



# Study to Design a Mobility Management Program

Recommendations Report

**FINAL**

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## I. EXECUTIVE SUMMARY

The Office for People With Development Disabilities (OPWDD) has retained Public Consulting Group, Inc. (PCG) and subcontractor, Nelson\Nygaard, for the Study to Design a Mobility Management Project, which began in March 2016. The project is a result of enacted legislation in the State Fiscal Year 2015-16 budget that supports the State's desire to assess its current transportation system and how it meets, or fails to meet, the needs of individuals with disabilities.

The primary goal of the project is to identify promising practices or models that utilize natural supports, shared-ride and /or other resources to address the transportation needs (and especially the employment-related and community inclusion transportation needs) of individuals with developmental, mental or physical disabilities who receive services from the Office for People With Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and/or Department of Health (DOH), noting that DOH/Medicaid -sponsored non-emergency medical transportation (NEMT) is outside the scope of this project. The project also considers the broad-based transportation needs of individuals receiving services from the New York State Office for the Aging (NYSOFA), the Developmental Disabilities Planning Council (DDPC), the Office of Alcoholism and Substance Abuse Services (OASAS) and State Education Department (SED) to better understand the "world" of specialized transportation needs.

Although several states have begun to address Home and Community Based Services (HCBS) transportation through various waiver programs, states in general have not fully explored the link between coordination of HCBS non-medical transportation and Medicaid NEMT. The potential coordination of these human service transportation programs is most likely a key strategy to people with disabilities achieving full community integration as well as yielding great benefits to states including increased cost efficiency, utilization of existing resources, and limiting service duplication.

### Approach

PCG's project approach was multi-phased and involved close collaboration with a number of stakeholders. Through the contractual relationship with OPWDD, PCG was in regular communication with the OPWDD Director of Employment and Meaningful Community Activities, who provided regular project feedback and guidance. Additionally, the project also sought input from agencies, providers and individuals with disabilities in order to ensure that all stakeholders had input into the project. The following agencies constitute the Interagency Mobility Management Committee, which was created to serve as a sounding board for project input and guidance:

- Office for People With Developmental Disabilities (OPWDD)
- Office of Mental Health (OMH)
- Department of Health (DOH)
- Department of Transportation (DOT)
- New York State Office for the Aging (NYSOFA)
- Developmental Disabilities Planning Council (DDPC)
- Office of Alcoholism and Substance Abuse Services (OASAS)
- State Education Department – Adult Career and Continuing Education Services – Vocational Rehabilitation (SED)

In addition, the project team met with the OPWDD Provider Association and the Most Integrated Settings Coordinating Council (MISCC) for project feedback as needed or requested.

PCG's approach resulted in three deliverable documents including the Gap Analysis, Best Practice Research and this report – the final recommendations report, all of which are described below.

This final Recommendations Report deliverable incorporates findings and analysis from the Gap Analysis and Best Practices Research, to produce recommendations for improving transportation options for people with disabilities

including a recommended pilot program design that would maximize funding sources and enhance community integration.

The first deliverable, the Gap Analysis, details results from comprehensive stakeholder information collection activities across the State related to disability transportation, including over 40 interviews, five focus groups, and two surveys which reached over 1,000 direct service providers and transit providers. Through this extensive outreach effort, the PCG project team connected with at least one agency, provider of service, or individual with a disability in every one of New York State's 62 counties. The information gathered provided insight into current transportation resources available as well as existing transportation gaps and unmet needs.

The second deliverable is a National and In-State Best Practices Report to provide examples of statewide transportation coordination options, as well as mobility management activities that could be implemented on a local/regional level.

## Current Transportation Resources

Current transportation resources are available in varied degrees through New York State agencies and public transit systems statewide, but there are also challenges and limitations statewide for individuals with disabilities who need to access transportation for greater community integration and employment opportunities. In general, there is also a lack of coordination for non-medical disability transportation.

State agencies, such as OPWDD, OMH and DOH, manage transportation for the individuals they serve in varying ways. OPWDD, for example, provides transportation to individuals in residences and day programs by either utilizing state owned vehicles or sub-contracting with transportation providers to provide the service. This approach varies between regions across the state and also between the regional offices that oversee voluntary providers, and state-operated services. OMH, on the other hand, allocates funding to local counties across the state via its regional field offices, but specific funding for transportation is not explicitly assigned. Finally, DOH operates a statewide transportation management system that contracts with transportation managers who provide trips to Medicaid enrollees to authorized services via local private transportation providers. While transportation is considered both a crucial need and barrier to these populations, there is not a coordinated statewide approach at this time.

Public transit in New York state also varies by geography and includes the following types of service:

- **Fixed route** – bus or rail service following a set schedule and open to the general public
- **Americans with Disabilities Act (ADA) complementary paratransit** – public transit service that is accessible to eligible individuals with disabilities that is comparable to fixed route service with regard to service area and other characteristics
- **Demand response** – also known as dial-a-ride, riders within a certain geographic area can call in advance to schedule rides
- **Flexible services** – also known as flex-bus, route deviation, or point deviation, combine the accessibility features of demand response with the scheduled reliability of fixed route service

New York is a state that has great geographic variability, with some areas being classified as extremely urban while others have a rural definition. As such, public transit availability also varies - fixed route service is viable only in areas with a certain density of population or jobs, and it is more prevalent in urban or suburban areas. Rural areas often experience a significant lack of public transit services and must rely on different transportation modes, such as people owning their own cars or using other private transportation resources. Unfortunately, this is often cost-prohibitive, especially for individuals with disabilities, seniors and those with low incomes.

Since public transit is not available or accessible for many individuals in New York State, some regions and communities have implemented mobility management strategies that can help to supplement lacking transportation

resources. Mobility management represents a customer-focused approach to connect riders with transportation services so that seniors, people with disabilities, low-income workers, and youth can access the trips they need to get to jobs, services and community life. Specific mobility management strategies that have been proven to be effective include the use of mobility managers, establishing ride share programs among local human service agencies, creating one-call/one-click programs and utilizing travel training programs, just to name a few. Although many of these strategies are successful where implemented, there is an overall lack of mobility management coordination and support at the state level, and often successful programs are grant-funded and unfortunately disappear when grant funding expires.

## Business Case and Need for Coordinated Transportation

There are a variety of factors contributing to the increased need for accessible and specialized transportation resources. The country’s population is aging, and seniors require more assistance within their communities in order to remain independent for longer. In addition, there are greater demands and mandates for person-centered planning and community inclusion for individuals with disabilities, which requires access to more transportation options. As such, transportation to medical appointments, employment, social activities and activities of community integration is a critical link for people to remain active participants in their communities. Without transportation to and from services and activities, people cannot be fully integrated.

## Key Findings Summary

### Gap Analysis

After speaking with agencies, providers, individuals with disabilities, families and advocates across New York State, the importance and apparent lack of transportation options for individuals with disabilities was reiterated and validated. Transportation was continually cited as a barrier to accessing all activities of daily life for individuals with disabilities. From attending medical appointments, participating in day services and programs, getting to and from work and school, or even to the grocery store or socializing with friends, the lack of transportation in many cases prevents people from doing such things and from being active members of their communities. Key themes regarding transportation gaps and unmet needs emerged and are depicted in the figure below:



**FIGURE 1: KEY THEMES REGARDING TRANSPORTATION GAPS AND UNMET NEEDS**

*This figure illustrates the four main themes pertaining to transportation gaps and unmet needs for New Yorkers with disabilities, seniors and others with specialized transportation needs. These themes emerged from gap analysis stakeholder engagement including focus groups, stakeholder agency interviews and survey*

The gap analysis and needs assessment phase of this project provided a vast array of information that defines how transportation for individuals with disabilities and seniors is provided throughout New York State. Although a number of gaps and unmet needs were identified in the Gap Analysis deliverable (as shown in Figure 1), the following table outlines the four major gap findings that have the most impact on providing optimal transportation service.

**TABLE 1: SUMMARY OF GAP ANALYSIS FINDINGS**

Finding / Observation	Description
<b>No consistency or clarity in transportation coordination or funding mechanisms</b>	In general, state agencies do not have a consistent approach to providing transportation for the individuals they serve. Some agencies contract with transportation providers, while others own and operate vehicles directly. Other agencies funnel transportation dollars directly to counties to administer the service. Further, agencies do not have consistent standards for vehicles (e.g. vehicle type, age, insurance requirements) or driver qualifications/requirements.
<b>Limited or nonexistent data</b>	While some state agencies, direct service and transit providers were able to provide limited data on transportation costs, rates, number of trips provided and consumers served, the vast majority of agencies and providers did not readily have this basic information available.
<b>Limited mobility management best practice sharing</b>	In the course of stakeholder interviews, many unique and exceptional mobility management strategies and efforts were identified in both rural and urban regions of New York. However, these initiatives occur in regional pockets and usually are not presented or communicated to any sort of best- practice sharing entity or to other regions that could potentially adopt another region's best practice.
<b>Restricted transportation options in rural areas</b>	In total, 50 out of New York's 62 (80%) counties are defined as having rural areas. In rural areas, public transportation and associated paratransit is limited, so individuals with disabilities must rely on other means of transportation such as private vehicles, taxi service or friends and family to access all aspects of life.

## Best Practice Research

Human service transportation coordination and mobility management are occurring in varying degrees across states and localities throughout the United States. In order to better understand what is happening, the report was broken down into four main sections: Literature Review, State-Level Coordination Case Studies, Mobility Management Strategies, and Home and Community Based Services (HCBS) Waivers and Transportation.

### Literature Review

Through review of 40 documents and websites the following themes and key findings emerged related to the development of a human service transportation pilot program and expanded mobility management activities for human service agencies in New York.

**TABLE 2: LITERATURE REVIEW KEY FINDINGS**

Theme	Key Findings
<b>Human Service Transportation Coordination</b>	<ol style="list-style-type: none"> <li>1. Human service transportation (HST) programs are often fragmented.</li> <li>2. Human service transportation needs are increasing.</li> <li>3. Coordination between HST Providers, or between HST and public transit services, can generate many benefits.</li> <li>4. While beneficial, coordination presents challenges.</li> <li>5. Medicaid NEMT plays an important role in coordinated services.</li> <li>6. There are many documented coordination success factors.</li> <li>7. Resources are available that can be used to address HST coordination challenges.</li> </ol>
<b>Mobility Management</b>	<ol style="list-style-type: none"> <li>8. Mobility management activities are essential to HST and HST/transit coordination.</li> </ol>

**State-Level Coordination Case Studies**

The Best Practice Research also provided case studies for three states that currently coordinate human service transportation: Massachusetts, Florida and Georgia. While Massachusetts includes Medicaid transportation in their coordination model, the other two states do not, which provides an understanding of best practices under different models.

**Mobility Management Strategies**

The Best Practice Research also included a discussion on Mobility Management strategies, and further explained Mobility Management initiatives in five states.

Mobility Management is a broad term that is used to cover a number of activities, including comprehensive transportation coordination efforts and lower level, complementary programs and services. Mobility management strategies can be utilized disparately by one or more organizations that are involved in the provision of transportation services in an area, or combined into a comprehensive program administered by an individual or entity with the title of “Mobility Manager.” The adjacent figure identifies some key mobility management



strategies which were explored with strategy-specific best practices identified from across the country and within New York.

### ***Home and Community Based Services (HCBS) Waivers and Transportation***

Lastly, the Best Practices Research provided an overview and history of the HCBS Settings rule, including information gathered from a review of HCBS amendments and transportation service definitions, with specific findings from Ohio, Maryland, New Mexico, and Utah.

The HCBS Settings Rule is strongly linked with and supports the 1999 Olmstead Decision (*Olmstead v. L.C.*, 527 U.S. 581), which held that services for individuals with disabilities must be provided in the most integrated setting appropriate to a person's needs, with the goal of shifting the model of care from institutional to community-based so that individuals with disabilities can live as full and integrated lives as possible. Transportation is a bridge for these individuals to full community integration.

## **Recommendations**

PCG developed the following recommendations that identify a multi-level approach to human service transportation coordination and mobility management that will benefit individuals with disabilities and others who have specialized transportation needs across New York State. This approach establishes a strategy aimed at three hierarchical "levels" (state, regional, local) with the intention of creating the infrastructure for the delivery of sustainable, cost effective, safe and well-managed human service transportation and mobility management programs statewide.

Because the approach is geared toward multiple levels of government, an actionable implementation strategy is critical to advancing the recommendations. As such, the three recommendations are characterized with varying degrees of implementation feasibility.

The three recommendations are:

- 1) Establish a statewide human service transportation coordination infrastructure**  
This recommendation would require large scale reform, including legislative, regulatory and general policy changes, as well as significant changes to funding and rate structures.
- 2) Establish Regional Coordinating Councils (RCCs)**  
Establishing RCCs would require an initial investment, necessitate additional funding and may also require organizational, structural and/or some regulatory changes.
- 3) Pilot three mobility management strategies in three regions in New York State (eventual statewide implementation)**  
This recommendation could be achieved in the short term without significant new funding or legislative action.

## II. INTRODUCTION

The Office for People With Developmental Disabilities (OPWDD) has retained Public Consulting Group, Inc. (PCG) and its subcontractor, Nelson\Nygaard, for the Study to Design a Mobility Management Project. PCG and Nelson\Nygaard have assessed New York's current transportation system and how it meets, or fails to meet, the needs of individuals with disabilities.

The primary goal of the project is to identify promising practices or models that utilize natural supports, shared-ride and/or other resources to address the transportation needs (and especially the employment-related and community inclusion transportation needs) of individuals with developmental, mental or physical disabilities who receive services from the Office for People With Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and/or Department of Health (DOH), noting that DOH/Medicaid -sponsored non-emergency medical transportation is outside the scope of this project. The project also considers the broad-based transportation needs of individuals receiving services from the New York State Office for the Aging (NYSOFA), the Developmental Disabilities Planning Council (DDPC), the Office of Alcoholism and Substance Abuse Services (OASAS) and State Education Department (SED) to better understand the "world" of specialized transportation needs.

This third and final deliverable incorporates findings and analysis from the Gap Analysis and Best Practices Research into a comprehensive recommendations report, which includes recommendations for the design of a potential pilot program that seeks to maximize funding sources and enhance community integration.

### Project Mandate

In order to improve the lives of individuals with developmental disabilities and better connect vulnerable populations to the services they need, Governor Cuomo formed the Olmstead Development and Implementation Cabinet (Olmstead Cabinet) in November 2012. The Olmstead Cabinet's recommendations report identified the need for mobility management, since "transportation services are...fundamental to community living for people with disabilities."<sup>1</sup>

The New York State legislature enacted legislation in the SFY 2015-16 budget that supported an assessment of the mobility and transportation needs of persons with disabilities, and other populations including but not limited to older adults and those receiving behavioral health services. The assessment goal was to develop a clear and achievable set of recommendations regarding a pilot demonstration program aimed at improving transportation services. As a result of this legislation, OPWDD retained PCG for the Study to Design a Mobility Management Project, that began in March 2016.

OPWDD's request for applications (RFA) outlined fifteen mobility assessment requirements to be addressed as part of the overall scope of work. PCG was tasked with producing three deliverables to meet these fifteen mobility assessment requirements: Gap Analysis, Best Practices Research, and this final Recommendations Report. These 15 requirements and where PCG has addressed each is outlined in the following chart (some requirements are addressed in multiple deliverables):

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<sup>1</sup> Report and Recommendations of the Olmstead Cabinet, October 2013

**TABLE 3: RFA MOBILITY ASSESSMENT REQUIREMENTS CROSSWALK**

Requirement in the RFA	Report Reference
1. Coordination of a literature review of national, international strategies and the Medicaid contracted transportation manager to address the transportation and mobility management needs of individuals with disabilities.	Best Practice Research
2. Considerations regarding the accessibility and availability of public transportation and public safety concerns for persons with disabilities using these systems.	Gap Analysis
3. Identification of current Federal, State and local funding and public/private partnership opportunities related to transportation and mobility management for individuals with disabilities.	Best Practice Research Recommendations Report
4. The identification of cost savings strategies and strategies to avoid duplication of services.	Best Practice Research Recommendations Report
5. Evaluation of whether specialized care needs are being met.	Gap Analysis
6. Identification of any legal, statutory or regulatory, and funding transportation or mobility management barriers.	Gap Analysis, Best Practice Research, Recommendations Report
7. Identification of promising practices or models that utilize natural supports, shared-ride and/or other community resources to assist individuals with disabilities address transportation needs and in particular employment related transportation needs.	Best Practice Research
8. Recommendations for the evidence through the pilot implementation to identify software options to enable multiple entities to track services, manage costs among providers, consolidate routes and provide a common registry identifying participating clients and any specialized care needs that must be met in order to effectively provide transportation	Recommendations Report
9. The identification of locally based community and private transportation providers, mobility management programs and viable transportation systems equipped to participate in a possible pilot demonstration program.	Gap Analysis Recommendations Report
10. Recommendations for payment structures for providing targeted community transportation and impacts on the current rate adjustments or reimbursement changes.	Recommendations Report
11. Recommendations on strategies to align federal, state and municipal regulations and enhance interagency collaboration.	Recommendations Report
12. Recommendations on infrastructure changes in the delivery of services that could provide mobility services to improve connections to transportation providers to meet the needs of individuals with disabilities and other mobility challenged populations.	Recommendations Report
13. Recommendations on strategies to incentivize employment related transportation for individuals with disabilities including the creation of a rural transportation tax credit for employers providing resources or direct transportation to employees.	Recommendations Report
14. Recommendations on opportunities to connect employment related transportation to Regional Economic Development Councils.	Recommendations Report
15. Recommendations on strategies to incorporate transportation and mobility management into existing livable community strategies.	Recommendations Report

## Methodology and Approach

In this section the overall methodology and approach used to complete the scope of work is detailed. The approach has four phases: I. Project Kickoff and Project Management Plans; II. Stakeholder Input, Existing Conditions Analysis, and Future Needs Assessment; III. Identify/Analyze Applicability of National and International Best Practices; and IV. Recommendations Final Report.



*This figure illustrates the four phases of the project, including key activities and final deliverables for each phase.*

The sections below describe the main project deliverables, the first of which is the Project Management Plan (PMP).

### **Project Management Plan (PMP)**

The PMP serves as the foundation for shaping project tasks, goals, and core strategies and includes the following:

➤ Project Work Plan and Deliverable dates
➤ Communication Plan
➤ Quality Assurance Plan
➤ Risk Management Plan
➤ List of Key Stakeholders and contact information
➤ Stakeholder Engagement Plan

As part of the stakeholder engagement plan, key state agency stakeholders were identified including the project Interagency Committee participants and other provider and community groups. This helped to shape the gap analysis, including which groups to engage for interview, feedback and input.

## ***Gap Analysis***

The Gap Analysis provides an understanding of the current state of the New York transportation model in order for the recommendations to offer the most beneficial impact to persons with disabilities and other populations including but not limited to older adults and those receiving behavioral health services. With the Gap Analysis, the aim is to understand the extent to which special transportation needs are being met to achieve community inclusion, and how certain models of transportation service delivery and payment structures contribute to meeting the needs of the target populations.

The Gap Analysis was twofold. First, the current system was summarized based on the findings from the aforementioned stakeholder engagement activities and resulting analyses. Second, gaps and future needs of the current transportation system were identified. Based on this examination, the extent to which the current service infrastructure is able to accommodate the increasing demand for transportation was determined. PCG also determined the service planning gaps to achieving a true “person-centered” transportation system.

## ***Best Practice Research***

Using findings from both national and international research, as well as the best practice research from other states, PCG provided detailed best practices as the Phase III deliverable. The findings in this phase served as building blocks to the foundation of the Phase IV Recommendations Report.

PCG began this task with a literature review of national and international mobility management strategies related to Medicaid Nonemergency Medical Transportation (NEMT) and other coordinated human services transportation. Several examples of national mobility management models and strategies that were directly relevant to the existing conditions in New York State were highlighted based on their potential to meet the goals of the study.

## ***Recommendations Report***

The findings and analyses were incorporated from the previous two phases into this comprehensive Recommendations Report that includes the design of a potential pilot program that seeks to maximize funding sources and enhance community integration.

PCG assessed from the collection of applicable best practices in mobility management identified in Phase III the promising service models and mobility management programs and strategies that: 1) use a network of natural supports, public transit, ADA paratransit and coordinated transportation services and programs, and other private transportation and natural supports resources to meet the full array of transportation needs for people with disabilities; and 2) incorporate transportation and mobility management programs into existing livable community strategies. The findings also incorporate relevant legal, statutory or regulatory, and funding barriers associated with these strategies and programs.

The Recommendations Report also includes a recommended mobility management pilot program. PCG's experience understanding transportation models in the human services context and knowledge of person-centered planning helped design a pilot program that adequately meets the transportation needs of individuals with disabilities and other populations, including but not limited to, older adults and those receiving behavioral health services who are currently served by OPWDD, OMH, DOH and NYSOFA.

The following items were included in the Recommendations Report, either as a core component of the pilot program or as ancillary strategies intended to enhance overall community integration:

- Strategies and programs that incentivize employers to provide employment related transportation for persons with disabilities through opportunities to connect employment related transportation to Regional Economic Development Councils.

- Software and technology considerations that enable multiple entities to track services, manage costs among providers, consolidate routes, and provide a common registry identifying participating clients and any specialized care needs that must be met in order to effectively provide transportation.
- Alternative payment structures that best pertain to different circumstances.

PCG recommends a prioritized slate of strategies and opportunities for statewide consideration, and PCG has reviewed demographic characteristics for the pilot area to implement and test specific recommendations.

### III. NEED FOR NON-MEDICAL COORDINATED TRANSPORTATION

There are a variety of factors contributing to the increased need for accessible and specialized transportation resources. The country's population is aging, and seniors require more assistance within their communities in order to remain independent for longer. In addition, there are greater demands and mandates for person-centered planning and community inclusion for individuals with disabilities, which requires access to more transportation options. As such, transportation to medical appointments, employment, social activities and activities of community integration is a critical link for people to remain active participants in their communities. Without transportation to and from services and activities, people cannot be fully integrated.

This need was validated through the gap analysis. Through multiple focus groups, agency interviews and survey responses, it became clear that there were significant gaps in transportation service delivery for individuals, seniors and others with specialized transportation needs. While the following key findings emerging from the gap analysis are discussed in **Section V. Findings**, high level findings include:

- No consistency or clarity in transportation coordination or funding mechanisms
- Limited or nonexistent data
- Limited mobility management best practice sharing
- Restricted transportation options in rural areas

States spend billions of dollars annually on the full spectrum of services that allow people to live as independently as possible. But, the funding for transportation to these services has not kept pace. As a result, many states have taken on a fragmented approach to providing transportation to its most vulnerable citizens and have not embarked on a sustainable, long term solution to do more with less. Transportation coordination can be a viable solution to this end. As such, access to affordable, reliable and accessible transportation should not be an after-thought, but should be considered integral with access to housing, healthcare, employment and community inclusion.

#### State-Level Coordination

Human service transportation coordination is a broad term that can include coordination at the state government level, regional coordination efforts as well as local mobility and coordination solutions. With a multi-level approach, significant benefits can be achieved as multiple stakeholder agencies and organizations work together. Benefits of coordination include:

- **A streamlined contracting function** – reduces the administrative burden of multiple state agencies operating multiple transportation contracts with the same provider
- **Additional funding** – coordination between multiple agencies and organizations both at the state level and locally can access a greater number of funding sources than if they were operating alone
- **Increased efficiency** – shared rides result in reduced costs per vehicle and increase a vehicle's occupancy rate, creating a financial and environmental benefit
- **Reduced costs per trip** – creating economies of scale in a competitive bid system for human service transportation trips results in a lower cost per trip rather than the model in which service providers contract directly with transportation providers at an uncompetitive rate
- **Enhanced mobility** – increasing access to employment, community and social activities and healthcare can be provided at a lower cost, allowing for greater community inclusion and quality of life
- **Community enhancement** – additional transportation resources could lead to increased opportunities for businesses to be successful in communities where there was previously limited access to transportation resources

Other known benefits of coordination include improved service quality through consistent standards for safety, training or vehicle maintenance, expanded days/hours of service or service areas, and/or centralized sources of information on transportation options.

Many states that have implemented human service coordination programs have seen promising results that have lowered costs per trip through competitive bidding, provided more services to more people who need them the most, and have created many management and capital efficiencies benefitting the state and other stakeholder agencies.

Massachusetts and Florida, for example, have experienced the benefits of human service transportation coordination. In the Massachusetts model, multiple state human service agencies participate in a coordinated transportation system that also includes Medicaid Non-Emergency Medical Transportation (NEMT). Because the state has created economies of scale through competitive bidding as well as a cost containment methodology, the average cost per trip for all human service transportation programs combined has risen less than \$5.40 per trip since fiscal year 2004 while the volume of trips has more than doubled (113% increase) during the same period.

Additionally, and as outlined in the Best Practices report, the benefits of Florida's coordinated transportation system were estimated at an overall return on investment (ROI) of \$8.35 per dollar. The system's five most common trip types (medical, employment, education, nutrition and life-sustaining) saw estimated ROI between \$4.64 and \$11.08 per dollar invested. Beyond ROI, economic benefits include lower public health (prevention (rather than treatment) of disease, illness and injury; reducing health hazards; disaster preparedness; and promoting healthy lifestyles) and assisted living costs due to improved access to health care and healthy food and more opportunities for independent living, lower social services costs and increased sales tax revenues from higher employment, and increased sales tax revenues from dollars earned and spent to purchase goods and services.<sup>2 3</sup>

Finally, although New York DOH's transportation manager system only provides NEMT, implementation of the system has proven to be cost effective for the state. When direct service cost is examined, prior to its implementation in 2015, DOH served over 2.5 million fee-for-service enrollees at a cost of \$426.9 million. This equates to an average cost per enrollee of \$164.91 and an average cost per trip of \$13.74. Post-implementation, however, enrollment in the system grew by 56%, due to a general increase in Medicaid enrollment contributing to increased poverty levels, implementation of New York's Health Insurance Exchange, as well as the carve-out of transportation from the 1115 Waiver. 2015 data indicates that the system now serves over 5.9 million enrollees and costs \$585.8 million, with a per enrollee cost of \$98.93 and an average cost per trip of \$8.24. Although the system costs \$158.9 million more annually, both average cost per enrollee and average cost per trip have decreased by 40%.

## Regional-Level Coordination

In addition to human service coordination efforts between multiple state agencies for direct service delivery, it is also essential for states to establish a coordination planning presence and infrastructure. This can be accomplished by creating a state-level planning function as well as regional coordinating councils across all geographic regions of a state. Although the Best Practices Report discusses the functions and benefits of state-level coordinating councils, those same responsibilities would also apply to regional coordinating councils.

As summarized from the Best Practices research, 22 states across the country have active transportation coordinating councils, and of these active councils, 12 are operating under the requirements of current state legislation or statute. Coordinating councils tend to be comprised of a variety of stakeholder groups with representatives from human services, transit, employers and medical facilities that collectively work together to enhance transportation services for those with specialized mobility needs. The primary responsibilities of coordinating councils include an assessment of current transportation needs, identifying gaps and service

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<sup>2</sup> James F. Dewey. "Florida Non-emergency Medicaid Transportation Waiver", (University of Florida, Bureau of Economic and Business Research 2003).

<sup>3</sup> Dr. J. Joseph Cronin, Jr. "Florida Transportation Disadvantaged Programs Return on Investment Study", (Florida State University College of Business, 2008).

duplication and developing methodologies to maximize the most efficient use of resources.<sup>4</sup> Benefits of coordinating councils have already been realized by Florida, Georgia and Massachusetts.

### Local-Level Coordination

Finally, there are also tremendous benefits to implementing local mobility management strategies. Mobility management programs and services may include centralized sources of transportation information that may offer trip planning and booking assistance, travel training, rides provided by volunteer drivers, carpool/vanpool/shared mobility programs, and voucher programs. These strategies can complement traditional transit and paratransit services and can increase the mobility and efficiency benefits of human service transportation coordination and public transit service coordination.

While a variety of mobility management strategies and a network of mobility managers are at work in New York and are funded primarily with federal and state transit grants, they do not exist in all areas of the state where there is demonstrated need for increased transportation accessibility and availability.

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<sup>4</sup> National Conference of State Legislators, *State Human Service Transportation Coordinating Councils: An Overview and State Profiles*, 2014.

## IV. REVIEW OF ENVIRONMENT

Current transportation resources for individuals with disabilities and others requiring specialized services are available in varied degrees through New York State agencies and public transit systems that exist in various towns and cities. Outside of non-emergency medical transportation, there is no mechanism for coordinating transportation for other populations or activities such as employment and community inclusion. There is a substantial need for improvements in the current state structure and transportation resources available as seen through the many gaps identified through stakeholder interviews, surveys and focus groups (see **Section V. Findings**).

### Community Integration

The person-centered approach, is an important component to serving Title XIX Medicaid Home and Community Based Services (HCBS) Waiver participants and achieving community integration. In addition, the HCBS Settings Rule is strongly linked with and supports the 1999 Olmstead Decision (*Olmstead v. L.C.*, 527 U.S. 581), which held that services for individuals with disabilities must be provided in the most integrated setting appropriate to a person's needs, with the goal of shifting the model of care from institutional to community-based so that individuals with disabilities can live as full and integrated lives as possible. Transportation is a bridge for these individuals to full community integration.

As previously mentioned, the HCBS Settings Rule is based on the requirements of solid person-centered planning and requires that states examine the places (i.e. settings) in which services are delivered. Essentially, all services provided under HCBS must be provided in "truly integrated" community settings, and are based upon the following five guiding principles as shown in Table 4 below.

**TABLE 4: HCBS SETTINGS FIVE GUIDING PRINCIPLES<sup>5</sup>**

Principle	Description
<b>1. Community Integration</b>	<p>Individuals who receive HCBS must have the same level of access to the larger community as those who do not receive these services. According to the New Rule, access to the community must include opportunities for individuals with disabilities to:</p> <ul style="list-style-type: none"> <li>➤ Seek competitive integrated employment</li> <li>➤ Engage in community life</li> <li>➤ Control their own personal resources</li> <li>➤ Receive services in the community</li> </ul> <p>A key factor for determining whether settings are truly integrated or not is whether access to transportation or supported employment services exists.</p>
<b>2. Individual Choice</b>	<p>Individuals receiving HCBS must be offered a choice of services in "non-disability-specific" settings, and the options for consideration must be documented as part of the individual's person-centered planning process or as part of their individual service plan.</p>

<sup>5</sup> Samantha Crane. "Defining Community: Implementing the New Medicaid Home and Community-Based Services Rule." *Autistic Self Advocacy Network*. Policy Brief, September 2014.

<b>3. Individual Rights</b>	HCBS settings must always safeguard individuals' rights to "privacy, dignity and respect, and freedom from coercion and restraint." <sup>6</sup> According to Crane, "this component of the new rule is consistent with the input of self-advocates, who identified the absence of privacy and the use of coercion and restraint as a major factor determining whether a setting was institutional or community-based".
<b>4. Optimizing Autonomy</b>	HCBS settings must allow individuals to make their own choices, rather than supplying people with a list of options or pre-determining someone's daily activities and services.
<b>5. Choice Regarding Services and Providers</b>	HCBS settings should not pre-dispose individuals to receipt of unnecessary or unwanted services.

Based on the focus groups and stakeholder interviews conducted during the gap analysis phase, individuals with disabilities are often missing out on employment opportunities, social activities and access to daily necessities due to a lack of available transportation. Transportation for individuals with disabilities as well as older adults continues to be a significant barrier. In an environment that is focused on person-centered planning, transportation coordination and an established infrastructure are essential. With the implementation of HCBS Settings rule still in progress in most states (compliance is required by March 2019), many states are still developing new services within their existing waiver programs to more fully support community integration, including transportation directed at obtaining and maintaining employment. If an individual cannot access transportation to the community and for the receipt of HCBS supports and services to achieve their desired outcomes, then the intent and provision of essential services, administered outside of individuals' homes, cannot be fully accomplished. As such, HCBS service planning takes this into account and a "reliable" source of transportation to not only HCBS settings, but also community inclusion activities and employment must be included in the individual's person-centered service plan if natural supports such as driving themselves, public transportation, walking, friends or family are not available.

## Current State

New York State agencies such as OPWDD, OMH and DOH, manage transportation for the individuals with disabilities that they serve in varying ways. OPWDD, for example, provides transportation to individuals in residential and day programs by either utilizing state owned vehicles or sub-contracting with transportation providers to provide the service. This approach varies between regions across the state and also between the regional offices that oversee voluntary providers and state-operated services. In addition, voluntary providers deliver transportation to/from the residences and to/from day programs. Providers either own and operate their own vehicles, or contract with private transportation carriers to provide the direct service.

OMH, on the other hand, allocates funding to local counties across the state via its regional field offices, but specific funding for transportation is not explicitly assigned. Finally, DOH operates a statewide transportation management system that contracts with transportation managers that provide trips to Medicaid enrollees to authorized services via local private transportation providers. There is not a single coordinated statewide transportation approach at this time.

Public transit in New York State also varies by geography and includes the following types of service:

- **Fixed route** – bus or rail service following a set schedule and open to the general public
- **ADA complementary paratransit** – public transit service that is accessible to eligible individuals with disabilities that is comparable to fixed route service with regard to service area and other characteristics

<sup>6</sup> 42 C.F.R. §§ 441.301(c)(4)(iii), 441.530(a)(1)(iii), 441.710(a)(1)(iii), <https://www.medicaid.gov/medicaid/hcbs/downloads/exploratory-questions-non-residential.pdf>

- **Demand response** – also known as on-demand or dial-a-ride, riders within a certain geographic area can call in advance to schedule rides
- **Flexible services** – also known as flex-bus, route deviation, or point deviation, combine the accessibility features of demand response with the scheduled reliability of fixed route service

New York is a state that has great geographic variability, ranging from some of the most densely urban areas in the country to very rural. As such, public transit availability also varies - fixed route service is viable only in areas with a certain density of population or jobs, and it is more prevalent in urban or suburban areas. Rural areas often lack public transit services and must rely on different transportation modes, such as people owning their own cars, using other private transportation resources, or using taxis. Unfortunately, this is often cost-prohibitive, especially for individuals with disabilities, seniors and other low income populations.

Since public transit is not available or accessible for many individuals in New York State, some regions and communities have implemented mobility management strategies that can help to supplement lacking transportation resources. Mobility management represents a customer-focused approach to connect riders with transportation services so that seniors, people with disabilities, low-income workers, and youth can access the trips they need to get to jobs, services and community life. Specific mobility management strategies that have been proven to be effective include the use of mobility managers, establishing ride share programs among local human service agencies, creating one-call/one-click programs and utilizing travel training programs, just to name a few. Although many of these strategies are successful where implemented, there is an overall lack of mobility management coordination and support at the state level, and often successful programs are grant-funded and unfortunately disappear when grant funding expires.

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**Mobility Management:** Broad term used to cover a number of activities, including comprehensive coordination efforts and lower level, complementary programs and services. Mobility Management represents a customer-focused approach to connect riders with transportation services so that seniors, people with disabilities, low-income workers, and youth can access the trips they need to get to jobs, services and community life.

**Mobility Manager:** Individuals who help customers identify transportation options, plan trips and perhaps make arrangements for those trips, or entities that have a wider range of responsibilities aimed at improving coordination among transportation programs and services and increasing mobility options.

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## V. FINDINGS

### Gap Analysis

The Gap Analysis is the first of three deliverables, focusing on identifying gaps in meeting non-medical transportation needs, but also informing PCG's overall effort to identify promising practices or models that use natural supports, shared-ride and /or other transportation resources (and especially the employment-related and community inclusion transportation needs) of individuals with developmental, mental or physical disabilities who receive services from OPWDD, OMH and/ or DOH.

As shown to the right, Phase II, Stakeholder Input, Existing Conditions Analysis and Future Needs Assessment is the focus of this report. The goal of the Gap Analysis deliverable is twofold:

1. Document and assess the existing conditions in terms of the provision of transportation for individuals with disabilities, including promising practices
2. Identify gaps in service

The primary approach to information collection during the gap analysis phase of the project was to engage stakeholders via interviews and web-based survey tools. In addition, focus groups with individuals, families, and caregivers were conducted throughout the State. The information gathered from the stakeholder engagement activities was analyzed in order to understand the state of current transportation options, data available, existing mobility management strategies, and the major transportation gaps. The Gap Analysis phase included comprehensive information collection efforts, including outreach to over 40 New York State agencies and offices, two surveys which reached over 930 direct service providers and 130 transit providers, and facilitation of five focus groups across the state with individuals with disabilities, families, and advocates. Through this extensive outreach effort, the project team connected with at least one agency, provider of service, or individual in every one of New York State's 62 counties. The information gathered provided insight into current transportation resources available, as well as existing transportation gaps and unmet needs.

Individuals with disabilities need access to transportation for employment, medical appointments (outside of NEMT), and community inclusion activities, yet the availability of reliable and accessible transportation is problematic. After speaking with state agencies, providers, individuals with disabilities, families and advocates across New York State, the importance and apparent lack of transportation options for individuals with disabilities was reiterated and validated. Transportation was continually cited as a barrier to accessing all activities of daily life for individuals with disabilities. From attending medical appointments, participating in day services and programs, getting to and from work and school, or even to the grocery store or socializing with friends, the lack of transportation in many cases prevents people from doing such things and from being active members of their communities as depicted in the figure below.





**FIGURE 3: KEY THEMES REGARDING TRANSPORTATION GAPS AND UNMET NEEDS**

*This figure illustrates the four main themes pertaining to transportation gaps and unmet needs for New Yorkers with disabilities, seniors and others with specialized transportation needs. These themes emerged from gap analysis stakeholder engagement including focus groups, stakeholder agency interviews and survey responses.*

The gap analysis and needs assessment phase of this project provided a substantial array of information that has helped to define how transportation for individuals with disabilities and seniors is provided throughout New York State. Although a number of gaps and unmet needs were identified in the Gap Analysis deliverable, the following table outlines the four major gap findings that have the most impact on providing optimal transportation service for individuals with disabilities.

**TABLE 5: SUMMARY OF GAP ANALYSIS FINDINGS**

Finding / Observation	Description
<b>No consistency or clarity in transportation coordination or funding mechanisms</b>	In general, state agencies do not have a consistent approach to providing transportation for the individuals they serve. Some agencies contract with transportation providers, while others own and operate vehicles directly. Other agencies funnel transportation dollars directly to counties to administer the service. Further, agencies do not have consistent standards for vehicles (e.g. vehicle type, age, insurance requirements) or driver qualifications/requirements.
<b>Limited or nonexistent data</b>	While some state agencies, direct service and transit providers were able to provide limited data on transportation costs, rates, number of trips provided and consumers served, the vast majority of agencies and providers did not readily have this basic information available.
<b>Limited mobility management best practice sharing</b>	In the course of stakeholder interviews, many unique and exceptional mobility management strategies and efforts were identified in both rural and urban regions of New York. However, these initiatives occur in regional pockets and usually are not presented or communicated to any sort of best- practice sharing entity or to other regions that could potentially adopt another region’s best practice.
<b>Restricted transportation options in rural areas</b>	In total, 50 out of New York’s 62 (80%) counties are defined as having rural areas. In rural areas, public transportation and associated paratransit is limited, so individuals with disabilities must rely on other means of transportation such as private vehicles, taxi service or friends and family to access all aspects of life.

Findings from the Gap Analysis phase of the project indicate that fully utilizing all transportation resources and addressing unmet needs might best be achieved through coordination of human service transportation at the state level and/or more widespread implementation of mobility management strategies at the regional or local level. These recommendations are explained further in **Section VI. Recommendations**.

## Best Practice Research

The Best Practice Research is the second of three deliverables in PCG's overall effort.

As shown to the right, Phase III, Identify/Analyze Applicability of National and International Best Practices was the focus of this report. The goals of the Best Practices Research deliverable were:

1. Conduct national and international best practice research
2. Research best practice transportation models
3. Produce national and international Best Practices Research document

Human service transportation coordination and mobility management are occurring in varying degrees across states and localities throughout the United States. In order to better understand what is happening, the report was broken down into four main sections: Literature Review, State-Level Coordination Case Studies, Mobility Management Strategies, and Home and Community Based Services (HCBS) Waivers and Transportation.



### Literature Review

PCG reviewed over 40 documents and websites to extract information of relevance to the development of a human service transportation pilot program and expanded mobility management activities for human service agencies in New York. The literature review took into account national strategies around human service transportation brokerage models, including Medicaid NEMT; considerations regarding availability and accessibility of public transportation for individuals with disabilities; identification of funding sources and opportunities for mobility management and coordination programs as well as regulatory barriers; and best practices that address transportation needs of individuals with disabilities. This information provided a comprehensive look at Federal programs, funding availability, coordination efforts and lessons learned in human service transportation efforts.

The goals of the literature review included:

- Develop the foundation for best practice research both within New York and nationally;
- Identify information useful for the development of pilot program recommendations; and
- Compile information for best practices case studies and state profiles.

Two major themes formed the basis for the literature review: human service transportation (HST) coordination strategies (including brokerages), and mobility management. Key findings supporting these themes were identified and are depicted in the table below:

**TABLE 6: LITERATURE REVIEW KEY FINDINGS**

Theme	Key Findings
<b>Human Service Transportation (HST) Coordination</b>	<ol style="list-style-type: none"> <li>1. Human service transportation programs are often fragmented.</li> <li>2. Human service transportation needs are increasing.</li> <li>3. Coordination between HST Providers, or between HST and public transit services, can generate many benefits.</li> <li>4. While beneficial, coordination presents challenges.</li> <li>5. Medicaid NEMT plays an important role in coordinated services.</li> <li>6. There are many documented coordination success factors.</li> <li>7. Resources are available that can be used to address HST coordination challenges.</li> </ol>
<b>Mobility Management</b>	<ol style="list-style-type: none"> <li>8. Mobility management activities are essential to HST and HST/transit coordination.</li> </ol>

This literature review reveals several key points with implications for the development of a mobility management program and pilot for human services agencies in New York State.

- Research confirms that the transportation gaps and challenges experienced by individuals with disabilities in New York State are seen throughout the country;
- Accurate transportation data gathering, cost tracking and funding allocation are important elements in successful HST coordination. Guidance and tools are available to help NYS human service agencies accurately identify the cost of their transportation services and account for those costs in the context of coordinated services;
- Coordination with public transportation networks improves the cost-effectiveness of HST services;
- Inclusion of Medicaid NEMT in a coordinated system can contribute to increased efficiency, lower transportation unit costs, and strengthened local transportation networks that benefit all residents in rural and urban areas alike; and
- Mobility management is a valuable complement to HST/public transportation coordination.

**State-Level Coordination Case Studies**

The Best Practice Research also provided case studies for three states that currently coordinate human service transportation: Massachusetts, Florida and Georgia. While Massachusetts includes Medicaid transportation in their coordination model, the other two states do not, which provides an understanding of best practices under different models.

A snapshot of the coordination models is provided below:

**Massachusetts**

- Statewide coordinated, brokered transportation system for multiple state human service agencies including Medicaid non-emergency medical transportation (NEMT)



**Florida**

- Human service transportation and community transportation coordination, excluding Medicaid non-emergency medical transportation

**Georgia**

- State Department of Human Services transportation coordinated regionally; Medicaid NEMT coordinated regionally as well, but separately



***Mobility Management Strategies***

The Best Practice Research also included a discussion on Mobility Management strategies, and further explained Mobility Management initiatives in five states.

Mobility Management is a broad term that is used to cover a number of activities, including comprehensive transportation coordination efforts and lower level, complementary programs and services. Mobility management strategies can be utilized disparately by one or more organizations that are involved in the provision of transportation services in an area, or combined into a comprehensive program administered by an individual or entity with the title of “Mobility Manager.” Mobility Managers can be individuals who help customers identify transportation options, plan trips and perhaps make arrangements for those trips, or entities that have a wider range of responsibilities aimed at improving coordination among transportation programs and services and increasing mobility options.



The Mobility Management strategies described below could be implemented independently or to complement more comprehensive, structural changes in the delivery of human service transportation. The Best Practice Research also provided descriptions of mobility management practices, along with examples of best practices occurring in various localities throughout the country, including specific examples from New York State. Specific mobility management strategies included:

- **One Call – One Click system** – centralized information repository on a range of transportation services. Occurs along a spectrum of functionality and may provide program information, transportation itinerary planning, trip eligibility assistance, available transportation service information, and trip booking.
- **Vehicle sharing among providers** – human service agencies with complementary needs can share vehicles with one another to lower overall transportation costs for each organization. Program can operate

in a variety of ways depending upon who owns the vehicle and how it is shared. Typically, two agencies purchase a vehicle together and use at complementary times.

- **Agency tailored transit** – human service and transit agencies work together to request routing changes (such as closer to residences/agencies) or improvements (such as better bus stop location) that better serve customers. Can decrease reliance on costly agency-operated or contracted paratransit service.
- **Travel training** – train individuals or groups to use public transit services for a particular trip, or to better understand the transit system so individuals feel comfortable with the system. Includes one-on-one travel training for those with cognitive disabilities and volunteer bus buddy programs for older adults.
- **Volunteer driver programs** – are commonly used for rural transportation. Volunteer drivers use their own cars or operate agency vehicles (such as the Disabled American Veteran program). These programs can use new technologies such as digital ride boards to connect users and riders, and can be consolidated or combined into a centrally managed/coordinated service.
- **Flexible transportation voucher programs** – individuals are issued or sold vouchers, according to eligibility, that can be used to pay for transportation services (e.g. taxis, transportation network companies, volunteer drivers). Particularly useful in rural areas. Sponsoring agencies can subsidize trips but also cap contribution amounts.
- **Taxi/ Transportation Network Company (TNC) voucher programs** – municipalities, transit agencies, and human service agencies use taxi voucher and subsidy programs to provide real-time on-demand service for customers, often partnering with transportation network companies. Can divert trips from more expensive paratransit services.

In addition to the above, this section explained mobility management initiatives in five states, all of which have either regional or county-based mobility managers: New York, Massachusetts, Wisconsin, Iowa, and Utah.

- In **New York**, mobility managers or mobility management programs or services are in place in at least 26 New York State counties. Local public transit-human service transportation coordination plans are prepared at the county level. Strategies used vary with the size and type of community being served. But some strategies—such as centralized repositories of information and continued coordination improvements—are consistently used across different geographies.
- In **Massachusetts**, statewide mobility management activities are carried out at the regional level by 16 Regional Coordinating Councils (RCCs) spearheaded by one or more lead organizations and composed of a variety of regional and local transportation stakeholders. Assistance to local mobility managers (who work closely with the RCCs) is provided by a statewide mobility manager and several mobility specialists.
- In **Wisconsin**, a 2005 Governor's directive challenged state agencies to work towards eliminating transportation coordination barriers. As of 2015, sixteen different areas encompassing 35 counties fund mobility management strategies using 5310 funding. Wisconsin Department of Transportation (WisDOT) does not mandate the style or direction of these local mobility management projects. Instead, they are driven by local agencies through the local coordinated planning process.
- The **Iowa** Department of Transportation operates a mobility management program across the state, with one mobility coordinator at the state, five at the regional, and two at the municipal level. The state is split into 16 regions with mobility coordinator representation in each region covering Iowa's 99 counties. Mobility coordinators are tasked with identifying transportation options and services providers for individuals, and educating local communities on how to use public transportation.
- Mobility management in **Utah** operates at the regional level, with mobility managers housed at seven of the state's regional associations of governments. It consists of short-term planning, management activities, and projects for improving coordination among public transportation and other transportation service providers.

### ***HCBS Waivers and Transportation***

Lastly, the Best Practices Research provided an overview and history of the HCBS Settings rule, including information gathered from a review of HCBS amendments and transportation service definitions, with specific

findings from Ohio, Maryland, New Mexico, and Utah. The HCBS Settings Rule is strongly linked with and supports the 1999 Olmstead Decision (*Olmstead v. L.C.*, 527 U.S. 581), which held that services for individuals with disabilities must be provided in the most integrated setting appropriate to a person’s needs, with the goal of shifting the model of care from institutional to community-based so that individuals with disabilities can live as full and integrated lives as possible. Transportation is a bridge for these individuals to full community integration.

Since the early 1980’s, state Medicaid programs are able to offer home and community-based services (vs. services provided in institutional settings) such as case management; homemaker services; home health and personal care services; adult day health services; habilitation (both day and residential); supported employment; and respite care. States can also provide transportation services to help individuals live in the community.

Transportation is a key factor in determining whether or not people receiving supports and services through the HCBS state plan and waiver authorities are able to live a truly integrated life in the community of their choosing. If an individual cannot access transportation to participate in community activities of their choosing and for the receipt of HCBS supports and services to achieve their desired outcomes, then the intent and provision of essential services cannot be accomplished.

PCG reviewed and summarized other state HCBS amendments and transportation service definitions, particularly non-medical transportation for DD services, including transportation waivers in Ohio, Maryland, New Mexico, and Utah. The summary of findings from those states are provided below.

**TABLE 7: SUMMARY OF STATE HCBS AMENDMENTS AND TRANSPORTATION SERVICE DEFINITIONS**

State	Waiver(s)	Description
Ohio	<p><b>Individual Options</b></p> <p><b>Self-Empowered Life Funding (SELF)</b></p> <p><b>Level One</b></p>	<p><b>Non-Medical Transportation:</b> Available to enable waiver participants to access the following waiver services, as specified by the Individual Service Plan:</p> <ol style="list-style-type: none"> <li>1) Adult Day Support</li> <li>2) Vocational Habilitation</li> <li>3) Supported Employment-Waiver</li> <li>4) Supported Employment-Community</li> </ol> <p>Whenever possible, family, friends, neighbors, or community agencies that can provide this service without charge shall be used. All transportation services that are not provided free of charge and are required by enrollees in HCBS waivers administered by the Department to access one or more of these four services shall be considered to be Non-Medical Transportation services, and the payment rates, service limitations and provider qualifications associated with the provision of this service shall be applicable.</p>
	<b>Individual Options</b>	<p><b>Transportation:</b> Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, as specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized. Transportation services may be provided in addition to the Non-Medical Transportation services that may only be used to enable</p>

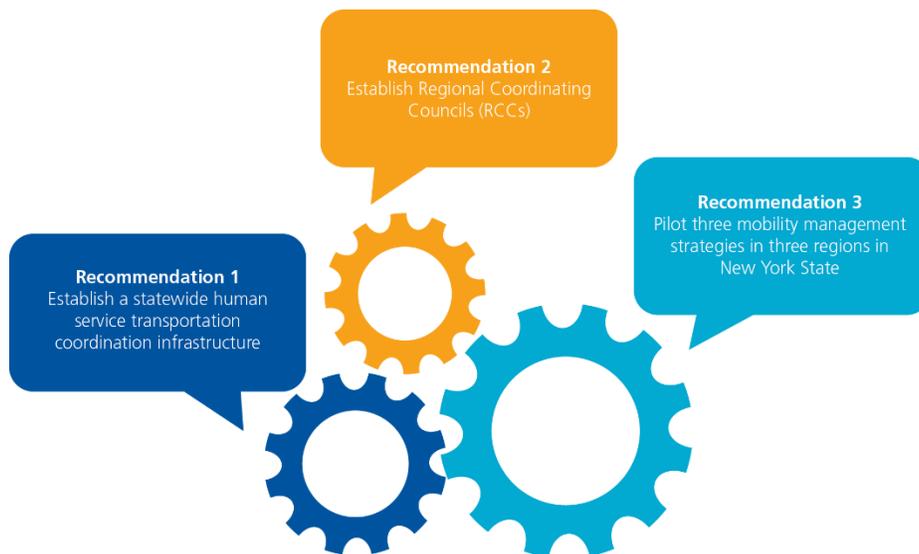
		<p>individuals to access Adult Day Support, Vocational Habilitation, Supported Employment-Enclave and/or Supported Employment-Community waiver services.</p>
	<b>Transitions DD</b>	<p><b>Supplemental Transportation Services</b> are those transportation services not otherwise covered by the Ohio Medicaid program that enable an individual to access waiver services and other community resources specified on the individual's service plan. Supplemental Transportation Services include assistance in transferring the individual from the point of pick-up to the vehicle and from the vehicle to the destination point.</p>
<b>Illinois</b>	<b>Waiver for Adults with DD</b>	<p><b>Non-Medical Transportation</b> is a service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. This service is offered in addition to medical transportation required under the Code of Federal Regulations (42 CFR §431.53) and transportation services under the Medicaid State Plan, defined in the Code of Federal Regulations at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the Waiver are offered in accordance with the participant's service plan. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge are utilized. Excluded is transportation to and from covered Medicaid State Plan services. Also excluded is transportation to and from day habilitation program services.</p>
<b>Minnesota</b>	<b>DD Waiver</b>	<p><b>Transportation</b> is covered in order to enable participants to gain access to waiver and other community services, activities and resources, specified in the community support plan. Whenever possible, family, neighbors, friends, or community agencies who are able to provide this service without charge will be utilized. This service does not replace transportation services covered by the state plan (e.g., to medical appointments) or supplant transportation that is available at no charge. This service does not cover transportation provided by providers for which the cost of transportation is included in their rates.</p>
<b>Utah</b>	<b>Community Supports Waiver</b>	<p><b>Transportation Services</b> provide waiver participants with the opportunity to access other waiver supports as necessary to encourage, to the greatest extent possible, an independent, productive and inclusive community life. Whenever possible, individuals receiving waiver services should use available transportation services offered through natural supports that can provide this service without charge. If these transportation options are not available or do not meet the needs of the waiver enrollee, waiver non-medical transportation becomes an option.</p> <p>Medicaid payment for transportation under the approved waiver plan is not available for medical transportation. In addition, Medicaid payment is not available for any other transportation available through the State Plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to community living, day habilitation, or supported employment providers contracted to provide transportation to the site(s) of a day program when payment for transportation is included in the established rate paid to the provider.</p> <p>Transportation may not be offered to those who receive residential or supported living services that include transportation, as well as to those</p>

		<p>who receive day supports or supported employment services (specifically customized employment or supported employment individual or supported employment co-worker that include transportation). Transportation includes both a per trip rate for the purposes of habilitation in the community as well as a daily rate that provides for transportation to and from organized day-supports or supported employment activities.</p>
<b>Maryland</b>	<b>Community Pathways</b>	<p><b>Transportation services</b> are designed specifically to enhance a participant’s ability to access community activities in response to needs identified through the participant’s Individual Plan. Services shall increase individual independence and reduce level of service need. Services are available to the participant living in the participant’s own home or in the participant’s family home. Services can include mobility and travel training including supporting the person in learning how to access and utilize informal, generic, and public transportation for independence and community integration. Transportation services may be provided by different modalities, including public transportation, taxi services, and non-traditional transportation providers. Transportation service shall be provided by the most cost-efficient mode available and shall be wheelchair-accessible when needed.</p> <p>Transportation is limited to \$1400 per year per person for people not self-directing. Transportation services may not be covered if other transportation service is available or covered, including under the Medicaid State Plan, the Individuals with Disabilities Education Act, the Rehabilitation Act, other waiver services or if otherwise available. Payment for transportation may not be made when transportation is part of another waiver service such as day habilitation, community learning services, employment discovery and customization, prevocational, supported employment or residential habilitation services. The Program does not make payment to spouses or legally responsible individuals for furnishing service. Payment for services is based on compliance with billing protocols and a completed service report. Payment rates for services must be reasonable and necessary as established or authorized by the Program.</p>
<b>New Mexico</b>	<b>Mi Via-ICF/MR</b>	<p><b>Transportation:</b> (As referred to in the overview of the new framework and approach for the Mi Via program in the Renewal Section 1. Major Changes.) Transportation services are offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. Transportation services under the waiver are offered in accordance with the participant’s service plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a), and does not replace them. Transportation services provided under the waiver are non-medical in nature whereas transportation services provided under the State plan are to transport participants to medically necessary physical and behavioral health services. Payment for Mi Via transportation services is made to the participant’s individual transportation employee or to a public or private transportation service vendor; payment cannot be directed to the individual participant. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.</p>

Although the aforementioned states have begun to address HCBS transportation through various waiver programs, states in general have not fully explored the link between coordination of HCBS non-medical transportation and Medicaid NEMT. The potential coordination of these human service transportation programs is most likely a key strategy to people with disabilities achieving full community integration as well as yielding great benefits to states including increased cost efficiency and utilization of existing resources, and limiting service duplication.

## VI. RECOMMENDATIONS

Based on input received and information analyzed from the first two deliverables of this project, the Gap Analysis, and the Best Practices Research, PCG developed the following recommendations that identify a multi-level approach to human service transportation coordination and mobility management that will benefit individuals with disabilities and others who have specialized transportation needs across New York State. Because the recommendations approach is geared toward multiple levels of government, an actionable implementation strategy is critical to advancing the recommendations presented within the body of this report. As such, the three recommendations are characterized with varying degrees of implementation feasibility.



**FIGURE 4: MOBILITY RECOMMENDATIONS**

*This approach to the recommendations establishes a strategy aimed at three hierarchical “levels” (state, regional, local) with the intention of creating the infrastructure for the delivery of sustainable, cost effective, safe and well-managed human service transportation and mobility management programs statewide.*

The three recommendations are:

- |                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1) Establish a statewide human service transportation coordination infrastructure</b><br/>This recommendation would require large scale reform, including legislative, regulatory and general policy changes, as well as significant changes to funding and rate structures.</p> |
| <p><b>2) Establish Regional Coordinating Councils (RCCs)</b><br/>Establishing RCCs would require an initial investment, necessitate additional funding and may also require organizational, structural and/or some regulatory changes.</p>                                             |
| <p><b>3) Pilot three mobility management strategies in three regions in New York State (eventual statewide implementation)</b><br/>This recommendation could be achieved in the short term.</p>                                                                                        |

The Request for Applications for this project requires the development of recommendations regarding a pilot demonstration program to coordinate transportation services regardless of trip purposes (including medical and non-medical), maximize funding sources, and enhance community integration and any other related tasks, which are replicable in both rural and urban settings and across various regions of New York State. The consolidated mobility management strategy pilot program accomplishes all of these requirements.

Additionally, PCG has put forth large scale infrastructure recommendations for the establishment of both a statewide human service transportation coordination infrastructure and a statewide Regional Coordinating Council

structure. Because the complete benefits of establishing such infrastructures can only be realized if they are established statewide and in full-scale, implementing them on a pilot basis is not recommended.

Nonetheless, any of the three recommendations could be implemented separately. This approach, however, would not achieve the large scale efficiencies that can be achieved by an overall implementation effort. The sections below provide an overview of the three recommendations, including necessary actions and key considerations.

## **Recommendation # 1: Establishment of Statewide Human Service Coordinated Transportation Infrastructure**

Through the gap analysis and best practice research phases of this project, the need for New York to establish a statewide infrastructure for human service transportation is clear. Overall, agencies tackle their transportation programs from varying perspectives and have varying degrees of control and oversight, financial management and service management approaches. Coordinating the transportation programs of multiple agencies through a single statewide coordination infrastructure would provide consistent management oversight, proactive budgeting and identification of trips and transportation costs. Additionally, a statewide system of coordination ensures access to transportation resources in every area of the state, regardless of geographic location.

In order to establish this statewide coordination infrastructure, the following activities should be undertaken.

### **Determine Participating Agencies**

The first step to developing a multi-agency human service transportation coordination infrastructure is to determine which agencies will participate. PCG recommends that OPWDD and OMH initially, and DOH at a later point in time, all participate in this system to achieve maximum efficiencies. OPWDD and OMH could realize the most benefits to participating in a coordinated system as these agencies have the largest long term waiver populations that could benefit from greater integrated employment options and community integration.

DOH recently procured the services of two transportation managers for the provision of transportation to Medicaid recipients across the state. As such, PCG recommends that with subsequent procurement cycles, Medicaid non-emergency medical transportation (NEMT) and other DOH-sponsored transportation (including Traumatic Brain Injury) be phased into the system as well. This will allow for maximum efficiencies to be achieved across multiple agencies, noting that Medicaid NEMT is by far the largest component, contributing to over 11 million trips annually and over \$558 million in direct service costs.

Additionally, other stakeholder agencies that were informative to the information collection phase of this project, including the New York State Office for Aging, SED ACCES-VR, and OASAS, should also consider participating in the system. Further, other agencies that weren't examined as part of this initiative but may benefit from a coordinated transportation program or those that purchase transportation for the individuals they serve separately, could also consider participation. Such agencies, organizations or programs include Early Intervention under DOH, the Temporary Assistance for Needy Families (TANF) population under the Office of Temporary and Disability Assistance (OTDA), the New York State Commission for the Blind, and New York State Division of Veterans' Affairs.

### **Establish a State-Level Entity to Coordinate All State Agency Purchased Transportation**

As many other states do, New York state government does not have an umbrella agency over its health and human services agencies, meaning the separate agencies report independently to the Governor. As such, PCG recommends the establishment of an agency-neutral oversight body to coordinate all state agency purchased human service transportation. From this point forward in this report, this entity shall be referred to as the statewide coordination office.

In this model, the transportation programs of participating state agencies would be managed by the statewide coordination office, whose mission would be to promote access to health and human services, employment and community life activities through coordinated transportation. This would be accomplished by establishing and managing a statewide human services transportation brokerage system for individuals eligible for state agency services.

Because multiple state agencies and programs would collectively participate in this system, it is important that the management of multi-agency transportation services not rest within a participating agency. This model is currently at work in Massachusetts, for example. While the Department of Health currently manages the transportation manager system, providing transportation for Medicaid-eligible enrollees to Medicaid-covered services across all of New York State, simply adding additional agencies to the transportation manager system currently managed by DOH is not in the best interest of other participating agencies (see discussion under “Develop brokerage model requirements”).

The statewide coordination office would be responsible for the following activities, which include:

**TABLE 8: PRIMARY STATEWIDE COORDINATION OFFICE RESPONSIBILITIES**

➤ <b>Cross-Agency Coordination:</b> Working closely with state agencies to ensure optimal provision of transportation for individuals receiving agency services
➤ <b>Contract Management and Rate Establishment:</b> Procuring and negotiating the contract with the selected broker(s) including the broker management fee and the direct service rates on behalf of the participating agencies
➤ <b>Payment:</b> Paying the negotiated broker management fee
➤ <b>Cost Analysis:</b> Monitoring and assessing the cost-effectiveness of the broker management costs, the direct service costs and any cost savings generated by the broker
➤ <b>Quality and Performance Oversight:</b> Monitoring the performance of the broker in the provision of human service transportation services for the statewide system
➤ <b>Operations Management:</b> Working with the broker to address day-to-day issues arising from participating state agencies, programs or individuals with regard to the transportation service
➤ <b>Standards Development:</b> Coordinating with the broker to update and standardize service and vehicle standards
➤ <b>Data Analysis:</b> Reviewing and analyzing performance data from the broker and generating statewide reports on the human service transportation program for state agencies and other stakeholder audiences
➤ <b>Technical Assistance Resource:</b> Providing technical assistance as needed
➤ <b>Mobility Management Guidance:</b> Collaborating with the broker on working closely with Regional Coordinating Councils to ensure sustainability of mobility management activities statewide

PCG recommends that the statewide coordination office organizational structure include a director, management staff with participating agency-specific programmatic knowledge, a brokerage operations and quality assurance arm, and a technical assistance component. Additionally, the office should house a statewide mobility manager (and potential support staff) who would work closely with the Regional Coordinating Councils (RCC) on mobility management activity planning statewide. This ensures sustainability from the human services perspective and creates a state-level point of contact for regional and local mobility managers.

In order to ensure that the needs of all individuals served under the system are met and to receive input from other stakeholder agencies not directly participating in the statewide human service transportation coordination system,

PCG recommends the creation of an advisory board to guide the office’s activities and mission. Members would include commissioner-level representatives from participating agencies, as well as a representative from NYSDOT and representatives from other stakeholder (non-participating) agencies. Additionally, the advisory board could be chaired by a representative from the Governor’s office to ensure that the office’s mission remains consistent with that of New York State as a whole. The advisory board should consider holding quarterly public meetings to provide updates and allow for input from individuals, their families, advocates, and service providers.

**Develop Coordination Model**

There are several possible methods to establish a coordinated transportation system, including a brokerage model or a transportation manager model.

According to a National Conference of Legislatures article regarding the provision of NEMT<sup>7</sup>, in 2015, 33 states were using some form of a brokerage model, which could include a public brokerage, private brokerage, or a mix of a brokerage model and fee-for-service system. Data could not be found to identify states that use a transportation manager in addition to New York.

The table below provides a comparison of the primary functions of a transportation manager versus a broker.

**TABLE 9: PRIMARY FUNCTIONS OF TRANSPORTATION MANAGER VERSUS TRANSPORTATION BROKER**

Transportation Manager	Transportation Broker
➤ Check the eligibility of the individual	➤ Implement transportation authorizations from participating agencies
➤ Intake trip reservations	➤ Conduct transportation service planning
➤ Assign the trip to the most appropriate lowest-cost mode, including an assessment of public transit availability, accessibility and appropriateness for the enrollee	➤ Credential, procure and contract with transportation providers for direct service delivery throughout the entire statewide brokerage system
➤ Monitor service performance and customer satisfaction	➤ Schedule all trips
	➤ Provide customer service
	➤ Collect system and performance data and provide regular and on demand reports to the statewide coordination office
	➤ Pay transportation providers for services rendered
	➤ Take a lead role in the Regional Coordinating Council management and perform related mobility management support functions

PCG recommends a brokerage model rather than a transportation manager model for two primary reasons:

1. **Transportation Provider Contracting:** In the current transportation manager model, DOH contracts directly with transportation providers. If this approach were used under the coordination umbrella, all participating agencies would have to execute and manage separate contracts with transportation providers, creating an unnecessary and duplicative administrative burden to the state. In a brokerage model, however,

<sup>7</sup> National Conference of State Legislators, *Non-Emergency Medical Transportation – A Vital Lifeline for a Healthy Community*, 2015.

with multiple state agencies participating, the broker would manage and execute contracts with transportation providers directly, taking the administrative burden from state agencies.

2. **Eligibility Determinations:** Eligibility for individuals to receive transportation to agency-approved services in the current transportation manager model is overseen by the transportation manager. In a coordinated model that includes multiple state agencies, the eligibility determinations (individuals, services, locations) should remain with the state agencies and should be communicated to the broker for trip planning and execution. This is a function that could also be carved out of state agencies and managed by a contracted service (not the broker).

Although the DOH transportation manager system is working well thus far to achieve cost efficiencies for Medicaid NEMT, PCG believes that the same benefits would occur in a brokerage system with multiple state agencies participating and would relieve the state of the administrative function of contracting with transportation providers. The DOH system, however, warrants some additional discussion, as many of the hallmarks are consistent with both transportation managers and brokers and some of the current functions provided by the transportation managers could be replicated in a brokerage model.

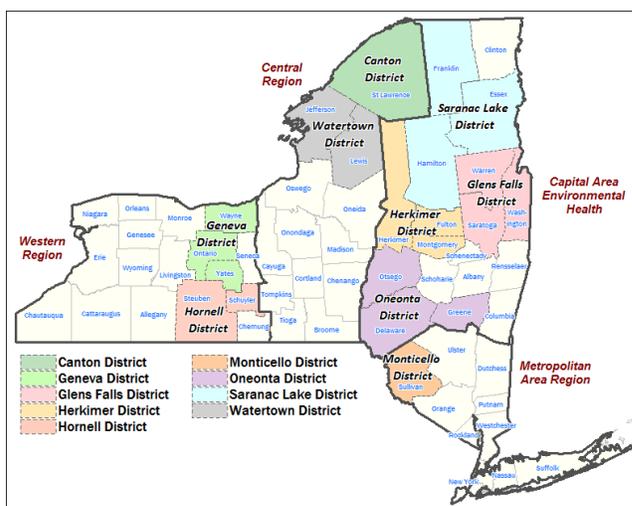
As previously discussed in the gap analysis, DOH established six regions, and contracted with two professional transportation management companies to manage NEMT:

1. LogistiCare manages NEMT in New York City and Long Island
2. Medical Answering Services (MAS) is responsible for managing NEMT across the other regions of New York State.

Each of these regions' transportation managers was procured through a competitive process with a five-year contract with DOH.

In this model, the transportation management companies do not directly contract with the transportation providers; rather, DOH is responsible for directly contracting with the transportation providers that the transportation managers use to provide the direct service at the state level. This is a common model for the delivery of ADA paratransit in large metropolitan areas but not in the Medicaid NEMT space where brokers and the use of managed care organizations have become more commonplace to manage the Medicaid transportation provider pool. In a more typical transportation brokerage model like the one PCG is recommending, the broker is responsible for contracting directly with the transportation providers.

FIGURE 5: DEPARTMENT OF HEALTH REGIONAL MAP



**Develop Brokerage Requirements**

As the statewide coordination office develops its brokerage requirements, there are several critical components of the model that must be established:

- **The number of brokers and regions** – Since the geography of New York is such that New York City is an urban core, with robust public transit infrastructure in place, and the rest of New York State can be classified as 80% rural, New York should consider whether one statewide broker or a two-broker system (New York City and Rest of State) is established. Additionally, a number of regions would have to be established and should be consistent with those established in the Regional Coordinating Council (RCC) model in order to ensure consistency of service and mobility approaches. Because multiple state agencies that would

participate in the system (e.g. OPWDD, OMH) all have different regional boundaries and structures, new boundaries would need to be established.

- ***A cost allocation strategy for participating agencies to ensure transparency in transportation funding for shared routes*** – In a brokered system with multiple participating agencies, shared and grouped rides with individuals served by those agencies are key to achieving efficiencies through maximum vehicle occupancy and cost effectiveness. As such, a transparent cost allocation model must be established and agreed upon so that shared rides and routes are paid for equitably by the different parties. PCG recommends a cost allocation strategy similar to the Massachusetts model. In this model, for all grouped/shared routes and trips, the broker allocates costs equitably across all agency and non-agency consumers. In order to ensure appropriate cost allocation strategy, the Massachusetts Human Service Transportation (HST) Office approves cost allocation methodologies by the brokers. For routes that include individuals from different funding agencies, the broker completes a calculation at the vehicle/route level to allocate the appropriate costs to each agency. On the last day of each billing period, the broker determines the percentage of each agency's individuals that were assigned to that mixed route and multiply that percentage by the actual route cost for that billing period to determine the allocation of costs to each agency. Each agency's share of mixed route costs is added to its total non-mixed route costs to generate the agency's total monthly transportation costs.
- ***Statewide data reporting requirements*** – In a statewide coordination model, the broker must be able to make data on individuals, trips, costs, transportation providers and other data elements available to New York State on a real-time basis. The broker would also be responsible for producing statewide reports so that the statewide coordination office could monitor service costs and customer satisfaction, as well as complete budgetary requests and projections for future years of service. Specific requirements should include:
  - Transportation Authorization data
  - Consumer data
  - Communications (call center data)
  - Service inspection data
  - Consumer trip data
  - Complaint/incident data
  - Satisfaction survey data
  - Mobility Management data
  - Transportation Provider data
  - Brokerage data
  - Invoice Data

Due to the expectation that multiple agencies will participate in this system, it is recommended that a state-owned data management system also be developed in order to receive, manage and analyze, at a minimum, the data elements above from the broker on a real-time basis. Although the broker will also have this information readily available through its own systems, the statewide coordination office should also have real-time access to data for quick analysis or to respond to any inquiry from one of its state agency customers or from the governor's office.

- ***Technology requirements and capabilities*** – The broker would be responsible for managing a call center, complete with staff to schedule trips and triage issues, utilizing the most up to date scheduling software, allowing for maximum route efficiencies. The broker would also have the technical capability to provide the data elements indicated above to the statewide coordination office in near real-time. This could be accomplished by interfacing the broker's data system and that of the statewide coordination office.
- ***Vehicle standards*** – While the broker would be responsible for securing transportation provider contracts in which additional standards above and beyond minimum standards could be established, the statewide coordination office would determine minimum vehicle standards for all vehicles serving the state's most vulnerable populations. For example, there may be different standards for different vehicle types such as

wheelchair vans, buses, sedans or ambulettes. The table below provides an example of minimum vehicle qualifications for transportation providers under contract with the broker. There would be additional requirements for accessible transportation, i.e. wheelchair vans and other specialized modes of transport to ensure optimum safety. Although the standards below are intended to provide examples of minimum standards that could be implemented, it should be noted that these are more specific than the ones already in use by the NEMT system. The DOH Medicaid Transportation Manual - Policy Guidelines requires generally that all taxi/livery providers, for example, meet all applicable State, County and Municipal requirements for legal operation to participate in the Medicaid transportation program.<sup>8</sup> The table below provides examples of minimum vehicle qualifications that have been used in Massachusetts.

**TABLE 10: EXAMPLE OF MINIMUM VEHICLE QUALIFICATIONS**

➤ Ensure that both primary and backup vehicles used for brokerage services are owned, leased, or otherwise controlled by the transportation provider
➤ Ensure that the provider has a sufficient number available to transport consumers during the time established by the broker or when an emergency arises
➤ Provide a list of all vehicles to be used in the provision of brokerage services, including vehicles' Vehicle Identification Number (VIN), year of manufacture, license plate number, vehicle seating capacity, and date (month & year) of the vehicle's current state certified safety inspection
➤ Provide a list of all vehicles used in the provision of brokerage service and ensure that vehicles be no older than six (6) years from the date of manufacture, with the broker and statewide coordination office's determination if there are any exceptions
➤ Ensure that all vehicles conform to all applicable state and federal statutes, regulations or standards, including, but not limited to the rules and regulations of the funding agencies, the broker, and the New York Department of Motor Vehicles
➤ Ensure all vehicles used under the terms of the brokerage contract: <ul style="list-style-type: none"> <li>○ Are garaged and registered in the State of New York</li> <li>○ Have passed inspection by the Department of Motor Vehicles prior to being used under contract</li> <li>○ Are clearly identified with the corporate or business name affixed to the vehicle in a permanent or semi-permanent manner in no less than two (2) inch high letters. Providers are encouraged to identify vehicles without excessive labeling that would stigmatize riders. This would be implemented long-term through fleet replacement.</li> <li>○ Are maintained in good working order (including but not limited to brakes, tires, heater, windshield, wipers, defroster, speedometer, etc.) with an established preventive maintenance program and all necessary gasoline, oil, grease, and repairs furnished through the entire period of the contract</li> <li>○ Are cleaned regularly and have exteriors which are free of grime, cracks, breaks, dents, and damaged paint that noticeably detracts from the overall appearance of the vehicle, in addition, passenger compartments must be clean and free from torn upholstery or floor coverings, damaged or broken seats, and protruding sharp edges</li> </ul>
➤ Ensure all vehicles are equipped with: <ul style="list-style-type: none"> <li>○ A seat with installed seat belts for every vehicle occupant (including driver and Monitor), which shall be in proper working order and accessible to the occupant</li> </ul>

<sup>8</sup> [https://www.emedny.org/ProviderManuals/transportation/PDFS/Transportation\\_Manual\\_Policy\\_Section.pdf](https://www.emedny.org/ProviderManuals/transportation/PDFS/Transportation_Manual_Policy_Section.pdf)

- A seat belt cutter within easy reach of the driver, and seat belt extensions and seat belt covers, when needed
  - A communication mechanism allowing for the ability to communicate with the broker, consumers or the transportation provider’s place of business at all times
  - A working air conditioning system of sufficient capacity to cool the entire vehicle (auxiliary air may be necessary)
  - Snow tires or their equivalent during the period November 15 through April 15 of each year
  - Spare tire and jack (unless covered by vendor maintenance policy)
  - Portable step (optional for lift equipped vehicles) – Stools should be made of high-strength material, preferably metal and have rubber tips on the bottom to prevent slipping on wet or icy pavement. The design must be satisfactory to both the transportation provider and the funding agency
  - Chock blocks, multifunctional fire extinguisher, flags, reflectors, and flashlight
  - A first aid kit that meets the Red Cross family first aid kit standards plus a biohazard bag
- Immediately remove from service any vehicle that does not meet all required specifications

- **Safety and quality standards** – Determining a set of safety and quality standards is crucial in a successful brokerage model due to the high volume of trips that are completed across the state every day. To this end, the brokers would ensure that transportation provider inspections and unannounced service inspections occur daily, and would also administer satisfaction surveys to determine where any gaps exist and address them sufficiently.
- **Driver qualifications and training** – Ensuring the safety of individuals through qualified drivers is essential to the state and is a top priority. As such, drivers must meet a specified set of standards prior to transporting any individual, and must also participate in required trainings that can be determined by the broker and/or funding agencies, such as disability awareness training. The tables below provide examples of minimum driver qualifications and driver training requirements that have been used in Massachusetts.

**TABLE 11: SAMPLE MINIMUM DRIVER QUALIFICATIONS**

- Undergo a Criminal History Record (CHR) check. The CHR report must remain on file at the transportation provider’s place of business and the CHR must be conducted annually thereafter. Any driver applicant without a continuous residency in New York of at least ten (10) years immediately preceding their application to be a driver, must have a CHR (or respective state equivalent) report on file from any state in which the driver applicant was a resident during the preceding ten (10) years in addition to the New York CORI
- Be at least nineteen (19) years of age
- Have a valid New York driver’s license (or valid license from a contiguous state) appropriate to the type of vehicle they will be operating;
- Have at least three (3) years of driving experience, including experience driving multi-passenger vehicles
- Have verbal communication skills sufficient to communicate effectively with consumers and staff and to perform their other job duties

- Provide a work history for ten (10) years immediately preceding the application, and furnish written references which are verified and maintained on file by the transportation provider
- Supply written health records on their physical condition and be physically able to perform the job duties of a driver including assisting consumers entering and exiting vehicles

**TABLE 12: SAMPLE MINIMUM DRIVER TRAINING REQUIREMENTS**

➤ Passenger assistance training (PAT)
➤ Wheelchair securement and tie down
➤ Child passenger safety
➤ Correct use of Consumer seat belts
➤ Defensive driving, reacting to skids, Vehicle stalling, and brake failure
➤ Universal precautions
➤ Seizure Protocols
➤ First Aid
➤ CPR (including for infants and children)
➤ Proper use of vehicle safety equipment (e.g. chock blocks, multifunctional fire extinguisher, flags, reflectors, flashlight)
➤ Proper use of a cellular phone or FM two-way radio, if applicable
➤ Accident and Emergency vehicle evacuation procedures
➤ Incident reporting, including Accidents and Critical Incidents
➤ Human rights, diversity and sensitivity, including disability awareness
➤ Customer service
➤ Rules and procedures regarding federal and state laws and regulations relative to the acceptance of service animals in vehicles
➤ Rules and procedures for the mandated reporting of suspected abuse or neglect of Consumers and suspected Medicaid enrollee or provider fraud or abuse.
➤ Data privacy and security rules and requirements

**Agencies Define Service Eligibility**

In order for the agencies to appropriately maintain control over where the individuals they serve are authorized to travel, it is critical that participating agencies retain responsibility for determining service eligibility. In the brokerage model, PCG recommends that participating agencies are responsible for:

- Determining individual eligibility for transportation services, and if such services are authorized, communicating that to the broker via a transportation authorization
- Notifying the broker of a change in an individual's eligibility, schedule or need for transportation services
- Review and timely payment of broker invoices for the direct transportation costs for their respective individuals
- Communicating with the statewide coordination office and the broker on any concerns the agency has about the brokerage operation

### Transportation Rate Carve Out

During this study, PCG identified the clear lack of available statewide non-medical transportation data. While some state agencies, direct service and transit providers were able to provide limited data on transportation costs, rates, number of trips provided and individuals served, the majority of agencies and providers did not readily have basic transportation information available.

The primary reason many state agencies are not able to furnish this data is because, in many cases, non-medical transportation is included in a bundled service rate that includes a multitude of services for individuals receiving state funded services, or the state agencies do not directly manage transportation funds. Providers indicated that this data was cumbersome to collect if available at all. Because of this, PCG was not able to identify the total picture of non-medical transportation costs and volume.

However, in order to move forward with a statewide brokerage system, transportation rates for each participating agency (OPWDD, OMH, etc.) would have to be determined to establish a reimbursement and payment mechanism between the participating agency and the broker. As such, PCG recommends that for agencies where transportation costs are embedded within service rates, transportation costs are broken out into a single line item service. This will allow agencies and New York State to assess transportation expenditures, make future budget decisions and establish projections based on any new programmatic changes.

### Funding Considerations

For the establishment of a statewide human service transportation system, a funding source must be determined. There are multiple strategies to consider:

- **Establish a Chargeback Account** – In this model, participating state agencies would contribute to a central chargeback account, managed by the statewide coordination office, that would fund the management costs of the broker services and administrative costs of the statewide coordination office. Costs for the chargeback would be based on an agency's annual trip volume and associated costs and split among agencies accordingly.
- **Utilize Tax Revenue Sources** – New York State could consider establishing a funding source dedicated to brokerage and statewide coordination office costs. Variations of this model have been undertaken in New Jersey and Pennsylvania to fund human service transportation programs.

Pennsylvania uses 30% of state lottery revenues to fund programs that benefit seniors, including shared-ride and free-ride public transportation. The state's shared ride program provides demand-response service to seniors during the same time that public demand response service is available to the general public, and offers door-to-door service to its customers. Seniors pay 15% of the shared ride fare. The free-ride program provides rides on scheduled fixed-route public transit services for free during off-peak hours on weekdays

and all day weekends and holidays. As of 2006, this service was offered statewide in all of Pennsylvania's 67 counties.<sup>9</sup>

New Jersey also has a dedicated funding source for transportation for seniors and individuals with disabilities in the form of casino revenue funds. These funds were established in 1978, with an 8% tax levied on the gross revenue of all casinos and deposited into the Casino Revenue Fund. A component of the Fund is called the "Senior Citizen and Disabled Resident Transportation Assistance Program" (SCDRTAP), and in 2004, had \$25 million in funding. Specific services that SCDRTAP funds include assisting counties with developing accessible feeder transportation services to fixed route transportation, providing specialized, accessible transit services for seniors and individuals with disabilities, and assisting with local fare subsidies where public transit is not accessible or available.<sup>10</sup>

## Agency Regulations

PCG recommends that agencies complete a general review of agency-specific regulations around transportation in order to identify any conflicts or barriers with vehicle sharing. As mentioned in the Gap Analysis, common themes that emerged from the stakeholder engagement process centered on various laws and regulations that present challenges to meeting the transportation needs of individuals with disabilities, seniors and other specialized populations. For example, Medical Motor Service in Western New York attempted to coordinate transportation services for three partner private human service provider organizations, but because the vehicles owned by those providers were purchased with Department of Transportation funding, they were subject to restrictions on transporting individuals receiving services from other state agencies. In the course of obtaining a waiver of this requirement, all three providers had to provide corporate documents, demonstrate they were capable/eligible to be "common carriers," and able to provide transit services for groups beyond their own clientele. This was a burdensome process.

Additionally, during the course of stakeholder engagement, several state agency offices identified that there are inconsistent vehicle and driver requirements even within agencies. Establishing minimum vehicle and driver qualifications within the brokerage and transportation provider subcontracts will address this issue and will provide consistency for these qualifications statewide and across multiple participating agencies.

Insurance was also cited as an increasing cost and burden for providers with increasing liabilities especially as vehicle sharing is considered. PCG recommends that the statewide coordination office partner with the NYS Department of Financial Services (DFS) to review regulations and policies that may negatively impact vehicle sharing and drive up insurance costs.

Finally, another recommendation is to review the requirements of the Section 5310 and 5311 vehicle purchasing programs in order to expedite the process where it is appropriate to do so. As heard through stakeholder interviews and the survey, providers purchasing vehicles through these funding sources, administered by NYSDOT, often have to wait two to two-and-a-half years to receive a vehicle, which then may need modifications adding to the time frame for how long it takes for a vehicle to become operational.

## Service Definitions and Waivers

Traditionally, transportation is rolled into the rate for service definitions for residential and day/vocational services. This approach of funding transportation is often limiting as far as how many trips are available to each person, how flexible the transportation is or is not, and whether it is limited to group versus individual trips. In addition to the transportation rate carve out recommendation discussed above, PCG also suggests that variations of the following

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<sup>9</sup> Rural and Human Services Transportation Study – Phase I Implementation Plan, May 2011. Prepared for Georgia Department of Transportation. Prepared by HNTB Corporation.

<sup>10</sup> Ibid.

stand-alone service definitions established by other states be given consideration for addition to New York's HCBS waivers.

**TABLE 13: TRANSPORTATION SERVICE DEFINITIONS**

State	Service Definition
<b>Tennessee</b>	<p>Community Transportation services are offered in order to enable individuals, and his/her personal assistant as needed, to gain access to employment, community life, activities and resources, that are identified in the Individual Service Plan. These services allow individuals to engage in typical day-to-day, non-medical activities such as going to and from paid, competitive, integrated employment, the grocery store or bank, participating in social events, clubs and associations and other civic activities, or attending a worship service when public or other community-based transportation services are not available.</p> <p>Whenever possible, family, neighbors, co-workers, carpools or friends are utilized to provide this assistance without charge. This service is in addition to the medical transportation services offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation.</p>
<b>Maryland</b>	<p>Transportation services are designed specifically to improve an individual's ability to access community activities in response to needs identified through the individual's person centered plan. Services shall increase individual independence and reduce level of service need and support.</p> <p>Transportation services can include:</p> <ul style="list-style-type: none"> <li>➤ Orientation services in using other senses or supports for safe movement from one place to another</li> <li>➤ Mobility such as transportation coordination and accessing resources</li> <li>➤ Travel training such as supporting the individual in learning how to access and utilize informal, generic, and public transportation for independence and community integration</li> <li>➤ Transportation services provided by different modalities, including: public and community transportation, taxi services, transportation specific prepaid transportation cards, mileage reimbursement, volunteer transportation, and non-traditional transportation providers</li> <li>➤ Purchase of prepaid transportation vouchers and cards such as the Charm Card and Taxi Cards</li> </ul>

## Recommendation # 2: Establishment of Regional Mobility Management Infrastructure

In addition to establishing a statewide coordinated human service transportation infrastructure, a local presence and structure for mobility management is needed. This will provide an organized forum for information sharing, replicable best practices, coverage of urban, suburban and rural areas as well as encourage participation from the respective regions.

### Establish Regional Coordinating Councils (RCC)

There are currently pockets of mobility management strategies being employed throughout the state, but it is varied and inconsistent. Establishment of Regional Coordinating Councils (RCC) for mobility management will create an organized infrastructure for developing, sustaining and sharing practices.

Given the correlation between transportation for individuals with disabilities and employment and community inclusion activities, PCG recommends that the state mirror the RCC regions after the Regional Economic Development Council model of 10 regions across New York (Figure 4). The RCCs would be separate entities with discrete representation, but collaboration with already established networks of citizens, providers and employers could help further the mission and goals of the RCCs. In addition, the 10 regions are similar to the regional structure of the stakeholder agencies, although none of those are exactly the same.

FIGURE 6: REGIONAL ECONOMIC DEVELOPMENT COUNCIL MAP



### Define RCC Mission and Membership Composition

For the RCC's to achieve their purpose, the mission and membership should be strategically and comprehensively defined. The purpose of RCCs is to support and complement local mobility management and coordination initiatives and strategies. As such, council membership should include:

- All NYS agencies participating in the statewide coordinated human service transportation system
- NYSDOT and regional public transit agencies
- Transportation Broker(s)
- Regional planning agencies
- Local transportation providers
- Advocacy groups serving individuals with disabilities in the region
- Human service organizations and providers
- Mobility managers
- Individuals receiving NYS services
- Other community stakeholders
- Area Agencies for Aging (AAAs) and Independent Living Centers

The membership of each RCC may vary depending on the region and whether it is mostly urban, rural or mixed.

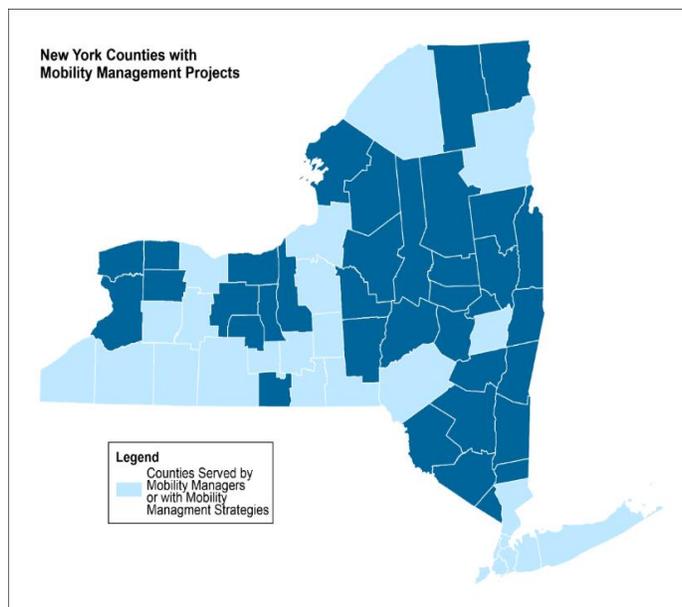
### Define RCC Functions

Upon determining RCC mission and membership, the next step is to define the RCC functions. Some critical functions to consider are listed below:

- **Identify a Statewide Mobility Coordinator**  
This individual would be a state employee located within the statewide coordination office and would offer guidance, oversight and technical assistance to the RCCs and local lead mobility managers.

➤ **Identify a lead mobility manager in each region**

These managers would be employed by the statewide coordination office, but would be located within the region they serve. They would work with county-based Mobility Managers, service and transportation providers, and the defined RCC membership to promote local coordination. In many communities, a comprehensive, multi-faceted program headed by a Mobility Manager is in place. However, as seen in Figure 5, there are still counties throughout the state that do not have a mobility management infrastructure or leadership in place. In others, coordination and mobility management activities—such as joint trip scheduling, provision of travel training, or operation of volunteer driver programs—have been undertaken by human service and public transportation providers. For those counties that do not have Mobility Managers, the lead mobility manager working with the RCC would encourage and foster strategies in those areas.



**Figure 5. New York Counties with Mobility Management Projects**

➤ **Document the region's human service transportation issues, resources and needs**

To understand the full breadth of transportation opportunities and issues, the RCCs should take an inventory of existing transportation resources including paratransit, public transit, existing mobility management strategies and understand what additional regional needs. This inventory should be updated continually or as new resources, needs or issues are identified.

➤ **Conduct outreach to increase awareness of available resources and RCC activities**

Cooperation, participation and awareness of the mobility management services offered by members of the RCC is an essential component to sustainability and growth. The public, target populations, service providers, transportation providers and local government should all be involved and aware of local transportation resources and RCC activities.

➤ **Participate in an annual meeting of all RCCs**

An annual in-person meeting of the RCCs is an integral component to encourage best practices and action planning. This would promote sustainability of mobility management activities, and the annual meeting could be facilitated by the statewide coordination office or transportation broker.

### **Relationship to Statewide Human Service Transportation Coordination System**

The statewide coordination office would provide high level oversight to the RCCs in terms of their establishment and would provide a framework for sustainability. This would be further expanded through the roles of the Statewide Mobility Coordinator and regional Lead Mobility Managers. In addition to the statewide oversight, the RCCs would need to work collaboratively with the broker(s). The RCCs may also exist outside of statewide contracted transportation services on a local and regional level, but operating under the guidance of the statewide coordination office that provides needed technical assistance is preferable for long term sustainability.

### **Funding Considerations**

Development of a Regional Coordinating Council structure will require initial and continued operating funds. While less costly than developing the statewide coordinated transportation infrastructure, funds should be allocated to ensure that the RCCs are sustainable. At a minimum, the statewide coordination office would need to employ a Statewide Mobility Coordinator as well as ten Lead Mobility Managers to represent each region. Federal Department of Transportation and federal Department of Health and Human Services funding streams can be pursued to assist with funding planning, staffing and specific mobility management strategies. This may be in lieu of or in addition to state funds.

Most mobility management agencies across the state use a variety of different funding sources including federal, state and local funds to implement different coordination and mobility management strategies. These funding sources are summarized in Table 14 below:

**TABLE 14: NEW YORK MOBILITY MANAGEMENT FUNDING SOURCES**

Federal Programs	State Grants	Other	Revenues
Medicaid	Department of Health	Donations	Advertising
Medicare	Developmental Disabilities Planning Council	Private foundations / non-profits	Contracting
Section 5307	Office for the Aging		Fares
Section 5309	Office of Mental Health		
Section 5310	State Operating Assistance (STOA)		
Section 5311			
SNAP Employment and Training			
Temporary Assistance for Needy Families (TANF)			

During the gap analysis phase of the project, focus group participants and providers often stated that mobility management strategies were unable to continue due to a lapse in funding. In order to circumvent that problem, an additional recommendation is to develop competitive, performance based, regional funding opportunities which promote coordination and implementation of cost-effective, innovative mobility management strategies. This funding mechanism would encourage efficiency and innovation while providing the necessary funds to develop and sustain regional mobility management strategies.

### Recommendation # 3: Mobility Management Pilot Project

PCG recommends a pilot mobility management project to demonstrate the viability, benefits, and applicability of mobility management strategies that will benefit individuals with disabilities, seniors and others who have specialized non-medical transportation needs. In the course of stakeholder outreach, gap analysis, needs assessment and best practice research, the following principles have guided the development of mobility management pilot recommendations:

- **Pilot Geographic Locations:** With the goal of implementing statewide mobility management strategies within all of the 10 Regional Economic Development Council regions (synonymous with the RCC regions), the pilot would initially be focused in three of New York's regions which encompass urban, suburban, small

urban and rural characteristics. Western NY, Central NY and the Capital Region would be good considerations for a pilot due to their diverse geographic areas. Once successful mobility management strategies are rolled out within these three areas, additional mobility management strategies can be implemented both within these areas as well as in other regions to eventually ensure that there are mobility management strategies at work all across New York.

- **Consistent Regional Boundaries:** PCG recommends that the regional structure for human service transportation and mobility management be identical, so that the mobility management efforts are directed to individuals accessing a coordinated set of transportation services. Accordingly, the pilot regions selected should also be consistent with the recommended infrastructure for regional coordination, the boundaries of the 10 Regional Economic Development Councils.
- **Consolidated Mobility Management Pilot Projects:** The pilots would be implemented initially in three regions where three mobility management strategies are demonstrated in different demographic settings within the region. The plan then would be to phase in successful efforts in other regions, while the lead agency of the initial pilot region could modify the efforts that had shortcomings and/or demonstrate additional mobility management strategies. This pattern would continue until all regions in the state have active mobility management programs. At the same time, the regional coordination infrastructure would be implemented.

**Mobility Management Strategies to be Demonstrated in the Pilot Project**

With the ultimate goal of improving access, mobility and community inclusion for individuals with disabilities, seniors and others with specialized transportation needs, the following three mobility management strategies were chosen as they are applicable to most geographic areas within New York as depicted below, and also allow for the greatest potential for replication after initial successful implementation:

**TABLE 15: RECOMMENDED PILOT PROGRAM MOBILITY MANAGEMENT STRATEGIES**

Strategy	Large Urban	Suburban	Small Urban	Rural
1. One-Call / One-Click	★	★	★	★
2. Travel Training	★	★	★	Where transit exists
3. Travel Vouchers	★	★	★	★

**Mobility Management Strategy #1: Regional One Call – One Click System**

**Rationale for and Benefits of a One Call – One Click System**

The One Call – One Click system is recommended because a wide range of stakeholders (including state agencies, providers and individuals) do not have a thorough understanding of the various transportation services available in their region, where to look for additional transportation services or how to access these services. The One Call – One Click systems solve these issues, supplying easy, one-stop shopping to a centralized, regional repository of transportation resource inventories along with providing ways to help an agency or individual match services with the specific needs or specific trips. In addition, some of the more advanced systems even help with trip planning and trip booking.

This particular strategy has immediate benefits, and it is one of the most cost-effective capital investments available.

- One call – one click systems are replicable in other regions (regardless of demographic), and have the potential to eventually serve as a statewide network that supports inter-regional travel as well.
- These systems can be phased in with increasingly useful levels of functionality, or all at once at a higher level of functionality if the region has sufficient funding.
- Once implemented, these systems can serve as the centerpiece for other mobility management strategies.

### What is a One Call – One Click System?

One Call – One Click is a broad term for a centralized information repository on a range of transportation services.

These systems may provide the following:

- Program information
- Transportation itinerary planning
- Trip eligibility assistance
- Available transportation service information
- Trip booking

One Call – One Click systems occur along a spectrum of functionality (as shown in Table 16). On the one end is an online or over the phone directory of service information that includes a list of transportation providers in an area, a description of their services, and their contact formation. While in the past many of these repositories were simple, cost-effective printed directories, such guides are no longer recommended as a best practice as information can quickly become obsolete. Digital or phone repositories provide a more valuable resource for users, but protocols to maintain accurate information need to be established or information may fail to be current.

Digital service directories can offer more specific information on what services are available to individuals. Repositories at this mid-level of functionality use location-based information or trip triaging to narrow the field of available or appropriate transportation resources, and identify the most appropriate means of transportation for a person. They also include a trip planning function that allows a person to enter his or her origin and destination and will specifically identify what services may be used to get there. In systems offering both types of trip planning assistance, however, users must still contact providers to book a trip.

At the highest levels of functionality, a One Call – One Click system provides information on the transportation services that are available for an individual, assists in identifying a provider, and schedules that trip, all without having to consult a second resource. These systems may be automated using a website, smart phone app, or a phone menu, or may be personalized with a phone operator. Though personalized systems provide the best outcomes for some users, they are costlier per user and for best practices should be used in concert with an automated trip scheduling service in order to lower costs.

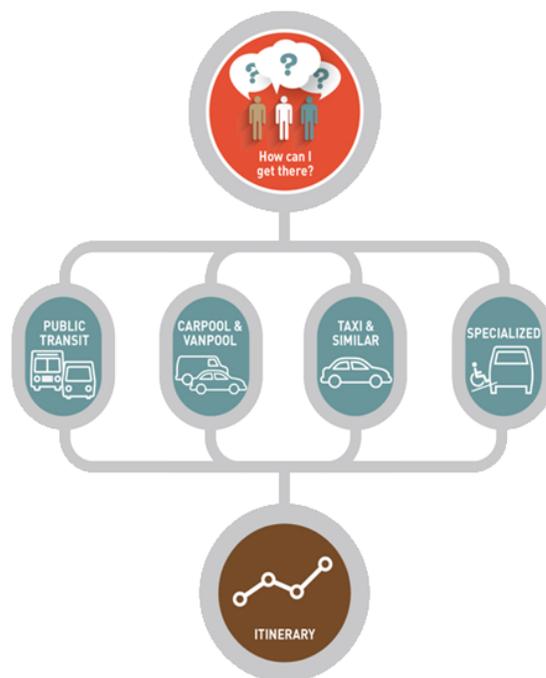


TABLE 16: CONTINUUM OF ONE CALL – ONE CLICK SYSTEM LEVELS

Level	Name	Functionality	Description
1	Central Repository	Creation of, or linkage with, existing centralized repository of transportation resources	Static, hard copy listing of services and programs distributed or accessed via phone or website
2	Matching Assistance	+ ways to narrow down service and program options	Customers supply search criteria or answer “triage questions” asked by a mobility specialist (call-taker) or prompted by an online system to reduce providers to viable options
3	Trip Planning Assistance	+ trip planning assistance	Customers use online system or call a mobility specialist to get detailed ways to make a particular trip
4	Trip Booking Assistance	+ trip booking by mobility specialists	Mobility specialist call provider to book trip on behalf of customer
5	Direct Trip Booking	+ trip booking by customer	Trip booking via links to paratransit systems (one system allows provider schedule to schedule trip onto a partner’s vehicle run)

### Implementation Action Plan

As shown in Table 17, planning, implementing, marketing, and evaluating one call – one click systems is a multi-step process that involves the following:

TABLE 17: ONE CALL – ONE CLICK SYSTEM IMPLEMENTATION ACTION PLAN STEPS

Action Plan Step	Description
<b>Identify an Agency or Organization to Operate the One Call – One Click System</b>	<p>While a successful one call – one click system is reliant upon multiple stakeholders including public transit agencies, human service organizations, state agencies and customers, a lead agency in which the one call – one click system will be housed is essential to determine during the beginning phases of implementation.</p> <p>A lead agency could be a state agency, a local human service agency or public transit agency. This entity would be responsible for spearheading the overall effort, setting goals, developing the implementation plan and securing a system developer, establishing the system and for ongoing upkeep and system maintenance. In the goal setting process, the lead agency should keep in mind that goals should be redefined during each step of the process until the developer has a full implementation plan. Also, between each step, it is important</p>

	to add in a “feedback” loop, as the results of each step may suggest a different path for the ensuing step than originally envisioned.
<b>Identify Geographic Scope</b>	One call – one click systems can connect users to transportation services in a wide range of geographic areas. Each potential geographic area provides different benefits to transportation users, while also presenting varying challenges for one call – one click developers. For this pilot, one of the 10 RCC would be chosen for project implementation.
<b>Select Target Users, Trips, and Modes</b>	One call – one click systems can seek to serve all potential transportation customers, or focus more narrowly on subsets of users, trip types, or transportation modes, services, and programs. At the very least, the target users for the pilot program would be the target populations for the study: individuals with disabilities, seniors and any other population who requires specialized transportation resources. Similarly, the transportation services that should be included in the centralized repository of services should be those which provide that transportation. These include public transit, ADA and coordinated paratransit, human service agency operators, Taxis, TNCs, and private for-hire carriers, and if they exist, volunteer driver programs and voucher programs.
<b>Analyzing Existing One Call – One Click Resources</b>	In order to determine what one call – one click system will best benefit target users, one call – one click developers must understand how customers currently access, or fail to access, transportation services. As part of this process, one call – one click developers will also inventory the primary transportation providers that serve their selected geographic scope, target users, trips, and modes of transportation. For example, it is entirely possible that there is a functioning 2-1-1 system covering the pilot region, and that transit systems in the region may already have trip planning services.
<b>Determining Desired One Call – One Click Functionality</b>	<p>One call – one click developers must next select a functionality goal. The implementation plan to reach this goal is in part based on existing functionality, if any, as well as the capabilities of partner providers.</p> <p>Unless funding is available to design and implement a higher-functioning system, it is recommended that the project to develop and implement a one-call/one-click be implemented in two phases.</p> <ol style="list-style-type: none"> <li>1. In Phase 1, a one call – one click system would be developed with the level of functionality that would allow customers to be able to request information about the types of transportation options available for a certain trip by answering a sequence of triage questions. After answering the questions, the customer would be presented with all available options, including paratransit, fixed route, taxi, volunteer drivers, and for-profit providers. Users would then be able to plan their trip. Booking a trip would be accomplished by the customer calling the service directly, or with the help of the system’s mobility specialists.</li> <li>2. Phase 2 of the project would allow customers to actually reserve a trip and possibly pay for the trip directly through the system.</li> </ol> <p>It is also recommended that the organization or agency housing this system employ a train-the-trainer model. In this model, agency staff would train professionals at human service agencies and other interested organizations on how to use the system. The training would include (1) how to train end users to</p>

	access the system and (2) how to use it as a professional tool to help the individuals they serve locate transportation options.
<b>Develop Evaluation Criteria and an Evaluation Process</b>	In order to determine how one call – one click services are meeting customer needs, developers should create a set of evaluation criteria. By determining the variables needed to evaluate these criteria before implementation, developers can build in data collection and evaluation at every level of the one call – one click development process. This could include bi-annual (or more frequent) evaluations to answer (a) Is the linkage service a success (and if not how can it be modified); and (b) Is the network of services successfully accommodating the demand (and if not, where and when are the gaps that need to be addressed).
<b>Evaluate Sources of Funding</b>	One call – one click programs require both an initial capital outlay and ongoing financial support. Available funding sources may have specific requirements that mandate the inclusion or exclusion of certain mobility management strategies, target markets, and functionality.
<b>Create a Marketing Plan</b>	Potential customers and transportation providers must be aware of and understand how to use one call – one click services in order for them to be successful. A robust marketing plan is therefore essential for promoting the ongoing use of linkage services.

## **Mobility Management Strategy #2: Establish a Travel Training Program**

### **Rationale for and Benefits of a Travel Training Program**

With the goals of enabling individuals with disabilities, seniors and others with specialized transportation needs to lead more independent lives and to support community inclusion activities, PCG recommends travel training as an effective mobility management strategy that enables individuals to utilize public transportation services where they are available.

In many cases, travel training is provided by transit agency staff, as travel training has also been seen as a cost effective strategy to equip paratransit customers with the skills to utilize traditional public transit services, which have a much lower subsidy per trip compared to paratransit. However, the real benefit is that individuals do not have to make a reservation in advance (true with most paratransit services) and can make same-day decisions to make a trip, thereby improving autonomy, independence and community involvement.

Establishing (or coordinating) a comprehensive travel training program in the pilot region is a low-cost, high impact strategy enabling individuals to be aware of, understand, and navigate existing public transit services. This strategy should also connect seamlessly with the one call – one click system.

### **What is Travel Training?**

There are varying degrees of travel training, ranging from intense one-on-one training to “bus buddies” and group training / navigational assistance, all of which can be provided to individuals and groups as are depicted below.

**TABLE 18: TYPES OF TRAVEL TRAINING**

Travel Training Type	Description
<b>Intensive Travel Training</b>	Intensive travel training provides in-depth, one-on-one instruction for people with disabilities, including information and referral training, assistance with boarding and riding transit, transferring, effectively communicating, and more. This type of training is offered to people who need the highest level of instruction. Intensive travel training is the costliest and most rigorous type of travel training, because it requires several days, weeks or months of instruction, specialized training staff, a robust curriculum, and typically involves in-person path-of-travel assessments prior to training commencing. Intensive travel training is offered on both paratransit and fixed route systems.
<b>Travel Orientation / Travel Training “Lite”</b>	Travel orientation or travel training “lite” provides a minimal amount of instruction to customers and is often provided in a group setting. Users receive less one-on-one instruction, but still receive guidance on the full curriculum of travel training topics. This type of training is less costly than the intensive travel training, but still requires travel training staff or a mobility manager and facility space. This type of travel training is also offered on both paratransit and fixed route systems.
<b>Orientation and Mobility Training</b>	“Orientation and Mobility” (also called O&M) training is a specialized instruction program for individuals who are blind or visually impaired to allow them to safely and effectively travel through their environment. O&M is offered as standard practice at all Centers for the Visually Impaired across the county and includes assistance with public transit (fixed route and paratransit), crossing the street, map reading, and route planning along with a range of other mobility topics.
<b>Travel coaching</b>	A less intensive version of travel orientation, travel coaching guides users through the process of trip discovery, trip planning and trip reservation, through the process of taking the trip and ultimately assesses the person’s comfort level with travel and ability to take the trip. By walking through the steps of the trip, the coach can pinpoint areas of discomfort, answer questions and use descriptive tools such as instructional videos for support. If necessary, the coach can refer the individual to more structured services if they are needed.
<b>Bus buddies</b>	A bus buddy program is even less structured and focuses primarily on assisting seniors who are able to ride transit but are not knowledgeable about the transit system or are uncomfortable with riding transit. A volunteer works one-on-one with a senior during the trip planning process and then accompanies them onto a bus and/or train trips until the senior is comfortable riding alone. A bus buddy program could also integrate inter-generational aspects, such as high school or college students taking transit trips with seniors as part of community service projects, which also trains younger generations to be more comfortable with using transit.
<b>Information and Referral Training</b>	Information and referral training is the least intensive type of travel training. Instructors work with users in-person, over the phone, or through web-based programs to coach users through the process of trip discovery, trip planning, and reserving a trip.

### Implementation Action Plan

If there are already travel training programs provided by different entities in the selected region, coordinating current programs would create a more efficient and effective regional system that would offer more tailored solutions across the region based on the level of service that individuals require. The development of a successful travel training program requires thoughtful steps involving multiple stakeholders.

**TABLE 19: TRAVEL TRAINING IMPLEMENTATION ACTION PLAN STEPS**

Action Plan Step	Description
<b>Identify an Agency or Organization to Manage the Travel Training Program</b>	As with the development of a successful one call – one click system, a successful travel training program is also reliant up on multiple stakeholders including public transit agencies, human service organizations, state agencies and customers, and identifying a lead agency to manage the program is essential. As with the one call – one click system, a lead agency could be a state agency, a local human service agency or public transit agency.
<b>Inventory Travel Training Programs in the Region and Convene Stakeholder Agencies</b>	To begin travel training program development, the lead agency should convene a meeting with representatives from all programs currently providing different travel training services in the region (if any). The purpose of this meeting would be to determine which agency is best positioned to provide which type of travel training service, so that no two agencies are providing the same type of service, thus limiting duplication. The goal is to ensure that all types of travel training services are provided in the region. Once the full travel training service curriculum is established within the region, this information would be integrated into the one call – one click platform. Better coordination of services across the region would also lead to better data collection and a more complete understanding of how many users are able to use fixed route instead of paratransit, resulting in paratransit savings.
<b>Centralize and Consolidate Existing Programs</b>	<p>As coordination of services leads to greater coordination between agencies and organizations, the long term goal is to centralize and consolidate the full scope of travel training within one lead agency. Training sessions would be held either (a) at the lead agency offices and consumers from other agencies would be referred to that location or (b) lead agency trainers would be contracted out to other agency locations to provide travel training services on site. Each of the agencies' curriculum materials would be collected and synthesized to create one program manual to cover each type of travel training service. This new curriculum would be developed to meet the needs of every customer. Centralizing and consolidating current travel training programs would result in more streamlined data collection and cost savings information.</p> <p>As this centralization and consolidation occurs, the one-call/one-click system must also be updated to ensure that prospective trainees are able to identify the correct information on which type of training they need.</p>

### **Mobility Management Strategy #3: Travel Vouchers**

#### **Rationale for and Benefits of Travel Vouchers**

The third mobility management strategy PCG recommends for inclusion in the pilot program is the travel voucher concept (also called flex vouchers). Travel vouchers can be used in a variety of geographic locations (urban, rural, suburban) and provide a lower-cost method for on-demand travel for individuals with disabilities, seniors and others with specialized transportation needs. Travel vouchers can be used for a variety of transit services including taxi service, public transit services, other private for-hire carriers (including on-demand transportation network companies such as Uber and Lyft) and even volunteer drivers or family members, especially in rural areas where there is a dearth of transportation services in general. This mobility management strategy makes an existing service more affordable to customers, with a sponsoring agency paying a portion (or all) of the fare.

## What are Travel Vouchers?

Travel vouchers are vouchers that are provided by a sponsoring organization or agency to an eligible individual (eligibility determined by the sponsoring organization) for travel using a variety of transportation resources that are willing to participate in the program. Transportation operators might include public transit or paratransit, taxis or private for-hire service providers; volunteer drivers, or a friend or family. The concept is to make existing services more affordable for the individual.

Typically, sponsoring organizations subsidize all or a part of the fare or cost of the trip, so that riders are able to receive service at a reduced cost. As determined by the sponsoring organization, eligibility can be based on age, disability, income criteria, or the need for a specific type of trip, such as employment transportation.

## Implementation Action Plan

If voucher programs already exist in the region and are provided by different organizations and agencies, coordinating and possibly consolidating the programs is essential so that they can be expanded to fill spatial, temporal or customer/trip purpose gaps within the pilot region. As with one call – one click systems and travel training programs, the development of a successful travel voucher program requires thoughtful steps involving multiple stakeholders.

**TABLE 20: TRAVEL VOUCHER IMPLEMENTATION ACTION PLAN STEPS**

Action Plan Step	Description
<b>Identify an Agency or Organization to Manage the Travel Voucher Program</b>	<p>As with the development of a successful one call – one click system and travel training program, a successful travel voucher program is also reliant up on multiple stakeholders including public transit agencies, human service organizations, state agencies and customers, and identifying a lead agency to manage the program is essential. As with the one call – one click system and travel training program, a lead agency could be a state agency, a local human service agency or public transit agency.</p> <p>As a first step to stakeholder engagement for this mobility management strategy, the lead agency would convene a meeting of representatives from organizations or agencies currently providing voucher programs to discuss coordination (and possible consolidation) of voucher service offerings.</p> <p>If no current programs exist, or if there is a collective decision to consolidate the programs, the lead agency would oversee the development of a universal voucher system that would streamline program features, participant eligibility, and types of transportation used across the region.</p>
<b>Collect information on existing programs</b>	The lead agency would collect program manuals from all agencies to develop a comprehensive program manual that would be vetted by each agency to ensure that individuals needs are met. Although voucher format, voucher values, booklet values, cost per participant, type of transportation operator, and type of trip would all be unified across the region, it would be advisable for the individual agencies to retain their own funding and administrative staff. However, to a customer and the transportation providers, the system would appear to be unified, streamlined, region-wide, and would allow for reimbursement of volunteer drivers across entire region.
<b>Prepare program manual and materials</b>	The role of the lead agency is to set up the initial consolidated program manual, collect region-wide data, and work as a liaison between program administrators. This step would also include the design of the universal voucher itself, with

	consideration of voucher format (paper or card/other technology). Card vouchers and other technologies now exist that render paper vouchers obsolete (and that in doing so, combat fraud).
<b>Formulate agreements between lead agency and organizations providing voucher funding</b>	To ensure transparency and that all participating organizations and the lead agency are in agreement of how travel vouchers are administered, it is necessary to formulate agreements between agencies that document this understanding. One of the hallmarks of a new or consolidated voucher program is that although a lead agency would manage the voucher program from a planning and oversight perspective, organizations providing voucher funding would still maintain the ability to establish their own ground rules, which might include the level of subsidy or maximum subsidy per trip, eligible trip types, eligible destination or service areas. The agreement would detail how the sponsoring organization would cover their subsidy, and should also detail how reporting and invoicing will be managed.

### **The Importance of the Linkage Between Mobility Management Strategies**

PCG recommends that the three mobility management strategies be implemented in regions that have urban, suburban and rural characteristics, like Western NY, Central NY or the Capital Region. While these strategies could be implemented separately, integrating them will produce the greatest chance to see significant, measurable benefits to individuals with disabilities.

The one call – one click system can act as the backbone of a transportation information resource repository by providing a directory of information for all regional travel training services. If all travel training services are consolidated and centralized as recommended, the system would operate to ensure that anyone searching for information about travel training would obtain appropriate and current information, including instructional videos, other applicable resources, and accessibility information regarding path of travel assessments (i.e. bus stop or sidewalk accessibility).

The one call – one click system could also be configured to accommodate the sale of travel vouchers. It could provide information on voucher program eligibility, ground rules, and mechanics of each voucher service, and include any forms (such as travel diaries) that may be used.

## VII. CONCLUSIONS AND NEXT STEPS

Changing the landscape and infrastructure for how transportation services are managed and provided to individuals with disabilities and other populations requiring specialized services is a major paradigm shift in New York, but one that is in line with person-centered planning, the charge of the Most Integrated Settings Coordinating Council, Olmstead Cabinet and Home and Community Based Services (HCBS) waiver programs. Developing a statewide human service coordinated transportation infrastructure, Regional Coordinating Councils (RCC) and piloting mobility management strategies in a New York State region will be challenging and require collaboration among many stakeholders, but will result in efficiencies, improvements and greater quality of life for New Yorkers served. It will mean greater access to housing, employment, social activities and community life in general.

As New York considers the next steps in moving this reform forward, it is essential to consider that the systemic improvements and positive impact on individuals far exceed the investments required. New York would be at the forefront of reform that very few states have undertaken, but which shows great promise in improving quality of life and access to essential services and activities for individuals with disabilities and those with other specialized needs.

## **APPENDIX I: GAP ANALYSIS REPORT**

## **APPENDIX II: BEST PRACTICE RESEARCH REPORT**



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