they lack transportation options. Many people outlive their ability to drive by six to eleven years. As the population ages, the need for transportation options, other than driving one's own car, increases exponentially.

Life expectancy is also increasing. Now people reaching the age of 65 have an average of 18 years additional life expectancy. Increases in life expectancy will also create a dramatic increase in the number of older adults with disabilities. Older adults prefer to age in place, despite mobility challenges, yet the need for mobility assistance to enable independence, especially transportation services, increases with age and disability level. The forecasted increase in the older adult population in Pierce County underscores the need for more transportation services as the community strives to find ways to help older adults stay healthy, connected to the community and able to age in place.

Another factor contributing to the growing transportation challenge is the evolving medical system. Our approach to medical care has changed significantly over the years. Today most medical appointments are for doctor's office visits, out-patient surgery and treatment. The time people spend in the hospital, even for major surgery or illness, has been drastically reduced over the years. At the same time there has been increasing demand for non- institutional approaches to long term care because people want to "age in place" in the community, if not in their own homes. Limits on Medicaid transportation are likely to be a growing concern as more people need medical care they cannot reach by existing public transit and cannot afford to purchase private transportation. All of these factors set the stage for the development of the Adult Day Health Express.

## **The Adult Day Health Express Pilot Project**

Coordination is a means of working to get greater efficiency in the use of transportation resources and can result in lowering the cost of providing services. The combination of increased efficiency and increased effectiveness can create great improvement in unit costs such as per trip, per mile or per hour. These changes can also lead to increased customer satisfaction, and greater mobility in the community, with its associated benefits of increased health and well-being, and more economic activity and decreased institutionalization. The pilot offers tangible, replicable practices capable of enhancing the provision of transportation for older adults in their communities.

This pilot project will offer an alternative to meet the demand for Adult Day Health transportation that is neither public transit nor Medicaid. Public paratransit service is the most costly type of transportation. Shifting the demand away from the DSHS/Medicaid system has increased the overall transportation costs for Pierce Transit, and moved the burden of paying for these services from federal funding sources to the local taxpayers. The Adult Day Health Express project seeks to create an economical form of human services transportation through shared funding and a project structure that maximizes productivity.

### **Establishing the cost sharing agreement**

According to a Federal Transit Administration report on coordinated transportation planning, one of the typical outcomes of various agencies working together to identify available transportation services and their costs is a clear understanding about the lack of resources to provide transportation in the local community. The passage of the Americans with Disabilities Act (ADA) requires public transits to provide paratransit transportation to all ADA-eligible riders in a service area. While greatly increasing mobility for many Americans, the ADA increased the demand for paratransit rides and created a significant financial burden for public transit agencies. Although the demand for services has been increasing, federal, state and local funds available for transportation have been decreasing. Without developing cost sharing arrangements between transit and health and human services agencies, the level of paratransit services provided by public transit could decline.

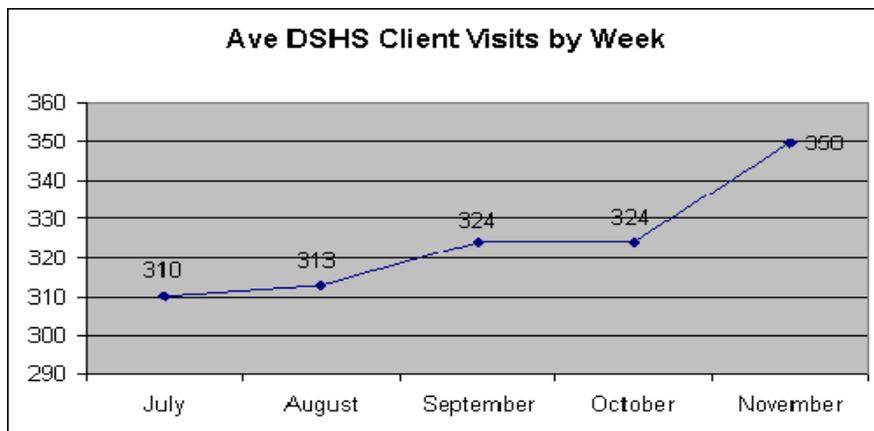
Cost sharing arrangements can provide the underpinning of a coordinated approach to transportation. For many years, the PCCTC worked through the Common Ground project to try to establish a full cost allocation model so paratransit rides and expenses could be shared by Pierce Transit and the Medicaid. Concerns from the federal Department of Health and Human Services, Center for Medicare and Medicaid Services (CMS) about the cost sharing model could never be resolved, and permission to combine rides was never granted.

For the purpose of this pilot project, the whole issue of Medicaid and Public Transit sharing the fully allocated cost for paratransit rides has been put on hold. The question of obtaining approval from CMS for ride and cost sharing has been referred to the ACCT Federal Workgroup. Once the issues are resolved, and permission is granted to allocate costs so that rides and expenses can be shared, the PCCTC will be anxious to work with the Medicaid broker and Pierce Transit to develop a pilot project combining the resources of the two groups.

**Funding partners for the cost sharing agreement**

- \$50,000 - WSDOT - \$50,000 provided through HB2072 for the pilot project
- \$50,000 –WSDOT – provided by the federal United We Ride Initiative
- \$136,500 + - DSHS/ADSA/Medicaid - \$15 per person per day, billed as part of the ADH daily rate
- \$ To be determined - Pierce Transit
- \$50,000 - Sound Transit - available as of 1/1/2009 for the pilot project
- \$30,000 - Multicare - in the 2010 budget for transportation
- \$16,000 - Pierce County Community Services - ARRA/ Stimulus funds

The chart below indicates the number of client visits to Multicare Adult Day Health each week. The average number of weekly visits times the \$15 per day Medicaid transportation allotment times the 26 weeks of the pilot project gave the approximate amount of the Medicaid contribution. In reality, not all of the ADH participants will be Medicaid eligible patients. Project funds will be used for the \$15 co-pay for individuals who are not Medicaid eligible.



This project will not include the Pierce County Medicaid broker, Paratransit Services, Inc. As of January 1, 2010 DSHS/HRSA will no longer provide Medicaid NEMT for ADH program participants. Without NEMT Medicaid, there is no replicable stream of funding for a broker in this project. Adult Day Health is now provided as a 1915 (I) waiver to the Title 19 Medicaid program, and as such is not allowed to utilize the brokered NEMT Medicaid ride system. However, DSHS/ADSA will allow ADH programs to bill Medicaid at an increased rate that includes \$15 per day per person that the ADH program may use to arrange or provide transportation. This not a fully allocated cost for a paratransit ride, but rather a flat rate for transportation that is included in the ADH daily rate for services.

In this pilot project, Multicare Adult Day Health program will have the responsibility for arranging the transportation for their clients, and will bill Medicaid \$15 per day per person for transportation. Multicare will use this money to fund part of the cost of the transportation in the pilot project. The current average cost of a one way “accessible” ride, provided by either Pierce Transit or Paratransit, is approximately \$35, and the Medicaid funding will cover \$7.50 of that cost. The rest of the expense will be covered by the agencies listed above.

The charts below show the data gather by Paratransit services Inc. and Pierce Transit SHUTTLE for one week in May and one week in October of 2009. These charts show the change in ridership before and after the change in Medicaid NEMT resulted in any people being moved to Pierce Transit for rides to ADH services. It should be noted that a lawsuit temporarily reinstated the right of ADH clients to use Medicaid brokered NEMT. The charts show that Paratransit was providing rides to Multicare during October.

Paratransit Services, Inc.	May 17 - 23, 2009	October 18-24, 2009
<b>Number of Clients</b>	159	75
<b>Numbers of Trips (one-way)</b>	726	293
<b>Average Trip Cost</b>	\$33.99	\$33.95
<b>Passenger per Hour</b>	2.3	2.9
<b>Average Trip Length (miles)</b>	15.5	18.47

Pierce Transit	May 17 - 23, 2009	October 18-24, 2009
<b>Number of Clients</b>	69	126
<b>Numbers of Trips (one-way)</b>	288	525
<b>Average Trip Cost</b>	\$37.69	\$37.26

<b>Passenger per Hour</b>	2..21		2..17
<b>Average Trip Length (miles)</b>	5.6		6.8

Most of the funds For the Adult Day Health Express pilot will flow through Pierce County Community Services (PCCS), the financial administrator for project. This follows the model developed for the Beyond the Borders project, and allows the PCCT to rely on the PCCS expertise in contracting and managing the requirements of multiple funders. PCCS will contract with Multicare for the pilot project.

<b>Structure of Local Transportation</b>
<i>Transportation Service Integration Increases</i>
<ul style="list-style-type: none"> <li>▪ More funding sources being coordinated</li> <li>▪ Less duplication of routes and services</li> <li>▪ Fewer restrictions on trip purpose and eligibility</li> <li>▪ Central/single source of customer access</li> <li>▪ More agencies involved on cooperating/coordinating–</li> </ul>

A subcommittee of the PCCTC/LCC has worked to develop the design for the pilot project. This group has also worked with Pierce Transit staff to develop computer models for the project. Using the models generated by Pierce Transit staff, the team developed a Request for Qualifications (RFQ) for the project. Applications are due to Multicare on January 11, 2010. On January 14, 2010 selected transportation provider or providers will be announced. Multicare will contract with the transportation provider or providers. The Adult Day Health Express will begin providing rides on February 1, 2010. The fully detailed timeline for the process is attached as **Appendix C**.

The Adult Day Health Express will serve only individuals who are clients of Multicare. People will be picked up at their homes, and will be transported directly to Multicare on a shared ride system. All Multicare clients will be eligible to use the transportation service - people will not be required to go through a separate ADA eligibility screening process. Transportation will be provided for people regardless of where they live – not just for the people who live within the normal Pierce Transit ADA SHUTTLE service area. There will be no fee charged directly to the clients for bus fare or other charges. Project funds will pay the costs for the non-Medicaid eligible participants.

<b>Local Transportation Performance Improves</b>
<i>Resource Efficiency Increases</i>
More service outputs for same resource inputs

Lower cost per vehicle mile or passenger hour
<i>Service Effectiveness increases</i>
More services consumed for same service outputs
More passengers per vehicle hour or vehicle miles
More trips per hour
<i>Cost Effectiveness Increases</i>
Lower cost trips

### **Coordination Creates Positive Outcomes**

We need to develop some new models for alternative senior transportation. No single solution meets the mobility needs of all older adults. A transportation choice that meets people’s needs at one time may not be the best choice at another time. The continuum of useable transportation options changes as people age, depending on their physical and psychological capabilities

One of the goals of coordinated transportation is to help promote dignity and independence of older people. – this is often expressed as “Put People First” in coordinated transportation plans. Quality transportation is one fundamental component supporting that goal. The pilot provides expanded transportation that will help this group of seniors attending Adult Day Health stay healthy in their community. The pilot will demonstrate strategies with significant measureable benefits. With scarce resources available today, measurement is critical.

This project will meet and potentially exceed many of the elements for coordinated transportation. It will accomplish many of the goals of the previous “Common Ground” project as well as blaze some new trails. The expected outcomes include:

- Creation of effective partnerships between Public Transit, Medicaid, Private Transportation Providers, and Human Services to address a transportation demand.
- Creation of an uncomplicated cost sharing strategy - (no cost allocation based on per mile or other complicated formulas)
- Six months of “wheels on the road” to determine project impact
- Elimination of eligibility barriers (all riders are ADH clients; all are eligible)
- A 20% increase in efficiency – more riders per vehicle than Pierce Transit SHUTTLE
- A 30% overall decrease in cost compared to Transit and Medicaid average cost
- An overall decrease in the number of vans required to serve the location

- Cost benefit analysis of current model of providing services and the estimated costs of meeting the same need through the pilot project
- An assessment of how implementation of this program impacts:
  - Provision of other public transit ADA services
  - Medicaid Broker
  - Private Providers
- Pre and post assessment of ADH participant satisfaction with the transportation system
- Recommendations about project viability and sustainability for the future

## **Rural Pilot Project**

The PCCTC is also developing a pilot project in rural west Pierce County. With over forty five percent (45%) of the population of the county living outside of incorporated cities, there is a great need to develop more resources for the people living in the rural parts of the county. One of the PCCTC partner agencies, The Mustard Seed Project, has been working to develop services, including transportation on the Key Peninsula.

### **Transportation on the Key Peninsula**

Most people rely on a private automobile to travel within their community and to maintain independence, health, and social connections. As people age, many of them have to rely on other means besides driving their own vehicles to continue to get around. A number of trends are going to make it even more important to plan for the transportation needs of older people who do not drive. People are living longer and driving later in life than they used to just a few decades ago. There is rapid growth in the aging population, increasing the number of older non-drivers. These increases may strain community-based services for the elderly and people with disabilities. Increasing reliance on non-institutional care and outpatient medical treatment may intensify the strain on the medical transportation system as well. The Mustard Seed Project on the Key Peninsula is facing all of these challenges as it works to build “an elder friendly community.” The Mustard Seed Project vision is to allow people to age in place with dignity, respect, self-determination and safety. To accomplish that vision, the Mustard Seed Project board, staff and volunteers work to assure that a full continuum of services are available and affordable to people living on the Key Peninsula.

### **Key Peninsula Pilot Project.**

The PCCTC identified the Key Peninsula as a location for a pilot project serving a rural area. Due to its geographical location and sparse population, the Key Peninsula presents many challenges in providing coordinated transportation to people with special transportation needs. The Mustard Seed Project has an Executive Director who secured funding through Catholic Community Services and the Tacoma Foundation to support a Senior Ride Program.

Transportation is provided by screened and trained volunteer drivers, who are available to transport participants for medical trips, grocery shopping, food bank visits, and accessing vital services (banking, governmental services, etc.). The program's goal is to help low-income seniors and disabled adults remain independent in their own homes for as long as is safely possible

The pilot project will also expand the ride program and phase in a community based transportation network. Through the project, all special needs transportation populations will be served – the elderly, people with disabilities and people with low incomes. Pierce County Community Services is providing ARRA (Stimulus) funding for the pilot project. The project staff will help identify key partners that would coordinate both vehicles and drivers to begin transporting riders beyond what the current project can do. The community transportation network could include use of local vans, Pierce Transit Community Use Vans and Vanpools, Puget Sound Educational Service District Van Driver Training program, increasing the use of Ride Match and connections to Pierce Transit's Bus Plus, and working with the local school district to utilize school buses as community buses before and after school.

The Mustard Seed Executive Director, who has a deep understanding of the gaps in the community, realizes that there are other populations who meet the definition of special needs that currently do not have many transportation options. The Key Peninsula and Anderson Island have been identified as areas with combined low and very low income populations that need to access employment, DSHS and other services. They typically have to travel to other areas of Pierce, Thurston, and or Kitsap County in order to access these services. Currently there is very limited service available for this group.

Another group that has been identified as needing transportation services is woman inmates at the prison in Purdy. The Department of Corrections serves women who have their infants and toddlers with them at this facility. The Department likes to allow the women and their children to go on outings, such as making trips to a grocery store, prior to their release back into the community. However, these kinds of trips are challenging for the prison to coordinate because they are not regularly scheduled activities. It is possible that as the pilot develops, transportation services for the women at the prison in Purdy may be created.

### **Funding partners**

Coordinating transportation is the best way to stretch these scarce resources and improve mobility in this rural area. A half time staff person has recently been hired by the Mustard Seed. The contract with PCCS for \$55,000 in stimulus funds was signed November 30, 2009. Funding from Catholic Community Services and the Tacoma Foundation also support this project. After the new year, a PCCTC/LCC committee will begin to meet regularly in support of this pilot project.

Until now the PCCTC focus on the Key Peninsula has been on older adults. Rural areas may not see the explosive growth in the elderly population expected in suburban areas, but large

numbers of older individuals will need to continue to live in rural areas where public transportation and ADA services are nonexistent. Since older residents of rural areas tend to be poorer than their urban or suburban counterparts, additional funding will be needed to reach people (old and young) living in rural areas not served by public transit through this project, the focus will be expanded so the needs of all transportation disadvantaged individuals living on the Key Peninsula can be addressed.

## **Measuring the Results**

The Mustard Seed Pilot Project will be evaluated based on the amount of new transportation that becomes available on the Key Peninsula as the result of this project. The project is in its infancy, but the first step of hiring the part time staff person has been accomplished. The PCCTC sub-committee will begin meeting with the Mustard Seed staff after the first of the year to shape the project.

## Policy Implications

- It is important to note that decisions about Medicaid Non Emergency Medical Transportation (NEMT) have a great impact on the local community. The decision to change the state Medicaid plan to obtain a “medical match” rate for the brokered NEMT will save state tax dollars needed for match, but will shift more transportation costs to the local transit. It would be helpful to encourage the state legislature to take a “big picture” look at issues, so “savings” created in one program do not increase costs for other programs.
- There is an immediate need to increase public investment in transportation for elders, people with disabilities, and people with low incomes. It will also be important to increase funding to expand public transit in the suburbs and metropolitan fringe areas.



## APPENDIX A

# Pierce County Coordinated Transportation Coalition

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## Members of the Pierce County Coordinated Transportation Coalition

**June 2009**

**A) Members of the local coalition**

Pierce County Community Services - Marge Tully member; Sherry Martin, alternate  
Puget Sound Educational Service District - Jacque Mann  
Washington DSHS - Medicaid Transportation - Paul Meury

**B) One or more representatives of the public transit agencies serving the region**

Pierce Transit - Tim Renfro, member; Jeanne Archer, alternate  
Sound Transit - Ella Campbell, member; Michael Miller, alternate

**C) One or more representatives of private service providers**

Around the Sound - Steve Hutchins  
Local Motion - Lyle Bates  
Transpro - Rick Maesner

**D) A representative of Civic or Community-Based Service Providers**

The Mustard Seed Project - Edie Morgan  
Tacoma Goodwill - Pam Rang  
United Way of Pierce County – Penni Belcher, member; Renee Ghan, alternate  
Washington DSHS - Developmental Disabilities - Rose Barnard

**E) A consumer of Special Needs Transportation**

**F) A representative of nonemergency medical transportation/Medicaid broker**

Paratransit - Ann Kennedy, member; Christie Scheffer or Teresa Williams, alternate

**G) A representative of Social and Human Services Programs**

Catholic Community Services - Penny Grellier, member; Jodie Moody, alternate  
Pierce County Aging and Long Term Care - John Mikel  
Washington DSHS, Region V - WorkFirst - Mike Wilkins

**H) A representative of local high school districts**

Bethel School District - Jay Brower

I) A representative from the Washington State Department of Veterans Affairs



## APPENDIX B

# Pierce County Coordinated Transportation Coalition

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## Possible Pilot Projects.

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### **Common Ground**

In 2003, the PCCTC started this project to determine the feasibility of coordinating Pierce Transit ADA Shuttle and DSHS Non-Emergency Medical Transportation trips going to the same destination. Last year a summary report was issued and the project was suspended. The proposal is to amend the report to include information about the impact of the recent changes regarding transportation of Adult Day Health customers.

### **Adult Day Health Transportation**

This project would create a transportation service that improves service quality while demonstrating cost savings through increased service coordination and cost sharing. The adult day health program would enroll the clients in the transportation program – other eligibility requirements would be waived. The project will demonstrate cost sharing for human services transportation.

### **Key Peninsula – Community-based Transportation Network**

The proposal is to expand the Senior Ride program, which is a collaboration between Catholic Community Services and the Mustard Seed Project to recruit volunteer drivers, and phase in a community based transportation network. The network could include use of local vans, Pierce Transit Community Use Vans and Vanpools, Puget Sound Educational Service District Van Driver Training program, and increasing the use of Ride Match and connections to Pierce Transit's Bus Plus.

### **Veterans Transportation**

Last year, Community Transportation Association of America (CTAA) held a forum on Veteran's Transportation issues at American Lake. Two main issues emerged: veterans face difficulties

traveling to/from medical appointments; and veterans are often unaware of available travel options. Next steps could include continuing to develop a stronger relationship with Veterans program staff and riders, and developing plans to improve transportation services for Veterans in Pierce County.

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<sup>i</sup> Return on Investment Study by Dr J Joseph Cronin – Florida State University, College of Business

<sup>ii</sup> Medical Transportation: Challenges of the Future by Jon Burkhardt in Community Transportation Magazine

<sup>iii</sup> 2. Florida Transportation Disadvantaged Programs Return on Investment Study by Dr. J. Joseph Cronin, Jr.

Preserving Affordability and Access in Livable Communities; Subsidized Housing Opportunities Near Transit and the 50+ Population – Harrell, Brooks, Ned wick – AARP Public Policy Institute- Sept 2009

Planning Guidelines for Coordinated State and Local Specialized Transportation Services - FTA- June 2006 –

Medicaid and Medical Transportation Assurance: Origins, Evolution, Current Trends and Implications for Health Reform - Rosenbaum, Lopez, Morris, Simon – George Washington University, School of Public Health

Demographic Changes Driving Change – Ensuring Mobility for All – Transportation Research Board- Sept 2009

Seniors Benefit From Transportation Coordination Partnerships – A Toolbox – United We Ride- West at

U.S.Census Bureau. (2000) Projections of the Resident Population by Age, Sex, and Race – U.S.Government