

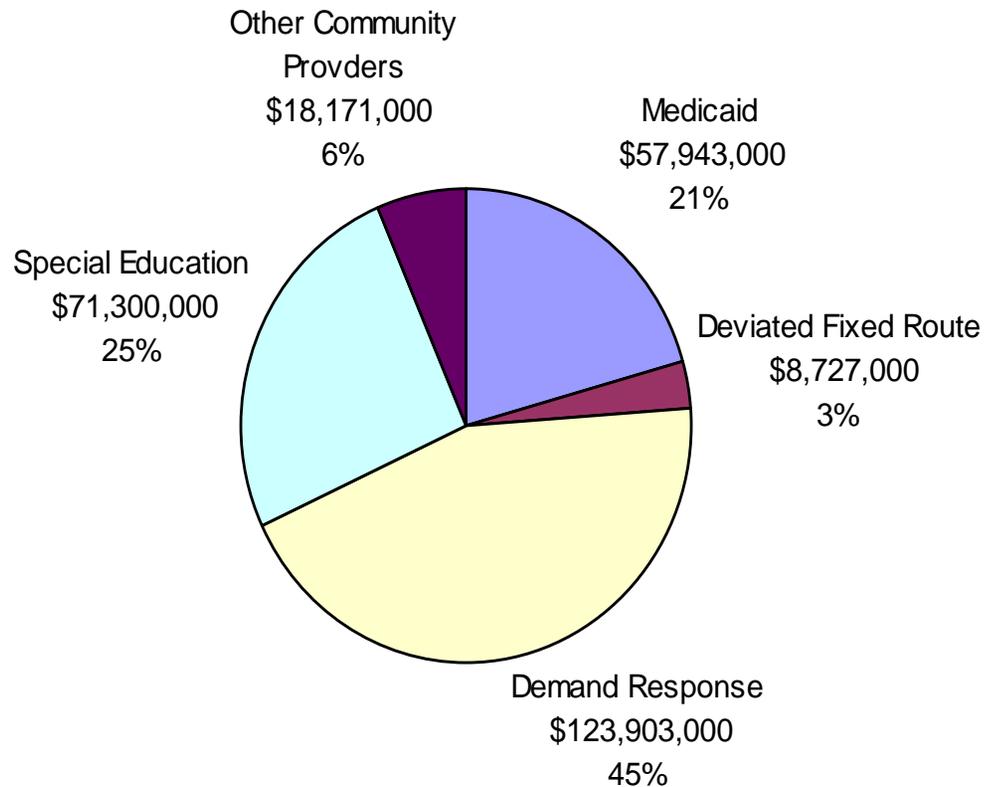
Special Needs Transportation Coordination Study

Joint Transportation Committee
Policy Group Meeting
July 18, 2008

Statewide Study on Special Needs Transportation

- Study commissioned (SHB 1694) to evaluate methods to improve transportation coordination for persons with special mobility needs
- Assess the role of ACCT (Agency Council on Coordinated Transportation)

2005 Special Needs Transportation Funding Snapshot: \$280,044,000



Potential Opportunities for Coordination in Washington State

- Coordinating Pupil and Public Transportation
- Creative Approaches for delivering transportation per McKinney-Vento Act
- Role of Statewide Coordination Council: Strengthen the role of ACCT
- Mixing Medicaid Non-Emergency Medical and other trips

Statewide Coordination Councils and Coordination Infrastructure Design

- Definition of coordination terms
- State coordinating councils and infrastructures
 - National perspective
 - Best practices
 - Lessons learned
- Applicability of best practices and lessons learned to State of Washington

Definition of Coordination Terms

- What is Community Transportation?
- Examples of Coordination and “The Coordination Continuum”

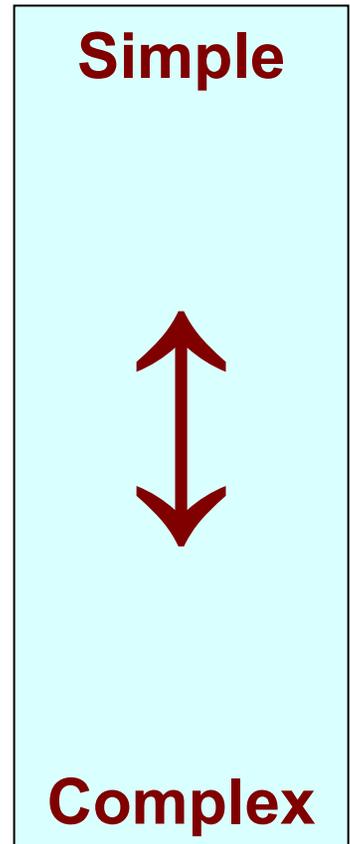
What is Community Transportation?

- Transit routes / deviations focusing on target populations
- Publicly-sponsored paratransit
- Human service agency transportation programs
- Hospital or insurance transportation programs



Examples of Coordination: The Coordination Continuum

- Sharing information
- Sharing vehicles and resources
- Joint purchasing
- Purchasing service from the same carrier
- Coordinating functions
- Consolidating operations



State Coordinating Councils and Infrastructure

- State coordination – a national perspective
- Best practices: state-level coordination councils
- Best practices: coordination infrastructure
- Lessons learned
 - Requiring vs. fostering coordination
 - Keys to successful state-level councils
 - Keys to successful infrastructure designs
- Applicability to Washington State



Coordination at the State Level: A National Perspective*



- State-level inter-agency coordinating councils or advisory committees (38)
- MOUs between DOTs and Human Service Agency (HSA) (13)
- Informal agreements between DOTs and HSAs (12)
- Statutes/legislation *requiring* coordination (19)
- Statutes/legislation requiring specific processes (8)
- Coordination between statewide transit agencies and human service agencies (3)

* from TCRP Report 105

Best Practices: State-Level Coordinating Councils

- FL Commission for the Transportation Disadvantaged
- ID Public Transportation Advisory Council & Interagency Working Group
- IA State Level Transportation Coordination Council
- KY Coordinated Transportation Advisory Committee
- MD State Coordinating Committee for Human Service Transportation
- NJ Intergovernmental Transportation Work Group
- OH Transportation Partnership of Ohio



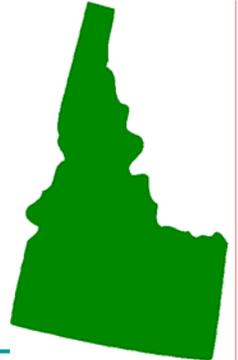
Florida Commission for the Transportation Disadvantaged (CTD)

- Established by state legislation
- Composed of state agencies, local governments, and local transportation providers
- Appoints and oversees Local Coordinating Board (LCB) for each county
- Established clearly defined performance standards
- Uses subcommittees to tackle tasks and issues
- Provides extensive technical assistance
- Responsible for the Transportation Disadvantaged (TD) Trust Fund



Idaho Public Transportation Advisory Council & Interagency Working Group

- Two complementary bodies established by legislation
- Legislation details how Idaho Transportation Dept. (ITD) will work with each body
 - PTAC advises ITD on public transportation policies and promotes coordination
 - IWG identifies areas for coordination
- State agencies using funds must report to ITD
- ITD developed statewide plan for public transportation with 11 strategies to improve services
- Pilot project: six-county regional transit system in eastern Idaho
- Two additional regional systems since formed



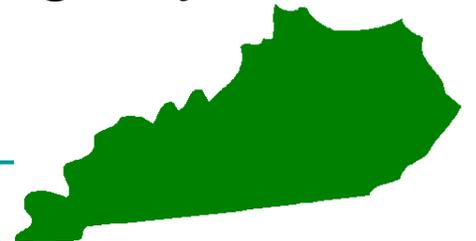
Iowa State Level Transportation Coordination Council

- Established by state legislation
- Legislation also establishes 16 regions
 - Based around transit agencies
- Housed in Iowa DOT Office of Public Transit
- Provides extensive technical assistance



Kentucky Coordinated Transportation Advisory Committee and Cabinet

- Established by state legislation
- Transportation Cabinet oversees coordination program; staffs Advisory Committee
- Health & Family Services Cabinet and Finance & Administration Cabinet participate
- Program coordinators at state level address program complaints and issues
- Statute establishes regional brokerage system



Maryland State Coordinating Committee for Human Service Transportation

- Established by Executive Order; accompanies state statute that supports coordination
- Committee chaired by DOT with large representation among state agencies
- Initially developed 5-year plan for coordination at state level with substantial state funds for implementation
- Formed regional coordination bodies and distributes funds through them
- Meets monthly
- Developed coordination manual



New Jersey Intergovernmental Transportation Work Group

- State legislation requires steering committees in each counties to prepare a Coordinated Transportation Plan
- Casino revenue supports transportation for seniors and persons with disabilities
- Coordinated paratransit system operating in each county
 - HSAs in most counties purchase service from county paratransit system
 - County paratransit system is also a Medicaid provider in 3 counties



Transportation Partnership of Ohio

- Extensive membership list among state agencies
- Adopts and oversees implementation of coordination policies
- Regular meetings
- Through ODOT funds demonstration projects
- ODOT also provides excellent technical assistance
- Coordination Handbook and Implementation Guide



Best Practices: Two Approaches for Coordination Infrastructure

- County-based localized coordination
- Regionalized coordination

County-Based/Localized Coordination

- New Jersey, North Carolina, Pennsylvania
 - Medicaid combined with some systems
- Florida
 - Predominantly county-based
 - A few multi-county regions (in very rural areas)
 - Medicaid combined with some systems
- Ohio
 - Mostly county-based
 - Self selected based on local consortium

Regionalized Service Delivery

- IA Regions based on state's 18 RTAs
- KY 15 different brokerages; DOT with DHS & DFC
- ME 9 RTPs; DOT with DHS and Dept of MH/MR
- MD Funding distributed through regional bodies
- New Hampshire and Vermont
 - Regions based on existing providers
 - Plans developed in conjunction with regional planning districts
- NM Proposed regions based on planning districts

Required Coordination – Tie to Funding

- NC Withholds all FTA funding from counties
 - Consolidates federal and state funding programs into a block grant
 - Requires coordination as a condition to receive funds
 - Counties must prepare a coordination plan
 - Requires MOU's with five “core agencies”
 - Funding provided only to lead agency identified in plan
- FL Counties must establish LCBs and CTCs to receive TD funds
- MT Awards grants to fund E&D transportation based on level of coordination demonstrated by grantee.
- NJ & PA Require local coordination plans for state funds

Best Practices: Fostering Coordination

- OH--Competitive coordination grants for planning and implementation
- VA-- Specialized Transportation Incentive Fund for planning and projects
- FA --Technical assistance
- IA--DOT education and awareness program
- MN, OH, WI-- Coordination toolkits

State Level Coordination Councils: Keys to Success

- Bi-level oversight
- Broad-based coalition at both levels
- Participation/support from state and local officials
- DOT and DHS must “play well together”
- Must have a champion at both levels
- Councils must have “teeth” – control over policies and funding
- Local coordination difficult to plan/implement without seed funding and technical assistance
- Sustainability relies on a coordination model that:
 - reflects top-down and bottom-up synergy
 - permits regional/local service delivery flexibility
 - fosters relationships and trust

Coordination Infrastructure: Keys to Success

- Coordination infrastructure should be based on building blocks
- If strong Counties or funding through Counties, build from the county level
- If strong Counties, let multi-County efforts form organically
- If strong transit agencies or planning districts, build around them
- If neither works cleanly, build upon existing coordination successes

Regionalization...

- Facilitates state technical assistance
- Facilitates a regional approach to inter-county trip patterns
- Takes advantage of existing, broad-based planning coalitions
- Provides a closer “look” for funding priorities and project evaluation
- Is not dependent on particular types of coordination
- Gets people with similar interests to the table

Requiring vs. Fostering Coordination:

- Funding is the key:
 - The Carrot: provide funding “to get over the hump”
 - The Stick: withhold funding that they would otherwise get
- Fostering coordination works best in states with strong local/county governments



Applicability of Best Practices and Lessons Learned to Washington

- Bi-level oversight & institutional framework?
- Should ACCT be kept as the state oversight body?
- Revamped mission? Policy or contracting body?
Coordination Fund?
- New legislation required to require or foster coordination?
Which?
- Should County/Regional Coordination Councils (where not in place already) be established? Policy or contracting bodies?
- What local/regional infrastructure designs make sense?
- Responsibilities of County/Regional Transportation Coordinator or lead agency?

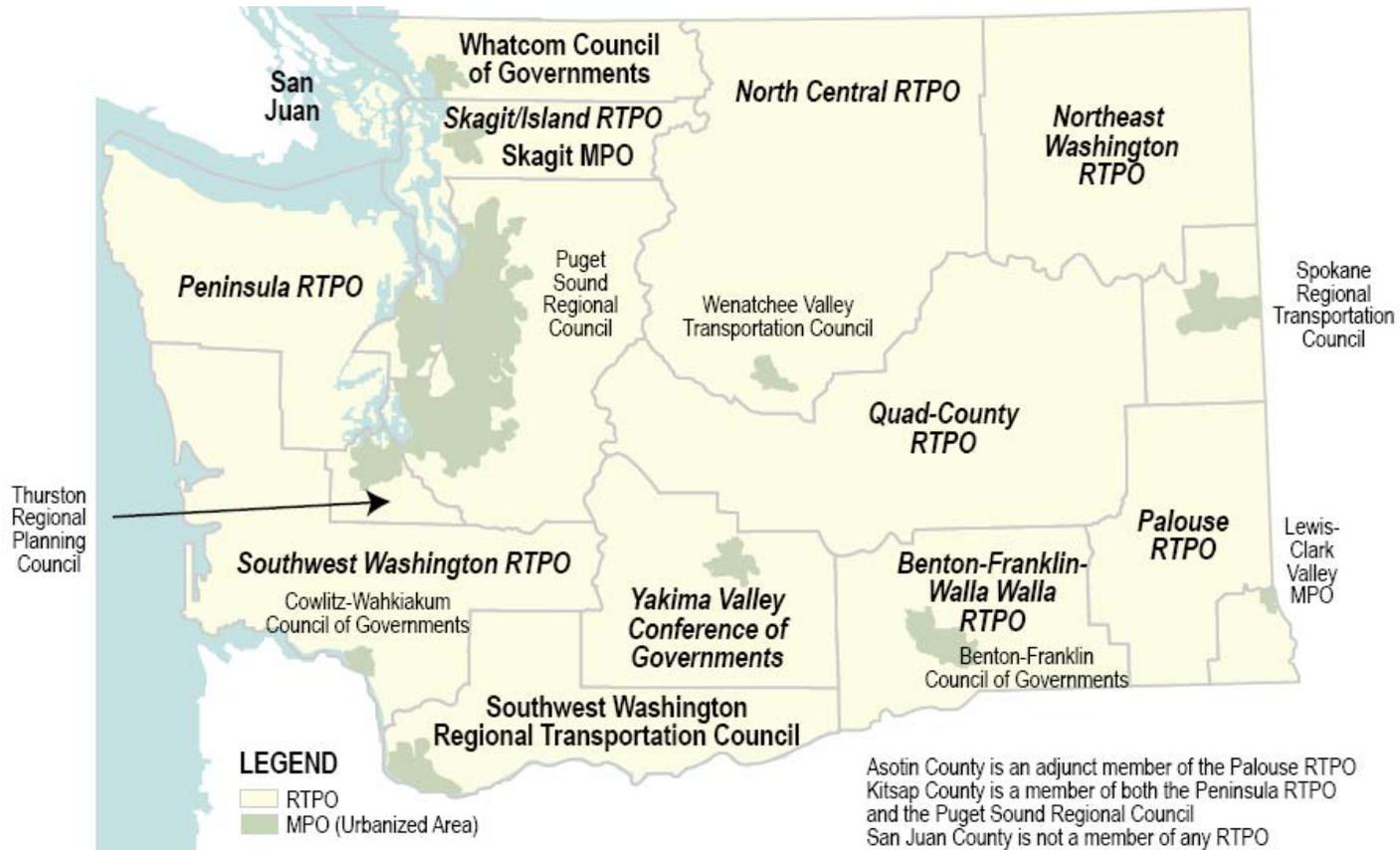
Possible Designs for Local/Regional Infrastructure – Option 1 – County-Based

- County Coordinating Councils (CCC)
- Multi-county efforts would happen organically
- Transit agencies may be or evolve into the CTC or be a resource
- Regional Medicaid Broker a transportation resource
- Planning agencies a part of each CCC
- Mobility Managers in each planning agency could provide technical assistance

Possible Designs for Local/Regional Infrastructure – Option 2 – Regions

- Regional Coordinating Councils (RCC)
- Regions based on Planning Districts or Medicaid Brokerage Regions
- Transit agencies may be or evolve into the RTC or be a resource
- Regional Medicaid Broker may be or evolve into the RTC or be a resource
- Planning agencies a part of (maybe head) each RCC
- Mobility Managers in each planning agency could provide technical assistance

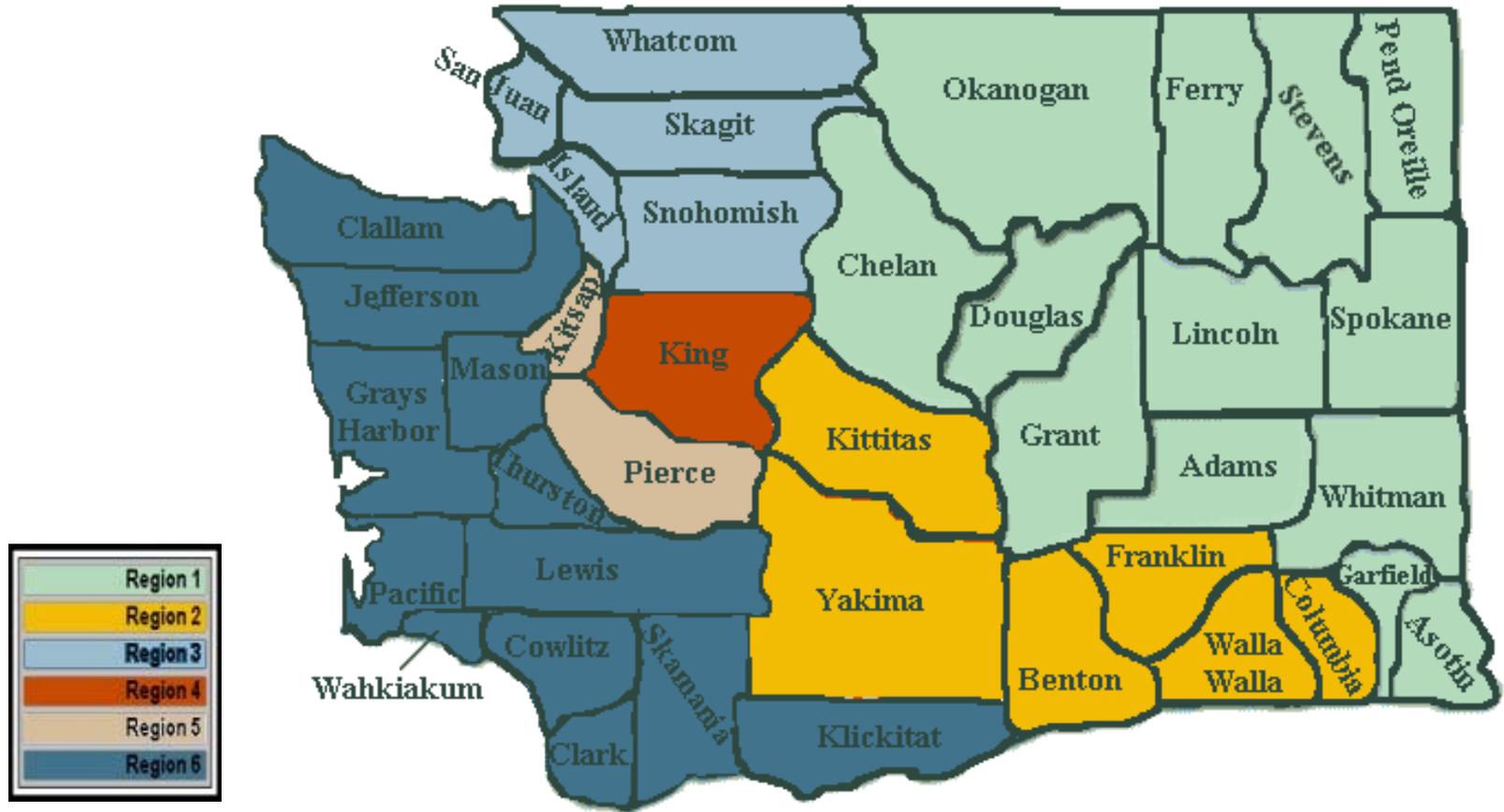
Planning Districts



Medicaid Brokerage Regions



DSHS Community Service Regions



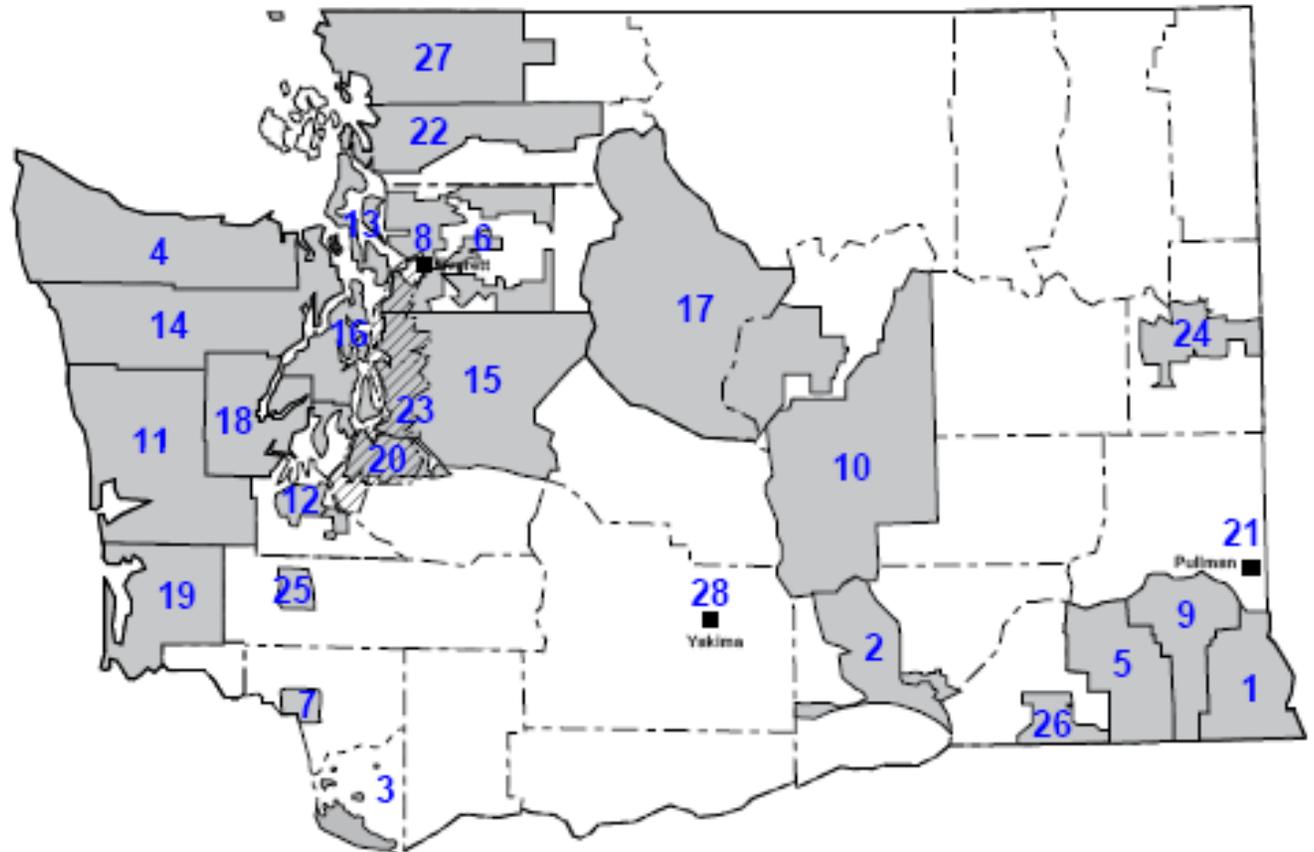
Regional Transit Service Areas

Legend

Transit Systems

- ▭ System Boundary
- City Systems
- ▨ Regional Transit Authority

- 1 Asotin County Transit
- 2 Ben Franklin Transit
- 3 C-TRAN (Clark)
- 4 Clallam Transit System
- 5 Columbia County Public Transportation
- 6 Community Transit (Snohomish)
- 7 Community Urban Bus Service (CUBS)
- 8 Everett Transit
- 9 Garfield County Public Transportation
- 10 Grant Transit
- 11 Grays Harbor Transportation Authority
- 12 Interoity Transit (Thurston)
- 13 Island Transit
- 14 Jefferson Transit Authority
- 15 King County Metro Transit
- 16 Kitsap Transit
- 17 Link Transit (Chelan/Douglas)
- 18 Mason County Transportation Authority
- 19 Pacific Transit
- 20 Pierce Transit
- 21 Pullman Transit
- 22 Skagit Transit
- 23 Sound Transit
- 24 Spokane Transit Authority
- 25 Twin Transit (Lewis)
- 26 Valley Transit (Walla Walla)
- 27 Whatcom Transportation Authority
- 28 Yakima Transit



Medicaid Coordination and Cost Allocation

- Medicaid Coordination – General Issues
- Cost Allocation – Issues, Models, Approaches
- State Examples
 - Florida and North Carolina
- Local and Regional Examples
 - ACCESS in Pittsburgh
 - WSTA in Winston-Salem, NC
 - JAUNT in Charlottesville
 - 3 counties in New Jersey

Medicaid Coordination

- Coordination focused on non-emergency medical transportation (NEMT)
 - Recent trends of state-wide provision of NEMT has focused on:
 - Statewide and regional brokers
 - Most have focused on gate-keeping function
 - Less focus on coordinated service delivery
 - Older systems still have statewide rates
 - Carriers become certified for specific service
 - Recipients call carriers directly – no coordination
-

Medicaid Coordination (cont'd)

- A few states, with established county-based coordination, direct Medicaid (state or local offices) to use system
 - Florida and North Carolina
- In other states, local/regional coordinated paratransit systems may take initiative to contract with state (agent) or local Medicaid office
 - Pennsylvania, New Jersey, Virginia
 - California and Colorado

Approaches to Coordination

- State agency or agent contracts with local/regional providers
 - Brokerages set up for this purpose
 - Coordinated brokerages
 - Individual transit agencies or carrier
- Local offices contracts with local/regional providers

Medicaid Coordination Issues

- User choice vs. assigning carrier or system
- Allowing co-mingling / non-exclusive rides
- Allowing simplified rates and reporting
- Curb-to-curb vs. door-thru-door
- Written confirmation of delivery

State Cost Sharing Models

- Goals of State efforts
 - To ensure that all operators are reporting all costs on an accurate basis
 - To ensure that complete information on costs and services is reported and available to a wide range of decision-makers
- State Level Models
 - Florida
 - North Carolina

Issues

- Lack of sufficient account detail in organizational accounting systems
- Failure to capture and/or allocate agency indirect or overhead costs
- There is a lack of common definitions for accounts
- Lack of common definition of service units
- Failure to capture service unit data
- Blended program expenditures
- Use of capitated payments

Overview of Best Practices

- State generated MS Excel spreadsheet templates
- Designed to facilitate rate setting practices for the provision of service under contract
- All are based on service based cost allocation techniques

Goals of Cost Allocation Models

- To adopt a consistent and systematic approach on a statewide basis
- To gain approval of state human service agencies on allocation approaches
- Produce common results among transit service providers

Approaches

- Common approaches
 - Fully identify transportation costs
 - Identify service variables (trips, vehicle-miles, vehicle-hours)
 - Take into account subsidy policies
 - Generate a fully allocated cost of service
- Florida and North Carolina extend the model to include price/rate setting
- North Carolina's model includes capital considerations

State Examples

- Florida
- North Carolina

Florida Model

- State Medicaid program directed to first utilize county-based Community Transportation Coordinators
- Cost allocation based on grant accounting principles used in the TD Program
- Built upon both historical and projected budget data (three years)
- Provides fully allocated rates with local ability to adjust rates in mid-period

North Carolina Model

- Local Medicaid offices directed to utilize Community Transportation Program (CTP) for NEMT needs
 - Per Executive Order and inter-agency MOU
 - Where/when it is cost-effective and meets clients needs
- Cost allocation based on grant accounting principles used for CTPs
 - State “Blend” of all FTA programs
 - Includes all State Transit Assistance Programs
- Built upon historical (analysis of service) and projected budget data (rate setting)
- Provides fully allocated rates with local ability to adjust subsidy considerations

Applicability of State Models to Washington

- Medicaid brokers already in place
- Regional coordination of community transportation can use these brokerages as building blocks, or
- Community transportation systems can use Medicaid brokers as a resource
- Either way, an Executive Order or inter-agency MOU should direct coordination between the systems

Local and Regional Examples

- ACCESS brokerage in Pittsburgh, PA
- WSTA in Winston-Salem, NC
- JAUNT, Charlottesville, VA
- Gloucester, Middlesex, Monmouth Counties, NJ

Pittsburgh's ACCESS Brokerage

- Allegheny County; 1.35m population; 780 sq mi
- Brokerage for transit agency paratransit trips (ADA and seniors)
- Provides transportation for 126 agencies and general public
- Provides door-to-door service county-wide (beyond ADA minimum requirements)
- Brokerage managed by a for-profit firm since 1979

Pittsburgh's ACCESS (continued)

- Decentralized reservations, scheduling, dispatching, and operations
- 8 carriers in designated zones; some non-exclusive
- Carriers procured annually
- Carriers paid hourly rates for dedicated vehicle service
- 1.8 million trips per year (6,000 trips per day) served
- Total fleet: 430 vehicles
- Cashless fare system:
 - Scrip used for non-agency sponsored trips
 - Third-party billing for agency-sponsored trips

ACCESS Brokerage (continued)

Awarded the United We Ride National Leadership Award for Human Service Transportation Coordination - 2005

ACCESS Statistics (FY 07)

- Average trip length: 6.5 miles per trip
- Productivity: 2.38 trips per hour
- On-time performance: 94.5%
- Complaint ratio: 65 / 100,000 trips
- Brokerage admin cost: 5.9% of total costs

ACCESS' Ridership Breakdown

ADA	21%
Escorts	5%
Seniors	28%
General Public	1%
Subtotal	55%
ADA – sponsored	10%
Seniors – sponsored	22%
Agencies	13%
Subtotal	45%

ACCESS' Medicaid Ridership

- FY 2005 165,000
- FY 2006 144,150
- FY 2007 137,200

Medicaid Ridership Decrease

- Due to revamped eligibility process
- In-person assessments replace MD's letters
- Same assessment as ADA applicants
- ACCESS performs assessment for a fee
 - Using independent professionals
 - Physical and occupational therapists, etc.
- Medicaid buys transit passes, reimburses mi.
- Medicaid has been able to live within budget and increase utilization among eligible recipients

ACCESS' Process and Policies for Cost Allocation and Sponsorship

- Fully-allocated average cost per trip computed for Medicaid and other heavy use sponsors (e.g., Area Agency of Aging)
 - Other agencies use zone fare system
 - Statistically relevant sample of trips / sponsor
 - Costs assessed by time; based on rates/hour
 - Average operational cost per trip calculated
 - Added to average cost per trip for brokerage administration
-

Cost Allocation & Sponsorship (cont'd)

- Calculated rate charged to sponsor during ensuing year
- Cost allocation process done each year and reviewed at least once mid-year
- Some sponsored trips called in thru agency
- Others (with only 1 sponsor) called in directly
- ADA and seniors purchase scrip discounted per program
- Dually-eligible pick one program

ACCESS – Lessons Learned

- Competitive multi-carrier marketplace:
 - Superior cost containment
 - Superior service quality
- Competitive multi-carrier marketplace:
 - Results from growing/grooming local carriers, especially non-profits
- Annual procurements
 - Broker can implement changes with relative ease

Applicability of ACCESS Model to Washington

- More to urban environments
 - Ridership and service area large enough to sustain multiple carriers (e.g., Seattle)
- Cost allocation model universally applicable
 - If agencies can accept per trip rates
 - Easier administration
 - Easier for sponsors to control costs
- Existing building blocks in Washington

WSTA, Winston Salem, NC

- Large urbanized area
- Countywide service coverage
- Fixed route and paratransit modes
 - Complementary ADA
 - Human Services Transportation
 - Title III-B
 - Medicaid

WSTA Coordination (cont'd)

- Forsyth County, NC – 330,000 pop; 410 sq. mi.
 - Trans-AID: mobility management service delivery model
 - Free fixed route bus for all paratransit users
 - Good integration of technology
 - Automated scheduling/dispatching
 - Automatic vehicle location (AVL)
 - Trip itinerary planning
-

WSTA Coordination (cont'd)

- Centralized scheduling/dispatch
 - Regional customer database shared by five other service providers
 - Proposed: establish regional “One-Stop” call center for entire 9-County region
- Service operated by WSTA; augmented by overflow taxi vendors
- About 135,000 trips per year
- Complete integration of ADA, Medicaid, and senior transportation

WSTA Coordination - Medicaid

- Client eligibility determined by local Department of Social Services (DSS)
 - WSTA electronically receives client eligibility info from DSS
 - Rates based on annual negotiation between City (Winston-Salem) and County
 - Fixed price contract – cost per trip
 - Rate based on fully allocated cost of paratransit service
-

WSTA Coordination - AAA

- Direct grantee/funds provided from Area Agency on Aging
- Fixed price contract – cost per trip
- Rate based on fully allocated cost of paratransit service
- Offset for County Subsidy of Service

Applicability of WSTA Model to Washington

- Serves as good examples for using transit agencies
- Good cost allocation model
- Simple per trip rate

JAUNT, Charlottesville, VA

- Service Area: Charlottesville, VA and Surrounding Albemarle, Fluvanna, Louisa, Nelson, and Buckingham Counties
 - Population – 222,000
 - Service area – 2,571 sq. miles
 - Begun in 1975 as a means to coordinate human service transportation
 - Became a public nonprofit corporation owned by the participating City/County governments
-

JAUNT Services

- Fixed Route Services
 - Intra-County Services and City Services
 - Inter-County Commuter Services
 - Commuter Services to Charlottesville
 - Mid-Day Inter-County Services to Charlottesville
 - ADA Complementary Paratransit Services in Charlottesville (for CTS)
 - Medicaid NEMT
 - Clients of other Human Service Agencies
-

JAUNT Service Model

- Service Model – Coordinated, Centrally Dispatched Demand Response
- Seven days a week operation
- Sixty-Nine Revenue Vehicles
- Contracts with 35+ Organizations a Year for Transit Services

JAUNT Medicaid Coordination

- Virginia Uses a Statewide Brokerage Model
- JAUNT is a Certified Transportation Provider
- Fully Integrated With Other Paratransit Services
- Typical Rates – Capitated Rate Set by LogistiCare, Inc. (State Broker)
- JAUNT Rate – Negotiated Fully Allocated Rate
- Annual billings - \$428,35 (FY 2007)
- Growth – 41 Percent, FY 2003 – FY 2007

Applicability of JAUNT Model to Washington

- Rural public transit system serving as resource for Medicaid broker
- Doesn't have to be the only local/regional service for Medicaid NEMT
- Co-mingling and simplified reporting
- Makes sense for trips that are rideshareable

Gloucester, Middlesex, and Monmouth Counties, New Jersey

- County-based coordinated paratransit systems certified as Medical Assistance Vehicle (MAV) providers
- Medicaid recipients needing accessible vehicles may call systems for intra-county trips
- Counties get paid full MAV rate (established by state)
- Applicability to Washington: coordinated systems could be a resource for Medicaid brokers (if brokers do not take on the role of regional coordinators)