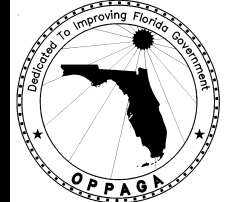




Office of Program Policy Analysis And Government Accountability



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Review of the Transportation Disadvantaged Program

Report Abstract

- Under the Transportation Disadvantaged Program, local coordinated systems have been established throughout Florida to serve the transportation disadvantaged. However, the Program's cost-effectiveness cannot be readily determined as costs of service vary widely throughout the state.
- Using mass transit systems to serve the transportation disadvantaged appears to save costs, but some social service agencies are reluctant to use mass transit for their clients.
- Program monitoring and reporting activities are fragmented resulting in increased costs and reduced accountability.
- To address Transportation Disadvantaged Program issues, we recommend the Legislature consider the following actions: develop stringent eligibility criteria; reduce or eliminate the Commission; streamline reporting and monitoring; eliminate conflicting policies; and modify the fund distribution formula.

- The use of mass transit systems in serving the transportation disadvantaged and implementing provisions of the federal Americans with Disabilities Act.
- Whether effective reporting and monitoring systems have been established to help ensure accountability for service quality and the use of funds.

We also identified actions the Legislature may wish to consider in addressing issues relating to the coordination of services for the transportation disadvantaged.

Background

The Legislature created Florida's Transportation Disadvantaged Program in 1979 to foster the coordination of transportation services for the state's transportation disadvantaged population.¹ The goals of coordination are to arrange the provision of transportation services in a manner that is cost effective and efficient and reduce fragmentation and duplication of services.

The Transportation Disadvantaged Program is administered at the state level by the Commission for the Transportation Disadvantaged. (See Exhibit 1.)

Purpose

This review of the Transportation Disadvantaged Program was required by Ch. 96-424, Laws of Florida. Our objectives were to determine :

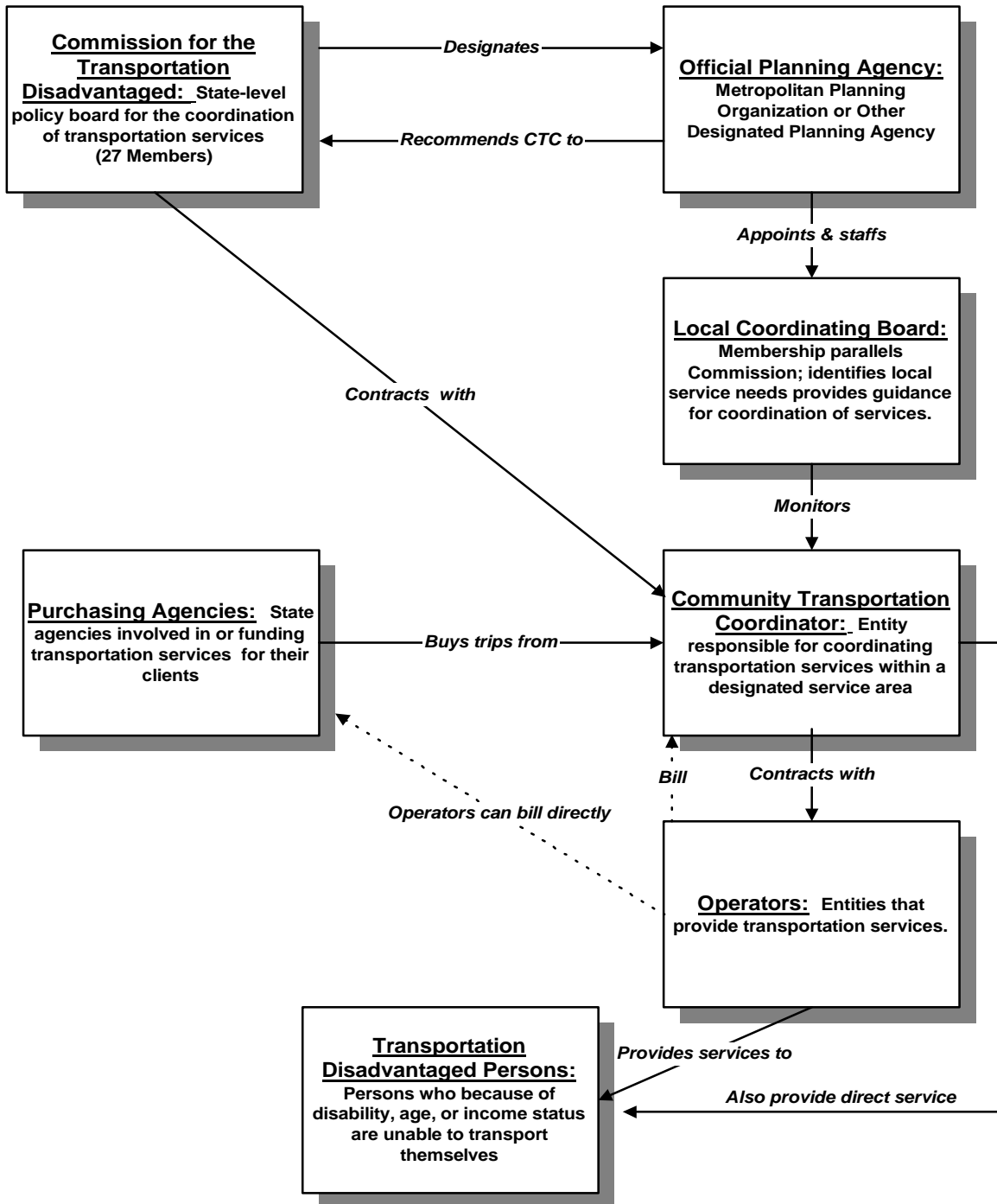
- The extent to which coordinated systems have been established in Florida to provide cost effective services to transportation disadvantaged individuals.

¹ Persons are considered transportation disadvantaged when physical or mental disability, income status, or age make them unable to transport themselves or to purchase transportation. These conditions cause them to rely on others to obtain access to health care, employment, education, shopping, or other life sustaining activities. Also included are children who are handicapped or high-risk or at-risk as defined in s. 411.202, F.S.

Exhibit 1
Florida's Coordinated Systems Provide Transportation to Disadvantaged Individuals

STATE LEVEL

LOCAL LEVEL



Source: Developed by OPPAGA from information in the Commission for the Transportation Disadvantaged 1995 Annual Performance Report.

The Commission has broad responsibilities for guiding the development of coordinated transportation systems for the various state agencies purchasing transportation services for their clients. These agencies include the Departments of Education, Elder Affairs, Children and Families (formerly Health and Rehabilitative Services), Labor and Employment Security, Veteran's Affairs, and the Agency for Health Care Administration.

Transportation disadvantaged individuals may qualify for assistance under multiple programs. However, the Commission has no authority over agency policies related to transporting the transportation disadvantaged or agency funds used to purchase services.

The Commission's responsibilities include establishing statewide objectives, assisting communities in establishing coordinated transportation systems, and developing standards covering the coordination, operation, costs, and use of transportation disadvantaged services. The Commission also develops a statewide five-year transportation disadvantaged plan and reviews and approves memoranda of agreement with entities that provide coordinated services at the local level. The Commission also is responsible for assuring that state agencies purchase all clients' trips from coordinated systems providers unless they use a more cost-effective provider or the coordinated system cannot provide the needed service.

The Commission is composed of 27 members representing state social service agencies that purchase transportation for clients, the Department of Transportation, a public transit association, various citizens' advocacy groups from rural and urban areas, transportation providers, the non-transportation business community, and a representative for community transportation coordinators. The Commission employs 12 full-time staff.

At the local level, Community Transportation Coordinators (CTCs) are responsible for providing coordinated services to the transportation disadvantaged. The CTCs are recommended by Metropolitan Planning Organizations or other planning entities designated by the Commission to appoint and staff a local transportation disadvantaged coordinating board. The local board oversees the operations and performance of the CTC.

The CTCs are responsible for coordinating transportation services within their respective areas. Each CTC may have different agreements with agencies purchasing services for their clients. Thus, services

funded by agencies can differ depending on what the purchasing agency considers appropriate. Services provided by CTCs include scheduling transportation services, providing transportation, processing reimbursements, developing service plans, and monitoring transportation operators.

The CTC's reported state agencies expended \$165.9 million on approximately 30 million one-way trips through the coordinated systems during fiscal year 1995-96.^{2,3} (See Exhibit 2.) This amount includes \$24.6 million appropriated to the Commission, of which \$23.8 million was used to fund grants to local transportation coordinators and planning agencies and approximately \$775,000 was used for the Commission's administrative expenses. In fiscal year 1996-97, the Commission was appropriated \$26 million, of which \$789,000 was projected for administrative expenses and \$25.2 million for transportation grants.

Exhibit 2
Transportation Disadvantaged Program
Expenditures Totaled Approximately
\$166 Million in Fiscal Year 1995-96

Agency	Amount (in Millions)	Percent
Agency for Health Care Administration (Medicaid)	\$ 59.4	35.8%
Local Funds	44.3	26.7%
Commission for Transportation Disadvantaged	22.1	13.4%
Children and Families (formerly DHRS)	13.6	8.2%
Department of Transportation	12.0	7.2%
Department of Labor and Employment Security, Department of Community Affairs, Department of Education, Federal Contribution	7.7	4.6%
Department of Elder Affairs	6.8	4.1%
Total	\$165.9	100%

Source: 1996 Draft of the Commission for the Transportation Disadvantaged Annual Performance Report.

² A trip is one-way from point of origin to destination; thus, going to and from a doctor's appointment would constitute two trips. Trip fares will differ depending on the condition of the client being transported (i.e., ambulatory, wheelchair, stretcher, etc.).

³ The Commission reports that \$194.2 million was spent on transportation both in and outside the coordinated systems. We did not independently verify the reported dollar amounts.

The sources of Commission funds include a portion of initial automobile registration fees (\$1.50), temporary handicapped tag fees (\$5.00), a 15% transfer from the Department of Transportation’s state public transit block grant moneys, and voluntary dollar contributions from auto registrants. Transportation disadvantaged funds are to be used as the last resort for persons needing transportation assistance, but who do not qualify under any other social service program. The Commission does not control other agencies’ funds used to pay for transportation disadvantaged services.

Findings

Under the Transportation Disadvantaged Program, local coordinated systems have been established throughout Florida to serve the transportation disadvantaged. However, it cannot be readily determined whether the Program is providing services in a cost-effective manner.

Since its inception in 1979, the Transportation Disadvantaged Program has been successful in helping foster the development of local systems to help coordinate services for the transportation disadvantaged. Presently, all of Florida’s 67 counties either have their own systems or participate in multi-county systems operated by 54 CTCs.

Under the Program, different types of local systems

servicing the transportation disadvantaged. CTCs presently include private for-profit businesses, private non-profit organizations, public transit authorities, and other governmental units. Exhibit 3 shows the different types of service networks and organizations used by the CTCs.

The costs of providing transportation disadvantaged services varies widely throughout the state; therefore, it could not be readily determined whether the Program results in services being provided in a cost-effective manner. For example, a March 1996 Medicaid study reported that the per-trip cost for non-emergency transportation ranged from a low of \$7.49 in Bay County to a high of \$71.03 in Gilchrist County, with a statewide average cost of \$17.10.⁴ Several studies have found that many factors affect the cost of local transportation disadvantaged services, including differences in the size, population, demographics, service levels, administrative requirements, and community resources available in counties. Due to lack of a standard method for full cost allocation, service costs cannot be readily used to evaluate cost-effectiveness either statewide or between individual counties.

⁴ Agency for Health Care Administration’s Draft Interim Report on Nonemergency Medicaid Transportation, March 12, 1996.

**Exhibit 3
Community Transportation Coordinators
Description of Organization and Networks used to Provide Services**

Description	Type of Network	Counties by Network Type
Complete Brokerages: CTC provides no transportation services, but contracts for services with multiple providers. In larger metropolitan areas, providers may have been selected through a competitive bid process; however, this is not required as the CTC is allowed to negotiate the price for services.	<ul style="list-style-type: none"> • Private non-profit • Private for-profit • Government agencies: MPOs other • Public transit agency 	2 8 2 1 3
Partial Brokerages: CTC provides some transportation services, but also contracts with other providers to transport customers.	<ul style="list-style-type: none"> • Private non-profit • Government agencies: transit divisions other 	27 11 3
Sole Providers: CTC provides all the transportation for their area. Sole providers are generally found in the rural counties where multiple companies are not available to provide transportation services.	<ul style="list-style-type: none"> • Private non-profit • Government agency: transit divisions 	9 1
TOTAL		67

Source: 1996 Draft of the Commission for the Transportation Disadvantaged Annual Performance Report .

have been developed to meet community needs for

Public mass transit systems are being used in some areas of the state to serve the transportation disadvantaged and implement provisions of the federal Americans with Disabilities Act of 1990. This practice appears to save costs, but some social service agencies are reluctant to have their clients use mass transit systems.

The federal Americans with Disabilities Act of 1990 (ADA) requires public transit agencies to provide paratransit (door-to-door) services to persons who are eligible for assistance.⁵ Public mass transit systems are being used in some areas of Florida to serve the transportation disadvantaged. CTCs presently have access to 19 local public transit agencies throughout Florida that can be used to provide services to the transportation disadvantaged.⁶ Seventeen of the 19 public transit agencies have bus-pass programs that can be used to transport the transportation disadvantaged at discounted fares.

Bus-pass programs operated by public mass transit systems may offer substantial cost savings over paratransit services in serving the transportation disadvantaged and meeting ADA requirements. For example, Dade County reports it saved approximately \$7.1 million since 1993 by transferring former paratransit users to a bus-pass program. Further, Volusia County reported saving \$900,000 in Medicaid funds during a one-year period by providing clients with mass transit rides instead of paratransit services.

Notwithstanding such potential savings, some agencies are reluctant to use mass transit systems to transport their clients. This reluctance stems from concerns about client capabilities and safety issues. For example, Developmental Services program staff we interviewed expressed concern that some of their clients would have difficulty navigating mass transit systems and should continue to use paratransit services. Also, in Dade County advocates for mental health clients recently filed suit against the Agency for Health Care Administration (Medicaid) in an effort to force continuation of paratransit service for their clients.⁷ These advocates were successful, thus the more expensive paratransit service will continue for mental

⁵ ADA paratransit eligible are those persons whose disability does not allow them to use fixed route systems. The origin and destination of the trip must be within ¾ mile distance from available fixed routes. ADA eligible persons are a subset of the total transportation disadvantaged population.

⁶ Seven public transit agencies serve as CTCs in their community.

⁷ Medicaid clients often are also ADA eligible. Dade County reports 58% of its Medicaid transportation budget is used for mental health clients.

health clients even though some may be capable of riding on the mass transit system.

Medicaid has been reluctant to use mass transit systems for their clients. At the beginning of this review, only 5 of the state's 17 mass transit systems with bus-pass programs were being used to transport Medicaid clients. In an effort to meet funding reductions, Medicaid changed their policy to encourage mass transit use. As of January 1997, AHCA staff report that 13 of the 17 mass transit systems transport Medicaid clients through bus-pass programs.

In some areas of the state, these concerns are being addressed by screening clients to assess their capabilities to use mass transit. For example, since Broward County began conducting eligibility screening for ADA clients, it increased its rejection rate from 1% to 17% of the applicants for paratransit service. This results in savings when additional transportation disadvantaged individuals are transferred from paratransit services to less expensive mass transit systems.

We conclude that some transportation disadvantaged individuals currently receiving paratransit services could be reasonably transported through lower cost mass transit systems as has already been accomplished in some counties. However, this will require an agency commitment to closely evaluate their clients' capabilities for using mass transit services.

Program monitoring and reporting activities are fragmented. This increases costs and limits agencies' ability to assure accountability for performance and the use of funds.

A multitude of state agencies and local units monitor the CTCs. For example, the Commission for the Transportation Disadvantaged reviews each CTC's operations as well as each state agency that purchases services from the transportation provider. Further, local coordinating boards are responsible by statute for monitoring CTCs, and Boards of County Commissioners may monitor CTC operations. Finally, the Department of Transportation monitors CTCs for compliance with vehicle safety requirements.

The CTCs also produce many different reports and plans for various entities. For example, CTCs produce an annual report and a service plan for the Commission for the Transportation Disadvantaged. They also submit a separate Medicaid service delivery plan and monthly budget status reports to the Agency for Health Care Administration. Moreover, the CTCs contribute information for the Department of Transportation's statewide work program.

These monitoring and reporting efforts are highly fragmented. Each entity conducts its own monitoring activities, and uses its own procedures and criteria for evaluating service levels, costs, and quality. Systems have not been established for agencies to share monitoring results or report information.

This duplication increases administrative costs and reduces oversight effectiveness. CTC staff told us that they must submit plans and reports that contain duplicate information but must be produced in different formats for various agencies. The CTC staff noted that this increases their administrative costs, and asserted that the continual monitoring they undergo from the various funding agencies detracts from their ability to concentrate on providing transportation services.

The fragmentation also reduces the monitoring effectiveness. Clients may be eligible for transportation from several different funding agencies, and the potential exists for duplicate billing and payment. Unless monitoring is coordinated, one agency could find a significant problem with a CTC's operations and billing, but other funding agencies would not become aware of the problem unless their own monitoring efforts detected the situation. This limits the usefulness of monitoring activities in ensuring accountability.

Other issues affecting the coordination of services for the Transportation Disadvantaged.

During the course of our review, we identified several other issues affecting coordination of services for the transportation disadvantaged that warrant further review by the Legislature. These issues include:

- Differing agency requirements for client transportation;
- Limited coordination of transportation needs;
- Limited client eligibility screening;
- Disagreements about the funding formula for transportation disadvantaged grants; and
- The size and composition of the Commission for the Transportation Disadvantaged.

Differing Service Requirements. A major barrier to transportation coordination is differing agency service requirements. Each agency that purchases transportation from CTCs may establish their own service and eligibility requirements. This limits CTCs' ability to coordinate client trips because one agency may refuse to transport clients on a vehicle that meets another agency's requirements.

For example, in an effort to reduce costs, the Agency for Health Care Administration recently established a two-hour "pick-up window" for Medicaid clients.⁸ However, the Department of Elder Affairs finds this length of time unacceptable for its elderly clients. As a result, CTCs must provide different service levels and charge different rates for each agency. CTCs incur higher operating costs for shorter pick-up windows because they need more vehicles and drivers available to ensure the vehicle is on time. This increases administrative and operating costs and reduces the CTC's ability to transport different agencies' clients on the same vehicles.

State policies that limit ability to coordinate transportation needs. State policies related to provision of health care and other services can inadvertently be a barrier to developing more cost-effective and coordinated transportation systems. For example, the 1996 Legislature authorized Medicaid clients to choose their physician within that program's fiscal limitations. However, several CTCs reported that clients are regularly assigned to physicians who are not the closest Medicaid provider. As a result, transportation costs are increased when the clients must be driven a longer distance for medical services. Agency staff reported that a client in methadone treatment was transported 144 miles daily to receive medication because the Alcohol, Drug Abuse, and Mental Health program requires that these medications be provided only in a certified clinic unless the client has another exceptional physical illness. To date, there is still no certified clinic located closer, so persons in this part of the state needing daily methadone treatment will need to travel this distance for assistance.

Client Eligibility Screening. CTCs and agency staff report that the definition of a transportation disadvantaged person makes it very easy to qualify for

⁸ A "pick-up window" is that time before and after the agreed upon time that the provider has to pick up its customer and still be considered on time. For example, with a ½ hour pick-up window, the customer must be ready ½ hour before the assigned pick-up time, and can wait as long as ½ hour after the assigned time, and the ride is still considered on time. Each service area can modify the pick-up window to shorter time periods if funding is available. Dade County has a zero to 15-minute pick-up window for its ADA paratransit services.

transportation disadvantaged services. Coupled with a broad definition is the amount of eligibility screening conducted throughout the state. In some areas, persons can be deemed eligible for state-funded transportation services by simple self-declaration. Service providers report they do not understand why some persons are receiving transportation when they seem capable of transporting themselves or using mass transit. Investing time and effort screening clients before they are accepted for assistance, as Broward County has instituted, can effect greater cost savings and help eliminate abuse of the Program.

Transportation Disadvantaged Funding Formula. There is continuing controversy regarding the formula used by the Commission to distribute transportation disadvantaged funds to counties. At present, the funding formula is based on total county population, total number of trips provided, total number of miles reported and total county square miles.

Rural counties assert that this formula is weighted in favor of urban areas. Urban counties can have low per-trip costs because they can load many persons on vehicles to provide a large number of short trips for a relatively low cost. In contrast, CTCs in rural counties must transport individual clients long distances to receive services, resulting in high per-trip costs. As a result, urban counties receive a greater share of funds and can often provide trips for education, shopping, and recreational reasons, while rural counties only receive enough funds to provide trips that are medically necessary.

We concluded that the formula should be reviewed with consideration given to providing a base allocation of moneys for all counties. Funding above the base could be provided based on variables such as the percentage of low-income population to total county population and the number of medical trips performed. The formula should also consider system performance factors such as trips per vehicle, trips per vehicle mile, the availability of mass transit, and average trip lengths.

Size and composition of the Commission for the Transportation Disadvantaged. Many stakeholders we interviewed noted the size and composition of the Commission as a major program issue. Since its inception in 1979, the Commission has been increased from 6 to 27 members. For example, the 1996 Legislature added 10 additional members to the Commission to represent private for-profit and not-for-profit operators and the non-transportation business community. Various local and state-level stakeholders

asserted that the Commission's large size reduces its effectiveness in carrying out its mission and that competing interests among Commission members makes it difficult to reach consensus on Program issues.

Further, some Commission members appear to have business relationships that are inconsistent with their membership. For example, one Commissioner was appointed to represent the non-transportation business community, but is the accountant for a large transportation provider that also has a business officer serving on the Commission. Other Commissioners have business relationships with each other and could potentially benefit from Commission decisions. Another Commissioner who is to represent the non-transportation business community works for a public transit authority.

Summary and Recommendations

We found that under the Transportation Disadvantaged Program, coordinated systems have been established throughout Florida; however, it cannot be readily determined whether the Program is providing services in a cost-effective manner. Public mass transit systems are being used in some areas of the state to serve the transportation disadvantaged and ADA clients, but social service agencies are reluctant to transfer clients from paratransit to mass transit situations. Program monitoring and reporting activities are fragmented, increasing costs and limiting agencies ability to ensure accountability for performance and use of funds.

To address issues regarding the Transportation Disadvantaged Program, we recommend that the Legislature consider the following actions:

Incorporate stringent eligibility criteria in the definition of transportation disadvantaged clients. The Legislature could amend s. 427.011, F.S., to require that agencies perform eligibility screening for individuals who seek transportation disadvantaged services and prohibit self-declarations of eligibility. The Legislature could also create statewide eligibility criteria that could consider factors such as an individual's income and the availability of other transportation resources such as personal vehicles and family when determining whether the person should qualify for state transportation assistance. The Legislature could also consider mandating that persons use mass transit bus-pass programs instead of paratransit services whenever possible as is done in

some counties. This would likely produce substantial statewide savings. Implementation of this recommendation would require establishing safeguards to periodically re-screen persons for eligibility as their physical and mental conditions change and to ensure that individuals are successful in using mass transit to access needed services.

Examine the size, composition and role of the Commission for the Transportation Disadvantaged.

The Legislature could amend ss. 427.012 and 427.013, F.S., to modify the membership and mission of the Commission. The Commission's size could be reduced from its current 27 members, which many stakeholders believe is unwieldy. This could make it easier for the Commission to address policy issues and would reduce the Commission's travel and administrative costs, which are projected at greater than \$1 million for the coming fiscal year.

Alternately, the Legislature could eliminate the Commission and replace it with a smaller advisory body to maintain a statewide forum to address transportation disadvantaged issues. The rationale for this action would be that the Commission has been successful in completing its primary mission of establishing coordinated transportation systems throughout the state. Also, many Commission functions, such as identifying and eliminating barriers to coordination could be performed at the local level where these barriers exist. Further, metropolitan planning organizations and regional planning councils already serve as clearinghouses for information, which is another of the Commission's responsibilities. If this option is implemented, the Legislature could transfer remaining Commission functions such as applying for federal grants and distributing transportation disadvantaged funds to the Department of Transportation, which already performs these tasks for other transportation moneys.

Streamline reporting and monitoring. The Legislature could amend s. 427.0157, F.S., to require that Local Coordinating Boards designate a lead agency

that would work with other funding entities to consolidate monitoring and reporting activities and eliminate duplication of effort. The Commission or its successor entity should work with funding agencies at the state level to further consolidate statewide monitoring and reporting requirements.

Eliminate conflicting policies that inhibit coordinated efforts.

The Legislature could amend s. 427.0135, F.S., to require the Commission or its successor entity to work with all agencies that provide or purchase transportation disadvantaged services to eliminate conflicting requirements that hinder coordination of transportation services, such as varying client wait times and contradictory driver training requirements. This would produce statewide cost savings by enhancing the ability of local community transportation coordinators to multi-load vehicles.

Modify the transportation disadvantaged funding formula.

The formula used to distribute state funds to counties should include additional factors to promote equity. These factors could include the percentage of low-income persons in a county, as well as the number of medical and other types of trips needed and provided for citizens. System performance factors such as per-vehicle trips provided, trips per vehicle mile, the availability of other transportation resources such as mass transit, and average trip length, could also be included in the funding formula.

Agency Response

The Chairman of the Florida Commission for the Transportation Disadvantaged generally concurred with our recommendations. He recommended that the Commission continue as an independent Commission and administer the Transportation Disadvantaged Trust Fund.

This project was conducted in accordance with applicable evaluation standards. Copies of this report may be obtained by telephone (904/488-1023 or 800/531-2477), by FAX (904/487-3804), in person (Claude Pepper Building, Room 312, 111 W. Madison St.), or by mail (OPPAGA Report Production, P.O. Box 1735, Tallahassee, FL 32302).

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