AARP Public Policy Institute

Weaving It Together:

A Tapestry of Transportation Funding for Older Adults

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Research Report

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We also wish to thank the transit managers featured in the case studies for sharing detailed revenue information with us so that we could offer readers an in-depth look at how local providers put service on the streets. Their stories of the numerous ways they've applied ingenuity to overcome resource constraints in order to serve their communities have been truly inspirational.

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EXECUTIVE SUMMARY

Transportation for older adults and adults with physical disabilities is in high demand. As the aging population grows, this demand is expected to increase. Specialized transportation services—typically by van, small bus, or taxi—provide essential transportation and independence for those who have difficulty using traditional fixed-route public transportation service because of disability, age-related conditions, or income constraints. Most specialized transportation providers recognize the limitations of relying on any one source of funding. Current fiscal constraints have increased the need to identify and piece together multiple sources of funding to sustain and grow their systems.

This paper highlights the major sources of federal funding that providers can tap to fund transportation for these populations. As there is no comprehensive data set that tracks state and local expenditures on specialized transportation, the authors have included seven case studies of local providers from around the country to illustrate how they combine federal, state, and local funding to put quality service on the street. The paper also provides examples of how local and state coordination efforts can expand the reach of services funded.

Federal Funding for Specialized Transportation

The U.S. Centers for Medicare & Medicaid Services, the Federal Transit Administration (FTA), and the Administration for Community Living (ACL, which now oversees the Administration on Aging) are the major sources of federal transportation funding for older adults and adults with physical disabilities. Funding varies greatly state by state, as well as within each of these funding sources. The Department of Veterans Affairs (VA) funds transportation services for low-income veterans and/or veterans with disabilities, mostly through mileage reimbursement. The Patient Protection and Affordable Care Act (ACA) of 2010 offers indirect incentives for investment in transportation.

State and Local Funding

Although the federal government spends more than $2 billion annually on specialized transportation, state and local agencies contribute significant amounts, often going beyond the fulfillment of federal match requirements, which range from 5 to 50 percent of total program costs.

Overview of Case Studies

To illustrate the tapestry of specialized transportation funding in the United States, the authors interviewed seven local providers. In choosing these examples, the authors wished to present diversity in geography and institutional structure. In most cases, the authors chose providers that had not been written about extensively in the past, in order to provide a fresh set of examples among the many excellent programs in operation across the country. The following providers were interviewed:

- River Cities Public Transit of Pierre, South Dakota;
- Pelivan Transit of Big Cabin, Oklahoma;
- Peoplerides of Marshalltown, Iowa;

- The Marin Access Mobility Management Center of Marin County, California;
- The Delta Area Rural Transit System of Clarksdale, Mississippi;
- Medical Motor Service of Rochester, New York; and
- Seniors' Resource Center of Denver, Colorado.

This case study research provides funding details for only seven of the hundreds of specialized transportation providers in the United States. The reader is cautioned against concluding that the funding sources presented are representative of all U.S. programs. However, the diversity of funding sources shown in these case studies is, most likely, customary among the most successful programs. This research also suggests that because local transportation providers cannot rely upon a single funding source for the range of services desired, they must piece together myriad sources.

Every provider documented at least 10 sources of funding; three providers reported more than 45. Peoplerides of Iowa reported that its services are used by 57 businesses, nonprofit organizations, and government agencies that purchase rides for their clients. All directors interviewed described bending over backwards to identify sources of funding that would allow them to not only sustain their existing levels of service, but also expand those services to new riders.

Four concepts perhaps best summarize the specialized transportation programs of the featured providers:

- Specialized transportation is delivered by diverse provider types who offer a wide range of transportation services.
- There is a broad tapestry of funding sources.
- Successful operators nurture numerous community partnerships.
- Transportation managers exhibit innovation, business acumen, and community service.

Recommendations

Demand for specialized transportation services will continue to grow as the population ages. To address this growing need, the public, private, and not-for-profit sectors of the community will need to work together to identify more funding and coordinate service. Transparency in the reporting of expenditures and service delivery will enable policy makers and the public to evaluate the effectiveness of these needed investments.

1. Increase Public Sector Support

- Localities should offer taxpayers the opportunity to fund specialized transportation. Recent studies suggest there may be public support.
- States should remove any prohibition on using state gas taxes to fund public transportation and institutionalize annual funding for public transportation.
- States should adequately fund Medicaid nonemergency medical transportation (NEMT).

- Congress should raise the charitable standard mileage rate to equal that for business-related driving to encourage individuals to become volunteer drivers. In 2013, the discrepancy was 42.5 cents per mile.
- Congress should renew the Qualified Transportation Fringe Benefit (also known as the Commuter Choice benefit) to encourage employers to partner with local transportation providers in the creation of employee vanpools.

2. Reach Beyond Traditional Funders of Transportation

As the case studies show, successful specialized transportation providers have creatively lined up diverse funding sources. Many types of local businesses may be interested in supporting community transportation in exchange for some positive publicity. Transportation providers can use both cash and in-kind contributions to match federal transit dollars. Foundation support and other private donations may be another undertapped resource.

The ACA provides a strong incentive for the medical community to support transportation. Under the ACA, certain hospitals will be penalized for high readmission rates. Hospitals may find it beneficial to sign contracts with transportation providers to ensure that patients have transportation home after being discharged and for follow-up appointments. The success of home- and community-based initiatives are, in part, dependent on community transportation. The health research and delivery communities should explore the role of transportation in health access as part of ACA implementation.

Medical providers and insurers may also be more interested in providing support after calculating their losses when patients do not show up for appointments. Furthermore, changes in the delivery of health services, in particular the increasing reliance on outpatient care and specialization, have likely contributed to the increased demand for transportation service. The number of annual per capita medical trips grew by 189 percent in the past three decades, far outpacing population growth.[1]

3. Enhance the Coordination of Specialized Transportation

States should provide a solid framework for coordinating specialized transportation planning and service delivery across all agencies that fund transportation. States can mandate coordination, establish and fund committees composed of state agency representatives responsible for coordinated planning activities, and tie funding to local coordination. As of December 2011, 27 states had created formal, state-level coordinating councils: 14 in statute and 13 by executive order or other authority.[2] FTA's requirement of a "locally-developed, coordinated public transit-human services transportation plan," coupled with efforts by the federal Coordinating Council on Access and Mobility (CCAM), provides the necessary federal policy direction for the coordination of specialized transportation services. But coordination of services can only happen at the state and local level.

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[1] N. McGuckin and J. Lynott, *Impact of Baby Boomers on U.S. Travel, 1969 to 2009*, AARP Public Policy Institute Insight on the Issues 70, October 2012.

[2] J. Rall and N. J. Farber, *Regional Human Service Transportation Coordinating Councils: Synthesis, Case Studies and Directory*, National Conference of State Legislatures, January 2012.

Even without state leadership, local stakeholders can expand their efforts beyond those required by the FTA by reaching out to all human services providers and relevant nonprofit and private sector entities as part of their coordinated planning activities. Through the coordinated planning process, transportation providers can connect with care coordinators to explore how consumers can better access existing transportation services in the community and identify gaps in service that still need to be addressed.

All federal and state agencies that provide funding for transportation should conduct a comprehensive review of their requirements and, to the greatest extent possible, streamline grant applications and reporting requirements. Managing multiple grants is complex and time-consuming, and can remove resources from the direct delivery of service. Investing in technology can help transportation providers save money while coordinating their routing, scheduling, and dispatching.

4. Collect and Make Publicly Available Better Data on the Nation's Investment in Specialized Transportation

To increase the transparency and cost accountability of the Medicaid NEMT program, U.S. Centers for Medicare & Medicaid Services (CMS) should require states to itemize and report both their administrative and medical NEMT expenses. Data collection systems should be designed so that CMS can accurately report public expenditures on NEMT, emergency transportation, and transportation funded through waivers, with data presented for each state and the nation. These data should be readily available to Congress, researchers, and the general public. CMS should also provide the public a readily available database of state Medicaid NEMT programs, with information on how the service is delivered, including the use of brokers.

Conclusion

The purpose of this report is to provide insight into how specialized transportation services for older adults and people with disabilities is funded. With a growing population in need of transportation services and limited funds for these services, providers need to creatively leverage existing and untapped funding sources to fill the gaps in services. Coordination of these limited resources is also key and must be supported by providers and all levels of government.

INTRODUCTION

Transportation for older adults and adults with physical disabilities is in high demand. As the aging population grows, this demand is expected to increase. But the recent economic downturn has tightened funding for transportation services. More than 20 state aging and disability agencies reported increased transportation demands in FY 2011, according to AARP Public Policy Institute's report, *On the Verge: The Transformation of Long-Term Services and Supports*. However, this same report found that most states (28) project 2012 tax revenues below 2007 prerecession levels, leaving resources stretched thin.

Specialized transportation services—typically by van, small bus, or taxi—provide essential transportation and independence for those who have difficulty using traditional fixed-route service because of disability, age-related conditions, or income constraints.[3] Most specialized transportation providers recognize the limitations of relying on any one source of funding. Current fiscal constraints have increased the need to identify and piece together multiple sources of funding to sustain and grow their systems.

People with long-term supports and services (LTSS) needs overwhelmingly want to live in their own homes and communities, even when they no longer drive. More than 8 million Americans aged 65 and older do not drive, and the number of nondrivers is growing as the population ages.[4] Many people aged 70 and older are expected to outlive their driving years—men by 7 years and women by 10, on average.[5] Although older nondrivers predominantly rely on family and friends for transportation, their share of trips on public transportation is significantly higher than that of drivers, and nearly 60 percent of their transit trips are taken on specialized transportation.[6]

Specialized transportation offers more personalized and accessible service than can be provided through regular, fixed-route public transit. For example, some providers pick up passengers at the curb outside the customers' homes and drop them off on the curb outside their destinations. Others allow drivers to park and escort the customer from their door, or even help a customer get her groceries inside. Drivers are typically trained to operate wheelchair lift equipment and to communicate effectively with older people and those with disabilities. Specialized transportation may include the use of volunteer drivers who escort individuals to their doctor's appointments or on errands. They also may include taxi subsidy programs.

This paper highlights the major sources of federal funding that providers can tap to fund transportation for these populations. As there is no comprehensive data set that tracks state and local expenditures on specialized transportation, the authors have included seven case studies of local providers from around the country to illustrate how they combine federal, state, and local funding to put quality service on the street.

This paper explains the various transportation funding streams available from federal, state, and local programs, and offers local transportation providers new ideas on potential funding sources for their communities. It also provides examples of how local and state coordination efforts can expand the reach of services funded.

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[3] E. Ellis, J. Lynott, and W. Fox-Grage, *Policy Options to Improve Specialized Transportation* (Washington, DC: AARP Public Policy Institute, April 2010).

[4] AARP Public Policy Institute analysis of the 2009 National Household Travel Survey.

[5] D. Foley et al., "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States," *American Journal of Public Health*, Vol 92, No. 8 (August 2002).

[6] AARP Public Policy Institute analysis of the 2009 National Household Travel Survey for the population of nondrivers aged 65 and older.

THE PATCHWORK OF FUNDING

The U.S. Centers for Medicare & Medicaid Services (CMS), the Federal Transit Administration (FTA), and the Administration for Community Living (ACL, which now oversees the Administration on Aging) are the major sources of federal transportation funding for older adults and adults with physical disabilities. Funding varies greatly state by state, as well as within each of these funding sources. The Department of Veterans Affairs (VA) funds transportation services for low-income veterans and/or veterans with disabilities, mostly through mileage reimbursement. The Patient Protection and Affordable Care Act (ACA) of 2010 offers indirect incentives for investment in transportation.

Table 1 on page 17 summarizes the key federal programs and their FY 2011 funding levels for specialized transportation. Appendices A, B, and C provide state breakdowns for the FTA, ACL, and Medicaid waiver programs. A text box on page 10 provides a summary of transit terminology. Appendix D, Glossary of Abbreviations, is arranged alphabetically, by funding agency, and by case study provider.

U.S. Centers for Medicare & Medicaid Services

Medicaid, jointly financed by federal and state governments, funds both emergency and nonemergency medical transportation (NEMT) to medically necessary services for low-income beneficiaries. Emergency transportation is primarily ambulance service. NEMT can include transportation to doctors' appointments, dialysis, and chemotherapy, for example. It often takes the form of specialized transportation.

State Medicaid programs must "assure" that Medicaid beneficiaries have transportation to all medically necessary services.[7] In addition to these required transportation services, Medicaid 1915(c) waivers fund the provision of LTSS in home- and community-based settings. States may choose to cover transportation as an optional waiver service.

Medicare—a federal health insurance program for older Americans and some younger people with disabilities—covers transportation in much more limited situations, namely emergency medical transportation. Medicare will also cover ambulance transport in nonemergencies if the patient is either bed-bound or has a medical condition that requires ambulance transport.[8] Medicare covers scheduled, repetitive nonemergency ambulance transport (such as routine dialysis), as well as unscheduled nonemergency transport (from

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[7] Medicaid's transportation assurance traces its history to provisions of the original Social Security Act, Title XIX. Although the original statute did not speak directly to transportation, numerous provisions formed the legal basis for subsequent policy—articulated first in guidance and subsequently in regulations. Of particular importance is the "administrative efficiency" statute, 42 U.S.C. 1396(a)(4)(A). This provision has been interpreted by successive Administrations not only as providing the legislative basis for the state transportation assurance, but also obligating the federal government to assist in the cost of carrying out the assurance as a dimension of both efficiently delivered health care and administrative efficiency. For more information on the legal basis for Medicaid NEMT, see S. Rosenbaum et al., *Medicaid's Medical Transportation Assurance: Origins, Evolution, Current Trends, and Implications for Health Reform*, The George Washington University School of Public Health and Health Services, July 2009.

[8] Commerce Clearing House Medicare Explained 2012, Health Law Professional Series: ¶355 Ambulance Services (Chicago, IL, Wolters Kluwer Law & Business, Commerce Clearing House (CCH) 2012).

a nursing home to a doctor's office).[9] Because Medicare is a federal program with no state involvement, and because of its limited role in providing NEMT, this report does not provide expenditures for this service.

Medicaid is the largest public payer of nonemergency medical transportation services for older adults and people with disabilities. However, it is impossible to determine Medicaid expenditures to these populations for this service.

Medicaid NEMT

Medicaid spending on NEMT represents the second largest federal transportation program, second only to programs administered by the U.S. Department of Transportation (DOT). It is the largest source of federal funding for NEMT and comprises 20 percent of the federal transportation budget.[10] Estimates for Medicaid NEMT range from $976 million in FY 2001 from the U.S. General Accounting Office [(GAO), now the Government Accountability Office][11] to slightly more than $3 billion on transportation in FY 2006 by The George Washington University.[12] Again, both of these numbers are estimates because CMS does not track NEMT expenditures. GAO reached its estimate by assuming transportation outlays of 0.73 percent of total program outlays based on previous research. The George Washington University based its estimate on a survey of state Medicaid agencies that was published by the Community Transportation Association of America in January 2001.[13]

The largest problem with analyzing Medicaid funding is that states can bill NEMT as (1) a medical transportation service, (2) an administrative expense, and (3) both. If a state bills NEMT as an administrative expense, it is blended with all of the Medicaid administrative expenses and is therefore impossible to separate out from other administrative expenses. When states bill NEMT as an administrative expense, they have more flexibility in how they deliver NEMT, such as their choice of transportation providers and certain payment standards. However, if NEMT is paid as an administrative expense, the state only receives a 50 percent federal match, which is lower than the federal match for services in many states.

States may qualify for full Medicaid federal match reimbursement if they bill NEMT as a medical expense and meet other requirements, such as a transportation brokerage system.

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9 Ibid.

10 S. Rosenbaum et al., *Medicaid's Medical Transportation Assurance: Origins, Evolution, Current Trends, and Implications for Health Reform* (Washington, DC: The George Washington University School of Public Health and Health Services, July 2009).

11 U.S. General Accounting Office, *Transportation-Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist* (Washington, DC: GAO-03-697, June 2003).

12 S. Rosenbaum et al., July 2009.

13 Community Transportation Association of America (CTAA), *Medicaid Transportation: Assuring Access to Health Care; A Primer for States, Health Plans, Providers and Advocates* (Washington DC: CTAA, January 2001).

The Deficit Reduction Act of 2006 allows states to contract with brokers to manage NEMT services. NEMT must be cost effective, and providers must be selected through a competitive bidding process. As of 2009, 38 states used brokers to contain NEMT costs and ensure quality of service.[14]

Medicaid spent nearly $41 million on transportation services through Medicaid waiver services in FY 2008. Although this expenditure is very small compared with Medicaid NEMT, it provides an important service for keeping people living in their own homes and communities.

There are two financial reports that CMS uses to track expenditures: Medicaid Statistical Information System (MSIS) and the CMS-64 Financial Management Report. The MSIS does not include administrative expenses. Also, the MSIS transportation expenditures include both emergency (i.e., ambulance) and NEMT expenses, and it was impossible to separate these expenditures from each other. The CMS-64 has expenditures for NEMT, but it does not include beneficiary information or administrative expenses.[15]

Medicaid 1915 (c)

States generally use Medicaid 1915(c) waivers to offer optional home- and community-based services (HCBS) to specific target populations such as older adults and/or adults with physical disabilities. Waivers allow states to cover an array of HCBS and may fund transportation to other waiver services, such as adult day health centers, which are not paid for under the traditional Medicaid program. The services provided by HCBS waivers are optional, and 22 states did not fund any transportation waiver services for older adults and adults with physical disabilities in FY 2008. Among the states that do fund waiver transportation services, there is great variation: Ohio had the highest spending (nearly $7 million in FY 2008) and 22 states spent $0.

Appendix C includes a state-by-state breakdown of Medicaid waiver expenditures on transportation for older adults and adults with physical disabilities as reported on CMS 372 waiver reports. Researchers at the University of California, San Francisco conducted this data run specifically by request from the AARP Public Policy Institute.

Federal Transit Administration

Specialized transportation services—typically by van, small bus, or taxi—provide essential transportation and independence for those who have difficulty using traditional fixed-route service because of disability, age-related conditions, or income constraints.[16] Until the recent passage of Moving Ahead for Progress in the 21st Century (MAP-21), the nation's surface transportation law, FTA funded specialized transportation services for older

[14] S. Rosenbaum, July 2009.

[15] Email from Y. Li, CMS Division of Information Analysis & Technical Assistance, Data and Systems Group, on May 7, 2012.

[16] E. Ellis, J. Lynott, and W. Fox-Grage, April 2010.

adults and adults with physical disabilities through three major programs: (1) Section 5310, the Elderly Individuals and Individuals with Disabilities program; (2) the Section 5316 Job Access and Reverse Commute (JARC) program; and (3) the Section 5317 New Freedom program. Appendix A includes a state-by-state breakdown of the state grants and obligations.

MAP-21 Redefines FTA Specialized Transportation Programs

President Obama signed MAP-21 on July 6, 2012. Within this new surface transportation law, Congress consolidated the Elderly and Disabled and New Freedom programs under the Section 5310 program, now called the Enhanced Mobility of Seniors and Individuals with Disabilities program. Under the consolidated program, funding may be used to cover both capital *and operating* expenses. At least 55 percent of program funds must be used on capital projects in which public transportation is planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable. The remaining 45 percent of program funds may be used for three types of eligible activities:

- Public transportation projects that exceed the requirements of the ADA;
- Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary ADA paratransit; and
- Those that provide alternatives to public transportation that assist seniors and individuals with disabilities.

MAP-21 authorizes $255 million in FY 2013 and $258 million in FY 2014 for the program. As is typical for FTA formula programs, the federal share for capital projects is 80 percent, while that for operations is 50 percent. The purchase of transportation services is considered a capital expense and qualifies for the higher federal match. The local share may be derived from other federal (non-DOT) transportation sources, such as Medicaid or Title III-B (see below).

MAP-21 consolidates JARC funding under the Urbanized Area Formula program (5307) and the Rural Area Formula program (5311). Investments that target the provision of transportation to jobs and employment opportunities for welfare recipients and low-income workers are now eligible activities under these formula grants, along with planning, capital assistance, and operating costs for general public fixed-route service.

The FTA awarded states more than $431 million through three specialized transportation programs to provide transportation to older adults and adults with disabilities in FY 2011.

Section 5310

With the legislative goal "to improve mobility for elderly individuals and individuals with disabilities throughout the country," the FTA provides Section 5310 funds directly to the states, using a formula based on each state's proportion of people aged 65 and older and people with disabilities.[17] States typically distribute these funds to local nonprofit human service agencies to buy vehicles that transport older adults and people with

[17] Ibid.

Transit Terminology

Public transportation
Transportation by bus, rail, or other conveyance, either publicly or privately owned, that provides general or special service to the public on a regular and continuing basis. Also known as "transit."

Fixed-route public transportation
Service provided on a repetitive, fixed-schedule basis along a specific route with vehicles stopping to pick up and drop off passengers, usually at posted bus stops or stations.

Deviated fixed-route service
Allows limited-distance deviation (usually up to three-quarters of a mile) from a regular bus route upon request by those who experience difficulty getting to bus stops. In some circumstances, transit providers may satisfy ADA paratransit requirements by offering deviated fixed-route service.

Demand-responsive service
A non-fixed-route service, usually using vans or small buses, with passengers contacting the provider in advance (usually 24 hours) to arrange a ride to any location within the provider's service area.

Specialized transportation
Transportation options usually associated with serving those who have difficulty using traditional fixed-route service because of disability, age-related conditions, or income constraints. Specialized transportation often takes the form of "demand responsive service." It is often run by community nonprofit agencies and organizations, or subcontracted to providers with expertise in paratransit service.

Paratransit
The continuum of transportation services between the private automobile and conventional fixed-route public transportation services, including taxis, jitneys, and carpools/vanpools, in addition to demand-response service and other forms of specialized transportation.

ADA complementary paratransit
Section 223 of the Americans with Disabilities Act of 1990 (ADA) requires that public entities that operate noncommuter fixed-route transportation services also offer complementary paratransit service within three-quarters of a mile of fixed routes to individuals unable to use the fixed-route system because of a disability.

Curb-to-curb service
The most common form of paratransit service, whereby passengers are picked up and let off at the curb or driveway in front of their homes or destination. The driver does not assist or escort passengers to the door.

Door-to-door service
A form of paratransit service whereby the driver assists the passenger between the vehicle and the door of his or her home or other destination.

Door-through-door service
A form of paratransit service for passengers with significant mobility limitations in which a driver not only escorts the passenger into the home or destination, but also may provide assistance with belongings (e.g., groceries).

Assisted transportation
A formal service designation for Administration on Aging (AoA) funded programs. It is defined as the "provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation." More generally, it is called "door-through-door transportation" or "escorted transportation."

disabilities.[18] An underlying premise is that these agencies will operate the FTA-funded vehicles with funding from their own programs sponsored by non-DOT agencies. The grants support a range of activities, which can include visiting friends, grocery shopping, and attending medical appointments.[19]

Monetary award amounts vary greatly because they are based on state demographics and population. Large states with large populations of older people and people with disabilities receive the largest grants. In FY 2011, allocation amounts ranged from $57 million in California to Colorado's $312,000. In FY 2009 (the most current year of performance data), more than 95 million people received rides in the United States from Section 5310 funding.[20]

FTA awarded nearly $203 million to states in FY 2011 through the Section 5310, the Elderly Individuals and Individuals with Disabilities program.

New Freedom

The goal of this program was to reduce barriers to transportation services and expand mobility for people with disabilities.[21] The Americans with Disabilities Act (ADA) of 1990 aimed to fully integrate people with disabilities into society; access to public transportation was an important component of this legislation. Under ADA, fixed-route public transportation providers must provide ADA paratransit services within three-fourths of a mile of the fixed-route system. They must also ensure vehicles and stations are accessible to people with disabilities.

The New Freedom program sought to fund transportation for people with disabilities that goes beyond the ADA. Some states, for example, have used New Freedom grants to fund mobility managers who can assist people with disabilities in understanding the various transportation options available to them in their communities. FTA determined the state funding levels based on proportionate shares of people with disabilities, with 60 percent of the funds distributed among designated recipients in urban areas (200,000 population or greater), 20 percent to states for small urban areas (between 50,000 and 200,000 population), and 20 percent to states for rural areas (less than 50,000 population).

The amounts ranged from a high of more than $6 million for Florida to a low of roughly $76,000 for Missouri. There is great flexibility in how states can use these funds. New Freedom funds supported 3.3 million one-way trips in FY 2010, a 35 percent increase over FY 2009. Trips can include fixed-route service, same-day paratransit, and door-to-

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[18] The Transportation Research Board (2008) found that nonprofit agencies constitute 86 percent of total Section 5310 grantees and receive 78 percent of the funding. National Cooperative Highway Research Program 20-65(16), Current State Eligibility Requirements for Grantees to Qualify for Federal Section 5310 and Section 5311 Funds, March 2008.

[19] E. Ellis, April 2010.

[20] Federal Transit Administration. *Transportation for the Elderly and Persons with Disabilities (Section 5310 Program), Annual Data Collection & Analysis FY 2008–2009*. Accessed at http://www.fta.dot.gov on May 8, 2012. Note: Not all grantees provided ridership information although the FTA requested it, so the data is likely underreported.

[21] E. Ellis, April 2010.

FTA awarded nearly $80 million to states in FY 2011 through New Freedom.

door and door-through-door assistance. Mobility managers generated more than 186,000 one-way trips and initiated over 1 million customer contacts. More than 10,000 people received one-on-one transit training. Infrastructure improvements included the installation of new radios, global positioning systems (GPS), and mobile data terminals.[22]

Job Access and Reverse Commute Program

The goals of JARC are to improve access to jobs and job-related services for low-income people. The program was enacted in 1998 to address the challenges that transit-dependent workers face in accessing jobs in suburban areas and those that require nighttime and weekend shift work. The program also recognizes the difficulty that transit-dependent commuters face in accessing multiple employment-related destinations as part of the commute, such as day care facilities. States receive these funds based on their proportion of low-income and welfare beneficiaries.[23] Although the goal of this program does not specify services for people with disabilities, it funds both fixed-route and specialized transportation services, thus it is included in this analysis as an important funding source (e.g., for low-income people with disabilities who need employment opportunities).

The larger-population states with higher numbers of low-income residents received the highest grants, with California receiving the largest amount of more than $20 million. Funds can be used for trip-based services (to transport people), information-based services (to provide information about transportation services), capital investment projects (to support transportation facilities and infrastructure), and planning activities (which can include feasibility studies). In FY 2010, JARC supported more than 55 million one-way trips. Fixed-route services such as rail or bus accounted for the vast majority of one-way trips, but funds also supported 1,700 car loans to individuals, which generated more than 265,000 one-way trips. Agencies also used JARC money to buy nearly 50 vehicles, which generated more than 112,000 one-way trips.[24]

Several states reported no obligated funding for these FTA programs in FY 2011 (See Appendix A). Specifically, five states—Maryland, Maine, Missouri, North Dakota, and Rhode Island—reported no funding amounts for the Section 5310 program. Four states—Connecticut, New Hampshire, New Jersey, and Rhode Island—reported no funding for JARC, and Rhode Island reported no funding for the New Freedom program. To understand why these states did not report obligated funding under these formula programs, the authors called state transit administrators and found a few reasons why this might have occurred. FTA program funds are available for multiple years, and state grantees sometimes bundle multiple years' worth of funds into grant applications for larger amounts of program funds.

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22 CES, Inc. TranSystems, *Enhancing Mobility for People with Disabilities; An Evaluation of New Freedom Program Services Provided in 2010*. Washington, DC: Prepared for the Federal Transit Administration, October 2011. Accessed at http://www.fta.dot.gov on May 8, 2012.

23 Ibid.

24 Commonwealth Environmental Systems, Inc. TranSystems, *Connecting People to Employment; An Evaluation of Job Access and Reverse Commute (JARC) Program Services Provided in 2010*. Washington, DC: Prepared for the Federal Transit Administration, October 2011. Accessed at http://www.fta.dot.gov on May 8, 2012.

This means that the FTA may not make grants to recipients in a state in a given year, but would likely have awarded a grant the prior year or the year after. Missouri and Maryland reported that they do not always receive enough grant applications in a given year to obligate the funding. New Hampshire reported that the delay in New Freedom obligations is due to the additional time needed to understand eligibility requirements in the early years of the New Freedom program. New Hampshire has now identified sufficient uses for the money, but it is a year behind in grant applications and obligating the funds.

FTA awarded nearly $149 million to states in FY 2011 through JARC.

Veterans Transportation and Community Living Initiative

FTA targets investment for veterans through its veterans transportation and community living initiative. The U.S. Department of Transportation recently set aside funding from existing programs to support the Veterans Transportation and Community Living Initiative (VTCLI). Money is to be used to fund transportation options and mobility for America's veterans, service members, and their families. Many recipients are using this funding to establish and document the success of local one-call/one-click transportation centers to connect veterans and others to rides. In FY 2011, FTA awarded nearly $35 million to 55 projects in 33 states. Funding is provided through the availability of discretionary funds from the Bus and Bus Facilities (Section 5309) and National Research Programs (Section 5312).

General Public Transportation Formula Programs

FTA's general public transportation formula programs benefit older adults and people with disabilities. FTA's specialized transportation programs described above (Section 5310, New Freedom, and JARC) comprise just a small portion of federal investment in public transportation. The much larger formula programs are the bread-and-butter programs of FTA. Many older adults and people with disabilities benefit from the regular fixed-route public transportation services funded by these programs, even though the programs do not specifically target those populations. The Urbanized Area Formula Grants program (Section 5307) provides grants to urbanized areas for public transportation capital, planning, and job access and reverse commute projects, as well as operating expenses in certain circumstances. Formula Grants for Rural Areas (Section 5311) provides capital, planning, and operating assistance to states to support public transportation in rural areas with populations less than 50,000. MAP-21 authorizes more than $4 billion annually for the Section 5307 program and $600 million annually for Section 5311 in fiscal years 2013 and 2014. The Section 5311 program was found to be a major source of funding for all but two of the case study systems described below.

Congress requires that 15 percent of a state's annual 5311 apportionment be used to support intercity bus service. This is accounted for under a 5311(f) designation. In addition, the Tribal Transit Program [5311(c)] is funded as a set-aside from the Section 5311 program. Instead of the money being funneled through the state DOT, only federally recognized tribes are eligible recipients under the Tribal Transit Program. The Tribal Transit Program receives $30 million of the $600 million annual 5311 authorization amount.

The Older Americans Act funded more than $72 million to states for transportation services in FY 2010. Of this amount, states funded at least $4 million for assisted transportation in FY 2010.

Administration for Community Living

Title III-B of the Older Americans Act (OAA) funds transportation services along with a broad array of other services for older people. The Administration reports that more than 25 million rides were taken by transportation service users in 2012.[25]

States have the option of reporting transportation and assisted transportation expenditures separately to the Administration. Assisted transportation includes the provision of help to the user, including an escort to a person who has difficulties using regular vehicular transportation. General transportation is getting a person from one location to another. The Administration allocates Title III-B funds to state aging and disability agencies based on their proportion of the population aged 60 and older. The state agencies then award funds to the local area agencies on aging.

The state agencies have great discretion in how they allocate funds among Title III-B services, which include case management and homemaker services in addition to transportation. For example, a state agency can choose to allocate none of its funding to transportation and more funding into any of the other services. The transportation funding under Title III-B is flexible and can be used for both medical and nonmedical transportation. Most states target these funds toward high-risk populations who typically have chronic conditions and are frail. A research brief by the Administration reports that transportation users were almost twice as likely as the overall U.S. population to be aged 75 and older, and over three times as likely to be aged 85 and older. Eighty-five percent of the transportation users were female. Compared with older adults as a whole, transportation users were nearly three times as likely to reside outside a metropolitan area and more than 2.5 times as likely to be living alone.[26]

Florida allocated the largest dollar amount to transportation of all states (more than $7.7 million for general transportation and roughly $430,000 for assisted transportation in FY 2010). Nineteen states did not separately report any funding for assisted transportation services. This could mean that the state chose not to fund assisted transportation through Title III-B Older Americans Act funds, or it could mean that the state does not report it separately and instead includes these expenditures under general transportation services. Since the recession, states' use of Title III-B funding for transportation has generally flattened despite the increased need, leaving many states to secure other funding, reduce transportation services, and/or reduce the number of people served. From FYs 2005 through 2010, the number of trips provided in many states has decreased significantly, largely as a result of high gas prices.[27] Appendix B includes a state-by-state breakdown of these funds.

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[25] K. Robinson, J. Lucado, and C. Schur. *Use of Transportation Services Among OAA Title III Program Participants*. Administration on Aging. Research Brief Number 6, September 2012.

[26] Ibid.

[27] Conference call with the ACL and AARP Public Policy Institute; May 3, 2012.

Department of Veterans Affairs

The VA funds transportation services for low-income veterans and/or veterans with disabilities. Under the veterans medical care benefit, low-income veterans or veterans with disabilities can access transportation to health care services. In addition, there is a program to help veterans purchase and modify vehicles with adaptive equipment. The VA obligated $824 million for transportation through veterans medical care benefits and $78 million in capital assistance to purchase or modify vehicles in FY 2011.

The Patient Protection and Affordable Care Act of 2010

The Patient Protection and Affordable Care Act (ACA) of 2010 offers some indirect incentives for private, nonprofit, and public sectors to provide transportation services. For example:

- Reducing the high cost of unnecessary hospital readmissions is a priority of the ACA, and there are several provisions in the law to address this. Under the ACA, certain hospitals will be penalized for high readmission rates among their Medicare patients for certain conditions such as heart failure and pneumonia. The Community-Based Care Transitions Program funds community-based organizations together with hospitals having high readmission rates to improve the transition process for a patient being discharged from hospital to home. Supports funded under this program can extend beyond required hospital discharge planning processes. Several of the funded projects around the country have explicitly included transportation as strategy for reducing hospital readmissions among high-risk Medicare beneficiaries. Beginning January 1, 2015, a qualified health plan may contract with larger hospitals (more than 50 beds) only if each patient receives a comprehensive program for hospital discharge. Transportation could be an element of any hospital discharge planning program.
- Under the Community-Based Collaborative Care Network Program, transportation is explicitly listed as one of the eligible grant-funded services. Collaborative care networks are intended to serve low-income individuals through comprehensive, coordinated, and integrated health care services.
- The ACA provides incentives for states to offer HCBS as an LTSS alternative to nursing homes. One option for doing so is the Balancing Incentive Payments Program, which is designed to encourage states to balance their Medicaid spending toward HCBS. Participating states are expected to collect data on outcomes related to helping participants seek employment, participate in community life, stabilize their health, and prevent loss of function.
- States have the option of expanding Medicaid eligibility to adults under age 65 with incomes up to 138 percent of the federal poverty level, thus expanding transportation assurance to this population. As of February 2014, 25 states have indicated they are expanding or are leaning toward expanding their Medicaid programs.[28]

[28] Center on Budget and Policy Priorities, *Status of the ACA Medicaid Expansion After Supreme Court Ruling*, http://www.cbpp.org/, Accessed February 22, 2013.

Although the federal government spends more than $2 billion annually on specialized transportation, state and local agencies contribute significant amounts, often going beyond the fulfillment of federal match requirements, which range from 5 to 50 percent of total program costs.[29]

State and Local Funding

There is no clearinghouse of information on the amount of funding that state and local governments provide for specialized transportation services. However, it is clear from the literature that state and local governments play a significant role in funding these services. The accompanying case studies illustrate the ways in which local transportation providers patch together federal, state, and local funding to provide specialized transportation services for older adults and adults with physical disabilities.

[29] *U.S. General Accounting Office, Transportation Disadvantaged Populations: Many Federal Programs Fund Transportation Services, but Obstacles to Coordination Persist, June 2003.*

Table 1
Summary of Key Federal Transportation Funding Programs Targeting Older Adults and Persons with Disabilities

Program		Program Description	Annual Funding Amount
Administration for Community Living (ACL)	*Title III-B Older Americans Act*	States, through their Area Agencies on Aging, may choose to allocate their Title III-B funding to transportation. The transportation funding under Title III is flexible and *can be used for both medical and nonmedical transportation*. Most states target these funds toward high-risk populations who typically have more chronic conditions and are frail. States can use the funding for both assisted and general transportation. Assisted transportation includes the provision of assistance, including an escort for a person who has difficulties using regular vehicular transportation. General transportation is getting a person from one location to another.	$72 million (FY 2010 expenditure) *Does not include transportation funding for those with developmental disabilities.*
U.S. Centers for Medicare & Medicaid Services (CMS)	*Medicaid Non-Emergency Medical Transportation (NEMT)*	All states must assure that their Medicaid beneficiaries have *transportation to health services.* Medicaid (NEMT) is a ride, or reimbursement for a ride, provided so that a Medicaid beneficiary with no other transportation resources can receive services to and from a medical provider. Each state operates its Medicaid transportation program differently. Pennsylvania gives subway passes to many clients in Philadelphia, Alaska flies clients to medical appointments when specialty care is not available locally. Other states, such as Mississippi and Vermont, have extensive networks of volunteer drivers who are reimbursed by the state for taking their neighbors to medical appointments. Still others have developed elaborate methods for preapproving rides and arranging rides through organizations called brokerages.	Estimated between $1 and 3 billion
	1915(c) HCBS waivers used for transportation	Medicaid 1915(c) waivers allow states to cover different types of home- and community-based services, such adult day health centers, case management, respite care, and transportation. These waivers allow the provision of long-term services and supports in home and community-based settings as opposed to institutional settings. Under the 1915(c) waiver authority, the state may include NEMT as a waiver service in order to assist the beneficiary with accessing services that are not traditional Medicaid state plan services. Twenty-nine states funded transportation waiver service for older adults and adults with physical disabilities in 2008.	$41 million (FY 2008 expenditure)
	Medicare	Covers ambulance transportation only.	

Table 1 continued
Summary of Key Federal Transportation Funding Programs Targeting Older Adults and Persons with Disabilities

Program		Program Description	Annual Funding Amount
Federal Transit Administration (FTA)	*Elderly Individuals and Individuals with Disabilities Program (Section 5310)*	Section 5310 was established in 1975 to address deficiencies in traditional public fixed-route transit service; specifically, where public transit service is "unavailable, insufficient, or inappropriate." With a legislative goal "to improve mobility for elderly individuals and individuals with disabilities throughout the country," Section 5310 provides funds, through the state, primarily to nonprofit human service agencies for the purchase of vehicles. These agencies commonly use OAA Title III-B funding to operate these vehicles.	$203 million (FY 2011 obligations)
	New Freedom Program (Section 5317)	The goal of the New Freedom program is to reduce barriers to transportation services and expand mobility for people with disabilities. Funding may be used for both capital and operating expenses that support new public transportation services beyond those required by the Americans for Disabilities Act (ADA) and new public transportation alternatives beyond those required by ADA, including transportation to and from jobs and job-related services. Project funding examples include travel training to assist people with disabilities in understanding how to use public transportation, mobility management, purchase of accessible taxis and shuttles, taxi vouchers, and support for volunteer driver programs. NOTE: The New Freedom program was consolidated under the Section 5310 program with passage of MAP-21 in 2012.	$80 million (FY 2011 obligations)
	Veterans Transportation and Community Living Initiative (VTCLI)	In 2011 and 2012, the U.S. Department of Transportation set aside funding from existing programs for capital costs and research to fund and document the success of local One-Call/One Click Transportation Centers to connect veterans and others to general-purpose rides.	$35 million (in FY 2011 discretionary grants awarded)

Table 1 continued
Summary of Key Federal Transportation Funding Programs Targeting Older Adults and Persons with Disabilities

Program		Program Description	Annual Funding Amount
Department of Veterans Affairs (VA)	*Veterans Medical Care Benefits*	Provides transportation for low-income veterans and veterans with disabilities to and from VA medical facilities, typically through mileage reimbursement or purchase of transportation service contracts. Administered through the Veterans Health Administration.	$824 million (FY 2011 obligations)
	Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces	Capital assistance to veterans for the purchase or modification of vehicles with adaptive equipment. Veterans and service members may be eligible for a one-time payment of not more than $18,900 toward the purchase of an automobile or other conveyance if they have service-connected loss or permanent loss of use of one or both hands or feet, permanent impairment of vision of both eyes to a certain degree, or immobility of one or both knees or one or both hips. Administered through the Veterans Benefit Administration.	
		Approximate Total	**$2.8 billion (assumes Medicaid NEMT of $1.5 billion)**

OVERVIEW OF CASE STUDIES

To illustrate the tapestry of specialized transportation funding in the United States, the authors interviewed seven local providers. In choosing these examples, the authors wished to present diversity in geography and institutional structure. In most cases, the authors chose providers that have not been written about extensively in the past, in order to provide a fresh set of examples among the many excellent programs in operation across the country. The providers chosen serve both urban and rural areas. The following providers were interviewed:

- River Cities Public Transit of Pierre, South Dakota;
- Pelivan Transit of Big Cabin, Oklahoma;
- Peoplerides of Marshalltown, Iowa;
- The Marin Access Mobility Management Center of Marin County, California;
- The Delta Area Rural Transit System of Clarksdale, Mississippi;
- Medical Motor Service of Rochester, New York; and
- Seniors' Resource Center of Denver, Colorado.

Methodology

The authors conducted one-hour phone interviews with each of the seven transportation providers between March and July 2012. Once all of the interviews were conducted, each provider was sent a written questionnaire, which primarily asked about funding levels from specific revenue sources (see Table 2: Transportation Revenue Sources by Provider), along with additional clarifying questions. Finally, those interviewed were each provided the final draft of the paper in January 2013 and asked to verify the information presented in their case study summaries. All providers responded to this request and their edits have been incorporated into the final paper.

This case study research provides funding information details for only seven of the hundreds of specialized transportation providers in the United States. The reader is cautioned against concluding that the funding sources presented are representative of all U.S. programs. However, the diversity of funding sources shown in these case studies is, most likely, customary among the most successful programs. This research also suggests that because local transportation providers cannot rely upon a single funding source for the range of services desired, they must piece together myriad sources.

Another caveat of this research is that the financial information presented should be viewed as illustrative rather than definitive. We did not obtain audited accounts from the providers we interviewed, and we found some discrepancies between funding levels mentioned in phone interviews, those reported on the written questionnaire, and grant amounts as reported by FTA. Some of this discrepancy can be traced to the fact that FTA grants rarely are spent fully in the year received. In all cases, the FY 2011 budgets were lower than the sum of the revenue sources reported for the same fiscal year. Thus, the reported funding levels are best viewed as illustrative of the ways that specialized transportation funding is assembled to put quality services on the streets.

Specialized Transportation Program Themes

Four themes perhaps best summarize the specialized transportation programs of the featured providers:

- Specialized transportation is delivered by diverse provider types who offer a wide range of transportation services.
- There is a broad tapestry of funding sources.
- Successful operators nurture numerous community partnerships.
- Transportation managers exhibit innovation, business acumen, and community service.

Diversity of Provider Type and Services Provided

No one type of entity has a monopoly on the provision of specialized transportation. Rural public transportation providers have helped to fulfill an important need in their communities. In fact, unlike many urban fixed-route public transportation providers who target their services to young, agile commuters, these rural transit providers target their services to those in greatest need—older adults, people with disabilities, and lower-income individuals—while still offering the service to anyone in the community. Three of the providers (Iowa's Peoplerides, River Cities Public Transit in South Dakota, and Pelivan Transit of Oklahoma) are traditional rural general public transportation providers. Peoplerides and Pelivan are housed within the regional council of governments, while River Cities Transit is an independent not-for-profit organization.

Aging services organizations such as Area Agencies on Aging or other nonprofit organizations similar to the Seniors' Resource Center (SRC) in Denver provide transportation to older adults and people with disabilities, often with a focus on reaching frail adults or those of any age with disabilities who would not otherwise be able to take advantage of fixed-route public transportation. Transportation provided by SRC is just one of several services provided by this aging services center. Another model is that of Marin Access, an off-shoot of Marin County's transit district tasked with coordinating transportation resources for Marin's older adults, people with disabilities and low-income residents. Medical Motor Service of New York (MMS) is a 501(c)(3) nonprofit organization dedicated to providing specialized transportation to individuals with disabilities and special needs. DARTS is the most unusual model, providing the services of a traditional rural transportation provider but housed within a Community Health Center.

Providers interviewed offer a range of services. All provide demand response (dial-a-ride) service. Some offer door-to-door or door-through-door service, whereby drivers assist clients out of the vehicle and to the door of their home, or into the home. Both SRC and Marin Access use the services of volunteer drivers to provide a portion of their transportation. Several providers described prearranged transportation to congregate meal sites, adult day centers, senior centers, and medical facilities. The traditional rural public transit providers noted their employment routes. MMS highlighted a regularly scheduled shuttle bus sponsored by the Wegmans supermarket chain that connects residents of senior housing to their local grocery store. Four of the seven provide Medicaid NEMT. MMS, Marin Access, and DARTS all employ mobility managers to help clients identify the appropriate transportation services to meet their mobility needs.

A Tapestry of Funding Sources

Every provider documented at least 10 sources of funding; three providers reported more than 45. Peoplerides of Iowa reported that 57 businesses, nonprofit organizations, and government agencies purchase rides for their clients. All directors interviewed described bending over backwards to identify sources of funding that would not only allow them to sustain their existing levels of service, but expand those services to new riders.

Although every system illustrated this tapestry of funding, it is very hard to generalize about funding streams (see Table 2: Transportation Revenue Sources by Provider). Regardless of whether the entity is a traditional public transportation provider or a not-for-profit human services provider, they all receive funding from the FTA to run their transportation programs. All but Marin Access also receive funding from the U.S. Department of Human Services, be it Title III-B, Medicaid, and/or Temporary Assistance for Needy Families (TANF).

The traditional public transportation operators rely heavily on FTA funds. Section 5310, Section 5311, New Freedom, and JARC provide each operator between $80,000 and $2.7 million. Together operators received more than $10 million in American Recovery and Reinvestment Act (ARRA) funding between FYs 2009 and 2010. And two have been recent recipients of FTA's VTCLI initiative. DARTS, while institutionally placed in a health services organization, received its start-up funding from its state department of transportation, which has annually passed along FTA Section 5311 funding.

The two primary human service transportation providers (MMS and SRC) rely most heavily on local sources of funding, including service contracts with local and state agencies, nonprofits, and private-sector entities. They also reported receiving private donations from individuals and foundations. SRC receives donations from riders for service that is otherwise free-of-charge. SRC has found their riders to be generous after being informed of the operating cost of a ride.

Perhaps one of the most notable sources of funding is the half-a-million-dollar-and-growing pot of money available to Marin Access because of a voter-approved ballot initiative passed in 2010. Although ballot initiatives for transportation are fairly common, and those dedicating revenue to public transportation increasingly so, Marin County may be the first to dedicate a portion of its proceeds to transportation services for older adults and people with disabilities.

In all cases, states provide a smaller share of funding than either federal or local government, with two-thirds attributable to states' share of Medicaid NEMT. Five of the seven providers reported receiving state transit assistance, with Pelivan and Peoplerides receiving the largest dollar amounts. Both of these states have institutionalized revenue streams for public transportation. Iowa devotes 1/20 of the first 4 cents of the tax collected on sales of motor vehicles and accessory motor vehicle equipment to support public transportation. Oklahoma allocates money from a state revolving fund earmarked for highways and transit and funded with revenue from a motor fuel tax and the state general fund.

The majority of providers we interviewed reported dozens of revenue sources. This complexity is both challenging and rewarding. It requires administrative time and talent to manage numerous grant applications and separate reporting requirements. At

the same time, the ability to weave together multiple funding sources shows proactive commitment to coordinating limited community resources and to increasing the number of people served. This coordination is also a way to build sustained, community-wide support for the service. The more diversified the funding, the more stakeholders involved and the greater the numbers of community members who understand the value of the service. In the long run, these people become the champions for service in the community.

Community Partnerships

It was clear after interviewing these seven providers that their efforts in building partnerships and coordination at the local, regional, and state levels is a major contributing factor to their success. One provider stated that, "in today's environment, systems that attempt to rely solely on a major federal grant in combination with local general fund match support will not be able to grow." All providers spoke proudly of the work they have done to build partnerships with other organizations in the community. Several have successfully marketed their services to hospitals, medical clinics, local human service agencies, grocery store chains, and tribes. Both Pelivan and River Cities Public Transit have contracts with Jefferson Bus Lines to provide intercity bus service and act as a ticket agent for the company.

Innovation, Business Acumen, and Community Service

Every provider interviewed is on the lookout for new sources of funding and partner organizations to increase the range of services provided and number of people served. Pelivan negotiated an innovative agreement with the local Jiffy Lube: Jiffy Lube changes the oil in Pelivan vehicles at a discount, and Pelivan counts this in-kind contribution as local match for federal grants. DARTS used ARRA funding to renovate its regional bus maintenance facility. These renovations will allow it to expand its maintenance services to other commercial fleet owners, thereby increasing its revenue. Voters in Marin County, California, voted to raise their annual vehicle registration fees by $10, with 35 percent of the revenue dedicated to improving transit for seniors and people with disabilities.

Several providers reported developing relationships with their local health community. Pelivan contracts with a hospital to provide shuttle bus service between clinics. It further increases its revenue along this route by providing courier service for the hospital at the same time. MMS has a contract with a local nursing home to transport patients from hospitals to their facility within one hour of discharge. SRC offers similar service but expands that to include transporting those same patients to follow-up appointments.

Both a traditional public transportation provider and a human services transportation provider noted that they are replacing vehicles with those that run on compressed natural gas, citing significant fuel savings. SRC notes that this investment has offset a slight decline in transportation revenue.

In every case, innovation appears to emanate from the transit manager's personal energy and commitment. None interviewed viewed their job as a paycheck; it was more of a quest to serve the community. Their commitment to people and community was combined with a keen lookout for new ways to leverage scarce dollars. Often, public policy research focuses on the numbers. Undoubtedly, the money is what makes these types of community services possible. But in the eyes of these transportation managers, it is first and foremost about the people.

Other Comments

The combination of efforts described above has enabled providers to offer their communities' cost-effective transportation services. All providers' operating cost per passenger trip rates are below the average of $21 per trip for small areas, and in most cases they are able to offer affordable rides to consumers. Fares range from $0 to $160 per one-way trip. Only Seniors' Resource Center offers all of its service free of charge to all customers; however, other providers' customers may receive fully or partially subsidized rides if their trip is covered by a state or local human service agency or private entity. This can mean that at any given time, passengers on the bus may have paid entirely different fares—a situation typical of rural public transportation systems. High-cost trips, where customers pay $75, $125, or $160 to board the bus, occur when passengers use the service more or less as intercity public transportation service. Providers do what they can to lower these costs when they are able. River Cities Public Transit offers $50 off the price of transportation between Pierre and Sioux Falls two days per week, and has reached out to local hospitals and clinics to encourage them to schedule appointments with out-of-town patients on those days. Peoplerides receives local subsidies to reduce the cost on rural routes certain days of the week. The reality is that the delivery of rural public transportation service is costly, distances are great, and gas prices fluctuate upwards more often than down.

Table 2
Transportation Revenue Sources by Provider
(FY 2011 unless otherwise noted)

REVENUE SOURCES	River Cities Public Transit, SD ($)	Pelivan, OK ($)	Peoplerides, IA ($)	Marin Access, CA ($)	DARTS, MS ($)	Seniors' Resource Center, CO ($)	Medical Motor Service, NY ($)
FEDERAL							
Department of Transportation							
Federal Transit Administration							
Transportation for Elderly Persons and Persons with Disabilities (5310)	52,000	119,000	See footnote[1]			67,000	185,000
Formula Grants for Other Than Urbanized Areas (5311)	1,494,000	679,000	75,000		863,000	181,000	
Public Transportation on Indian Reservations (5311(c))	722,000	415,000					
Intercity Bus Service (5311(f))	85,000	10,000					
Job Access and Reverse Commute Program (JARC) (5316)	156,000	80,000			See footnote[2]		
New Freedom Program (5317)	179,000	33,000	5,000	178,000		75,000	40,000[3]
Veterans Transportation and Community Living Initiative Grant Program (provided FY 2010 and FY 2011)	319,000	657,000[4]					
Innovative Transit Workforce Development Program	297,000						
ARRA (awarded in FY 2009 and FY 2010)	7,373,000[5]	500,000	166,000	360,000[6]	1,880,000		
Department of Health and Human Services							
Administration on Aging							
Title III-B Older Americans Act		5,000			14,000[7]	240,000	420,000
U.S. Centers for Medicare & Medicaid Services							
Medicaid Non-Emergency Medical Transportation (NEMT)	86,000	276,000	19,000				884,000
Medicaid 1915(c) waivers used for transportation			137,000			85,000	
Administration for Children & Families							
Temporary Assistance for Needy Families (TANF)	1,000[8]	141,000					
Department of Veterans Affairs							
Veterans Health Administration							
Veterans Medical Care Benefits						10,000	

Table 2 continued
Transportation Revenue Sources by Provider
(FY 2011 unless otherwise noted)

REVENUE SOURCES	River Cities Public Transit, SD ($)	Pelivan, OK ($)	Peoplerides, IA ($)	Marin Access, CA ($)	DARTS, MS ($)	Seniors' Resource Center, CO ($)	Medical Motor Service, NY ($)
STATE							
State Transit Assistance	87,000	221,000	161,000	81,000[9]		30,000[10]	
State Medicaid Share (based on 2011 FMAP multiplier)	54,000	149,000	62,000			43,000	884,000
Other State Revenue				20,000			
LOCAL							
General funds	160,000	247,000	39,000		19,000	200,000	
Local dedicated revenue sources (e.g., sales tax, property tax)			28,000	2,916,000			
Service contracts with local governments, not-for-profit organizations, hospitals, etc.	46,000	537,000	183,000	1,017,000	135,000	500,000	5,133,000
Passenger fares	380,000	247,000	102,000	367,000	149,000	60,000	164,000
Foundation support						10,000	381,000
Advertising	41,000	12,000					
Other local revenue	See footnote[11]		29,000			20,000	

Table 2 continued
Transportation Revenue Sources by Provider
(FY 2011 unless otherwise noted)

REVENUE SOURCES	River Cities Public Transit, SD ($)	Pelivan, OK ($)	Peoplerides, IA ($)	Marin Access, CA ($)	DARTS, MS ($)	Seniors' Resource Center, CO ($)	Medical Motor Service, NY ($)
TOAL REVENUE	4,159,000	3,670,000	841,000	4,579,000	1,180,000	1,520,000	9,084,000
Total Federal Revenue (Not Including ARRA)	3,391,000	2,258,000	236,000	178,000	77,000	657,000	1,530,000
Percent Federal	82%	62%	28%	4%	74%	43%	17%
Total State Revenue	141,000	370,000	224,000	101,000		73,000	884,000
Percent State	3%	10%	27%	2%	0%	5%	10%
Total Local Revenue	627,000	1,042,000	381,000	4,300,000	303,000	790,000	6,670,000
Percent Local	15%	28%	45%	94%	26%	52%	73%

Endnote

[1] Nominal, administered and distributed with 5311 by state DOT.
[2] DARTS was awarded a $100,470 JARC grant but could not use the money due to a lack of local match.
[3] Partial year.
[4] Pelivan received VTCLI funding in the amount of $181,198 in FY11 and $475,383 in FY12 from the Indian Nations Council of Governments.
[5] $6,642,706 awarded in 2009, and another $730,119 in 2010 for the construction of the garage and purchase of new vehicles.
[6] Funded mobile data terminals for the paratransit fleet.
[7] DARTS was awarded $34,134 in Title III-B funding, but could only use 40% of the money due to insufficient local matching funds.
[8] Received indirectly by RCPT. Riders receive TANF funding directly in the form of a punchcard (ride vouchers).
[9] Population-based allocation of the state gas tax for paratransit.
[10] Funding Advancement for Surface Transportation and Economic Recovery (FASTER), a vehicle registration fee.
[11] In prior years, the city of Pierre provided $500,000 in in-kind contributions (land, engineering work, utility work) toward the construction of the new transit center.

RECOMMENDATIONS

Demand for specialized transportation services will continue to grow as the population ages. To address this growing need, the public, private, and not-for-profit sectors of the community will need to work together to identify more funding and coordinate service. Transparency in the reporting of expenditures and service delivery will enable policy makers and the public to evaluate the effectiveness of these needed investments.

1. Increase Public Sector Support

Eight to ten thousand boomers turn 65 every day, and the 65 and older population is expected to grow by almost 50 percent by 2025, and double by 2050. An estimated 21 percent of these individuals will not drive. Demographic change alone necessitates more funding for specialized transportation service. Despite this increasing demand, federal funding for specialized transportation has not increased appreciably over the past decade. In many places, state and local funding has declined. Policy makers must recognize the growing need for services and increase funding at all levels.

- Localities should offer taxpayers the opportunity to fund specialized transportation. Recent studies suggest there may be public support for this investment. When asked to rank the top five out of a list of 10 services, the population aged 50 and older ranked "transportation for seniors" third (after schools and police) among the most important services that local governments should fund.[30] Moreover, voters approved almost 80 percent of ballot measures in support of public transportation in 2012.[31] One-quarter of family members caring for an older adult ranked "an outside service to provide transportation to your [relative]" as the "most" or "next most" helpful intervention.[32]
- States should remove any prohibition on using state gas taxes to fund public transportation and institutionalize annual funding for public transportation.
- States should adequately fund Medicaid NEMT to assure transportation for their Medicaid beneficiaries, as required by law.
- The federal government can increase support for volunteer driver programs indirectly through changes to the tax code. Current law allows charities to reimburse volunteers, on a nontaxable basis, up to the charitable standard mileage rate of 14 cents per mile. Alternatively, volunteers are permitted to deduct their out-of-pocket expenses incurred in providing donated services, when those services are not reimbursed (up to the same rate of 14 cents per mile). Congress should increase the charitable standard mileage rate to that for business (currently at 56.5 cents per mile in 2013). These changes will encourage individuals to become volunteer drivers.[33]

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[30] Representative research panel based on probability sampling conducted by Knowledge Networks for AARP between September 6 and October 2, 2012, with a sample size of 2,953 people aged 50 and older. Publication of results forthcoming in 2013.

[31] Center for Transportation Excellence, http://www.cfte.org/elections. Accessed December 21, 2012.

[32] "Caregiving in the U.S." National Alliance for Caregiving in collaboration with AARP and funded by Metlife Foundation, November 2009.

[33] Unlike the standard mileage rates for business, medical, and moving, which are adjusted administratively by the Internal Revenue Service, the charitable standard mileage rate is set by statute

- Congress should renew the Qualified Transportation Fringe Benefit (also known as the Commuter Choice benefit) to encourage employers to partner with local transportation providers in the creation of employee vanpools. In 2013, participating employers could offer employees that commute by public transportation and vanpool up to $245 per month in pretax benefit.

2. Reach Beyond Traditional Funders of Transportation

As the case studies show, successful specialized transportation providers have creatively lined up diverse funding sources. Many types of local businesses may be interested in supporting community transportation in exchange for some positive publicity. As Pelivan has shown, transportation providers can use both cash and in-kind contributions to match federal transit dollars.

Foundation support and other private donations may be another under-tapped resource. Transportation is the lifeline that enables many types of institutions to succeed in their missions. It supports health by getting people to medical appointments and engaged in their community. It connects children to educational opportunities. It facilitates strong economies by getting workers to jobs. Public transportation is clean transportation, and thus it aligns with the mission of many environmentally focused organizations. Not-for-profit transportation providers may be able to take advantage of the various gift and estate planning options commonly used by other nonprofits as a way to boost their revenue and at the same time increase local awareness, understanding, and support for their services.

The ACA provides a strong incentive for the medical community to support transportation. Under the ACA, certain hospitals will be penalized for high readmission rates. Agreements such as those of Seniors' Resource Center, whereby the hospital contracts with a transportation provider who will ensure patients have transportation home after being discharged and to follow-up appointments, could become more common. The success of home- and community-based initiatives are, in part, dependent on community transportation. The health research and delivery communities should explore the role of transportation in health access as part of ACA implementation.

Medical providers and insurers may also be more interested in providing support after calculating their losses when patients do not show up for appointments. There is both the one-time staffing cost from the missed appointment and the potential for additional costs if a patient's health deteriorates. Furthermore, changes in the delivery of health services, in particular the increasing reliance on outpatient care and specialization, have likely contributed to the increased demand for transportation service. The number of annual per capita medical trips grew by 189 percent in the past three decades, far outpacing population growth.[34]

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and therefore does not rise or fall with changes in the price of gas. Congress has not adjusted it since 1998. For more information see N. A. Noto, *Charitable Standard Mileage Rate: Considerations for the 111th Congress*. Congressional Research Service, January 25, 2010.

[34] N. McGuckin and J. Lynott, *Impact of Baby Boomers on U.S. Travel, 1969 to 2009*, AARP Public Policy Institute Insight on the Issues 70, October 2012.

3. Enhance the Coordination of Specialized Transportation

States should provide a solid framework for coordinating specialized transportation planning and service delivery across all agencies that fund transportation. Governors, through executive order, can mandate coordination, establish and fund committees composed of state agency representatives responsible for coordinated planning activities, and tie funding to local coordination. As of December 2011, 27 states had created formal, state-level coordinating councils: 14 in statute and 13 by executive order or other authority.[35] FTA's requirement of a "locally-developed, coordinated public transit-human services transportation plan," coupled with efforts by the federal Coordinating Council on Access and Mobility (CCAM), provides the necessary federal policy direction for the coordination of specialized transportation services. But coordination of services can only happen at the state and local level.

Even without state leadership, local stakeholders can expand their efforts beyond those required by the FTA by reaching out to all human services providers and relevant nonprofit and private sector entities as part of their coordinated planning activities. Through the coordinated planning process, transportation providers can connect with care coordinators to explore how consumers can better access existing transportation services in the community and identify gaps in service that still need to be addressed.

All federal and state agencies that provide funding for transportation should conduct a comprehensive review of their requirements and, to the greatest extent possible, streamline grant applications and reporting requirements. Managing multiple grants is complex and time-consuming, and can remove resources from the direct delivery of service.

Investing in technology can help transportation providers save money while coordinating their routing, scheduling, and dispatching.

4. Collect and Make Publicly Available Better Data on the Nation's Investment in Specialized Transportation

Only by having good, reliable data can policy makers ensure that programs are efficient and meeting the needs of beneficiaries. Furthermore, a lack of information and transparency on these costs may encourage fraud and abuse. To increase the transparency and cost accountability of the Medicaid NEMT program, CMS should require states to itemize both their administrative and medical NEMT expenses on existing Form 64. Data collection systems should be designed so that CMS can accurately report public expenditure on NEMT, emergency transportation, and transportation funded through waivers, with data presented for each state and the nation. These data should be readily available to Congress, researchers, and the general public.

CMS should also make publicly available a database of state Medicaid NEMT programs, with information on how the service is delivered, including the use of brokers.

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[35] J. Rall and N. J. Farber, *Regional Human Service Transportation Coordinating Councils: Synthesis, Case Studies and Directory*, National Conference of State Legislatures, January 2012.

CONCLUSION

This report provides insight into how transportation services for older adults and people with disabilities are funded. With a growing population in need of transportation and limited funds for these services, providers need to creatively leverage existing and untapped funding sources to fill gaps in service. Coordination of these limited resources is also key and must be supported by providers and all levels of government.

CASE STUDIES

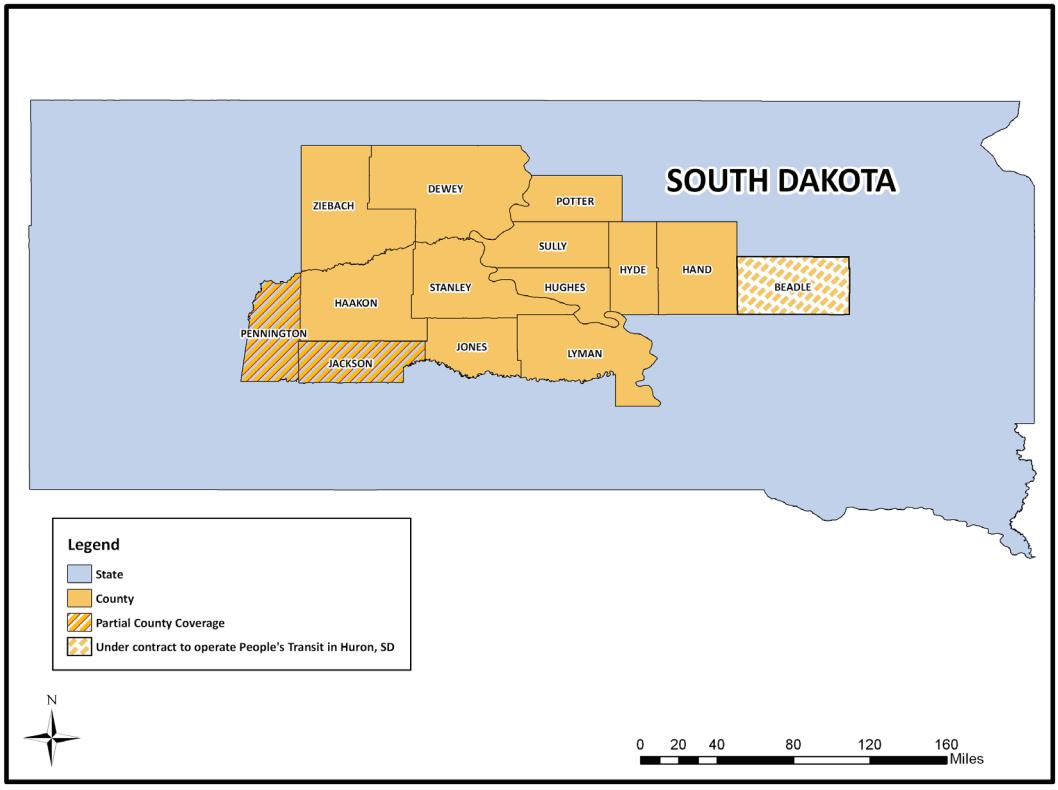
River Cities Public Transit (RCPT) — Pierre, South Dakota

Mission	To demonstrate a "Standard of Excellence" unparalleled in the small urban and rural transit industry by richly enhancing mobility options for residents in the communities River Cities Public Transit serves.
Organization Type	A private, nonprofit 501(c)(3) public transportation organization
Population Served	General public transportation service targeting individuals with disabilities, older adults, low-income people, and students.
Services	Demand-response service, intercity medical transportation, employment shuttles, bus service to schools
Service Area	A predominantly rural, 11-county area in central South Dakota, including the city of Pierre. The total population of the service area is more than 55,000 people, with approximately 16% of the population aged 65 and older. Population density is approximately 2 people per square mile.
Trips Provided	312,430 one-way trips in 2011 Approximately 20% of these trips were provided to older adults (65+)
Total Revenue (FY 2011)	$4,159, 000
Top Revenue Sources	Source 1: FTA 5311 $1,493,695 Source 2: Service contracts $ 768,000 Source 3: Passenger fares $ 380,000
Notable Achievement	Successful coordination of services has enabled RCPT to diversify its revenue stream from one major federal grant program to more than 20 federal, state, and local sources. Ridership multiplied by a factor of 25 in the past 10 years.
Website	http://www.rcptransit.com
Contact	Ron Baumgart Executive Director ron.rct@midconetwork.com

Ron Baumgart
Executive Director
River Cities Public Transit

"Public transportation managers need to think outside the box to find new sources of revenue. In today's environment, those systems that attempt to rely solely on a major federal grant in combination with local general fund match support will not be able to grow. The public sector is stretched thin at all levels of government, and operators must adapt by reaching out and forming new partnerships within the community. In doing so, the quantity and quality of service provided in the community can grow and new champions for that service can be found, leading to more sustained commitment to the service." —Ron Baumgart

River Cities Public Transit Service Area



Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

Overview

River Cities Public Transit (RCPT) is a private, nonprofit 501(c)(3) transportation organization in Pierre, South Dakota. It serves the surrounding 11 counties of Hughes, Stanley, Hand, Hyde, Dewey, Ziebach, Haakon, Jones, Lyman, Sully, and Potter, as well as the eastern portion of Pennington and northern half of Jackson counties in central South Dakota. In August 2012, RCPT and the city of Huron negotiated a 6-month service agreement, extending RCPT's service area into Beadle County, at least temporarily.[1] Given the rural nature of its service area, RCPT offers demand-response general public transportation service.

The largest city in the service area is Pierre/Fort Pierre with a population of about 16,000. The city, combined with the 8-mile radius around the city, is considered the

[1] This contract was renewed for another year.

local service area, within which RCPT provides public transportation service 24 hours per day, seven days per week, 365 days per year.

Many of the trips that RCPT provides are through coordinated service contracts with human service agencies, local jurisdictions, tribes, and other local nonprofits, as well as private sector hospitals, nursing homes, and assisted living centers.

Although RCPT describes its services as demand-response, it offers several routes that resemble fixed-route service. These include a shuttle in the city of Pierre, several rural routes designed to connect employees to jobs, and intercity routes that primarily bring people to medical appointments in Sioux Falls, Rapid City, and Pierre. These routes follow a published route and schedule. Parents can also preschedule transportation for their children to and from school and extracurricular activities through RCPT's youth transportation program, as none of the counties in central South Dakota served by RCPT offer public school transportation.

Notable Accomplishments/Innovations

In 2006, RCPT received the Rural Community Transportation System of the Year Award from the Community Transportation Association of America. The following year RCPT received an FTA award for Outstanding Service and Ridership Growth. Both awards cited RCPT's outstanding success in growing its ridership.

In 1998, RCPT operated service only in the Pierre/Fort Pierre area on weekdays from 8:00 a.m. to 5:00 p.m. It moved to a 24-hour service schedule in 2006 after a local taxi cab company closed. This expansion of its service hours enabled the agency to attract a new clientele, including late-shift workers and late-night socializers. RCPT also expanded service to several neighboring counties, most recently to the city of Huron. It has added long-distance medical transportation to its selection of services, and has negotiated new service agreements with human service agencies and the Cheyenne River and Lower Brule Sioux tribes. These service expansions have resulted in tremendous ridership growth. In 2001, RCPT provided 12,000 rides. In 2011, that number had risen to more than 300,000.

RCPT maintains a diverse fleet of vehicles and deploys them for maximum service efficiency, while trying to ensure that all rides requested are met. For example, the same bus that brings workers into the city from rural areas in the morning is used for youth transportation during the day.

RCPT's ridership growth has created new jobs in the community. Before the expansion to around-the-clock service, RCPT had 29 full-time and 28 part-time employees. Today the agency employs 48 full-time and 34 part-time employees. RCPT also estimates that construction of its new transit center brought almost $4 million to the community, as most contractors hired were local.

Fare Structure

As is common to many rural public transportation providers, RCPT's fare structure is complex. Trip price varies by route, distance traveled, time of reservation, and whether a customer's trip is subsidized by a sponsoring agency, such as Medicaid.

The general public base fare within the city limits of Pierre is $1.55 per trip. Patrons may request a ride by telephone or online. To avoid premium fares, RCPT requires that online reservations be made 48 hours in advance; reservations by phone must be made at least 24 hours in advance. Same day reservations entail a premium base fare of $5 per trip and an additional $1.50 per mile for trips that extend beyond the city limits. Additional passengers on the trip reservation pay a flat discounted fare. Students and people 60 years of age or older also pay a discounted base fare of $1.

The rural employment-oriented shuttle buses generally cost $5 to $9 for a one-way trip. Longer distance trips, such as the 5-hour bus ride between Pierre and Bismarck, North Dakota, cost $37.

Medical trips to regional health centers in Sioux Falls, Rapid City, and Pierre range from $10 to $75 depending on distance and day of travel. To encourage patrons to fill buses to particular destinations on particular days, RCPT offers steep discounts on certain days of the week. For instance, customers traveling from Pierre to Sioux Falls pay $75 per round trip on Monday, Wednesday, or Friday, but only $25 on Tuesday or Thursday. Patrons are encouraged to make their doctors' appointments those two days. RCPT has developed relationships with local medical center personnel who are increasingly scheduling appointments so that patients can take advantage of the scheduled discounts.

The Lower Brule and Cheyenne River Sioux tribes have service agreements with RCPT. Tribal members can purchase reduced-fare tickets through the tribe. For example, Lower Brule Sioux tribal members pay as little as 50 cents per ride within the community of Lower Brule.

RCPT's revenue stream has become incredibly diversified as a result of coordination initiatives, and has helped the organization weather local and federal funding cutbacks in the past 2 years.

Budget and Funding

RCPT's total operating budget in FY 2011 was $3,400,000, up 56 percent from 2007. It covers expenses under this budget through fares; local, state, and federal funding; service contracts with tribes, localities, and human service agencies; and advertising. All sources of revenue, including that used for capital purchases, totaled more than $4 million in FY 2011 (see Table 2).

Local jurisdictions provided RCPT with a combined total of $220,000 in general fund revenue and $46,000 in contracted services in FY 2011.[2] The city of Pierre provided $500,000 in in-kind capital contributions as part of the construction of RCPT's new transit center, replete

[2] Local jurisdictions cover their contractual commitments to RCPT through a combination of local dollars and federal 5311 funding.

Within the local Pierre/ Fort Pierre service area, RCPT provides public transportation service 24 hours per day, seven days per week, 365 days per year.

with offices, a bus maintenance and storage facility, a dispatch center, and a meeting/community room. Ron Baumgart, RCPT's Executive Director, attributes local support in part to an understanding that older residents will leave the community if it can no longer meet their mobility needs. Further population loss from these small rural communities can be a blow to a town's tax base.

At $380,000 annually, cash revenue from fares covers a larger portion of the operating budget than local subsidies.

The state provides limited financial support to public transportation operators in South Dakota, and its total level of commitment has held steady at less than $800,000 since 2005. Of this, RCPT receives about 10 percent annually.

Federal support for public transportation is largely funneled through the state, and accounts for roughly 80 percent of RCPT's total revenue stream. RCPT received more than $3 million in federal grants in FY 2011. The largest grant was funded through FTA's 5311 program (nearly $1.5 million). RCPT also received federal grants under JARC, New Freedom, the Innovative Transit Workforce Development Program, and some additional ARRA funding.[3] State transit officials estimate that MAP-21, the surface transportation authorization law passed by Congress in 2012, will increase transit funding for the state by 50 percent. While it is a welcome increase, the state DOT's public transit program manager does not believe this increase will adequately offset the growing demand for public transportation service in the state.

RCPT's revenue stream has become incredibly diversified as a result of coordination initiatives, and has helped the organization weather local and federal funding cutbacks in the past 2 years. Five years ago, 5311 was the only source of funding in combination with local funding to meet the federal match requirements of the grant. Today, while the 5311 grant is still the largest single source of funding for operating expenses, it comprises only one-third of the organization's total revenue, less if one factors in capital grants and in-kind contributions. RCPT now successfully juggles more than 20 revenue sources.

Coordination and Partnerships

RCPT was created in 1998, the product of a coordinated agreement among Saint Mary's Hospital and several human service agencies in Pierre. These entities, all of which ran independent transportation systems, joined to form what is now RCPT. RCPT continues to build upon this foundation by reaching out to other entities in the community to market its transportation services. These partnerships have allowed RCPT to expand its fleet and service area, making it more likely that it will have a bus in the area when a resident schedules a ride. As such, RCPT rejects very few trip requests due to the unavailability of a vehicle and driver, even those originating or ending in remote parts of the service area.

[3] ARRA funding awarded in 2009 and 2010 is being disbursed over time, thus year of award and disbursement do not match. This is often true of other FTA grant programs.

Among the largest and most notable coordination achievements are its service contracts with the Lower Brule and Cheyenne River Sioux tribes. The tribes receive tribal transit funding [5311(c)] directly from FTA and then use this money to contract with RCPT for bus service, as well as grant writing and management assistance. Initially RCPT only served the populated hubs on the reservation. Drivers were "twiddling their thumbs" waiting for passengers. After one month, RCPT made a strategic decision to open up its services and pick up and drop off passengers at their homes. It also established service to dialysis centers two days a week. RCPT now provides around 3,000 rides per month to tribal members. In addition to local service on the reservations, tribal residents take advantage of the employment shuttles that link their communities to employment destinations off the reservation. RCPT also runs job shuttles that transport teachers, nurses, doctors, and financial planners, among others, from Pierre to the reservations in the morning, with a return trip in the evenings.

RCPT has negotiated service agreements with a variety of other partners. Within Pierre, RCPT provides all rides for Golden Living Center, St. Mary's Hospital, Maryhouse Nursing Home, Kelly Assisted Living apartments, and Parkwood Assisted Living Center. RCPT now runs the YMCA's Kid Stop Program under a service contract. Coordinated services between the two organizations began when the YMCA agreed to transfer ownership of three old buses to RCPT to use in coordinated services, with RCPT furnishing the drivers. RCPT provides discounted rides to Boys and Girls Club participants. Finally, since 2007, RCPT has maintained a local human service agency's fleet, provided work and medical transportation to that agency's clients when additional capacity is needed, and assisted the agency with grant applications to obtain new vehicles.

RCPT is a direct provider of Medicaid NEMT, directly billing the state for rides provided to Medicaid recipients. The number of Medicaid trips provided by RCPT is growing as more tribal members use the service.

Five local jurisdictions contract with RCPT to run local service and longer-distance medical routes. One notable example is a service agreement with the city of Wall. When Baumgart first approached the city with his idea to take over the city's limited senior transportation services and expand the service to the general public, city commissioners were skeptical. He sweetened the deal when he offered to purchase new vehicles through a federal grant for use in the city if the city could pay the match and pass along their old vehicles to RCPT for use in Pierre, closer to the maintenance garage. Today, all residents of Wall have access to public transportation service in their community five days a week and some weekends in conjunction with major city

events. Older adults not only continue to get to the senior center, but can get to any other destination of their choosing. Children have transportation between day care and the swimming pool in the summer. A bus is also available five days a week for residents needing transportation to doctors' appointments in Rapid City. Others wishing to do some shopping can go along, provided that a bus is being dispatched for a medical trip. Demand for public transportation in Wall has grown enough to justify funding one full-time driver dedicated to Wall.

Recent advances in technology have enhanced RCPT's ability to coordinate its services with a growing number of partners. In June 2011, RCPT opened its new state-of-the art transit center and bus maintenance facility. From the center, dispatchers can track the 80-bus fleet real-time on their computers and large-screen, wall-mounted monitor. Phone and online reservations are joined with standing reservations in a "cloud" (Web-based) software environment. The software automates the scheduling of pick-up and drop-off times, vehicle dispatch times, and billing based on customer eligibility for agency subsidies.

In 2011, RCPT received a $320,000 Veterans Transportation and Community Living Initiative (VTCLI) grant from FTA to upgrade its computer-assisted scheduling and dispatching system, add modern mobile data terminals to vehicles, and allow for online scheduling and credit card payment of rides. A second VTCLI grant of $50,000 in 2012 will be used to promote the one-call/one-click customer interface and on-board electronic farecard and credit/debit card payment system to current and potential customers.

State Support of Local Coordination Efforts

RCPT's coordination efforts have been positively supported by the state. The South Dakota DOT enforces federal coordination requirements by tying FTA's specialized transit funding to the development of a coordinated public transit human services transportation plan. A regional coordinated plan must be in place for any eligible agency in the community to receive FTA specialized transit funding.

South Dakota's efforts at coordination predate and go beyond federal requirements. In 1996, Governor Janklow created the Transportation Planning and Coordinating Task Force, composed of representatives from the state departments of Transportation, Social Services, Health and Human Services, and the Coalition of Citizens with Disabilities. The task force is charged with providing cost-effective and efficient transportation services and reducing fragmentation and duplication of services. The intent of coordination is to increase vehicle use and ridership, thereby helping local

agencies combine resources in order to better meet the mobility needs of the community.

South Dakota's efforts at coordination predate and go beyond federal requirements.

Since 1997, the state DOT has proactively worked to reduce the duplication of service through grant application requirements and incentives, and assistance in brokering formal agreements between local transit providers and human service agencies. To receive Section 5310, JARC, or New Freedom funding, a grant applicant must be "willing to structure its services to affect coordinated transportation with other agencies and private providers." Recipients cannot use the funding solely to serve a single designated population. Applicants are required to describe how the proposed services will be coordinated with existing public and private services. If another public or private agency currently provides transportation service similar to that proposed by the applicant, the applicant must explain why the proposed service will not be duplicative. The state awards grant applicants a greater number of points if they can demonstrate that they will avoid duplicative service, show higher vehicle utilization rates, develop the proposal in cooperation with multiple organizations, and coordinate the proposed services with existing transit and paratransit operators, both public and private.

Another state innovation is the level of coordination between the state DOT and Department of Social Services, Division of Adult Services and Aging. Each year, the latter department provides Title III-B funding for transportation directly to the DOT ($292,000 in FY 2009). DOT transit staff ensure that disbursement of these funds is aligned with other human services transportation coordination goals and strategies. As a result of these efforts, only three Area Agencies on Aging in the state run their own transportation service. The rest contract with public transit providers such as RCPT.

The Future

According to Baumgart, the demand exists to triple RCPT's ridership. The limiting factors are money and labor. Near-term goals are to successfully complete the move to a paperless fare environment and enable customers to book their trips and receive immediate schedule confirmation online.

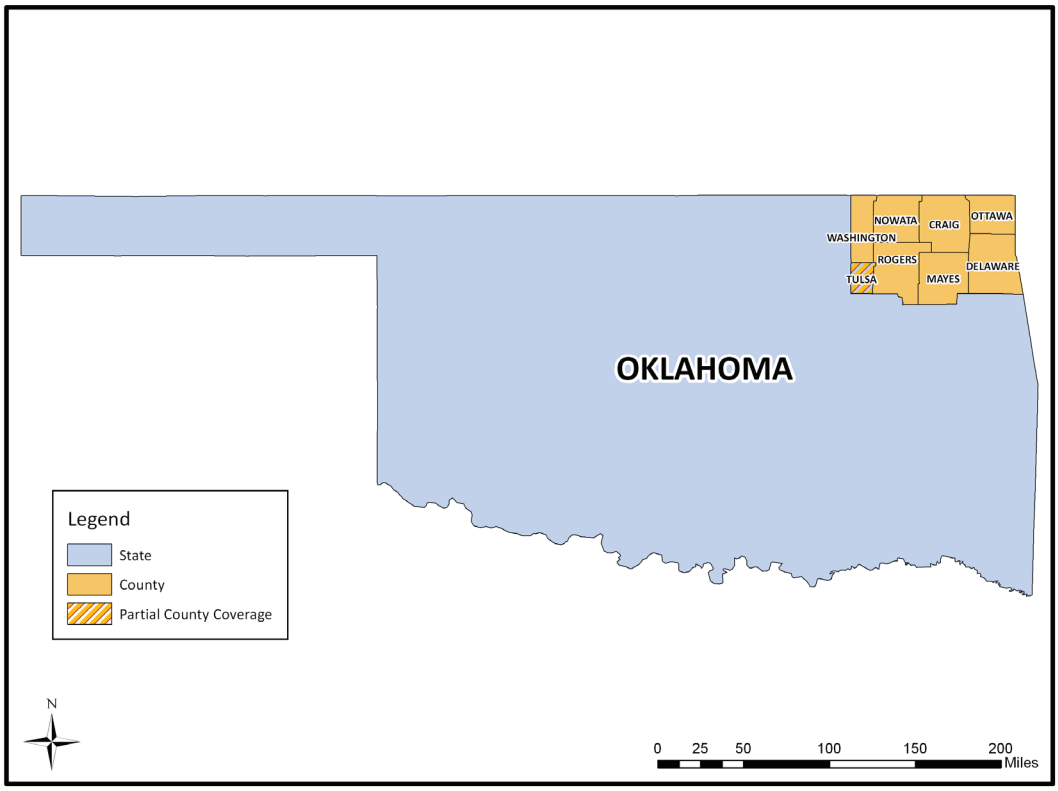
The FTA awarded RCPT an Innovative Transit Workforce Development Grant in FY 2011, which the organization is using in 2012 to develop an interactive, Web-based training program targeting the next generation of transit managers and employees. Sustaining and growing the high-quality transit services that Baumgart and his current team have built over the past 10 years is the Executive Director's highest priority.

Pelivan Transit — Big Cabin, Oklahoma

Mission	Our mission is to provide safe and reliable rural and tribal transit services to all people in the Pelivan Transit service territory.
Organization Type	Council of Governments
Population Served	The general public including older adults, people with disabilities, and tribal communities
Services	Demand response, curb-to-curb transportation in rural areas and tribal lands. Services also include deviated fixed routes to transport riders to regional employment centers, medical facilities, and educational institutions.
Service Area	Six cities and surrounding rural areas within northeast Oklahoma. Pelivan operates in the cities of Claremore, Grove, Miami, Owasso, Pryor, and Vinita within the counties of Craig, Delaware, Mayes, Nowata, Ottawa, northern Tulsa, Rogers, and Washington.
Trips Provided	208,203 trips FY 2011
Total Revenue (FY 2011)	$3.7 million
Top Funding Sources	Source 1: FTA 5311 $679,000 Source 2: Service Contracts $537,000 Source 3: Medicaid NEMT $425,000
Notable Achievement	In 6 years, Pelivan has grown from 20 to 90 employees and will have almost 200 vehicles by 2013. Pelivan has successfully partnered with health care organizations, private bus companies, and Native American tribes to expand transportation services to people for work, medical appointments, and out of town travel.
Website	http://www.pelivantransit.org/
Contact	Debra McGlasson Pelivan Transit Director pelivandir@grandgateway.org

Debbie McGlasson
Director
Pelivan Transit

Pelivan Transit Service Area



Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

Overview

Pelivan Transit (Pelivan) is a rural public transportation provider in northeastern Oklahoma. The service was established by the Grand Gateway Economic Development Association in 1985. Grand Gateway is the region's Council of Governments, with a range of duties that include regional planning, administration of the Area Agency on Aging, and provision of transportation services to a rural and aging population. Pelivan provides demand-responsive, curb-to-curb service and deviated, fixed-route transportation to various destinations: medical appointments, human service agencies, meal sites, social activities, and employment centers.

Pelivan serves seven counties (Craig, Delaware, Mayes, Nowata, northern Tulsa, Ottawa, and Rogers) and six cities (Claremore, Grove, Miami, Owasso, Pryor, and Vinita), a service area of approximately 3,880 square miles.

Pelivan has grown rapidly over the past 6 years, in part due to recent partnerships with the Northeast Oklahoma and Cherokee Nation Tribal Transit Consortiums, which now contract with Pelivan for their tribal transit service. Pelivan has added 70 employees for a total of 90 and will expand to almost 200 vehicles by 2013. It operates one dispatch center in each city and employs 50 full-time staff. There are 40 full-time and 20 part-time drivers. In FY 2011, Pelivan provided more than 208,000 rides to people of all ages, abilities, and income levels, and continues to break ridership records.

New Freedom grants have allowed Pelivan to add new routes and vehicles to serve medical clinics, mental health facilities, and group homes.

Fare Structure

Pelivan's rider fares are dependent on service location (city, rural, or tribal areas), trip distance, destination, and age of rider. For transportation within a particular county or city, adults under age 60 pay a regular fare of $2.50 per one-way trip. Adults aged 60 and older, veterans, and children in sixth grade or younger receive a $0.50 discount on their fares. Native Americans and tribal government workers pay $0.50 per one-way trip on tribal transit routes, and also receive free rides on certain weekdays. On other routes, such as deviated, fixed-route bus service to employment centers, general public riders pay $2.00 and tribal members, $1.00. Longer distance, cross-jurisdictional trips originating and ending within the Pelivan service area cost $1.50 per mile. Pelivan charges veterans only $1.00 per mile and will transport them to and from any destination within 100 miles of its service area.

Budget and Funding

Approximately 26 funding sources support Pelivan's transportation programs, including federal, state, and local grants; service contracts; rider fees; and in-kind contributions.

One-half of Pelivan's funding comes from FTA grants, including Sections 5309, 5310, 5311 [including (c) and (f)], 5316, 5317, and the VTCLI. Annual formula funding through Section 5311 constitutes Pelivan's main funding source and covers its core transit services. Pelivan typically uses 5310 grants for capital equipment purchases and 5309 grants for capital repairs. From 2010 to 2012, Pelivan combined federal funding from ARRA with these other two grant programs to purchase compressed natural gas (CNG) vehicles. Using alternative-fuel vehicles has reduced Pelivan's fuel costs by one-fifth. In 2010, Pelivan received a $500,000 Section 5309 grant as part of FTA's State of Good Repair initiative to build a CNG Vehicle Maintenance Facility. Tribes subsidize their members' transportation on Pelivan vehicles with their FTA 5311(c) funding. New Freedom grants have allowed Pelivan to add new routes and vehicles to serve medical clinics, mental health facilities, and group homes. These enhancements also benefit Medicaid recipients who need transportation for regular dialysis treatment. Through the Indian Nations Council of Governments, Pelivan recently received a VTCLI grant to help fund communications equipment and the marketing of a new one-call/one-click data interchange.

Other sources of federal funding include Medicaid NEMT, TANF, and a small pot of Title III-B funding.

Local funding constitutes almost 30 percent of Pelivan's revenue, totaling more than $1 million in FY 2011. This includes more than $500,000 in local service contracts, almost $250,000 in general funds from local jurisdictions, almost $250,000 in passenger fares, and less than $15,000 in advertising and in-kind contributions. For example, Pelivan has an agreement with a local lube shop to provide routine services on Pelivan vehicles at a discounted rate. The savings counts as an in-kind contribution to Pelivan. In-kind contributions help Pelivan meet local matching requirements for federal grants, as do other sources of local money and Medicaid NEMT funding.

Although state funding constitutes only 10 percent of Pelivan's total revenue, the transit agency received the largest state transit assistance grant of the seven providers interviewed for this report. Oklahoma's Department of Transportation allocates monies from a state revolving fund financed by revenue from a motor fuel tax and the state general fund, earmarked for highways and transit. State transit grants are calculated and distributed based on a transit provider's mileage logged in the previous year. Recipients receive on average 12 cents per mile. Pelivan's average annual revolving fund grant ranges from $200,000 to $250,000. This formula provides a strong incentive for Pelivan to obtain new customers through coordinated agreements with other agencies. Additionally, the state's distribution of 5311 formula grants is based on ridership and revenue miles; thus, there is a benefit to collaborating with more organizations to increase the number of service routes and riders.

Coordination and Partnerships

Pelivan has successfully collaborated with local partners to provide transportation services. The creation of two consortia, composed of 10 local Native American tribes (Cherokee Nation, Eastern Shawnee, Miami, Modoc, Ottawa, Peoria, Quapaw, Seneca-Cayuga, Shawnee, and Wyandotte) has increased the availability of transportation for tribal members. Pelivan is the operator for the tribes' transportation service. It provides rides to tribal members and helps the consortia complete their grant applications. Working collaboratively, the consortia have a greater chance of winning ongoing funding through federal grants.

Pelivan's other local collaborations include those with an adult day care center (clients are transported daily to the center); a local hospital (Pelivan operates a sponsored hop-on/hop-off route between clinics and serves as a hospital courier); tribal health clinics (Pelivan schedules group medical rides); and a veteran's organization [Pelivan works with Veterans Transportation Services (VTS) to provide transportation at a $0.50 fare discount to veterans for medical or social purposes]. Tyson Foods, Inc. cosponsors an employment route, as does the Mid-America Industrial Park in Pryor. Private sector route sponsors are entitled to federal tax breaks, while commuters can receive up to a $245 per month tax free benefit.[4] This commuter benefit has incentivized transit agencies to establish vanpool service in partnership with local businesses.

[4] IRS Revenue Procedure 2013-15 on the Qualified Transportation Fringe Benefit, http://www.irs.gov/uac/Newsroom/Annual-Inflation-Adjustments-for-2013, accessed February 12, 2013. Link provided by Debbie McGlasson.

There are no formal regional coordinating councils in Oklahoma; however, regional councils of governments have come together to carry out coordinated human services transportation planning.

Pelivan also coordinates with other health providers and, in doing so, increases its income from expanded service. Pelivan provides transportation for Logisticare, a Medicaid NEMT broker. It also partners with Grand Lakes Mental Health, a local mental health agency, to operate its 100-vehicle fleet. The agency serves a seven-county area and the majority of its clients receive Medicaid. This collaboration helps Grand Lakes concentrate on providing better health services. Many Native American health clinics do not offer mammograms. To address this need, a local hospital sponsors a Pelivan route between clinics for tribal members. The clinics schedule a group of patients for mammograms in coordination with the bus schedule. Pelivan obtains additional revenue by transporting paperwork and lab materials between the clinics.

Pelivan's transit director and the Indian Nations Council of Government's (INCOG) mobility coordinator spearheaded a collaborative effort among six transit providers and the Jack C. Montgomery VA Medical Center to provide enhanced transportation service to veterans and other riders in a 26-county area. INCOG received VTCLI grants in FYs 2011 and 2012, totaling more than $1 million, to fund a one-call, one-click center, simplifying access to transportation by providing one place to connect veterans, military members and their families, people with disabilities, older adults, and other transportation disadvantaged populations to various transportation providers and programs. INCOG passed more then half the revenue from these grants to Pelivan.

In 2012, Pelivan signed a contract with Jefferson Bus Lines to operate a shuttle connecting cities in northeast Oklahoma. The Pelivan shuttle takes passengers from Big Cabin to the Greyhound Bus Terminal in Tulsa, with several stops, including Pryor, Claremore, and the Tulsa International Airport. Pelivan is also a Jefferson Bus Line ticketing agent. Pelivan is exploring new business opportunities, such as the development of feeder routes with Greyhound.

State Support of Local Coordination Efforts

Through Executive Order in 2006 and 2008, Governor Henry created and reaffirmed a state United We Ride Coordinating Council.[5] The council is tasked with providing an assessment of existing human service transportation funding programs with an eye toward assessing the most effective and efficient use of human service transportation resources. It is composed of top officials from the departments of Commerce, Health, Rehabilitation Services, Human Services, Mental Health and Substance Abuse, Veterans Affairs, and Transportation, and the offices of Disability Concerns, Employment Security Commission, Health Care Authority, and Public Instruction; as well as representatives of the transportation disadvantaged, transportation providers, local government, and Oklahoma nations or tribes. The council recommended to the governor the creation of a national human services transportation coordinator to manage statewide medical transportation brokerage services; however, no action on this proposal has been taken to date.

[5] Executive Orders 2008-31 and 2006-20.

The Department of Transportation, in awarding Section 5310, New Freedom, and JARC grants, gives more points to applications that show how services will be coordinated. It also favors those that show financial commitment from multiple local partners.

There are no formal regional coordinating councils in Oklahoma; however, regional councils of governments have come together to carry out coordinated human services transportation planning. Pelivan's collaboration with various partners within the region has improved its operations, expanded transportation options, and reduced duplication of transportation services—all important United We Ride program goals.

Notable Accomplishments/Innovations

Debbie McGlasson, Pelivan's transit director, believes that its growth and success is driven by the agency's willingness and responsibility to help people and to provide quality service that is continuously improving. As illustrated by its larger vehicle fleet and expanded routes, Pelivan has succeeded in expanding ridership. More importantly, driver and rider comments help Pelivan gauge the impact of its services. One 86-year-old rider stated that without Pelivan service, she wouldn't be able to leave her house to volunteer. Pelivan provides a bridge to independence and promotes wellness and quality of life through its services.

Pelivan accomplishments also show that collaboration improves and maintains quality service. The organization is proud of its ability to engage and work with tribal governments and affiliated agencies to provide rural transit services to the region in ways that minimize service gaps and meet residents' transportation needs.

Pelivan has created local jobs and, through its spending, has contributed to the economic development of the region.

The Future

Pelivan's transportation coordination has established a good foundation for future service needs. Its collaboration with partners and diversification of services has granted it an edge in competing for shrinking resources.

Peoplerides — Marshalltown, Iowa

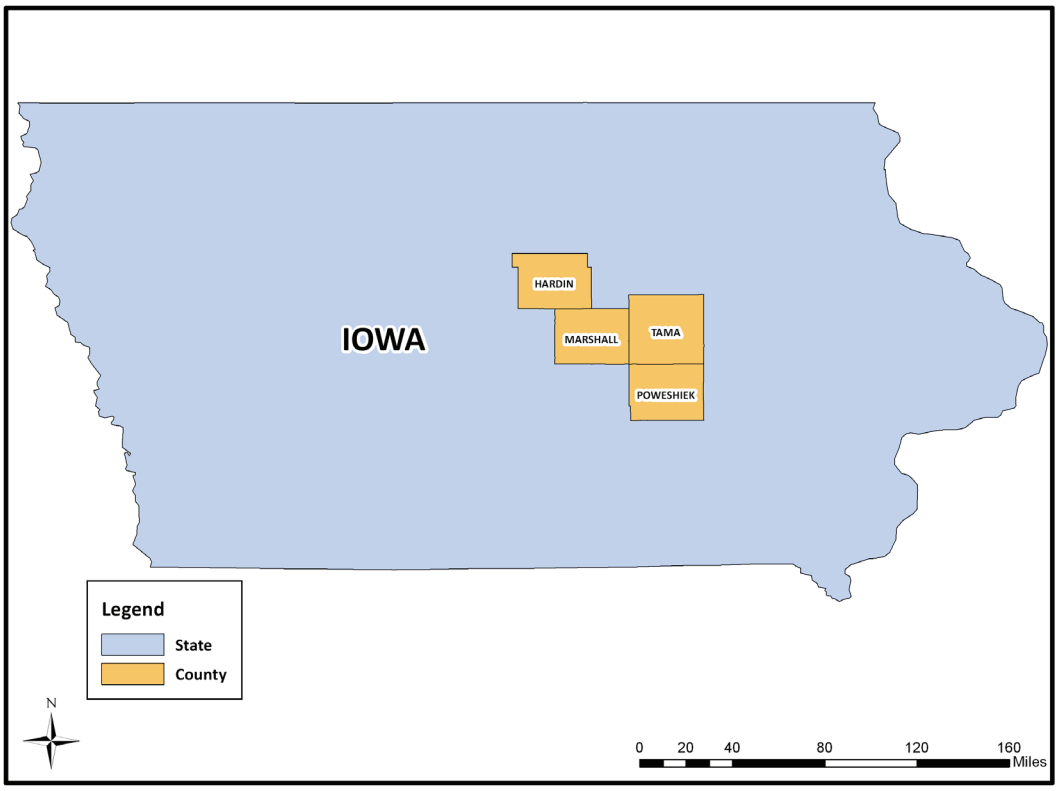
Mission	To help people maintain freedom and independence through public transit.
Organization Type	A regional planning commission of local governments
Population Served	General public, nondrivers, and people with mobility challenges
Services	Public transportation and paratransit services
Service Area	A 2,457 square mile area covering four county and four city areas in the heart of Iowa.
Trips Provided	45,665 rides in FY 2011. Older adults were approximately 37 percent of ridership.
Total Revenue (FY 2011)	$841,000
Top Revenue Sources	Source 1: Service Contracts $183,000 Source 2: State Transit Assistance $161,000 Source 3: Medicaid 1915(c) HCBS Waivers $137,000
Notable Achievement	Peoplerides initiated a shuttle that provides greater access to the region's commercial areas.
Website	http://www.nationalrtap.org/region6/Home.aspx
Contact	Jeff Harris Transit Manager jharris@region6planning.org

Jeff Harris
Transit Manager
Peoplerides

Overview

Peoplerides, in Marshalltown, Iowa, is a public transit service established by the Region 6 Planning Commission in the mid-1970s. Region 6, which includes both rural and urban areas, has a population of approximately 95,000 residents. The Peoplerides service area covers 2,457 square miles including the counties of Hardin, Marshall, Poweshiek, and Tama, and the cities of Marshalltown, Grinnell, Tama, and Toledo. Peoplerides offers public transportation to the general public. Vehicles are equipped to carry wheelchairs in order to serve the diverse needs of its clientele. Its

Peoplerides Service Area



Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

transportation services are funded by service contracts, federal and state resources, local jurisdictions, and passenger fares.

In 2011, the organization provided approximately 46,000 rides to residents of Region 6. Although open to the general public, the majority of riders (62 percent) have one or more disabilities and many riders are older adults (37 percent) and/or have low incomes. Waivers from the Iowa Department of Human Services or by Medicaid cover the transportation costs for the majority of riders.

Peoplerides has two primary transportation services: demand response and service routes that offer route deviation. Demand response service is available to any Region 6 resident (regardless of income, age, or disability) for any trip that originates and ends within the region. Peoplerides established its service routes based on demand. The bus will deviate from the route to meet the needs of individual customers. Although the service primarily transports human service agency clients (e.g., clients attending a sheltered workshop), anyone can schedule a trip on the route and pay the route fare. The scheduled routes have destinations within each of the four towns, between locations within the region, and to certain destinations outside the region. Human service agencies, hospitals, health clinics, and other care providers subsidize rides to their facilities.

Fare Structure

Peoplerides' fare structure is somewhat complex because of differing subsidy levels by the seven jurisdictions, human service agencies, and for-profit health care providers. As a result of these subsidies, many riders pay reduced or no fares. For riders whose

Peoplerides encourages greater ridership by offering county residents a $5 round trip anywhere in the county, one day a week.

cost is not covered by Medicaid or Department of Health, trip fares vary by trip origin, destination, and distance. There are four zones that determine one-way trip fees based on mileage. Zone 1 includes travel less than 25 miles, Zone 2 is for travel between 25 and 49 miles, Zone 3 is for travel between 50 and 75 miles, and Zone 4 is for travel that is greater than 75 miles. The cost for a one-way trip ranges from $2 to $9 per trip within the county of the trip of origin. However, travelling between zones can cost riders from $25 to $125 per trip, one way, outside the county, but within the region. For instance, passengers in Hardin County wishing to reach medical appointments in Ames or Iowa City will be charged $60 or $125, respectively. Zone fares include a 2-hour driver wait time with a charge of $25 per half-hour for additional time. The scheduling of some destinations is dependent on driver availability, although Peoplerides attempts to fill every trip request.

Budget and Funding

For FY 2011, Peoplerides' total revenue was about $841,000. Its budget covered 3 full-time staff dedicated to the transit program, a part-time accountant, 4 full-time drivers, and 15 part-time drivers.

The largest source of revenue comes from contracts with local organizations and private companies that subsidize routes (at a negotiated 26 percent of the cost per ride). All routes receive funding through these contracts. Several rural routes are heavily subsidized, with annual contributions ranging from $16,000 to $39,000. Several jurisdictions subsidize transportation service for their residents. Marshalltown uses property tax revenue to purchase complementary paratransit service from Peoplerides.[6] Grinnell contracts with Peoplerides to run regular public transit service and offers vouchers for 13 free bus rides per month to residents with extremely low incomes. Grinnell has been able to provide this level of support because of the Campbell Fund, financed by a local family's donation of a farm. Tama and Hardin counties provide support for rural medical rides. Other jurisdictions help finance rides using several approaches: subsidizing trip costs on certain weekdays, subsidizing a percentage of rides within city limits, or contributing an annual lump-sum subsidy.

The FTA and the state DOT contribute more than a quarter of Peoplerides' budget. Federal and state contributions are based on past yearly ridership and mileage. Iowa devotes 1/20 of the first 4 cents of the sales tax collected on the sale of motor vehicles and motor vehicle accessories to support public transportation, and it is distributed based on a transit system's previous year's performance. Peoplerides receives the second highest level of state transit funding among the seven transit providers interviewed, exceeded only by Pelivan.

Passenger fares account for 12 to 15 percent of the budget and local taxes comprise roughly 8 to10 percent. Local match dollars for the FTA grants is provided through service contracts, donations, taxes, and state transit assistance.

[6] Marshalltown operates its own fixed-route bus system, but purchases complementary ADA paratransit service from Peoplerides. In this way, the city is able to meet its ADA obligations.

A significant portion of Peoplerides' revenue is Medicaid 1915(c) home and community based services waivers. Peoplerides is the only traditional public transportation provider interviewed to receive funding from this source.[7]

Peoplerides has been hit fairly hard by the recession. Operating assistance has decreased each year since 2008. Cash reserves covered Peoplerides' recent budget shortfalls, but in order to avoid future deficits, it has had to make changes to its rate and subsidy structure, resulting in higher fares for some riders. In 2013, Peoplerides raised its fees for contracted services. It also transferred state and federal subsidies from its rural medical demand response service to fund other priorities. The unsubsidized cost of this medical service in 2012 was $40 per trip, a significant constraint for lower-income consumers who do not qualify for subsidies. State operating assistance is projected to decrease 10 percent from 2012 to 2013. Federal support is expected to remain at about the same levels.

Peoplerides is piloting new programs to increase ridership levels, with a goal of lowering its cost per passenger. For example, through Hardin County's subsidy, Peoplerides encourages greater ridership by offering county residents a $5 round trip anywhere in the county, one day a week. If this approach is successful, Peoplerides will expand this strategy to other communities in the service area.

Vehicle replacement is a primary concern of the transit agency. Historically, Iowa has relied exclusively on federal earmarks to purchase transit vehicles. MAP-21 eliminated earmarks; thus, transit providers in Iowa are scrambling to find new funding sources and will likely compete for scarce FTA 5309 Bus and Bus Facilities discretionary grants. Peoplerides receives only a nominal amount of 5310 funding, which the state wraps into its 5311 dollars. To ensure sufficient revenue for matching funds, Peoplerides adds 7 cents per mile to each service contract.

Coordination and Partnerships

Fifty-seven businesses, nonprofits, and government entities buy or subsidize trips from Peoplerides. Marshalltown pays 75 percent of paratransit service costs for its residents. The local hospital provides an $8,000 annual subsidy for a service that provides 5,300 rides to specific health clinics. The total cost of operating this bus route is $89,000 per year. Clients using this service are primarily residents from area nursing homes. Primary Health Clinic, another human services provider offering free to low-cost medical services based on patient income, subsidizes its clients' trips on Peoplerides. The Meskwaki Nation chooses to provide its own tribal transit service, rather than contract

[7] The Seniors' Resource Center also receives Medicaid 1915(c) waivers for transportation, but it is not a traditional public transportation provider.

Iowa is one of six states with public transportation service in every county. Since its creation in 1975, the Iowa Department of Transportation has had an explicit goal of improving public transit service for older adults, people with disabilities, and underserved residents of Iowa.

with Region 6; however, Peoplerides transports individual tribal members.

State Support of Local Coordination Efforts

Iowa's code requires statewide coordination among agencies and other organizations that serve residents with limited access to transportation. Under Section 324A.5, the state Department of Transportation must analyze services for the transportation-disadvantaged; develop a coordination plan for providers that serve older adults, children, and people with disabilities; give funding information to service providers; give annual status updates to the legislature about transportation coordination planning by agencies and organizations that receive funding to provide these services; and, finally, make recommendations to eliminate the duplication of services and improve service efficiency. Additionally, the statute requires service providers to apply for funding from a central clearinghouse and collaborate with regional transit systems to coordinate and consolidate funding sources and transportation services.

Peoplerides management participates in regional and statewide transportation coordination efforts. Peoplerides staff engages in tasks commonly associated with mobility management. The transit director participates on local boards such as the Marshalltown Coalition on the Aging and attends interagency meetings. Group members meet to discuss coordinating services to find the people who need help and determine the best strategies to serve them. These meetings allow members to identify potential partners, share information, and foster new connections to encourage future and improved coordination. In addition to regional coordination efforts, the Region 6 Transit Manager also participates in the state-mandated Iowa Transportation Coordination Council (ITCC), established in 1992. ITCC helps state and local agencies coordinate transportation services to transportation-disadvantaged populations, including older adults. This body must submit an annual report to the Iowa state legislature, including its long-term goals for improving transportation coordination statewide. One long-term strategy is the placement of approximately 15 mobility managers to help the regions determine which modes of transportation (public transit, volunteer drivers, van pools, car pools, etc.) will work best for their residents. Region 6 does not yet have a formal mobility manager, but is researching funding to establish a mobility management program.

Iowa is one of six states with public transportation service in every county.[8] Since its creation in 1975, the Iowa Department of Transportation has had an explicit goal of improving public transit service for older adults, people with disabilities, and underserved residents of Iowa. This is in contrast to many state Departments of Highways, which have historically worked from a much narrower mission. To achieve this goal, the entire state

[8] National Rural Transit Assistance Program analysis of the National Transit Database, accessed October 6, 2012, from http://www.nationalrtap.org/Resources.

is served by 18 Regional Planning Affiliations (RPAs), which coordinate planning for both urban and rural areas, and operate regional transit systems. Peoplerides is the public transit and paratransit service operated by the Region 6 RPA.

Notable Accomplishments/Innovations

Peoplerides is able to offer public transportation to all residents in its service area, despite resource constraints in recent years. Peoplerides management has responded to budget reductions by restructuring its rates and subsidies, rather than cutting services. It continually reassesses how changes affect its most vulnerable customers. In July 2012, Peoplerides received support from its leadership to set aside 4 percent of state and federal transit revenues (about $12,000) to support a Peoplerides Cares fund. This fund provides deeply subsidized medical trips for extremely low-income people (those making less than 30 percent of median household income). Peoplerides recently instituted shuttle service to a commercial area in Grinnell, which has been popular among both local residents and college students. This service has the added benefit of freeing up a single passenger vehicle to more efficiently serve customers downtown.

The Future

Although Peoplerides has continued to provide quality service to its clients over the years, federal funding sources are stagnant and state sources are shrinking. This may negatively impact its ability to provide services, purchase vehicles, and maintain its existing fleet in the future. Some local jurisdictions are reluctant to provide funding for public transportation. Local governments have become accustomed to relying on state and federal funding over the years, and thus may be unprepared to cover shortfalls, if federal and state funding decrease even further and demand rises.

If public transportation options evaporate, residents will have to find other ways to travel or not travel at all, which could have a negative impact on their ability to access health services and employment. Peoplesrides' challenge going forward is to continue working closely with local governments and organizations to promote future partnerships and ensure that Region 6 residents will have adequate public transit service.

Marin Access Mobility Management Center— Marin County, California

Mission	Marin Access coordinates transportation resources for Marin's older adults, people with disabilities, and low-income residents, along with others who cannot or choose not to drive.	
Organization Type	Marin Access was established by the Marin County Transit District (Marin Transit).	
Population Served	Individuals aged 60 and older, low-income residents, and people with disabilities of any age	
Services	Marin Access provides mobility management services to educate and connect customers to the variety transportation options in Marin County. Through contracts with nonprofit and for-profit providers, Marin Access also offers ADA door-to-door paratransit service, a taxi discount program, and rides provided by volunteer drivers.	
Service Area	A 520 square mile area of urban, suburban, and rural communities within Marin County	
Trips Provided	114,000 in FY 2011	
Total Revenue (FY 2011)	Marin Access: $4.6 million	
Top Revenue Sources	Source 1: Local revenue from property and sales taxes, and vehicle registration fees, dedicated to transportation	$2,916,000
	Source 2: Service Contracts	$1,017,000
	Source 3: Passenger Fares	$ 367,000
Notable Achievement	Organizational leadership with a vision to provide more than basic transportation services. Marin Access has initiated new programs that promote outreach and provide the community with greater access to transportation.	
Website	http://marinaccess.org/	
Contact	Paul Branson Community Mobility Manager pbranson@marintransit.org	

Paul Branson
Community Mobility Manager
Marin Access

Marin Access Service Area

Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

Overview

The Marin Access Mobility Management Center (Marin Access) serves Marin County, California, a 520-square-mile area that includes urban/suburban and rural communities. Of the approximately 260,000 residents, about 30 percent are aged 60 and older. Sponsored by the Marin County Transit District, which manages the county's public transportation, Marin Access serves older adults, people with disabilities, and low-income residents who lack transportation, connecting them to the services that best meet their needs. It also contracts with several community-based organizations to provide and maintain quality transportation services.

Marin Access offers a wide range of options and also refers clients to outside programs. Their programs include paratransit, volunteer drivers, a scholarship fund, and travel training. The hallmark of Marin Access' service is its one-call mobility management center that customers can use to schedule rides on any of its services and learn more about transportation options in the community. The Marin Access Paratransit door-to-door service transports clients who meet ADA eligibility requirements. The STAR (Safe Transport and Reimbursement) Volunteer driver program serves older adults who live in rural Marin County. STAR reimburses mileage costs for clients' family, friends, or caregivers who drive them to their destinations. A pilot version of this program plans to serve older adults and young people with disabilities in urban Marin County. In fall 2012, Marin Access announced a new discounted taxi service program for older adults in the County, named Catch-a-Ride. The service is available to all seniors over age 80, and those aged 60 and older who

do not drive. Customers can schedule rides through Marin Access' mobility management center. Marin Access contracts with a taxi broker who maintains a rider database and schedules rides. The Ride Scholarship Fund subsidizes low-income clients' cost for paratransit rides. Finally, Travel Training encourages mobility and independence by teaching individuals about the transit options available to them and how to use public transit. Travel training includes group presentations; travel videos; and the Travel Ambassador Program, a personalized training option.

In FY 2011, Marin Access provided 114,000 rides to customers. The majority of rides (111,250) were intra- and inter-county paratransit trips. Marin Access' network of volunteer drivers provided another 2,500 rides. In addition, the new Catch-a-Ride service provided approximately 400 one-way taxi rides per month to older adults in the community. Approximately 500 seniors have already enrolled. Finally, its mother agency, Marin Transit, provided more than 3 million rides to the community on fixed-route public transportation.

Fare Structure

Taxi fares through the Catch-a-Ride program vary by distance traveled and income. However, since the program began, 95 percent of the rides taken fell within the subsidy provided by Marin Access and thus were free of charge to customers. Volunteer drivers registered with the STAR program receive monthly cash reimbursement for rides they typically provide free-of-charge to older adults and people with disabilities. The current reimbursement rate is 35 cents per mile, capped at 300 miles per month.

Customers over age 65 pay $1.00 per one-way trip on Marin Transit's fixed-route buses. Qualifying people with disabilities pay $2.00 per one-way trip for ADA paratransit. Riders using the Marin County extended service, serving customers located a mile or more away from local public transit or who need rides after hours, pay $2.50. The intercounty door-to-door paratransit service, operated by Marin Access partner Golden Gate Transit (GGT), serves Marin, Sonoma, and San Francisco counties. Fares on GGT vary depending on origin and destination within one of six zones. The discounted fare for adults over 65 and people with disabilities ranges from $2.00 to $5.25.

Budget and Funding

Marin Access generated more than $4.5 million in revenue in FY 2011, from more than a dozen sources. Almost 95 percent of its revenue is local, including dedicated property taxes, a half-cent sales tax specifically used to cover transportation costs, and revenue from Measure B. The Measure B ballot initiative passed in 2010 is another dedicated funding source for transportation in the county. Thirty-five percent of the

net revenue is dedicated to "improve transit for seniors and people with disabilities" through services provided by Marin Access. Measure B raised car registration fees by $10 annually and generated $530,000 in revenue during the first year. However, beginning in FY 2012, Marin Access expects to receive $700,000 annually from Measure B, which the agency will continue to apply to its mobility management and senior transportation programs. Twenty-two percent of Marin Access' revenue is from service contracts. The largest contract is with Golden Gate Transit, who pays Marin Access to provide its paratransit service.

Since 2008, Marin Transit has received close to $700,000 in New Freedom grants for operating expenses for its programs including the establishment and ongoing administration of the Mobility Management office, the paratransit program, and the volunteer program. Other federal money includes an FTA 5310 grant. As part of a regional application with the Valley Transportation Authority of Santa Clara County, Marin Access will receive grant funding from VTCLI. Marin Access will also receive funding for technology upgrades from JARC to improve transportation service coordination. The agency received $360,000 in ARRA funding to purchase mobile data terminals for its paratransit fleet.

Although Marin Access derives only 2 percent of its revenue from the state, it is worth mentioning that California provides roughly $80,000 to the agency annually from a population-based allocation of the state gas tax. Marin Transit uses cash on-hand to cover short-term budget deficits. Should future budget shortfalls arise, Marin Transit would reduce administrative costs, cut transit services, and renegotiate service contracts and interagency agreements for fixed-route service.

Coordination and Partnership

Marin Access partners with nonprofits, local agencies, and health organizations. Whistlestop, a local nonprofit, provides the paratransit services for Marin Access and staffs its call center. Marin Access transports discharged patients from Marin General Hospital to their homes. Marin Access collaborates with the Marin Mobility Consortium, an advisory committee that provides guidance and feedback on programming and aids in the development of future initiatives. For example, members on the committee, representing two hospitals, helped Marin Access secure New Freedom funding. Marin Access' Mobility Manager also sits on several local committees, including the Bay Area Regional Mobility Management Group, whose work consists of finding regional solutions to address local transportation needs. The Medical Transportation Committee identifies the needs of low-income people who need access to medical services. The Operators Consortium researches strategies to employ underutilized vehicles to expand service and help people not covered by existing programs.

In addition, Marin Access works with other regional transit agencies to investigate new strategies for improving its technological capabilities. System upgrades could include more sophisticated call centers and feature Web-based volunteer driver scheduling.

State Support of Local Coordination Efforts

In the late 1970s, California enacted a statute requiring transportation planning agencies and county transportation commissions to prepare human services coordination action plans. Local agencies must create action plans, but each jurisdiction can determine the best method of collaboration and coordination. Plans must include strategies to establish a consolidated transportation service agency, identify target service populations, locate funding sources, develop coordination strategies, and incorporate existing public and specialized transportation services.

In 2005, a United We Ride grant initiated California's effort to establish statewide human services transportation coordination. Although there were previous regional efforts at coordination, the United We Ride program provided a statewide framework for assessing existing services, identifying challenges, and implementing goals to improve coordination efforts.

The Marin Access Community Mobility Manager is a member of the California State Mobility Action Plan Committee, which developed the California Mobility Action Plan to further support human services transportation coordination. The four goals of the plan are:

- Promote and improve coordination between the state's transportation, housing, and health and human services agencies, and identify partnership opportunities for funding to improve services.
- Remove barriers to coordination between agencies, including duplicative, restrictive laws and regulations related to human services transportation.
- Improve data collection, service delivery, service information, knowledge of funding requirements, cost reporting, and mobility management to enhance coordination.
- Establish a state entity whose mission is to monitor and improve statewide human services transportation coordination.

Notable Accomplishments/Innovations

Marin Access' Mobility Manager credits its success to strong leadership, especially from its executive staff and Marin Transit's Board of Directors. Senior management's vision takes Marin Access beyond the goal of providing basic transportation service.

Marin Access' programs reflect the participation and support of their residents. Community members have been instrumental in creating transportation programs such as the community shuttle program; the volunteer driver program; and the new, discounted taxi service. Additionally, Marin Transit management has greatly supported the development and maintenance of the Mobility Management Center and its call center and website.

Marin Access taps into several well-known and widely used revenue sources, and also benefits from the Measure B ballot initiative. Supported by county residents, Measure B provides dedicated revenue for senior transportation. This new revenue stream provides a more stable long-term funding source.

The Future

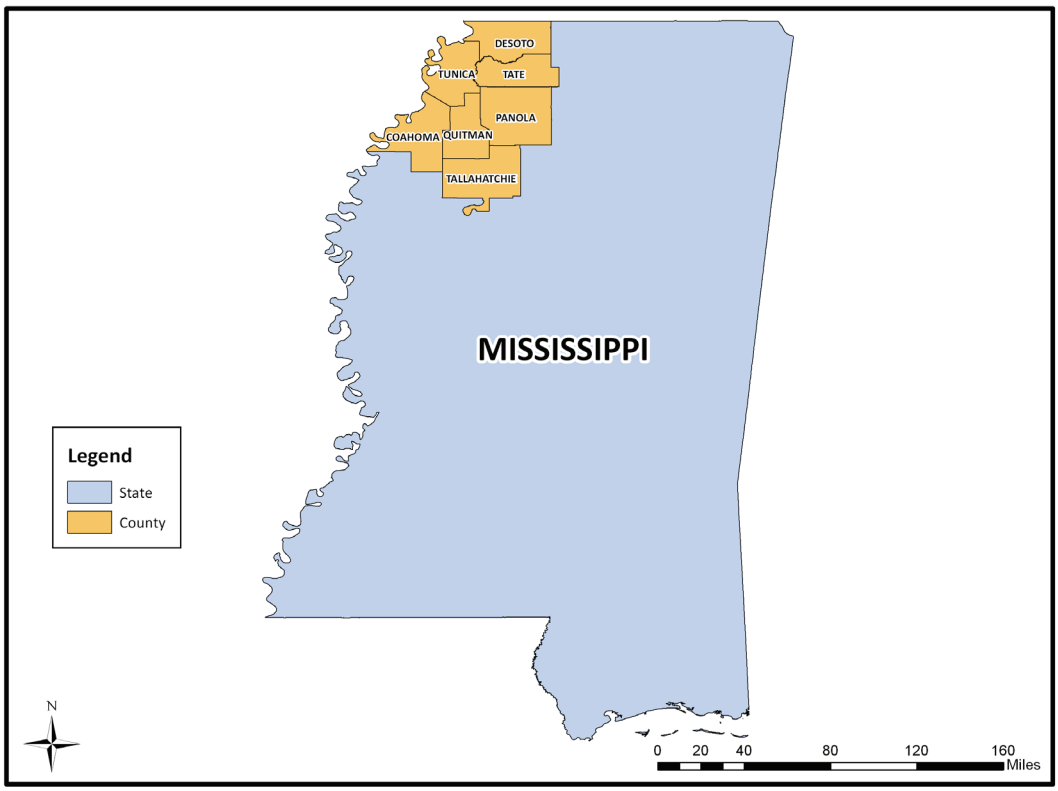
A continuing goal of Marin Access is to ensure efficient and effective transportation services for Marin County residents. Marin Access will use ongoing support and feedback from the community and its advisory committee to monitor the quality and effectiveness of its programs and partnerships. For example, past feedback led Marin Access to require client sensitivity training for staff members who interact with the public. Other goals are to acquire more information about client destinations, the number of rides to medical services, and the impact these services are having in people's lives. Marin Access also hopes to integrate improved data management systems to track demographic data, miles traveled, and service and volunteer hours to help ensure quality service.

Delta Area Rural Transit System (DARTS) — Clarksdale, Mississippi

Mission	Aaron E. Henry Community Health Center is recognized nationally for ensuring that every citizen of the Mississippi Delta and delta hills communities has access to high-quality, comprehensive health care and related services that are continuously improved and delivered in a respectful, culturally sensitive, and humanitarian spirit, regardless of an individual's ability to pay. In addition, Aaron E. Henry serves as a catalyst for workforce and economic development by providing accessible transportation and other needed community support services.
Organization Type	Community Health Center
Population Served	The health center provides transportation services to clients seeking medical services and to the general public.
Services	A demand-response, curb-to-curb service for older adults and people with disabilities, and a fixed-route service for the general public.
Service Area	DARTS serves rural communities in northwest Mississippi including Coahoma, Tate, Tallahatchie, Tunica, Quitman, Desoto, and Panola counties.
Trips Provided	95,000
Total Revenue (FY 2011)	$1,180,000 (FY 2011)
Top Revenue Sources	Source 1: FTA 5311 $863,000 Source 2: Passenger Fares $149,000 Source 3: Service Contracts $135,000
Notable Achievement	Augmenting locally generated revenues through service contracts with local organizations such as the Region One Mental Health Center.
Website	http://www.aehchc.org/darts/
Contact	Antionette Gray-Brown Transit Director agray@aehchc.org

Antoinette Gray-Brown
Transit Director
Delta Area Rural Transit System

DARTS Service Area



Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

Overview

DARTS, the Delta Area Rural Transit System, provides public transportation service to seven rural counties in Mississippi. The Aaron E. Henry Community Health Center, Inc., established in 1979, initiated DARTS in 1990 as a way to get its clients into their facility for medical appointments. Three years later, after securing an FTA 5311 grant through the DOT, DARTS expanded its service to the general public. The unique aspect of the DARTS operation is that it is managed by a community health center that sought to fulfill a need of providing transportation, not only for its clients, but also the community at large. As the needs of the community expanded, DARTS stepped up to meet the need for transportation to employment centers, shopping, and day care facilities, among other destinations.

DARTS offers two types of services: a demand response, curb-to-curb service for older adults and riders with disabilities, and a fixed-route service in Coahoma, Tate, Tallahatchie, Tunica, Quitman, Desoto, and Panola counties. DARTS fixed-route services are open to older adults, people with disabilities, and the general public. Rider destinations include medical appointments, shopping centers, training opportunities, employment, human services programs, and childcare centers.

The Aaron E. Henry Community Health Center employs 21 people to staff the DARTS program: 16 full-time and 5 part-time employees. There are 10 full-time and 3 part-time drivers. In the fiscal year ending in 2011, DARTS logged approximately 458,000 miles and served 95,000 passengers.

Fare Structure

DARTS offers no- to low-cost transportation. Those who ride for free often are subsidized by public agency programs. For example, Title XX (part of the Social Security Act that provides block grants to states for community-based services, including services for older people and people with disabilities) or Title III-B of the Older Americans Act funding may subsidize trips to medical appointments or the grocery store within the service area. However, clients are charged for transportation to medical doctors who are located out of the DARTS service area.

In FY 2011, DARTS served approximately 95,000 riders. The majority of those passengers (61,705) had one or more disabilities, and almost 900 were older adults. Any passengers with disabilities who receive transportation through Title III-B funding must be deemed eligible by the North Delta Planning and Development District. DARTS' fares for services are based on trip distance and destination. Currently, fees for one-way trips within Clarksdale are $4 and $10 per trip within 50 miles of the city, and one-way trips are from $25 to $160 per trip over 50 miles. If passengers buy a ticket book for $105, they pay $5.25 per trip for 20 one-way trips (within 50 miles).

DARTS also collaborates with eight other transportation providers through a network called Delta Rides, which provides public transportation in the Mississippi Delta.

Budget and Funding

DARTS' FY 2011 revenue was approximately $1.2 million and was primarily derived by formula 5311 grants through the Mississippi Department of Transportation. About 13 percent (about $150,000) of its revenue is from passenger fares, and another 11 percent ($135,000) is from small service contracts with local government, nonprofit, and private organizations. Other funding includes revenue from the state Multimodal Transportation Improvement program.

In the two previous fiscal years, DARTS received almost $2 million in ARRA funding before this grant ended, which it used for renovations to its regional maintenance facility. This will allow DARTS to expand its maintenance services to other commercial fleet owners, thereby increasing its revenue.

Finding sufficient local match has been a challenge for DARTS. In FY 2011, DARTS had to forgo more than $120,000 in JARC and Title III-B funding because of insufficient local matching funds.

Coordination and Partnerships

DARTS contracts with human services organizations as well as with other transportation providers. DARTS has an agreement with Region One Mental Health Center to provide transportation to mental health clients. The North Delta Planning and Development District contributes the Title XX and Title III-B funding for transportation serving older adults.

DARTS also collaborates with eight other transportation providers through a network called Delta Rides, which provides public transportation in the Mississippi

Delta. The objective of Delta Rides is to provide quality and reliable services to people who need transportation for social, educational, medical, and employment activities. All providers, which include local governments, transportation service operators, human service organizations, and an educational institution, work together to ensure that there are limited service gaps and no duplication of services. For example, Delta Bus Lines, Bolivar County Council on Aging, Mississippi Valley State, and the Mallory Community Health Center participate in the Delta Rides network.

DARTS employs a mobility manager who works with the Department of Human Services and other community-based organizations to promote its services as well as to help clients find the appropriate transportation services to meet their mobility needs.

DARTS has grown significantly and is effectively meeting the needs of the community, as demonstrated by its ability to initiate, expand, and sustain transportation services in rural Mississippi.

State Support of Local Coordination Efforts

Mississippi does not have a statewide human services transportation coordination committee; however, state, regional, and local agencies are mandated by executive order to coordinate their transportation services.[9] The state DOT encourages coordination through its annual conference on statewide transportation coordination that includes participants from federal, state, and local agencies; state and local governments; community organizations; and transportation service providers. The most recent conference focused on existing transportation coordination efforts between human service organizations and transportation providers, meeting operating obligations and demands for service in a tough economic climate, and building partnerships and development strategies to promote growth. Conference participants supported strategies to maintain and strengthen statewide transportation coordination. These measures include recommendations for enacting state legislation to establish a statewide coordination process, encourage economic sustainability through resource diversification, and establish more structured roles for regional stakeholders.

DARTS participates in the Mississippi DOT's efforts to promote human services transportation coordination throughout the state. DARTS staff regularly attends meetings, conferences, and workshops sponsored by the state, whose goal is to help transportation providers meet their yearly coordination goals as established by the collaborative work of Delta Rides, one of six Regional Coordination Groups in the state.

Notable Accomplishments/Innovations

According to the Aaron E. Henry CHC's Transportation Manager, its ability to secure local service contracts to help fund its transportation program is central to its success. The service contracts with outside organizations, such as the Region One Mental Health Center, allow the Aaron E. Henry Community Health Center to continue

[9] N. J. Farber and J. B. Reed, *State Human Service Transportation Coordinating Councils: An Overview and State Profiles*, National Conference of State Legislatures, April 2010.

transportation services for its mental health clients and support transportation for the larger community, despite tightened budgets. The revenue from the contract with Region One comprises almost half of the funding DARTS receives from local funding sources. Sixty-five percent of trips provided in FY 2011 were to transport customers to mental health services.

In 2011, the Mississippi Public Transportation Association presented DARTS with the Transportation System of the Year Award. DARTS' transit director was awarded Transit Manager of the Year.

The Future

DARTS has grown significantly and is effectively meeting the needs of the community, as demonstrated by its ability to initiate, expand, and sustain transportation services in rural Mississippi. DARTS staff is committed to enhancing existing services. One strategy is to create a cash reserve when public funds are cut. Another idea is to acquire smaller vehicles to better tailor services to meet the diverse needs of the community. An existing challenge for DARTS staff is the pursuit of additional funding. In many cases, grants require matching funds for winning proposals. The match requirement often limits DARTS' pursuit of grants that could help to improve or expand its services. Finally, the DARTS team recognizes that while they have been successful in providing transportation services as a community health center, this endeavor may not be suitable for other community health centers. Other health centers may benefit from partnerships with existing transportation providers and other for-profit and nonprofit organizations to coordinate and provide transportation services for their patients.

Medical Motor Service (MMS) — Monroe County, New York

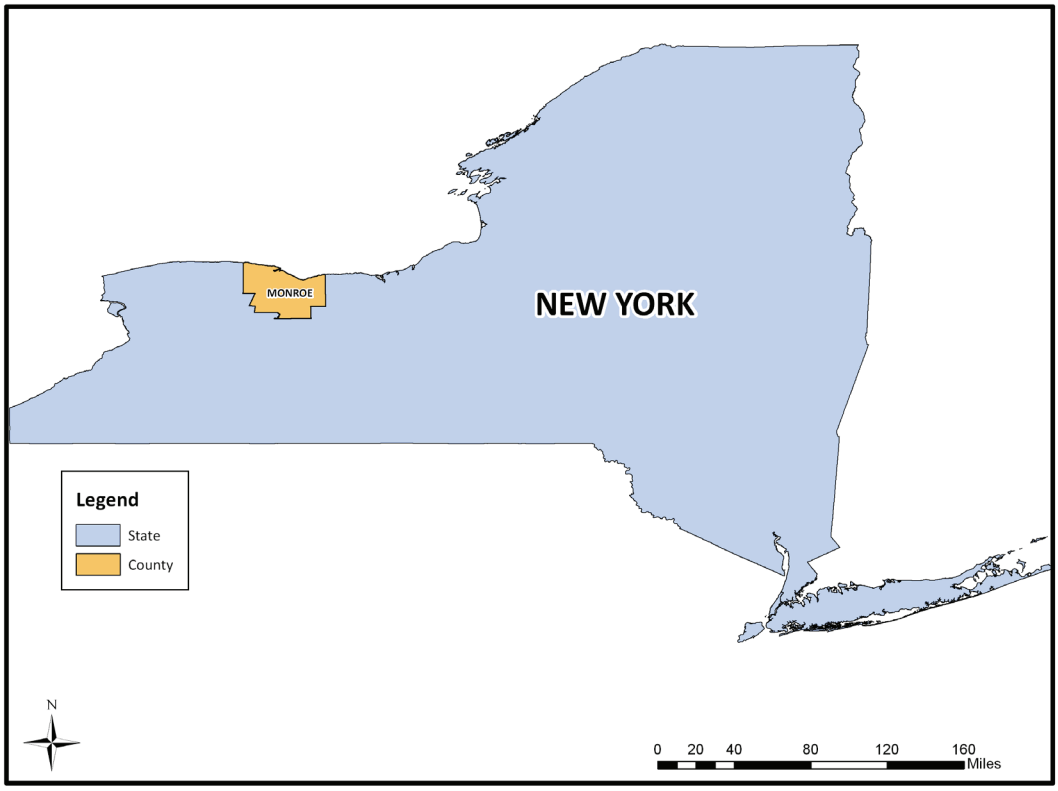
Mission	Medical Motor Service is a nonprofit community organization that provides specialized transportation for individuals with disabilities and special needs. We strive to achieve the highest level of safety and customer satisfaction in order to improve the quality of life for people with specialized transportation needs.
Organization Type	501(c)(3) nonprofit
Population Served	People with disabilities and special needs in Monroe County, NY
Services	Specialized transportation to medical appointments and social services programs
Service Area	Monroe County, NY
Trips Provided	531,493 rides in FY 2011/2012
Total Revenue (FY 2011)	$9.05 million
Top Revenue Sources	Source 1: Service Contracts $5,133,000 Source 2: Medicaid NEMT $1,768,000 Source 3: Passenger Fares $164,000
Notable Achievement	Medical Motor Service's partnerships with local organizations allow it to provide services that are flexible and responsive to customer needs.
Website	http://www.medicalmotors.org/
Contact	William McDonald Executive Director wmcdonald@medicalmotors.org

William McDonald
Executive Director
Medical Motor Service

Overview

Medical Motor Service (MMS), a nonprofit organization, has provided specialized transport service to various destinations across Monroe County, New York, for more than 90 years. Monroe County is approximately 1,366 square miles, including the city of Rochester and some 29 small towns and villages. Medical Motor

Medical Motor Service Transportation Service Area



Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

Service was first founded by the Public Health Nursing Association during the influenza epidemic of 1919. Today, it provides rides to any county resident who is unable to use public transportation or drive and is traveling within the county. Seventy percent of trips are now for nonmedical purposes, such as shopping, family visitations, and transportation to senior centers. Customers range from adults going to local shopping centers and medical appointments to youth in foster care traveling to see their parents or to their jobs. In FY 2011, MMS provided more than 500,000 trips to approximately 13,000 clients. Apart from directly providing transportation to its clients, in FY 2011, MMS brokered approximately 61,000 trips to outside vendors through a local managed care Medicaid program.

MMS employs a staff of 32 full- and 3 part-time employees to run its transportation programs, and 111 full- and 43 part-time drivers to operate its vehicles. MMS began coordinating transportation with community organizations serving older adults more than 30 years ago. Today, almost half of the agency's trips are provided to older adults. In 2011–2012, a total of 250,379 one-way trips were provided to 3,900 older adults. During that same period a total of 531,493 trips were provided to 13,000 passengers of all ages, indicating that older adults ride more frequently.

MMS offers on-demand transportation for medical appointments, personal trips, regularly scheduled shopping trips, and group transportation for social outings. Clients receive door-to-door service. The nonprofit also offers an award-winning mobility

management service (TRAC) to its customers.[10] The TRAC (Transportation Access) program coordinates transportation services for people with disabilities, older adults, and family caregivers, connecting them to health care and community services. These riders are referred to TRAC by local agencies such as the Office for the Aging and the Catholic Family Center. TRAC is funded by a New Freedom grant, matched by the United Way and MMS contracts with a local not-for-profit agency to manage the program. Two mobility managers work with individuals, social workers, and case managers to book trips with MMS or other transportation providers. MMS' mobility management services are provided to customers free of charge.

Fare Structure

MMS does not charge customers referred by programs that receive federal funding or are affiliated with other subsidized programs. However, people not affiliated with a program pay service fees for trips based on income. It is a three-tier system: the lowest rate is for customers whose income is 150 percent of the federal poverty level or lower, the second tier is for customers whose household income is $50,500 or lower, and the third tier is for customers whose household income is over $50,500. Third-tier riders pay full price. The United Way subsidizes the rides of customers whose income falls within either the first or second tier. Private pay riders pay from $6 to $16 per one-way trip ($15–$36 for wheelchair service).

Budget and Funding

MMS receives financial support from approximately 45 sources. It funds its programs primarily through contracts with private and public sector entities, as well as with local public agencies. Additional revenue includes federal grants, state funds, and donations.

The 2011 fiscal year-end budget shows that MMS' total revenue was approximately $9.08 million, while its total expenses were approximately $9.04 million. Service contracts with not-for-profit agencies and local businesses comprised the majority of revenue at 57 percent, or $5.1 million. The next largest set of funding streams for the organization was from public sources. Medicaid (combined federal and state contribution) provided about 18 percent, or $1.6 million,[11] and the Office for the Aging

[10] The Beverly Foundation, "The Beverly Foundation's 2011 STAR Awards Report" Albuquerque, New Mexico, July 2011.

[11] Includes both administrative fees for brokerage service and reimbursement for direct service in the calculation.

provided 5 percent, or $420,000, in Title III-B funding. FTA provided $185,000 in Section 5310 funding. The third largest source of revenue is foundation support, at $381,000. MMS uses local funds from the United Way of Greater Rochester and other private sources to meet federal match requirements.

MMS reported the largest overall revenue stream of the seven providers examined for this report. In a number of categories, MMS reported the highest revenue (FTA 5310, Title III-B, Medicaid NEMT, service contracts, passenger fares, and foundation support) and provided the greatest number of rides.

Changes in Medicaid funding and administration at the state level have and could continue to affect MMS' revenue in the future. The State of New York is proposing to change the NEMT Medicaid system from a county-based to a regional-based brokerage operation in 2013. The redesigned Medicaid program would remove MMS as a broker of transportation services, thereby affecting the provider's administrative revenue. This change could also reduce revenue from the direct provision of Medicaid NEMT. However, MMS management believes that higher trip reimbursement could offset expected revenue losses.

Personnel costs were the largest budget expenditure (56 percent), and brokerage vendor payments and vehicle operating costs followed with 15 percent ($1.3 million) and 14 percent ($1.2 million), respectively.

Coordination and Partnership

MMS partnerships demonstrate the organization's commitment to seek funding beyond traditional sources. These partnerships illustrate how local organizations, sharing similar goals and having complementary expertise, can work together to provide beneficial services to the community.

In 1978, MMS signed a contract with the Monroe County Office for the Aging to provide services to older adults needing transportation to the county's senior centers. This was one of the county's first examples of transportation coordination for older adults funded by the Title III-B program. This contract consolidated senior center transportation under one operator instead of each organization providing separate transportation services to its clients.

Wegmans, a national grocery store chain, made a commitment to help older adults get to the store to buy groceries. The shuttle, sponsored by Wegmans and operated by MMS, provides regularly scheduled shopping trips from senior apartment buildings and senior centers.

MMS also coordinates services with several nursing homes to transport their residents to adult day care centers. It also contracts with an organization of churches to provide discounted rides to older residents who live in Irondequoit (a community that has a high concentration of older adults), and it has an agreement with a private company that manages senior housing apartments to take its residents to medical appointments and out on various excursions.

MMS is proud of its ability to collaborate with multiple partners to expand transportation service options to the residents of Monroe County.

Additionally, the organization works with the local health care community to secure transportation for people needing access to health services. MMS serves as the transportation broker for a local Medicaid managed care organization. Enrolled beneficiaries call the managed care organization to alert the agency of their need for medically necessary transportation services. These calls are routed directly to the MMS call center. MMS subcontracts with various providers to supply rides. For example, MMS can arrange bus passes through local public transit agencies, or arrange for wheelchair accessible vehicles through local transportation companies. MMS receives about 1,000 calls per day and several hundred of those are for the Medicaid managed care organization brokerage service. MMS also receives trip requests from other managed care organizations and another local broker.

MMS staff works with the Finger Lakes Health Systems Agency (FLHSA) on a regional effort to improve access to health care services for older adults in community. As part of a venture to achieve its goal of creating a person-centered health care system, the agency convened the Sage Commission to develop policies and solutions concerning several issues, including transportation. One strategy supported by the commission is to create a high-quality, accessible, and affordable regional transportation alliance to expand service for older adults. To meet this objective, the commission is considering the development of a business plan to coordinate transportation services within a regional alliance of mobility managers from nine counties. It is looking for sustainable funding sources to initiate this plan. Rochester is a regional hub for medical care and, therefore, a regional alliance would help people cross county lines to get services.

State Support of Local Coordination Efforts

Current coordination efforts in the state are in response to federal requirements for coordinated public transit-human services transportation plans.

Notable Accomplishments/Innovations

In 2006, MMS began examining ways to automate its operations in response to increased service demand and escalating fuel and insurance costs. At the time, the agency was manually scheduling a volume of more than 435,000 one-way trips per year. With a United Way grant, MMS invested in software to automate the scheduling and dispatching functions of its agency. This investment led to a $200,000 annual payroll savings and a 12 percent growth in trips per driver hour, lowering its cost per trip.

MMS is proud of its ability to collaborate with multiple partners to expand transportation service options to the residents of Monroe County. Its partnerships

with businesses and community organizations show an effort to find new strategies to meet the county's transportation needs. MMS highlighted its partnership with Wegmans to provide a fully subsidized shopping shuttle for older adults, and its collaboration with a local nursing home to transport patients from hospitals to their facility within one hour of discharge. MMS management also noted agreements with nonprofit organizations, whereby the nonprofit turns its vehicles over to MMS in exchange for a reduction in the cost of purchasing transportation equal to the value of the buses, after depreciation.

MMS is a recipient of the 2011 Star Award from the Beverly Foundation, which recognizes innovation in the transportation services industry. In 2008, the New York State DOT awarded MMS the Outstanding Specialized Transportation Service Award in recognition of its collaborative and innovative programs that address the need for specialized transportation for people with disabilities and the elderly. In 2010, the United Way and the Rochester Business Journal selected MMS as the recipient of their Community Impact Award.

The Future

MMS staff wants to build upon its achievements by finding local and regional solutions for the most transportation-disadvantaged community members, including older adults who live in the inner city. These individuals often lack transportation to health care services, community events, social activities, and quality food options. MMS also wants to create connections with care managers and other medical professionals to provide better transportation to people who need ongoing medical attention. Potential beneficiaries include patients who must follow up with their primary care physicians after hospital stays and individuals with chronic diseases who need access to routine medical treatments to prevent hospital readmission.

Overview

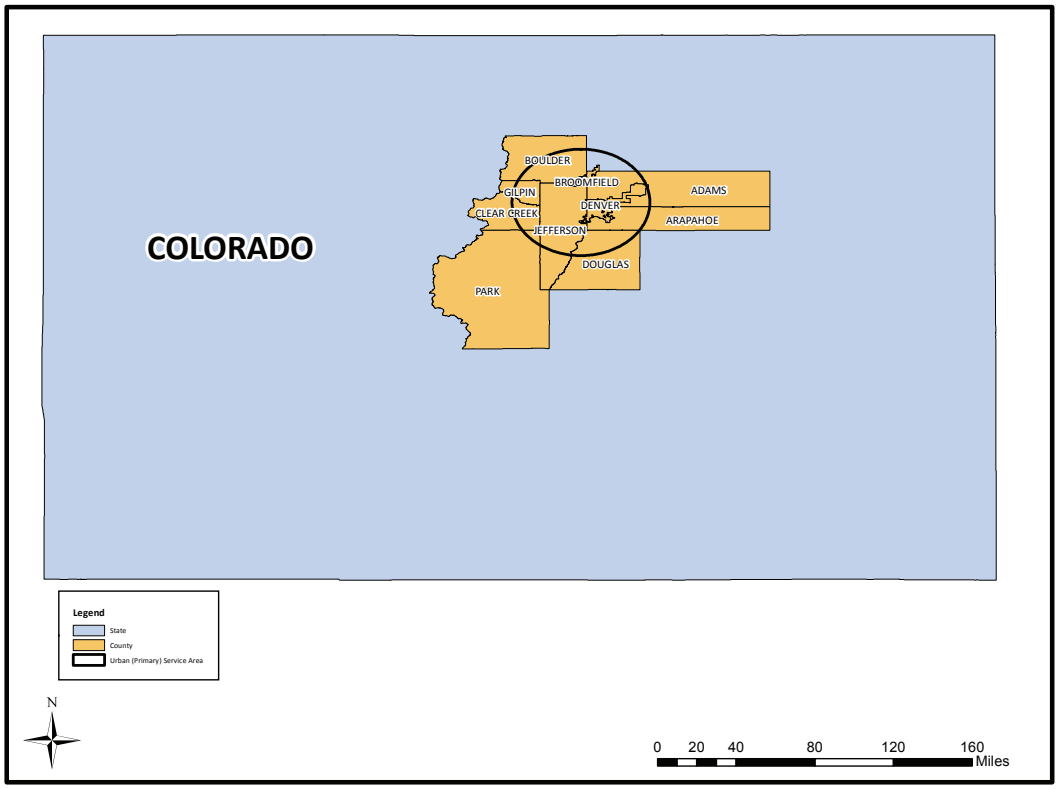
The Seniors' Resource Center (SRC) was established in the 1980s to aggregate services for older adults who needed more than one service. SRC services include legal advice, medical referrals, in-home care, case management for mental health issues, adult day, respite care, and specialized transportation. SRC serves people with developmental disabilities, adults who are aged 60 and older, and people of any age who are mobility impaired (e.g., use a walker or a wheelchair). Clients are

Seniors' Resource Center (SRC) — Denver, Colorado

Mission	The Seniors' Resource Center will continue to ensure quality of life through a constellation of services, information, advocacy, and leadership to meet the needs of the community enabling individuals to age in the place they call home.
Organization Type	A 501(c)(3) nonprofit organization
Population Served	People with developmental disabilities, people with mobility limitations, and adults aged 60 and older
Services	Door-through-door transportation services as well as home- and community-based services: adult day care, in-home care, and job training
Service Area	The transportation program covers urban, rural, and mountain areas in Adams, Clear Creek, Gilpin, and Jefferson Counties.
Trips Provided	154,836 trips and served 4,413 older adults and people with disabilities in 2011
Total Revenue (FY 2011)	$1,500,000 (Transportation program only)
Top Funding Sources	Source 1: Service Contracts $500,000 Source 2: Title III-B $240,000 Source 3: Local General Funds $200,000
Notable Achievement	SRC's innovative method of comingling rides with different funding sources reduces per-trip costs and improves efficiency. Its role as a modified broker allows SRC to partner with local organizations and businesses to expand its transportation services.
Website	http://www.srcaging.org/
Contact	Hank Braaksma Director, Transportation Services hbraaksma@srcaging.org

Hank Braaksma
Director, Transportation Service
Seniors' Resource Center

Seniors' Resource Center Service Area



Source: AARP Public Policy Institute based on data from ESRI, Tom Tom, U.S. Dept of Commerce, Census Bureau

referred to SRC from county-based programs. SRC's service area includes 10 counties in and around the Denver area. Transportation service is offered in four of these counties.

SRC's transportation program is divided into three entities: an Urban Service Division in Denver; a Mountain/Rural Service Division, situated in a mountain community called Evergreen; and a Volunteer Driver program. The transportation program covers a large geographic region: a 750-square-mile area in the Urban Division; a 1,200-square-mile area in the Evergreen Division; and, through the Volunteer Driver Program, a 1,600-square-mile area along the urban/rural/mountain corridor.

The transportation programs in Denver and Evergreen provide the same array of "door-through-door" services, meaning that drivers will assist clients out of the vehicles and into their homes. Trip destinations include medical and dental appointments, grocery shopping, senior centers and meal sites, and community-based care programs. Riders may also take other personal trips within 8 miles of their residence. Caregivers and family members may ride along as escorts at no charge.

The Volunteer Driver program was created to provide personal trips that were not covered by other programs (e.g., after-hour trips or longer-distance transportation to the airport). New Freedom grants have helped SRC to continue and grow the program. Today, 85 volunteer drivers provide 400 trips per month, on average. In November 2012, SRC folded the volunteer program into the Urban Division to create

a single point of entry for trip requests, using new scheduling and accounting software.

SRC staffs nine full- and two part-time employees and 18 full- and 35 part-time drivers to operate its transportation programs. One of SRC's two mobility managers coordinates the volunteer drivers; the other coordinates local service contracts and partnerships.

In 2011, SRC made 154,836 trips across all divisions, serving 4,413 older adults and individuals with disabilities. Approximately 85,000 trips were in the urban area, 63,000 in the Evergreen area, and 6,000 through the volunteer driver program. The majority of clients are aged 60 and older.

SRC uses its own operators and vehicles as well as partnerships with many small service providers. The Urban Division is an "advance reservation demand responsive modified brokerage." This means that SRC schedules rides on-demand using its own vehicles or another organization's vehicles, or by subcontracting for regularly scheduled trips. For example, SRC has a memorandum of understanding with the Mile High Red Cross to schedule 10 volunteer vehicles (owned by the Red Cross) for an annualized fixed-dollar amount. Through the agreement, the Red Cross agrees to provide a specified number of trips per month. In return, SRC administers the program. This arrangement allows the Red Cross to focus its efforts on recruiting volunteers and maintaining its vehicles. SRC also subcontracts for regularly scheduled rides to dialysis and a local meal site. These partnerships reduce expenses and resource redundancy in the community.

Transportation represents the agency's largest expenditure at 18 percent. SRC received approximately $1.5 million in transportation revenue in FY 2011.

Fare Structure

SRC provides all of its transportation services at no cost. However, some riders choose to make donations.

Budget and Funding

SRC receives funding from about a dozen sources, including public, nonprofit, and private. In FY 2011, total support and revenue was more than $9 million, and expenditures equaled $8.9 million. Of the three largest sources of total revenue, 28 percent is derived from program service fees, 25 percent from federal grants and contracts, and 20 percent from county grants.

Transportation represents the agency's largest expenditure at 18 percent. SRC received approximately $1.5 million in transportation revenue in FY 2011. Fifty-two percent of its transportation revenue is from local sources, 43 percent from federal, and only 5 percent is from the state, in the form of Medicaid NEMT reimbursement and a surface transportation grant funded through vehicle registration fees.

Federal revenue is fairly evenly split between FTA and U.S. Department of Health and Human Services funding. Federal transit grants are primarily used for capital purchases and mobility management services. However, federal New Freedom grants fill in service gaps, such as personal trips provided by the volunteer driver program. Older Americans Act Title III-B is the primary funding source for the Urban division.

Both the Urban and Evergreen divisions receive Medicaid funds, through HCBS waiver funds and reimbursement for NEMT. The Evergreen division is primarily funded through the FTA's Formula Grant program for Other than Urbanized Areas (5311). The Evergreen Division's general public transportation services are mostly used by older adults. Other federal dollars subsidize a program for veterans and one for people with development disabilities.

Several counties and cities in SRC's service area subsidize the program through matching funds. Contributing jurisdictions have included SRC as budget line items for addressing needs of older adults. Through a $500,000 annual service contract with Adams County, SRC provides a turnkey transportation service called A-Lift. A-Lift provides free paratransit to county residents aged 60 and older and people of any age with mobility impairments.

SRC has offset a slight decline in transportation revenues by blending funds and reducing fuel costs. Under a blending funds approach, one bus may have riders whose trips are funded by several grant programs. Using smaller vehicles and adding three Toyota Priuses saved 20,000 gallons of gas in 2011. In 2012, SRC received newly available state transit funding to purchase wheelchair accessible MV1 vans, which run on compressed natural gas. SRC staff note that CNG is less than the cost of regular fuel. The transportation program also accepts rider donations, which, in FY 2011, added about $140,000 to annual revenue.

In 2013, SRC suffered a major blow to its budget when Jefferson County reduced funding by $400,000. Among the SRC services impacted was transportation. SRC has eliminated some of its Medicaid-funded rides and the Volunteer Driver program has been absorbed into the Transportation division.

Coordination and Partnerships

SRC is currently developing partnerships with the health community. The organization is working with local hospitals on agreements to pick up discharged patients to take them home, then transport these clients back to the health care centers for follow-up visits. SRC is also developing an agreement with a hospital to provide transportation using a low-end emergency medical vehicle operated by an EMT driver, who would be able to provide basic medical assistance to the passenger if needed. The development of partnerships between transportation and health care providers stems from initiatives outlined in the ACA and the Deficit Reduction Act that encourage home- and community-based hospital transition services. SRC holds transportation service contracts with a local Montessori school, and with the

Denver Regional Transportation District. SRC administers a call-and-ride transportation service. SRC also uses a limited liability corporation to contract with private groups to provide transportation for special events.

The organization is working with local hospitals on agreements to pick up discharged patients to take them home, then transport these clients back to the health care centers for follow-up visits.

State Support of Local Coordination Efforts

Colorado has a statute directing the Department of Transportation to assist other organizations in providing transportation for their clients who are older adults and people with disabilities. A state coordinating council was established through a governor's initiative.[12] There are also regional coordinating councils in the state.[13] The state council focuses on creating an environment supportive of coordination, largely through changes to policy and the regulatory framework. In contrast, the state's regional and local councils are responsible for implementing coordinated transportation programs, with a focus on the "operational and logistical aspects of coordinating resources and providing effective mobility." The activities of the regional and local councils also include overseeing agencies that provide coordinated transportation in their respective areas.[14] SRC is a participant in the Denver Regional Mobility and Access Council.

Notable Accomplishments/Innovations

SRC's role as a modified broker allows it to expand services, operate more efficiently, and contain costs. This also allows the organization to use multiple vehicles (their own, partner organizations', and subcontractors') to provide regularly scheduled routes. They have reduced the operating cost per trip by combining funding sources. The SRC Volunteer Driver Program received a Beverly Foundation Star Award in 2012.

The Future

After operating for about three decades, SRC staff believe that their success comes from a thorough understanding of the transportation program's cost structure and an ability to seek a wide variety of funding sources. SRC advises human service transportation providers to know the factors that contribute to trip costs, the cost per trip, how to bundle trips from various funding sources, and how to adjust costs to account for changes in service boundaries or by adding service routes. SRC also recommends that providers strive for reliable and efficient service and minimize service gaps to build their client base and foster trust among clients. Finally, SRC recommends that service providers invest in adequate technologies that support service operations such as trip scheduling, vehicle tracking, and funding management.

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[12] N. J. Farber and J. B. Reed, *State Human Service Transportation Coordinating Councils: An Overview and State Profiles*, National Conference of State Legislatures, April, 2010.

[13] J. Rall and N. J. Farber, *Regional Human Service Transportation Coordinating Councils: Synthesis, Case Studies and Directory*, National Conference of State Legislatures, January 2012.

[14] Ibid.

APPENDIX A.
Federal Transit Administration Funds Awarded by State and by Grant Program (FY 2011 Obligations)

This table organizes funds awarded to FTA grant recipients according to the state in which the recipients are headquartered.

State/ Territory	USC 5307 Urbanized Area	USC 5311 Non-Urbanized Area	USC 5311 Tribal Transit	USC 5310 Elderly and Individuals with Disabilities	USC 5316 Job Access Reverse Commute	USC 5317 New Freedom
AK	$28,720,143	$6,182,619	$416,470	$318,400	$341,125	$159,932
AL	$17,486,529	$13,994,694		$3,080,000	$2,141,873	$691,787
AR	$9,417,040	$10,314,212		$1,489,622	$2,594,176	$979,174
AS		$1,265,219				
AZ	$108,622,872	$10,108,116	$470,253	$7,959,023	$2,556,655	$2,555,991
CA	$800,036,116	$24,202,617	$946,576	$57,433,000	$20,080,295	$4,446,031
CM		$1,110,731				
CO	$67,205,950	$16,941,941		$312,408	$1,400,978	$763,401
CT	$166,653,794	$2,793,582		$1,645,693		$1,287,220
DC	$267,955,040			$403,855	$3,970,295	$1,012,129
DE	$14,938,570	$1,199,844		$446,778	$338,210	$263,650
FL	$116,969,689	$13,796,583		$9,082,846	$7,651,051	$6,294,994
GA	$25,464,013	$21,529,256		$3,398,505	$4,865,284	$2,314,176
GU		$943,317				
HI		$2,176,319		$926,529	$542,524	$383,013
IA	$16,000,399	$10,657,645		$1,281,427	$256,161	$1,171,157
ID	$2,525,526	$5,886,090	$250,000	$623,826	$130,355	$79,626
IL	$301,107,000			$6,797,392	$3,358,018	$3,976,137
IN	$43,576,701	$13,774,108		$1,169,086	$2,626,492	$2,298,458
KS	$11,564,606	$9,602,389		$589,831	$768,712	$551,486
KY	$25,313,519	$13,076,947		$2,141,067	$3,511,009	$1,407,834
LA	$38,525,790	$10,461,687		$2,131,587	$3,364,763	$1,193,442
MA	$132,724,863	$3,911,264		$9,118,202	$4,563,543	$3,042,860
MD	$35,502,419	$5,081,540			$3,539,523	$2,363,384
ME	$1,714,843	$6,575,323			$647,074	$439,868
MI	$72,228,855	$23,402,114		$5,043,899	$577,504	$1,648,614
MN	$56,214,784	$12,486,927	$397,335	$1,995,600	$2,613,673	$1,345,136
MO	$59,191,003	$14,079,297			$341,153	$75,876
MS	$1,646,759	$11,740,165	$41,910	$2,994,272	$674,218	$240,045
MT	$5,293,827	$7,183,273	$1,397,000	$518,164	$304,509	$128,138
NC	$54,528,622	$23,607,095	$190,000	$4,827,669	$5,917,447	$891,419
ND	$5,000,292	$5,573,767	$677,745		$538,750	$196,306
NE	$11,385,885	$2,642,124	$151,554	$850,660	$742,813	$120,587

APPENDIX A. CONTINUED
Federal Transit Administration Funds Awarded by State and by Grant Program (FY 2011 Obligations)

This table organizes funds awarded to FTA grant recipients according to the state in which the recipients are headquartered.

State/ Territory	USC 5307 Urbanized Area	USC 5311 Non-Urbanized Area	USC 5311 Tribal Transit	USC 5310 Elderly and Individuals with Disabilities	USC 5316 Job Access Reverse Commute	USC 5317 New Freedom
NH	$5,924,455	$4,388,333		$339,982		$226,687
NJ	$465,782,072	$6,185,943		$3,915,243		$2,924,469
NM	$3,159,895	$8,321,273	$529,667	$944,451	$1,266,848	$692,322
NV	$30,196,369	$6,051,246	$373,985	$1,384,463	$1,885,529	$1,158,130
NY	$729,010,784	$16,819,376		$9,164,702	$7,673,120	$2,279,380
OH	$117,675,370	$20,283,115		$4,686,023	$8,045,563	$5,462,495
OK	$25,596,602	$11,529,582	$2,216,443	$1,758,857	$3,266,332	$1,669,526
OR	$46,588,626	$9,926,958	$552,900	$20,600,514	$2,246,826	$970,749
PA	$173,880,889	$21,293,413		$6,063,618	$5,859,900	$2,238,216
PR	$40,344,670				$390,937	$1,016,671
RI	$24,736,850	$735,726				
SC	$15,470,839	$9,655,735		$2,022,565	$1,486,748	$1,034,497
SD	$2,882,518	$5,030,001	$548,039	$1,132,705	$167,773	$174,884
TN	$45,710,802	$12,235,515		$2,871,414	$2,159,072	$3,151,465
TX	$217,775,119	$34,211,172		$8,448,947	$17,890,897	$5,508,907
UT	$43,722,321			$1,662,831	$2,334,483	$1,182,155
VA	$41,612,339	$15,866,744		$2,979,350	$2,558,970	$2,186,844
VT	$3,635,055	$16,709,623		$532,000	$239,456	$163,000
WA	$120,151,569	$11,491,408	$1,207,211	$5,435,406	$6,694,125	$3,756,960
WI	$47,960,854	$14,048,509	$638,885	$982,582	$2,822,350	$1,532,754
WV	$8,643,315	$6,844,170		$1,123,999	$289,200	$185,518
WY	$1,751,640	$4,753,785	$400,000	$323,570	$298,237	$145,618
Grand Total	$4,709,728,402	$542,682,432	$11,405,973	$202,952,563	$148,534,549	$79,983,118

Source: Federal Transit Administration

Note: FTA program funds are available for multiple years and grantees sometimes bundle multiple years' worth of funds into grant applications. Thus, FTA may not make grants to recipients in a state in a given year, but likely would have awarded a grant the prior year or the year after.

APPENDIX B1.
Title III-B Older Americans Act Assisted and General Transportation Expenditures by State (FY 2005–2007)

Title III-B Expenditures – Assisted Transportation (AT), General Transportation (GT), and Aggregate Transportation Expenditures (AT & GT)

State/ Territory	2005			2006			2007		
	AT	GT	AT+GT	AT	GT	AT+GT	AT	GT	AT+GT
AK	$454,746	$733,672	$1,188,418	$397,608	$818,566	$1,216,174	$424,879	$806,823	$1,231,702
AL	$148,700	$1,892,335	$2,041,035	$166,334	$1,919,307	$2,085,641	$151,587	$1,695,261	$1,846,848
AZ	$0	$1,561,259	$1,561,259	$0	$1,461,038	$1,461,038	$0	$1,388,080	$1,388,080
AR	$2,385	$1,247,653	$1,250,038	$1,085	$1,158,053	$1,159,138	$2,280	$1,001,690	$1,003,970
CA	$247,617	$2,073,747	$2,321,364	$209,635	$2,235,619	$2,445,254	$258,275	$2,300,765	$2,559,040
CO	$100,756	$1,200,384	$1,301,140	$88,671	$931,519	$1,020,190	$127,569	$1,119,444	$1,247,013
CT	$31,430	$757,197	$788,627	$25,678	$533,716	$559,394	$31,984	$542,131	$574,115
DC	$266,354	$337,800	$604,154	$218,564	$234,525	$453,089	$450,000	$257,978	$707,978
DE	$0	$17,962	$17,962	$0	$17,500	$17,500	$0	$17,500	$17,500
FL	$23,883	$7,520,181	$7,544,064	$22,266	$7,219,387	$7,241,653	$19,891	$8,982,782	$9,002,673
GA	$0	$738,866	$738,866	$0	$763,366	$763,366	$0	$843,732	$843,732
HI	$0	$495,146	$495,146	$1	$500,539	$500,540	$0	$488,041	$488,041
IA	$124,492	$571,340	$695,832	$126,246	$626,172	$752,418	$188,846	$694,200	$883,046
ID	$0	$250,970	$250,970	$0	$296,905	$296,905	$0	$252,794	$252,794
IL	$106,340	$1,696,277	$1,802,617	$112,332	$1,617,891	$1,730,223	$106,974	$1,563,403	$1,670,377
IN	$192,114	$2,202,011	$2,394,125	$217,471	$2,515,713	$2,733,184	$49,553	$2,873,002	$2,922,555
KS	$0	$99,602	$99,602	$0	$97,843	$97,843	$0	$95,555	$95,555
KY	$74,996	$1,573,269	$1,648,265	$65,685	$1,631,280	$1,696,965	$72,399	$1,606,537	$1,678,936
LA	$11,949	$2,222,288	$2,234,237	$10,325	$2,232,074	$2,242,399	$12,493	$2,132,441	$2,144,934
MA	$61,950	$735,366	$797,316	$26,404	$796,759	$823,163	$16,867	$707,530	$724,397
MD	$45,218	$253,154	$298,372	$47,858	$217,888	$265,746	$29,965	$344,352	$374,317
ME	$0	$71,848	$71,848	$0	$80,236	$80,236	$0	$75,453	$75,453
MI	$138,787	$428,793	$567,580	$139,708	$467,896	$607,604	$143,052	$410,218	$553,270
MN	$25,464	$721,671	$747,135	$40,045	$711,873	$751,918	$48,368	$803,071	$851,439
MO	$2,442	$2,403,666	$2,406,108	$11,353	$2,301,736	$2,313,089	$7,938	$2,600,841	$2,608,779
MS	$221,746	$800,479	$1,022,225	$81,108	$742,485	$823,593	$0	$729,283	$729,283
MT	$0	$291,217	$291,217	$0	$206,132	$206,132	$0	$241,751	$241,751
NC	$0	$2,343,700	$2,343,700	$0	$3,175,604	$3,175,604	$0	$2,714,686	$2,714,686
ND	$0	$279,552	$279,552	$0	$288,778	$288,778	$0	$44,491	$44,491
NE	$12,415	$55,600	$68,015	$11,891	$71,457	$83,348	$11,453	$51,187	$62,640
NH	$0	$724,092	$724,092	$0	$747,297	$747,297	$0	$945,632	$945,632
NJ	$139,107	$2,264,847	$2,403,954	$159,420	$2,058,884	$2,218,304	$148,767	$2,218,100	$2,366,867
NM	$295,163	$404,151	$699,314	$316,853	$429,040	$745,893	$199,553	$749,928	$949,481
NV	$0	$121,268	$121,268	$0	$0	$0	$0	$390,224	$390,224
NY	$68,191	$4,394,366	$4,462,557	$54,477	$3,357,398	$3,411,875	$53,817	$2,839,221	$2,893,038

APPENDIX B1. CONTINUED

Title III-B Older Americans Act Assisted and General Transportation Expenditures by State (FY 2005–2007)

Title III-B Expenditures – Assisted Transportation (AT), General Transportation (GT), and Aggregate Transportation Expenditures (AT & GT)

State/ Territory	2005			2006			2007		
	AT	GT	AT+GT	AT	GT	AT+GT	AT	GT	AT+GT
OH	$272,013	$3,620,975	$3,892,988	$250,888	$3,880,852	$4,131,740	$230,470	$3,581,266	$3,811,736
OK	$149,475	$982,627	$1,132,102	$847,437	$24,466	$871,903	$26,110	$1,145,401	$1,171,511
OR	$22,960	$260,773	$283,733	$292,804	$23,149	$315,953	$27,427	$321,998	$349,425
PA	$0	$4,707,187	$4,707,187	$4,305,688	$0	$4,305,688	$0	$4,850,536	$4,850,536
RI	$0	$0	$0	$0	$0	$0	$0	$0	$0
SC	$0	$2,522,721	$2,522,721	$2,518,155	$0	$2,518,155	$0	$2,467,418	$2,467,418
SD	$0	$311,253	$311,253	$179,266	$0	$179,266	$0	$287,228	$287,228
TN	$81,314	$1,411,361	$1,492,675	$1,653,563	$19,176	$1,672,739	$16,845	$1,210,476	$1,227,321
TX	$311	$4,133,620	$4,133,931	$4,077,763	$115	$4,077,878	$12	$3,895,257	$3,895,269
UT	$17,172	$479,295	$496,467	$454,473	$8,820	$463,293	$18,496	$509,788	$528,284
VA	$0	$1,868,191	$1,868,191	$2,074,151	$0	$2,074,151	$0	$2,079,189	$2,079,189
VT	$0	$4,380	$4,380	$39,283	$0	$39,283	$0	$59,052	$59,052
WA	$0	$892,673	$892,673	$1,008,009	$0	$1,008,009	$0	$855,907	$855,907
WI	$62,084	$1,056,003	$1,118,087	$1,363,366	$83,709	$1,447,075	$43,639	$1,233,458	$1,277,097
WV	$216,424	$1,181,743	$1,398,167	$1,117,875	$225,031	$1,342,906	$223,947	$1,092,930	$1,316,877
WY	$129,964	$252,953	$382,917	$227,658	$116,968	$344,626	$243,383	$261,732	$505,115
GU	$85,097	$140,819	$225,916	$114,364	$56,632	$170,996	$55,311	$119,047	$174,358
PR	$39,715	$423,947	$463,662	$341,760	$60,203	$401,963	$62,009	$352,012	$414,021
50 States + DC	$3,747,962	$67,171,484	$70,919,446	$66,504,819	$3,303,339	$69,808,158	$3,386,840	$68,379,763	$71,766,603
50 States + DC and Territories	$3,872,774	$67,736,250	$71,609,024	$66,960,943	$3,420,174	$70,381,117	$3,504,160	$68,850,822	$72,354,982

APPENDIX B2.
Title III-B Older Americans Act Assisted and General Transportation Expenditures by State (FY 2008–2010)

Title III-B Expenditures – Assisted Transportation (AT), General Transportation (GT), and Aggregate Transportation Expenditures (AT & GT)

State/ Territory	2008			2009			2010		
	AT	GT	AT+GT	AT	GT	AT+GT	AT	GT	AT+GT
AK	$428,128	$834,136	$1,262,264	$343,119	$936,787	$1,279,906	$429,077	$827,216	$1,256,293
AL	$157,432	$1,819,952	$1,977,384	$146,813	$1,805,424	$1,952,237	$119,656	$2,007,966	$2,127,622
AR	$24,566	$1,122,938	$1,147,504	$4,755	$1,173,405	$1,178,160	$2,459	$1,250,730	$1,253,189
AZ	$0	$2,140,962	$2,140,962	$0	$1,207,855	$1,207,855	$0	$2,044,397	$2,044,397
CA	$266,943	$2,242,598	$2,509,541	$232,993	$2,213,083	$2,446,076	$277,486	$2,214,573	$2,492,059
CO	$129,360	$572,788	$702,148	$131,342	$1,010,573	$1,141,915	$149,643	$1,161,781	$1,311,424
CT	$34,385	$553,650	$588,035	$46,174	$523,143	$569,317	$42,062	$533,804	$575,866
DC	$450,000	$25,100	$475,100	$150,000	$0	$150,000	$271,667	$0	$271,667
DE	$0	$17,500	$17,500	$17,500	$0	$17,500	$16,587	$0	$16,587
FL	$48,291	$7,859,929	$7,908,220	$39,315	$7,421,893	$7,461,208	$430,374	$7,782,580	$8,212,954
GA	$0	$2,418,921	$2,418,921	$0	$892,293	$892,293	$0	$893,276	$893,276
HI	$0	$490,697	$490,697	$0	$484,473	$484,473	$0	$550,962	$550,962
IA	$122,551	$520,954	$643,505	$129,691	$504,709	$634,400	$225,789	$604,063	$829,852
ID	$0	$212,406	$212,406	$0	$208,367	$208,367	$0	$216,928	$216,928
IL	$109,128	$1,633,260	$1,742,388	$124,055	$1,626,706	$1,750,761	$115,084	$1,688,972	$1,804,056
IN	$62,828	$2,716,797	$2,779,625	$39,251	$2,801,826	$2,841,077	$25,562	$2,638,639	$2,664,201
KS	$0	$130,790	$130,790	$0	$99,020	$99,020	$0	$102,599	$102,599
KY	$79,242	$1,519,672	$1,598,914	$87,063	$1,646,841	$1,733,904	$88,166	$1,828,275	$1,916,441
LA	$12,998	$2,121,299	$2,134,297	$16,929	$1,880,206	$1,897,135	$33,183	$2,009,342	$2,042,525
MA	$41,669	$738,953	$780,622	$46,129	$790,163	$836,292	$52,743	$688,071	$740,814
MD	$32,551	$286,569	$319,120	$30,056	$305,514	$335,570	$383,124	$240,334	$623,458
ME	$0	$48,726	$48,726	$0	$39,894	$39,894	$0	$9,265	$9,265
MI	$142,781	$511,796	$654,577	$159,950	$465,748	$625,698	$160,685	$459,638	$620,323
MN	$38,305	$783,163	$821,468	$40,359	$669,199	$709,558	$41,496	$735,034	$776,530
MO	$15,384	$2,287,897	$2,303,281	$14,313	$1,954,158	$1,968,471	$14,398	$2,282,407	$2,296,805
MS	$0	$587,694	$587,694	$0	$689,553	$689,553	$0	$842,387	$842,387
MT	$0	$195,111	$195,111	$0	$230,344	$230,344	$0	$165,941	$165,941
NC	$0	$2,100,341	$2,100,341	$0	$5,235,904	$5,235,904	$0	$1,685,774	$1,685,774
ND	$0	$0	$0	$0	$0	$0	$0	$0	$0
NE	$13,823	$55,595	$69,418	$11,323	$59,895	$71,218	$19,827	$29,656	$49,483
NH	$0	$1,030,260	$1,030,260	$0	$888,334	$888,334	$0	$902,797	$902,797
NJ	$102,227	$1,819,670	$1,921,897	$100,616	$1,999,744	$2,100,360	$91,776	$2,016,572	$2,108,348
NM	$307,987	$655,876	$963,863	$351,168	$597,169	$948,337	$27,597	$975,339	$1,002,936
NV	$0	$352,085	$352,085	$0	$450,904	$450,904	$0	$493,836	$493,836
NY	$59,314	$2,839,215	$2,898,529	$64,965	$3,126,494	$3,191,459	$48,649	$2,808,048	$2,856,697

APPENDIX B2. CONTINUED

Title III-B Older Americans Act Assisted and General Transportation Expenditures by State (FY 2008–2010)

Title III-B Expenditures – Assisted Transportation (AT), General Transportation (GT), and Aggregate Transportation Expenditures (AT & GT)

State/ Territory	2008			2009			2010		
	AT	GT	AT+GT	AT	GT	AT+GT	AT	GT	AT+GT
OH	$217,798	$3,447,937	$3,665,735	$224,750	$3,543,241	$3,767,991	$246,576	$3,610,839	$3,857,415
OK	$31,223	$1,014,827	$1,046,050	$30,098	$870,094	$900,192	$27,025	$844,797	$871,822
OR	$31,839	$282,991	$314,830	$27,617	$270,443	$298,060	$31,660	$278,752	$310,412
PA	$0	$5,306,592	$5,306,592	$0	$5,179,568	$5,179,568	$0	$4,723,927	$4,723,927
RI	$0	$0	$0	$0	$0	$0	$0	$0	$0
SC	$0	$2,650,951	$2,650,951	$0	$2,615,701	$2,615,701	$0	$3,506,669	$3,506,669
SD	$0	$294,499	$294,499	$0	$293,943	$293,943	$0	$298,712	$298,712
TN	$17,526	$1,241,211	$1,258,737	$17,730	$1,385,770	$1,403,500	$22,063	$1,426,007	$1,448,070
TX	$0	$3,954,356	$3,954,356	$0	$4,219,821	$4,219,821	$0	$4,416,829	$4,416,829
UT	$16,972	$536,502	$553,474	$39,916	$482,491	$522,407	$33,975	$588,325	$622,300
VT	$0	$101,047	$101,047	$0	$103,447	$103,447	$0	$41,969	$41,969
VA	$41,564	$1,977,611	$2,019,175	$60,486	$1,853,977	$1,914,463	$70,654	$1,991,480	$2,062,134
WA	$0	$895,522	$895,522	$0	$861,645	$861,645	$0	$986,826	$986,826
WI	$141,991	$1,225,593	$1,367,584	$103,910	$962,962	$1,066,872	$67,303	$1,032,434	$1,099,737
WV	$205,584	$1,167,382	$1,372,966	$218,913	$1,230,373	$1,449,286	$233,981	$1,263,681	$1,497,662
WY	$198,180	$213,121	$411,301	$340,103	$103,423	$443,526	$353,109	$371,397	$724,506
GU	$57,467	$119,479	$176,946	$73,378	$141,055	$214,433	$174,311	$219,533	$393,844
PR	$24,177	$326,936	$351,113	$86,696	$673,607	$760,303	$124,431	$840,160	$964,591
50 States + DC	$3,582,571	$67,557,442	$71,140,013	$3,391,402	$67,916,519	$71,307,921	$4,153,436	$68,073,847	$72,227,283
50 States + DC & Territories	$3,664,215	$68,003,857	$71,668,072	$3,551,476	$68,731,181	$72,282,657	$4,452,178	$69,133,540	$73,585,718

APPENDIX B3.

Title III-B Percentage Change in Assisted Transportation (AT), General Transportation (GT), and Aggregate Transportation Expenditures (AT & GT)

State/ Territory	2005–2010 (6 yrs) % Change	2006–2010 (5 yrs) % Change	2008–2010 (3 yrs) % Change	2009–2010 (1 yr) % Change
AL	4.2	2.0	7.6	9.0
AK	5.7	3.3	-0.5	-1.8
AR	0.3	8.1	9.2	6.4
AZ	30.9	39.9	-4.5	69.3
CA	7.4	1.9	-0.7	1.9
CO	0.8	28.5	86.8	14.8
CT	-27.0	2.9	-2.1	1.2
DC	-55.0	-40.0	-42.8	81.1
DE	-7.7	-5.2	-5.2	-5.2
FL	8.9	13.4	3.9	10.1
GA	20.9	17.0	-63.1	0.1
HI	11.3	10.1	12.3	13.7
IA	19.3	10.3	29.0	30.8
ID	-13.6	-26.9	2.1	4.1
IL	0.1	4.3	3.5	3.0
IN	11.3	-2.5	-4.2	-6.2
KS	3.0	4.9	-21.6	3.6
KY	16.3	12.9	19.9	10.5
LA	-8.6	-8.9	-4.3	7.7
MA	-7.1	-10.0	-5.1	-11.4
MD	109.0	134.6	95.4	85.8
ME	-87.1	-88.5	-81.0	-76.8
MI	9.3	2.1	-5.2	-0.9
MN	3.9	3.3	-5.5	9.4
MO	-4.5	-0.7	-0.3	16.7
MS	-17.6	2.3	43.3	22.2
MT	-43.0	-19.5	-15.0	-28.0
NC	-28.1	-46.9	-19.7	-67.8
ND	-100.0	-100.0	NA	NA
NE	-27.2	-40.6	-28.7	-30.5
NH	24.7	20.8	-12.4	1.6
NJ	-12.3	-5.0	9.7	0.4
NM	43.4	34.5	4.1	5.8
NV	307.2	NA	40.3	9.5
NY	-36.0	-16.3	-1.4	-10.5
OH	-0.9	-6.6	5.2	2.4
OK	-23.0	0.0	-16.7	-3.2
OR	9.4	-1.8	-1.4	4.1

APPENDIX B3. CONTINUED

Title III-B Percentage Change in Assisted Transportation (AT), General Transportation (GT), and Aggregate Transportation Expenditures (AT & GT)

State/ Territorry	2005–2010 (6 yrs) % Change	2006–2010 (5 yrs) % Change	2008–2010 (3 yrs) % Change	2009–2010 (1 yr) % Change
PA	0.4	9.7	-11.0	-8.8
RI	NA	NA	NA	NA
SC	39.0	39.3	32.3	34.1
SD	-4.0	66.6	1.4	1.6
TN	-3.0	-13.4	15.0	3.2
TX	6.8	8.3	11.7	4.7
UT	25.3	34.3	12.4	19.1
VA	10.4	-0.6	2.1	7.7
VT	858.2	6.8	-58.5	-59.4
WA	10.5	-2.1	10.2	14.5
WI	-1.6	-24.0	-19.6	3.1
WV	7.1	11.5	9.1	3.3
WY	89.2	110.2	76.1	63.4
GU	74.3	130.3	122.6	83.7
PR	108.0	140.0	174.7	26.9
50 States + DC	1.8	3.5	1.5	1.3
50 States + DC and Territories	2.8	4.6	2.7	1.8

Source: AARP Public Policy Institute analysis of the Administration on Aging's AGing Integrated Database (AGID). See http://www.agidnet.org.

APPENDIX C.
State Medicaid 1915(c) Waiver Expenditures on Transportation (FY 2008)

State	Aged Expenditures	Aged/Disabled Expenditures	Physically Disabled Expenditures	Total Expenditures (Aged, AD, and PD)
AK	$1,069,062		$1,006,487	$2,075,549
AL		$0	$0	$0
AR	$0	$0	$0	$0
AZ				$0
CA		$1,586,557	$0	$1,586,557
CO		$4,786,012		$4,786,012
CT		$42,204	$0	$42,204
DC		$0		$0
DE	$0	$0		$0
FL	$0	$0	$0	$0
GA		$0		$0
HI		$52,541		$52,541
IA	$1,162,689		$56,611	$1,219,300
ID		$266,543		$266,543
IL	$2,363,139	$0	$224,530	$2,587,669
IN		$646		$646
KS	$0		$0	$0
KY		$0	$0	$0
LA		$0		$0
MA	$167,853			$167,853
MD	$0		$0	$0
ME		$9,232	$0	$9,232
MI		$598,588		$598,588
MN	$680,001		$3,632,740	$4,312,741
MO		$0	$0	$0
MS		$367,537	$0	$367,537
MT		$154,539		$154,539
NC		$0		$0
ND		$12,554		$12,554
NE		$325,967		$325,967
NH	$0			$0
NJ		$22,407	$0	$22,407
NM		$0		$0
NV	$0	$0	$0	$0
NY		$2,570,222		$2,570,222
OH		$6,902,932	$430	$6,903,362
OK		$0		$0
OR		$3,243,047		$3,243,047

APPENDIX C. CONTINUED
State Medicaid 1915(c) Waiver Expenditures on Transportation (FY 2008)

State	Aged Expenditures	Aged/Disabled Expenditures	Physically Disabled Expenditures	Total Expenditures (Aged, AD, and PD)
PA	$2,868,564		$0	$2,868,564
RI	$0	$0	$0	$0
SC		$1,191,135	$0	$1,191,135
SD	$0		$0	$0
TN		$0		$0
TX		$2,053		$2,053
UT	$86,047	$7,337	$0	$93,384
VA		$0	$0	$0
VT				$0
WA		$18,334		$18,334
WI		$2,072,314		$2,072,314
WV		$3,324,535		$3,324,535
WY		$38,088		$38,088
TOTAL	**$8,397,355**	**$27,595,324**	**$4,920,798**	**$40,913,477**

Source: Analysis of 2008 Medicaid 372 waiver reports by the University of California, San Francisco for the AARP Public Policy Institute.

APPENDIX D.
Glossary of Abbreviations

By Funding Agency

DHHS U.S. Department of Health and Human Services

ACL Administration for Community Living

AoA Administration on Aging

- Title III-B of the Older Americans Act

CMS U.S. Centers for Medicare & Medicaid Services

- Medicaid ***NEMT***—Nonemergency Medical Transportation
- Medicaid 1915(c) HCBS waivers for transportation

ACF Administration for Children & Families

- **TANF** Temporary Assistance for Needy Families

DOT U.S. Department of Transportation

FTA Federal Transit Administration

FTA Grant Programs

- ARRA— American Recovery and Reinvestment Act
- Innovative Transit Workforce Development Program (not abbreviated in report)
- Section 5307—Urbanized Area Formula Program
- Section 5309—Bus and Bus Facilities discretionary grant program
- Section 5310—In this report, Section 5310 usually refers to the Transportation for Elderly Persons and Persons with Disabilities program. However, under the new surface transportation law (MAP-21), Congress consolidated the Section 5310 and Section 5317 (New Freedom) programs and renamed the program the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities program.
- Section 5311—Formula Grants for Other than Urbanized Areas. Also known as the Rural Area Formula program.
- Section 5311(c)—Public Transportation on Indian Reservations, or Tribal Transit Program
- Section 5311(f)—Intercity Bus Service
- Section 5312—National Research Program
- Section 5316—Job Access and Reverse Commute Program (JARC)
- Section 5317—New Freedom Program
- TIGER—Transportation Investment Generating Economic Recovery
- VTCLI—Veterans Transportation and Community Living Initiative

VA Department of Veterans Affairs

- Veterans Medical Care Benefits

By Provider Featured in the Case Studies of this Report

DARTS	Delta Area Rural Transit System
Marin Access	Marin Access Mobility Management Center
MMS	Medical Motor Service
Pelivan	Pelivan Transit
Peoplerides	not abbreviated
RCPT	Rivers Cities Public Transit
SRC	Seniors' Resource Center

Alphabetically

ACA	The Patient Protection and Affordable Care Act of 2010
ACL	Administration for Community Living
ADA	Americans with Disabilities Act of 1990
CCAM	Council on Access and Mobility
CHC	Community Health Center
CMS	U.S. Centers for Medicare & Medicaid Services
CNG	Compressed natural gas
FMAP	Federal Medical Assistance Percentage, or federal Medicaid matching funds
FTA	Federal Transit Administration
GAO	U.S. General Accounting Office (now the U.S. Government Accountability Office)
GGT	Golden Gate Transit
GPS	Global positioning system
HCBS	Home- and community-based services
ITCC	Iowa Transportation Coordination Council
JARC	Job Access and Reverse Commute Program (Section 5316)
LTSS	Long-term supports and services
MAP-21	Moving Ahead for Progress in the 21st Century
MSIS	Medicaid Statistical Information System
NEMT	Nonemergency medical transportation
OAA	Older Americans Act
RPA	Regional Planning Affiliations (Iowa)
STAR	Safe Transport and Reimbursement volunteer driver program (Marin Access)
STAR Award	An award program of the Beverly Foundation that recognize supplemental transportation programs for seniors
TANF	Temporary Assistance for Needy Families
TRAC	Transportation Access program (MMS)
UWR	United We Ride
VA	Veterans Affairs

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