

IX. Transportation

A. Introduction to Accessible Transportation Services

The Americans with Disabilities Act (ADA, 42 USC 12101) and the Virginians with Disabilities Act (51.5-44) stipulate that people with disabilities have the same rights as other persons to the full, free use of the streets, highways, sidewalks, and all other parts of the transportation system. For people with disabilities, the Code of Virginia (54.1-44[B]) further requires

full and equal accommodations, advantages, facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motorbuses, streetcars, subways, boats, or any other public conveyances or modes of transportation.

In addition to being guaranteed access to basic transportation systems, as required by law, Virginians with disabilities are served by the following specialized transportation systems:

- regularly scheduled accessible transit services,
- “paratransit” or “demand-response” services, and
- emergency and nonemergency human service transportation available through publicly funded insurance programs or from disability services providers.

Since the passage of the Americans with Disabilities Act (ADA) in 1990, **paratransit service** has grown rapidly as a mode of public transit across the nation, and continued growth can be expected due to the aging of baby boomers. Some estimates suggest paratransit ridership could double during the next 10 years. In its mode of service definitions, the American Public Transportation Association (<http://www.apta.com>) defines paratransit as:

a mode of transit service [also called demand response or dial-a-ride] characterized by the use of passenger automobiles, vans or small buses operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle to pick up the passengers and transport them to their destinations. The vehicles do not operate over a fixed route or on a fixed schedule. The vehicle may be dispatched to pick up several passengers at different pick up points before taking them to their respective destinations and may even be interrupted en route to these destinations to pick up other passengers.

A variety of state entities are involved with providing transportation services for Virginians with disabilities. The **Virginia Department of Transportation (VDOT)** is the Commonwealth’s chief agency for transportation planning and for the construction, maintenance, and operation

of its highway systems and related infrastructure; however, while extremely important, VDOT's role in providing service to people with disabilities is largely indirect. VDOT's mission is to "plan, deliver, operate, and maintain a transportation system that is safe, enables easy movement of people and goods, enhances the economy, and improves our quality of life." It is responsible for ensuring that Virginia's state-maintained highway system is compliant with the federal Americans with Disabilities Act (ADA), but it has no programs, projects, or initiatives specifically targeted to serving the transportation needs of people with disabilities. More can be read about VDOT and its array of activities and programs at the VDOT website: http://www.virginiadot.org/default_noflash.asp.

An important priority for the Commonwealth for the past 5 years has been the coordination of human service transportation. On November 6, 2013, the **Government Accountability Office (GAO)** released its publication, *Transportation Disadvantaged Populations, Coordination Efforts Underway, but Challenges Remain*. This *Statement for the Record* report indicates that people in need of transportation benefit more often and experience a higher quality of service when transportation providers coordinate their operations. In 2012, the GAO reported that 80 federal programs in 8 different agencies fund a variety of transportation services for transportation-disadvantaged populations. Within the Department of Transportation, the **Federal Transit Administration (FTA)** is a key source of federal transportation funding. FTA funds assist state and local grantees in helping transportation-disadvantaged populations, including older adults and individuals with disabilities. For example, FTA's Enhanced Mobility for Seniors and Individuals with Disabilities program provides formula funding to states to service the unique needs of transit-dependent populations beyond traditional public transportation services. This program requires grantees to **coordinate transportation services**.

One key barrier identified by the GAO to increased coordination efforts is the lack of federal guidance on how to **share costs across programs**. The GAO further states that

limited financial resources and growing unmet needs are also challenges for state and local providers and their ongoing coordination efforts—both now and in the future. State and local officials nationally express concern about their ability to adequately address expected growth in elderly, disabled, low-income, and rural populations.

Public transportation, and in particular paratransit services, explained in greater detail later in this chapter, are heavily subsidized. The GAO estimates that the cost of ADA paratransit services can be three-and-a-half times more expensive than the average cost of fixed-route trips. This increased expense creates a dilemma: As the need for and use of paratransit service grows, so does the cost and need for increased funding to subsidize the service.

At the Federal level, the total funding for transportation services for the transportation disadvantaged remains unknown because, in many cases, federal departments do not separately track spending for these services. Of the 80 programs that the GEO identified in

2012, roughly two-thirds of the programs were unable to provide spending information for eligible transportation services offered in federal fiscal year (FFY) 2010.

The **Virginia Department of Rail and Public Transportation (DRPT)** receives funding from the FTA and plays a key role in meeting transportation needs for Virginians both with and without disabilities. It provides financial and technical assistance to more than 160 public transportation operators, health and human service providers, commuter assistance agencies, and railroad operators in the State. Three of the 75 largest transit agencies in the country operate in Virginia. Metrorail is the nation's second most heavily used rail transit system, with more than 700,000 average weekday passenger trips. The Virginia Railway Express (VRE) commuter rail system is one of the fastest-growing commuter rail services in America.

B. Department of Rail and Public Transportation

In accordance with state law, the mission of the Virginia Department of Rail and Public Transportation (DRPT) is

to improve the mobility of people and goods while expanding transportation choices in the Commonwealth.

The Code of Virginia (33.1-391.1-391.5) identifies 164 specific responsibilities for DRPT, under the categories of

economic and financial analysis capabilities, accountability, planning and programming, and coordination.

The DRPT director reports to the Secretary of Transportation, and the Commonwealth Transportation Board provides guidance and oversight for the agency. The Governor appoints the Board's 17 members with the Secretary of Transportation as chair, and the Commonwealth Transportation Commissioner as vice chair. The DRPT director is a non-voting member. DRPT works with VDOT and other state agencies to plan and administer a wide range of transportation activities in Virginia and has specific responsibility for oversight, evaluation, and technical assistance for certain federal grant programs.

The *2012–2014 Strategic Plan for the Commonwealth's Department of Rail and Public Transportation* (DRPT) states that:

In FY 2005, the DRPT budget totaled \$248.5 million as compared to \$459.3 million in FY 2013. This represents an increase of over 84% during the past eight years despite the recent recession.

It further states that:

Ridership on transit systems in Virginia totaled 196,371,408 for FY 2012. Additionally, there were 1,292,436 passenger trips provided for transit dependent

Virginians to ensure access to basic human services such as employment, medical care, shopping, and social activities.

In its strategic plan, DRPT notes that:

As Virginia's population ages, services such as human service transportation will be in higher demand. As such, the number of organizations providing these services must increase as well as the coordination among operators to share best practices and create a seamless network of services.

For a number of years, Virginia has emphasized development of coordinated human service transportation models that include a broad range of services designed to meet the needs of populations who need transportation options beyond a personal automobile, particularly older adults, people with disabilities, and people with lower incomes. Depending on their abilities, their environment, and the transportation services available in their communities, these individuals may require a variety of mobility options. Examples include transportation services provided by human service agencies for people participating in their programs, "dial-a-ride" paratransit services, taxi voucher programs, and transportation services provided through volunteer drivers.

DRPT has taken the lead in statewide efforts on human service transportation coordination. Many of these initiatives emanated from federal directives and incentives. DRPT's strategic plan for 2012 through 2014 cited earlier, describes human service transportation programs in the Commonwealth as

operated by local government social service agencies or private nonprofit human service agencies for the benefit of their clients. These clients are elderly or disabled individuals and economically disadvantaged children who are enrolled to receive publicly funded social services. Human service transportation differs from public transportation in that it is designed to serve the very specific needs of human service agency clients and in most cases, service is restricted to the clients of those agencies who often have no other transportation service available to them. It is not open to the general public.

An example of DRPT's leadership on statewide and regional efforts to improve human service transportation coordination is its establishment of the **State Agencies Coordinating Transportation (SACT) Work Group**. The goal of the SACT, established in 2003, was to promote interagency cooperation at the state level. (The SACT Work Group last met in 2011.) This Work Group was instrumental in the development of a *Memorandum of Understanding Related to Coordinated Human Service Transportation in Public and Nonpublic Transit Systems*. Additionally, the SACT drafted the *State Coordination Model for Human Service Transportation*, which provided recommendations focusing on state-level and regional structure, the role of Planning District Commissions, and the ongoing funding structure.

The vision and guidance provided by SACT also informed DRPT's approach to the development of regional **Coordinated Human Service Mobility (CHSM) Plans**. A total of 21 regional plans, conforming to Planning District Commission boundaries, were initially developed in 2008. These plans were revised and updated in 2013 through a series of 26 regional meetings. Additional information about the development and content of the CHSM Plans is provided later in this chapter.

DRPT's **Rail and Transit Division** administers and manages state and federal grant programs, including state operating-assistance grants, capital assistance grants, and special projects grants. It conducts performance evaluations, provides technical assistance, and works to support ride-sharing operations and alternate commuting options. The advice, technical support, and funds that DRPT provides for operators of passenger rail and public buses, including paratransit service operators, are of particular importance to transportation services for people with disabilities. Public transportation staff within the Division also manages rural and specialized grant funds provided by the Federal Transit Administration (FTA).

1. Eligibility for Public Transportation Services

With the passage of the Americans with Disabilities Act (ADA) in 1990 and its subsequent amendment in 2008, **all activities of state and local government are required to be accessible to people with disabilities**. Accessibility is not limited to programs receiving federal funds, as required by Section 504 of the Rehabilitation Act (29 USC 794). Under ADA, public transit services, regardless of how they are funded or managed, must be accessible. Transit providers may meet accessibility requirements through the use of paratransit services, either on existing **fixed routes** or on a **demand-response** basis. Eligibility for paratransit service typically requires verification of a disability under the Americans with Disabilities Act. Different localities may have different processes for establishing eligibility.

2. Access to Public Transportation Services

Buses, trains, and other means of public conveyance usually operate on fixed routes with stops at specified times or time intervals. As indicated in the eligibility section above, when individuals with disabilities are not able to use these services, the Americans with Disabilities Act (ADA) requires that they be served by **paratransit** or **demand-response services**. Those services may be provided directly by the transit system itself or through a separate operator. As of June of 2014, there were 72 public transit providers listed in the Department of Rail and Public Transportation (DRPT) statewide database. This list is available at <http://www.drpt.virginia.gov/locator/allproviders.aspx?type=0>.

For paratransit and demand-response systems, the rider or someone acting on his or her behalf typically calls a reservation agent to schedule a pickup day and time. The caller must inform the agent of any special circumstances such as the need for a wheelchair accessible van or an attendant accompanying the rider. Times of operation and requirements for advance notice of a pickup vary widely among localities. Most services require notice at least 24 hours in advance, and some providers have penalties for late notice or frequent trip cancellations.

Transportation service providers in a rider's locality should be contacted directly for details. Local transportation information and resources can also be found at the Virginia Easy Access website at <http://www.easyaccess.virginia.gov/transportation.shtml>.

3. Available Public Transportation Services

The vast majority of scheduled, fixed-route transit services use buses or trolley buses on public streets and highways. **Paratransit services** are required by law for persons with disabilities who are not able to use fixed-route services. Paratransit services generally use smaller, specially equipped vehicles such as vans or minibuses and have specially trained operators. Paratransit must operate in the same areas and during the same hours as fixed-route services, and their fares can be no more than twice the fixed-route fares.

Demand-response services, which operate outside of a locality's public transit system hours or in areas where public transportation is not available, are not legally mandated and are not subject to either the route and schedule requirements or fare restrictions for paratransit services. Vehicles may be dispatched to pick up several different passengers at several different points before taking them to their respective destinations, and they may even be diverted en route to these destinations to pick up additional passengers. Services may be limited to certain target populations, areas, or times. Some localities use demand-response services during latenight and weekend hours in place of fixed-route services.

"User-side subsidy" services, which are partially subsidized by a transit agency, provide reduced fares to riders (users). A typical user-side subsidy program uses taxicab services and operators or a brokerage system that may charge a per-ride fee for handling the rider's transportation arrangements.

4. Public Transportation Program Monitoring

Individual operators of local public transportation programs determine how best to monitor and evaluate their performance and quality of service. Virginia does not have a statewide system for coordinating or monitoring their activities. Paratransit services, on the other hand, are now highly regulated and closely monitored for compliance with Federal Transit Administration (FTA) standards. Local providers should be contacted directly for information on their quality assurance practices.

5. Public and Human Service Transportation Grant Programs and MAP-21

In addition to Human Service Transportation Capital Grants, DRPT manages Public Transportation Paratransit Capital Grants that use state funds to support procurement of vans and small buses for demand-response transport services for individuals who are elderly, have a disability, or are economically disadvantaged. It also funds and provides training, expert advice, and technical assistance for human service transportation operators regarding defensive driving, wheelchair lift operations and wheelchair securement, vehicle and lift preventive maintenance, and working with people with disabilities.

On July 6, 2012, President Obama signed into law the **Moving Ahead for Progress in the 21st Century Act (MAP-21)**, which went into effect on October 1, 2012. The program changes in this legislation included the repeal of the Federal Transit Administration's (FTA) Section 5316 (Job Access and Reverse Commute—JARC Program) and Section 5317 (New Freedom Program) and the establishment of an enhanced Section 5310 program that serves as a single-formula program to support the mobility of seniors and individuals with disabilities. This legislation continued the coordinated transportation planning requirements established in previous law.

In 2008, DRPT worked with rural and small urban areas around the Commonwealth to develop **Coordinated Human Service Mobility (CHSM) Plans** that met the coordinated transportation planning requirements, and DRPT supported the development of such plans in large urban areas. The CHSM Plans are organized geographically around 21 Planning District Commissions (PDC's) throughout the Commonwealth. The PDC's have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional basis.

With the enactment of the MAP-21 legislation, DRPT began a process of consultation with local stakeholders to update the CHSM Plans for their respective regions. This process included extensive discussion of MAP-21 changes to human service transportation funding and careful review and updating of local and regional transportation needs and issues.

Through a series of initial, regional meetings held from September through November of 2012 and series of a follow up meetings conducted in June and July of 2013 to review plan revisions and gather additional input, Virginia's CHSM planning effort provided a structure and process intended to:

- provide a forum to gain consensus on the transportation priorities in the region and facilitate input from seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and others;
- take into account previous transportation planning efforts;
- foster local partnerships and provide an opportunity for the development of new ones;
- identify examples of projects and programs initiated since issuance of 2008 plans that demonstrate human service transportation enhancements and coordination efforts, i.e., mobility management efforts and new services;
- continue an ongoing structure to support coordination efforts or help establish new coordination structures; and
- serve as a tool for educating local decision makers, elected officials, and other stakeholders on unmet transportation needs in the region.

The planning process also drove the development of updated CHSM Plans to meet the federal coordinated transportation planning requirements and facilitate access to critical FTA monies.

As of September of 2013, 19 of 21 regional plans have been updated and finalized and can be accessed at http://kfhgroup.com/DRPT_CHSM/VACoordinatedPlans.html.

As noted above, the MAP-21 legislation established a modified FTA Section 5310 Program that consolidated the previous New Freedom and Elderly and Disabled Programs. The purpose of the new **Section 5310 Program** is to enhance mobility for seniors and persons with disabilities by providing funds to serve the special needs of transit-dependent populations with programs that go beyond traditional public transportation services and the Americans with Disabilities Act's complementary paratransit services required by the. Section 5310 Program recipients must continue to certify that the funded projects are included in a locally developed, coordinated, public transit/human services transportation plan.

Funds through the Section 5310 Program are apportioned for urbanized and rural areas based on the number of seniors and individuals with disabilities. Sixty percent of the funds are apportioned to designated recipients in urbanized areas with populations larger than 200,000; 20 percent goes to states for use in urbanized areas of fewer than 200,000 persons; and 20 percent goes to states for use in rural areas. The federal share is 80 percent for capital projects and 50 percent for operating grants. (Note that designated recipients in large urban areas can include the state. By mutual agreement, DRPT will serve as the designated recipient for Hampton Roads, Richmond/ Petersburg, and Roanoke).

By mutual agreement, DRPT will serve as the designated recipient for Hampton Roads, Richmond/Petersburg, and Roanoke. Under the MAP-21 legislation, eligible sub-recipients for the Section 5310 Program include state or local government authorities, private nonprofit organizations, or operators of public transportation services that receive a grant indirectly through a designated or sub-recipient.

The **local funding share** for Section 5310 Program projects can be derived from other federal, non-Department of Transportation (DOT) sources. Examples of programs that are potential sources of local match funds include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

MAP-21 also modified eligible activities under the Section 5310 Program:

- At least 55 percent of program funds must be used on capital projects for public transportation projects that are planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.
- The remaining 45 percent of funds may be used for
 - public transportation projects that exceed ADA requirements;
 - public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit; and/or

- alternatives to public transportation that assist seniors and individuals with disabilities.

DRPT is responsible for ensuring that local applicants for Section 5310 funds and their projects are eligible for the funds and in compliance with federal requirements, that private nonprofit transportation providers have an opportunity to participate as feasible, and that the program provides for as much coordination of federally assisted transportation services as possible. Section 5310 funds are obligated based on an annual program of projects included in a grant application submitted to the Federal Transit Administration (FTA) by DRPT.

DRPT's Public Transportation staff also manages FTA Section 5311 grants for public transportation in areas with fewer than 50,000 residents. Section 5311 funds are used for capital expenditures and may also be used to cover administrative and operating costs. Eligible entities include state and local governments, transportation district commissions, nonprofit organizations, and public service corporations. They can be used to pay up to 90 percent of the cost of projects that meet the requirements of the Americans with Disabilities Act (ADA), the Clean Air Act, or address bicycle access.

6. Funding for Transportation Programs

As shown in **Table 86**, DRPT reports in its *Six Year Improvement Plans for FYs 2009–2013* that it has received \$14.8 million in Section 5310 funding for vehicles purchased in state fiscal years (SFYs) 2009 through 2013.

State Fiscal Year	Amount of Section 5310 Funds	Number of Grant Recipients	Number of Vehicles Purchased
2009	\$2,832,364	39	66
2010	\$3,037,891	36	76
2011	\$2,992,765	36	76
2012	\$2,979,350	36	76
2013	\$2,969,518	37	81

All vehicles purchased using DRPT's Section 5310 funds in SFY 2010 forward were fully accessible for persons with disabilities, and DRPT continues to require all organizations to purchase accessible vehicles with removable, regular seating that helps to maximize space to meet the needs of their riders.

DRPT funds only a portion of rail and public transportation project costs; a large portion of the cost is borne by localities. It is essential that projects meet local needs and have local support. Transportation Authorities play the lead role in defining the rail and public

transportation initiatives for their areas. Citizens and businesses interested in advancing rail and public transportation initiatives in their localities may share their ideas or propose new initiatives to their local or regional transportation authority.

C. Medicaid-funded Transportation Services

The **Virginia Department of Medical Assistance Services (DMAS)** is the State’s designated agency for administration of Medicaid. As such, it has the responsibility under Title XIX of the Social Security Act (42 USC 1396 et seq.) to assure that necessary emergency and nonemergency transportation is available, when necessary, to approved providers of services covered by Medicaid.

1. Eligibility for Medicaid-Funded Transportation Services

According to information provided by DMAS, a monthly average of 249,838 Virginians were eligible for nonemergency transportation services in 2013. Of these, typically 21,000 individuals actually use these services each month, and about 50,000 unduplicated individuals use them in the course of a year. In SFY 2012, approximately 4.2 million one-way, nonemergency transportation trips were made throughout the Commonwealth.

When individuals who are eligible for Medicaid do not have other access to transportation, their transportation to and from approved providers of medically necessary services are covered under Virginia’s **Medicaid State Plan** and **State Children’s Health Insurance Program (CHIP)**. Additional information on Medicaid and CHIP eligibility can be found in the **Medicaid** chapter of this *Assessment* or obtained from the Department of Medical Assistance Services (DMAS). The DMAS website is at <http://dmasva.dmas.virginia.gov/default.aspx>.

In addition to its other eligibility requirements, the Virginia Administrative Code section 12 VAC 30-50-530 stipulates specific requirements. Two such requirements are that (1) Medicaid provided transportation shall only be used when recipients have no other means of transportation available; and (2) recipients shall be furnished with the transportation services that are most economical to adequately meet their medical needs. If the Medicaid recipient either does not own an operable automobile or cannot operate one safely and has no other transportation available from a spouse or, in the case of a minor, a custodial parent, Medicaid transportation can be used. Exceptions to the “no-other-transportation-available” provision must be made for individuals going to:

- dialysis treatment, chemotherapy, or radiation therapy;
- recipients of foster care; or
- enrollees in a **Medicaid Home and Community Based Services (HCBS) Waiver**.

An additional exception is possible when the length or frequency of a trip, or trips, would impose a financial burden on the recipient or the recipient’s family.

Under the “**eligible purpose**” guideline, transportation is provided so that services covered by Medicaid can be received. If the service requires preauthorization by DMAS or its agent, the recipient must obtain that preauthorization before requesting transportation to travel to the service or to any follow-up visits. Chapter IV of the *DMAS Transportation Manual* contains detailed information on coverage and eligibility for transportation services and is available at <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

2. Access to and Availability of Medicaid-funded Transportation

Medicaid recipients’ access to health care is highly dependent on a reliable network of transportation providers. In Virginia, the **Department of Medical Assistance Services (DMAS)** is responsible for creating and managing this network. DMAS solicits and contracts with a **Medicaid transportation broker** that subcontracts with individual community agencies or private providers to transport people with disabilities. The transportation broker is responsible for establishing and maintaining a safe, sufficient, and reliable network of providers of nonemergency Medicaid-funded transportation. In addition, the broker determines a rider’s eligibility in compliance with DMAS guidelines, verifies his or her need for transportation services, determines the most appropriate mode of transportation to meet the rider’s needs, authorizes the transportation service, and arranges trips with the subcontracted transportation providers.

To receive reimbursement for nonemergency Medicaid trips, transportation providers must have a contract with the Medicaid transportation broker. The broker is encouraged by DMAS to contract with Community Services Boards (CSBs), private providers of intellectual and developmental disabilities services, Area Agencies on Aging (AAAs), and other community-based organizations that provide disability-related transportation services. DMAS requires all transportation providers to comply with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, as amended (29 USC 791 et seq.), and requires the broker to ensure, to the greatest extent possible, that service recipients have stable and consistent transportation services with regular drivers. With prior approval from DMAS, these community-based providers may restrict their transportation services to the specific populations that they serve.

Unless it is an urgent trip, to arrange for Medicaid-funded transportation, an eligible individual, relative, caregiver, or medical facility staff member must call the **broker reservation line at least 5 days in advance**. The broker obtains information about the rider’s health condition and physical limitations, and then determines the appropriate pickup time, based on that information as well as the expected travel time, in order to arrive at the scheduled service on time. Verifiable **urgent trips**, such as sudden illness or hospital discharges, may be accepted with less than 5 days notice. For recurring appointments, such as dialysis or day supports funded through a Medicaid Home and Community Based Services Waiver (HCBS Waiver), the transportation is scheduled in advance and continues until the broker is instructed to cancel it. The broker refers to such appointments as “standing orders” or “prescheduled trips.”

Individuals who are deaf, hard of hearing, deafblind, or speech disabled can access a free public service, **Virginia Relay**, with a standard telephone to schedule transportation. Relay services are available 24 hours a day, 365 days a year, with no limit on the number or length of calls a user may make. Anyone can initiate a Virginia Relay call by dialing 7-1-1. After reaching Virginia Relay, callers give the Virginia Relay Communications Assistant the phone number of the person or business that they wish to contact. Once a connection has been made, the Communications Assistant helps the caller arrange transportation by relaying the conversation between the two parties. More information on Virginia Relay appears in the **Community Living Supports** chapter of this *Assessment* or can be found at <http://www.varelay.org>.

DMAS has been promoting alternative means of nonemergency transportation to augment existing Medicaid transportation options and to better support the needs and circumstances of individual service recipients. When possible and feasible, fixed route (not paratransit) public transit is the most desirable alternative because it can increase passenger mobility significantly. If a member lives near a bus line, the broker can send them bus tickets or tokens, so they can use public transportation to get to their Medicaid-covered services.

Two other alternatives available in Virginia have been successful in increasing transportation capacity, especially in rural or isolated areas. In the **Volunteer Driver Program**, trained volunteers are assigned by the transportation broker to transport eligible recipients to Medicaid-funded services in their own, approved vehicles and are reimbursed for mileage. Information on this service, including becoming a driver, is available by telephone from the nonemergency transportation broker at 866-810-8305, extension 625 (toll-free). In the **Mileage Reimbursement Program**, a family member or friend of the individual needing to go to a medical appointment or other Medicaid-funded service can obtain advanced approval from the broker to drive that individual and be reimbursed for mileage. Information on this program is available at 866-386-8331 (toll-free).

3. Available Medicaid-funded Transportation Services

Transportation services covered by Virginia's Medicaid programs are categorized as "emergency ambulance" and "nonemergency." **Emergency ambulance transportation** covers situations such as heart attacks and life-threatening injuries. It does not include service for minor abrasions, lacerations, bruises, fever, normal labor pains, headaches, intoxication, or other conditions that are not lifethreatening and are categorized as nonemergency.

Nonemergency transportation services are provided through the brokerage system introduced earlier in this chapter and described in more detail below. DMAS is responsible for administering Virginia Medicaid's Fee For Service (FFS) Emergency Ambulance and Non-Emergency Medicaid Transportation (NEMT) services. DMAS FFS transportation services include Emergency Air, Emergency Ground, Neonatal Ambulance, and NEMT services.

The **Fee-For-Service Non-Emergency Medicaid Transportation** service is managed and operated by Virginia's statewide contracted transportation broker, **LogistiCare**. LogistiCare is

responsible for managing every aspect of transportation on behalf of DMAS. LogistiCare is not a transportation company and does not own or operate vehicles. LogistiCare takes transportation eligible member's reservations, assigns trips to providers, and pays providers for all non-emergency transportation services. Non-Emergency Medicaid Transportation (NEMT) services include ambulatory, wheelchair, stretcher van, and non-emergency ambulance. NEMT also provides alternative means of transportation that include the use of volunteer drivers, mileage reimbursement, and bus tickets.

In non-emergency situations, the Medicaid transportation broker determines the appropriate level of service needed for a safe pickup and delivery of the recipient to his or her destination. **Curb-to-curb service** is provided for individuals who need little, if any, assistance from the door of the pickup point or destination to the vehicle. **Door-to-door service** is provided to passengers who need assistance to safely move between the door of the vehicle and the door of the passenger's pickup point or destination. The driver exits the vehicle and assists the passenger from the door of the pickup point (e.g., residence), escorts the passenger to the door of the vehicle and assists the passenger in entering the vehicle. The driver is responsible for assisting the passenger throughout the trip and to the door of the destination. It does not include the lifting of any passenger. Drivers, except for ambulance or stretcher van personnel, should not enter a residence. In some cases, transportation service recipients are transported **hand-to-hand**, meaning a person at the pickup point passes the recipient into the hands of the driver who will transfer the recipient into the hands of a facility staff member, family member, or other responsible party at the destination. Examples of individuals who may require this level of service include those with dementia or significant cognitive disabilities.

Ambulatory recipients may be transported by cars or minivans, including taxis, arranged by the broker. Wheelchair users are transported in lift-equipped vehicles, and those who must remain prone are transported by nonemergency ambulance or by stretcher van transportation. **Travel training** services, which help recipients get the information and develop the skills they need to travel safely and independently, may also be provided for recipients who require it.

In some cases, Medicaid may also cover transportation-associated costs such as meals, overnight lodging, and an attendant. With prior approval by the DMAS Medical Support Unit, out-of-state transportation is also provided when a medically necessary service cannot be provided in Virginia. As mentioned earlier, for Medicaid recipients living in areas with transit systems, the transportation broker can provide tickets or passes for use on fixed-route public transportation. If a recipient does not own a car or cannot drive, the broker may reimburse preapproved mileage expenses to a spouse or to a parent, guardian, or foster parent of a minor child for driving the recipient to an appointment.

4. Cost and Payment for Medicaid-funded Transportation

The Medicaid transportation broker is responsible for all nonemergency transportation services provided to Medicaid recipients, whether they are served by a traditional, fee-for-service program or enrolled in a capitated managed care organization. The broker pays

transportation providers at negotiated rates, and providers are prohibited from obtaining additional reimbursements from the transportation recipient or the recipient's family. For state fiscal year (SFY) 2013, the Department of Medical Assistance Services (DMAS) reported that there were 4,104,492 total trips provided at a cost of \$70,102,002.

5. Medicaid-funded Transportation Monitoring

The Department of Medical Assistance Services (DMAS) is responsible for monitoring the performance of its contracted Medicaid transportation broker. The broker is responsible for receiving and responding to all verbal or written **complaints** about nonemergency transportation services from service recipients, providers, DMAS, or other sources. Individuals wishing to report a problem or file a complaint should contact the **Ride Assist Call Center** through its toll-free customer service telephone number, 866-246-9979. A complaint number will be assigned and provided at the time of the call. If a complaint is ongoing or unresolved, an individual can complete a written complaint form. Updated in September 2013, the form can be accessed at http://dmasva.dmas.virginia.gov/Content_atchs/trn/trn-info3.pdf. The completed form should be faxed to 866-660-4372.

The broker is also responsible for monitoring its network of transportation operators to ensure compliance with the terms of their subcontractors and with all state and federal laws and regulations, including a number of DMAS safety and performance requirements. Operators must meet driver and vehicle requirements, resolve complaints, and deliver courteous, safe, timely, and efficient services.

Specifically, the broker is required to regularly review drivers' licenses, driving records, criminal records, and training requirements of its subcontracted operators. The broker tracks safety equipment carried on vehicles, makes semiannual vehicle inspections, and verifies maintenance records. Operators must provide accident and incident reports to both the transportation broker and DMAS. The safety of service recipients, the assistance provided to them, and driver courtesy are monitored by DMAS and the broker through on-street observations, analysis of complaints, and a semi-annual customer service survey. DMAS staff members and its broker can also conduct unannounced, onsite monitoring of drivers' performance as well as detailed inspections of vehicles. For major safety violations, authorized DMAS employees or the broker may immediately remove any driver or vehicle from service until the deficiencies have been corrected. Deficiencies and corrective actions are documented and become a part of the driver's or a vehicle's permanent record.

In addition to these monitoring activities, DMAS conducts quality assurance reviews of services. These DMAS **Utilization Reviews** may be conducted anonymously and without advance notice. DMAS is also responsible for conducting fraud investigations in cooperation with state and federal law enforcement agencies. DMAS reports that in November of 2013 there were 249,690 fee-for-service members. In SFY 2013 DMAS reports 4,176,261 Medicaid non-emergency transportation trips and 50,000 unique riders. Of those trips, DMAS reports

28,640 complaints: 24,373 provider late complaints; 2,652 provider no-show complaints; and 1,615 identified as “other.”

In 2013, a national research organization, GreatBlue Research, Inc. of Cromwell, Connecticut, conducted a **Client Satisfaction Study** on behalf of LogistiCare, the State’s current Medicaid transportation broker, LogistiCare. Using a random sample generated by LogistiCare of Medicaid-funded transportation clients living in Virginia at the time, GreatBlue conducted 402 interviews between December 7 and 22 of that year to determine those clients’ level of satisfaction with the transportation services they had received. GreatBlue Research determined that a random sample of this size has a maximum statistical error of plus or minus 5 percentage points, a 95-percent level of confidence. In theory, a sample survey of 402 LogistiCare clients would differ no more than plus or minus 5 percent from a survey in which all clients were interviewed.

All respondents interviewed reported to researchers they had traveled recently to a Medicaid-covered appointment and used LogistiCare (Virginia’s current transportation broker) services. Each respondent was asked a series of questions in each of the following areas of investigation and was asked to use a scale of 1 to 4 where 1 represented “very good” and 4 represented “very poor.” The study report, which is not available online, indicated the following levels of satisfaction.

- Call Center Satisfaction: 96.1 percent average positive rating
- Ride Assist Satisfaction: 85.5 percent average positive rating
- Driver Assessment: 93 percent average positive rating
- Vehicle Assessment: 98.1 percent average positive rating
- Service Assessment: 92 percent average positive rating
- Needs Met: 88.8 percent needs met “always” or “most of the time”

The DMAS contract with LogistiCare expires on September 30, 2014. If DMAS chooses, it could add another 12 months to the contract up to 3 times, extending the contract by 3 years. If this occurs, LogistiCare will remain the broker until September 30, 2017. Prior to end of the contract, DMAS will issue a Request for Proposals (RFP) for selection of a future contracted Medicaid transportation broker or brokers. Answers to frequently asked questions are available at <https://facilityinfo.logisticare.com/vafacility/FAQ.aspx>.

D. Human Service Agency Transportation Services

Other state agencies play significant roles in providing and monitoring human service transportation. Brief descriptions of the human service transportation services provided by other agencies, some at least in part through DRPT resources or the Medicaid brokerage system, are listed in **Table 87**.

Table 87. Human Service Agency Roles in Transportation	
State Agency	Role in Human Service Transportation
Department for Aging and Rehabilitative Services (DARS)	Provides funding for transportation services operated by local Area Agencies on Aging (AAAs).
	Purchases transportation for individuals to participate in vocational rehabilitation services.
Department for the Blind and Vision Impaired (DBVI)	Purchases transportation for individuals to participate in vocational rehabilitation services.
Department of Behavioral Health and Developmental Services (DBHDS)	Has authority for mental health, intellectual disability, and substance abuse transportation services. Oversees Community Services Boards (CSBs) that may use funding for transportation in association with allowable services.
Department of Social Services (DSS)	Oversees local departments of social services, including programs that can fund transportation services.

Eligibility for these transportation services varies based on the service being provided, the agency providing the service, and the source of funding. Local Area Agencies on Aging (AAAs) and Community Services Boards (CSBs) often provide transportation as a Medicaid-reimbursed provider. Eligibility is based on the specific program or local requirements. Similarly, the Department for Aging and Rehabilitative Services (DARS) and the Department for the Blind and Vision Impaired (DBVI) can purchase transportation if it is needed for an individual participating in their vocational rehabilitation programs to access agreed upon services. Eligibility for DARS and DBVI vocational rehabilitation programs is covered in the **Employment** chapter of this *Assessment*.

As noted above, individuals who receive services under a Medicaid Home and Community Based Services (HCBS) Waiver are eligible for human service transportation services subject to the rules of their particular waiver. For example, under the Individual and Family Developmental Disabilities Support Waiver (DD Waiver), transportation may be provided to and from any service authorized under the DD Waiver, such as to and from an individual’s place of residence or other designated location and an enrolled waiver services provider of supported employment or day support. Each waiver has specific eligibility requirements and criteria for services that are detailed in the **Medicaid** chapter of this *Assessment*.

Table 88 shows agency funding for human service transportation for (SFY) 2013.

Table 88. Funding for Human Service Transportation by Agency for SFY 2013	
State Agency	SFY 2013 Funds
Department of Rail and Public Transportation (DRPT)	
Section 5310	\$3,589,000

Table 88. Funding for Human Service Transportation by Agency for SFY 2013	
State Agency	SFY 2013 Funds
Section 5316	\$3,515,797
Section 5317	\$2,462,182
Senior Transportation	\$140,016
DRPT TOTAL	\$9,706,995
Department of Medical Assistance Services (DMAS)	\$70,102,002
Department for Aging and Rehabilitative Services (DARS)	
Division of Aging	\$5,876,527
Division of Rehabilitative Services (DRS)	\$1,065,591
Department for the Blind and Vision Impaired (DBVI)	\$128,195
Department of Social Services (DSS)	\$6,443,267
<u>TOTAL</u>	<u>\$93,322,577</u>

More user-friendly information on human service transportation can be found at the **Virginia EasyAccess** website at <http://www.easyaccess.virginia.gov/transportation.shtml>.

Additionally, Senate Bill 58, identical to House Bill 296, was introduced and passed in the 2014 session of the General Assembly. This bill requires the **alignment of transportation services with accessible housing and other community services** in a locality's Comprehensive Plan. Beginning in July of 2014 localities, when developing their Comprehensive Plan, will be required to

take into consideration how to align transportation infrastructure and facilities with affordable, accessible housing and community services that are located within the territory in order to facilitate community integration of the elderly and persons with disabilities.

This change should positively impact local coordination of land use and services and is consistent with the anticipated outcomes of Virginia's Settlement Agreement with the US Department of Justice.

E. Vehicle Modification, Adaptive Driving, Accessible Parking, Other Resources

Adaptive driving and **vehicle modifications** are an important transportation option for many individuals with disabilities. Adaptive driving allows an individual with a disability to drive as well as an individual who does not have disabilities, and the organization Infinite Potential Through Assistive Technology (<http://www.infinitec.org>) notes that

almost any car can be modified, but the types of vehicles and modifications appropriate for each driver are based completely on individual need and preference.

The first step to vehicle modification for adaptive driving is to obtain a reliable assessment by a driving rehabilitation specialist. This assessment determines whether the individual, with appropriate adaptive aids, can drive safely. A list of local vehicle modification dealers is available from the National Mobility Equipment Dealers Association (NMEDA). They can be reached by phone at 866-948-8341 or online at <http://www.nmeda.com/>. An online brochure detailing the process of selecting and installing assistive devices for drivers with disabilities is available at <http://www.nhtsa.gov/cars/rules/adaptive/brochure/brochure.html>.

In Virginia, **Woodrow Wilson Rehabilitation Center** provides comprehensive driving services that are managed and provided through its Occupational Therapy (OT) Department. This state-certified program is comprised of certified driving instructors (CDI) and certified driver rehabilitation specialists (CDRS). Several vehicles with a variety of adapted driving equipment are available for assessment and training purposes. More information about this service can be found at <http://wwrc.virginia.gov/DrivingServices.htm>.

The **Assistive Technology Loan Fund Authority (ATLFA)** offers creative and flexible services to help individuals with disabilities who might not otherwise be eligible for borrowing to procure loans. Any Virginian with a disability can apply for a loan, regardless of income and no matter how small a loan they might need. Credit history, current income, and existing debt will determine if an application is approved. ATLFA makes many loans for modified vehicles, hearing aids, and more. ATLFA also provides telework loans for individuals with disabilities who want to work from their homes, at telework centers (if available), or to remove barriers in an existing employment situation.

In years past, there were no rules or regulations requiring public facilities to provide special parking spots for people with disabilities. This meant that some people were unable to patronize these facilities. Since the enactment of the Americans with Disabilities Act of 1990, public facilities, including schools, businesses, libraries, hospitals, and government buildings, are required to have designated parking spaces for people with disabilities. Also, the Fair Housing Act requires landlords to provide accessible parking for individuals with a disability at

their homes. As shown in **Table 89**, as of September of 2013, there were a total of 622,950 active accessible parking placards and license plates in Virginia.

Table 89. Accessible Parking Permits Active in September of 2013		
Permit Type	Count	% of Total
Permanent placard	462,624	93.83%
Institutional placard	5,605	1.14%
Temporary placard	24,776	5.03%
Total placards	493,005	100.00%
Accessible parking license plates	129,945	--
Total plates and placards	622,950	--

In support of state and local efforts and in response to extensive public comment in this area, the Virginia Board for People with Disabilities (VBPD), author of this *Assessment*, has had a long-standing focus on improving transportation options for individuals with disabilities. The Board believes that self-determination, independent living, and full community inclusion can only be accomplished when planners and managers at the local and statewide levels develop a system of mutual responsibility for communication, coordination, and collaboration that integrates housing and transportation in ways that meet the unique needs and overlapping interests of people with disabilities.

F. Chapter References

Links to websites and online documents reflect their Internet addresses in June of 2014. Some documents retrieved and utilized do not have a date of publication.

1. Websites Referenced

American Public Transportation Association

<http://www.apta.com/resources/statistics/Pages/glossary.aspx>

Infinite Potential for Assistive Technology

<http://www.infinitec.org>

National Mobility Equipment Dealers Association (NMEDA)

<http://www.nmeda.com/>

United We Ride (Federal Inter-agency Coordinating Council on Access and Mobility)

<http://www.unitedweride.gov>

US Department of Justice, Civil Rights Division

<http://www.ada.gov>

Virginia Department of Medical Assistance Services

<http://www.dmas.virginia.gov>

Virginia Department of Rail and Public Transportation

<http://www.drpt.virginia.gov>

Virginia Department of Social Services

<http://www.dss.virginia.gov>

Virginia Department of Transportation

<http://www.virginiadot.org>

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http://www.drpt.virginia.gov/activities/files/State_Coordination_Model_for_Human_Service_Transportation.pdf

Virginia Transportation Board. (November 2009) *VTrans2035. A Statewide Multimodal Long-Range Transportation Plan*. Retrieved from <http://www.vtrans.org/vtrans2035.asp>