Executive Order 530
Community, Social Service, and Paratransit
Transportation Commission

July 19, 2012

Final Report

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Executive Summary

Purpose of the Commission:

The Commission for the Reform of Community, Social Service and Paratransit Transportation Services in the Commonwealth (the "Commission") was created by Governor Deval Patrick through Executive Order No. 530 in April 2011.

Per the Executive Order, the Commission was charged to:

- Conduct a detailed review of the MBTA's "The RIDE" services, demand response services provided by the RTAs, and transportation services funded by EOHHS;
- Conduct a comprehensive review of all state- and federally-funded community transportation services, including demand responsive services, paratransit services, ADA complementary paratransit service and social services transportation;
- Provide detailed recommendations for reform and the introduction of efficiencies in the provision of all state- and federally-funded community transportation services in the Commonwealth.

Commission Report to Governor:

The Executive Order charged that the Commission's report to Governor Patrick would:

- Identify recommended reforms, restructuring and cost-saving initiatives that would modify or alter the current means of providing paratransit services in the Commonwealth, including potential legislative solutions;
- Identify recommended actions (administrative, procedural or legislative) to maximize the collection of federal funds for The RIDE, the RTAs, and human services agencies;
- Identify potential modifications, if any, to existing eligibility criteria utilized by The RIDE, RTAs, and human services agencies;
- Identify recommended service improvements or modifications to maintain or enhance current service levels and delivery methods while achieving efficiencies and cost savings;
- Identify any other reforms, initiatives or improvements to paratransit services in the Commonwealth that will enhance the quality, customer service or efficiency of these services.

Throughout its work, the Commission has remained focused on developing actionable recommendations and has organized this report so that these recommendations reference one or more of Governor Patrick's directives.

Public Input:

The Commission embraced the necessity for having an open and public process to solicit input to more broadly and deeply understand the range of issues that people face so that this feedback might better inform the development of recommendations to the Governor. Toward that end, a Commission kick-off meeting was held at the State House on August 25, 2011 to introduce Commission members and describe the work the Commission had been assigned.

Throughout the fall, the Commission facilitated six Public Comment and Dialogue Sessions held in locations across the Commonwealth, in order to better understand issues and concerns as well as to solicit ideas for reforms, initiatives and improvements to community transportation services. Additional comments were received through mail, email and voice-mail. Several individuals who provided oral and/or written comments represented organizations and constituencies of thousands of individuals with disabilities and seniors throughout the state who are dependent on the Commonwealth's community transportation services.

A website was established (www.mbta.com/execorder530) to provide the Commission and general public with transcripts from the Public Comment and Dialogue Sessions and general information on paratransit services and the agencies that provide them.

The Commission heard hundreds of times, in both oral and written testimony, that current transportation service levels are inadequate to meet the present and projected transportation needs of Massachusetts' elders and people with disabilities. We recognize that the recommendations in this report, although significant, will not come close to addressing these unmet needs. Measures to raise revenue for transit agency services that are not burdensome to paratransit and fixed-route transit customers must be implemented as quickly as possible.

Based on feedback received during the public hearings, the Commission also examined the remaining challenges that people with disabilities face in using fixed-route services provided by transit agencies. While continuing to reduce these barriers, other initiatives such as travel training and programs and incentives to encourage use of fixed route services should be implemented.

Report Structure - Major Themes, Issues, and Recommendations:

Based on input collected from Commission members and from the Public Comment and Dialogue sessions, the Commission developed a structure that identifies one (1) overarching reform initiative and three (3) high level themes under which specific issues and recommendations have been organized.

The Commission's principal policy recommendation is to establish a Statewide Coordinating Council on Community Transportation (SCCCT), which would develop a strategic and operating plan to implement and manage the recommendations of the Commission and to further advance the Patrick-Murray Administration's agenda to provide responsive, comprehensive, coordinated, and efficient community transportation systems.

Specific recommendations have been organized into three theme areas and might be addressed either within the current legislative, organizational or funding structure, or, in some cases, require legislative, organizational or funding changes. These three themes are:

  I.   Transportation Availability, Access and Service Quality
  II. Customer Eligibility, Application and Screening
  III. Efficiencies, Cost Containment and Revenue Maximization

An actionable implementation strategy is critical to advancing any of the recommendations presented within the body of this report. As such, the Commission further categorized each recommendation within the following framework:

- Near Term Improvement – improvements that can be made without significant new funding or legislative action.
- Funding Required – improvements that require additional funding to achieve.
- Big Picture Reform – improvements that would require legislation, regulatory or policy changes, as well as significant funding.

The Commission agreed not to rule out any potential improvement or initiative due to lack of current funding or legislation. Instead, the members agreed to "think big" - addressing near term improvements that can help the public today, while at the same time laying the foundation for major reform in the future.

Unfortunately the state continues to face unprecedented budget challenges caused by the recession, and state government is forced to continue to do more with less. The current level of funding is insufficient to fully meet the demands of critical state services, including social service and paratransit transportation. While the Commission understands that eventually new investments will be necessary to truly meet the needs of paratransit users across the Commonwealth it has focused its work on identifying opportunities to achieve savings through organizational efficiencies wherever possible to help support the improvement of the Commonwealth's paratransit system.

In total, 16 major issues and over 60 recommendations were identified as part of this process. Additionally 15 specific action items related to the recommendations were identified for near-term implementation and are detailed later in this report.

The following table summarizes the issues and recommendations included within the report.

Issue	Recommendation(s)
Issue # I-1 **Addressing Community Transportation Service Gaps**	A. Review all existing surveys and information gathering efforts to identify major community transportation service gaps and needs to determine whether improved service coordination or additional funding is necessary. B. Encourage Transit agencies to develop pilot (or demonstration) programs to address specific unmet service needs, in order to determine if the service has enough ridership to warrant continuation. Grant funds can be utilized for these pilot programs. C. Explore productivity-enhancing or cost reducing mechanisms within the transit agencies' control (such as improvements to run structures or purchasing service from non-dedicated service providers) that would enable service areas and/or hours to expand.
Issue # I-2 **Improved Trip Coordination**	A. Promote commingling of ADA and non-ADA trips where appropriate (including development of cost sharing and cost allocation strategies), with the goal of promoting ride-sharing. This is discussed further as part of Issue III-1 later in the report. B. Initiate a pilot demonstration program, potentially funded from federal or state grant funds to determine the feasibility and effectiveness of a mobility management network, as referenced in the Commission's Overarching Policy Recommendation.
Issue # I-3	A. Identify barriers that restrict the efficiency of travel between transit

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Facilitating Paratransit Transfers between Transit Authorities	authorities, and determine if these barriers are real (e.g., legislatively mandated) or just an authority's policy or historic practice.
	B. Work with transit authorities to determine areas of high demand including a focus on scheduling efficiency to reduce customer travel times.
	C. Identify those transit authorities which currently have good coordination and programs in place to facilitate transfers; determine what can be replicated across the state, and how best to implement this.
	D. Assist transit authorities in developing a formal transfer policy with the goal of facilitating ADA paratransit trip transfers, requiring only one call by the customer, simplifying fare payments, and reducing travel times between contiguous transit authority service areas.
Issue # I-4 Central Repository for Providing Paratransit Options/Information to the Public	A. Determine the most efficient and effective structure for providing information – e.g., a centralized statewide database, or a single office for general information that will transfer caller to an RTA or regional site for more detailed schedule and ride sharing opportunities.
	B. Develop a statewide "one call/one click" mechanism/infrastructure with access to a central repository of regional directories, phone numbers, websites, etc. Look at the potential for expanding on the HST New Freedom/JARC grant to develop a statewide mobility management information web site.
	C. Develop a state funded service to provide information, referral, and trip planning services for community transportation and long distance trips.
	D. Develop and implement a self-evaluation and transition plan to identify specific strategies for ensuring compliance with the Americans with Disabilities Act (ADA) and related state and federal laws addressing access for people with disabilities to state facilities, communications, programs, activities and services.
Issue # I-5 Addressing Barriers to Public Transit & Paratransit Services	A. Work with community transportation customers and service providers to identify and address operational barriers (e.g., inaccurate or no announcements, lack of tactile warnings, availability of bridge plates, working elevators and bus ramps) that are within the control of the transit agencies.
	B. Identify and address language barriers by developing and implementing a Language Access Plan in order to assist the non-English speaking disabled community when reasonably possible to reduce the language barriers that can preclude meaningful access to government services and programs.
	C. Work with the municipalities to identify and find solutions to seasonal and architectural barriers to accessing public transportation (e.g., shoveling snow from bus and trolley stops and transit stations, making sure curb cuts are adequate for wheelchair access).
	D. Examine the viability of using volunteers or private non-profit agencies to clear snow from key locations in order to facilitate use

of the public transportation system during winter months.

Issue # I-6
Establishing &
Enforcing Service
Quality Levels

A. Define the rights and responsibilities of customers and service providers.
B. Define minimum service levels for the various types of transportation services provided across the Commonwealth (e.g., pickup window, vehicle type and requirements, level of driver assistance including door-to-door service as needed).
C. Communicate levels of service for paratransit service to customers, including any restrictions (e.g., expect ride-sharing, waiting times, prior day reservations).
D. Ensure that drivers are appropriately trained, and possibly certified, to address individual customer needs and safety issues (e.g., cross-disability sensitivity training, communication, etiquette).
E. Review existing mechanisms to ensure that vehicles are clean and that seatbelts, wheelchair tie-downs and other accessible features are well maintained.
F. Develop a policy that will transition over time all ADA and HST paratransit vehicles to be equipped with some form of navigation system to reduce circuitous routes.
G. Explore improvements to scheduling, dispatching and driver aids to minimize circuitous trips.
H. Develop monitoring programs (e.g., random inspections) and enforcement mechanisms (e.g., fine, suspension, termination) to ensure that service levels are consistently met.
I. Explore options for providing same-day service on a space available basis.

Issue # I-7
Travel Training
Program

A. Establish a permanent and sustainable travel training infrastructure:
  a. Develop a program that provides travel training and mobility orientation services (above and beyond current programs) with an inter-agency approach and coordinated funding (for leveraging more federal funding).
  b. Explore an array of travel training services such as one-on-one training, group training, mobility orientation and "bus buddies" – and evaluate what programs are most successful.
  c. Coordinate with other agencies (e.g., MCB) that also offer travel-training services.
  d. Explore a "train the trainer" program where people with disabilities can serve as travel trainers for their peers.
B. Explore ways to engage hospitals and large businesses to help provide funding for travel training programs.
C. Examine opportunities within the human services network to assist in paying for travel training and to encourage successfully trained individuals to utilize fixed route service whenever feasible to address their transportation needs.
D. Encourage use of fixed route services through programs, incentives or free travel for people who are elderly or disabled, as well as HST consumers. Consider a statewide approach to

eligibility for reduced fare programs (e.g., the same eligibility age for all transit agencies, reinstitution of the Statewide Transportation Access Pass).

**Issue # I-8
Volunteer Drivers**

A. Explore the feasibility of creating a statewide insurance policy to cover volunteer drivers, and encourage municipalities, non-profits and community transit agencies to review nationally available insurance company best practices (i.e., a non-profit volunteer insurance program through a company like CIMA Companies, Inc.) to discover alternative ways to insure their volunteers.

B. Explore incentives for volunteer drivers (e.g., mileage reimbursement, tax credits based on number of volunteer hours or trips), and other programs that will enhance the recruitment and retention of volunteers.

C. Establish driver-training programs for volunteers.

D. Establish a centralized bank of volunteer drivers in each region, managed by the RTA/broker or Regional Mobility Manager.

**Issue # II-1
Consistent
Customer
Eligibility,
Application &
Screening
Mechanisms**

A. Research best practices within other states to establish a standardized set of core ADA paratransit eligibility criteria and/or processes for all of their transit agencies, to determine if there are best practices that are feasible in Massachusetts.

B. Undertake a comprehensive study of the ADA application and eligibility determination processes used by all 16 transit authorities in Massachusetts to accomplish the goals described below.

C. Develop a mechanism for customers to access and complete an electronic application for ADA paratransit eligibility.

D. Establish a process to ensure universal eligibility within Massachusetts where any customer that meets ADA paratransit eligibility requirements in their home transit region does not need to undergo a separate ADA screening process for ADA travel within another Massachusetts transit service area (beyond visitor status).

E. Create a mechanism for expedited recertification of customers. It is helpful for all customers to re-apply on a periodic basis to ensure that records are up to date. It is also possible that there could be fixed route system changes over time that could impact conditional eligibility. In any case, it could be as simple as a form in which customers just need to check a box to indicate that all information is current.

F. Develop a statewide database of ADA-eligible paratransit customers that any transit authority could access (i.e., person's name, ID number, transit authority through which person was approved, special considerations concerning disability and travel needs).

G. Establish, in transit authorities that choose to utilize in-person eligibility assessments, minimum qualifications for authority employees or contractors doing in-person eligibility determinations and assessments, which should include sensitivity training regarding people with multiple disabilities and "hidden disabilities" such as epilepsy, brain injury, cognitive impairments chronic fatigue syndrome, multiple sclerosis, mental illness, etc.

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Issue #II-2 **Accessible ADA** **Applications**	A. Make available the ADA application and related information in different languages and in alternative formats for people who are blind, people who are deaf, and people with other needs. Submission of any required documentation should be available online, as well as through the mail.
Issue # III-1 **Commingling Trips**	A. Identify any barriers to commingling consumer trips in all paratransit services. B. Eliminate unnecessary barriers and encourage efficiencies through appropriate commingling of customers. C. Review where commingling of trips is being done within the state, to assess what works, what does not, and what might be replicated. D. Develop common uniform reporting measures and evaluation criteria. E. Review vehicle insurance restrictions that may limit commingling. F. Adopt/create a cost sharing model. G. Explore how one-call / one-click systems and other new technologies can advance the opportunities to expand commingling.
Issue # III-2 **Use of Taxis and** **Accessible Taxis**	A. Use Section 5317 funding to acquire a fleet of accessible vehicles, and develop a process for their allocation to transit agencies who wish to use these taxis in one or more of the ways mentioned above, and a process for their re-allocation to participating taxi companies. B. Encourage private enterprise to meet the needs of people with disabilities by providing programs that use taxis. C. Implement pilot accessible taxi subsidy programs to encourage customers to utilize accessible taxis and establish a tracking system to determine whether reduction of subsidy levels attributable to diverted trips is greater than the subsidy of new trips generated. D. Create minimum quality standards for accessible taxi vehicles regarding ramps and lifts, passenger restraints and tie-downs, and interior turning space for vehicles with side-door entry. E. Encourage transit authorities to add private transportation services to their "on-demand" fleet of paratransit vehicles.
Issue # III-3 **ADA-Plus** **Paratransit** **Services**	A. Determine the value and the customer impact of increasing current fares for ADA paratransit services (in accordance with the law) as a way to support the cost of providing "ADA-plus" services. B. Explore a mechanism to set fees for "ADA-plus" service (beyond ¾ mile, after hours, same day scheduling, across RTA or service area boundaries, etc.). C. Explore a mechanism for establishing subsidies as an option for those unable to afford these enhanced services.
Issue # III-4 **Efficient Vehicle** **Utilization**	A. Consider establishing shared vehicle use as a condition for funding (e.g., the 5310 program). B. Encourage COA/municipalities, as recipients of State Mobility

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Assistance Program funding, to explore a range of funding opportunities to provide additional services. At present it is expected by the funder that COAs with State Mobility Assistance Program vehicles will chiefly serve elders in their own towns during their regular work hours, and expand services if the local budgets allow.

C. Conduct a review by local RTA's to facilitate off hours vehicle use to agencies with short term needs.

Issue #III-5
Sponsorships and Partnerships

A. Seek, to the extent allowed by state and federal law, sponsorships with private companies, organizations, institutions and major destinations (e.g., hospitals) that may be willing to advertise in or on paratransit vehicles.

B. Research the possibility of partnering with or encouraging sponsorships by major destinations (e.g., hospitals and medical practices, malls, supermarkets and colleges) that may result in the subsidization of trips to their place of business, or that would offer trips at a reduced fare to customers.

C. Identify current examples of where such partnerships and/or sponsorships are occurring both in Massachusetts as well as in other states, including replicable best practices.

D. Develop a coordinated statewide marketing plan for advertising and sponsorships.

Issue # III-6
Enable Collection of Federal Financial Participation (FFP) for Medicaid-eligible MassDOT Services

A. Establish a cross-agency work group comprised of MassDOT, EOHHS, and ANF to develop a mechanism to claim FFP for non-emergency medical transportation (NEMT) services provided by MassDOT to Medicaid eligible beneficiaries.

B. Identify mechanisms to dedicate the revenue generated from federal claiming to increase funding for transportation services.

Introduction

The Commission for the Reform of Community, Social Service and Paratransit Transportation Services in the Commonwealth (the "Commission") was created by Governor Deval Patrick through Executive Order No. 530 in April 2011. The Commission was asked to:

- Conduct a detailed review of the MBTA's "The RIDE" services, demand response services provided by the RTAs, and transportation services funded by EOHHS.
- Conduct a comprehensive review of all state- and federally-funded community transportation services, including demand responsive services, paratransit services, ADA complementary paratransit service and social services transportation;
- Provide detailed recommendations for reform and the introduction of efficiencies in the provision of all state- and federally-funded community transportation services in the Commonwealth.

Commission Report to Governor:

The Executive Order charged that the Commission's report to Governor Patrick would:

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- Identify recommended actions (administrative, procedural or legislative) to maximize the collection of federal funds for The RIDE, the RTAs, and human services agencies;
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Throughout its work, the Commission has remained focused on developing actionable recommendations and has organized this report so that these recommendations reference one or more of Governor Patrick's directives.

Process:

The Commission embraced the importance of a public process to solicit input to more broadly and deeply understand the range of issues that people face so that this feedback might better inform the development of recommendations to the Governor. Toward that end, the Commission took the following steps:

- A Commission kick-off meeting was held at the State House on August 25, 2011 to introduce Commission members and describe the work the Commission had been assigned.
- This was followed by six Public Comment and Dialogue Sessions across the Commonwealth, in order to better understand issues and concerns as well as to solicit ideas for reforms, initiatives and improvements to paratransit transportation services. These sessions were held in Lawrence, West Barnstable, Worcester, Springfield, Pittsfield and Boston, with a total attendance of 235 persons, many of whom offered spoken and written comments.

- An additional 244 comments were received through mail, email and voice-mail. Several individuals who provided oral and written comments represented organizations and constituencies of thousands of individuals with disabilities and seniors throughout the state who are dependent on the Commonwealth's community transportation services.

- A website was established (www.mbta.com/execorder530) to provide the Commission members and the general public with transcripts from the Public Comment and Dialogue Sessions and general information on paratransit services and the agencies that provide them.

During September and October 2011 the Commission met to discuss emerging themes and issues and to begin identifying recommendations. From November 2011 through April 2012, Commission members continued to meet to further develop these recommendations and write this report.

Following up on comments received during the public hearings, the Commission also examined the challenges that people with disabilities face in using fixed-route services provided by transit authorities. Addressing these challenges will lead to increased use of fixed-route services by people with disabilities. This is a "win-win" for customers and the Commonwealth. Customers can use accessible fixed-route services without needing to successfully negotiate the eligibility determination process and without needing to provide 24-hour advance notice required to use ADA paratransit services. The fares customers pay are lower than the fares for transit authority paratransit services. For transit authorities, the per-trip cost for a fixed-route trip is far lower than the cost of providing a paratransit trip. Therefore, barriers to using these services should be eliminated wherever possible. Travel training should be implemented state-wide along with other programs and incentives to encourage use of fixed route services.

Within the themes outlined in the report, the Commission identifies numerous obstacles to coordination, some of which stem from misconceptions on the part of some service providers about transportation policies and programs. Increased information sharing and clear communication regarding policies, programs, and processes will give providers a comprehensive understanding of the role they can play in meeting the transportation needs of persons with disabilities, seniors, and veterans.

Community Transportation:

The Commission notes that, throughout the US, the term "community transportation" is most often used to include demand-responsive services and other special services that are provided by public and private entities focusing on seniors, persons with disabilities, and persons with low

incomes. In concert with this definition, the Commission will use "community transportation" as an umbrella term to encompass:

- ADA complementary paratransit services
- Demand-response transportation services available to the general public
- Social/human services transportation services
- Senior transportation services
- Veterans transportation services
- Transportation services by faith-based organizations
- Other demand-response or specialized services that are provided to seniors, persons with disabilities, and persons with low income.

Agency Overviews

The Commission compiled summary descriptions of most major programs that provide for transportation falling under the scope of the Commission and identified over $300 million in current annual expenditures. Following is an overview of the agencies and major programs.

The Massachusetts Department of Transportation (MassDOT) - The MassDOT's Rail and Transit Division oversees the Massachusetts Bay Transportation Authority (MBTA) and the fifteen (15) Regional Transit Authorities (RTAs) of the Commonwealth. Paratransit services are provided by both the MBTA and the RTAs, which are collectively referred to in this report as "transit authorities." In addition, the Rail and Transit Division oversees a number of state and federal funding programs that support these services, including those that pay for purchasing accessible vehicles.

- MBTA and RTAs: The Americans with Disabilities Act (ADA) requires public transit authorities that provide fixed-route service to provide "complementary paratransit" services to people with disabilities who cannot access or use the bus or rail service because of a disability. The ADA regulations also define minimum service requirements for these services. In general, ADA complementary paratransit service must be provided within 3/4 of a mile of a bus route or subway/rail station (excluding commuter rail and commuter boat services), at the same hours and days, and for no more than twice the regular fixed route fare. ADA complementary paratransit is a civil right for those that are deemed eligible. While the FTA partially funds the operating costs of of the Commonwealth's 16 transit authorities, it does not provide federal funds specifically earmarked for ADA paratransit. MBTA estimated costs - $96 million in FY11 (from July 1, 2010-June 30, 2011). RTAs - $35 million in FY10.

- The Mobility Assistance Program (MAP): Provides capital assistance funds to public agencies, including Regional Transit Authorities, Councils on Aging (COAs), and other municipal organizations, to purchase fully-accessible vehicles and related equipment to be used to provide transportation services specifically to seniors and people with disabilities. It is expected by the funder that COAs with State MAP funding will chiefly serve elders in their own towns during their regular operating hours, and that they will certainly provide services for people with disabilities, and certain other community members on a seats-available basis. Public agencies receive awards from the State under Massachusetts General Laws Chapter 33 of the Acts of 1991. Average annual funding - $2 million.

- Federal Transit Administration Section 5310 - Elderly Individuals and Individuals with Disabilities Program: The Federal Transit Administration (FTA) funds transportation services that meet the special transportation needs of elderly individuals and individuals with disabilities in all areas – urbanized, small urban, and rural. The program requires coordination with other Federally-assisted programs and services in order to make the most efficient use of Federal resources. Projects funded through Section 5310 must be derived from a locally developed Public Transit-Human Services Coordination Plan. Average annual funding - $3.1 million

- Federal Transit Administration Section 5316 - Job Access and Reverse Commute Program: The Job Access and Reverse Commute (JARC) formula grant program provides capital and operating funds to States to improve access to transportation services to employment and employment-related activities for welfare recipients and eligible low-income individuals and to transport residents of urbanized areas and non-urbanized areas to suburban employment opportunities. The Federal Transit Administration (FTA) funds transportation services for eligible low-income individuals, and for reverse commuters regardless of income. The program requires coordination of Federally-assisted programs and services in order to make the most efficient use of Federal resources. Average annual funding - $2 million

- Federal Transit Administration Section 5317 - New Freedom Program: The New Freedom formula grant program provides capital and operating funds to States to develop and implement additional tools to help Americans with disabilities enter the workforce and participate fully in society. The New Freedom formula grant program seeks to reduce barriers to transportation services and expand transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act of 1990. Average annual funding - $1.5 million

The Massachusetts Executive Office of Health and Human Services (EOHHS) – EOHHS is comprised of 16 agencies (including the Executive Office of Elder Affairs (EOEA), and the Department of Veterans' Services (DVS) that together deliver and administer most of the Commonwealth's health and human services including Medicaid (MassHealth), financial and nutrition assistance, mental health, public health, disability services, veterans' services and services to elders. A coordinated human service transportation system is an important part of these services.

- EOHHS Human Service Transportation (HST) Office: The HST Office was established in 2001 within the Executive Office of Health and Human Services to coordinate the transportation programs of three Secretariat agencies. Today the HST Office manages a statewide brokered transportation system contracting with six RTAs as regional brokers serving over 37,000 customers. The HST Office is supported and guided by an Advisory Board comprised of representatives from participating and stakeholder agencies including MassDOT, EOEA, DDS, DPH, MassHealth, MRC, MCB and DVS. Working closely with MassDOT, the HST Office also serves as a resource in a technical assistance capacity, and is developing coordination and mobility management outreach strategies among public transit, community transportation, and private resources. Annual operating cost - $117 million in FY11. MassHealth Non-Emergency Medical Transportation for People Residing in Institutions, EOEA transportation, DVS transportation and EOHHS Blended Rate Contracts, as identified below, are NOT

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included in EOHHS HST budget figures and are not currently managed through the EOHHS HST Office.

- <u>MassHealth Non-Emergency Medical Transportation for People Residing in Institutions</u>: Transportation for eligible members in rehabilitation and nursing facilities. - $20 million in FY11

- <u>Executive Office of Elder Affairs (EOEA)</u>: Through the statewide elder network, the EOEA offers programs and services locally via 27 Aging Services Access Points (ASAP), 23 Area Agencies on Aging (AAAs), 349 Councils on Aging (COAs) and senior centers in communities across the Commonwealth. Although transportation is not provided directly by EOEA, it is provided in a variety of ways through numerous private and public funding sources by the AAAs, ASAPs and COAs Funding sources include transit authority ADA paratransit services when possible, MassHealth transportation for eligible members and locally developed transportation to meet local needs. Services that can help to support an elder to live independently in a home-like setting include: Adult Day Health, Adult Foster Care, Group Adult Foster Care, Home Health, Hospice, and Personal Care Attendant services. AAA/ASAP Transportation - $4 million in FY10. Adult Day Health Transportation that is funded by MassHealth - $27 million in FY11.

- <u>Department of Veterans' Services</u>: The Department of Veterans' Services (DVS) acts as the chief advocate for nearly 400,000 Commonwealth veterans and their families. Transportation is an essential component to assist veterans in accessing benefits and services as well as maintaining quality of life. The Department of Veterans' Services works with the HST Office, MassDOT, non-profit providers and several Regional Transit Authorities to address veterans' transportation needs. It is also important to note that the Department of Veterans' Affairs operates its own transportation program centered about the VA Medical Center in Boston. This is augmented by a volunteer-based program as provided by the Disabled American Veterans group. For the VA Boston Medical Center alone, contracted paratransit expenses are approximately $1.8 M annually.

- <u>Blended-Rate Contracts</u>: Historically many EOHHS agencies have established blended-rate contracts with their human service providers. These contracts define the agency's primary service (developmental, clinical, counseling, etc.) but some contracts also include an array of support services like transportation and blend these services into a single rate of reimbursement. These contracts are currently being identified and evaluated by EOHHS as part of the Chapter 257 of the Acts of 2008 purchase of service reform agenda to determine whether there is an applicable transportation component that might be more efficiently and effectively managed through the HST brokerage system. At the time of this report, transportation expenditure data was not identifiable.

Commission Members

The Executive Order established a Commission of 16 members. The Governor's office, through their outreach to State agencies and their partners, along with consulting industry leaders in various transportation areas, suggested names of people across the Commonwealth who possess the expertise listed in the Executive Order. The sixteen Commission members include the following:

- Richard Davey - Secretary and CEO of Transportation (Co-Chair)

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- o Designee - Clinton Bench, Deputy Secretary
- JudyAnn Bigby, M.D. - Secretary of Health and Human Services (Co-Chair)
  - o Designee – Catherine Mick, Chief Administrative Officer
  - o Designee – Jim Flanagan, Director, Human Service Transportation Office
- Coleman Nee - Secretary of Veterans Services
  - o Designee – Cheryl Poppe, Deputy Secretary
- Ann Hartstein- Secretary of Elder Affairs
  - o Designee – Sandra Albright, Undersecretary
- Jay Gonzalez - Secretary of Administration and Finance
  - o Designee – Rebecca Deusser, Deputy Secretary
- Ron Marlow- Assistant Secretary of Administration and Finance for Access and Opportunity
  - o Designee – Maria D. Gonzalez, Program and Policy Director
- Jonathan R. Davis- Acting General Manager, Massachusetts Bay Transportation Authority
  - o Designee – Michael Lambert, Special Assistant to the General Manager
- Francis Gay – Administrator, Greater Attleboro and Taunton Regional Transit Authority (Transit)
- Thomas Cahir – Administrator, Cape Cod Regional Transit Authority (Transit)
- Judith O'Connor – Executive Director, Council on Aging, Millbury
- Jini Fairley – Paratransit Customer (Director of Services, MetroWest Center for Independent Living)
- Denise Karuth - Paratransit Customer, former Chair, Governor's Commission on Accessible Transportation, (under Governor Michael Dukakis)
- Will Rodman – Principal, Nelson\Nygaard Consulting (Paratransit Service Delivery and Operations and Human Service Transportation Coordination)
- Mohammed Khan – Administrator, Montachusett Regional Transit Authority (Paratransit Service Delivery and Operations)
- Linda R. Guiod, RN EVP, Chapter Programs, Services, and Advocacy National Multiple Sclerosis Society Greater New England Chapter
- Francisca Fajana- Massachusetts Law Reform Institute (Civil Rights)

Report Outline

Based on input collected from Commission members and from the Public Comment and Dialogue sessions, the Commission developed a structure that identifies one (1) overarching reform and three (3) high level themes under which specific issues and recommendations have been organized.

The Commission's principal policy recommendation is to establish a Statewide Coordinating Council on Community Transportation (SCCCT) to develop a strategic and operating plan to implement the recommendations of the Commission and to further advance the Patrick-Murray administration's agenda to provide responsive, comprehensive, coordinated, and efficient community transportation systems.

Specific recommendations have been organized into the following three theme areas and might be addressed either within the current legislative, organizational or funding structure, or, in some cases, require legislative, organizational or funding changes:

    I.   Transportation Availability, Access and Service Quality
    II.   Customer Eligibility, Application and Screening
    III.   Efficiencies, Cost Containment and Revenue Maximization

The Commission also identified three levels of "implementation feasibility" based on the ease with which recommendations could be put in place:

- **Near Term Improvement** – an actionable improvement that can be made in the short term without significant new funding or legislative action.

- **Funding Required** – an improvement that would require additional funding to be put in place. These improvements may also require organizational and structural changes and/or some regulatory changes.

- **Big Picture Reform** – an initiative that would require changes in legislation, changes to existing regulations and/or policy, as well as significant funding changes to be put in place.

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Overarching Policy Recommendation

Organizational Reform to Structurally Address Coordination and Efficiency

This overarching policy recommendation for organizational reform, to structurally address coordination and efficiency, responds to the following directive as put forth in the Executive Order:

- Identify recommended reforms, restructuring and cost-saving initiatives that would modify or alter the current means of providing paratransit services in the Commonwealth, including potential legislative solutions

Central to the issues identified in this report was the understanding by Commission members of the need to be able to effectively implement and sustain any of these recommendations.

To that end the Commission believes it is critical to establish an entity responsible for implementing and managing the recommendations that the Patrick-Murray Administration chooses to pursue, including longer-term measures requiring new funding, organizational changes or legislative solutions. Developing a long-term, sustainable mechanism for promoting inter-governmental cooperation and efficiencies would help to build upon the momentum of the Commission, identifying future opportunities for policy, administrative, and procedural reforms that will improve the public's access to more transportation services.

The Commission therefore recommends that Massachusetts establish a Statewide Coordinating Council on Community Transportation (SCCCT). This body would develop a strategic and operating plan to implement the recommendations of the Commission and to further advance the Patrick-Murray Administration's agenda to provide responsive, comprehensive, coordinated, and efficient community transportation systems for people with disabilities, persons with low incomes, persons with Limited English Proficiency (LEP), and seniors and visitors who rely on such transportation to fully participate in their communities. In addition to ensuring that the recommendations put forth in this report are carried out, the SCCCT would also be responsible for facilitating coordination of all paratransit services across the Commonwealth and for monitoring all paratransit services, activities, and funding.

As of October, 2011, at least 26 states have created state coordinating councils – 12 have been created by statute and 14 have been created by either a Governor's executive order or initiative. Coordinating councils have been established in recognition of the complex governing structures that have arisen over time to meet the needs of various populations for transportation services. By facilitating cooperation among different state agencies and stakeholder groups, coordination can enhance transportation services to those in need and result in more efficient use of public resources.

In conjunction with this recommendation, the Commission also recommends that a State Mobility Manager position be established. The responsibilities of this position would include: staffing the SCCCT, championing coordination, developing and helping to write grants for coordination and mobility management projects, providing -- or arranging for -- technical assistance for these projects, and evaluating coordination and mobility management efforts.

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Many states now have such a position, as it has proven to be effective. The SCCCT will determine where this position is housed. The SCCCT might also consider whether it makes sense to create an independent State Mobility Management Office as the state-level mobility management activities increase.

The Commission also recommends the establishment of "Community Transportation Regions" with a Regional Coordinating Committee (RCC) and a Regional Mobility Manager established for each region. The Community Transportation Regions could be based on the current HST brokerage regions or modified transit authority regions. Above all, it is important that all 351 cities and towns in the Commonwealth be served, unlike the gaps that have formed in between the transit agencies' service areas. The RCCs would serve as voluntary advisory committees whose function it is to oversee the implementation of the SCCCT's policies, and ensure that the inter-agency communication above is happening at the regional level. The RCC would help determine coordination efforts to pursue, help monitor implementation and progress of these efforts, and provide feedback to the SCCCT as to what policies are -- and are not -- working. The Regional Mobility Managers would staff their respective RCCs and become the point person for coordinated activities at the region, much like the State Mobility Manager would serve as the point person for the SCCCT. The State Mobility Manager would set up a network of communication and a statewide repository of materials for the Regional Mobility Managers, and provide technical assistance as needed. Note that this coordination / mobility management infrastructure is reflective of what has been implemented -- and is being implemented -- in several other states.

RCCs would facilitate coordination efforts between transit agencies and other transportation providers with medical facilities and large origin and destination facilities, such as shopping malls, to make more efficient use of transportation resources. The RCCs would initiate discussions with staff from these facilities to help define the opportunities and challenges associated with ride sharing. For example, medical facility staff needs to realize that customer transportation needs are driven by their decision making process in terms of scheduling appointments for their customers. On behalf of their customers, these facilities may be willing to work in partnership with the RTAs and other transportation providers to make more efficient use of transportation resources. Although this would require additional resources at the RTA level, it may save the State money in the long run.

As noted above, the Commission recognizes that the thematic recommendations identified in this document will not fully address the mobility needs of those who rely on community transportation. As demand for community transportation services continues to grow, we believe that the creation of new funding sources (e.g., federal, state, local, other) is crucial to meeting the present need for services and future system growth. New funding may go into a state-level coordination/mobility management fund account that would be used by the SCCCT to support (1) implementing projects designed to better coordinate community transportation and stretch current funding; and (2) leveraging additional federal funding for coordination / mobility management projects. Where possible, such funding could also be used to support the transportation of persons who depend on community transportation but whose transportation needs are not being met by existing services or programs. Without new funding, the sustainability of community transportation in Massachusetts is in jeopardy, especially in light of ever-increasing demand and current funding constraints. Investment to spur coordination of community transportation is critical; a do-nothing alternative is not an option. Additional investments would increase the mobility of our residents who rely on community transportation and enhance economic development.

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Unfortunately the state continues to face unprecedented budget challenges caused by the recession, and state government is forced to continue to do more with less. The current level of funding is insufficient to fully meet the demands of critical state services, including social service and paratransit transportation. The MBTA alone faces an annual structural deficit of at least $100 million.

While the Commission understands that eventually new investments will be necessary to truly meet the needs of paratransit users across the Commonwealth it has focused its work on identifying opportunities to achieve savings through organizational efficiencies wherever possible to help support the improvement of the Commonwealth's paratransit system.

Theme I
Transportation Availability, Access and Service Quality

The following issues and recommendations relate to improving the availability, access and quality of community transportation services throughout the Commonwealth. At the same time, some of these recommendations also address potential efficiencies and cost-savings with the thought that this, in turn, will help to enable higher levels of service. That is, community transportation providers can translate cost efficiencies into expanded service to keep up with demand, to expand service area and/or hours, to offer higher levels of customer assistance, or to accommodate new trip purposes. In this way, some of the gaps and unmet needs can be addressed. These issues and recommendations also address the following directives identified through the Executive Order**:**

- Identify recommended service improvements or modifications to maintain or enhance current service levels and delivery methods while achieving efficiencies and cost savings;
- Identify any other reforms, initiatives or improvements to paratransit services in the Commonwealth that will enhance the quality, customer service or efficiency of these services.

Issue # I-1 – Addressing Community Transportation Service Gaps

Community transportation service is sporadic or non-existent in many communities during evenings, weekends and holidays. This limits the independence of people who do not drive due to their age or disability. As baby-boomers reach and surpass the age of 65 in ever increasing numbers, lack of sufficient transportation options will begin to have a significant impact on economic activity.

Findings:

Due to funding limitations, it is difficult for transit agencies to provide fixed route bus service during evenings, weekends and holidays when ridership demand is generally lower. In turn, ADA regulations only require that transit agencies offer ADA complementary paratransit service (like The RIDE) during the same hours that fixed route service is in operation. This funding deficit leads to gaps in service during these non-peak periods – even though many people who have no other means of transportation need rides during these times. While transit agencies could address this gap with flex transit or general public dial-a-ride service that have no ADA paratransit obligation during these non-traditional service days and times, there are insufficient funds to provide such services.

Obtaining additional funding (e.g., federal, state, local, other sources) is the key to expanding transportation services during evenings, weekends and holidays. Transit agencies should take the steps outlined below to identify unmet needs.

Recommendations:

Entity Responsible: SCCCT or MassDOT

A. Review all existing surveys and information gathering efforts to identify major community transportation service gaps and needs to determine whether improved service coordination or additional funding is necessary.
B. Encourage Transit agencies to develop pilot (or demonstration) programs to address specific unmet service needs, in order to determine if the service has enough ridership to warrant continuation. Grant funds can be utilized for these pilot programs.
C. Explore productivity-enhancing or cost reducing mechanisms within the transit agencies' control (such as improvements to run structures or purchasing service from non-dedicated service providers) that would enable service areas and/or hours to expand.

Implementation Feasibility: Funding Required

Issue # I-2 – Improved Trip Coordination

There is currently little or no service coordination among all transit agencies, especially with respect to trips going to/from major origin and destination facilities that they serve. This is true in the case of both fixed route services and ADA paratransit services. For example, multiple residents in the same elderly housing complex may have appointments at the same medical facility at the same time, but travel separately due to lack of communication both in terms of scheduling their appointment or transportation.

Findings:

Improved coordinated service delivery among all transit agencies and all community transportation providers could maximize opportunities for ride-sharing and cost-sharing, especially for trips to large origin and destination facilities such as medical facilities, housing complexes for elders and persons with disabilities, as well as with other non-traditional transit partners (e.g., councils on aging, private non-profit agencies, veterans' transportation, elder service agencies, volunteer organizations).

In other cases, people may be eligible for more than one form of paratransit service for the same trip – for example, a local Council on Aging van due to their age, ADA paratransit through the RTA due to a disability, or a Medicaid-eligible trip through HST. By educating the public about the types and the cost of their travel options they can make better transportation decisions; and by permitting (and even promoting) the commingling of ADA and non-ADA trips where appropriate, and ensuring better communication between the agencies providing those trips, there can also be cost savings at the state and local level.

In both of these examples it all comes down to better communication and coordination between state and local agencies (e.g., RTAs, MBTA, HST, COAs) and the public, as well as with major trip originators (e.g., elderly housing complexes) and major trip destinations (e.g., medical facilities). When all parties start working together with the same goal of providing more transportation options at a lower cost, new ideas and plans can be put in place to improve transportation services.

Recommendations:

Entity Responsible: SCCCT or MassDOT and EOHHS

A. Promote commingling of ADA and non-ADA trips where appropriate (including development of cost sharing and cost allocation strategies), with the goal of promoting ride-sharing. This is discussed further as part of Issue III-1 later in the report.
B. Initiate a pilot demonstration program, potentially funded from federal or state grant funds to determine the feasibility and effectiveness of a mobility management network, as referenced in the Commission's Overarching Policy Recommendation.

Implementation Feasibility: Near Term Improvement

Issue # I-3 – Facilitating Paratransit Transfers between Transit Authorities

It is often difficult for people to travel between transit regions because service provided by each transit authority generally stops at its border. Eliminating or reducing barriers between transit authorities will help to facilitate transfers between neighboring systems for inter-regional ADA paratransit trips.

Findings:

The 16 transit authorities within Massachusetts serve populations within their designated cities and towns through both fixed route and ADA complementary paratransit service. As a result, a trip through multiple regions typically requires a transfer to another bus or ADA paratransit vehicle, which results in delays, longer travel times and multiple fares.

Transit authorities would like to provide trips outside their region to meet certain travel needs (e.g., trips to Boston hospitals). However, due to funding limitations, they cannot always meet demand for customers within their own region – making it difficult to justify the cost of traveling beyond it.

There are also barriers imposed by funding agencies and grant programs that limit ride-sharing opportunities in some cases. Eliminating restrictions for commingling trips for ADA and non-ADA-eligible customers would reduce the per-person cost of making longer trips (e.g., to Boston hospitals or medical centers). This is further discussed in Issue # III-1.

Recommendations:

Entity Responsible: SCCCT or MassDOT

A. Identify barriers that restrict the efficiency of travel between transit authorities, and determine if these barriers are real (e.g., legislatively mandated) or just an authority's policy or historic practice.
B. Work with transit authorities to determine areas of high demand including a focus on scheduling efficiency to reduce customer travel times.
C. Identify those transit authorities which currently have good coordination and programs in place to facilitate transfers; determine what can be replicated across the state, and how best to implement this.
D. Assist transit authorities in developing a formal transfer policy with the goal of facilitating ADA paratransit trip transfers, requiring only one call by the customer, simplifying fare payments, and reducing travel times between contiguous transit authority service areas.

Implementation Feasibility: Near Term Improvement

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Issue # I-4 – Central Repository for Providing Paratransit Options/Information to the Public

There is currently no coordinated, consolidated customer service center for paratransit information, including a "one call/one click" mechanism for information, referral and trip planning services, including regional directories, phone numbers, websites, and a resource inventory of vehicles by source and availability for all paratransit and human service transportation information statewide.

Findings:

Within Massachusetts, information for community transportation services is generally only available from the agencies that are providing the service (e.g., individual RTAs, HST and its brokers, senior centers, etc,). Because there are few regional repositories of information and there is no single, statewide source for community transportation information, people who are dependent upon community transportation may not be aware of mobility options that are available -- or for which they may be eligible -- for any particular trip they need to take. Or, they have to make multiple calls. The Commission identified several approaches for addressing this in the future including consolidation of all statewide information within a centralized database, or a statewide system for general information, with referral to specific RTAs for more detailed transit and schedule options.

Recommendations:

Entity Responsible: SCCCT or MassDOT and EOHHS

A. Determine the most efficient and effective structure for providing information – e.g., a centralized statewide database, or a single office for general information that will transfer caller to an RTA or regional site for more detailed schedule and ride sharing opportunities.
B. Develop a statewide "one call/one click" mechanism/infrastructure with access to a central repository of regional directories, phone numbers, websites, etc. Look at the potential for expanding on the HST New Freedom/JARC grant to develop a statewide mobility management information web site.
C. Develop a state funded service to provide information, referral, and trip planning services for community transportation and long distance trips.
D. Develop and implement a self-evaluation and transition plan to identify specific strategies for ensuring compliance with the Americans with Disabilities Act (ADA) and related state and federal laws addressing access for people with disabilities to state facilities, communications, programs, activities and services.

Implementation Feasibility: Funding Required

Issue # I-5 – Addressing Barriers to Public Transit and Paratransit Services

Significant seasonal, architectural and operational barriers (e.g., snow banks, lack of curb cuts, usability of the sidewalk surface, inaccurate or no announcements on buses) exist which limit or prohibit a person's access to both public transit and paratransit services.

There are many barriers to using fixed route service, including the usability of sidewalks, a lack of curb cuts on sidewalks leading to subway stations, inaccurate or no announcements at train stations or on buses, the gap between the subway platform and the subway car, misleading or missing signs at bus stops and transit stations and seasonal issues such as snow banks at bus stops. These barriers force people who want to use the fixed route services to rely instead on more costly paratransit services. Issues such as working elevators and bus ramps can be addressed by the transit agencies. However, some of the barriers, such as snow banks and the lack of curb cuts, need to be handled at the municipal level.

Recommendations:

Entity Responsible: SCCCT or MassDOT

A. Work with community transportation customers and service providers to identify and address operational barriers (e.g., inaccurate or no announcements, lack of tactile warnings, availability of bridge plates, working elevators and bus ramps) that are within the control of the transit agencies.
B. Identify and address language barriers by developing and implementing a Language Access Plan in order to assist the non-English speaking disabled community when reasonably possible to reduce the language barriers that can preclude meaningful access to government services and programs..
C. Work with the municipalities to identify and find solutions to seasonal and architectural barriers to accessing public transportation (e.g., shoveling snow from bus and trolley stops and transit stations, making sure curb cuts are adequate for wheelchair access).
D. Examine the viability of using volunteers or private non-profit agencies to clear snow from key locations in order to facilitate use of the public transportation system during winter months.

Implementation Feasibility: Funding Required

Issue # I-6 – Establishing and Enforcing Service Quality Levels

Public comments at listening sessions focused largely on unsatisfactory or inconsistent service levels experienced while using paratransit services across the state. Some of these concerns were the result of high expectations (e.g., no ride sharing, no waiting, choice of sedan or van).

Findings:

Steps should be taken to explore opportunities to establish appropriate service quality levels for the various types of community transportation services that would be consistent throughout the state.

Following are examples of frequently heard comments:

- Individuals who are able to use a sedan expressed concern about the cost to transit authorities of using large, otherwise empty, lift-equipped vehicles to transport them.
- Customers expressed a strong preference for door-to-door, as opposed to curb-to-curb service.

- Customers found it difficult to know that their van had arrived and how long they would have to wait when the van was overdue.
- Some customers described vans that were dirty and had missing or broken seat belts and wheelchair tie downs.
- Others described a need for same-day trips to medical facilities in situations when advance notice is not possible.

There were also many complements for high quality service. In any case, this testimony made it clear that agencies need to both clarify customers' expectations and ensure more consistent service quality.

Recommendations:

Entity Responsible: SCCCT or MassDOT and EOHHS

A. Define the rights and responsibilities of customers and service providers.
B. Define minimum service levels for the various types of transportation services provided across the Commonwealth (e.g., pickup window, vehicle type and requirements, level of driver assistance including door-to-door service as needed).
C. Communicate levels of service for paratransit service to customers, including any restrictions (e.g., expect ride-sharing, waiting times, prior day reservations).
D. Ensure that drivers are appropriately trained, and possibly certified, to address individual customer needs and safety issues (e.g., cross-disability sensitivity training, communication, etiquette).
E. Review existing mechanisms to ensure that vehicles are clean and that seatbelts, wheelchair tie-downs and other accessible features are well maintained.
F. Develop a policy that will transition over time all ADA and HST paratransit vehicles to be equipped with some form of navigation system to reduce circuitous routes.
G. Explore improvements to scheduling, dispatching and driver aids to minimize circuitous trips.
H. Develop monitoring programs (e.g., random inspections) and enforcement mechanisms (e.g., fine, suspension, termination) to ensure that service levels are consistently met.
I. Explore options for providing same-day service on a space available basis.

Implementation Feasibility: Near Term Improvement

Issue # I-7 – Travel Training Program

The MBTA and some RTAs have had travel training programs in the past, but they have been eliminated in many cases due to a lack of funding and staff. A statewide travel-training infrastructure would help to encourage people who are elderly or disabled to use fixed route transit services such as the bus, subway and commuter rail – providing more mobility options and reducing the demand for paratransit services.

Findings

Travel training, when properly implemented, can be a "win-win" for transit and human service agencies and their customers. It teaches customers who are otherwise dependent on paratransit services to use fixed route bus and subway services, so they can travel without scheduling a ride in advance. Fixed-route trips cost customers less than an RTA or MBTA

paratransit trip. Teaching customers to use fixed-route services helps transit agencies by reducing demand for ADA paratransit services, which cost more per trip. These savings could help to expand paratransit service.

<u>Recommendations</u>:

Entity Responsible: MassDOT and EOHHS, or SCCCT

    A. Establish a permanent and sustainable travel training infrastructure:
        a. Develop a program that provides travel training and mobility orientation services (above and beyond current programs) with an inter-agency approach and coordinated funding (for leveraging more federal funding).
        b. Explore an array of travel training services such as one-on-one training, group training, mobility orientation and "bus buddies" – and evaluate what programs are most successful.
        c. Coordinate with other agencies (e.g., MCB) that also offer travel-training services.
        d. Explore a "train the trainer" program where people with disabilities can serve as travel trainers for their peers.
    B. Explore ways to engage hospitals and large businesses to help provide funding for travel training programs.
    C. Examine opportunities within the human services network to assist in paying for travel training and to encourage successfully trained individuals to utilize fixed route service whenever feasible to address their transportation needs.
    D. Encourage use of fixed route services through programs, incentives or free travel for people who are elderly or disabled, as well as HST consumers. Consider a statewide approach to eligibility for reduced fare programs (e.g., the same eligibility age for all transit agencies, reinstitution of the Statewide Transportation Access Pass).

<u>Implementation Feasibility</u>: Funding Required

Issue # I-8 – Volunteer Drivers

The largest cost component of providing paratransit transportation is generally for driver salaries. Other states use far greater volunteer drivers for community transportation, especially in order to reach into rural areas not well suited for more traditional means of transportation and with greater cost efficiency, or simply to augment the transportation services they directly provide or purchase to increase the number of trips they can afford. One of the primary stumbling blocks many organizations have mentioned is insurance. That said, several entities in other states -- and some states themselves -- have solved the insurance-related obstacles.

<u>Findings</u>:

Utilizing volunteer drivers when appropriate would significantly reduce costs, which would free up funds for agencies to provide additional service (e.g., more trips, longer hours, and weekend and holiday service). However, some organizations have looked into having volunteer driver programs and have encountered insurance-related issues that have thwarted the implementation of such a program. Also needed are "best practice" ways to recruit and retain volunteer drivers.

Recommendations:

Entity Responsible: SCCCT or MassDOT and EOHHS

    A. Explore the feasibility of creating a statewide insurance policy to cover volunteer drivers, and encourage municipalities, non-profits and community transit agencies to review nationally available insurance company best practices to discover alternative ways to insure their volunteers .

    B. Explore incentives for volunteer drivers (e.g., mileage reimbursement, tax credits based on number of volunteer hours or trips), and other programs that will enhance the recruitment and retention of volunteers.

    C. Establish driver-training programs for volunteers.

    D. Establish a centralized bank of volunteer drivers in each region, managed by the RTA/broker or Regional Mobility Manager.

Implementation Feasibility: Near Term Improvement

Theme II
Customer Eligibility, Application and Screening

The following issues and recommendations relate to ADA eligibility across the 16 transit authorities in Massachusetts. These issues and recommendations also address the following directives as put forth in the Executive Order:

- Identify potential modifications, if any, to existing eligibility criteria utilized by The RIDE, RTAs, and human services agencies.
- Identify recommended service improvements or modifications to maintain or enhance current service levels and delivery methods while achieving efficiencies and cost savings.

Issue # II-1 – Consistent Customer Eligibility, Application and Screening Mechanisms

While ADA paratransit eligibility criteria (established by the Federal Government) are consistent across all 16 transit authorities in Massachusetts, there is variation in assessment methods and evaluation processes and tools, which can result in different overall eligibility outcomes between transit authorities for customers with similar functional abilities.

Findings:

Commission members, customers, and system stakeholders wanting to improve the eligibility determination process for customers using ADA paratransit services in the Commonwealth agree that the ADA application process should, when applicable, identify and provide an expedited recertification for customers with severe, permanent disabilities to eliminate the cost of recertifying their eligibility every few years.

Customers should be able to complete the application process for ADA paratransit eligibility in one transit authority, which would be carried over to any other transit authority in the state. Although the 16 transit authorities may utilize different ADA paratransit eligibility determination processes and/or evaluation tools, standardization would benefit customers and save the cost of processing applications in each transit authority where the individuals wish to travel on a regular basis.

Finally, while all 16 transit authorities provide the level of service mandated by the ADA, some transit authorities provide service that is seen as being above or beyond the requirement (i.e. longer services hours, greater distances, less insistence on the ¾ mile rule in urban areas with multiple types of service, as provided for under the ADA). This leads customers to expect that this type of service will be carried out across all transit properties in the state. While the Commission agrees that this level of service would be desirable across the state, and hopes that new funding and efficiencies might make it possible at some point in the future, the system would benefit from a marketing strategy that explains the differences in levels of service to customers.

Recommendations:

Entity Responsible: SCCCT or MassDOT

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A. Research best practices within other states to establish a standardized set of core ADA paratransit eligibility criteria and/or processes for all of their transit agencies, to determine if there are best practices that are feasible in Massachusetts.
B. Undertake a comprehensive study of the ADA application and eligibility determination processes used by all 16 transit authorities in Massachusetts to accomplish the goals described below.
C. Develop a mechanism for customers to access and complete an electronic application for ADA paratransit eligibility.
D. Establish a process to ensure universal eligibility within Massachusetts where any customer that meets ADA paratransit eligibility requirements in their home transit region does not need to undergo a separate ADA screening process for ADA travel within another Massachusetts transit service area (beyond visitor status).
E. Create a mechanism for expedited recertification of customers. It is helpful for all customers to re-apply on a periodic basis to ensure that records are up to date. It is also possible that there could be fixed route system changes over time that could impact conditional eligibility. In any case, it could be as simple as a form in which customers just need to check a box to indicate that all information is current.
F. Develop a statewide database of ADA-eligible paratransit customers that any transit authority could access (i.e., person's name, ID number, transit authority through which person was approved, special considerations concerning disability and travel needs).
G. Establish, in transit authorities that choose to utilize in-person eligibility assessments, minimum qualifications for authority employees or contractors doing in-person eligibility determinations and assessments, which should include sensitivity training regarding people with multiple disabilities and "hidden disabilities" such as epilepsy, brain injury, cognitive impairments chronic fatigue syndrome, multiple sclerosis, mental illness, etc.

Implementation Feasibility: Near Term Improvement

Issue #II-2 – Accessible ADA Applications

Applications for ADA paratransit eligibility should be available in alternative formats.

Findings:

Application accessibility for ADA paratransit services should be greatly enhanced. For example, in many transit properties, the application is only available in paper, and only in English language.

Recommendation:

Entity Responsible: MassDOT or SCCCT

A. Make available the ADA application and related information in different languages and in alternative formats for people who are blind, people who are deaf, and people with other needs. Submission of any required documentation should be available online, as well as through the mail.

Implementation Feasibility: Near Term Improvement

Theme III
Efficiencies, Cost Containment and Revenue Maximization

The following issues and recommendations relate to the opportunities available to provide more efficient community transportation services, leading to contained costs and revenue maximization, with the ultimate goal of efficiently serving more customers in the Commonwealth who rely on community transportation. These issues and recommendations also address the following directives put forth by the Executive Order:

- Identify recommended service improvements or modifications to maintain or enhance current service levels and delivery methods while achieving efficiencies and cost savings.
- Identify any other reforms, initiatives or improvements to paratransit services in the Commonwealth that will enhance the quality, customer service or efficiency of these services.
- Identify recommended reforms, restructuring and cost-saving initiatives that would modify or alter the current means of providing paratransit services in the Commonwealth, including potential legislative solutions.
- Identify recommended actions (administrative, procedural or legislative) to maximize the collection of federal funds for The RIDE, the RTAs, and human services agencies.

Issue # III-1 – Commingling Trips

The commingling of ADA and non-ADA (e.g., HST, COA) trips could provide cost efficiencies and/or improved access for riders by transporting customers sponsored through different programs and by different agencies on the same vehicles going to the same location.

Findings:

At present, there are community transportation services transporting customers sponsored by different programs to and from similar locations at the same time, but on different vehicles that are operating below capacity. If the trip characteristics are such that customers are able to ride together, and if the sponsoring funding program allows such commingling, and if there is not a personal safety issue that results from such commingling, then commingling should be allowed and encouraged.

In public comment sessions across the Commonwealth, Commission members consistently heard that there were perceived barriers to commingling. A major barrier is that transportation providers are most often directed by policy or practice to provide services to targeted customers and trips to defined geographic areas. The targets may depend on perceived medical need, insurance restrictions, or limited hours of operation due to funding restraints.

We do know that there are successful examples of commingling occurring across the Commonwealth. Some Council on Aging providers have a State Mobility Assistance Program (SMAP) van. Some COAs with these vans have followed a practice of providing service to any customer who needs transportation in the area. In the same vein some RTAs provide commuter subscription trips when ADA paratransit seats are available. This maximizes efficiencies as long as ADA service standards are not compromised.

In the realm of human service transportation in Massachusetts, the EOHHS Human Service Transportation (HST) Office manages the state-funded transportation for five EOHHS agencies, and has developed a scheduling system and a cost allocation model that allows customers from different EOHHS agencies to ride together on the same routes to geographically close destinations to maximize efficiencies. There are instances, however, where EOHHS customer commingling is not appropriate, such as with the Department of Public Health's Early Intervention customers (infants and children, age birth to three), who are required to ride only with other Early Intervention customers or alone. Another example of a defined customer group would be a monitored van for individuals with dementia. This van would not be appropriate or ideal for commingling.

There are coordinated community transportation systems across the country where customers of ADA paratransit programs, Medicaid recipients, seniors, and customers of other human service agencies are all commingled on the same vehicles.

Recommendations:

Entity Responsible: SCCCT or MassDOT and EOHHS

    A. Identify any barriers to commingling consumer trips in all paratransit services.
    B. Eliminate unnecessary barriers and encourage efficiencies through appropriate commingling of customers.
    C. Review where commingling of trips is being done within the state, to assess what works, what does not, and what might be replicated.
    D. Develop common uniform reporting measures and evaluation criteria.
    E. Review vehicle insurance restrictions that may limit commingling.
    F. Adopt/create a cost sharing model.
    G. Explore how one-call / one-click systems and other new technologies can advance the opportunities to expand commingling.

Implementation Feasibility: Near Term Improvement

Issue # III-2 – Use of Taxis and Accessible Taxis

Using taxis and accessible taxis (and potentially other non-dedicated service providers) in a strategic fashion could improve the cost efficiency of a service that is currently delivered with dedicated vehicles only, while also providing additional and more affordable mobility options to those dependent on community transportation services.

Findings:

Commission members discussed at length the need for more accessible taxis in order to accommodate increasing demand for this type of service, and to explore ways to encourage their use among other non-traditional transit partners for demand-response service. The infusion of accessible taxis alone however may not make economic sense for the taxi providers. There has to be a program or programs that involve their use.

One strategy is to ensure that all non-dedicated service providers have an understanding of their responsibilities under the ADA and to incorporate taxis and other non-dedicated service

providers into ADA paratransit programs in an integrated fashion. While there are issues to be solved pertaining to driver and vehicle requirements, all have been solved elsewhere. And, if done strategically, most transit agencies have found that they have been able to lower the unit cost per trip of the overall ADA paratransit service by using taxis to cover peak overflow trips, long-out-of-the way trips as well as provide a way to more efficiently handle trips affected by service disruptions, or resurfacing no-shows.

There are also additional requirements related to using taxis for ADA paratransit services, ranging from ensuring that drivers (who are independent contractors) agree to participate in drug and alcohol testing to making sure that the taxis themselves comply with transit agency requirements for insurance that often exceed state minimum limits. Again, these are all logistical items that have been solved in other states.

Enhancing the affordability of accessible taxis to customers via subsidy programs could provide another mobility option for those who are currently dependent on community transportation services, and would increase customers' independence in terms of utilizing demand-response transportation. It is possible that for transit agencies, this non-ADA option may succeed in diverting ADA paratransit trips from higher subsidy per trip paratransit services to a lower subsidized service. And in general, such subsidy programs make an existing resource more affordable for those who depend on community transportation, while also giving them a same-day option, and the ability to make a trip that goes beyond a service area and/or after hours.

Another idea to encourage greater use of accessible taxis is to use them as feeder systems to accessible local transit services by offering a discounted rate, as is currently done by some RTAs. Taxis can also play a part in guaranteed ride home programs for commuter ride-sharing programs.

Before the use of accessible taxis by transit authorities and HST can be implemented, specific driver training requirements for accessible taxi drivers should be identified and mandated throughout the Commonwealth. For example, the Registry of Motor Vehicles could require training certifications that could be included as restrictions on the licenses for "Passenger Assistance" drivers, who all would be required to have these certifications prior to transporting ADA-eligible or EOHHS-funded customers.

Accompanying these efforts should be a program to infuse accessible taxis into the Commonwealth's taxi fleets. Some states have done this with FTA Section 5317 (New Freedom) funding.

Recommendations:

Entity Responsible: SCCCT or MassDOT and EOHHS

   A. Use Section 5317 funding to acquire a fleet of accessible vehicles, and develop a process for their allocation to transit agencies who wish to use these taxis in one or more of the ways mentioned above, and a process for their re-allocation to participating taxi companies.
   B. Encourage private enterprise to meet the needs of people with disabilities by providing programs that use taxis.
   C. Implement pilot accessible taxi subsidy programs to encourage customers to utilize accessible taxis and establish a tracking system to determine whether reduction of

subsidy levels attributable to diverted trips is greater than the subsidy of new trips generated.

D. Create minimum quality standards for accessible taxi vehicles regarding ramps and lifts, passenger restraints and tie-downs, and interior turning space for vehicles with side-door entry.

E. Encourage transit authorities to add private transportation services to their "on-demand" fleet of paratransit vehicles.

<u>Implementation Feasibility</u>: Funding Required

Issue # III-3 – ADA-Plus Paratransit Services

"ADA-plus" (also known as ADA "premium service") is defined as any additional service that is provided by a transit authority as part of its regular ADA complementary paratransit service that is beyond the minimum requirements of the ADA. Such service might include serving trips with origins and/or destinations that are beyond the ¾ mile fixed-route corridors and serving trips at times that are beyond the service times of the fixed route the ADA paratransit service is complementing. Offering "ADA-plus" paratransit service in Massachusetts by charging higher fares could generate the funds needed to provide service that exceeds ADA requirements.

<u>Findings</u>:

In many of the public comment and dialogue sessions, ADA-eligible customers indicated that they would be willing to pay more for ADA paratransit services that are above and beyond what is mandated by the Federal government.

Specific definitions of what enhanced services would be offered under an "ADA-plus" paratransit model would need to be established, and would be determined by each transit authority. Models would also need to be created to provide "ADA-plus" services in communities that are not in an RTA or the MBTA service area.

A fee structure for "ADA-plus" service would also have to be established and would have to be responsive to Massachusetts' different geographic areas (in terms of trip distance and local transit availability, which correlates with ADA paratransit service). Fees would also have to be sensitive to the reality that many ADA-eligible customers have fixed incomes and cannot afford to pay a significant "ADA-plus" fee. "ADA-plus" services do not restrict commingling.

<u>Recommendations</u>:

Entity Responsible: SCCCT or MassDOT

A. Determine the value and the customer impact of increasing current fares for ADA paratransit services (in accordance with the law) as a way to support the cost of providing "ADA-plus" services.

B. Explore a mechanism to set fees for "ADA-plus" service (beyond ¾ mile, after hours, same day scheduling, across RTA or service area boundaries, etc.).

C. Explore a mechanism for establishing subsidies as an option for those unable to afford these enhanced services.

<u>Implementation Feasibility</u>: Funding Required

Issue # III-4 – Efficient Vehicle Utilization

Vehicles purchased for paratransit services should be fully utilized at all hours of the day.

Findings:

MassDOT provides fully accessible vehicles and equipment to RTAs, Councils on Aging, and other municipal and non-profit agencies through a variety of state and federal programs, to better meet the transportation needs of elders, people with disabilities, and low-income individuals. However, local budget restrictions, funding limitations on who can be served, lack of driver availability, lack of operational resources, and other barriers keep some vehicles from being fully utilized.

Recommendations:

Entity Responsible: SCCCT or MassDOT

   A. Consider establishing shared vehicle use as a condition for funding (e.g., the 5310 program).
   B. Encourage COA/municipalities, as recipients of State Mobility Assistance Program funding, to explore a range of funding opportunities to provide additional services. At present it is expected by the funder that COAs with State Mobility Assistance Program vehicles will chiefly serve elders in their own towns during their regular work hours, and expand services if the local budgets allow.
   C. Conduct a review by local RTA's to facilitate off hours vehicle use to agencies with short term needs.

Implementation Feasibility: Near Term Improvement

Issue #III-5 – Sponsorships and Partnerships

State and local paratransit agencies may be able to generate additional funding through sponsorships or partnerships with private companies, organizations and institutions such as hospitals and colleges.

Findings:

State and local agencies providing paratransit services should seek sponsorships or partnerships with private companies, organizations, and institutions such as hospitals and colleges. One example that the Commission discussed was to encourage private companies to advertise their business services on community transportation vehicles. They would pay a fee to the community transportation operator for the advertisement space, and the funds generated would be invested in the community transportation services, benefiting the customers who utilize the services.

Recommendations:

Entity Responsible: SCCCT or MassDOT

A. Seek, to the extent allowed by state and federal law, sponsorships with private companies, organizations, institutions and major destinations (e.g., hospitals) that may be willing to advertise in or on paratransit vehicles.
B. Research the possibility of partnering with or encouraging sponsorships by major destinations (e.g., hospitals and medical practices, malls, supermarkets and colleges) that may result in the subsidization of trips to their place of business, or that would offer trips at a reduced fare to customers.
C. Identify current examples of where such partnerships and/or sponsorships are occurring both in Massachusetts as well as in other states, including replicable best practices.
D. Develop a coordinated statewide marketing plan for advertising and sponsorships.

Implementation Feasibility: Near Term Improvement

Issue # III-6 – Enable Collection of Federal Financial Participation (FFP) for Medicaid-eligible MassDOT Services

Establishing mechanisms that would enable Massachusetts to claim for non-emergency medical transportation (NEMT) services provided by MassDOT to Medicaid-eligible beneficiaries could enhance Federal Financial Participation (FFP).

Findings:

There is an implication that many Massachusetts Medicaid-eligible members are using the MBTA and RTA paratransit services for Medicaid-eligible trips, but that Massachusetts does not have a mechanism to identify those customers and services. This prevents the Commonwealth from receiving FFP at the 50% match for these trips.

Recommendation:

Entity Responsible: MassDOT and EOHHS

A. Establish a cross-agency work group comprised of MassDOT, EOHHS, and ANF to develop a mechanism to claim FFP for non-emergency medical transportation (NEMT) services provided by MassDOT to Medicaid eligible beneficiaries.
B. Identify mechanisms to dedicate the revenue generated from federal claiming to increase funding for transportation services.

Implementation Feasibility: Big Picture Reform

Specific Action Items and Deliverables

Executive Order 530 directs the Commission to "identify recommended reforms, restructuring and cost-saving initiatives that would modify or alter the current means of providing paratransit services in the Commonwealth, including potential legislative solutions."

Although some of the recommendations included in the report would require legislation, changes to existing regulations and/or policy, or significant funding, there are several initiatives that MassDOT and EOHHS can start working on right away to achieve significant reforms and efficiencies within the next 6-18 months. Following is a summary of specific action items and deliverables that the Commission members identified as initial steps toward implementing the recommendations outlined in the report.

Issue # I-1 – Addressing Community Transportation Service Gaps:

- During the current round of JARC/New Freedom grants (starting February 2012), MassDOT will prioritize proposals for pilot programs that seek to fill spatial or temporal service gaps (e.g., nights, weekends), focusing primarily on paratransit service. Evaluation of proposals shall include pilot program goals, service duration, marketing plan, performance measures and a plan for measuring the program's success (e.g., ridership, cost-effectiveness). The grant(s) will be awarded by **7/1/2012**. In total, it is estimated that $3.8 million will be available for all projects within this round.

- MassDOT, in a cooperative effort with the state's 15 RTAs, is preparing a "Beyond Boston" Transit study, designed to more effectively strategize, prioritize, and deliver transit service throughout the Commonwealth. "Beyond Boston" will address the relationship between the MBTA and neighboring RTAs, identify opportunities for greater collaboration and streamlining of the management of public transportation assets, and identify service quality standards. The report will also include an analysis of the operation of each RTA, with the purpose of identifying ways in which each regional transit authority can improve the efficiency of existing services, and provide new or expanded services to local communities. The report will be completed by **8/31/2012**.

Issue # I-3 – Facilitating ADA Paratransit Transfers

- The MBTA and all RTAs will be required to develop a formal Transfer Policy with the goal of facilitating ADA paratransit trip transfers, requiring only one call by the customer, and reducing trip times between its service area and any contiguous transit authority. The Transfer Policies must be completed and submitted to the MassDOT Secretary for approval by **3/31/2012**.

Issue # I-4 – Central Repository for Providing Paratransit Options/Information

- MassDOT and EOHHS/HST will identify opportunities to utilize existing statewide transportation information networks and call centers, like Mass 2-1-1 (United Way) or Mass 5-1-1, as a "switchboard" to point customers toward the appropriate transportation resources and agencies. A feasibility study and report will be completed by **4/30/2013**.

- MassDOT and EOHHS/HST will review those "one call/one click" programs underway or being developed at the regional or program level (e.g., HST, Cape Cod, MART), identifying best practices, customer benefits, potential savings, and opportunities for expanding these at the statewide level. A report will be completed by **4/30/2013.**

- MassDOT and EOHHS/HST, via an RFR limited to transit agencies, will implement two (2) "one call/one click" pilot programs within a discreet region or set of communities, which will provide information on paratransit programs and eligibility, as well as centralized scheduling of paratransit trips across multiple programs (e.g., ADA paratransit, HST, Veterans). The two pilot programs, based on different structures/models, will be up and running by **1/31/2013** and will operate for a minimum of 18 months, followed by a joint MassDOT/EOHHS report on its success, lessons learned, and opportunities for expanding it to other regions or at the statewide level. A primary goal of this effort is to improve trip coordination and to promote commingling, as discussed in Issues # I-2 and III-1.

Issue # I-5 – Addressing Barriers to Public Transportation and Paratransit Services

- MassDOT will partner with selected RTAs, Regional Planning Authorities (RPAs) and municipalities to develop 2-3 snow removal pilot programs for key bus stops in selected areas, focusing on areas with high populations of elderly and persons with disabilities. The pilot programs will examine the viability of one or more entities (RTAs, RPAs, MassDOT or municipalities) using volunteers or private non-profit agencies to clear snow from key locations in order to facilitate use of the public transportation system during winter months. MassDOT will also explore opportunities for purchasing sidewalk snow removal equipment for these municipalities or agencies. If successful, the pilot program could be developed into a statewide policy in the future. Pilot programs in 2-3 areas will be in place by **8/31/2013**, in preparation for the winter 2013.

Issue # I-6 – Establishing and Enforcing Service Quality Levels

- MassDOT and EOHHS/HST will work together to identify minimum service standards and core requirements for the provision of paratransit services (e.g., vehicle cleanliness, driver training), as well as provisions for ensuring compliance with these requirements. The standards will be developed and approved by the MassDOT and EOHHS Secretaries by **4/30/2013**.

- By **3/31/2013**, MassDOT and EOHHS/HST will work together to develop a policy that will transition over time all ADA and HST paratransit vehicles to be equipped with some form of navigation system, and for the transit authorities and the HST brokers to have systems capabilities to monitor and manage that system.

Issue # II-1 – Consistent Customer Eligibility, Application and Screening Mechanisms
Issue # II-2 – Accessible ADA Applications

- The MBTA and the RTAs will evaluate the cost and effectiveness of various types of ADA eligibility determination processes (e.g., paper application, phone calls, web-based, in-person assessments), to determine if a standardized process is appropriate for all transit agencies. A report, with recommendations, will be completed by **6/30/2013**.

- The MBTA and the RTAs will work together to develop a single statewide application for ADA paratransit eligibility by **6/30/2013**, following a public input process. This common application will be used by all transit agencies which base ADA eligibility decisions on a paper application, and will be made available in alternative formats and different languages. The MBTA and the RTAs will also work together to develop a streamlined application or form applicable to in-person functional assessments.

- By **6/30/2013**, the MBTA and the RTA's will develop a process for reciprocal acceptance for ADA eligibility, based on the determination of the home transit authority (i.e., the region in which the applicant resides, or would typically travel in if their home town is not part of any RTA), including a plan for a centralized database of ADA-eligible customers that any transit authority can access.

Issue # III-2 – Use of Taxis and Accessible Taxis

- MassDOT, working with the MBTA, RTAs and local taxi companies, will develop a pilot program for utilizing taxis to provide ADA paratransit trips in a more strategic manner; and to provide feeder service to MBTA commuter rail, bus and subway stations, thereby providing greater flexibility for customers, encouraging use of the fixed route system, and reducing the cost of longer ADA paratransit trips. The pilot program will include an infusion of accessible taxis. Provided that there is sufficient interest from taxi companies, a pilot program will be instituted by **6/30/2013**

Issue # III-4 – Efficient Vehicle Utilization

- Working with grant recipients, MassDOT will develop recommendations for ensuring more efficient utilization of paratransit vehicles procured through state funding programs (e.g., Mobility Assistance Program), including more standardized reporting requirements (e.g., number of trips/riders, cost/trip, cost/rider) and initiatives to encourage vehicle sharing among agencies. Recommendations will be submitted to the MassDOT Secretary for review and approval by **4/30/2013**.

Issue # III-6 – Enable Collection of FFP for Medicaid-Eligible MassDOT Services

- As part of the on-going work of the Commission, EOHHS, MassDOT, MBTA, and ANF have been exploring opportunities for the Commonwealth to claim federal financial participation for non-emergency medical transportation services provided by the MBTA through its RIDE program to Medicaid eligible beneficiaries. By **9/1/2012** EOHHS, MassDOT, and MBTA will complete a feasibility assessment and develop a corresponding operating plan so that the project can be implemented and allowable expenditures claimed for FY 2013.

Conclusion

The Commission for the Reform of Community, Social Service and Paratransit Transportation Services in the Commonwealth (the "Commission") fully agrees with Governor Deval Patrick that State- and Federally-assisted transportation services for persons with mobility limitations related to advanced age, persons with disabilities, and persons struggling for self-sufficiency, should be seamless, comprehensive, and accessible to those who rely on them regardless of the funding source or program.

The Commission heard hundreds of times, in both oral and written testimony, that current transportation service levels are inadequate to meet the present and projected transportation needs of Massachusetts' elders and people with disabilities. We recognize that the recommendations in this report, although significant, will not come close to addressing these unmet needs. Measures to raise revenue for transit agency services that are not burdensome to paratransit and fixed-route transit customers must be implemented as quickly as possible.

For thousands of Massachusetts' elders and people with disabilities, the availability of reliable, affordable, high-quality accessible transportation is crucial. We recognize that funding is scarce. Even so, we firmly believe that the long-term costs of unemployment for people unable to get to work and increased medical and nursing home costs for people unable to access community-based health care are far more burdensome to the Commonwealth than the cost of providing reliable, affordable, high-quality accessible transportation services.

The Commission's principle policy recommendation is to establish a Statewide Coordinating Council on Community Transportation (SCCCT), which would develop a strategic and operating plan to implement and manage the recommendations of the Commission and to further advance the Patrick-Murray Administration's agenda to provide responsive, comprehensive, coordinated, and efficient community transportation systems.

In summary, the recommendations presented throughout this report demonstrate a commitment by the Commission to improve and expand community transportation services in the Commonwealth. Without organizational reform that would establish a Statewide Coordinating Council through which these more than 60 recommendations and 15 specific near-term action items can be carried out, a disjointed, patchwork approach to rectifying these significant barriers would be the only alternative – an alternative that has proven to be ineffective, unsustainable and ultimately more costly for Massachusetts. It is the expectation of this Commission that all stakeholders, including state policy makers, will strongly consider all of the recommendations put forth by the Commission so that the highest levels of quality, efficiency and effectiveness can be achieved and, most importantly, so that the Commonwealth's most vulnerable residents can continue to live independently and fully participate in the lives of their communities.

Definitions and Acronyms

Definitions:

Access: The opportunity to reach a given destination within a certain timeframe or without significant physical, social, or economic barriers.[1]

Accessibility: The extent to which facilities, including transit vehicles, are barrier-free and can be used by all persons, including people who use wheelchairs and people with disabilities,[2] in compliance with the accessibility requirements of CFR Title 49 Part 37 Transportation Services for Individuals with Disabilities and Part 38 ADA Accessibility Specifications for Transportation Vehicles.

The ADA means the Americans with Disabilities Act of 1990 (Pub. L. 101-336, 104 Stat. 327, 42 U.S.C. 12101-12213 and 47 U.S.C. 225 and 611), as it may be amended from time to time.

ADA Complementary Paratransit Service: Transportation services provided consistent with the obligations and requirements of the Americans with Disabilities Act of 1990 (ADA). Service provided to ADA-eligible individuals must mirror the fixed-route (by definition this includes buses, trains, trolleys but does not include commuter rail/boat) in terms of origins and destinations, service and hours of availability. The law requires that no trip request, meeting the criteria established by the provider in accordance with ADA regulations, may be denied for any reason, including capacity constraints. Further, the scheduled trip cannot take any longer in duration than one and one half times the amount of time needed for a similar trip on fixed-route. This complementary service must be available to ADA-eligible customers within ¾ of a mile of fixed-route service, and the fare cannot be more than two times the regular fixed route fare.

ADA Plus (also known as ADA "Premium Service") is defined as any additional service that is provided as part of the regular ADA complementary paratransit service that is beyond the minimum requirements of the ADA. Such service might include serving trips with origins and/or destinations that are beyond the ¾ mile fixed-route corridors and serving trips at times that are beyond the service times of the fixed route the ADA paratransit service is complementing. ADA Plus is differentiated from other coordinated services (e.g., where ADA passengers are commingled with other passengers whose trips are funded via different funding programs) in that eligibility for the service is limited to persons who have been determined to be ADA eligible. The trips these customers take as part of an ADA Plus service are not required under the ADA. Transit agencies are under no obligation to serve such trips, and such service is not governed by the ADA. As such, the fare charged for such service would be determined locally, and is not prescribed by the ADA. Thus, it may be higher than the maximum fare cap definition prescribed in the ADA.

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[1] Burkhardt, Jon E., David Koffman, and Gail Murray. Economic Benefits of Coordinating Human Service Transportation and Transit Services. Transportation Research Board. Federal Transit Administration. 2003. p 151.

[2] *Ibid.* p 151.

Broker and Brokerage: In general, a brokerage is a service delivery model where an organization (the broker) functions as an interface between transportation funders, providers and customers. Typically, a broker is retained by one or more agencies, organizations, or municipalities that fund, sponsor or purchase transportation for their clients, constituents, or customers through the broker, and the broker in turn purchases service delivery service from carriers under contract to the broker. At a base level, the broker typically is responsible for organizing a complex service delivery network of carriers, monitoring the carriers and system for contract adherence, and reporting service and cost statistics to the funding agencies. Some brokers also perform centralized reservation intake, scheduling, and sometimes the dispatching functions. In some models, the broker also can operate some of the service. In Massachusetts, the EOHHS HST Office has organized the delivery of human services transportation into a network of regional brokerages that collectively cover the state.

Commingling (also alternatively spelled as "co-mingling") is defined as serving two or more trips that are funded differently in the same vehicle and sharing the cost of that service between/among the funding programs. Commingling requires an established rate or rate structure and companion purchase of service agreement or Memorandum of Understanding, (MOU), that prescribes how the funding agencies will pay or reimburse the operating entity for transportation rendered on their behalf. The basic concept behind commingling is that (1) a single program providing multiple trips generates economies of scale and a greater number of trips that are ride-sharable, and (2) that the proportionate sharing of fixed costs combined with sharing the service cost of commingled trips is less than the cost of two or more single systems and the cost of dispatching two or more trips with two or more vehicles from different systems; and (3) that the resulting improvements in cost efficiency can be used to expand service without additional funding (up to a point). A policy of allowing commingling thus permits coordinated service delivery. In Massachusetts, the HST Office encourages its brokers to commingle ride-sharable trips funded by its sponsoring agencies. Commingling works best where the different funding programs permit a similar level of driver assistance and similar set of operational policies and practices.

Consolidation: Restructuring transportation services in a community to serve current and additional riders with only one transportation service provider (or many fewer transportation providers than in the past). Typically, consolidation also allows the rider to request service from one source, whether it be from a centralized call center (as is the case with the HST Office brokers) or from a carrier assigned to a specific service zone (as is the case with The RIDE).

Coordination: Pooling the transportation resources, activities and/or information of several agencies. The owners of transportation assets talk to each other to find ways to mutually benefit their agencies and their customers. Coordination models can range in scope from sharing information, to sharing support services, equipment and facilities, to integrating scheduling and dispatching of services, to integrating service delivery that uses one carrier (or one network of carriers) and allowing on a vehicle the co-mingling of riders whose trips are sponsored through different funding programs. Coordination may involve human service agencies working with each other or with public transit operators, such as those under the auspices of the MBTA and RTAs. The HST brokerages provide one prominent example of coordinating the transportation of three different agencies, and to a certain extent, such trips can sometimes be shared with public transit trips given the HST brokers are all RTAs.

Demand Responsive Service or Demand-Responsive Transportation (or DRT): A service in which individuals schedule rides to and from origins and destinations. Rides are typically

scheduled in advance, and often at least one day prior to day of travel. The provider schedules all trips—grouping trips when possible—and develops a daily manifest. ADA paratransit is a demand-responsive service. Many RTA services are demand-responsive. Municipal-based DRT services provided to the general public are often referred to as Dial-A-Ride services. Many HST services are demand-responsive. Many senior transportation services are demand responsive. Some DRT services provide curb-to-curb service. Some DRT provide door-to-door service. These are described below.

- **Curb-to-Curb Service:** A DRT service that picks up and drops off passengers at the curb or roadside, unlike door-to-door service that picks up and drops off passengers at their doors. Curb-to curb services generally do not include any passenger assistance other than for actual boarding and alighting. The passengers are responsible for getting themselves from their homes or other buildings to the curb. Paratransit service is always provided curb-to-curb or door-to-door. Curb-to-curb is more efficient for the transit system, but door-to-door provides the higher level of service.
- **Door-to-Door Service:** A service that picks up passengers at the door of their place of origin and delivers them to the door of their destination. The driver pulls the vehicle off the road if possible and may escort or physically assist the passenger if needed. Door-to-door service provides a higher level of assistance than curb-to curb service and is typically used for passengers with severe physical disabilities.

What level of service is required for ADA Paratransit? The US Department of Transportation's ADA regulation provides that complementary paratransit service for ADA paratransit eligible persons shall be "origin-to-destination" service. On September 1, 2005, the Department of Transportation's Disability Law Coordinating Council as representing the official views of the Department stated that under the ADA rule, it is not appropriate for a paratransit provider to establish an inflexible policy that refuses to provide service to eligible passengers beyond the curb in all circumstances. On an individual, case-by-case basis, paratransit providers are obliged to provide an enhancement to service when it is needed and appropriate to meet the origin-to-destination service requirement. Based on this policy, some transit agencies accommodate special requests for door-to-door service on a case by case basis. Others, like the MBTA, have a "door-to-door" policy for all trips on THE RIDE.

Fixed Route Service or Flex Route Transit: Public transit service on a prescribed path or route that does not vary. The schedule may be fixed or flexible. Passengers may be required to wait at designated stops, or flag stops may be permitted. Usually, larger vehicles (e.g., buses, trolleys, trains) are used to provide fixed route service.

Flex Transit: Public transit service that operates predominantly on prescribed path and/or prescribed schedule but may deviate from the route (or between scheduled bus stops) to serve trip requests. Typically, the service area where a pick-up or drop-off (off the route) may be made is prescribed. In some services, requested pick-up or drop-offs are limited to certain segments of the population (e.g., persons with disabilities, seniors). In some systems, there is an additional fare surcharge that comes with a requested pick-up or drop-off. Public transit agencies with flex transit services that accommodate what would otherwise be ADA paratransit trips do not have an additional obligation to provide ADA paratransit where and when the flex transit service is provided.

Human Service Transportation: A fully-funded transportation service provided by a social service agency for customers and services as determined eligible by the agency. In Massachusetts, five human service agencies, the Department of Developmental Services,

MassHealth (Medicaid), the Department of Public Health (Early Intervention Program), the Massachusetts Rehabilitation Commission, and the Massachusetts Commission for the Blind contract their services through the Executive Office of Health and Human Services (Human Service Transportation Office, HST). HST has contractual agreements with six (6) RTAs to broker these services statewide. Services are provided by the lowest cost qualified local vendors.

Paratransit Service: Any demand-responsive transportation service "between" transit service and the private use of autos. ADA paratransit is but one example of paratransit.

Acronyms:

AAA - Area Agency on Aging
ADA - Americans with Disabilities Act
ASAP - Aging Service Access Point
COA – Council on Aging
DDS - Department of Developmental Services
DPH - Department of Public Health
DVS - Department of Veterans' Services
EOEA - Executive Office of Elder Affairs
EOHHS - Executive Office of Health and Human Services
FTA - Federal Transit Administration
HST - Human Service Transportation Office (EOHHS)
MAP - Mobility Assistance Program
MassDOT - Massachusetts Department of Transportation
MBTA - Massachusetts Bay Transportation Authority
MCB - Massachusetts Commission for the Blind
MPO - Metropolitan Planning Organization
MRC – Massachusetts Rehabilitation Commission
RCC - Regional Coordinating Committee
RTA - Regional Transit Authority (15)
SCCCT - Statewide Coordinating Council on Community Transportation
TIP - Transportation Improvement Plan
TMA - Transportation Management Association