Human Service Transportation Coordination State Profile: Washington

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Author’s Note: This is the second in a series of four profiles of state human service transportation coordination programs. First was Kentucky. Coming next are profiles on Florida and Wisconsin.

Introduction

Personal mobility is a crucial need for all individuals, but especially for those who are transportation disadvantaged due to age, disabilities that prevent them from operating a vehicle, or those with income constraints. By 2030, the United States will see a significant increase in the number of transportation disadvantaged, especially those over the age of 65. The number of Washington residents age 65 or older is expected to nearly double by 2030, to more than 1.56 million. One in five of this group does not drive, which means an additional 153,674 people in Washington will be seeking sufficient transportation options in the next 20 years.

The new health care reform law will also create additional Medicaid beneficiaries who will be eligible for non-emergency Medicaid transportation or NEMT. In Washington, an additional 411,076 persons will become eligible for NEMT in 2014, when the maximum income level for Medicaid eligibility will go up to 133 percent of the federal poverty level. Further, the Community Transportation Association of America (CTAA) is advocating that persons who purchase their health insurance through the state exchanges created through the health care reform law be eligible for transportation services similar to NEMT.

These numbers threaten to overwhelm a public transportation system that is suffering from cutbacks and rising fares. Washington, however, is one of at least 26 states that have proactively established innovative transportation delivery programs in order to provide adequate transportation for those who cannot obtain it on their own while also saving state money and resources. This brief explores Washington’s Agency Council on Coordinated Transportation (ACCT), how the program is funded and its results since its inception in 1998.

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5 Nicholas J. Farber and James B. Reed, State Human Service Transportation Coordinating Councils: An Overview and State Profiles (Denver: NCSL, 2010).
Program Description

Washington achieves coordination of human service transportation using a state-level, inter-agency council in collaboration with regional and local entities. The state’s Agency Council on Coordinated Transportation or ACCT—housed at the Washington State Department of Transportation (WSDOT)—was created by the legislature in 1998. ACCT’s mission is to promote the coordination of special needs transportation, provide a forum for discussing issues and initiating change, provide oversight and direction to the state’s coordination agenda, and report to the legislature to propose legislative remedies. The statute originally established the Program for Agency Coordinated Transportation to facilitate a statewide approach to coordination and to support the development of community-based, coordinated transportation delivery system. It also created ACCT to implement that program, but was later amended to allow ACCT to “convene work groups at the state, regional, or local level to develop and implement coordinated approaches to special needs transportation.”

Fourteen voting members serve on ACCT, including representatives of the governor’s office, regional and metropolitan planning organizations, counties, transportation providers, and the state agencies of Public Instruction, Transportation, Social and Health Services, and Veterans Affairs, as well as at least three consumers of special needs transportation services. Four non-voting members are state legislators. ACCT’s purpose is to advance and improve accessibility to and coordination of transportation services statewide for persons with special transportation needs, defined as those persons, “including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation.”

Until 2007, ACCT’s mandated duties included developing guidelines for, initiating, and supporting local planning of coordinated transportation; engaging in coordination pilot projects; developing guidelines for setting performance measures and evaluating performance; administering grant funds; developing standards for safety, driver training, and vehicles; providing models for processes and technology to support coordinated service delivery systems; acting as an information clearinghouse for best practices and experiences; and advocating for coordination at the federal, state and local levels, including recommendations to the legislature.

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6 Ibid.; James B. Reed and Nicholas J. Farber, Transportation Mobility Management (Denver: National Conference of State Legislatures, August 2009).
8 Wash. Rev. Code Ann. §47.06B.030 (2010). The amendment of the statute has allowed for the formation of the Veteran’s Work Group and the Federal Opportunities Workgroup discussed later in this document.
10 Ibid.
In a 2007 report to the legislature, ACCT described its work as:\(^{13}\)

- **Measuring special needs transportation performance.** In 2006 ACCT measured the cost per trip, ridership, service and funding of 33 community transportation providers that received funding from WSDOT and eight that brokered nonemergency Medicaid transportation (NEMT). The measurements provide a baseline for ongoing evaluations.

- **Gathering feedback from stakeholders on performance.** ACCT hired a public relations firm in 2006 to identify opportunities and challenges regarding special needs transportation in light of the possible sunset of ACCT. It reported that ACCT’s mission was well understood and necessary, ACCT should be continued with additional resources, and ACCT should have a stronger mandate and additional participation.

- **Providing “Travel Options” to the general public:** For some years, the “Travel Options” internet search tool provided information about trip times, routes and connections for both scheduled and non-scheduled transportation services throughout the state. Travel Options was discontinued when Google Transit became available. ACCT now helps integrate transit agencies’ information into Google Transit.

- **Taking the lead on federal coordination requirements.** The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) requires locally developed coordinated public transportation plans for all federally funded human service transportation programs. Applicants for WSDOT public transportation grants are required to participate in the planning process with their Regional Transportation Planning Organization (RTPO) or Metropolitan Planning Organization (MPO). In 2006, ACCT led a nationally recognized effort to implement this requirement.

- **Supporting local coordination projects.** ACCT has collaborated with the CTAA to offer technical assistance grants to local Washington communities to help them form local coordinating councils. For instance, in 1997 ACCT provided a $69,410 grant to Mason Transit for a one-year project to demonstrate coordination with local school districts.\(^{14}\)

When the legislature reauthorized ACCT in 2007, it also amended the council’s statutory duties. ACCT must now adopt results-focused biennial work plans that identify and advocate for special needs transportation improvements, as well as prioritize projects that identify and address barriers in laws, policies and procedures. ACCT is further charged to develop statewide guidelines for customer complaint processes; represent special transportation needs in state emergency and disaster preparedness planning; appoint a work group to engage federal

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representatives and agencies in an analysis of federal requirements;\textsuperscript{15} and review and recommend certification of regional transportation planning organizations’ four-year plans.\textsuperscript{16}

Concerned about ACCT’s effectiveness, in 2007 legislators authorized a study to examine special needs transportation coordination. The final Joint Transportation Committee report, published in 2009, found that ACCT was underfunded and understaffed, needed performance measures to demonstrate accountability, should be given more authority to be more proactive in transportation planning, and needed amendments to its enabling legislation and bylaws to provide clearer guidance to members and staff.\textsuperscript{17}

The legislature responded to the Joint Transportation Committee report with further legislative action. Among other amendments, the legislation created local coordinating coalitions to advance local coordination and collaboration efforts, maximize efficiencies in special needs transportation programs, and advise ACCT about special transportation needs and services in each region. Each coalition’s members represent public transit agencies and other service providers, consumers, Medicaid brokers, social and human service programs, high school districts and the state Department of Veterans Affairs. Regional transportation planning organizations are to provide staff support.\textsuperscript{18} The legislature also passed additional provisions relating to ACCT oversight of local coordinating coalitions, which were subsequently vetoed.

The legislature also created a statewide work group to address federal barriers and opportunities for coordinated transportation and to support local coordination projects. The work group is tasked to invite their federal representatives and federal agencies to collaboratively develop consistent transportation definitions and terminology; identify barriers that prevent sharing of client lists or client information; work towards establishing consistent and uniform cost reporting systems; and explore opportunities to test cost allocation.\textsuperscript{19} To date, the work group has selected four pilot projects to test several different elements of coordinated transportation, such as cost sharing, regulatory obstacles, Medicaid trips on paratransit buses and NEMT.\textsuperscript{20} By the end of 2010, the lead agencies on the pilot projects will have completed a six month work plan and a complete project budget. The plan is required to identify barriers to the completion of the project and any recommendations of how any such barriers will be removed.\textsuperscript{21}

\textsuperscript{15} Wash. Rev. Code Ann. § 47.06B.060 (2010).
\textsuperscript{18} Wash. Rev. Code Ann. § 47.06B.070 (2010).
\textsuperscript{19} 2009 Wash. Lars, Chap. 515 § 1.
\textsuperscript{21} Ibid., 10.
As an additional focus, ACCT has worked with veterans’ organizations and transportation providers to help veterans’ access transportation to medical appointments. In 2008 ACCT participated in a forum to discuss the challenges that veterans face in regards to their transportation options. In response, ACCT has since used their existing group of transportation providers to lower costs, create shorter trips and provide other transportation solutions. ACCT also formed a group of veterans and transportation providers to address issues that arose at the forum. Because of these efforts, brokers now put veterans on Medicaid trips, veterans’ groups are provided additional information about existing services, and veterans are more involved in the coordination process.

Authority

Washington’s coordinated transportation program and ACCT are governed by 47.06B.010–900, Washington Annotated Statutes, which were first passed in 1998 and amended in 1999, 2007 and 2009. According to the current law, ACCT will sunset in 2011.

Funding

Funds from state and federal entities support ACCT’s activities. From 2007 to 2009, WSDOT leveraged a state appropriation ($381,000) to gain assistance from other sources such as the Federal Transit Administration ($975,763), a CTAA technical assistance grant ($200,000) and a state rural mobility grant ($87,500), for a total two-year budget of $1.41 million. These funds covered ACCT’s administrative costs and helped fund local coordination projects.

The interviews with ACCT stakeholders in 2006 revealed a common view that ACCT was underfunded and understaffed. Stakeholders expressed a desire for “sufficient, sustained and reliable funding for ACCT’s internal operations, its grant-making abilities, and for special needs transportation services generally.” The 2009 Joint Transportation Committee report also recommended providing ACCT with adequate funding to support its mission.

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23 Ibid.
27 State of Washington Joint Transportation Committee, Special Needs Transportation Coordination Study.
Results

In 2004, Washington’s coordinated transportation effort won a national award from the FTA to recognize the state’s progress in improving human service transportation for persons with special transportation needs. Persons with special transportation needs received over 4.75 million trips in Washington in 2005 from community providers and Medicaid-brokered services.

According to a 2005 report of the California State Transportation Task Team, Washington’s Secretary of Transportation and then-chair of ACCT Paula Hammond attributed ACCT’s success to having incentives in place to implement a multi-agency coordination program that provides the basis for “cross-cutting accountability.” This process places pressure on each peer agency to “identify rule and policy changes that remove barriers to sharing customers and services.”

Overall, community providers of special needs transportation in Washington state received $19.6 million for operating and capital expenses in 2005. Sources included state (25 percent of operating revenues, 28 percent of capital), federal (11 percent of operating, 55 percent of capital) and local funds (13 percent of operating, 16 percent of capital), contracts (36 percent of operating), fares (11 percent of operating) and other (4 percent of operating, 1 percent of capital). The state Medicaid program spent another $57.9 million in 2005 on brokered non-emergency medical transportation.

ACCT’s work is not over yet. In 2009, the Joint Transportation Committee report identified persisting barriers to coordination including “silicon” funding, system fragmentation, service duplication, lack of connectivity, inconsistent local coordination efforts and inconclusive pilot projects. Nevertheless, since its creation ACCT has had numerous successes. It has formed 18 human service transportation coalitions across the state; developed the framework for performance measures to demonstrate the results of coordinated transportation; developed policies to connect bus service statewide; and authored reports and resource manuals to state transit agencies. It also keeps special transportation on the minds of state legislators.

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