Personal mobility is a crucial tool required for people to enjoy many significant aspects of their lives. A growing number of transportation-disadvantaged people in the United States—those with an age-related condition or disability or who are poor—are impeded by immobility because they cannot access the most common mode of transportation—a car. This has created a need for specialized transportation services. To address this need, many federal, state and local agencies provide, administer or support a wide variety of human service transportation programs. These programs serve rural and urban communities, indigent populations, veterans, people with disabilities, senior citizens and Medicaid recipients.

The large number, diversity and dispersion of specialized transportation programs across many agencies potentially can create ineffective and inefficient service and problems such as duplication of service, underutilization of resources, inconsistent service, gaps in service, inconsistent safety standards and customer inconvenience. To combat these problems, government agencies, human service organizations and transportation planners have advocated improved program coordination. All 50 states and the District of Columbia have attempted such coordination through various approaches.

Coordinated Human Service Transportation: State Legislative Approaches examines state legislation in all states and the District of Columbia and offers recommendation for states that wish to evaluate their human service transportation systems and determine the best course of action for their jurisdiction.
Coordinated Human Service Transportation
State Legislative Approaches

By
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January 2005
The National Conference of State Legislatures is the bipartisan organization that serves the legislators and staffs of the states, commonwealths and territories.

NCSL provides research, technical assistance and opportunities for policymakers to exchange ideas on the most pressing state issues and is an effective and respected advocate for the interests of the states in the American federal system. Its objectives are:

• To improve the quality and effectiveness of state legislatures.
• To promote policy innovation and communication among state legislatures.
• To ensure state legislatures a strong, cohesive voice in the federal system.

The Conference operates from offices in Denver, Colorado, and Washington, D.C.

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In 2003, the National Conference of State Legislatures (NCSL) entered into a cooperative agreement with the Community Transportation Association of America (CTAA), with funding from the Federal Transit Administration (FTA), to develop a guide to human service transportation coordination for state legislators. This report tracks state efforts to coordinate a range of specialized transportation programs that are available to people who have difficulty accessing traditional transportation modes because of age, disability, poverty or other disadvantage. More significantly, the report is intended as a resource to help state legislators evaluate various coordination approaches and determine the best course of action for their jurisdiction.

Coordinated Human Service Transportation: State Legislative Approaches focuses on state-level coordination of human transportation services, with particular emphasis on state legislation. It is intended to assist state legislators who wish to examine the potential for greater human services transportation coordination in their states. The report includes background information about specialized transportation needs; provides information on coordination benefits and disadvantages; examines federal, state and local coordination activity; and highlights 2003 and 2004 state legislation. The report also contains profiles of coordination activities in all 50 states and the District of Columbia and considers the effectiveness of various state approaches. A detailed bibliography provides references to statutes, executive orders and reports in all 50 state jurisdictions, including web links where appropriate.
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Personal mobility is a crucial tool required for people to enjoy many significant aspects of their lives. A growing number of transportation-disadvantaged people in the United States—those with an age-related condition, disability, or who are poor—are imperiled by immobility because they cannot access the most common mode of transportation—a car. This has created a need for specialized transportation services, in part, as a consequence of the societal shift from caring for those with disabilities and age-related conditions in institutions to individualized care in communities. To address these needs, many federal, state and local agencies provide, administer or support a wide variety of human service transportation programs. These programs serve rural and urban communities, indigent populations, veterans, people with disabilities, senior citizens and Medicaid recipients.

The large number, diversity and dispersion of specialized transportation programs across many agencies potentially can create ineffective and inefficient service and problems such as duplication of service, underutilization of resources, inconsistent service, gaps in service, inconsistent safety standards and customer inconvenience. To combat these problems, government agencies, human service organizations and transportation planners have advocated improved program coordination. All 50 states and the District of Columbia show evidence of activity to coordinate human services transportation and some success in doing so through a variety of approaches. A largely unknown factor, however, is the effectiveness of state legislatively mandated coordination, which is the primary emphasis of this report.

Research for this report indicates that states take a variety of approaches to specialized transportation coordination. Thirty-four states have statutes with coordination requirements or authorizations for human service coordination. However, approaches vary in these states. Twenty-one states have statutes that specifically require coordination of human service transportation programs, and 13 of these states enacted legislation that involved multiple disadvantaged populations or state agencies. Other states have statutes that coordinate transportation for a single disadvantaged population or delegate coordination authority to local jurisdictions. Very few states—only two—consolidated specialized transportation services through legislative action.

Statutes in 17 states provide broad authority for an agency to coordinate specialized transportation services but do not specifically mandate such coordination. In at least 12 states, state agency reports or task forces have provided recommendations for future coordination.
activity, and at least 45 states, the District of Columbia and the Virgin Islands have applied for federal aid to improve coordination.

The comparative benefits and disadvantages of various state legislative approaches are unclear. Many studies have examined coordination methods that were formed without state legislative input, including coordination within state agencies, coordination in local communities, coordination by contractors and nongovernmental entities, and federal coordination. Much less has been written about coordination programs formed through state legislation, and the studies of such programs have indicated mixed results. Although there are examples of successful state legislative ventures, there also are reports from some jurisdictions that suggest coordination through legislation may not be a panacea that provides a solution to many of the specialized transportation concerns. In addition, no reports compare various state legislative approaches among multiple jurisdictions.

This report examines state legislation in all 50 states and the District of Columbia. Based on the findings in this report, the following recommendations are made.

1. Each state will want to determine the extent to which coordination is identified as a cost-savings or service quality need in their jurisdiction.

2. State lawmakers will want to identify the current approach to human services transportation coordination in their jurisdiction. Lawmakers will want to examine whether their state has any legislation that specifically governs human service transportation coordination.

3. States with specific legislative coordination mandates for specialized human services transportation will want to determine whether those provisions are being implemented. In several examples, there is no evidence that coordination provisions are being followed by agency action.

4. States without legislation that are dependent on an executive order will want to consider whether this approach adequately addresses coordination concerns. State executive orders generally do not survive the executive and are threatened when the governor leaves office. A more permanent coordination mechanism may be achieved through legislation.

5. States with coordination through independent administrative action might consider whether this approach sufficiently addresses coordination concerns. States with only independent agency action may not encompass all agencies that provide specialized transportation services.

6. In states with specific legislative coordination mandates, lawmakers will want to examine whether the legislation coordinates services for all disadvantaged populations for whom services are intended. States with “stove-pipe” coordination statutes—statutes that focus on a single population—may consider examining coordination for multiple disadvantaged populations.

7. States with broad coordination requirements will want to consider whether a more specific, specialized transportation mandate would be more appropriate.

8. In states with broad coordination statutes, agencies will want to examine their authority to determine the extent of coordination that is possible under existing laws.

9. States may want to consider measuring the effects and outcomes of state coordination activities and strategies, given the relative lack of such information currently.
1. Overview of Human Service Transportation

Transportation-Disadvantaged Population Needs Are Growing

Personal mobility is a crucial need for all individuals so that they can enjoy the many significant aspects of their lives. Mobility permits freedom and independence. It means greater choices for employment, the ability to work outside the home, improved access to medical care, nutrition, child care and other essential services. Mobility allows people to shop, eat out, go to movies, visit friends, and participate in other social and recreational activities. It also provides better access to educational opportunities and the chance to advance in life.

Mobility can easily be taken for granted. For many people, the greatest mobility challenge often is finding the key to the car or locating a bus or metro stop within walking distance. But for a growing number of transportation-disadvantaged Americans—those who may be impaired by age, disability or income constraint—mobility can be much more challenging.

Senior Citizens

According to the U.S. Census Bureau, the number of people age 65 and older rose by more than 3 million during the last decade to more than 35 million in 2000 (see figure 1). The number of Americans age 85 and older grew by more than 1.1 million during the same time, to more than 4.2 million. By 2025, the bureau projects the number of Americans age 65 and older will increase by nearly 80 percent, to more than 62 million.

![Figure 1. Number of People Over Age 65, Over Age 21 and Disabled, and Below Poverty Line](image)

For many senior citizens, common age-related conditions—such as loss of vision and slower response times—can make it difficult to drive or retain a driver’s license. A 2002 AARP survey found that 16 percent of respondents over age 75 reported not having a driver's license in 2001, and 25 percent had not driven at least once in the last month. Other age-related impairments, such as frailty, can diminish the ability to walk to bus or metro stops and can make it difficult for seniors to access alternate transportation. The National Household Transportation Survey conducted by the U.S. Department of Transportation in 2001 found that more than 50 percent of non-drivers age 65 and older—or 3.6 million Americans—stay home on any given day in part because they lack transportation options. As more senior citizens “age in place,” rather than live in institutional settings, transportation needs grow.

People with Disabilities

Many Americans have disabilities that prevent driving or easy access to public transportation. The 2000 census counted 49.7 million people—representing 19.3 percent of the noninstitutionalized population age 5 and older—with some type of long-lasting condition or disability. According to the census, 21.2 million people have a condition that limits basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying. Among those people age 16 to 64, 21.3 million suffered from a condition that affected their ability to work at a job or business. A National Organization on Disabilities survey found that 30 percent of respondents with disabilities had trouble accessing transportation, compared to 10 percent of respondents without disabilities.

Poverty

The number of people whose mobility may be limited by poverty also is growing. According to the U.S. Census Bureau, the number of poor rose for the second consecutive year in 2002. The bureau reported that 12.1 percent—or 34.6 million people—were living in poverty, up from 11.7 percent—32.9 million people—in 2001 (see figure 1). For those living at or below the poverty line, the costs to purchase, insure and maintain a car often are prohibitive. It is estimated that 90 percent of public assistance recipients do not own a car.

Mobility constraints can be particularly acute for people in rural communities. Rural residents often must travel long distances to jobs, health care, child care and job training. Indigent, disabled or older rural residents who cannot use or purchase a car have limited options for transportation. Nearly 40 percent of all rural residents live in communities with no public transportation, and 28 percent live in communities with limited service.

Many Programs Provide Services for Transportation-Disadvantaged Populations

A common misperception—based on the growth in the transportation-disadvantaged population—is that more public and private programs are needed to meet transportation requirements. In fact, multiple governmental agencies—at the federal, state and local levels—already provide or support programs for transportation-disadvantaged people. A 2003 report by the U.S. General Accountability Office (GAO) identified 62 federal programs that fund transportation services for transportation-disadvantaged populations. The report identified 16 federal programs that routinely are used to provide transportation and an additional 11 programs that spent at least $4 million for transportation services for transportation-
disadvantaged people. The GAO estimates that federal programs spent at least $2.4 billion on transportation services for transportation-disadvantaged populations in fiscal year 2001.\textsuperscript{15}

At the state level, all states either implement some federal programs for transportation-disadvantaged populations or have established their own services. Most federal programs that require or support human service transportation implement the programs through cooperation with state and local governments. State and local agencies use federal money plus their own funding for transportation programs. For example, the largest federal expenditure for human services transportation—nonemergency transportation under Medicaid—requires active state involvement. Although the original Medicaid legislation does not mention transportation, administrative and court decisions have required states that accept Medicaid funds to guarantee “access rights” for Medicaid recipients to ensure their ability to get to doctors and nonemergency Medicaid services. Federal regulation 42 CFR §431.53 requires that all states include a description of their nonemergency medical transportation program in their State Plan for Medical Assistance.

States are required to match federal funds with state funds to support Medicaid-related transportation. A GAO survey of five states—Arizona, Florida, New York, South Dakota and Wisconsin—found that nonfederal contributions for Medicaid nonemergency transportation ranged from 32 percent to 50 percent of total funding.\textsuperscript{16}

The GAO also reported similar state contributions for other federal programs. In 2001, for example, nonfederal sources provided 38 percent of the funding for transportation services under the U.S. Department of Transportation’s (DOT) Capital Assistance Program for Elderly Persons and Persons with Disabilities program in Wisconsin.\textsuperscript{17} Similarly, the GAO reported that approximately 30 percent of funding in New York and 27 percent of funding in Florida for transportation services under the U.S. Department of Education’s Vocational Rehabilitation Program came from nonfederal sources.

Many state and local governments have established human transportation services that are independent of federal programs. Overall, the GAO estimates that state and local governments spend several hundred million dollars for transportation disadvantaged populations each year.

Governments that provide services for transportation disadvantaged populations face difficult hurdles. They must overcome administrative and logistical barriers caused by multiple human service transportation programs in order to provide efficient and cost-effective services that are convenient for users.

The overall picture of human service transportation is jumbled. No single law or bill created programs for transportation disadvantaged populations and no single agency administers such programs. Laws evolved piecemeal as part of federal, state and local legislation, and federal, state, regional, county and city governmental agencies all are part of the human transportation service system. Programs serve rural and urban communities, indigent populations, veterans, people with disabilities, senior citizens and Medicaid recipients. They provide transportation for employment, nonemergency health care, child care, recreation, education and other activities.

Governments administer specialized human service transportation programs through multiple agencies that have different goals and serve distinct population segments. Eligibility standards,
vehicle needs, operating requirements, accountability procedures, routes and a host of other factors can differ, depending on the program and the agency involved.

At the state and local levels, specialized human service transportation administration can be even more diffuse. Transportation departments, transit agencies, health departments, social service agencies, education departments or departments that focus on aging issues administer programs for transportation-disadvantaged populations. Programs can differ across county or municipal borders. Often, services are not actually provided by a government agency. Private, for-profit companies frequently contract with state and local agencies to provide specialized human service transportation.

The dispersion of specialized human transportation services begins at the federal level, where 62 federal programs are spread through eight different departments. Most federal programs are administered in four departments—23 programs in the Department of Health and Human Services (HHS), 15 programs in the Department of Labor (DOL), eight programs in the Department of Education (ED), and six programs in the Department of Transportation (DOT). Ten other programs are housed in the departments of Housing and Urban Development (HUD), Veterans Affairs (VA), Agriculture and Interior and in the Social Security Agency\(^{18}\) (see appendix).

Many federal human service transportation programs are small components of a larger human service program. Medicaid is the largest program that provides transportation for a transportation-disadvantaged population. The federal government spent nearly $128.45 billion for Medicaid in 2001, approximately 7 percent of the entire federal budget. Only a fraction of that amount, $976.2 million, was spent for nonemergency medical transportation in 2001.\(^{19}\)

The second largest federal expenditure for transportation of disadvantaged populations was the Head Start program. HHS spent $514.5 million on Head Start transportation in 2001\(^{20}\) compared with the total federal appropriation of $6.2 billion for Head Start in 2001.\(^{21}\)
2. **COORDINATION OF HUMAN SERVICE TRANSPORTATION: BARRIERS AND BENEFITS**

The large number, diversity and dispersion of specialized transportation programs often lead to poor and inefficient service. A 2003 report by the Transportation Research Board (TRB) identified some common problems that hamper the delivery of programs for transportation-disadvantaged populations.22

- **Overlap and duplication of services.** Multiple providers, each with its own goals, equipment, eligibility standards and funding sources can result in significant duplication of expenditures and services.
- **Poor overall service.** Overlapping programs can mean that the total level of service is below the total level of need.
- **Underutilization of resources.** Multiple service providers can mean that vehicles and other resources are not used to capacity.
- **Inconsistent service across the community.** Programs often are duplicated in some areas of the community but are not available in others.
- **Service quality and safety standards can vary substantially from provider to provider.**
- **Inconvenient for the customer.** With multiple programs, system users frequently have no single reliable resource of information about all programs available to them. The burden is on the consumer to navigate the array of programs available.

To combat these problems, government agencies, human service organizations and transportation planners are promoting coordination as a potential solution. Since the 1970s, a host of agencies and organizations—including the GAO, the U.S. DOT, the U.S. DHHS, the TRB, the State of Oregon, the University of Minnesota, the Community Transportation Association of America (CTAA) and others—have published reports touting the benefits of coordinated human service transportation.

Coordination can reduce or eliminate many of the problems caused by multiple specialized transportation programs. Generally, coordination means better resource management, shared power from agency to agency, shared responsibility among agencies, and shared management and funding. The Federal Transit Administration (FTA) has defined coordination of specialized transportation services as “… a process in which two or more organizations interact to jointly accomplish their transportation objectives.”23

In practice, coordination has occurred through a variety of mechanisms. It has included better planning and communication between agencies through the development of a coordinating
committee or some other form of contact. In other examples, agencies have coordinated through “brokerage” arrangements that make a single agency the point of contact for all human service transportation. Coordination also has included shared use of vehicles and resources, joint procurement and purchasing, consolidated provision of services, harmonizing program standards and other devices that allow agencies to work together more cooperatively.

Benefits to Coordination

Coordination promises two main types of benefits—improved customer service and economic rewards. Coordination can improve customer service by recognizing that individuals do not always fit within the parameters of a single agency or program. More than likely, people who need transportation services might be eligible for several programs or require transportation for many purposes. They could be old, disabled and poor or they might be veterans and on welfare; they could need transportation for employment, medical care, recreation and job training, and might need to travel outside the geographic borders of a single political jurisdiction.

It can be confusing and difficult for a person who fits multiple categories to schedule travel. To use the system, the person must become familiar with the rules and regulations of many programs to determine which agency to call. If it is a multi-purpose trip across several jurisdictions, the person might need transportation from different service providers. If more than one agency is involved in a trip and the agencies do not coordinate, the customer can be stranded if a connecting ride is late. Problems with scheduling and service can confuse customers and make them reluctant to use the system.

Coordination offers an opportunity for different agencies and providers to improve specialized human service transportation quality. Although no single organizational act is the panacea that can make all specialized transportation operate more smoothly, many things can improve services. For example, rather than forcing consumers to determine eligibility requirements or route schedules, agencies can communicate with each other and allow consumers to use any point of contact to arrange services. Various agencies also can work together to bring better coverage across multiple jurisdictions and increase accountability for their programs. Improved customer service can make specialized human service transportation programs more pleasant and easy to use and improve the mobility of service users.

Coordination also has the potential for tremendous financial benefits. By coordinating their efforts, agencies can increase the total funding for specialized human service transportation by providing a greater number of funding sources. Coordination can eliminate duplication, increase efficiency and reduce costs. It also can increase the productivity of the system, enhance customer mobility by allowing access to jobs and recreational activities such as shopping, and create economic development. The TRB estimates that successful coordination programs could generate more than $700 million in economic benefits to human service and transit programs in the United States.24 A Pierce County, Washington, study estimated that a $1 per trip cost savings could translate into an additional 25,000 rides each year.25

Barriers to Coordination

Although coordination offers many potential benefits, analysts have identified numerous institutional, legal and practical barriers that can impede coordination efforts. One obstacle is
program disparity, which can make cooperation impractical or can make program administrators reluctant to share vehicles and resources. Programs that provide specialized human service transportation have distinct requirements, such as eligibility standards, vehicle needs and insurance. Agencies that administer a specialized human transportation program may believe that only they can fully understand, appreciate and respond to the needs of their clients, thus inhibiting cooperation and preventing coordination.

More practically, rule differences can make it physically and legally difficult to share resources. Some populations have different needs and cannot share vehicles and resources. Where rules and standards are determined by federal law, state, local and regional providers may be legally prevented from coordination by factors outside their control.

A related problem may be reluctance to mix different vulnerable populations in one coordinated system. If agencies are forced to share vehicles and other resources, it is conceivable that people with diverse impairments and needs could be placed together. Children could share vehicles with senior citizens. People with disabilities might share space with nondisabled people. Someone who is sick and seeking nonemergency medical care might be asked to travel with someone who is healthy and traveling for employment training. This forced mixing of populations could diminish overall use of specialized transportation services. Some people might avoid the programs due to a stigma that might be attached to use. Others could be concerned about greater exposure to people who do not have similar disabilities or ailments.

Costs also could hamper coordination of human service transportation. At a minimum, funds are needed for staff to oversee coordination efforts. Money also may be required to cover new costs incurred as the result of coordination. Some additional expenses could include bringing more vehicles up to new safety standards or paying additional insurance. According to the GAO, because many states and the federal government face budget concerns, coordination funding is a low priority. Adequate resources may not be available to ensure effective coordination.

Another obstacle to coordination is lack of incentive. Coordination may not be an effective strategy in every community. In small or rural communities, transportation-disadvantaged populations may have no or partial access to specialized transportation services, and coordination of these limited services provides little or no benefit.

Some researchers have questioned whether the perceived benefits of coordination match reality. According to a report from the University of Minnesota, little objective evidence is available regarding the existence or magnitude of problems commonly cited in human service transportation. The actual sharing of resources and coordinating operations is rare, and the mere fact that a program is in operation is often cited as a success. Coordination might seem like the best solution, but, according to the report’s authors, the benefits are not always well-documented. The authors suggest more study of the problems may be necessary before coordination can be fully recommended as a policy solution.
Federal action is crucial for coordination success. Although state and local governments are primarily responsible for implementing specialized human service transportation programs, the majority of programs are supported by federal funds and result from federal mandates and requirements. Federal laws govern many key provisions, such as eligibility thresholds, vehicle equipment and safety standards, driver training, liability insurance provisions and funding cycles. Changes to these rules and overall guidance for state and local coordination can come about only through federal action.

The need for federal guidance and coordination is well-documented. Since the 1970s, the GAO has issued three reports—in 1977, 1999 and 2003—that recommended federal action to improve coordination of specialized human service transportation programs. In its June 2003 report, the GAO identified limited federal guidance and information as a barrier to overall coordination.29 The GAO found in site visits that some state officials received little federal direction about the best methods to coordinate services and were forced to develop their own approaches. The GAO concluded that more effective federal coordination efforts were needed to ensure that transportation services reach the greatest number of recipients.30

Federal Coordination Legislation

Although many federal statutes require human transportation services, little legislation mandates program coordination. An exception is the Job Access and Reverse Commute (JARC) Program. Enacted in 1998 as part of the Transportation Equity Act for the 21st Century (TEA-21), JARC contains requirements for coordination of specialized transportation services. As a condition of grant assistance, states that receive JARC funding must coordinate job access projects with state or local agencies that administer the Temporary Aid to Needy Families (TANF) and Welfare-to-Work programs. JARC also permits matching requirements to be met with federal human service funding as an incentive to coordinate different federal programs.

TEA-21 contained several additional provisions that endorsed increased coordination of specialized human transportation services. One section directed the U.S. DOT to encourage coordination through the metropolitan planning process. Another provision stipulated that, to the extent possible, governmental agencies and nonprofit organizations that receive assistance from government sources other than DOT for nonemergency transportation services shall coordinate the design and delivery of transportation services and be included in the planning for those services.31
Other Federal Coordination Activities

More federal coordination efforts stem from executive and administrative action. In 1986, the U.S. DHHS and the U.S. DOT signed a memorandum of understanding to form the Coordinating Council on Access and Mobility (CCAM). The CCAM, composed of representatives from program offices within these departments, was responsible for coordinating transportation programs at the federal level. The intent of the CCAM was to eliminate confusion among all levels of government over the amount of coordination that was allowed. The role of the CCAM was limited, however, because only two departments were involved.

In February 2004, President Bush expanded the CCAM through Executive Order 13330, which created the Interagency Transportation Coordinating Council on Access and Mobility and directed 10 federal agencies to join. It requires the council to eliminate duplication and overlapping federal programs and improve the coordination of federally supported transportation services at all levels. The council also must facilitate access to the most appropriate, cost-effective transportation services within existing resources, encourage enhanced customer access to the variety of transportation resources available, and formulate and implement administrative, policy and procedural mechanisms that enhance transportation services at all levels.

Recently, the U.S. Department of Transportation, U.S. Department of Health and Human Services, U.S. Department of Labor, and U.S. Department of Education have collaborated to promote the coordination of specialized transportation services. Through the United We Ride initiative, these agencies have developed publications and made resources available to improve federal, state and local coordination. United We Ride is a five-part initiative to encourage the coordination of transportation services so that people can access health care, employment and employment-related services, and other community resources. The initiative’s primary publication, A Framework for Action, was developed in 2003 as a self-assessment tool that states and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation. A national leadership forum, held in February 2004, brought together state government leaders to encourage and promote state-level coordination.

As another key component of United We Ride, the Federal Transit Administration (FTA) made available $1.575 million in grants for FY 2004 for states to address gaps in their coordination of human services transportation. According to FTA’s July 2004 request for proposals, state coordination grants are intended to increase the overall capacity of states to deliver comprehensive and coordinated human service transportation to meet the needs of the transportation-disadvantaged population and to increase cross-agency collaboration to facilitate coordination, enhance services, and reduce duplication and redundancies. The grants can be used to assist states in 1) conducting a comprehensive state assessment using the Framework for Action; 2) developing a comprehensive state action plan for coordinating human service transportation; or 3) for those states who already have a comprehensive action plan, grants can be used for implementing one or more of the elements identified in the Framework for Action. Grants will be given to all states that submit proposals and meet the requirements, with awards ranging from $20,000 to $35,000. As of November 2004, 45 states, the District of Columbia and the Virgin Islands had applied for funds under the program.
Other federal initiatives are focused on providing more coordination information to state and local lawmakers. A technical assistance program—Help Along the Way—is intended to provide hands-on assistance to states and communities to coordinate their human service transportation programs. Several federal agencies also encouraged and supported the formation of the National Consortium on the Coordination of Human Services Coordination to increase communication and participation among state and local organizations. The consortium is comprised of national organizations with an interest in human services and transportation—including the American Association of Retired Persons (AARP), the National Governors Association (NGA), the National Association of Area Agencies on Aging (NAAAA), and the National Conference of State Legislatures (NCSL).

Legislation pending in Congress promises to further strengthen federal human service transportation coordination. Bills to reauthorize TEA-21, reform welfare and modify the Workforce Investment Act contain provisions that require federal, state and local coordination. Despite these potential changes in federal law and other coordination efforts, more federal action still is needed. In a February 24, 2004, letter to U.S. Representative Thomas Petri, Chairman of the Subcommittee on Highways, Transit and Pipelines, the U.S GAO acknowledged that federal coordination activities have increased. However, the GAO also found that some agencies were not yet moving toward coordination. According to the GAO, with impending budget uncertainties at the federal and state level, it is important to establish long-term commitments to coordination.
4. **State Coordination Approaches**

Although federal and local efforts are important to the more efficient operation of specialized human service transportation, state governments provide a forum with perhaps the most potential to realize benefits from coordination. States are uniquely positioned to overcome some of the problems associated with multiple specialized transportation programs. They directly or indirectly influence most transportation services in their jurisdiction and can affect or determine eligibility standards, decide program rules, and fund or support many local initiatives.

Unlike local governments, state planning is not confined to a single county or municipality. A state has the ability and authority to address transportation needs that extend to a larger area. State agencies provide information and services for all state residents and can eliminate confusion and inconveniences when customers travel long distances. They can also ensure statewide uniformity in program standards and safety requirements.

**Coordination Mechanisms**

For this report, NCSL examined relevant statutes, regulations and published material for human service transportation programs. NCSL found evidence of coordination activity or authorizations for coordination in all 50 states and the District of Columbia. Although the degree of activity varied dramatically, lawmakers and state officials used three types of coordination mechanisms: legislation, executive orders and independent agency action.

NCSL found 34 states with statutes related to coordination. Of these, NCSL identified 21 states with statutes that specifically relate to human service transportation coordination, and 16 states with statutes that require or authorize human service coordination but are not specific to transportation programs. Governors issued executive orders related to coordination in at least nine states, and state and local agencies attempted coordination without a directive from an elected official or legislative body in at least 27 states and the District of Columbia (see table 1).

NCSL found that the type of mechanism used frequently affected the extent and longevity of state coordination. Executive orders issued by state governors usually covered multiple transportation programs and were comprehensive in scope. In almost every example, executive orders related to human service transportation coordination required multiple state agencies and other officials to form a committee or group to discuss and address coordination issues.
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<th>State/Jurisdiction</th>
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*Still functioning
However, executive orders for human service transportation also proved short-lived. In at least seven of the nine states with such orders, the governor who issued the order no longer is in office and the orders technically have terminated. In at least two states—Alabama and Colorado—the orders completely expired, were discontinued, or are otherwise no longer in existence. In the four other states with expired executive orders, work products from the orders are still in evidence, but the significance of the executive order may have diminished. For example, an executive order in Louisiana, originally issued by Governor Edwards and recreated by Governor Foster in 1996, has formally expired and has not been recreated by Governor Blanco. The interagency coordinating committee established by the original executive orders still meets; however, its legislative members no longer participate.

State coordination through legislation, on paper, seems more permanent than executive orders. In some cases, however, after state legislation passed, coordination did not occur. Often, legislation included coordination or cooperation authority or requirements that was not followed by the agency that was charged with coordinating or cooperating. In at least two states—Connecticut and Indiana—state lawmakers repealed coordination statutes.

Coordination-related legislation also often proved to be less far-reaching than executive orders. Only 13 states have statutes that attempt to coordinate multiple human service transportation programs. More common are statutes that relate to a single program or that provide broad authority for an agency to coordinate all services—including transportation—for a disadvantaged population.

The longevity and scope of independent agency action are more difficult to generalize. In many cases, a single agency took the initiative to coordinate programs within its own jurisdiction. In other examples, several agencies collaborated on programs that affected multiple disadvantaged populations. Some efforts have lasted many months or years, while others have not.

Degree of Coordination Varies

In addition to various coordination mechanisms, state efforts also vary in the degree of coordination. Some states have extensive laws that cover many agencies and disadvantaged populations. Other state coordination efforts are embryonic, with few or no laws and coordination efforts in the initial planning stages. NCSL identified seven different state approaches: comprehensive coordination, stove-pipe coordination, consolidation, local coordination, broad coordination, planned coordination and aborted coordination. The following sections describe each type of coordination.

Comprehensive Coordination

The most common approach used for human service transportation coordination has been to involve many agencies, organizations, officials and disadvantaged populations in a statewide coordination effort. NCSL identified 21 states that fit this comprehensive approach category (see figure 2). Thirteen states—Arkansas, California, Florida, Idaho, Illinois, Iowa, Kentucky, Maryland, Minnesota, Missouri, North Carolina, Vermont and Washington—have comprehensive coordination statutes. At least six states—Louisiana, Maryland, Nebraska, North Carolina, South Dakota and West Virginia—approached coordination through executive orders that involved multiple agencies or disadvantaged populations. Agencies in at least four
states—Alaska, Maine, Massachusetts and Ohio—tried comprehensive coordination without specific direction from the legislature or the governor.

**Figure 2. States with Comprehensive Coordination**

States have used two different comprehensive coordination techniques: coordination through a cooperating committee, council or similar body that brings together officials from multiple state and local agencies and organizations, and coordination through a statewide program that assists multiple disadvantaged populations. NCSL identified 16 states that created a coordinating body and 15 states that established other programs to coordinate services for transportation disadvantaged populations. Several states used both approaches.

Florida lawmakers enacted perhaps the most ambitious program for coordinating human service transportation. In 1979, the Legislature created Florida’s Transportation Disadvantaged Program to foster coordination. In 1989, Florida amended the program by establishing a Commission for the Transportation Disadvantaged. The commission membership includes the secretaries, directors and commissioners of seven state departments, delegates from statewide organizations that represent disadvantaged populations, private for-profit and nonprofit transportation service providers, state transportation associations and business community representatives. The commission’s purposes are to improve coordination and achieve the cost-effective provision of transportation services for the transportation-disadvantaged population. To carry out its purposes, the commission must perform 27 tasks defined by statute. These include acting as an information clearinghouse, developing coordination policies and procedures, determining performance standards and liability insurance requirements, coordinating with local governments, designing and developing training programs, preparing a statewide five-year transportation disadvantaged plan, and making annual reports to the governor and the Legislature. The statutes also define the role of commission member agencies, local governments and metropolitan planning organizations in the coordination process. Funding for coordination is provided through a special Transportation Disadvantaged Trust Fund.
State Coordination Approaches

Washington lawmakers enacted comprehensive coordination legislation in 1998 that was intended to increase efficiencies in transportation for people with special needs. The law established a program for agency-coordinated transportation to facilitate a statewide approach to coordination and support the development of community-based coordinated transportation systems. It also created an agency council on coordinated transportation, comprised of nine voting members who represent various state agencies and consumer groups, and eight nonvoting legislative members. The council is charged by law with 21 tasks to ensure coordination. It also may work with local planning forums to improve cooperation with local providers. The council will sunset by law on June 30, 2007, and other coordination statutes will sunset on June 30, 2008.

Idaho’s broadly worded coordination statute requires all state agencies except the Department of Education and all public entities that use public funds to provide public transportation services to make semiannual reports to the Department of Transportation regarding the amount of funding expended, audits conducted, the number of passengers carried, the agency vehicles used, and the vehicle miles driven to provide public transportation for Idaho citizens. The law requires that Idaho DOT cooperate with other state agencies and public entities to develop a comprehensive plan for public transportation and provide assistance to operators of local and regional transportation systems that are consistent with program objectives. It also creates an interagency working group to advise and assist the department in analyzing public transportation needs, identifying areas for coordination, and developing strategies for eliminating state-level procedural and regulatory barriers to coordination.

North Carolina tackled human service coordination through a series of executive orders and through legislation. Its original executive order, issued in 1978, and each successive order, including the most recent in 2002, created the North Carolina Human Service Transportation Council. The council, composed of representatives of six different state departments and up to 25 divisions that administer human service transportation programs, is charged with maximizing cooperation and promoting customer-centered transportation policies. Its duties are to undertake studies and demonstration projects to enhance coordination, make recommendations concerning human service transportation policy to state agencies, identify opportunities and barriers, and develop an annual report.

The North Carolina Act to Remove Barriers to Coordinating Human Service and Volunteer Transportation, enacted in 1981, supplements North Carolina’s executive orders. The act was intended to promote improved transportation for senior citizens, people with disabilities, and residents of rural areas and small towns through an expanded and coordinated transportation network. It clarifies definitions and insurance requirements for human service and volunteer transportation and prevents local jurisdictions from imposing special taxes or licensing requirements on such transportation.

Vermont lawmakers created a comprehensive coordination approach that involves both a cooperating body and programs that provide service to multiple disadvantaged populations. In 1999, Vermont created a public transit advisory council that includes 16 members from the legislature and state agencies to provide advice on all matters related to public service transit. In 2000, the Vermont legislature mandated the coordination of specialized transportation services in its public transportation policy plan. Under its current system, Vermont coordinates all modes of transit, in both rural and urban areas, and incorporates a statewide brokerage for
nonemergency Medicaid transportation, a women’s cancer screening program, job access and training, and senior and disabled programs.

**Stove-pipe Coordination**

A second state approach has been to separately coordinate transportation services for a single disadvantaged population. Usually, in “stove-pipe coordination” states, a single state department or agency coordinates all transportation for a particular disadvantaged population. For example, the Department on Aging might coordinate all transportation for senior citizens, while the Department of Human Services might coordinate all nonemergency medical transportation for Medicaid recipients. In other examples, multiple agencies are tied together to coordinate transportation for a single disadvantaged population.

NCSL found evidence of stove-pipe coordination in at least 20 states and the District of Columbia (see figure 3). Only five of these states—Kansas, New Jersey, New York, Pennsylvania and Wisconsin—created the stove-pipe approach through legislation. In Kansas, lawmakers established a program to coordinate transportation assistance to seniors and the disabled. The Kansas Elderly and Disabled Coordinated Public Transportation Assistance Act requires that, where programmatically feasible, all entities involved in administrating or providing transportation services to the elderly and disabled must work together to effectively use resources and alleviate duplication of services. The law created the Elderly and Disabled Coordinated Public Transportation Assistance Fund to use for the coordinated development, improvement or maintenance of transportation systems for elderly or disabled people. The statute requires that applications for money from the fund be evaluated based upon whether the proposal serves the transportation needs of senior and disabled citizens, whether resources for transportation services are used effectively and efficiently, and whether duplicative and inefficient administrative costs and transportation services are avoided.

![Figure 3. States with Stove-pipe Coordination](source)
New York lawmakers constructed the Rural Public Transportation Coordination Assistance Program to address special transportation needs in rural communities. New York's statute directed the state Department of Transportation to coordinate rural transportation services with other state services and federal and local governments. It created an interagency coordinating committee on rural public transportation that included members from the Legislature, state agencies and local providers. The committee was required to identify programs and funds that could support coordinated transportation services, identify coordination restrictions and barriers, and recommend changes in law to improve coordination.

Pennsylvania established a shared-ride program that was intended to provide demand-responsive transportation for adults age 65 or older. Pennsylvania's statute directs the state Department of Transportation to administer the shared-ride program and appoint program coordinators in each county. It also requires the coordinators to develop and submit to the DOT a coordinated plan for the program that includes any information about current fixed-route and shared-ride programs.

Wisconsin established a statewide plan to coordinate several employment-related human service transportation programs. Wisconsin law designates the Department of Transportation (WisDOT) as the lead state agency in demand management and ride-sharing activities and requires the department to collaborate with the Department of Workforce Development in job access and assistance programs. The statute gives the department all powers necessary to develop and implement a state transportation employment and mobility program that includes the coordination of demand-management, ride-sharing, and job access and employment transportation assistance. Under this authority, WisDOT established the Wisconsin Employment Transportation Assistance Program (WETAP) with the Department of Workforce Development to address transportation needs of low-income workers. Through WETAP, the state awards money to cities, counties, Indian tribes, community service organizations, transit systems and other entities that provide transportation services.

In the 15 other jurisdictions with evidence of stove-pipe coordination, state agencies acted to coordinate nonemergency medical transportation (NEMT) services under Medicaid programs. In all these states, agencies established a statewide brokerage to coordinate NEMT services. A brokerage serves as a single point of contact or a gatekeeper for customers who use transportation services. The broker can contract with for-profit and nonprofit providers, schedule trips and make customer reservations, dispatch and maintain equipment, provide reimbursement for operators and maintain insurance. The broker also might keep registration information for eligible individuals, be responsible for training drivers and insuring vehicle safety, and maintain program records.

Agencies in 10 jurisdictions—California, Colorado, Connecticut, Delaware, the District of Columbia, Georgia, Maryland, Nevada, Oklahoma and Virginia—established brokerages by contracting with a national specialized transportation managing company, called Logistica. NCSL also identified statewide NEMT brokerages in Alabama, Rhode Island, Tennessee and Utah.

Consolidation

Another potential state approach to coordinate human service transportation is to merge programs or consolidate all responsibility for transportation into a single agency. Consolidation
frequently is touted as an effective, cost-savings mechanism that can eliminate duplication and improve efficiencies. In fact, actual examples of consolidation of human service transportation programs are rare. Only two states—Nebraska and Texas—consolidated specialized transportation programs through legislation. In 1997, Nebraska combined several human service agencies into a unified system.57 The intent of the measure was to maximize efficiencies and make the system more customer friendly. The end result, Nebraska’s Health and Human Services System, now provides a single access point for a range of transportation needs, including nonemergency medical treatment, shopping for necessities, therapy, assistance for obtaining mobility equipment, support groups, transportation to meal sites, transportation to drug and pharmacy stores, reimbursement for travel costs during medical treatment, and transportation to apply for benefits.

Texas lawmakers passed a bill in 2003 that transferred responsibility for most human services transportation to the Texas Department of Transportation (TXDOT).58 House Bill 3588 was intended to eliminate waste in public transportation services, improve efficiencies and upgrade service. A Public Transportation Advisory Committee that was reconstituted under the law was given authority to make recommendations to improve coordination. The measure also required all human service agencies that provide transportation services with its clients to contract with TXDOT.

NCSL found no examples of consolidation through an executive order. It also did not find evidence of large-scale consolidation of specialized transportation programs through independent administrative action. However, it is possible or even likely that some agencies have consolidated responsibilities for parts of specialized transportation programs on a smaller scale and without any legal device. For example, some agencies may have combined functions such as dispatch, scheduling, answering services and vehicle maintenance without making amendments to the statute or administrative code that governs the program.

**Local Coordination**

Another common state approach has been to coordinate specialized transportation services through local governments or organizations. In local coordination states, the state either has encouraged or required local coordination of human service transportation programs, or local agencies have begun to coordinate such programs without state input. NCSL identified 16 states with local coordination elements, although it is likely that governments are coordinating programs in many more local jurisdictions.

Six states—Kansas, Montana, New Jersey, Pennsylvania, Vermont and Virginia—require or encourage local coordination through statutes. In Kansas, transportation providers must join a Coordinated Transit District (CTD) to be eligible for state transportation funds. Fifteen CTDs in the state, ranging in size from a single county to 28 counties, coordinate individual transit providers in order to enhance scheduling availability and maximize vehicle usage to improve rider satisfaction. CTDs are charged with assisting the Kansas Department of Transportation (KDOT) in program administration and serve as clearinghouses for funding applications. CTDs also oversee drug testing procedures, use collective buying procedures and centralized marketing, monitor provider compliance with state and federal laws, and coordinate funding sources.
Montana law contains several provisions that authorize or require local coordination of specialized transportation services. The Montana code allows a county, urban transportation district or municipality to levy property taxes to fund special transportation services for senior citizens and people with disabilities. It also encourages these political entities to enter into interlocal agreements to provide regional transportation services to senior citizens and those with disabilities and allows them to create regional advisory committees to coordinate regional transportation services.

Another Montana statute creates an account to fund local transportation services for seniors and people with disabilities. Priority for awarding grants from the fund is in part determined by the level of coordination of services by the grantee. In awarding grants, the Montana Department of Transportation is required to give preference to proposals that:

- Include the establishment of a transit authority to coordinate service area or regional transportation services;
- Identify all other transportation providers in the community;
- Explain how services will be coordinated with other transportation providers in the service area or region;
- Include documentation of coordination with other local transportation programs within the community;
- Use existing resources and equipment to maximize the delivery of service; and
- Invite school districts to participate in the coordination process.

Vermont’s comprehensive coordination statute includes a local coordination component. By law, all short-range public transit plans must be coordinated with the efforts of the regional planning commission. Regional plans, together with the Agency of Transportation’s public transit plan, are intended to coordinate the provision of public, private nonprofit, and private for-profit regional public transit services to ensure effective local, regional and statewide delivery of services.

Virginia lawmakers created the Specialized Transportation Incentive Fund in 1990 to assist participating planning districts to develop coordinated transportation plans and projects. Local planning districts and communities that apply for money from the fund must consult with a metropolitan planning organization (MPO), if one exists, and establish a transportation coordination committee to guide planning for the coordination and administration of specialized transportation. The Virginia General Assembly appropriated funding for this program.

In 2002, Virginia lawmakers transferred the responsibility of the Specialized Transportation Program to the Virginia Disability Commission. The Virginia Disability Commission was formed in 1990 under House Joint General Resolution 45 to identify legislative priorities that need to be examined by the Assembly in order to provide ongoing support to develop and review services and funding related to Virginians with physical and sensory disabilities.

Administrative action by state agencies and local governments spurred local coordination in at least 12 states—Alaska, Arizona, Colorado, Hawaii, Indiana, Michigan, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota and Wyoming. In Ohio, the state Department of Transportation (ODOT) provides financial incentives for counties to promote coordinated transportation. ODOT awarded $6.3 million to 37 coordination projects in the state from 1996 to 2004. In 2004 alone, ODOT awarded $1.3 million to 19 Ohio coordination projects.
In Pennsylvania, the Pittsburgh Public Transit Authority coordinates its services through a transportation broker. Through Pittsburgh’s ACCESS program, the broker is responsible for determining eligibility, providing technical assistance and contracting with service providers to provide transportation services throughout Allegheny County. The program was started in 1979.

It is likely that many other localities coordinate human services transportation to some degree. A December 2003 survey of metropolitan planning organizations (MPOs) by the Association of Metropolitan Planning Organizations (AMPO) found that 61 percent of the 74 MPOs that responded used federal transportation planning funds to facilitate human services transportation planning and coordination. Forty-five percent of the respondents participated in a health and human services coordinating committee, coordination working group, or another type of HHS planning forum. The survey cites multiple examples of local coordination efforts in states such as California, Delaware, Florida, Kansas, Minnesota, Nevada, Oklahoma, Tennessee and Texas. (Because this report is intended to capture state activity and serve as a guide for state legislators, NCSL did not attempt to capture all local coordination efforts.)

It is also important to note that there is evidence of coordination in some tribal communities. In Oklahoma, for example, the Chickasaw nation has combined several funding sources for specialized transportation and coordinated delivery of services across an 11-county area. Agencies that have participated in the coordinated effort include Head Start, a hospital, several youth programs, and a senior citizen nutrition center.

**Broad Coordination Authority**

NCSL found that many states sanction or require the coordination of various human service programs. However, coordination provisions are not always specific to specialized transportation. In some broad coordination authority states, statutes give agencies the power to cooperate with other agencies or require agencies to coordinate all matters related to a particular disadvantaged population, including transportation. In other examples, the department of transportation has the responsibility to coordinate all transportation services, including specialized transportation.

NCSL identified 17 states—Alabama, Arizona, Colorado, Louisiana, Maine, Massachusetts, Mississippi, Montana, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina and Tennessee—that authorize or require coordination of human service transportation through broad statutes. In Maine, several agencies have broad coordination responsibilities that are not specifically linked to specialized transportation. The Maine Department of Transportation must provide assistance to all public transportation providers including planning and technical assistance, information transfer, capital and operations planning, performance monitoring and evaluation, quality assurance, accounting and assistance with management information systems. MaineDOT also must act as a mediator and arbiter of disputes between state agencies and transportation providers regarding service, advise transportation providers regarding the liability of volunteer drivers, and provide capital and operating fund assistance.

Maine’s Bureau of Elder and Adult Services, Department of Human Services, is responsible for taking actions necessary to ensure consistency of priority social service programs for older
people in the state.69 Transportation is among the priority social services available for seniors in the state and, therefore, within the rubric of the bureau's broad consistency mandate.

Similarly, Maine's Department of Health and Welfare administers the Temporary Assistance for Needy Families (TANF) program and is required to collaborate with other state agencies to provide efficient and effective TANF services,70 among which are transitional transportation benefits.

Other states have comparable statutes with broad coordination requirements. Massachusetts gives authority to its Department of Elder Affairs and its Department of Mental Retardation to coordinate all services for the populations they serve.71 The Mississippi code requires the Department of Human Services to cooperate with several specific state agencies—including the Department of Transportation—to provide TANF services and to include those agencies in the planning process.72 Montana gives its Department of Public Health and Human Services the power to cooperate with other departments, agencies and institutions to provide vocational rehabilitation services—which include transportation services—to people with disabilities or with blindness.73 The Aging Services Division of the Department of Human Resources in Nevada has statutory authority to develop and coordinate a comprehensive state plan to meet the needs of older people in the state and to coordinate all state and federal funding of service programs to the aging in the state.74 Rhode Island created a state coordinating committee on disability rights and included the public transit authority in its membership.75

**Planned Coordination**

Although only a few jurisdictions have truly comprehensive statewide coordination programs for specialized transportation services, many states have studied coordination or are actively contemplating future coordination activities. NCSL found human service transportation coordination reports or studies or requirements for studies in 12 states—Colorado, Iowa, Maryland, Montana, New Hampshire, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina and Texas. Agencies in several states—such as Maryland, Montana and Ohio—have developed “how to” manuals to guide coordination efforts throughout the state. Other states—such as Iowa, New Hampshire, North Dakota and Rhode Island—formed task forces to study coordination and develop recommendations.76

Since the FTA issued its request for proposals in July 2004 under its United We Ride initiative, many states have indicated interest in coordination. According to the FTA, as of September 2004, 45 states, the District of Columbia and the Virgin Islands had applied to receive coordination grants under the initiative.

In five states—California, Colorado, Delaware, South Dakota and Texas—nongovernmental entities are promoting the coordination of human service transportation. In California, the California Association for Coordinated Transportation (CalAct) represents small, rural and specialized transportation providers. CalAct's mission is to promote funding and service coordination. CalAct lobbies at the state and federal levels to protect transit programs and encourage cooperation between human and social service agencies, universities, and tribal and public transportation programs.

The Delaware Center for Transportation is conducting research to define and develop the critical elements to create cooperative transportation agreements and to identify and evaluate
methods that will promote and enhance access and mobility for people in Delaware. An abstract of its research report promotes coordination. It states that transit providers must “… optimize the combination of service, quality, demand, demand structure and efficient use of available resources involving both the public and private sector. From the standpoint of available resources it becomes apparent that the problem lays not so much in the quantity of vehicles and transit providers as in coordination and integration of services.”

Aborted Coordination

NCSL found evidence in two states that the legislatures repealed coordination. In 1989, Indiana repealed its Transportation Coordinating Board and shifted its functions to the Department of Transportation. A 2002 Connecticut bill eliminated some responsibilities in the Connecticut Department of Transportation (ConnDOT) regarding specialized transportation, including a pilot program for developing a regional framework to plan and coordinate special transportation services.

The reasons for repeal are unclear in both states. In 1998, however, the Connecticut Legislative Program Review and Investigations Committee studied dial-a-ride programs available to seniors in the state. The committee concluded that it would be premature to recommend a state-coordinated service delivery model for older adult dial-a-ride programs because of the lack of ConnDOT progress toward coordinating services in its Waterbury pilot program. The committee also found that several other mandates giving ConnDOT broad authority over transportation planning and oversight had not been implemented. It is important to note that, in both Connecticut and Indiana, some coordination has continued.

Transportation Coordination State Legislative Activity 2003-2004

In the 2003 and 2004 legislative sessions nine states considered various proposals regarding transportation for disadvantaged populations such as senior citizens, people with disabilities, individuals with low-income and those living in rural areas. Many of the states considered resolutions that required studies on this issue and required reports to the legislature. Other states debated proposals to create new programs designed to make transit more easily accessible to senior citizens and people with disabilities. Though all the bills do not directly relate to or include coordination, they are included to give an indication of the various legislatures’ interests in programs and activities related to the transportation-disadvantaged.

In 2004, Hawaii, Massachusetts, New York, Rhode Island, Tennessee and West Virginia debated proposals regarding transit services to disadvantaged populations. In New York, a bill is under consideration that requires the Metro Commuter Transportation Authority to work with the Long Island railroad, the Long Island bus service and Nassau County bus service to establish and implement a reciprocity program or joint service arrangement. According to the bill, the purpose of the new program or arrangement would be to make it easier for passengers to ride transit over county boundaries.

A study by the Institute for Women's Policy Research revealed that many women in West Virginia are living in poverty in areas not served by public transportation. The study concluded that the delivery of social services, including access to transportation, was necessary to improve the quality of life for women in West Virginia. The study led the West Virginia Legislature to
consider a concurrent resolution in 2004 requesting the Joint Committee on Government and Finance to conduct a study of the transportation needs of women, people living below the poverty level, seniors, veterans, people with disabilities and those living in rural West Virginia. The resolution described the state policy to encourage the coordination of all agencies and concluded that a coordinated transportation system leads to greater efficiency and, therefore, an increase in service and riders. The resolution did not pass.

The Hawaii Legislature considered SB 3118 to create a medical discount taxi program to assist seniors or disabled individuals who have limited resources and are unable to use public transportation. The bill required the Department of Human Services to develop and implement the new program. The bill was under consideration by the Senate Ways and Means Committee when the legislative session adjourned.

Another resolution to require a study was considered by the Tennessee legislature. House Joint Resolution 865 required the commissioner of transportation to study mass transit services for the disabled. Specifically, the resolution called for an examination of why most disabled individuals are not receiving the transportation services they need in a timely manner. The resolution was under consideration by the House Transportation Committee when the legislative session adjourned.

The Rhode Island Legislature considered a joint resolution to create a commission to study all aspects of transit. The study must examine ways to increase ridership, funding issues, ways to maximize transit services and ways to measure performance. The resolution passed, and the commission is to report its findings to the General Assembly on or before February 25, 2005.

The Massachusetts Legislature currently is debating a bill that would require each regional transit authority (RTA) in the state to research the transportation needs of disabled people between the ages of 19 and 59. Under the bill, each RTA would be responsible for determining the number of disabled people, the percentage of those with a mobility impairment and the number of rides per month that are being provided within the region. As of October 2004, the bill was still under consideration.

In 2003, Florida, Illinois and New Jersey considered legislation concerning the transportation needs of disadvantaged populations. The Florida Legislature considered HB 1261 to amend the Florida law regarding the Transportation Commission and its role as statewide coordinator of transit services for the transportation-disadvantaged. The bill sought to develop uniform contracts for transportation providers and to require the Transportation Commission to audit financial records of agencies that serve the transportation-disadvantaged in an effort to prevent possible fraud. The bill died in the House Transportation Committee.

The Illinois Interagency Coordinating Committee was established through legislation considered by the Illinois General Assembly in 2003. The impetus for this legislation was the unmet transit needs of many individuals in Illinois. The legislature felt the Interagency Coordinating Committee would be able to set priorities and policy for coordinating transportation services to transportation-disadvantaged populations and to create a unified process for the state to apply for federal transportation assistance.

In 2003, the New Jersey Legislature considered a bill to require counties seeking funding under the New Jersey Public Transportation Act to conduct surveys every four years of the
disabled and senior population to determine their transportation needs, including the types of trips, destinations and scheduling flexibility. According to the proposed bill, once the surveys were complete each county was required to implement a transportation plan that efficiently and effectively met the transit needs of seniors and disabled individuals. The bill died in committee.
5. EFFECTIVENESS AND RECOMMENDATIONS

Effectiveness of Legislative Approaches

The two fundamental goals of coordinating specialized transportation are to improve customer service and provide economic benefits. Numerous reports have touted the role of coordination throughout the country in achieving these goals. Some reported successes include:

- In Iowa, 23 transit agencies coordinate transportation with 45 school districts leading to a net public savings of more than $1 million.\(^8\)
- The nonemergency medical transportation program administered through the Georgia Department of Community Health, and run by Logisticare, cut costs from $85 million to $43 million through a brokerage.\(^8\)
- Oregon estimates it saves $11 million annually for the Medicaid program, providing more than 3 million rides under its transportation brokerage system.\(^8\)

Despite some success stories available in coordination literature, the effects of various legislative coordination mechanisms remain relatively uncharted and unknown. Although all 50 states and the District of Columbia have elements of human service transportation coordination, many did not accomplish coordination through legislative action or did not coordinate for multiple disadvantaged populations. Only 34 states have statutes with coordination provisions, only 21 of these states enacted laws that specifically coordinate specialized transportation, and only 13 of these states have coordination statutes that cover multiple transportation-disadvantaged populations or agencies. Thus, a clear 50-state picture of the effects of legislatively mandated coordination is not readily available.

In states with legislative coordination, the effects of such legislation are not always apparent. Legislative audits conducted in several states that have coordination legislation found mixed results. An audit completed by the Program Review and Investigation Committee in Kentucky in 2004 found that, after the legislature passed its statewide brokerage system, the number of trips in the system increased from 10,271 in 1998 to more than 2.3 million in 2003.\(^8\) The measure replaced a voucher system that had been plagued by fraud and abuse. However, the original intent of the legislation—to promote coordination between agencies—was somewhat compromised when the state TANF program dropped out of the brokerage due to funding constraints, leaving Medicaid clients and a few smaller programs.

The audit also found that the statute had not always led to cost reductions or improved customer satisfaction. Legislative provisions intended to provide customers with service choices inhibited the broker’s abilities to coordinate services and limit cost growth. Moreover, although customer
use had increased, it was unclear whether quality of service had improved. The system provided incentives for brokers and transportation providers to reduce costs, but offered insufficient incentives to guarantee high levels of service. The audit found some complaints about scheduling and poor drivers, but quality control surveys were inadequate to measure the extent of the problem.

Several audits by Florida’s Office of Program Policy Analysis and Government Accountability (OPPAGA) concluded that, since its inception in 1979, Florida’s Transportation Disadvantaged Program had been successful in helping to coordinate services for the transportation-disadvantaged. However, OPPAGA could not determine whether services were being provided in a cost-effective manner and found that the program may have actually decreased services for people who formerly had used other programs.84

In addition, OPPAGA reported that public mass transit systems were being used for transportation-disadvantaged people in some areas of the state to save money, but that some agencies were reluctant to send their clients to such programs. Moreover, many program monitoring and reporting activities were highly fragmented. This increased costs and limited agencies’ ability to ensure accountability.

Florida’s Commission for the Transportation Disadvantaged currently is experiencing additional questions about its effectiveness. Local newspapers have questioned whether some transportation providers have conflicts of interests in commission matters.85 The commission must dispense approximately $67 million in Medicaid transportation money. However, seven of the 26 commission members represent transportation providers that may benefit from the funding.

In several other states that have comprehensive coordination statutes, it is difficult to determine whether any of the legislatively mandated actions still are being implemented. Missouri, for example, established both a coordinating council on special transportation and an interagency committee on special transportation. However, there is little evidence that either body remains in operation. Similarly, the Interagency Working Group created in the Idaho Code does not appear to be functioning in that state.

For states where there are less developed legislative approaches, many key questions remain unanswered. It is unclear in states with broad legislation or stove-pipe coordination efforts whether more extensive statutes might improve coordination, save money or improve customer service. In states with strictly local action, it is not certain whether statewide action might provide similar benefits.

Recommendations for Action

Given the inconclusive evidence of effectiveness for different types of legislatively mandated coordination, it is difficult to recommend a specific course of legislative action. Several steps, however, seem apparent.

1. Each state will want to determine the extent to which coordination is identified as a cost-savings or service quality need in their jurisdiction.86
2. State lawmakers will want to identify the current approach to human services transportation coordination in their jurisdiction. Lawmakers will want to examine whether their state has any legislation that specifically governs human service transportation coordination.

3. States with specific legislative coordination mandates for specialized human services transportation will want to determine whether those provisions are being implemented. In several examples, there is no evidence that coordination provisions are being followed by agency action.

4. States without legislation that are dependent on an executive order will want to consider whether this approach adequately addresses coordination concerns. State executive orders generally do not survive the executive and are threatened when the governor leaves office. A more permanent coordination mechanism may be achieved through legislation.

5. States with coordination through independent administrative action might consider whether this approach sufficiently addresses coordination concerns. States with only independent agency action may not encompass all agencies that provide specialized transportation services.

6. For states with specific legislative coordination mandates, lawmakers will want to examine whether the legislation coordinates services for all disadvantaged populations intended. States with “stove-pipe” coordination statutes—statutes that focus on a single population—may consider examining coordination for multiple disadvantaged populations.

7. States with broad coordination requirements will want to consider whether a more specific specialized transportation mandate would be more appropriate.

8. In states with broad coordination statutes, agencies will want to examine their authority to determine the extent of coordination possible under existing laws.

9. States may want to consider measuring the effects and outcomes of state coordination activities and strategies, given the relative lack of such information currently.
6. State Profiles of Activities Related to Human Services Transportation Coordination

Introduction

This section contains profiles of human service transportation coordination efforts in the 50 states and the District of Columbia. Each profile is intended to capture state-level coordination activity, with particular emphasis on state legislation. For each jurisdiction, the profile indicates NCSL’s coordination category, cites and describes state coordination legislation and executive orders or notes their absence, lists other related statutes and resources, and provides a detailed description of the jurisdiction’s coordination program characteristics. The profiles vary in length, depending on the type of program a state has and the amount of information available. Information was obtained primarily from statute research, documents found on-line, phone calls, and other resources. Because the focus of this report is state legislative activity, it did not include a detailed survey of state administrative coordination or local coordination efforts. Where such information was available, it is included in the jurisdiction profile. However, the purpose of the profiles is to give a sense of the range of efforts and the unique approaches being taken in different states; thus, profiles are not comprehensive in all cases.
Alabama

Coordination Categories: Stove-pipe, broad.

Coordination Statute: No statewide human services transportation coordination statute.

Executive Order: An executive order in 1989 established the Alabama Interagency Transportation Review Committee. However, the order has expired.

Related Statutes or Resources: The director of transportation is broadly authorized by statute to enter into agreements and cooperate with local entities to provide public transportation.\(^87\) Alabama statutes also authorize a variety of services, including transportation for disabled people through the Department of Education.\(^88\)

Program Characteristics: Alabama’s statutes broadly authorize coordination of all public transportation services. However, the stove-pipe coordination of nonemergency medical transportation in Alabama comes from independent agency action. The Alabama Medicaid agency established a centralized nonemergency medical transportation program that excluded coordination with other agencies. The approved plan for providing transportation includes coordination with the Department of Human Resources to conduct a program within the counties to arrange for transportation from existing recognized nonprofit volunteer groups.\(^89\) No coordination exists between the Medicaid agency and the state transportation department, however, due to restrictions imposed by the state Medicaid Agency.

A 2004 U.S. GAO report cited the use of federally funded technical assistance ambassadors to help with transportation coordination in eight states including Alabama.\(^90\) This effort specifically helped Birmingham city officials identify other federal assistance to develop a strategic plan for coordination.

A 2001 report by the University Transportation Center for Alabama identified the need for greater investment and coordination in rural public transportation services in Alabama. The report recommended that the state provide more financial support to modernize and expand its rural transit. The report further recommended that the state use its financial influence to increase demand response service, encourage coordination between transit providers, and consolidate or break up inefficient providers.\(^91\)

Alaska

Coordination Categories: Comprehensive, local.

Coordination Statute: No statewide human services transportation coordination statute.

Executive Order: None.

Related Statutes or Resources: Alaska Statutes §47.07.030 authorize reasonable transportation to and from medical care for the medically needy.\(^92\) Alaska Statutes §47.80.160 authorize transportation services for people with disabilities.\(^93\)

Program Characteristics: The comprehensive component of Alaska’s human service transportation coordination efforts comes from independent agency initiative to track transportation services. The Alaska Department of Transportation and Public Facilities (ADOT&PF) created the Alaska
Public Transportation Management System (APTMS) to better understand public transportation in Alaska. The APTMS is a tool for managing and coordinating public transportation services in Alaska. Through the APTMS, ADOT&PF is able to assess the fiscal commitment necessary to maintain vehicles, facilities and equipment used to provide transportation services to Alaska residents. The goal of the system is to facilitate coordination of services by providing a clearer picture of the availability and scope of statewide public transportation services. Positive outcomes of coordination include economy, efficiency and increased public transportation coverage. Boroughs, municipalities, senior centers, Head Start programs for school-age children, youth groups, independent living centers for seniors and people with disabilities, alcohol and substance abuse treatment centers, and health care providers supply public transportation in Alaska. More than 160 entities are identified as participating in coordination efforts.

In conjunction with APTMS, the ADOT&PF also supports and encourages coordination in local communities. The State of Alaska now requires information about coordination in grant applications. Agencies and transit providers in Anchorage, Kodiak, Kenai, Sitka, Juneau, Mat-Su and Fairbanks have been coordinating efforts to obtain the most value from limited funding. Examples of such coordination include:

- Bulk fuel purchase;
- Management assistance;
- Shared building space; and
- Shared vehicles, drivers and training.

Arizona

Coordination Categories: Broad, stove-pipe and local.

Coordination Statute: No statewide human services transportation coordination statute.

Executive Order: None.

Related Statutes or Resources: Several statutes affect human services transportation in Arizona. Sections 46-182 through 46-184 of the Arizona Revised Statutes establish responsibilities for the Section on Aging in the Department of Economic Security. Section 46-182 requires the department to serve as a clearinghouse for information on the aged and aging and to stimulate more effective use of existing resources and available services, including coordination of activities of other state departments and the collaboration with such departments, agencies or commissions, with county officials and voluntary agencies and with state and local professional associations and societies for the aged and aging. Sections 46-183 and 46-184 establish an Advisory Council on Aging to advise all state departments on issues related to aging.

Section 46-192 of the Arizona Revised Statutes requires the Department of Economic Security to identify services—including transportation—needed for older Arizona residents to maintain the most independence and freedom, avoid institutional care and live in dignity. Under this provision, the department must develop a basic plan to coordinate the services identified in this section to avoid duplication and increase efficiency. The Arizona departments of Health Services, Transportation, Education, and other appropriate agencies must cooperate to coordinate services under the basic plan.
Section 36-2989 of the Arizona Revised Statutes authorizes medically necessary emergency and nonemergency transportation for the Children's Health Insurance Program under Arizona's health care cost-containment plan. Section 36-262 of the Arizona Revised Statutes establishes a roster of agencies that provide medical, educational, financial, social and transportation services to chronically ill or physically disabled children.

Program Characteristics: Arizona's statutory provisions establish broad requirements to coordinate services for the state's aged and aging population that are not specific to transportation programs and do not appear to be coordinated with transportation services for other disadvantaged populations. In practice, the Arizona Department of Transportation administers the FTA Section 5310 program that provides assistance in meeting the transportation needs of senior citizens and people with disabilities. The 5310 program is coordinated regionally by several councils of governments and metropolitan planning organizations that oversee 12 public transit providers and 81 organizations that provide transportation services.

According to the Community Transportation Association of America (CTAA), Arizona relies on managed care organizations to provide care for 85 percent of the state's Medicaid population. The managed care organizations participate in the Arizona Health Care Cost Containment System (AHCCCS). The Pima Health System (PHS) was established in 1982 to ensure that low-income people in Tucson and Pima County have access to quality medical services. Nonemergency transportation services are available to all PHS clients. PHS staff administers the nonemergency medical transportation program and serves as in-house brokerage.

A performance objective of the Arizona State Transportation Board is to encourage the development of transit options, with a special emphasis for economically disadvantaged populations.

Arkansas

Coordination Categories: Comprehensive, stove-pipe.

Coordination Statute: In 1993, the Arkansas legislature passed the Arkansas Public Transportation Coordination Act. The law created the Arkansas Public Transportation Coordination Council (APTCC), which includes governor-appointed members, transit operators, public transportation service providers, and the directors from the departments of Human Services, Highways and Transportation, Health, Economic Development Commission, Rural Services, the University of Arkansas Cooperative Extension Service and the Transitional Employment Assistance Program Advisory Council. The purpose of the council, as directed through statute, “… is to accomplish the coordination of transportation services provided to the general public, particularly the transportation disadvantaged.” Further, “… the goal of this coordination shall be to assure the cost effective provision of public transportation by qualified transportation operators.”

The council must perform several tasks to meet its goals. It must serve as an information clearinghouse; establish statewide objectives for providing public transportation services; and develop policies and procedures for the coordination of federal, state and local funding for public transportation facilities and services. The council also must identify coordination barriers; assist local communities in developing public transportation systems; ensure that state agency rules and guidelines are conducive to coordination; develop coordination standards; and coordinate all public transportation programs with the appropriate local, state and federal...
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agencies and public transit agencies to ensure compatibility with existing transportation programs.103

Executive Order: None.

Program Characteristics: In the early 1990s, Arkansas Governor Bill Clinton established a task force to study the potential of human service coordination in the state. Legislation passed as a result of task force recommendations established a council that was intended to bring together multiple agencies to better coordinate human services transportation. Although the statute was comprehensive in scope and involved multiple agencies and populations, in practice the legislation has not been implemented effectively. The Public Transportation Coordination Council no longer meets and does not perform any of the tasks required by statute. Coordination of human service transportation occurs solely within the agencies responsible for each transportation service.

The bulk of human service transportation programs are conducted through the Arkansas Department of Human Services, including nonemergency Medicaid transportation. The department uses the Client, Referral, Ridership, and Financial Tracking (CRRAFT) software, developed by the University of New Mexico, to coordinate these services. According to the CRRAFT Web site, the software integrates human service client transportation referral and service delivery with daily rural public transit operations, provides passengers with increased seamlessness in transportation service, and generates financial and client tracking reports that meet each funding agency’s criteria, including those required by FTA.104

Transportation coordination is also an element considered by the Arkansas Highway and Transportation Department when it reviews applications for the FTA Section 5310 program, which provides vehicles to organizations that meet the transportation needs of senior citizens and people with disabilities. Applicants must describe in detail current and planned efforts to coordinate and list the type of agencies and providers they have met with to develop coordinated services and funding.

Arkansas provides transportation to senior citizens through its Area Agencies on Aging. The state also provides transitional employment assistance transportation. However, no evidence was found that indicates coordination activity for either of these programs.

California
Coordination Categories: Comprehensive, local.

Coordination Statute: California lawmakers passed a comprehensive transportation consolidation and coordination statute—the Social Service Transportation Improvement Act—in 1979.105 The California Code also requires transportation planning agencies and the county transportation commissions to prepare and adopt an action plan that describes in detail the steps required to accomplish the consolidation of social service transportation services.106

Executive Order: None.

Program Characteristics: Many of the coordination statutes in California focus on local coordination activity. The intent of the Social Service Transportation Improvement Act was for the regional transportation planning agencies (RTPAs) and county transportation
commissions (CTCs) to identify social service transportation providers and encourage consolidation. It was envisioned that this consolidation would be beneficial to transportation providers in the areas of purchasing, training, dispatch, maintenance, administration and funding. The statute requires RPTAs and CTCs to prepare social service transportation inventories and action plans that detail steps required to accomplish the consolidation and coordination of social service transportation services. The inventories and action plans were submitted to the California Department of Transportation (Caltrans). According to the statute, the action plan must detail the steps required to develop the financial and management structure necessary to implement consolidated and coordinated services.

The California Code allows local agencies to determine the best way to consolidate and coordinate social service transportation, although an action plan still is required. Such plans and inventories no longer must be submitted to Caltrans. The law requires the designation of a consolidated transportation service agency (CTSA), identification of populations to be served, identification of funds and strategy to implement consolidation and coordination, and ways to coordinate services with existing public and specialized transportation services. The legislative language in the Social Service Transportation Improvement Act is permissive rather than mandatory, which has resulted in RTPAs and CTCs receiving incomplete information from the various social service transportation providers in their jurisdiction. A 2002 report by Caltrans to the Legislature stated that, “…the summary reports compiled by the Department and submitted to the Legislature have been incomplete and have not allowed the Department to accurately analyze social service transportation needs throughout California.”

Funding for the coordinated transportation service agencies is available under the State Transportation Development Act, § 5. For example, a CSTA was established in San Diego by the San Diego Association of Governments and the Metropolitan Transit Development Board. It has an advisory committee—the Paratransit Coordinating Council—that is made up of public transit operators and about 90 nonprofit agencies that provide transportation to clients and other eligible passengers. The CTSA received $94,000 in state section 4.5 funds in FY 2004.

Caltrans submitted an application to the Federal Transit Administration for a United We Ride grant to fund a 2005 mobility summit. The purpose of the meeting would be to establish a statewide dialogue to lead to decisions for effective action steps to address human service transportation coordination issues. Convening the mobility summit is a recommendation presented in the Long Range Strategic Plan on Aging, published in October 2003 by the California Health and Human Services Agency.

Coordination of specialized transportation services in California is also being promoted by nongovernmental entities. The California Association for Coordinated Transportation (CalACT) represents small, rural and specialized transportation providers in California. The mission of CalACT is to promote professional excellence, stimulate ideas, and advocate for effective community transportation. According to its mission statement, CalACT members: promote the coordination of funding and services, believe mobility is essential to the freedom and quality of life for everyone, seek common ground, are professional, are problem solvers and promote camaraderie. CalACT advocates at the state and federal levels to protect current transit and encourage coordination among human, social service, university, college, tribal and public transportation funding and programs.
Colorado

Coordination Categories: Local, broad, planned.

Coordination Statute: Colorado has no comprehensive statute that requires coordination of all specialized transportation services. However, lawmakers enacted legislation—intended to improve transportation for the elderly, people with disabilities and residents of rural communities—that alludes to coordination. The Colorado statutes state the legislature's intent to “… remove barriers to low-cost people service transportation and volunteer transportation” as part of a “coordinated transportation network.” The statutes define “people service transportation” as motor vehicle transportation provided on a nonprofit basis by a people service organization—clinics, day care centers, job programs, congregate meal centers, senior citizen programs, other government-funded bodies, and charitable organizations—to transport clients or program beneficiaries in connection with programs run by the sponsoring organization or another people service organization. People service transportation and volunteer transportation are not classified as public utilities or any form of carrier subject to regulation by the Public Utilities Commission. The statute authorizes people service agencies to purchase insurance to cover volunteers when they provide volunteer transportation.

Executive Order: An executive order in the early 1990s set up a coordinating council and a study of human service transportation coordination. However, the executive order expired without generating any lasting state-level initiatives.

Related Statutes or Resources: Under Colo. Rev. Stat. §43-1-601, the Colorado Department of Transportation has responsibility for grant programs designed to assist other entities in providing “… appropriate highway transportation services for the elderly and persons with disabilities.”

Program Characteristics: Although some Colorado statutes mention the coordination of social service transportation, most coordination activity in Colorado either has occurred locally without state-level input or is in the planning stages. One coordination effort has occurred through the Colorado Mobility Coalition. The coalition is a statewide group of more than 75 organizations and individuals working together for increased multi-modal transportation. It produced a report in 2003 on human service transportation that concluded:

- There is a significant amount of need for transportation services;
- The most needed service is transportation to medical facilities;
- A significant number of vehicles are idle much of the time;
- There is little information exchange and an apparent lack of trust between the organizations that need the service and those that provide it;
- Service in rural areas and between communities is particularly lacking; and
- Elected officials need education on the need for service.

Local coordination also has been attempted for Colorado’s nonemergency medical transportation system. However, the program experienced some difficulties. In 2002, Arapahoe County took over administration of 70 percent of the state’s Medicaid transportation trips in the Denver metropolitan area. Arapahoe County officials reported at the time that, through a centralized administration system, more than $67,000 could be saved each year. However, overwhelming paperwork, bookkeeping problems and budget cuts forced Arapahoe County to stop providing administration for Medicaid transportation.
In 2003, lawmakers cut 86 percent of the nonemergency medical transportation program budget, briefly taking Colorado out of compliance with federal regulations. The Colorado Department of Health Care Policy and Finance Administration contracted with Logisticare, a national transportation brokerage firm, to take over on October 1, 2004. Discussions are ongoing about how to improve the system.

The Pikes Peak Region has written and published a report, *Destination 2025: A Mobility Plan for the Pikes Peak Region*, that outlines the benefits and barriers to implementing a coordinated system. The report also contains information about the types and levels of coordination, ranging from basic communication between agencies and providers to consolidation of programs by merging agencies together. The report discusses three coordination options:

**Option 1** – Common dispatching/scheduling software. The City of Colorado Springs purchased software for Springs Mobility that allows five different agencies to schedule and dispatch trips for clients. The software assists in scheduling, reporting and record keeping for each agency.

**Option 2** – Brokerage system. The report estimates that the brokerage system would increase productivity and reduce overall costs. It was estimated that the brokerage would need five staff to run a single office that would be responsible for reporting, training, monitoring and management. Subcontracting would be available under the brokerage system.

**Option 3** – Single provider. This option requires the consolidation of each of the five agencies. All services would be merged and administered by a single agency. The five agencies still would exist, but would contract with the lead agency. The benefits of this option include limited duplicative services, efficient scheduling and higher productivity.

The Rose Community Foundation and the Health One Alliance are sponsoring a study of human service transportation coordination and the needs of transportation-disadvantaged in the metropolitan Denver area. A Rose Foundation-sponsored Transportation Summit in 2000, brought together transit professionals and senior citizen advocates. A key finding was the fragmentation of available services. A Senior Mobility Alliance was formed to advance mobility issues for seniors, among them facilitating coordination between providers. Mobility management and volunteer management pilot projects are under way.

The Seniors’ Resource Center (SRC) is a private, nonprofit organization that provides rides to older adults and people of all ages with disabilities in a six-county metropolitan Denver region. Its Community Wheels program brokers about 85,000 rides a year at a cost of approximately $22 each.

The Nelson A. Rockefeller Institute of Government published a report in November 2002 regarding general coordination of human service programs in Mesa and El Paso counties. The section on lessons learned discusses issues that could effect the success of coordination, including management techniques, staff development, the county role vs. the state role, the benefits of a single provider, leadership, team work and team building, and evaluating and measuring the effects of programs.
Connecticut

Coordination Categories: Aborted, stove-pipe.

Coordination Statute: A 2002 bill eliminated the Connecticut Department of Transportation’s (ConnDOT) responsibilities concerning the coordination of specialized transportation services. Before 2002, Connecticut’s transportation commissioner was required to perform the following coordination-related functions: 1) conduct a survey of each state agency that provides special transportation services to determine the operating and capital expenditures, service levels, ridership, utilization, and capacity of the services and report the results to the Transportation Committee by January 15, 1993 (the report was submitted as required); 2) establish a pilot program by dividing the state into three or more transportation service areas to act as a regional framework for planning and coordinating special transportation services; 3) establish statewide objectives for providing special transportation services; and 4) issue progress reports to the Transportation Committee every two years with respect to the pilot programs. Public Act 02-123 removed these responsibilities from the commissioner and limited the department’s coordination activities.

Executive Order: None

Related Statutes and Resources: Connecticut General Statutes §17b-276 et seq. governs competitive bidding for Medicaid nonemergency transportation. Section 17a-679 allows payment for transportation of alcohol-dependent people to treatment facilities. Section 13b-4c governs certification of transportation programs for the elderly or handicapped. Section 13b-38b addresses ride-sharing organizations and transportation for people with disabilities. Section 13b-38bb governs the state matching grant program for the elderly and disabled demand-responsive transportation. Section 13b-38k defines paratransit vehicles and governs bidding for service programs.

The state Department of Labor’s Welfare-to-Work program, Jobs First Employment Services, benefits indigent families and offers transportation services. The goal of the program is to get participants off welfare. Other transportation services available in Connecticut include Americans with Disabilities Act (ADA) paratransit programs, dial-a-ride programs and Medicaid transportation programs.

Program Characteristics: Connecticut eliminated its statewide coordination legislation through a 2002 bill. The legislation followed an investigation of coordination by the state legislature that revealed concerns about the system. The Legislative Program Review and Investigations Committee studied senior transportation services in 1998 to evaluate the access and availability of publicly funded dial-a-ride programs. At the time, no state agencies had program oversight because there was no state mandate for programs. There also was no single funding source for programs and multiple delivery models that were driven by local concerns. This caused inequities and inconsistencies in the delivery of services. The committee concluded it would be premature to recommend a state-coordinated service delivery model for dial-a-ride services for the elderly because of the lack of progress made by ConnDOT toward coordinating services in its Waterbury pilot program.

The committee also found that several other mandates that gave ConnDOT broad authority over transportation planning and oversight had not been implemented and cited several examples. First, the commissioner of ConnDOT was required to certify state agency
expenditures for paratransit services but had not done so. Also, ConnDOT was required to conduct a statewide survey of specialized transportation services and report to the legislature, but had not yet submitted a final report. The committee made numerous recommendations for improving services.129

A 2004 brochure published for the National Consortium on the Coordination of Human Services Transportation noted that Connecticut’s Department of Social Services administers a Medicaid Transit Pass program that saved the agency approximately $4 million in nonemergency medical transportation costs.130 The brochure also notes that the state uses brokers to provide and coordinate transportation services to people who are eligible for the state’s Medicaid program.

**Delaware**

*Coordination Category:* Stove-pipe.

*Coordination Statute:* No statewide coordination statute. Limited coordination is authorized under Delaware Code Title 2, §1309.131 This provision allows the Delaware Transportation Department to transfer power to the Delaware Transit Corporation to pool and coordinate public resources and privately owned services to provide specialized transportation.

*Executive Order:* None.

*Related Statutes and Resources:* Delaware Code Title 2 §1309 requires the Delaware Transportation Department to provide transportation services without charge to all blind Delaware citizens.132 Medicaid transportation services are authorized under Delaware Code Title 31 §505.133

*Program Characteristics:* Delaware has no statute to coordinate all human service transportation. Through independent agency action, the state coordinates nonemergency medical transportation. In 2002, Delaware Health and Social Services (DHSS) contracted with Logisticare to provide nonemergency transportation for Medicaid clients and the Chronic Renal Disease Program through a brokerage, using a network of local, independent transportation providers.134 A bus pass program is part of the brokered system. Logisticare established a single toll-free number for clients to request transportation. Before implementation of the Logisticare contract, clients had to call several providers to find one available for their needs. Clients must pay $1 to use the service. The brokerage was intended to bring nonemergency medical costs—which had doubled from $1.9 million to $4.02 million between 1998 and 2002—under control.

The Delaware Center for Transportation at the University of Delaware issued a report—*Creating Cooperative Transportation Agreements* (CTAs)—in 2003 on human service transportation coordination.135 The report attempted to define and develop the critical elements to create CTAs and to identify and evaluate methods that will promote and enhance access and mobility for people in Delaware. The report found that transportation available to older, disabled or low-income individuals in Delaware is a patchwork of services provided by a variety of public, private and nonprofit organizations. Due to a lack of financial resources, the report recommended that transit providers optimize the combination of service, quality, demand, demand structure and efficient use of available resources by involving both the public and private sector. The report found that problems in Delaware came not from the lack of vehicles
and transit providers, but from the lack of coordination and integration of services. The report recommended that use of CTAs was a potential method to bring organizations together to promote and enhance access and mobility and overcome implementation problems.

**District of Columbia**

*Coordination Category:* Stove-pipe.

*Coordination Statute:* No coordination statute in the District of Columbia code.

*Executive Order:* None.

*Program Characteristics:* No law coordinates human transportation services in the District of Columbia. Coordination occurs only within specific programs through independent agency action. For senior citizens and people with disabilities in the District, the Washington Elderly Handicapped Transportation Service (WEHTS) provides curb-to-curb transportation. Created in 1982, WEHTS provides transportation for medical appointments, grocery shopping and other activities. A private, nonprofit human services organization—the United Planning Organization (UPO)—operates WEHTS. Among UPO’s goals are to plan, coordinate and implement human service programs in the District.

Logisticare manages the Washington Metropolitan Transit Authority's MetroAccess program, which services the disabled community in the District of Columbia, northern Virginia, and Montgomery and Prince Georges counties in Maryland. Since Logisticare took over management responsibilities in 2000, ridership in MetroAccess increased from 20,000 trips per month to 90,000 trips per month. The program provides trips to medical appointments, grocery shopping, social appointments, work and school and uses approximately 16 transportation companies to provide more than 1 million trips for 11,800 individuals each year.

The Washington Metropolitan Area Transit Authority established the Elderly and Disabled Transportation Advisory Committee to address the needs of senior citizens and customers with disabilities.

**Florida**

*Coordination Category:* Comprehensive.

*Coordination Statute:* In 1979, Florida enacted legislation that requires coordination for programs that receive state funding to provide transportation for transportation-disadvantaged people. The law created the Coordinating Council on the Transportation Disadvantaged that originally was to receive oversight by the Florida Department of Transportation. In 1989, the Legislature amended the law to create the independent Commission for the Transportation Disadvantaged. The 26-member commission is to coordinate transportation services for the transportation-disadvantaged and oversee the Transportation Disadvantaged Trust Fund. The trust fund is supported by 15 percent of the state's public transit block grant and a $1.50 fee on annual vehicle registrations for passenger vehicles and trucks that weigh less than 5,000 pounds. Additional voluntary contributions can be made by motorists when they register their vehicles.

*Executive Order:* None.
Program Characteristics: Florida statutes establish a detailed, and comprehensive process for coordinating transportation for transportation-disadvantaged populations. The statutes establish the Commission for the Transportation Disadvantaged and charge the commission with responsibility for coordinating transportation services for transportation-disadvantaged people—those who, because of physical and mental disability, income status, or age, are unable to transport themselves or to purchase transportation and therefore are dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are disabled or labeled high-risk or at-risk. The goal of the coordination is to ensure cost-effective provision of transportation services.139

The commission brings together multiple agencies and organizations. It includes representatives from the departments of Elder Affairs, Children and Families, Education, Labor and Employment Security, Transportation and Veterans Affairs; the Agency for Health Care Administration; local governments; private nonprofit transportation providers; and private for-profit transportation providers.

Florida statutes provide detailed guidelines regarding the purpose and responsibilities of the commission. By law, the commission must make annual reports to the legislature and governor. It also must perform 26 other tasks to improve coordination, including compiling information on transportation operations and the needs of the transportation-disadvantaged; establishing statewide objectives for providing transportation services; and developing policies and procedures for the coordination of local government, federal and state funding for the transportation-disadvantaged.140 The commission also must identify and aggressively pursue the elimination of coordination barriers, serve as an information clearinghouse, assist transportation plans in local communities, and ensure that procedures and guidelines produced by member departments are conducive to a coordinated transportation system.141

The key statutory sections require the commission to develop standards for the provision of coordinated services. The commission must ensure that trips are purchased within a coordinated system and develop operational, safety, insurance, performance, eligibility and cost standards for community transportation coordinators. The commission also must prepare a statewide five-year transportation plan that addresses coordination; disburse funds to local agencies that conform with coordination principles established by the commission; and develop uniform accounting, billing and contracting procedures.142

Beyond the commission, Florida statutes also define the coordination activity roles of metropolitan planning organizations (MPOs), community transportation coordinators, local coordination boards and school districts. The statutes give community transportation coordinators (CTC) full authority for the delivery of services to the transportation-disadvantaged and require them to cooperate with local coordination boards.143 The statutes also charge local coordinating boards with facilitating local coordination.

Florida's coordination system is intended to provide local flexibility, while maintaining extensive state planning and oversight. State and federal funds are dispersed to CTCs that operate in each Florida county (67 total) and oversee coordination by providing transportation directly, by contracting with providers for services, or by brokering the services of other organizations.

Coordination through Florida's system has produced mixed results. In its 2003 annual report, the Florida Commission for the Transportation Disadvantaged indicated that it was performing
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each of the tasks assigned by the Legislature. The commission reported that an increase in funding of $9 million from FY 2002 to FY 2003 translated into an increase in 2.7 million trips for transportation-disadvantaged people in 2003. The coordinated transportation network in the state provided a total of 53 million trips in 2003. However, the system still was unable to provide 709,000 trips, although the total number of unmet trip requests had decreased by 33 percent from 2002. Forty-five percent of denied trips in 2003 were for medical purposes. The report indicated that unmet needs continued to exist in the state. With a projected 8.25 million Floridians likely to be classified as transportation-disadvantaged by 2015, the state would be faced with an annual unmet need of 15.7 million trips without additional action.144

In 1997, Florida’s Office of Program Policy Analysis and Government Accountability (OPPAGA) reviewed the state’s transportation-disadvantaged program and issued a report.145 Overall, OPPAGA found that local coordinated systems had been established throughout Florida to serve the transportation-disadvantaged, but OPPAGA could not determine whether the services were being provided in a cost-effective manner. Further, OPPAGA found that monitoring and reporting were fragmented, making it difficult to contain costs and ensure accountability for performance. OPPAGA recommended that the Legislature examine client eligibility, reevaluate the role and size of the Commission for the Transportation Disadvantaged, streamline reporting and monitoring requirements, eliminate conflicting policies, and modify the funding formula. In response, the commission established new criteria to assess client eligibility in 1999.

In 2004, Florida media organizations raised ethics concerns regarding the Commission for the Transportation Disadvantaged.146 An amendment to the state budget gave the commission exclusive control over state Medicaid transportation money—a $67 million budget. Seven of the 26 members of the commission represent transportation companies that could benefit from disbursement of the funds. According to media reports, following the amendment, the commission reversed a planned 12 percent across-the-board reduction in spending for specialized transportation programs and, instead, adopted a formula that left unaffected funding for transportation companies with which at least two commissioners are affiliated. Medicaid withdrew from the coordinated system in 2004.

Georgia

Coordination Category: Stove-pipe.

Coordination Statute: Georgia has no statewide coordination statute.

Executive Order: None.

Related Statutes or Resources: Georgia Code section 37-4-61 addresses transportation needs for “mentally retarded persons.”147 Georgia Code section 49-1-9 governs transportation for senior citizens and preschoolers with special needs.148 Georgia Code section 49-2-13 requires the Department of Human Resources and the Department of Transportation to identify transportation needs and alternatives for seniors and those with disabilities.149

Program Characteristics: Two separate programs provide and coordinate human service transportation in Georgia. One program provides services for the elderly, disabled and low-income populations. A separate program provides nonemergency Medicaid transportation. Each system provides about 3 million trips per year.
The Department of Human Resources (DHR) provides specialized transportation for senior citizens, mentally and physically disabled residents, and low-income populations in 145 of Georgia’s 159 counties. One goal of the department is to ensure the maximum coordination of public transportation. However, many counties and clients still do not have consolidated transportation services. The program is administered through DHR’s Office of Facilities and Support Services Transportation and Services Section (TSS). Actual transportation services are provided through regional contracted vendors. Contractors include government entities, private sector and private for-profit vendors.

The Department of Community Health administers Georgia’s nonemergency medical transportation program. The department contracts with Logisticare—a specialized transportation manager headquartered in Atlanta—and Southeast Transit to provide services in the state. Costs have been reduced through the brokerage arrangement from $30 per trip in 1997 to $16 per trip in 2003. From 1997 to 1998, nonemergency transportation costs were cut from $85 million to $43 million.

Logisticare established screening, gatekeeping and billing verification, all of which helped contain costs and reduce fraud and abuse. Staff are trained to verify trip needs and assign the most appropriate and least expensive mode of transportation. Once the trip has been made, staff match trip invoices with actual trips to further improve cost containment. The current program covers 90 percent of Georgia and provides approximately 3 million trips annually for 800,000 covered individuals.

Hawaii

Coordination Category: Local.

Coordination Statute: No statewide coordination statute.

Executive Order: None.

Program Characteristics: There are no statewide coordination activities in Hawaii. However, several state agencies participate in local coordination efforts. In Honolulu, several agencies and organizations formed the Committee for Accessible Transportation to provide advice to the Honolulu Department of Transportation Services regarding transportation goals and objectives for the elderly and disabled. Committee goals include supporting coordination of paratransit services with fixed route transit services and ensuring that transportation services for the elderly and those with disabilities are provided in a manner that minimizes duplication or overlap and system efficiency and economy are enhanced. Voting members of the committee include Adult Day Care Centers of Hawaii, Ho’opono, Hawaii Disability Rights Center, Lanakila Rehabilitation Center, Catholic Charities Elderly Service, Easter Seals, Association of Retarded Citizens and Hawaii Centers for Independent Living. Nonvoting members include representatives of the Honolulu Department of Transportation Services; the Disability and Communication Access Board; the Honolulu Committee on Aging; the Oahu Metropolitan Planning Organization; the state departments of Human Services, Transportation, and Health; the Mayor’s Committee for Persons with Disabilities; and the Fixed Route and Paratransit Services contractor.
Idaho

 Coordination Category: Comprehensive.

 Coordination Statute: Idaho Code §40-514 created the Public Transportation Advisory Council and the Interagency Working Group. The statute charges the council with advising the Idaho Transportation Department (ITD) on issues and policies regarding public transportation and participating in planning activities, identifying transportation needs and promoting coordinated transportation systems. The Interagency Working Group, consisting of ITD and other state agencies, must identify areas for coordination and work to eliminate procedural and regulatory barriers to coordination at the state level. In addition, virtually all state agencies and public entities that use public funds to provide transportation must report to ITD information pertaining to transportation provided to Idaho citizens for use by the department in developing a comprehensive plan for public transportation. ITD also must report annually to the Legislature regarding the public transportation information submitted.

 Executive Order: None.

 Related Statutes and Resources: Idaho Code §67-5005 declares the intent of the Legislature to provide basic necessities to senior citizens, including access to transportation. Idaho Code §31-876 gives counties the authority to establish and fund public transportation services.

 Program Characteristics: Idaho’s statutes establish a comprehensive plan for the coordination of human services transportation across multiple agencies that serve diverse transportation-disadvantaged populations. The law requires ITD to collect information about transportation programs across the state—including programs for people with special needs—and develop a comprehensive, statewide plan. The law also creates an interagency working group to advise and assist the department in analyzing public transportation needs, identify areas for coordination, and develop strategies to eliminate procedural and regulatory barriers to state-level coordination.

 ITD’s transportation plan for the state—adopted in 1995—clearly contains improved access to transit systems and coordination of services as active goals. Although the plan acknowledges that most citizens of Idaho use private automobiles for their transportation needs, the plan seeks to develop transit systems as a viable alternative. Many Idaho residents depend on public transportation for necessary trips such as medical appointments, grocery shopping and employment. Because Idaho contains many rural communities, access to transportation often is limited for elderly and physically disabled residents in these areas. The transportation plan contains 11 strategies to meet the objective of improved access to transit systems, including improved coordination. The plan states that the ITD will “ … foster coordination of transit services with community social service agencies, organizations, school districts, ridesharing and state agencies.”

 Idaho is conducting a pilot project to improve public transportation coordination for seniors and qualified disabled people who live in six rural eastern Idaho counties. Under the project, the Interagency Working Group and the ITD worked to create Pocatello Regional Transit (PRT), which provides door-to-door transportation to all seniors over age 60 and to qualified people with disabilities. In the past, limited transportation service forced many of these individuals to move from their rural homes into assisted living facilities. The goal of the PRT is to provide quality, dependable transportation that will help keep these individuals in their
homes for as long as possible. The PRT established a single point of contact, allowing riders to make a single phone call for reservations. The cost for the service is $1 and clients can travel anywhere within a four-county area. ITD hopes that the PRT will become a model for other transit agencies in Idaho.

**Illinois**

*Coordination Category:* Comprehensive.

*Coordination Statute:* Illinois Statutes chapter 20 §3968 et seq. create an interagency coordination committee and establish human services transportation coordination mechanisms. Illinois Statutes chapter 20 §2705-200 require the Department of Transportation to coordinate transportation planning with other agencies. Illinois Statutes chapter 20 §2705-215 require cooperative utilization of equipment and services.

*Executive Order:* None.

*Program Characteristics:* Coordination efforts date to 1991 in Illinois, but a significant legislative action was taken in 2003 to boost coordination efforts in Illinois. The Illinois Code establishes a comprehensive plan to coordinate transportation services for multiple disadvantaged populations in the state. The Interagency Coordinating Committee on Transportation Act of 2003 established the Illinois Coordinating Committee on Transportation (ICCT). The ICCT brings together multiple agencies and organizations that provide human service transportation. It includes representatives from the departments of Transportation, Human Services, Public Aid, Commerce and Economic Opportunity, Employment Security and Aging. The governor’s office and representatives from transit agencies, nonprofit organizations, independent living facilities and rural governments also serve on the committee.

In the ICCT enabling legislation, lawmakers recognized the need to enhance mobility for disadvantaged populations through coordination. The legislation requires the ICCT to encourage the coordination of public and private transportation services, with priority given to services directed toward those populations who currently are not served or who are underserved by existing public transit. The committee must seek innovative approaches to providing and funding local transportation services. The Illinois Code charged the ICCT with four specific functions. First, the committee must facilitate the coordination of community-based transportation programs in the state. In this role, the ICCT must develop objectives for providing transportation services, provide technical assistance for communities, develop a process for requesting federal funds, help local communities identify funds from other available resources, and develop a plan to identify and recruit potential stakeholders in future community transportation initiatives.

Second, the ICCT must develop goals and objectives to reduce duplication of services and achieve coverage that is as complete as possible. A third ICCT function is to serve as a clearinghouse for information about funding sources and innovations in serving the transportation-disadvantaged. Finally, the committee must submit a report to the legislature by February 1, 2006.

In August 2004, Illinois lawmakers enacted a law that is intended to improve accessibility for low-income workers and that will create additional imperatives to coordinate human service transportation. “The Transport Ridership and Economic Development (TRED) bill creates
pilot public transportation projects designed to expand economic development opportunities by moving people to commercial, medical and shopping districts, linking low-income workers to job training and education at community colleges, better linking rural communities in Illinois, and providing better transportation access to senior citizens and people with disabilities.”165 Most projects under the program will be eligible to receive 50 percent of their funding through the federal JARC program.

Indiana
Coordination Categories: Aborted, local.

Coordination Statute: Indiana currently has no statewide human services transportation coordination statute.

Executive Order: None.

Related Statutes and Resources: Indiana Code §8-5-15-1 et seq. establishes the Commuter Transportation Districts Board.166 The purpose of the board is to apply for and monitor federal, state and local funds used to aid commuter transportation programs within the state. Indiana Code §36-9-5-2 authorizes special transportation fares for people age 65 and older and other specified groups.167

Program Characteristics: There are no statewide coordination efforts in Indiana. Lawmakers repealed a statute that formed a Transportation Coordinating Board. According to Indiana Code §8-23-2-9, after June 30, 1989, any reference to the transportation coordinating board in any statute or rule shall be treated as a reference to the Indiana Department of Transportation.168

Some coordination of human service transportation occurs through cooperation between the Indiana Department of Transportation (INDOT) and local communities. INDOT administers FTA Section 5310 programs that provide transportation for elderly and disabled populations, and Transportation Advisory Committees (TACs) work with INDOT to serve as local advisory and information resources to applicants for Section 5310 funding.169 INDOT requires each TAC to help applicants to identify transit needs and resources in their service area; establish goals and objectives for coordinated transportation service delivery; assess the relevance of each application to coordinated transportation goals and objectives; conduct meetings; establish complaint procedures; and serve as a coordinator for technical assistance efforts, including training, workshops and seminars.

Metropolitan planning organizations (MPOs) and regional planning organizations (RPOs) also assist with coordination of Section 5310 programs. Each Section 5310 applicant must submit an application to the MPO to be included in the Transportation Improvement Program (TIP).

INDOT also established the Statewide Transportation Advisory Group to further coordination of Section 5310 programs. The purpose of the group is to help INDOT review and select Section 5310 applicants and provide a forum for discussing strategies and policies that may assist in the coordination of specialized transportation programs at the state and local levels.
Indiana transportation planners have considered improvement in coordination of human transportation service to rural areas. In August 2003, INDOT invited representatives from South Dakota, Iowa and Kentucky to discuss experiences in rural transportation planning for areas outside the jurisdiction of MPOs and RPOs. At the meeting, representatives from FTA recommended the coordination of human service transportation to improve services for rural communities.

**Iowa**

*Coordination Categories:* Comprehensive, planned.

*Coordination Statute:* The Iowa Code clearly defines statewide coordination requirements for agencies and organizations that provide services for transportation-disadvantaged populations. Iowa Code section 324A.1 specifically defines transportation-disadvantaged people. Section 324A.2 requires the Iowa Department of Transportation (Iowa DOT) to routinely analyze existing services for the transportation-disadvantaged. Iowa Code section 324A.3 requires that the Iowa DOT develop a fiscal and service plan for transportation providers to coordinate and consolidate transportation services for senior citizens, Head Start programs and the disabled. Iowa Code section 324A.4(1) requires the Iowa DOT to compile and coordinate information about program funding. It also requires state agencies and other organizations to apply for funding through a clearinghouse and to coordinate and consolidate funding and services with regional transit systems. Iowa Code section 324A.4(2) requires the Iowa DOT to include in its annual report to the state legislature information about the coordination of planning for transportation services at the urban and regional levels by all agencies or organizations that receive public funds and that are purchasing or providing transportation services. The section also compels the Iowa DOT to analyze human service transportation programs and recommend methods to avoid duplication and increase the efficacy of services. It establishes several evaluation criteria, including the elimination of administrative and service duplication, efficient use of resources, and coordination of planning for transportation services. Iowa Code section 324A.5 specifically requires the Department of Human Services, the Department of Elder Affairs, and other state and local government agencies to coordinate with the Iowa DOT in the provision of transportation services.

*Executive Order:* None.

*Program Characteristics:* Iowa’s statutes are intended to provide comprehensive coordination of human service transportation programs by involving multiple agencies and disadvantaged populations. The provisions mandate coordination among multiple state and local agencies and organizations and establish sanctions to induce compliance. To assist the coordination effort, funding and service planning information must be submitted to Iowa DOT by agencies that provide transit services.

There are 35 designated public transit systems in Iowa. Under statute, the Iowa DOT is able to fund only transit systems that have been designated as a single administrative agency. Local officials are responsible for designating these agencies, which are responsible for providing coordinated transit services to the general public. Designated administrative agencies may subcontract with other providers.

The State Level Transportation Coordination Council assists the state coordination effort. Chaired by Iowa DOT, its members include representatives from the Iowa State Association of
Counties, Iowa Workforce Development, the Department of Human Services, the League of Cities, the Department of Education, the Department of Elder Affairs, and the Department of Public Health. The council is housed in the Office of Public Transit in the DOT. The focus of the office is to administer state and federal funds to local transit systems and provide technical assistance to these providers when necessary.

In 2003, the Iowa General Assembly requested a study from the DOT on Iowa public policy regarding coordination of public transit services and school transportation. The Center for Transportation Research and Education (CTRE) at Iowa State University conducted the study and published a report in December 2003. The report describes the efficiencies that may be obtained by coordinating transit management and maintenance systems in the areas of school transportation, public transit and other forms of public transportation. The study found that 23 transit agencies coordinate with 45 school districts at a net public savings of more than $1 million. Coordination occurs when these conditions are present:

- There is a need.
- Unused capacity is available at the right time or a specialized fleet is available.
- Each coordinating agency either saves money or gains revenue.
- Managers are willing to work together to solve problems.
- There are no legal or regulatory barriers.
- Both the reality and perception of student safety can be ensured. The safety records of both school bus and public transit in Iowa are excellent and comparable.

The study praised a positive legislative environment in Iowa, but found that barriers to coordination exist despite legislative involvement and encouragement. Barriers include perceptions about school bus and transit bus safety, opposition by some private companies that provide school transportation, desires for close control of school transportation schedules, and the need for more staff to plan coordinated services. Legislative support of coordination dates to 1984 support of pilot coordination projects. In 1999, the law was amended to allow school districts to contract with rural transit systems.

Kansas

**Coordination Categories:** Stove-pipe, local.

**Coordination Statute:** Two primary Kansas statutes address coordination. The Coordinated Public Transportation Assistance Act, enacted in 1989, established financial and administrative assistance for transportation systems that provide coordinated transportation services to the elderly, people with disabilities and the general public. The statute defines coordination as, “… where programmatically feasible, all entities involved in administering and/or providing transportation and related services to elderly persons, persons with disabilities and the general public will work together in a smooth, concerted effort to effectively use resources and alleviate duplication of services.” The statute also establishes a $6 million annual fund for elderly and disabled coordinated public transportation assistance that is administered by the Department of Transportation. The law requires that applications for money from the fund be evaluated based in part on whether the resources for transportation services are used efficiently and whether duplicative and inefficient administrative costs and transportation services are avoided. Under legislation signed in 1999, public transportation funding will increase from $6 million to $60 million by 2009.
The Coordinated Transit Districts (CTD) Act, enacted in 1992, authorized the establishment of CTDs by the Kansas Department of Transportation (KDOT). The CTDs are to enhance coordination and management of state and federal passenger transportation funds and are the designated recipients of certain state and federal transit funds for specialized transportation services. Specific CTD responsibilities include contracting with KDOT to receive funds to improve transportation coordination, subcontracting with eligible agencies to provide transportation services, and monitoring the provision of transportation services in the district to ensure compliance with applicable federal and state laws and regulations. The act also grants KDOT authority to determine guidelines for establishing CTDs and requires all recipients of federal and state grants to provide rural or specialized transportation services to become part of a CTD.

**Executive Order:** None.

**Program Characteristics:** Kansas laws emphasize local coordination of transportation services for senior citizens and disabled populations. The CTD requires public transportation organizations to coordinate and consolidate within each district. To receive state funding, each transportation organization is required to become a member of a CTD. Fifteen CTDs have been formed. Some are as small as one county, and the largest CTD involves 28 counties. Each CTD must assist KDOT in program administration; receive federal and state funds; serve as a prioritizing clearinghouse for funding applications; oversee drug testing procedures, collective buying initiatives and centralized marketing; monitor provider compliance with state and federal laws; and coordinate transit funding sources. All funding for federal specialized transportation programs are funneled through the CTD system, which helps to ensure coordinated programs in each district.

CTDs work to coordinate individual transit providers to maximize scheduling availability, vehicle usage and, ultimately, rider satisfaction. According to a report by the Kansas University Transportation Center (KUTC), the three models for coordination are:

- **Lead Agency** – One agency responsible for providing transportation for several other agencies.
- **Brokerage** – A totally coordinated system with management consolidation but not fleet consolidation. The broker is responsible for managing programs and operation.
- **Administrative** – A public agency, usually a regional transit authority, assumes the responsibility for coordination.

According to the report, the administrative model is more inclusive because it brings together the lead agency and brokerage models. The administrative agency can assume responsibility for operating a coordinated system, or it can contract with a lead agency to handle all aspects of coordination except some administrative functions.

**Kentucky**

**Coordination Category:** Comprehensive.

**Coordination Statute:** Kentucky lawmakers enacted several comprehensive statutes that are intended to facilitate coordination among multiple human service transportation programs. Section 96A.095 of the Kentucky Revised Statutes authorizes the Transportation Cabinet to accept and direct federal funds to entities that promote coordination. More significantly,
this provision authorizes the Transportation Cabinet to contract with a broker to provide human service transportation delivery within a specific delivery area.\textsuperscript{191}

Section 281.870 establishes a Coordinated Transportation Advisory Committee (CTAC), composed of members from the cabinets of Transportation, Health Services, Families and Children and Workforce Development.\textsuperscript{192} The CTAC is intended improve human service transportation coordination. The state agency charged with staffing the committee—the Office of Transportation Delivery—sets the agenda for CTAC meetings and may issue regulations on behalf of the committee.

Section 281.872 of the Kentucky Revised Statutes defines the duties of program coordinators to investigate and resolve issues related to eligibility in the human service transportation delivery system.\textsuperscript{193} The program coordinators must investigate all complaints regarding recipients, subcontractors and brokers and attempt to resolve problems. They also must coordinate eligibility information with agencies that are responsible for the delivery of human service transportation, including the Cabinet for Health Services, the Cabinet for Families and Children, and the Workforce Development Cabinet.

Other statutory provisions help define the state’s brokerage system for delivering human service transportation.\textsuperscript{194} Section 281.873 governs participant eligibility for special carrier transport; section 281.874 governs the duties of brokers regarding freedom of choice; and section 281.875 requires the Transportation Cabinet to issue administrative regulations governing the human service transportation program and develop a handbook—specifying standard operating procedures—for distribution to providers and the general public. Section 281.877 is intended to coordinate the human service transportation delivery program with general public transportation. Section 281.879 provides penalties for violation of statutes relating to human service transportation.

\textit{Executive Order:} None.

\textit{Program Characteristics:} In 1998, the Kentucky General Assembly established the Human Service Transportation Delivery program to control costs of the Medicaid nonemergency transportation system and coordinate trips among social services agencies. The transportation delivery program consolidated transportation services that previously were provided by various government agencies. It came about as part of the Empower Kentucky initiative that identified rising costs, fraud and abuse, and welfare reform as reasons to establish a transportation system to serve a variety of human service needs. The former system relied on vouchers and lacked proper controls.

A critical element of the transportation delivery program is the network of regional brokers in 15 regions that contract with the state under a “capitated” or flat rate payment system. Each broker receives a set payment for each Medicaid recipient in the region to meet transportation needs, creating an incentive to reduce costs. Brokers also coordinate services, grouping riders into a smaller number of separate trips, and also provide appropriate means of transportation at the lowest cost. The Kentucky program operates under a waiver from the federal Centers for Medicare and Medicaid Services. In 2000, the General Assembly enacted legislation to create a multi-agency Coordinated Transportation Advisory Committee and establish a group of program coordinators to resolve complaints.\textsuperscript{195}
A recent report from the Program Review and Investigations Committee and the Kentucky Legislative Research Commission (LRC) states that the program appears to be containing cost growth. The program cost $48.8 million in FY 2004. A cost estimate assuming no cost controls predicted an expenditure of $69 million in 2002, $20 million above the 2004 figure. The program provides more than 2 million one-way trips annually via public transit, taxicabs, and specially equipped vans and buses. About 600,000 Kentuckians are eligible for human service transportation. The overall satisfaction of recipients appears to be high, but the current quality assessment system may be insufficient, according to the report.

The Kentucky Transportation Cabinet administers the program through the Office of Transportation Delivery, in cooperation with the Health and Family Services Cabinet and the Finance and Administration Cabinet. The state departments for the Blind and Vocational Rehabilitation also participate in the program, but their clients total less than 1 percent of those served. Use of the program by the elderly is expected to increase because the number of Kentucky residents age 65 and older is expected to increase by 80 percent by 2025 to more than 900,000.

At the end of FY 2002, the then-Cabinet for Families and Children withdrew its participation in the transportation delivery program as a cost saving measure. It had used the program to serve clients of the Kentucky Transitional Assistance Program (K-TAP), a temporary cash assistance program for families with a dependent child who lacks the support of one or both parents. K-Tap helps adults find jobs or receive job training. In FY 2002, 31,000 recipients were transported. Their 1.6 million trips cost $7.6 million. With this change, the LRC reports states, “Coordination of services can no longer focus on reducing costs by eliminating duplication of effort in multiple cabinets. Instead, coordination is confined to grouping passengers efficiently into fewer trips and identifying the most efficient transportation providers and routes.”

A detailed analysis and review of the Kentucky program, mentioned above, was completed in May 2004 by the Program Review and Investigations Committee and the Legislative Review Commission. The report Human Service Transportation Delivery: System Faces Quality, Coordination, and Utilization Challenges, contains 10 recommendations for program improvement.

Louisiana

Coordination Categories: Comprehensive, broad.

Coordination Statute: Louisiana has no statewide coordination statute. Existing statutes that cover services to the elderly and disabled give broad instructions to coordinate all services for those populations.

Executive Order: An executive order, originally signed by Governor Edwards, established the Inter-Agency Transportation Coordination Committee (IATCC). The committee was intended to improve communication and coordination of human service transportation among multiple state agencies. Executive Order MJF 96-18, signed by Governor Mike Foster in July 1996, reestablished the IATCC. Governor Blanco has not recreated the committee, and legislators currently do not participate in coordination efforts. However, the agencies in the IATCC still meet to coordinate activities.
Related Statutes and Resources: Elderly transportation services are authorized in statute. Louisiana statutes create the Office of Elderly Affairs in the office of the governor, and charges the office with the responsibility of providing transportation services to the elderly and coordinating the services of all state agencies that provide services to the elderly.200

Section 46:2200 of the Louisiana Revised Statutes governs transportation for the elderly and handicapped. It states that the Department of Transportation and Development may establish and administer a program to provide assistance to applicants eligible under 49 USC §1612(b)(2).201 Section 46:2203 requires the coordination of all services for the elderly. It states that “… prior to awarding a grant to any agency, the Department of Transportation and Development shall require the applicant agency to assess and verify the local needs for the special transportation services. Each applicant agency shall also certify that local agencies are coordinating their service plans and that the awarding of the grant will not foster a duplication of services for the elderly and handicapped.”202

Program Characteristics: The Executive Orders issued by several Louisiana governors attempted to establish a comprehensive system for coordinating human service transportation by involving multiple state agencies that represent and serve multiple disadvantaged populations. The Department of Transportation and Development (DOTD) is the lead agency for the IATCC. Other members of the committee include the secretary of transportation and development or designee, the secretary of health and hospitals or designee, the secretary of the Department of Social Services or designee, the Secretary of the Department of Labor or designee, the executive director of the Governor’s Office of Elderly Affairs or designee, the president of the Senate or the president’s designee from the Senate membership, and the speaker of the House or the Speaker’s designee from the House membership.

The purpose of the IATCC is to obtain the maximum use of transportation resources, increase the cost of efficiency of providing transportation services by coordinating and consolidating administration, and planning and funding public and specialized transportation services. According to the most recent executive order, the IATCC shall:203

- Develop and maintain a consolidated inventory of all transportation providers operating within the state. Each state agency involved in providing transportation services shall provide such information to the IATCC, including information relative to funding, expenses, revenues, ridership, areas of service and evaluations of performance.
- Review and evaluate the transportation provision policies of each agency to determine the most efficient methods for facilitating the coordination of transportation services.
- Make recommendations to specifically address: 1) the standards of financial activity reporting; and 2) the contents of interagency agreements, including service assurances, financial commitments, monitoring plans and compliance plans, and the most appropriate and least costly service that can be accomplished through the coordination or consolidation of intradepartmental transportation resources.

It is unclear how the IATCC affects the provision of specialized transportation services in Louisiana. A 2003 report by the IATCC to the governor contained the following recommendations for improved coordination of transportation services:204

- Legislatively mandate coordination between state agencies funding transportation services, so that coordination will be actively pursued through policy changes, if necessary.
- Reestablish the IATCC in statute with authority for staffing the committee given to the secretary of DOTD, with specified membership.
Give the IATCC authority to pursue plans and programs that will advance the knowledge base on transportation spending in Louisiana to allow better coordination and accountability by member agencies.

Require annual reports to the governor and Legislature by the IATCC.

Maine

Coordination Categories: Broad, planned.

Coordination Statute: Maine has no statewide human service coordination statute, but laws concerning transportation and services for disadvantaged populations contain broad coordination requirements.

Executive Order: None.

Related Statutes and Resources: Transportation for Maine's elderly is a “priority” social service. Title 22 §6108 requires the Bureau of Elder and Adult Services, Department of Human Service, to provide transportation for older people as part of the Priority Social Services Program. It also requires the agency to take actions necessary to ensure consistency of priority social service programs.

Temporary Assistance for Needy Families (TANF), contained in Title 22 §3762 (8)(B), requires the Department of Health and Welfare to provide limited transitional transportation benefits to meet employment-related costs to Maine TANF participants who lose eligibility for TANF assistance due to employment.

Title 22 §3762 (2) requires the Department of Health and Welfare to collaborate with many state agencies and other entities to provide efficient and effective TANF services.

Program Characteristics: Maine has no law that requires state agencies to specifically coordinate human service transportation. However, Maine lawmakers have generally required state and local transportation agencies to coordinate transportation services, and broadly authorized other state agencies to coordinate all services for disadvantaged populations.

The Maine statutes stipulate that the biennial regional operations plan submitted by each regional public transportation agency in the state must accomplish the following:

- The maximum feasible coordination of funds among all state agencies that sponsor transportation in the region;
- The development and maintenance of a permanent and effective public transportation system, with particular regard to low-income, elderly and handicapped residents;
- The participation of private transit operators in the service, to the greatest extent possible; and
- Conformity with general operations requirements as may be prescribed by the commissioner.

The statute also requires the Department of Transportation to provide assistance for public transportation providers that could be viewed within the scope of coordination. The assistance includes planning and technical assistance, information transfer, capital and operations planning, performance monitoring and evaluation, quality assurance, accounting, assistance with management information systems and service reporting to a regional operations plan drafter.
or transportation provider, and securing provider compliance with the requirements of other state agencies in these areas. The law compels the Maine DOT to act as a mediator and arbiter of disputes between state agencies and transportation providers regarding service, advise transportation providers regarding the liability of volunteer drivers, and provide capital and operating fund assistance.209

The Maine statutes also compel some coordination between state agencies. Title 23 §4209 (4) requires the Department of Human Services and the Department of Behavioral and Developmental Services to appoint a liaison to the Department of Transportation to coordinate the purchase of service contracts and serve in an advisory capacity to the department on matters of public transportation.210 This section also requires each department and its agents to actively engage local transportation providers in planning new services that are expected to have a transportation component.

Maine also participates in the United We Ride initiative. Following the FTA-sponsored United We Ride meeting in 2004, representatives from Maine’s Department of Human Services, Department of Transportation and Department of Labor (DOL) formed a committee to address some barriers to coordination. The committee has recommended that the governor should issue an executive order. However, the order has not yet been issued.

Maryland

Coordination Category: Comprehensive.

Coordination Statute: Maryland has several laws that require or encourage coordination of transportation services. Since 1977, its mass transit statute has called for “… a unified and coordinated regional transit system without unnecessary duplicating or competing service.”211 The statute providing for services for senior citizens and individuals with disabilities encourages counties to continue to maximize use of existing funding programs for elderly and handicapped transportation service and enter into cooperative agreements with other local or state resource providers.212 The job access statute, passed in 2001, requires transportation providers to “… cooperate with other transportation providers in the proposed service area to best serve the transportation needs of low income workers,” and “… enter into cooperative agreements with other local or state transportation providers.” 213

Executive Order: In 1997, then-Governor Parris Glendening issued an executive order establishing a State Coordinating Committee for Human Service Transportation.214 This committee formalized an ad hoc committee that had formed in 1995 after a regional meeting of transportation and human services specialists convened by the Federal Transit Administration and the Department of Health and Human Services. The committee was charged with examining human service transportation needs, developing a cooperative and coordinated statewide human service transportation system, devising a five-year plan to accomplish this goal and serving as a clearinghouse for transportation coordination issues in the state. The committee is chaired by the Maryland Transit Administration, an agency of the Maryland Department of Transportation (MDOT). Other agencies involved include the departments of Aging, Education, Human Resources, Health and Mental Hygiene, Labor, and Licensing and Regulation, and the Governor’s Office for Individuals with Disabilities. Other organizations represented include the Transportation Association of Maryland, the Developmental Disabilities Council and the Maryland Alliance of Local Commissions on People with Disabilities.
Program Characteristics: Maryland’s statutes and executive order established a comprehensive plan for coordinating specialized transportation services for many disadvantaged populations. The five-year Human Services Transportation Plan developed by the State Coordinating Committee for Human Service Transportation addressed numerous coordination issues, including inconsistent transit service across Maryland, statewide training, and accessibility standards. The committee mandated the formation of regional coordination bodies and distribution of funding be through these bodies. The plan encourages the establishment of brokerage systems to maximize resources and provide transportation services in innovative ways. A regional approach was emphasized because it is common for Maryland citizens to live in one jurisdiction and work in another. The committee wrote the Maryland Transportation Coordination Manual, which describes how to undertake coordination, with specific directions, and contains descriptions of various approaches. The state committed $500 million over six years to implement the plan. Other than medical transportation, all available state-level funding is coordinated.

The coordinating committee supports formalized coordination efforts between counties and among transit providers, human service agencies and the business community. For example, the Washington County coordination plan, released in July 2003, catalogued 17 human services providers and 28 providers of transportation services. The plan recommended an organizational structure consisting of a formal coordinating committee, the designation of a lead agency, and the designation or creation of a consolidated provider. Coordination activities include ridesharing, establishing a database of schedule and route information, vehicle sharing, training of drivers, consolidated maintenance contracts, and insurance.

In implementing the federal Job Access and Reverse Commute program, Maryland has benefited from the ability to match the necessary 50 percent with funds from other federal programs, such as Temporary Assistance for Needy Families. In 2002, MDOT secretary John Porcari told a congressional hearing that this helped increase collaboration between transportation and human service agencies.

Massachusetts

Coordination Categories: Comprehensive, stove-pipe, broad.

Coordination Statute: Massachusetts has no comprehensive statute to coordinate multiple specialized transportation programs. Several agencies have statutory authority to coordinate human service transportation for particular disadvantaged populations.

Executive Order: None.

Related Statutes and Resources: The Massachusetts statute that requires transportation services for senior citizens gives the Department of Elder Affairs broad authority to coordinate those services. Mass. Gen. Laws. Ann. Chapter 19A gives the Department of Elder Affairs responsibility for providing home care programs for the elderly. Home care programs include transportation services. Chapter 19A, Section 4, authorizes the department to coordinate local resources to serve the needs of the elderly. It also authorizes the department to facilitate the free flow of information between communities and the offices, agencies and employees of the Commonwealth and to encourage and assist communities to plan, develop and implement home care programs.
Chapter 19A, Section 4 (d), authorizes the department to provide and act as a clearinghouse for information, data and other materials relative to the elderly. Section 4 (f) authorizes the secretary to “… coordinate through advice and counsel those programs of other state agencies designed assist in the solution of local, regional and statewide problems concerning elderly persons.”

Chapter 19A, Section 4 (i) authorizes the secretary to further the cooperation of local, state and federal, and private agencies and institutions that provide for services or have responsibility for the elderly. Section 4 (m) authorizes the secretary to review and coordinate those activities of agencies of the commonwealth and of any political subdivision that affect the full and fair utilization of community resources for programs for the elderly, and to initiate programs that will help assure such utilization. Section 4 (n) gives the secretary authority to form councils on aging.

Coordination of transportation for people with mental retardation or mental health problems is covered in Chapter 19B. Section 18 gives the commissioner of the Department of Mental Retardation authority to enter into an interagency agreement with the commissioner of mental health for “… the coordinated regulation of or for the coordinated or joint management of certain services that are required or that must be provided by both the department of mental retardation and the department of mental health.” Such an agreement may be entered when it is determined that coordinated regulation is needed to ensure development of substantially similar standards and that the services will be more efficiently and effectively provided by a single, unified management system. Transportation services are included under this provision.

The Bureau of Transportation Planning and Development is created under Mass. Gen. Laws. Ann Chapter 16, Section 3A, within the Department of Highways. This statute makes the bureau the principal source of transportation planning in the Commonwealth and makes it responsible for preparation of coordinated transportation plans. Such plans must be prepared in coordination and cooperation with other agencies.


Program Characteristics: Transit agencies and human service agencies in Massachusetts have worked to coordinate human service transportation in the state. The Massachusetts statutes, however, do not establish comprehensive coordination requirements across multiple disadvantaged populations. Instead, until recently, coordination efforts in the state had only occurred in a stove-pipe manner between transit agency and agencies representing a single disadvantaged population. Examples include coordination between regional transit authorities (RTAs) and the state Division of Medical Assistance (Medicaid), Department of Mental Retardation, and Department of Health (early intervention transportation).

In December 1998, several state agencies started the Massachusetts Human Services Transportation Coordination initiative to bring more consistency to service regions and in service standards and requirements. Agencies that participate in the initiative are Executive Office of Health and Human Services (EOHHS), Division of Medical Assistance (DMA), Department of Mental Retardation (DMR), Department of Public Health (DPH), Department of Transitional Assistance (DTA), Massachusetts Rehabilitation Commission (MRC), Office of Child Care Services (OCCS), Department of Mental Health (DMH), Massachusetts...
Commission for the Blind (MCB), Operational Services Division (OSD), Fiscal Affairs Division (FAD), Executive Office of Transportation and Construction (EOTC), and Executive Office of Elder Affairs (ELD).

The goals of the coordination initiative are to enhance coordination of human services transportation, ensure cost-effective and quality transportation, improve access and availability of transportation services for eligible consumers, and develop innovative and creative approaches to meeting individual transportation needs. The objectives of the initiative were to develop a sustained coordination function, develop policies and procedures to support a coordination model, and implement regional management of service delivery.

As part of the initiative, Massachusetts established a Human Service Transportation Office in 2000. The office is staffed by transportation managers from the major participating agencies and is intended to develop common standards for billing and reporting. It also is intended to work with RTAs, brokers and mobility managers in each region.

**Michigan**

*Coordination Category:* Local.

*Coordination Statute:* Michigan has no coordination statute.

*Executive Order:* None.

*Related Statutes and Resources:* Under statute, transportation service must be provided to senior citizens and the disabled.224

*Program Characteristics:* Although coordination is not authorized by statute or executive order, a Specialized Services Coordination Team exists within the Michigan Department of Transportation (MDOT) that promotes local coordination efforts in the state.225 The 35-member team, made up of representatives from state agencies, providers and users is responsible for making recommendations for improvement in the coordination of transportation services for senior citizens and people with disabilities. The team works to identify barriers to coordination, promote legislative initiatives and identify funding sources. They advise methods and services that positively affect transit programs that serve senior citizens and the disabled. The team also accepts, reviews and comments on applications for Section 5310 funding. The team reviews and comments on proposed legislation that would affect transportation services for seniors and the disabled.

Fourteen regional councils of governments and 12 metropolitan planning organizations facilitate the delivery of public transportation. In 1998, the Southeast Michigan Council of Governments convened a statewide elderly mobility task force to develop a plan of action regarding the safe mobility of senior citizens. A section on coordination and collaboration of transportation providers is included in the final report. The report makes suggestions and recommendations to achieve coordination and provides information about model programs and resources. Among them are developing an inventory of transportation services, centralizing transportation information and referrals, and promoting agency collaboration at the regional level. 226

The Michigan Bureau of Urban and Public Transportation (UPTRAN) requires all public transit authorities to establish county coordination committees made up of public and private...
transportation providers, regional transportation planning organizations, government agency officials and agencies providing human services.\textsuperscript{227} The goal of the committees is to create a coordinated, nonduplicative transportation network. Transportation funding from the state is contingent on participating in these committees.

The Suburban Mobility Authority for Regional Transportation (SMART) redesigned its service a few years ago to better respond to suburban transportation needs, particularly to coordinate better with employment sites.\textsuperscript{228} It cut some service to downtown, added service from the city to the suburbs and added cross-town service. One change gives riders a ride from the bus stop to their place of employment and also provides those new to the work force one month of free service. After these changes, SMART was able to identify 1 million employees who had new or improved service.

\textbf{Minnesota}

\textit{Coordination Category:} Comprehensive.

\textit{Coordination Statute:} Minnesota's statewide coordination statute requires all state agencies that assist, provide, reimburse or regulate special transportation services for the elderly, handicapped or disabled, to promote, support and facilitate coordination of those services with other special services and with regular transportation services offered to the general public.\textsuperscript{229} Nearly 140 public and private transportation service providers operate in the Twin Cities alone.

\textit{Executive Order:} None.

\textit{Program Characteristics:} Minnesota's statutes establish a program to coordinate specialized transportation among all state agencies that serve disadvantaged populations in the state. In addition to mandating coordination among all state agencies that provide or support special transportation services, the statutes also establish operating standards for providers as well as standards for vehicle and equipment safety.

Under the coordination statute, a Transportation Coordination Advisory Council was established in 1991 by the commissioners of transportation and human services to coordinate transportation services for transit-dependent people whose lack of travel options hurt their self-sufficiency and independence. It is composed of staff from the Department of Transportation, the Department of Human Services, community representatives and advocates, and transit providers. The council has met intermittently since it was formed and developed a plan to promote coordination of welfare to work transportation that was published in June 1998.\textsuperscript{230}

Separate coordination efforts are also under way in some local communities. The Integrated Transportation Project in Hennepin County (Minneapolis) has helped address problems in a system that was primarily used for Medicaid clients.\textsuperscript{231} The joint initiative between the Metropolitan Health Plan (MHP) and Hennepin County was intended to:

- Improve and simplify client access to health care and to simplify the system for transportation and medical providers and county employees.
- Control administrative costs, promote the use of the least costly transportation modes, and control provider and client abuse and fraud.
Integrate all transportation systems in the county.

MHP operates a brokerage-type program for Medicaid eligible clients and the plan is to expand it to other populations who need transportation. The MHP brokerage is designed to consolidate transportation services that previously were provided by several Hennepin County departments. So far, a single phone number has been set up for clients and providers to use for service-related issues. Clients are being educated about transportation options and a simplified process for trip cost reimbursement has been developed.

Another example of local coordination in Minnesota is a Twin Cities-wide pilot effort involving two private entities that have joined to provide transportation services. The American Red Cross of St. Paul, which has provided transportation services for many years under the Older Americans Act, has partnered with the West Metro Partners Coordinated Transportation Program in Hennepin County (part of Volunteers of America Minnesota) to provide transportation-related services to disadvantaged children and families via multiple subcontracts and partnerships with other organizations.

A comprehensive report published by the Humphrey Institute of the University of Minnesota, Improving Transportation Services for Disadvantaged Populations, provides additional information about the coordination of specialized transportation, with a focus on Minnesota. The study recommends that any effort to improve the coordination of community transit should examine several questions. These include:

- What is the specific improvement that is desired or problem that needs to be solved?
- How will the objective be achieved? Or, what program will be implemented?
- Who needs to be involved to implement the change and keep it going in the future? How will their involvement be encouraged?
- How much money will be needed, up front and for sustaining the system? Where will it come from?
- How will the new system be implemented and managed in the future? That is, who will be in charge, and with what authority, and what type of administrative structure will be used?

Mississippi

Coordination Categories: Broad, stove-pipe.

Coordination Statute: Mississippi has no comprehensive coordination statute that involves multiple agencies and disadvantaged populations. A broad statute requires that state agencies generally cooperate when providing assistance under the Temporary Assistance to Needy Families (TANF) program. The provision states that the Department of Human Services shall include agencies currently providing services to TANF recipients in any planning activities with respect to TANF, and that those agencies shall cooperate with the department and provide information as necessary to ensure the full utilization of all economic assistance programs. Agencies specifically required to cooperate are the state Department of Mental Health, the state Department of Rehabilitation Services, the Mississippi Department of Correction, the Mississippi Department of Transportation, the state Department of Public Safety, the Division of Medicaid, the state Department of Health and the state Department of Education.

Executive Order: Executive Order 919, issued by Governor Haley Barbour, created a Department of Human Services to coordinate the provision of human services in the state.
Program Characteristics: Mississippi's coordination provisions in statute and executive orders are broadly worded and do not apply to multiple disadvantaged populations. Mississippi's statutes establish broad coordination requirements for all services provided to TANF recipients in the state. The Executive Order that created the Department of Human Services mentions coordination of services, but is not specific to transportation services.

Independently, the state Division of Medicaid coordinates nonemergency medical transportation for Medicaid recipients. Transportation assistance is made available through agreements between the Division of Medicaid and individual providers or group providers. Coordinators in 24 regional Medicaid offices approve and assign transportation for beneficiaries. During FY 2002, 465,000 “transports” were provided at a cost of about $25 million.

Although state statutes do not establish a comprehensive coordination mechanism, coordination of specialized transportation has been an issue of concern in the state. Under former Governor Musgrove's administration, a survey under the Mississippi Access to Care Plan (MAC) found that 53 percent of respondents indicated transportation needs were the most important support lacking in the lives of people with disabilities. A 2000-2001 MAC transportation focus group found that a transportation partnership was needed between all stakeholders and that a legislative mandate or an executive order was necessary to guarantee the coordination of efforts. The focus group developed several action steps for the governor and the Governor's Office of Medicaid. However, there is no evidence that these recommendations were continued under the current governor's administration.

A legislatively mandated report published in 2001, Mississippi Access to Care, included recommendations for improved coordination of transportation services. The report suggested that to create transportation opportunities for people with disabilities, the state should develop of partnerships between program and service providers to provide consolidated fixed route and flexible scheduling opportunities.

In 1999, the Institute for Disability Studies, Mississippi’s University Affiliated Program, partnered with the Mississippi Center for Technology Transfer at Jackson State University to improve traditional community transportation for people with disabilities. The project was designed to provide a better strategy to deliver transportation services to rural areas; assist transportation programs not able to financially reach their rural constituents; help rural transportation systems fully comply with the Americans with Disabilities Act; and provide transportation services that support self-determination for disabled rural residents. The project produced a handbook for rural transportation providers, information for consumers with disabilities, and public service announcements.

Missouri

Coordination Category: Comprehensive.

Coordination Statute: Missouri statutes create two different councils for coordinating special transportation services. The Coordinating Council on Special Transportation coordinates special transportation at the state level and includes legislative and executive branch members. The Interagency Committee on Special Transportation includes only executive branch membership. It is responsible for establishing standards for local and regional coordination of special transportation and for as interagency cooperation. There is no evidence available to indicate that either of these two coordinating mechanisms remain in operation.
Executive Order: None.

Program Characteristics: The Missouri Revised Statutes appear to create a comprehensive plan for coordinating human service transportation. Section 208.275 of the statutes created the Coordinating Council on Special Transportation within the Missouri Department of Transportation (DOT). The members of the council include two members of the Senate appointed by the president pro-temp, who shall be from different political parties; two members of the House appointed by the speaker, who shall be from different political parties; the assistant for transportation of the Missouri Department of Transportation or designee; the assistant commissioner of the Department of Elementary and Secondary Education, responsible for special transportation or designee; the director of the Division of Aging of the Department of Social Services or designee; the deputy director for mental retardation/developmental disabilities and the deputy director for administration of the Department of Mental Health or their designees; the executive secretary of the Governor’s Committee on the Employment of the Handicapped; and seven consumer representatives appointed by the governor with advice of the Senate, four of whom shall represent the elderly and three of whom shall represent the handicapped. (Consumer representatives appointed by the governor shall serve three-year terms or until a successor is appointed and qualified).

According to the statute, the Missouri DOT shall provide staff for the council and shall designate a special transportation coordinator to enable the council to perform its duties. The council must meet at least quarterly and must perform the following duties:

- Recommend and periodically review policies for the coordinated planning and delivery of special transportation;
- Identify special transportation needs and recommend agency funding allocations and resources to meet these needs when appropriate;
- Identify legal and administrative barriers to effective service delivery;
- Review agency methods for distributing funds within the state and make recommendations when appropriate;
- Review agency funding criteria and make recommendations when appropriate;
- Establish measurable objectives for the delivery of transportation services;
- Review annual performance data and make recommendation for improved service delivery, operating procedures or funding, when appropriate; and
- Review local disputes and conflicts on special transportation and recommend solutions.

In addition, Missouri Revised Statutes §208.630 requires the Coordinating Council on Special Transportation, in cooperation with the Department of Social Services, to coordinate existing transportation reports for Missouri’s elderly and those with disabilities. Such reports must be compiled as one comprehensive plan and shall contain a strategy for implementation and recommendations for funding.

Missouri Revised Statutes §226.805 create the Interagency Committee on Special Transportation within the Missouri DOT. The members of the committee are the assistant for transportation of the Missouri DOT; the assistant commissioner of the Department of Elementary and Secondary Education, responsible for special transportation; the director of the Division of Aging of the Department of Social Services; the director of the Division of Family Services of the Department of Social Services; the deputy director for mental retardation/developmental disabilities and the deputy director for administration of the Department of Mental Health;
the executive secretary of the Governor’s Committee on the Employment of the Handicapped; and other state agency representatives as the governor deems appropriate.

According to the statutes, the interagency committee on special transportation shall:

- Designate substate special transportation and service areas within the state.
- Designate a special transportation planning council for each special transportation planning and service area. The special transportation planning council shall be composed of the area agency on aging, the regional center for developmental disabilities, the regional planning commission and other local organizations responsible for funding and organizing special transportation. The special transportation planning councils will oversee and approve the preparation of special transportation plans.
- Establish a uniform planning format and content.
- Establish uniform budgeting and reporting standards for all transportation funds administered by the member agencies.
- Establish annual allocations of funds to support special transportation services in each of the designated planning and service areas.
- Adopt a five-year planning budget for the capital and operating needs of special transportation in Missouri.
- Develop rules for the substate division of special transportation funds.
- Review and accept annual capital and operating plans for the designated special transportation planning and service areas.

Although Missouri’s statutes establish detailed provisions for committees to coordinate human service transportation, there is scant evidence that either committee is in operation. Web searches as well as phone calls to state agencies that were required to participate in the committees yielded no information to indicate whether the committees continue to function.

Coordination of specialized transportation in Missouri has occurred outside the framework established by statutes. A state-established transit program is the Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP). MEHTAP partially subsidizes operating losses of local nonprofit organizations that provide transportation services to elderly and handicapped Missourians. In FY 2004, MEHTAP paid $2.8 million to 195 local organizations. These special transportation providers delivered 4.7 million passenger trips and expended $21 million in local funds and state assistance.

Missouri also uses a statewide brokerage program to manage nonemergency Medicaid transportation. Under its contract with Missouri’s Department of Social Services, a single company (Medical Transportation Management Inc.) is responsible for brokering all fee-for-service transportation for Medicaid recipients not enrolled in health plans. MTM sub-brokers with a statewide nonprofit community transportation agency, OATS, to cover nonemergency transportation in rural areas.

At the local level, the East-West Gateway Coordinating Council in St. Louis has also promoted transportation coordination. The council conducted an inventory of social services transportation assets in 1996 to help develop the nonprofit special transportation sector. In 2001, it held a forum to identify transportation barriers faced by the region’s low-income, elderly, disabled and immigrant populations, and to recommend viable solutions to overcome those barriers, particularly as they relate to employment. According to the conference summary, “participants agreed that population shifts and economic variations common to
metropolitan St. Louis demand constant attention in order to maintain a ready connection between home and work for the region's transit-dependent. Participants emphasized the value of employers who support access-to-job programs and state and local leaders who are willing to eliminate legislative disincentives and cost prohibitions for access-to-job programs.”252

Montana

Coordination Categories: Broad, local, planned.

Coordination Statute: Montana has no comprehensive statute that requires coordination of specialized transportation services for multiple populations. Several broad statutes authorize or require the coordination of all services for particular disadvantaged populations. Other statutes promote local coordination of transportation services.

Executive Order: None.

Related Statutes and Resources: Montana Code §7-14-111 allows a county, urban transportation district or municipality to levy property taxes to fund special transportation services for senior citizens and persons with disabilities.253 The section encourages these political entities to enter interlocal agreements to provide regional transportation services to senior citizens and people with disabilities and allows them to create regional advisory committees to coordinate regional transportation services.

Montana Code §7-14-112 creates an account to fund local transportation services for seniors and people with disabilities.254 Priority for awarding grants from the fund is in part determined by the amount of coordination of services by the grantee. In awarding grants, the Department of Transportation shall give preference to proposals that include the establishment of a transit authority to coordinate service area or regional transportation services, identify all other transportation providers in the community, explain how services will be coordinated with the other transportation providers in the service area or region, include documentation of coordination with other local transportation programs within the community, use existing resources and equipment to maximize the delivery of service, and invite school districts to participate in the coordination process.

Montana Code §52-3-101 states that one function of the Department of Public Health and Human Services is to coordinate, through area councils on aging, the delivery of community-based care, including transportation.255

Montana Code §53-7-101 et seq. governs vocational rehabilitation services for people with disabilities.256 Under these provisions, vocational rehabilitation services include transportation. The Department of Public Health and Human Services may cooperate with other departments and agencies and institutions to provide vocational rehabilitation services. Further, the statute states that, “... those divisions of the department that have programs for the provision of vocational rehabilitation services may share administrative personnel, operations, and policies so as to assure uniform administration necessary under the federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.).”257 Within the department, the vocational rehabilitation services provided under the federal act must be administered so they are kept separate and independent from other programs.
Montana Code §53-7-301 et seq. governs vocational rehabilitation services—including transportation—for people with blindness. It states that the department may cooperate with other departments and agencies and institutions to provide vocational rehabilitation services.\textsuperscript{258}

Montana Code §2-15-225 establishes the Interagency Coordinating Council for State Prevention Programs.\textsuperscript{259} It is unclear if prevention programs include specialized transportation services, but the director of the Department of Transportation is a member of the coordinating council.

**Program Characteristics:** Montana’s statutes promote the coordination of specialized transportation through broad requirements for state agencies and by compelling local coordination of services. In addition to these statutes, several other coordination activities are under way in Montana. The Western Transportation Institute created a guide for the Montana Council on Developmental Disabilities (MCDD) on transportation coordination.\textsuperscript{260} The 279-page guide, which instructs local Montana communities about the best coordination methods, is part of the MCDD’s overall plan to improve transportation coordination. The MCDD is a federally funded and mandated citizen advocacy group created under the Developmental Disabilities Act that is administratively attached to the Department of Health and Human Services. It administers federal funds to provide increased independence, integration and productivity for people with disabilities.\textsuperscript{261}

The Montana Transportation Partnership represents multiple stakeholders that are involved with public transportation. The partnership seeks to ensure that Montanans in their community of choice have accessible, safe, affordable and reliable transportation services through the development of coordinated systems.\textsuperscript{262} The partnership has piloted projects to demonstrate transportation coordination; has advocated for changes in legislation; policy and procedures to increase coordination; and has recognized and disseminated examples of best practices.

The Department of Public Health and Human Services has developed a committee of division representatives to explore transportation-related issues in the state.\textsuperscript{263} The goals of the committee are to gain an understanding of transportation services and resources used to support transportation services in the department, explore avenues for coordinating transportation services within the department, and improve coordination between the department and other state agencies and entities that provide transportation services.

**Nebraska**

**Coordination Categories:** Consolidation, comprehensive.

**Coordination Statute:** In 1997, Nebraska lawmakers combined several human service agencies into a unified Health and Human Services System.\textsuperscript{264}

**Executive Order:** Executive Order 04-01, signed by Governor Mike Johanns in September 2004, formed the Transportation Access Working Group.

**Related Statutes and Resources:** Nebraska law states that the Department of Roads “… shall be the principal state agency responsible for coordinating public transportation activities in the state.”\textsuperscript{265} The Department of Roads has authority to administer federal and state programs that provide financial assistance to public transportation.\textsuperscript{266} The law also requires the department
to consult and cooperate with other agencies. It is unclear whether these provisions relate to human services.

Other statutes provide for human service transportation including §71-8610, which governs vocational rehabilitation services—including transportation—for blind people and §79-11,127, which governs rehabilitation services—including transportation—for people with disabilities.

**Program Characteristics:** Nebraska's coordination efforts are governed by both statute and an executive order. In 1997, Nebraska combined several human service agencies into a unified Health and Human Services System. The intent was to maximize efficiencies and make the system more customer-friendly. Nebraska's Health and Human Services System provides a single access point for nonemergency medical transportation, transportation to shop for necessities, transportation for therapy, assistance in obtaining mobility equipment, transportation for support groups, transportation to meal sites, transportation to pharmacy and drug stores, reimbursement for travel costs during medical treatment and transportation to apply for benefits.

The 1997 legislation sunseted five state agencies and created three new agencies. Service coordination was an important goal of the consolidation. A service coordinator works with clients to determine eligibility and authorize services, while identifying gaps and duplication of services. All transportation services for a wide array of social services—including the aged and disabled, Medicaid recipients, developmental disabilities, adult protective services, and family support—are provided through the unified Health and Human Services System.

Medicaid nonemergency transportation costs for FY 2002 amounted to $4.6 million for both the state and federal shares. This represented about 466,000 one-way trips, about 3,000 two-way trips and 10,000 trips via mileage reimbursement. A transit pass program is administered for recipients in Omaha and Lincoln.

The Transportation Access Working Group, formed by Executive Order 04-01, is intended to provide leadership in improving the coordination of human service transportation. The group includes representatives from the Department of Roads, the Department of Labor, the Department of Health and Human Services, nonprofit community action agencies, the governor's transportation policy advisor, the Department of Education, the Public Service Commission, advocacy groups, and nonprofit transportation providers. The working group is charged with leading Nebraska's participation in the federal United We Ride initiative and must inventory existing state and federal transportation funding programs to determine the most effective and efficient use of resources. It also must study ways to eliminate duplicated services and identify opportunities for and barriers to improved transportation services. The group must submit a progress report to the governor and the Legislature each year.

**Nevada**

*Coordination Categories:* Stove-pipe, broad.

*Coordination Statute:* Nevada has no overall statewide statute regarding coordination of human service transportation.

*Executive Order:* None.
Related Statutes and Resources: Nevada’s statutes compel some state agencies to coordinate services—including transportation for the populations they serve. NRS §427A.040 lists among the powers and duties of the Aging Services Division of the Department of Human Resources the duty to “… develop and coordinate efforts to carry out a comprehensive State Plan for Providing Services to Meet the Needs of Older Persons.” It also gives the division authority to “… coordinate all state and federal funding of service programs to the aging in the state.” This section contains no provisions related to transportation.

Another statute requires the Aging Services Division to establish a program to subsidize the transportation by taxicab of the elderly and the permanently handicapped. It gives the division authority to take necessary or appropriate action for cooperation with public and private agencies and otherwise carry out the purposes of the chapter.

Program Characteristics: Very little coordination of specialized transportation in Nevada occurs as the result of legislation. Nevada’s statutes contain broad coordination authority for services to a limited number of disadvantaged populations and there is no evidence that the statutes have had a large effect. However, independent of legislative requirements, several state agencies have initiated coordination efforts in the state. An interdepartmental agreement in 1993 established the Transit Advisory Committee composed of state and local agencies, tribes, and nongovernmental agencies that provide human services. The committee has testified before the Legislature and meets quarterly with the Nevada Department of Transportation.

Additionally, some local jurisdictions are using technological improvements to assist coordination. The Northern Nevada Transit Coalition, with a grant from the Division of Aging, is developing a magnetic swipe card for use in transit systems that serve senior citizens. The project is intended to improve record keeping for the transit agencies and eliminate on-bus paperwork for riders.

New Hampshire
Coordination Category: Planned.

Coordination Statute: New Hampshire has no overall coordination statute.

Executive Order: None.

Program Characteristics: New Hampshire has no current program to coordinate specialized transportation services. However, several state agencies continue to plan future coordination efforts. Each year, state agencies spend approximately $10.4 million on human service transportation in New Hampshire. Most of the spending is through nine separate divisions of the New Hampshire Department of Health and Human Services (NHDHHS) with the largest of these costs—approximately $2.9 million—in nonemergency medical transportation spending.

Since 1995, state agencies have met formally to discuss the coordination of specialized transportation. A planning meeting in April 2000 brought together numerous agencies to develop a strategy for coordination that would improve and increase mobility options for disadvantaged populations in the state. In 2003, the Human Service Transportation Task Force—composed of representative from several state and local agencies, academic institutions, transportation providers and others—recommended that New Hampshire consider a regional
brokerage model. It also suggested that agencies form a state coordinating council and six to 10 regional coordinating councils to improve coordination efforts.

A 2004 report from the Policy Resource Center in Concord, noted that five independent coordination efforts were under way in the state and suggested three steps to initiate a statewide effort. The recommendations included:
1. Enact legislation on the oversight and channeling of Medicaid and other human service transportation funds through regional transportation brokers. While state agencies and local providers recognize the need and value of transportation coordination, the requirement to share power and control over resources is often best supported through legislative mandate.
2. Coordinate transportation services under select NHDHHS programs with a priority on Medicaid coordination. Coordinating nonemergency medical transportation under the Medicaid program is likely the most beneficial statewide step.
3. Support and learn from regional coordination projects that currently are under way.

The report concluded that “… coordination is not the complete solution to transportation problems. Some problems will only be satisfied through additional resources and some through other processes. However, to maximize the use of available state and federal resources, it is critical to coordinate existing transportation funding streams.”

New Jersey
Coordination Categories: Stove-pipe, broad, local.

Coordination Statute: New Jersey has no transportation coordination statute that applies to all agencies and services. However, the statutes mandate coordination of transportation services for senior citizens and disabled residents. In the Senior Citizen and Disabled Resident Transportation Assistance Act, the legislative findings and declarations state that “… the New Jersey Transit Corporation in conjunction with the New Jersey Department of Transportation's (DOT) Office of Coordination, as well as the counties, should coordinate the assistance with existing transportation services, including but not limited to those services funded by any other state agency, at the local level and coordinate intercounty transportation services.”

A broad statute requires the DOT to “… coordinate the transportation activities of the department with those of other public agencies and authorities.”

Executive Order: None.

Related Statutes and Resources: New Jersey law requires local education boards to “… bid or coordinate nonpublic school transportation services with another school district or cooperative transportation services agency…” Other statutes authorize transportation services to disadvantaged populations. These include reduced bus and rail fares for senior citizens and handicapped citizens, local administration of senior citizen transportation, job training transportation, participants in the “Realizing Economic Achievement” (REACH) program, and recipients of supportive services (child care).

Program Characteristics: New Jersey’s statutes promote coordination of human service transportation between state and local agencies. The New Jersey departments of Transportation, Human Services and Labor have partnered with N.J. Transit, the N.J. State Employment and
Training Commission, counties and local communities to meet the challenge of improved mobility for low-income and transit-dependent individuals. In 1997, each county in New Jersey developed an interagency transportation steering committee to develop a community transportation plan. Each plan identified strategies for meeting the mobility needs for individuals in the Work First New Jersey (WFNJ) program, low-income individuals, and others who are dependent upon public transportation. One element was the WorkPass program, which makes accessible and reliable transportation available to individuals who are making the transition from welfare to work. The goal of the planning process, which included staff from human services, transportation, planning, and nonprofit organizations, was to find ways to coordinate community transportation services. New Jersey relies on these steering committees as a local mechanisms for coordinating local transportation services. Plans were submitted to the Department of Human Services (DHS), Department of Transportation and to N.J. Transit.

The development of the community transportation plans were a necessary step in securing funding through JARC, Welfare to Work, the N.J. DOT Transportation Innovation Fund and other resources. Communities updated plans in 2000 and 2002. The plans review local demographic data, inventory available services, list gaps in the provision of transportation services, and develop a strategy to address gaps.

New Mexico

*Coordination Categories:* Stove-pipe, broad, planned.

*Coordination Statute:* New Mexico has no statute that requires the coordination of specialized transportation services.

*Executive Order:* None.

*Related Statutes and Resources:* New Mexico’s enabling legislation for the state Commission on Aging requires the commission to strengthen and coordinate all services of state and local bodies for the benefit of the aged. Similar enabling legislation for the governor’s committee on concerns of the handicapped requires the committee to “… assist state, local and federal agencies to coordinate their activities to secure maximum utilization of funds and efforts that aid in the training and employment of the handicapped.”

*Program Characteristics:* Although New Mexico’s statutes provide broad coordination authority for senior citizens and people with disabilities, little coordination has occurred in the state as the result of the legislation. However, several state agencies have independently partnered to coordinate transportation services to disadvantaged populations including senior citizens, people with disabilities, rural residents, welfare-to-work clients, and others.

One such partnership is between the Alliance for Transportation Research Institute (ATRI) at the University of New Mexico and several New Mexico state agencies. With funding from the Federal Transit Administration and the Federal Highway Administration’s Joint Programs Office, ATRI developed the Client Referral, Ridership, and Financial Tracking (CRRAFT) system—a Web-based software program that allows transit providers to electronically track and report their daily operations. The software, housed on the ATRI computer server, is accessible through the Internet.
For local transit providers, the CRRAFT system simplifies reporting to agencies and invoicing requirements, allows trip scheduling for clients, tracks passenger usage, and segregates funding sources. For agency funders, it eases oversight; creates a uniform transportation referral process for clients; manages multiple funding streams; assists the audit process; easily generates agency-specific reports; collects data for decision making; and helps provide efficient, seamless transportation services to clients. The CRRAFT system recently received national recognition by the U.S. Department of Transportation as an intelligent transportation systems (ITS) best practice.295

The next step in deploying CRRAFT is implementation of an electronic fare card. For human services passengers, a transit smart chip will be designed to piggyback on the state's electronic benefits transfer card. A one-stop transit shop is being developed at the New Mexico Department of Transportation's Public Transportation Programs Bureau to provide a statewide policy framework for coordination of transportation services.296

New Mexico has established a working collaborative committee comprised of multiple state agencies—the Intrastate Coordinating Human Services Transportation Committee (ICHSTC)—to provide statewide transportation through state coordination.297 As mandated by the legislature in 2003, a pilot project for nonemergency Medicaid transportation services is under way in a rural county (Valencia) and urban area (Albuquerque).298 All local government and tribal entities of Valencia County have endorsed this initiative by passing resolutions and appointing a representatives to serve on an oversight committee. The local committee will work with the ICHSTC to make recommendations in the design and implementation of a seamless transportation system. Lessons learned from the pilot project will be used to guide and coordinate future New Mexico efforts.

New York

Coordination Categories: Stove-pipe, broad.

Coordination Statute: New York has no comprehensive statute that coordinates specialized transportation services for multiple disadvantaged populations in every community across the state. However, lawmakers enacted a law to coordinate public transportation services for disadvantaged populations in rural communities. N.Y. Transportation Law §§73a-73p establishes the Rural Public Transportation Coordination Assistance Program.299 The law is intended to assist people in rural communities—those counties having populations of 200,000 people or less—who do not have access to essential transportation services.300 It defines "transportation disadvantaged person" as "... any person, who by reason of physical, economic or other circumstances does not have access to private personal transportation or is unable to use private personal transportation, either permanently or temporarily such as frail, elderly, physically or mentally handicapped, low-income, youth, unemployed or underemployed, and other individuals who may need public transportation services for gaining access to human or public services, health care, educational, recreational, shopping or employment opportunities."301

The law created a 19-member Interagency Coordinating Committee on Rural Public Transportation to identify funding resources, identify restrictions that inhibit fund use for coordinated transportation, recommend legislation and regulations, and make information available to facilitate these purpose.302 It also established a program that included service coordinators, standards for coordination of transportation services between counties and regions
and coordination of federal, state, local and private aid.\textsuperscript{303} In addition, the statute specifically allows the commissioner of transportation to recommend policies that could eliminate duplication and inefficiencies, improve the use of existing resources and coordinate transportation services.\textsuperscript{304}

New York’s rural public transportation coordination assistance program also promotes local coordination of specialized transportation in rural communities. The statute requires all public, private, and private nonprofit corporations or organizations providing transportation services to coordinate with a service coordinator that must be appointed by each county.\textsuperscript{305} It also provides financial assistance for coordination efforts.\textsuperscript{306}

\textit{Executive Order:} None.

\textit{Related Statutes and Resources:} New York statutes include a broad charge for the state Department of Transportation (NYSDOT) to coordinate the planning and development of transportation facilities and services in New York. NYSDOT must “...coordinate and develop comprehensive, balanced transportation policy and planning”; and “...coordinate and assist in the balanced development and operation of such transportation facilities and services.”\textsuperscript{307} Transportation providers for accessible transportation are required to set up committees, the duties of which include to “...coordinate to the maximum extent possible accessible fixed-route services, paratransit, accessible rapid transit and other transportation services available to transit-disabled persons.”\textsuperscript{308}

\textit{Program Characteristics:} New York’s statutes form a stove-pipe approach to the coordination of specialized transportation in the state. The law that established the Rural Public Transportation Coordination Assistance Program (RPTCAP) applies to counties with populations of 200,000 or less and does not address coordination in urban areas.\textsuperscript{309} Funds generated through the Petroleum Overcharge Restitution Act were used to fund the RPTCAP.

According to a report by the Quality Communities Interagency Task Force in January 2001, RPTCAP helped 10 rural counties implement coordinated public transportation service.\textsuperscript{310} The task force recommended that the state “...initiate a transit services coordination program to coordinate public and human services transportation in rural and small urbanized areas. This program would use existing human service transportation funding programs and a limited amount of new start-up program funds to encourage and initiate new and expanded coordinated public transportation services. The benefits of a coordinated program include improved services, new services available to the general public and provision of travel needs to human service agency clients in a more cost effective manner.”\textsuperscript{311}

New York also has limited local coordination of nonemergency medical transportation (NEMT) in the state. The New York State Department of Health gives the 58 local departments of social services that administer NEMT programs to use several options to improve coordination. These include use of transportation coordinators, regional or district-wide rate setting, competitive bidding processes and other options to improve transportation efficiencies.\textsuperscript{312}
North Carolina

Coordination Category: Comprehensive.

Coordination Statute: Human service transportation coordination in North Carolina is governed both by statute and executive orders. North Carolina’s statute—the North Carolina Act to Remove Barriers to Coordinating Human Service and Volunteer Transportation—was intended to facilitate the coordination of human service transportation. It recognizes human service and volunteer transportation as separate but contributing components of the North Carolina transportation system and removes barriers to low-cost human service transportation. The law clarifies that transportation services can not be regulated as commercial transportation and allows human service agencies to purchase insurance for people who provide volunteer transportation. It also exempts specialized transportation services from special taxes or licenses imposed by local governments.

Executive Order: Executive Order 21—issued by Governor Michael Easley in 2002—reestablished the North Carolina Human Service Transportation Council. The council, is intended to address problems, concerns and opportunities regarding the provision of human service transportation and to make policy recommendations to the North Carolina Department of Transportation. Its mission is to provide leadership in improving the coordination of human service transportation and to ensure that funds are maximized to serve as many elderly, disabled and financially disadvantaged individuals in the state of North Carolina as possible in a safe, efficient and effective manner. The council’s membership includes the departments of Transportation (NCDOT), Health and Human Services (NCDHHS), Commerce, Administration and Public Instruction, and the Employment Security Commission. Other members are representatives of people with disabilities, the Developmental Disabilities Council, the Division of Aging, the Division of Medical Assistance, Work First (North Carolina’s TANF Program), vocational rehabilitation, Head Start, child development and the community colleges.

Related Statutes and Resources: In 1987, the legislature enacted the North Carolina Elderly and Disabled Transportation Assistance Program, with funds appropriated for use by counties on a formula basis from NCDOT to provide elderly and disabled transportation services. To receive funding, counties are required to approve a Community Transportation Improvement Plan and have a transportation advisory board that includes representation from agencies and programs that serve the transportation-disadvantaged.

Program Characteristics: North Carolina’s statutes and executive orders have created a comprehensive program for coordinating human service transportation. The laws have fostered cooperation between NCDOT and NCDHHS and resulted in 100 percent funding from NCDOT for a full-time transportation program administrator within NCDHHS funded.

In 2003, the NCDOT Public Transportation Division developed guidelines for cross-county transit coordination for nonemergency medical transportation. The guidelines assist the medical community, local governments, human service agencies, transportation providers and the general public to address the high cost of medical transportation and the increasing numbers of users. It is based on pilot projects in Asheville and the Piedmont Region. A Web-based version helps users coordinate trips across county jurisdiction lines to regional health care facilities.
Another product of North Carolina’s legislation and executive orders is the Transportation Report Information Project (TRIP) Team. Created in 2002, the TRIP Team was formed to identify client transportation expenses and develop recommendations for uniform standards, policies and reporting procedures for all NCDHHS transportation services. The TRIP Team submitted a report to the secretary and the NCDHHS division directors on March 1, 2004. In 2004, NCDHHS was in the process implementing recommendations contained in the report. The framework of the original TRIP Team has been reorganized and expanded to accomplish the goals of the project. The new members include additional state, regional and local staff with special expertise in developing and implementing policies, guidance, training plans, waivers and systems modifications.

Each NCDHHS division and office will follow the lead of the department by developing and implementing similar transportation policies effective July 1, 2005. The NCDHHS TRIP Team initiative has generated widespread interest from many state and federal agencies throughout the country. In 2004, North Carolina’s coordination efforts were recognized by the state leadership award, presented by the Federal Transit Administration.

North Dakota

Coordination Categories: Local, planned.

Coordination Statute: No statutes require the coordination of specialized transportation services in North Dakota.

Executive Order: None.

Program Characteristics: Low population density and a large land area create challenges for those providing transportation to the transportation-disadvantaged in North Dakota. No statewide statute or plan governs the provision of human service transportation. However, a coordination study under way at the Small Urban and Rural Transit Center at North Dakota State University (NDSU) is intended to improve coordination for rural passenger transportation. The objective is to identify how federally-funded transit agencies in North Dakota can coordinate with agencies that provide transportation as a secondary service, to better use scarce resources. A coordination task force of state leaders in transportation, human services and other agencies is guiding the project.

Coordination was identified as a viable policy option in a 1997 study by the Upper Great Plains Transportation Institute, NDSU, that evaluated the regionalization of rural transit systems in North Dakota. It concluded that transit coordination would better meet the needs of transit-dependent populations in the state. The study found such coordination could occur through reduction in service overlap and better use of the limited resources available for transit. The study recommended either a regional approach that reduces the number of transit authorities from 47 to eight and that does not include the urban transit systems in the regional system, or a statewide transit authority with eight districts. It called on the North Dakota Department of Transportation (NDDOT) to push for voluntary coordination, using incentives.

NDDOT began a statewide personal mobility study in 2004 to complete a requirement of North Dakota’s 2002 statewide strategic transportation plan. Among the issues the study will address are equipment accessibility for the disabled, rising insurance costs, group purchasing,
effective use of volunteers, demographic trends and the definition of basic service levels. The intent of the study, which is expected to be completed in 2005, is to provide North Dakota state legislators with a guide to future public transit options.\textsuperscript{321}

State agencies also promote a limited amount of local coordination in North Dakota. For example, a collaboration between the Spirit Lake Tribe, two state agencies, Benson County, and private employers transports tribal members to employment locations in the Devil's Lake area. Job Access and Reverse Commute funding helped enable this effort.\textsuperscript{322}

\textbf{Ohio}

\textit{Coordination Category:} Comprehensive.

\textit{Coordination Statute:} Ohio has no statewide human service transportation coordination statute.

\textit{Executive Order:} None.

\textit{Program Characteristics:} Although Ohio has no statewide human service transportation coordination statute, the Ohio Department of Transportation (ODOT) has developed a comprehensive state coordination program. Since 1996, ODOT has awarded $6.3 million to 37 coordination projects throughout the state.\textsuperscript{323} In 2004 alone, ODOT granted $1.3 million to 19 transportation coordination projects. These funds have helped increase by 28 the number of Ohio counties that now serve citizens with a public transit system or a coordinated transportation effort. Ohio is one of five states that provide financial incentives for transportation coordination.

With backing from the Ohio governor, the Statewide Transportation Coordination Task Force was formed in 1996, consisting primarily of several state agencies that studied policies of state agencies and sought to eliminate regulatory barriers to the coordination of transportation services.\textsuperscript{324} Agencies contribute staff to a variety of efforts, including statewide conferences and information sharing regarding transportation planning and coordination.

An important contribution by Ohio to its own coordination efforts—as well as for national efforts—was the publication in 1991 of the \textit{Handbook for Coordinating Transportation Services}. In 1997, a follow-up, \textit{A Guide to Implementing Coordinated Transportation Systems}, was produced through the efforts of the task force. It was reissued in July 2003.\textsuperscript{325}

Ohio received a Federal Transit Administration award in February 2004 in recognition of the state's leadership in creating and maintaining excellent coordinated transportation services.

\textbf{Oklahoma}

\textit{Coordination Categories:} Stove-pipe, planned.

\textit{Coordination Statute:} Oklahoma has no statute that requires coordination of specialized transportation services.

\textit{Executive Order:} None

\textit{Program Characteristics:} Oklahoma has no laws governing human service transportation coordination. However, some coordination has occurred for specific disadvantaged populations
future coordination is planned. A 2002 statewide needs assessment by the Department of Rehabilitation Services (DRS) documented the extent of transportation needs and problems for people with disabilities.\textsuperscript{326} Two-thirds indicated that they were dependent on public transportation for various reasons, while 58 percent indicated that transportation was a fairly significant problem in their lives.

As an outgrowth of efforts by the DRS to provide transportation for people with disabilities, a new coalition formed at the end of 2003 called Oklahomans Alliance for Public Transportation.\textsuperscript{327} The alliance consists of several state agencies, advocacy groups and transportation providers with a mission to expand and enhance public transportation and pedestrian access to communities so that all Oklahomans have the freedom to travel where and when they want. Initial alliance activities include information dissemination to communities, media outreach, statewide workshops and continual networking and building of membership.

In August 2003, the Oklahoma Health Care Authority contracted with a national human service transportation management company, LogistiCare Inc., to coordinate Oklahoma's statewide medical transportation brokerage, Sooner Ride. The program previously was operated by the Metropolitan Tulsa Transit Authority.

Small-scale local coordination in Oklahoma has taken place within the Chickasaw Nation. Combining several funding sources, the Chickasaw Nation Transportation System coordinated and provided transportation for a variety of programs over an 11-county area. Participating agencies include Head Start, an Indian hospital, youth programs and a senior citizen nutrition center.

Oklahoma is participating in the federal United We Ride program and will use UWR funding to prepare a statewide analysis report based on previous assessments, design an action plan to improve coordination of transportation services, conduct a statewide conference, and support local efforts to ensure coordination of services. An executive order to ensure agency coordination and cooperation will be sought. The United We Ride Oklahoma Council consists of representatives of the Oklahoma Department of Transportation, the DRS and the Oklahoma Department of Commerce.

**Oregon**

*Coordination Categories:* Comprehensive, broad.

*Coordination Statute:* Oregon has no comprehensive coordination statute specific to specialized transportation services. Lawmakers enacted a broad law that establishes services for senior citizens and people with disabilities and requires coordination by state agencies of all services—including transportation—to these populations. The statute states that, “the state shall coordinate the effective and efficient provision of community services to older citizens and disabled citizens so that the services will be readily available to the greatest number over the widest geographic area.”\textsuperscript{328}

*Executive Order:* None.

*Related Statutes and Resources:* The statutes establish an Elderly and Disabled Special Transportation Fund with various funding sources to be appropriated to the Oregon Department of Transportation for payment of its administrative costs and for payment to counties, transit...
districts and Indian tribes for provision of local transportation services to the elderly and disabled.\textsuperscript{329}

\textit{Program Characteristics:} Oregon’s statutes create broad mandates for state agencies to coordinate all services for senior citizens and people with disabilities. Independent of these statutory requirements, state agencies have created a more comprehensive program to specifically coordinate specialized transportation services for multiple disadvantaged populations in the state. Oregon’s coordination effort began in 1996 when Governor John Kitzhaber established a Transportation Coordination Working Group as part of the Human Investment Framework.\textsuperscript{330} The group was charged to:

- Maintain or improve transportation services.
- Eliminate program and administrative duplication.
- Leverage more from existing services.
- Target services and resources to at-risk people.
- Allow for flexibility based on local community strengths and needs.
- Ensure that coordination benefits are applied statewide not limited to pilot or demonstration projects.
- Meet the mandates of the Americans with Disabilities Act.

The working group, consisting of 15 state agencies, councils of governments, and governmental associations, produced a report in June 2000 that identified the working group goals and challenges.\textsuperscript{331} According to the report, responsibility for transporting agency clients, students and the general public is scattered among a dozen state agencies in Oregon and 22 separate programs. As a whole, these agencies spend about $175 million per year on vehicles and a variety of transportation services.\textsuperscript{332} These costs rose to $215 million by 2002. The report recommended a strong leadership role for the governor in announcing a coordination initiative among state agencies. Nineteen specific implementation strategies for state agencies were recommended that addressed several activities, including reducing insurance risk associated with mixing clients; developing consistent standards; simplifying rules, coordinating transportation services, funding and planning; providing assistance and funding to local communities to identify and overcome barriers to coordination; reducing fragmentation; encouraging shared use of vehicles; creating incentives for school districts to participate in coordination; and developing performance monitoring systems, among others.\textsuperscript{333}

As a result of the working group recommendations, the Oregon Department of Transportation is developing a trip planner system to allow users to find information about all methods of public transportation on one easy to use Web site. Eventually, the system will produce itineraries and allow reservations and payment.

A number of local coordinated transportation efforts are ongoing in Oregon. Several Medicaid transportation brokerages operate in the state. The success of the first one, created in 1994 in the Portland area and operated by the transit district, Tri-Met, has led to establishment of several new brokerages that now cover half the state.\textsuperscript{334} Statewide coverage is anticipated by 2006. Oregon estimates its brokerage has saved $11 million for the Medicaid program, providing more than 3 million rides.\textsuperscript{335}

In addition, four coordination demonstration projects covering eight counties started in 2002. Among the strategies to be demonstrated are centralized dispatching, coordination of fleets, sharing of resources and joint planning.
Pennsylvania

**Coordination Categories:** Stove-pipe, broad, local.

**Coordination Statute:** Pennsylvania has no statute specific to specialized transportation that requires coordination of services for multiple disadvantaged populations. Several laws, however, require coordination of specialized transportation services for senior citizens. Pennsylvania's Free Transit and Shared-Ride programs provide demand-responsive transportation for senior citizens.\(^{336}\) Their enabling legislation directs the state Department of Transportation to administer the program and appoint program coordinators in each county. The statutes also require program coordinators to submit a coordination plan to the DOT.\(^{337}\)

The Pennsylvania statutes also contain local coordination provisions and broad requirements for coordination of all services—including transportation—provided to disadvantaged populations. A law that established funding for rural public transportation contains a requirement for local coordination. Title 71, §582 et seq. requires coordination of Commonwealth community service programs, including transportation.\(^{338}\) Title 71 §1306 outlines public transportation assistance and requires the department to cooperate with “... federal, state and local governments, agencies and instrumentalities, as well as private interests, so as to result in as effective and economical program as possible.”\(^{339}\)

**Executive Order:** None.

**Program Characteristics:** Pennsylvania's statutes require a single state agency to coordinate transportation services for senior citizens and broadly mandate local coordination of other programs. Beyond these legislative requirements, other coordination efforts have occurred in the state. In 1996, the State Transportation Coordination Committee was established to bring together several different state departments and agencies responsible for providing transportation services (PennDOT, Aging, Commerce and Economic Development, Education, Health, Labor and Industry, Military Affairs, Public Welfare and the Governor's Policy Office). The committee encourages state-level coordination through interagency communication.

Other coordination efforts in Pennsylvania occur at the local level. One example is Pittsburgh's ACCESS program, run by the Port Authority of Allegheny County.\(^{340}\) The program, started in 1979, serves as a broker, arranging transportation services throughout Allegheny County. ACCESS contracts with transportation service providers through a competitive process. ACCESS is the PennDOT designated shared-ride provider in Allegheny County and has helped to improve transportation service while keeping costs down. It provides public transportation, human services paratransit and paratransit for people with disabilities. In general, human services transportation in Pennsylvania is funded in part through the state lottery and general funds, while coordination of actual services occurs as a decentralized, local function.

Rhode Island

**Coordination Categories:** Stove-pipe, broad.

**Coordination Statute:** Rhode Island does not have a comprehensive statute that requires the coordination of specialized transportation services.

**Executive Order:** None.
**Related Statutes and Resources:** Rhode Island’s statutes establish a state coordinating committee on disability rights to advise and assist the Governor’s Commission on Disabilities in its implementation of self-evaluation and compliance plans required by state and federal laws. A representative of the public transit authority is a member of the committee.

**Program Characteristics:** Although Rhode Island does not coordinate all human service transportation, the state has a centralized medical transportation brokerage operated by the Rhode Island Public Transportation Authority (RIPTA). Set up in 1994 under the Rrite-Care program, the five regional health care programs pay RIPTA a fixed monthly amount for clients to obtain a transit pass, allowing Medicaid recipients to ride transit to medical appointments and other destinations. If appropriate, eligible recipients can ride paratransit vans or taxis for medically needed transport. An important factor in the success of the Rhode Island program is that more than 90 percent of the Medicaid population lives within a half-mile of an existing bus route. The system works for all parties. According to a 2001 evaluation, “… the state has controlled the costs of the transportation program, health plans have transferred responsibility for transportation to RIPTA, and RIPTA’s ridership and revenue base has increased.” Most clients receive free bus passes, allowing travel on the entire transit system for any reason.

In 2004, the General Assembly passed H 7887 which set up a special commission to study transit service in the state of Rhode Island. The 10-member commission is to study all aspects of transit, including, but not limited to: a) ways to increase paying ridership; b) financial issues the Rhode Island Public Transit Authority faces; c) ways to maximize the level of transit service the state can afford on a long-term, sustainable basis, thus allowing the authority to responsibly plan ahead for future improvements and its customers to plan ahead with some assurance of future service levels; and d) ways to measure performance of service. The report is due February 25, 2005.

**South Carolina**

**Coordination Category:** Broad.

**Coordination Statute:** South Carolina has no statute that requires the coordination of specialized transportation services. The enabling legislation for the Division of Mass Transit in the South Carolina Department of Transportation (SCDOT) creates broad coordination requirements. It requires the agency to “… develop and coordinate a general mass transit program and policy for the State in order to encourage the efficient development, implementation, operation, evaluation, and monitoring of mass transit systems, both public and private.” Additional provisos in state appropriations acts have given the South Carolina Department of Transportation similar mandates to consolidate and coordinate transportation funding and services.

**Executive Order:** None.

**Related Statutes and Resources:** South Carolina’s welfare laws authorize transportation programs and broadly require coordination. The statute requires that “All services provided shall complement and maximize existing resources within state agencies and within the private business community. Services to be provided and coordinated by the department include, but are not limited to … transportation.”
**Program Characteristics:** The South Carolina statutes create broad mandates for the coordination of mass transit services and welfare programs. However, an audit completed in January 2001 by the South Carolina Legislative Audit Council (LAC) found that the Division of Mass Transit in SCDOT had failed to meet these coordination requirements. The LAC concluded that there had been little statewide coordination of services by SCDOT. LAC identified several specific problems:

- SCDOT failed to require all entities that provide transportation services to submit cost data and other information needed for coordination planning.
- An interagency steering committee formed by SCDOT from 1996 to 1999—the Interagency Steering Committee on Coordinated Transportation (ISCCT)—failed to implement measures to promote coordination.
- SCDOT failed to use the results of state demonstration projects to develop a state coordination plan.

LAC concluded that failure to coordinate services could lead to higher transportation costs and potential gaps in service. The LAC recommended that SCDOT make changes in South Carolina coordination practices. LAC made the following four specific recommendations:  
- SCDOT should implement policies and procedures to collect cost information from all transportation providers who receive state and/or state-administered funds.
- SCDOT should reestablish a committee of transportation providers, including agency heads, staff, and others, to develop transportation standards.
- SCDOT should analyze the results of demonstration projects to determine if the practices used could benefit transportation providers in the state.
- SCDOT should review coordination structures in other states to determine what practices may be beneficial in South Carolina. The department should also work with local entities to examine coordination strategies.

In October 2003, SCDOT issued a memo to mass transit grantees and funding applicants on coordination of transportation services. In the memo, SCDOT designated the Lower Savannah Council of Governments (LSCOG) as the coordination body to receive all applications from human services agencies in the region that apply for Section 5310 funding. LSCOG will review the applications and then submit a combined application for funding to SCDOT. Further, LSCOG is the transportation broker for the Lower Savannah region and is the lead agency to “… address the inefficiencies resulting from uncoordinated transportation.”

**South Dakota**

**Coordination Category:** Local.

**Coordination Statute:** South Dakota statutes do not require the coordination of specialized transportation services.

**Executive Order:** A 1998 governor’s initiative established a Transportation Planning and Coordinating Task Force to better assist local coordination efforts.

**Program Characteristics:** The rural nature of South Dakota, coupled with a fairly large number (1,265) of sub-county governments, poses unique challenges for coordination. South Dakota has no statute that requires the coordination of human service transportation. However, some coordination has occurred through independent agency action. The Department of Transportation, the Department of Social Services and the Department of Human Services...
have moved toward a more coordinated transportation system to benefit all individuals in the community. Goals of the Coordinated Transportation Initiative are to provide cost-effective and efficient transportation services and to reduce fragmentation and duplication of services.353 The intent of the coordination effort is to increase vehicle use and ridership, thereby helping local agencies meet a greater number of needs by combining resources. Applicants for programs funded by these agencies must coordinate with other resources in the community. The Department of Transportation, Office of Public Transit, maintains a list of public and specialized transit service providers in South Dakota. The June 2003 U.S. General Accounting Office report on human service transportation coordination highlighted South Dakota efforts.354

A white paper by the South Dakota Coalition of Citizens with Disabilities applauded the state’s coordination efforts saying that resources have been put to use in more cost-effective and inclusive ways.355 However, it highlighted concerns about costs and unmet needs. To continue to improve coordination efforts, the coalition recommended regular coordination meetings at the state level, educating the general public about the cost of public transportation, encouraging efforts to bring more federal resources to rural states, engaging tribal leaders on transportation issues, and exploring new models for delivering transportation services.

**Tennessee**

**Coordination Categories:** Stove-pipe, broad.

**Coordination Statute:** Tennessee has no comprehensive statute to coordinate human service transportation.

**Executive Order:** None.

**Related Statutes and Resources:** Tennessee has a broad coordination statute for its aging and disabled populations that is not specific to transportation services. The law establishes a Commission on Aging and Disability to oversee the comprehensive and coordinated service system for the state’s aging population. Among the services to be provided are assisted transportation and mobility services.356

**Program Characteristics:** Tennessee has no comprehensive coordination statute specific to specialized transportation services. Some coordination in the state has occurred through independent agency action. The state human service agency operates human service transportation programs that have coordinated elements. The state Department of Human Services contracts with transportation brokers in 14 service delivery areas to provide transportation for welfare-to-work participants. Human resource agencies across the state receive federal funds passed through the Tennessee Department of Transportation to provide transportation services to Families First clients in Tennessee who have completed job training and are employed.

In addition, the Department of Human Services, through TennCare—the statewide managed health care program for Medicaid-eligible recipients—coordinates with a regional network of 10 community service agencies that serve as transportation brokers to provide transportation services.

Some local coordination also occurs. Examples include school bus use by job training recipients in Roane County and student use of public transit services in Nashville.
In 2004, state legislators considered a resolution—HJR 895—to study the use of transit services by the disabled. However, it was taken off the House Transportation Committee calendar in March.

Texas
Coordination Category: Consolidation.

Coordination Statute: The Texas Legislature passed HB 3588 in 2003 which transferred responsibility for most human services transportation to the Texas Department of Transportation (TxDOT). The Legislature’s intent in passing the bill was “to eliminate waste in the provision of public transportation services, to generate efficiencies that will permit increased levels of service, and to further the state's efforts to reduce air pollution.” A reconstituted Public Transportation Advisory Committee was given authority to advise the Texas Transportation Commission on implementation of the new requirements. Each state human service agency that provides transportation services to its clients is required to contract with TxDOT to assume all such responsibilities.

Executive Order: None.

Program Characteristics: Coordination efforts date to 1983, while the cost inefficiencies of fragmented human service transportation were documented by the Texas Performance Review in 1991. In 1993, the Legislature required the commissioner of health and human services to create a statewide coordination plan for transportation of clients of health and human services agencies. Legislation that passed in 1997 required social services providers to coordinate to the greatest extent possible with local transportation providers to maximize the efficiency and effectiveness of transportation services available to social services clients.

As mandated by the 2003 coordination statute, the TxDOT conducted a public hearing on December 7, 2004, in Austin, Texas, to assess the transition of transportation services for clients of eligible programs from the Department of Health and the Department of Health and Human Services to the Texas Department of Transportation. Thirteen people testified and many submitted written testimony before the deadline on December 20. Concerns expressed ranged from reimbursement levels, timeliness of service, call-center problems and challenges due to greater distances in rural areas. The Texas Transit Authority asked that TxDOT conduct an inventory of provider services, stating that there is no list of the providers and services available in Texas. More public hearings were planned throughout the state in 2005.

Although coordination is an important goal, there is also a need to increase the availability of transportation resources. As reported in a study by Texas Southern University, a survey conducted by Multisystems, a transportation consulting firm, found an unmet need of 2.5 million trips in 2000 in Harris County (where Houston is located).

A good example of a regional coordinated transportation provider is the Capital Area Regional Transit System. CARTS provides transportation for 123 communities in the 7,300-square-mile, primarily rural, area it serves. Passengers use four intermodal transit facilities to access numerous transportation options, including fixed route buses; commuter vans; intercity buses; carpools; taxis; and paratransit services. The intermodal facilities allow users seamless transfers among several transportation providers, easing the burden on those who previously had difficulty
transferring between local and intercity transit services. About 1,200 one-way daily trips are made by the CARTS fleet of 75 vehicles.

CARTS provides services for the state Department of Mental Health and Mental Retardation, the aging agency and the Medicaid program. A state-of-the-art communications network and computerized scheduling helps CARTS provide reservations for shared ride van service with thousands of riders. Sixty mini-buses and vans are used for this service which is available to the general public, senior citizens, and disabled paratransit riders throughout the region.

A Texas Coordination Summit, held in May 2004, brought together 130 providers of transportation services in Texas to focus on building a fully coordinated human services transportation system for all. Some strategies that emerged for strengthening coordination include:

- Focus on regional plans and statewide and regional levels,
- Improve marketing materials and extent of the outreach,
- Create ongoing framework for public participation with clearer rules of engagement,
- Develop greater clarity on how TXDOT’s role will change,
- Work on “waste reduction” goal in legislation,
- Develop statewide vision of what is a “fully coordination human services transportation systems serving all.”
- Create stronger connections with the Texas Transportation Commission and Public Transportation Advisory Council, and
- Work on creating flexibility through addressing operational/service parameters and seeking appropriate waivers.

Utah

Coordination Categories: Stove-pipe, planned.

Coordination Statute: Utah does not have a statewide human service transportation coordination statute.

Executive Order: None

Program Characteristics: Utah has no statute regarding the coordination of specialized transportation services. Limited coordination has occurred through independent agency action for specific disadvantaged populations. One example is the state’s nonemergency medical transportation program. Since 2001, Utah has provided NEMT through a statewide brokerage. A single transportation broker provides most NEMT trips and administrative services for the program. Additional subcontractors also contribute specialized transportation services. Utah received a federal waiver to restrict recipient freedom of choice for providers through the brokerage system. The waiver was contingent on a broker complaint and grievance system that allows customers to register criticisms.

A limited amount of coordination also occurs through the Utah Department of Transportation (UDOT). Applicants for Section 5310 funds from the Federal Transit Administration must be designated by UDOT as the lead agency to coordinate human service transportation in a particular area. UDOT has also submitted a proposal under the FTA United We Ride program to receive planning funds for transportation coordination.
Vermont

**Coordination Categories:** Comprehensive, local.

**Coordination Statute:** Vermont’s statute mandate a statewide coordinated human service transportation system. By law, the Vermont Agency of Human Services must direct the purchase of client transportation through public transportation systems whenever public transit services are appropriate to client needs and as cost-efficient as other transportation. A Public Transit Advisory Council—with 18 members from four agencies, the General Assembly, and several nonprofit agencies that provide transportation services to diverse populations—was established in 1999 to advise the Agency of Transportation on all matters relating to public service transit. Both regional five-year public transit plans are required by law to coordinate public, private nonprofit, and private for-profit regional transit services. This ensures effective local, regional and statewide delivery of services.

In addition to these provisions, the State of Vermont appropriated funds in the mid-1980s for a state coordination study.

**Executive Order:** None.

**Program Characteristics:** The legally mandated **Vermont’s Public Transportation Policy Plan**, updated in 2000, states, “Vermont’s citizens with disabilities or special needs require specialized transportation services to provide basic levels of mobility, and these services should be coordinated with or provided by the public transportation system to the greatest extent possible.” Another goal is “… seamless linkages between modes including necessary information, services and facilities.”

The effect of implementing these laws and policies is a system that is recognized as “a statewide system that is unmatched in terms of scope and organization.” Vermont’s coordinated system includes all modes of transit, in both urban and rural areas, and incorporates a statewide brokerage for nonemergency Medicaid transportation, a women’s cancer screening program, job access and training, welfare-to-work, programs for senior citizens and people with disabilities (Section 5310 funding) and general transit.

The state’s Medicaid transportation contract is coordinated through the Vermont Public Transportation Association (VPTA), a private, nonprofit corporation established in 1986. VPTA members are 14 municipal and non-profit, general transit and paratransit providers in Vermont. They use buses, vans and autos of volunteers who drive millions of miles annually. Vermont mingles limited public resources to ensure widespread access to jobs and services in a mostly rural setting. VPTA contracts with several regional agencies to serve as coordinating bodies or transportation providers in their service areas.

According to a 2004 Transportation Research Board report, the success of the Vermont program in providing nearly 400,000 rides per year is straining financial resources and existing operations. Though resistance exists, efforts are ongoing to reorganize some of the regional transit boundaries to reduce expenses, and increase efficiency, while easing the movement of riders among the regions. Transit providers are also being encouraged by the state to maximize existing resources.
An additional concern is unmet needs. The Policy Plan estimates an operating cost of $13.3 million above the $6.2 million already being spent would be needed to close gaps in service. As of 2000, about $19 million was spent on public transit in Vermont from state, local and federal sources for operations and capital costs.

According to the Vermont Agency on Transportation, Vermont is a leader among rural states in transferring money from the FHWA Surface Transportation Program to FTA programs to benefit elders and people with disabilities. With these transfers, Vermont funds a program with 10 times the allocation of the FTA population-based formula. Vermont buys vehicles and contracts for transportation with these funds. Vermont’s per capita expenditure for elders and persons with disabilities transportation places it in the top tier of states.

According to a 2003 article in the VPTA newsletter by Patricia Crocker, the largely rural nature of Vermont, coupled with limited funding, presents mobility challenges for rural residents with a disability, low-wage workers (often single parents) who must not only seek job-related transportation but also arrange to get children to and from child care, and the elder population who can no longer drive their own vehicles. The need for adequate transportation that provides mobility and access to jobs, goods and services is most acute in rural areas. She quotes Dr. Thomas Adler of the New England Transportation Institute, “... we have not properly examined the problems of limited mobility among important segments of the rural population.” The Vermont approach has made important progress, but unmet needs still exist, as noted by the Policy Plan.

**Virginia**

*Coordination Categories:* Local, stove-pipe.

*Coordination Statute:* In 2003, the legislature established the Specialized Transportation Incentive Fund. The fund is intended to help local planning districts develop coordinated specialized transportation plans and projects. To receive money from the Fund, the planning district or local community must establish an advisory transportation coordination committee and must submit to the state Disability Commission a plan for cost-effective coordination of specialized transportation services in the planning district or in local communities in the district. Individual communities may appoint an advisory transportation coordinating committee independent of the planning district commission and received specialized transportation funds under certain circumstances. Each advisory transportation coordination committee shall guide planning for the coordination and administration of specialized transportation with human service agencies, participating public transportation systems, and, where appropriate, with private for-profit and nonprofit transportation providers. The advisory transportation coordination committees must be composed of representatives of senior citizens and people with disabilities, specialized transportation providers, public transportation systems, local private for-profit and nonprofit transportation providers, and other organizations.

*Executive Order:* None.

*Related Statutes and Resources:* Virginia Code §63.2-222 creates a statewide human services and referral system designed to collect and maintain accurate and complete statewide resource data; link citizens needing human services with appropriate community resources; assist in planning for human services delivery at the local, regional and state levels; and provide...
information to help decision makers allocate financial and other resources to respond to state and local human service priorities. The code is not specific to transportation services.

Program Characteristics: Virginia’s statutes promote local coordination of specialized transportation services. According to the law, the Specialized Transportation Incentive Fund was established to “assist participating planning districts in the development of coordinated specialized transportation plans and projects.” To be eligible for money from the fund, the applicant (a planning district commission or single locality) must consult with a metropolitan planning organization (MPO) if one exists and establish an advisory transportation coordination committee. Each advisory transportation coordination committee shall “… guide planning for the coordination and administration of specialized transportation.

Beyond its local coordination statute, Virginia has attempted coordination of nonemergency medical transportation services through independent agency action. In 2001, Virginia’s Department of Medical Assistance Services (DMAS) implemented a statewide brokerage for NEMT services. A 2002 audit of DMAS by the Joint Legislative Audit and Review Commission of the Virginia General Assembly (JLARC) concluded that the “… transportation brokerage system appears to be an appropriate model for providing nonemergency transportation for (Medicaid) recipients to medical care. It will enable the Commonwealth to avoid cost increases of $56 million dollars over the next two years.” JLARC pointed out that historically the Medicaid transportation services program had been “… characterized as a program without adequate state-level oversight and cost containment measures” leading to a 20 percent annual increase in program costs over the last decade.

Despite the potential of the NEMT brokerage system, the JLARC audit heavily criticized DMAS for implementing the system before new contractors were fully operational. According to the report, DMAS did not ensure that contractors had met basic requirements before implementation including adequate phone lines and staff, adequate numbers of transportation providers and scheduling of all routine transportation trips. In addition, according to the audit, DMAS has not ensured that one brokerage firm had a local office in each region as required by contract.

The JLARC audit also identified initial complaints with services provided the transportation brokerage companies. According to the report, some medical and service providers identified problems with transportation reliability. Other complaints concerned quality of the transportation services. The audit found that DMAS had responded quickly to problems. However, JLARC recommended that DMAS report to the legislature regarding ongoing implementation and program development.

Washington
Coordination Category: Comprehensive.

Coordination Statute: The Washington Legislature passed a statute requiring coordination of special needs transportation in 1998. The stated intent of this legislation was for agencies that are delivering transportation services to those with special needs coordinate such services so that “… programs will achieve increased efficiencies and will be able to provide more rides to a greater number of persons with special needs.” The Legislature found that transportation systems for those with special needs were not operated as efficiently as possible and that people often could not access needed services because of transportation barriers.
Executive Order: None.

Program Characteristics: A Program for Agency Coordinated Transportation was established by statute to improve transportation efficiency and effectiveness by maximizing the use of community resources to serve more people within available funding levels.392 It was charged with facilitating a statewide approach to coordination and supporting the development of community-based coordinated transportation delivery systems. The Agency Council on Coordinated Transportation (ACCT) was created to implement the program.393 ACCT is a council of state agencies, transportation providers, consumer advocates, and legislators that has a mission to, among other duties:
- Promote the coordination of transportation for people with special transportation needs,
- Provide an institutional framework for discussing issues and initiating change, and
- Report to the Legislature and recommend legislative remedies.

A strength of ACCT is providing a structure across agency organizational boundaries to promote coordination, allowing seven state agencies and some 200 transportation providers to work together.394 Funds totaling $4.3 million from a variety of sources support ACCT activities. Its appropriated budget was $874,000 in 2002. A mix of state and federal money funds the ACCT staff, with institutional support like office space and computer support provided by the Washington State Department of Transportation.

ACCT priorities include identifying and addressing barriers. Key hurdles to coordination identified by ACCT include a dizzying array of regulations and funding sources; individual organizational missions and limited resources; the need to find the time and money for the effort; the need for data, measurements and evaluation criteria; and the need to build trust between participating organizations.395 Other priorities include focusing on results, increased advocacy, and funding based on results.

Significant progress has been achieved under the coordination legislation.396 Some examples include:
- Eighteen community coalitions received grants from ACCT to develop plans for coordinated systems and several have begun implementation.
- Studies are under way concerning integration of the existing successful Medicaid transportation brokerage system into a larger coordinated system.
- A Volunteer Driver’s Guide was developed.

In February 2004, Washington’s coordinated transportation effort received a national award from the Federal Transit Administration in recognition of the significant steps the state has taken to improve human service transportation for its 1.5 million citizens with special needs, such as individuals with disabilities, older adults, lower income families and people who depend on transit.397

West Virginia

Coordination Categories: Comprehensive, planned.

Coordination Statute: West Virginia has no statute regarding the coordination of specialized transportation services.
Executive Order: In March 2004, the governor of West Virginia signed an executive order that created the West Virginia Transportation Coordinating Council. The council members represent the Bureau of Senior Services, Department of Education, Workforce Development Division, Department of Transportation (DOT), Bureau for Public Health, Bureau of Medical Services, Bureau for Children and Families, Office of Behavioral Health, Fair Shake Network, public transportation, emergency medical transportation, Perdidos, transportation consumers with disabilities and the Americans with Disabilities State Coordinator.

According to the executive order, the council is responsible for studying issues “… pertaining to the effective and efficient use of transportation resources including, but not limited to, the following:
(a) Coordination of transportation services;
(b) Elimination of waste and overlap caused by duplicated agency efforts; and
(c) Elimination of service gaps to enhance citizen access to all available transportation resources.”

Program Characteristics: West Virginia’s executive order establishes a comprehensive plan for coordinating human service transportation within the state. Prior to the order, coordination efforts in the state had been limited. The DOT’s Division of Public Transit prepared a directory of transportation service providers in 2004 that was intended to improve coordination. The directory was compiled from the results of a questionnaire distributed to public transportation agencies, specialized transportation systems, taxi companies, non-emergency Medicaid transportation providers and head start providers.

According to the directory, 197 organizations provide transportation services in all 55 West Virginia counties. Service is provided by public transit systems, taxis, Head Start providers, nonemergency Medicaid transportation providers and social service agencies such as councils on aging and community centers. Some of the organizations provide other services in addition to transportation.

The questionnaire also queried providers about coordination efforts. Forty-five percent of respondents indicated that they “… provide no coordinated transportation services.” When asked about barriers to coordination, 21 percent indicated funding was the major barrier, followed by: “satisfied with present system” – 13%; “Liability” – 13%; “Turf battles” – 12%; “Incompatible clients” – 10%; “Not enough vehicles” – 10%; “Unwillingness of other providers” – 8%; “Federal regulations” – 7%; and “State regulations” – 6%

Respondents further noted that the best incentive to coordinate was through funding (52 percent). Other incentives to coordinate included better schedules (7 percent); extended hours (7 percent); more vehicles (5 percent); more drivers (5 percent); communication system (5 percent) and “other” (19 percent).

Wisconsin
Coordination Category: Stove-pipe.

Coordination Statute: A Wisconsin statute requires coordination of employment-related human service transportation programs. The purpose of this section is “… to promote the conservation of energy, reduce traffic congestion, improve air quality, enhance the efficient use of existing transportation systems, and enhance the success of welfare-to-work programs by
providing efficient and effective transportation services that link low-income workers with jobs, training centers, and child care facilities, by planning and promoting demand management and ride-sharing programs, and by providing technical and financial assistance to public and private organizations for job access and employment transportation assistance programs and for the development and implementation of demand management and ride-sharing programs.\footnote{404}

The statute gives the Wisconsin Department of Transportation (WisDOT) all powers necessary to develop and implement a state transportation employment and mobility program including coordination of demand-management, ridesharing, job access and employment transportation assistance.\footnote{405}

Executive Order: None.

Related Statutes and Resources: Since 1977, under Wis. Stat. §§85.21 and 85.22, the WisDOT provides financial and capital assistance to counties for transportation services for the elderly and disabled.\footnote{406} A requirement is included to coordinate in the applicable area of the transportation service.

Program Characteristics: Wisconsin’s statutes established a system for coordinating employment related transportation services. Under this authority, WisDOT created the Wisconsin Employment Transportation Assistance Program (WETAP) to address transportation needs of low-income workers. WETAP is jointly administered by the WisDOT and the Department of Workforce Development (DWD). According to the WETAP Web site, “The goal of the program is for local areas to work together in a collaborative process to assess the transportation needs for low-income workers and develop options to address those needs.”\footnote{407} Through WETAP, the state awards funding to cities, counties, Indian tribes, community service organizations, transit systems and other entities that provide transportation services. The program is intended to address transportation barriers for low-income workers including unreliable personal cars, lack of adequate transit service, and child care challenges.

The program blends local, state and federal funding sources into a single, coordinated program and award process. A local match of 25 percent is required, and only one application per county is allowed in order to ensure coordination. Multi-county applications are encouraged as a demonstration of a coordinated regional effort.

In 2002, 22 transportation provider groups were awarded $4.3 million under WETAP. A local match of $2.5 million contributed to an overall program benefit of $6.8 million.\footnote{408} Funding sources include the federal Job Access and Reverse Commute Program and the Temporary Assistance for Needy Families Program, the WisDOT Transportation Employment and the DWD Mobility Program and Employment Transit Assistance Program, and locally generated funds.

Eligible projects include transit, ride-sharing, innovative automobile solutions, and other solutions such as transportation information posting, mobility management, transportation coordination, creation or expansion of transportation management association, and vouchers or bus passes.\footnote{409} WETAP is designed to make available start-up money for demonstration projects with the objective of local/state/federal sustainability through other long-term funding
streams. Sustainability is measured by increased numbers of rides at the same cost, increased revenue that lowers cost, increased match, or outcomes that show progress toward self-sufficiency.

Wisconsin officials may also be planning coordination of other transportation services in the state. Some discussions are under way between WisDOT and the Department of Health and Family Services to coordinate Medicaid transportation.

**Wyoming**

*Coordination Category:* Local.

*Coordination Statute:* Wyoming has no statute regarding the coordination of specialized transportation services.

*Executive Order:* None.

*Related Statutes and Resources:* The Wyoming Public Assistance and Social Services Act, among other provisions, defines transportation as a support service necessary to enable participants in the employment and training program to participate without hardship to themselves or their families. It also requires agencies that provide employment training to enter into cooperative agreements to prevent duplication.

*Program Characteristics:* Wyoming has no statewide effort to coordinate human service transportation. A limited amount of coordination is occurring at the local level. One example is a program run by the Sweetwater County Transit Authority (STAR), which serves a large and sparsely populated rural county. STAR replaced a large number of client-based, agency-operated transportation services with a single, coordinated, demand-responsive public transit system that serves people of all ages and conditions. System features include providing one-stop transportation shopping for riders; emphasizing data collection and technology; and offering high-quality, dependable service.

Major changes to the Wyoming rural transit program occurred in 1999, when the Legislature distributed $3 million from the Transportation Enterprise Fund to transit providers to assist with the purchase of 100 new vehicles. Annual funding for new vehicle purchases from this fund now amount to $1 million. In addition, the Legislature annually appropriates $1.5 million to support rural transit; this amount has increased from $900,000 that was available before 1999.
## APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED

<table>
<thead>
<tr>
<th>Program</th>
<th>Popular title of authorizing legislation</th>
<th>U.S. Code provisions authorizing funds for transportation</th>
<th>Typical uses as reported by program officials</th>
<th>Types of trips as reported by program officials</th>
<th>Target population as defined by program officials</th>
<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Agriculture, Food and Nutrition Service</td>
<td>Food Stamp Employment and Training Program</td>
<td>Food Stamp Act of 1977, as amended</td>
<td>Reimbursement or advanced payment for gasoline expenses or bus fare</td>
<td>To access education, training, employment services, and employment placements</td>
<td>Low-income persons between the ages of 16 and 59</td>
<td>$12,952,956</td>
</tr>
<tr>
<td>Department of Education, Office of Elementary and Secondary Education</td>
<td>21st-Century Community Learning Centers</td>
<td>No Child Left Behind Act of 2001</td>
<td>Contract for service</td>
<td>To access educational services</td>
<td>Students from low-income families</td>
<td>$84,600,000 (estimate)</td>
</tr>
<tr>
<td>Department of Education, Office of Innovation and Improvement</td>
<td>Voluntary Public School Choice</td>
<td>No Child Left Behind Act of 2001</td>
<td>Contract for services, purchase and operate vehicles, hire bus drivers and transportation directors, purchase bus passes, redesign transportation plans including new routing systems, offer professional development for bus drivers</td>
<td>To access educational services and programs</td>
<td>Students from underperforming schools who choose to transfer to higher performing schools</td>
<td>New program, no actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Department of Education Office of Special Education and Rehabilitative Services</td>
<td>Assistance for Education of All Children with Disabilities</td>
<td>Individuals with Disabilities Education Act</td>
<td>Purchase and operate vehicles, contract for service</td>
<td>To access educational services</td>
<td>Children with disabilities</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td></td>
<td>Centers for Independent Living</td>
<td>Workforce Investment Act of 1998</td>
<td>Referral, assistance, and training in the use of public transportation</td>
<td>To access program services</td>
<td>Persons with a significant disability</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td></td>
<td>Independent Living Services for Older Individuals Who Are Blind</td>
<td>Workforce Investment Act of 1998</td>
<td>Referral, assistance, and training in the use of public transportation</td>
<td>To access program services, for general trips</td>
<td>Persons aged 55 or older who have significant visual impairment</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
</tbody>
</table>
## APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

<table>
<thead>
<tr>
<th>Program</th>
<th>Popular title of authorizing legislation</th>
<th>U.S. Code provisions authorizing funds for transportation</th>
<th>Typical uses as reported by program officials</th>
<th>Types of trips as reported by program officials</th>
<th>Target population as defined by program officials</th>
<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Living State Grants</td>
<td>Workforce Investment Act of 1998</td>
<td>29 U.S.C. §§ 796e-2(1) and 705(18)(xi)</td>
<td>Referral, assistance, and training in the use of public transportation</td>
<td>To access program services, employment opportunities</td>
<td>Persons with a significant disability</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Supported Employment Services for Individuals with Most Significant Disabilities</td>
<td>Workforce Investment Act of 1998</td>
<td>29 U.S.C. §§ 795g and 705(36)</td>
<td>Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation</td>
<td>To access employment placements, employment services, and vocational rehabilitation services</td>
<td>Persons with most significant disabilities</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Vocational Rehabilitation Grants</td>
<td>Rehabilitation Act of 1973, as amended</td>
<td>29 U.S.C. § 723(a)(8)</td>
<td>Transit subsidies for public and private transportation (e.g. bus, taxi, and paratransit), training in the use of public transportation</td>
<td>To access employment placements, employment services, and vocational rehabilitation services</td>
<td>Persons with physical or mental impairments</td>
<td>$50,700,000 (estimate)</td>
</tr>
</tbody>
</table>

### Department of Health and Human Services, Administration for Children and Families

<table>
<thead>
<tr>
<th>Program</th>
<th>Popular title of authorizing legislation</th>
<th>U.S. Code provisions authorizing funds for transportation</th>
<th>Typical uses as reported by program officials</th>
<th>Types of trips as reported by program officials</th>
<th>Target population as defined by program officials</th>
<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care and Development Fund</td>
<td>Child Care and Development Block Grant Act of 1990, as amended</td>
<td>42 U.S.C. § 9858</td>
<td>States rarely use CCDF funds for transportation and only under very restricted circumstances</td>
<td>To access child care services</td>
<td>Children from low-income families</td>
<td>$0 (estimate)</td>
</tr>
<tr>
<td>Community Services Block Grant Programs</td>
<td>Community Opportunities, Accountability, Training, and Educational Services Act of 1998</td>
<td>42 U.S.C. § 9904</td>
<td>Taxi vouchers, bus tokens</td>
<td>General trips</td>
<td>Low-income persons</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Developmental Disabilities Projects of National Significance</td>
<td>Developmental Disabilities Assistance and Bill of Rights Act of 2000</td>
<td>42 U.S.C. §§ 15002, 15081(2)(D)</td>
<td>Transportation information, feasibility studies, planning</td>
<td>General trips</td>
<td>Persons with developmental disabilities</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
</tbody>
</table>
## Appendix. Inventory of Federal Programs that Provide Transportation Services to the Transportation-Disadvantaged (continued)

<table>
<thead>
<tr>
<th>Program</th>
<th>Popular title of authorizing legislation</th>
<th>U.S. Code provisions authorizing funds for transportation</th>
<th>Typical uses as reported by program officials</th>
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<th>Target population as defined by program officials</th>
<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>Augustus F. Hawkins Human Services Reauthorization Act of 1990</td>
<td>42 USCA § 9835(a)(3)(C)(ii)</td>
<td>Purchase and operate vehicles, contract with transportation providers, coordinate with local education agencies</td>
<td>To access educational services</td>
<td>Children from low-income families</td>
<td>$514,500,000 (estimate)</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance Discretionary Grants</td>
<td>Refugee Act of 1980, as amended</td>
<td>8 U.S.C. §§ 1522(b)(7)(D), 1522(c)</td>
<td>Bus passes</td>
<td>To access employment and educational services</td>
<td>Refugees</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance State Administered Programs</td>
<td>Refugee Act of 1980, as amended</td>
<td>8 U.S.C. §§ 1522(b)(7)(D), 1522(c)</td>
<td>Bus passes</td>
<td>To access employment and educational services</td>
<td>Refugees</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance Targeted Assistance</td>
<td>Refugee Act of 1980, as amended</td>
<td>8 U.S.C. §§ 1522(b)(7)(D), 1522(c)</td>
<td>Bus passes</td>
<td>To access employment and educational services</td>
<td>Refugees</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance Voluntary Agency Programs</td>
<td>Refugee Act of 1980, as amended</td>
<td>8 U.S.C. §§ 1522(b)(7)(D), 1522(c)</td>
<td>Bus passes</td>
<td>To access employment and educational services</td>
<td>Refugees</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Social Services Block Grants</td>
<td>Social Security Act, as amended</td>
<td>42 U.S.C. § 1397a(a)(2)(A)</td>
<td>Any Transportation related use</td>
<td>To access medical or social services</td>
<td>States determine what categories of families and children</td>
<td>$18,459,393</td>
</tr>
</tbody>
</table>
## APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

<table>
<thead>
<tr>
<th>Program</th>
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<th>U.S. Code provisions authorizing funds for transportation</th>
<th>Typical uses as reported by program officials</th>
<th>Types of trips as reported by program officials</th>
<th>Target population as defined by program officials</th>
<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Councils on Developmental Disabilities and Protection and Advocacy Systems</td>
<td>Developmental Disabilities Assistance and Bill of Rights Act of 2000</td>
<td>42 U.S.C. §§ 15002, 15025</td>
<td>State Councils provide small grants and contracts to local organizations to establish transportation projects or collaborate in improving transportation for people with disabilities; Protection and Advocacy Systems ensure that people with disabilities have access to public transportation as required by law</td>
<td>All or general trips</td>
<td>Persons with developmental disabilities and family members</td>
<td>$786,605 (partial outlay)</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families</td>
<td>Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended</td>
<td>42 U.S.C. §§ 604(a), (k)</td>
<td>Any use that is reasonably calculated to accomplish a purpose of the TANF program and the allowable matching portion of JARC grants</td>
<td>General trips</td>
<td>No assistance is provided to families without a minor child, but states determine specific eligibility</td>
<td>$160,462,214 (partial outlay)</td>
</tr>
</tbody>
</table>

Department of Health and Human Services, Administration on Aging

| Grants for Supportive Services and Senior Centers                     | Older Americans Act of 1965, as amended                          | 42 U.S.C. § 3030d (a)(2)                                 | Contract for services: To access program services, medical, and for general trips | Program is targeted to persons aged 60 or over | $72,496,003 |
| Program for American Indian, Alaskan Native, and Native Hawaiian Elders | Older Americans Act of 1965, as amended                          | 42 U.S.C. §§ 3057, 3030d(a)(2)                           | Purchase and operate vehicles: To access program services, medical, and for general trips | Program is for American Indian, Alaskan Native, and Native Hawaiian elders | No actual data or estimate available from the federal agency |
APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

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<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>Social Security Act, as amended</td>
<td>42 U.S.C. §§ 1396a, 1396n(e)(1)(A)</td>
<td>Bus tokens, subway passes, brokerage services</td>
<td>To access health care services</td>
<td>Recipients are generally low-income persons, but states determine specific eligibility</td>
<td>$976,200,000 (estimate)</td>
</tr>
<tr>
<td>State Children’s Health Insurance Program</td>
<td>Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000</td>
<td>42 U.S.C. §§ 1397jj(a)(26), (27)</td>
<td>Any Transportation related use</td>
<td>To access health care services</td>
<td>Beneficiaries are primarily children from low-income families, but states determine eligibility</td>
<td>$4,398,089</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>Public Health Service Act, as amended</td>
<td>42 U.S.C. § 254(b)(1)(A) (iv)</td>
<td>Bus tokens, vouchers, transportation coordinators, and drivers</td>
<td>To access health care services</td>
<td>Medically underserved populations</td>
<td>$4,200,000 (estimate)</td>
</tr>
<tr>
<td>Healthy Communities Access Program</td>
<td>Public Health Service Act, as amended</td>
<td>42 U.S.C. § 256(e)(1)(B)(iii)</td>
<td>Improve coordination of transportation</td>
<td>To access health care services</td>
<td>Uninsured or underinsured populations</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Healthy Start Initiative</td>
<td>Public Health Service Act, as amended</td>
<td>42 U.S.C. § 254c-8(e)(1)</td>
<td>Bus tokens, taxi vouchers, reimbursement for use of own vehicle</td>
<td>To access health care services</td>
<td>Residents of areas with significant perinatal health disparities</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>HIV Care Formula Grants</td>
<td>Ryan White Comprehensive AIDS Resources Emergency Act of 1990</td>
<td>42 U.S.C. §§ 300ff-21(a), 23(a)(2)(B)</td>
<td>Bus passes, tokens, taxis, vanpools, vehicle purchase by providers, mileage reimbursement</td>
<td>To access health care services</td>
<td>Persons with HIV or AIDS</td>
<td>$19,500,000 (estimate)</td>
</tr>
<tr>
<td>Maternal and Child Services Grants</td>
<td>Social Security Act, as amended</td>
<td>42 U.S.C. § 701(a)(1)(A)</td>
<td>Any Transportation related use</td>
<td>To access health care services</td>
<td>Mothers, infants and children, particularly from low income families</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
</tbody>
</table>
### APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

<table>
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<th>Program</th>
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<th>Target population as defined by program officials</th>
<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Health Care, Rural Health Network, and Small Health Care Provider Programs</td>
<td>Health Centers Consolidation Act of 1996</td>
<td>42 U.S.C. § 254c</td>
<td>Purchase vehicles, bus passes</td>
<td>To access health care services</td>
<td>Medically underserved populations in rural areas</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Department of Health and Human Services, Substance Abuse and Mental Health Services Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Services Block Grant</td>
<td>ADAMHA Reorganization Act, as amended</td>
<td>42 U.S.C. § 300x-1(b)(1)</td>
<td>Any Transportation related use</td>
<td>To access program services</td>
<td>Adults with mental illness and children with emotional disturbance</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Substance Abuse Prevention and Treatment Block Grant</td>
<td>ADAMHA Reorganization Act, as amended</td>
<td>42 U.S.C. § 300x-32(b)</td>
<td>Any Transportation related use</td>
<td>To access program services</td>
<td>Persons with a substance related disorder and/or recovering from substance related disorder</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Department of Housing and Urban Development, Office of Community Planning and Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Development Block Grant</td>
<td>Housing and Community Development Act of 1974</td>
<td>42 U.S.C. § 5305(a)(8)</td>
<td>Purchase and operate vehicles</td>
<td>General trips</td>
<td>Program must serve a majority of low income persons</td>
<td>$6,761,486 (partial outlay)²</td>
</tr>
<tr>
<td>Housing Opportunities for Persons with AIDS</td>
<td>AIDS Housing Opportunity Act</td>
<td>42 U.S.C. § 12907(a)(3)</td>
<td>Contract for services</td>
<td>To access health care and other services</td>
<td>Low-income persons with HIV or AIDS and their families</td>
<td>$190,252 (partial outlay)²</td>
</tr>
<tr>
<td>Supportive Housing Program</td>
<td>McKinney-Vento Homeless Assistance Act of 1987, as amended</td>
<td>42 U.S.C. § 11385</td>
<td>Bus tokens, taxi vouchers, purchase and operate vehicles</td>
<td>To access supportive services</td>
<td>Homeless persons and families with children</td>
<td>$14,000,000 (estimate)³</td>
</tr>
<tr>
<td>Department of Housing and Urban Development, Office of Public and Indian Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revitalization of Severely Distressed Public Housing</td>
<td>Housing and Community Development Act of 1992, as amended</td>
<td>42 U.S.C. § 1437v(f)(3)</td>
<td>Bus tokens, taxi vouchers, contract for services</td>
<td>Trips related to employment or obtaining necessary supportive services</td>
<td>Residents of the severely distressed housing and residents of the revitalized units</td>
<td>$700,000 (estimate)³</td>
</tr>
</tbody>
</table>

*Note: Some data may be partial or estimated.*
### APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Department of the Interior, Bureau of Indian Affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Employment Assistance</td>
<td>Adult Indian Vocational Training Act, as amended</td>
<td>25 U.S.C. § 309</td>
<td>Gas vouchers</td>
<td>To access training</td>
<td>Native American persons between the ages of 18 and 35</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Department of Labor, Employment and Training Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Corps</td>
<td>Workforce Investment Act of 1998</td>
<td>29 U.S.C. §§ 2888(a)(1), 2890</td>
<td>Bus tickets</td>
<td>To access Job Corps sites and employment services</td>
<td>Low-income youth</td>
<td>$21,612,000</td>
</tr>
<tr>
<td>Migrant and Seasonal Farmworker</td>
<td>Workforce Investment Act of 1998</td>
<td>29 U.S.C. §§ 2801(46), 2912(d)</td>
<td>Mileage reimbursement</td>
<td>To access employment placements or intensive and training services</td>
<td>Low-income persons and their dependents who are primarily employed in agricultural labor that is seasonal or migratory</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Native American Employment and Training</td>
<td>Workforce Investment Act of 1998</td>
<td>29 U.S.C. § 2911(d)(2)</td>
<td>Bus tokens, transit passes, use of tribal vehicles and grantee staff vehicles, mileage reimbursement for participants operating “car pool” services</td>
<td>To access employment placements, employment services</td>
<td>Unemployed American Indians and other persons of Native American descent</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Senior Community Service Employment Program</td>
<td>Older Americans Act of 1965</td>
<td>42 U.S.C. § 3056(c)(6)(A) (iv)</td>
<td>Mileage reimbursement , reimbursement for travel costs, and payment for cost of transportation</td>
<td>To access employment placements</td>
<td>Low-income persons aged 55 or over</td>
<td>$4,400,000 (estimate)</td>
</tr>
</tbody>
</table>
APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

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<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TradeAdjustment Assistance - Workers</td>
<td>Trade Act of 1974, as amended</td>
<td>19 U.S.C. § 2296(b)</td>
<td>Mileage reimbursement, transit fares</td>
<td>To access training</td>
<td>Persons found to be impacted by foreign trade, increased imports, or shift in production</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Welfare-to-Work Grants to Federally Recognized Tribes and Alaska Natives</td>
<td>Personal Responsibility and Work Opportunity Reconciliation Act of 1996</td>
<td>42 U.S.C. § 612(a)(3)(C)</td>
<td>Any Transportation related use, though purchasing vehicles for individuals is not allowable</td>
<td>To access employment placements, employment services</td>
<td>American Indians and other persons of Native American descent who are long-term welfare recipients or are low-income</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Welfare-to-Work Grants to States and Localities</td>
<td>Personal Responsibility and Work Opportunity Reconciliation Act of 1996</td>
<td>42 U.S.C. § 603(a)(5)(C)</td>
<td>Any Transportation related use, though purchasing vehicles for individuals is not allowable</td>
<td>To access employment placements, employment services</td>
<td>Long-term welfare recipients or low-income individuals</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Work Incentive Grants</td>
<td>Workforce Investment Act of 1998, as amended</td>
<td>29 U.S.C. §§ 2801(46), 2864(d)(2)</td>
<td>Encourage collaboration with transportation providers</td>
<td>To access one-stop services</td>
<td>Persons with disabilities who are eligible for employment and training services</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Workforce Investment Act Adult Services Program</td>
<td>Workforce Investment Act of 1998, as amended</td>
<td>29 U.S.C. §§ 2801(46), 2864(e)(2)</td>
<td>Mileage reimbursement, bus tokens, vouchers</td>
<td>To access Training</td>
<td>Priority must be given to people on assistance and low-income individuals</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Workforce Investment Act Dislocated Worker Program</td>
<td>Workforce Investment Act of 1998, as amended</td>
<td>29 U.S.C. §§ 2801(46), 2864(e)(2)</td>
<td>Transportation allowance or reimbursement, bus/subway tokens</td>
<td>To access transition assistance in order to find or qualify for new employment</td>
<td>Includes workers who have been laid off, or have received an individual notice of termination, or notice that a facility will close</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
</tbody>
</table>
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</tr>
</thead>
<tbody>
<tr>
<td>Workforce Investment Act Youth Activities</td>
<td>Workforce Investment Act of 1998, as amended</td>
<td>29 U.S.C. §§ 2801(46), 2854(a)(4)</td>
<td>Public Transportation</td>
<td>To access training and other support services</td>
<td>Youth with low individual or family income</td>
<td>No actual data or estimate available from the federal agency</td>
</tr>
<tr>
<td>Youth Opportunity Grants</td>
<td>Workforce Investment Act of 1998, as amended</td>
<td>29 U.S.C. §§ 2801(46), 2914(b)</td>
<td>Bus tokens</td>
<td>To access program services</td>
<td>Youth from high poverty areas, empowerment zones, or enterprise communities</td>
<td>$415,000 (estimate)</td>
</tr>
<tr>
<td>Department of Labor, Employment Standards Administration</td>
<td>Black Lung Benefits Program</td>
<td>Black Lung Benefits Reform Act of 1977</td>
<td>30 U.S.C. § 923</td>
<td>Mileage reimbursement, transit fares, taxi vouchers</td>
<td>To access health services</td>
<td>Disabled coal miners</td>
</tr>
<tr>
<td>Department of Labor, Veterans Employment and Training Service</td>
<td>Homeless Veterans' Reintegration Project</td>
<td>Homeless Veterans Comprehensive Assistance Act of 2001</td>
<td>38 USCA §§ 2011, 2021</td>
<td>Bus tokens</td>
<td>To access employment services</td>
<td>Homeless veterans</td>
</tr>
<tr>
<td></td>
<td>Veterans' Employment Program</td>
<td>Workforce Investment Act of 1998, as amended</td>
<td>29 U.S.C. §§ 2801(46), 2913</td>
<td>Bus tokens, minor repairs to vehicles</td>
<td>To access employment services</td>
<td>Veterans</td>
</tr>
<tr>
<td>Department of Transportation, Federal Transit Administration</td>
<td>Capital and Training Assistance Program for Over-the-Road Bus Accessibility</td>
<td>Title 49 Recodification, P.L. 103-272</td>
<td>49 U.S.C. § 5310</td>
<td>To make vehicles wheelchair accessible and training required by ADA</td>
<td>General trips</td>
<td>Persons with disabilities</td>
</tr>
<tr>
<td></td>
<td>Capital Assistance Program for Elderly Persons and Persons with Disabilities</td>
<td>Title 49 Recodification, P.L. 103-272</td>
<td>49 U.S.C. § 5310</td>
<td>Assistance in purchasing vehicles, contract for services</td>
<td>To serve the needs of the elderly and persons with disabilities</td>
<td>Elderly persons and persons with disabilities</td>
</tr>
<tr>
<td></td>
<td>Capital Investment Grants</td>
<td>Transportation Equity Act for the 21st Century</td>
<td>49 U.S.C. § 5309</td>
<td>Assistance for bus and bus-related capital projects</td>
<td>General trips</td>
<td>General public, although some projects are for the special needs of elderly persons and persons with disabilities</td>
</tr>
</tbody>
</table>
## APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

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<th>Fiscal year 2001 federal spending on transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Access and Reverse Commute</td>
<td>Transportation Equity Act for the 21st Century</td>
<td>49 U.S.C. § 5309 note</td>
<td>Expand existing public transportation or initiate new service</td>
<td>To access employment and related services</td>
<td>Low income persons, including persons with disabilities</td>
<td>$85,009,627</td>
</tr>
<tr>
<td>Nonurbanized Area Formula Program</td>
<td>Title 49 Recodification, P.L. 103-272</td>
<td>49 U.S.C. § 5311</td>
<td>Capital and operating assistance for public transportation service, including paratransit services, in nonurbanized areas</td>
<td>General trips</td>
<td>General public, although paratransit services are for the special needs of persons with disabilities</td>
<td>$0 (partial obligation)</td>
</tr>
<tr>
<td>Urbanized Area Formula Program</td>
<td>Title 49 Recodification, P.L. 103-272, as amended</td>
<td>49 U.S.C. § 5307</td>
<td>Capital assistance, and some operating assistance for public transit, including paratransit services, in urbanized areas</td>
<td>General trips</td>
<td>General public, although paratransit services are for the special needs of persons with disabilities</td>
<td>$36,949,680 (partial obligation)</td>
</tr>
<tr>
<td>Department of Veterans Affairs, Veterans Benefits Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Veterans Affairs, Veterans Health Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Homeless Providers Grant and Per Diem Program</td>
<td>Homeless Veterans Comprehensive Service Programs Act of 1992</td>
<td>38 U.S.C. § 7721 note</td>
<td>20 vans were purchased under this program</td>
<td>General trips</td>
<td>Homeless veterans</td>
<td>$565,797</td>
</tr>
<tr>
<td>Veterans Medical Care Benefits</td>
<td>Veterans’ Benefits Improvements Act of 1994</td>
<td>38 U.S.C. § 111</td>
<td>Mileage reimbursement, contract for service</td>
<td>To access health care services</td>
<td>Veterans with disabilities or low incomes</td>
<td>$126,594,591</td>
</tr>
</tbody>
</table>
Appendix

APPENDIX. INVENTORY OF FEDERAL PROGRAMS THAT PROVIDE TRANSPORTATION SERVICES TO THE TRANSPORTATION-DISADVANTAGED (CONTINUED)

Total (reported or estimated spending on transportation services for the transportation disadvantaged) $2,445,453,139

Notes

A supplemental source for the target populations was the Catalog of Federal Domestic Assistance.

Actual outlays or obligations on transportation are given for programs that track this information. All data are outlays, except for the following programs, which are obligations: Capital Investment Grants, Urbanized Area Formula Program, Nonurbanized Area Formula Program, Job Access and Reverse Commute, Capital and Training Assistance for Over-the-Road Bus Accessibility, Capital Assistance Program for Elderly Persons and Persons with Disabilities, Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces, and Veterans Medical Care Benefits. Actual data and estimates are the total for the program, unless otherwise noted as partial outlays or obligations in the table. When actual information was not available, estimates are given based on information provided by program officials or the officials agreed with an estimate made by another source.

According to a program official, outlays for the Food Stamp Employment and Training Program have increased due to changes in the program from the 2002 Farm Bill. The 2002 Farm Bill eliminates the $25 per month cap that the Department of Agriculture will reimburse the states for transportation and other work costs incurred by participants. In fiscal year 2002, federal outlays for transportation were $18,523,535.

A program official said that 10 percent of total program outlays would be a conservative estimate of transportation outlays.

Grantees report total expenditures and unliquidated obligations made by the state Vocational Rehabilitation (VR) Agency for transportation services provided to individuals served under the State VR Services Program for a fiscal year. Total obligations include both federal and nonfederal funds under the State VR Services Program, the supplemental federal funds awarded to the State VR Agency for the cost of supported employment services under the Supported Employment Program, and funds from other rehabilitation sources. The Department of Education does not collect data on the specific sources of funds used for transportation obligations under the program. However, based on information available from total annual obligations on a national aggregate basis, a program official estimated that of the total amount reported for transportation, about 96 percent would be from the State VR Services Program, and of that amount approximately 76 percent would be federal funds. Similar estimates could not be made for the Supported Employment Program.

A program official said that, while transportation is an allowable use of funds, using funds for transportation is not encouraged. Program officials estimate that transportation expenditures are zero or close to zero for this program.

Fiscal year 2001 data are not available because transportation was not an area of emphasis until fiscal year 2002. The preliminary fiscal year 2002 outlays for transportation projects totaled $1,084,798.

A program official estimated that transportation outlays were 8.3 percent of total outlays.

This is a partial outlay based on voluntary reporting by grantees. Full outlays are not available because, according to a program official, grantees were not required to report transportation outlays prior to fiscal year 2002. Fiscal year 2002 data are incomplete, however preliminary data on transportation outlays from 46 of the 51 grantees totaled $2,215,498.

This is a partial outlay based on the amount grantees reported as non-assistance outlays in a category exclusively for transportation. States reported an additional $356.5 million as outlays on assistance in a category that includes transportation and supportive services, however program officials were unable to determine what percentage of the outlays on assistance were spent on transportation.

Program officials indicate that federal data on nonemergency medical transportation are not available. Estimate assumes that transportation outlays are 0.73 percent of total program outlays, based on previous research, including a survey of state Medicaid programs.

According to a program official, grantees report total outlays for transportation and it is not possible to distinguish between federal and nonfederal funds. The official said 22 percent of total transportation outlays would be a good estimate of the federal portion of fiscal year 2001 transportation outlays.
'Estimate of transportation outlays is based on data from grantee’s budget allocations, as suggested by an agency official.

'This is a partial outlay for transportation through the Community Development Block Grant program. This figure includes transportation outlays for the Entitlement program, but excludes the State Administered program.

'This is a partial estimate because, according to a program official, data on transportation outlays are not available from all grantees. The program official could not provide an estimate of outlays for transportation for all grantees.

'HUD provided data for transportation spending by 3,187 grantees in fiscal year 2001 that totaled $7,221,569. According to HUD program officials, there are a total of 6,323 grantees, about twice as many as reported data. The officials therefore estimated that about $14,000,000 would have been spent on transportation from all grantees in fiscal year 2001.

'Estimate of outlays for transportation is based on a program official’s review of the budgets from 15 grantees who renewed their grants in fiscal year 2001. The official projected total transportation outlays for the program based on these 15 grantees.

'Public Law 102-477 is applied to allow tribal governments to consolidate funding from several federal programs. These include: the Department of Health and Human Services’ Temporary Assistance for Needy Families, and Child Care and Development Fund programs; the Department of Labor’s Native American Employment and Training, and Welfare-to-Work Grants for Federally Recognized Tribes programs; and the Bureau of Indian Affairs’ Employment Assistance, Indian Social Service and Welfare Assistance, Adult Basic Education, and Higher Education programs. The Indian Social Services and Welfare Assistance Program is not used for transportation outside 102-477. The Adult Basic Education and Higher Education programs do not target transportation-disadvantaged populations as defined in this study outside of 102-477. The Employment Assistance program and the HHS and DOL programs provide transportation assistance separately from 102-477.

'A program official estimated that transportation outlays were approximately 1 percent of total program outlays.

'Program funding from fiscal year 1998 and 1999 may still be spent, but the program no longer receives funding.

'Estimate of transportation outlays is based on a program official’s review of grantee obligations.

'According to a program official, fiscal year 2001 data are not available due to changes in the program’s reporting system. The official reported that transportation outlays for fiscal year 2002 totaled $478,408.

'According to a program official, there are three distinct allocations of funds under the Capital Investment Grants: the New Starts allocation, which funds new rail projects; the fixed-guideway modernization allocation, which provides funding to maintain and update aging rail systems; and the bus allocation, which provides funding for the purchase of buses, bus-related equipment and paratransit vehicles, and for the construction of bus-related facilities. Because the Capital Investment Grants fund projects that provide services for the general public, the transportation-disadvantaged likely benefit from many projects funded through each of the three allocations, but information was not available to estimate what portion of these funds for the general public benefit the transportation-disadvantaged. However, the program official said that the bus allocation would likely provide the most direct benefit for the transportation-disadvantaged and the obligation level could be estimated by totaling allocations to purchase vans, buses for the elderly or disabled, or paratransit vehicles and equipment.

'The Nonurbanized Area Formula Program funds projects that provide services for the general public, however grantees can use up to 10 percent of their funds to provide complementary ADA paratransit services. Although grantees did not report obligations for complementary ADA paratransit, a program official said that transportation-disadvantaged populations might benefit from other services provided through this grant, such as demand-responsive services. However, the program official could not identify the amount of spending that directly benefits the transportation-disadvantaged.

'According to a program official, the Urbanized Area Formula Program funds projects that provide services for the general public, however grantees can use up to 10 percent of their funds to provide complementary ADA paratransit services. The figure listed in the table is the total obligations that grantees reported for providing complementary ADA paratransit services. Although grantees may benefit from other services provided through this grant, such as demand-responsive services, the amount spent on complementary ADA paratransit is the only portion that program officials could identify as directly benefiting the transportation-disadvantaged.

Sources: GAO analysis of information from the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, the Interior, Labor, Transportation, and Veterans Affairs; the Coordinating Council on Access and Mobility; the Catalog of Federal Domestic Assistance; the U.S. Code; the Code of Federal Regulations; and the Community Transportation Association of America.
NOTES


4. Ibid.


7. Linda Bailey, Aging Americans, 4.


9. Ibid.


15. Ibid., 12.

16. Ibid., 15.

17. Ibid.

18. Ibid., 8.
20. Ibid.
28. Ibid., 2.
30. Ibid., 6.
32. Since the Executive Order was issued, an 11th agency—the National Council on Disability—has been added to the council.
34. The Florida Code §427.011(1) defines transportation-disadvantaged populations as “… those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent on others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk.”
38. The Revised Code of Washington §47.06B.012 defines “… persons with special transportation needs” 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.”
41. Idaho’s comprehensive coordination statute, Idaho Code §40-514, does not distinguish between public transportation available to all people and transportation for people with special needs. However, Idaho Code §31-876 defines public transportation as including transportation for disadvantaged populations. It states that “… public transportation services include…fixed transit routes; scheduled or unscheduled transit service; paratransit services for the elderly, disabled or other persons dependent on public transportation; shuttle and commuter services between cities, counties, health care facilities, employment centers, educational institutions
and park-and-ride locations; subscription van and carpooling services; and transportation
services unique to social service programs.”
50. See N.Y. Transportation Law §73-a et seq. (McKinney 2003).
55. Ibid.
56. Note that Logisticare also operates in Florida and Kentucky, among other states. However, these states have more comprehensive programs that serve several disadvantaged populations.
76. Citations for state reports are available in the bibliography of this report.


82. Ibid.


95. Ibid., 28-29.


103. Ibid.


107. Ibid.


120. 2002 Conn. Acts, P.L. 02-123 (Reg. Sess.).


129. Ibid. 3-5.


132. Ibid.


140. Ibid.
141. Ibid.
142. Ibid.
151. Logisticare, Case Study: State of Georgia Medicaid NET (Atlanta, Georgia: Logisticare, April 2003).
152. City and County of Honolulu Transportation Services, Committee for Accessible Transportation, http://www.co.honolulu.hi.us/dts/accesstrans_committee.htm.
156. See http://www.itd.idaho.gov/planning/reports/plan20yr/goal2obje.html.
157. Ibid.
164. Ibid.
168. Ibid.
169. Indiana Department of Transportation, Public Transit Section, Public Transit Section Work Program, Fiscal Year 2005 (Indianapolis, Ind.: INDOT, May 2004).


178. Ibid., xi.

179. Ibid.


183. Ibid.


197. Ibid, 34.

198. Ibid.


203. Foster Executive Order, 2.


209. Ibid.
231. University of Minnesota, Center for Transportation Studies, *Second Conference on Community-Based Transportation: Designing a System for Minnesota* (Minneapolis, Minn.: CTS, October 2003), 4.
232. Ibid., 5.
234. Ibid., 23.
236. Mississippi Code §43-17-7 (2) (2004).
239. Ibid.
246. Ibid.
252. Ibid.
263. Mike Hermanson, Montana State University-Billings, e-mail to authors, November 10, 2004.
267. Ibid.
278. Winchester, *Coordinating Existing Human Service Transportation*, 5.
279. Ibid., 7-8.
280. Ibid., 8.
289. See New Jersey Department of Transportation Web site, *N.J. Transportation Coordination Planning* at www.state.nj.us/transportation/workforce/PLANNING.HTM.
290. Ibid.
294. Ibid., 2.
296. Ibid., 10.
297. Rose M. Armijo, New Mexico Department of Human Services, e-mail to authors, November 17, 2004.
299. N.Y. Transportation Law §73a-73p (McKinney 2004).
300. N.Y. Transportation Law §73-b (McKinney 2004).
301. N.Y. Transportation Law §73-c(4) (McKinney 2004).
303. N.Y. Transportation Law §73-e (McKinney 2004).
304. Ibid.
305. N.Y. Transportation Law §73-f (McKinney 2004).
306. N.Y. Transportation Law §73-g (McKinney 2004).
309. N.Y Transportation Law §73-a (McKinney 2004).
311. Ibid., 6.
317. The NCDHHS Client Transportation Policy and Guidelines have been finalized and are posted on the NCDHHS Web site at: http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-90/man/index.htm
320. Ibid., 41.


326. Oklahoma Department of Rehabilitation Services, *2002 Transportation Survey Summary* (Oklahoma City, Okla.: DRS, 2002).

327. Mary Howell, Oklahoma Department of Rehabilitation Resources, e-mail to authors, November 12, 2004.


331. Ibid.

332. Ibid. ii.

333. Ibid. iii-vi.


343. Ibid.


347. Ibid.

348. Ibid., 21.

349. Ibid.

350. South Carolina Department of Transportation, “Coordination of Transportation Services,” Memorandum to mass transit grantees and funding applicants from Glennith C. Johnson, deputy director of mass transit, October 30, 2003.

351. Ibid.
358. Ibid.
361. Edward Owens and Carol A. Lewis, *An Evaluation of Third-Party Coordination Among Service Providers in the Greater Houston and Harris County Area* (College Station, Texas: Southwest Region University Transportation Center—Center for Transportation Training and Research, March 2003), 15, http://swutc.tamu.edu/Reports/466010-1.pdf.
364. Ibid, 9.
370. Ibid.
372. Ibid.
376. Ibid.
378. Ibid.
379. Ibid.
380. Ibid.
382. Ibid.
383. Ibid.

385. Ibid. vi.

386. Ibid., 60.

387. Ibid.

388. Ibid. Also note that the audit identified one contractor, DynCorp, as the source of most of the concerns. According to the report, another contractor, Logisticare, had completed the basic requirements for the project.

389. Ibid, 63.


395. Ibid., 13-14.

396. Ibid., 18-23.


399. Ibid.


401. Ibid.

402. Ibid.


404. Ibid.

405. Ibid.


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