

**Meeting the Transportation Needs of Kentuckians with
Disabilities: An Update**

University of Kentucky

Martin School of Public Policy and Administration

December 18, 2003

Project Director: Edward T. Jennings, Jr., Ph.D.

Project Staff: Suzanne Dale

Jeremy Hall

Meeting the Transportation Needs of Kentuckians with Disabilities: An Update

University of Kentucky

Martin School of Public Policy and Administration

Executive Summary

This report is in response to a request from the Transportation Workgroup, Hope for Better Transportation, that the Developmental Disabilities Project at the University of Kentucky update information from earlier reports on meeting the transportation needs of individuals with disabilities. The group asked for this update in relation to three sets of recommendations from our original report and subsequent work on the transportation needs of Kentuckians with disabilities. Those recommendations dealt with using community and faith-based organizations to meet transportation needs of individuals with disabilities, performance-based contracting for HSTDP, and central coordination of information. This update reviews information with respect to the HSTD program and public transportation in Kentucky.

In the following pages, we discuss:

- A. The development of the Human Service Transportation Delivery Program
- B. Assessment of the quality of service in the HSTDP program by the Transportation Cabinet
- C. Provisions in current HSTDP contracts relevant to performance and performance-based contracting.
- D. A forthcoming study of Medicaid transportation by the Legislative Research Commission

- E. The extent to which citizens in different areas of Kentucky have access to transportation services
- F. The function of the Area Coordinators in the transportation system
- G. Provisions in current HSTDP contracts relevant to performance and performance-based contracting.

Salient new findings are as follows:

- The state and brokers undertake a variety of steps to help insure the quality of the HSTDP system. Despite these steps, there are no annual reports on the system and the Office of Transportation Delivery has a limited quality assurance program, particularly with respect to surveying clients about their needs and experiences.
- Payments to brokers and transportation providers are based on estimates of cost and are not linked to performance. There are no rewards for high performance and the only penalties are for transportation providers who fail to meet certain requirements.
- Some areas of the state have no public transportation services. Many counties have no service evenings and Sundays. A large number have no Saturday service, and many others offer only partial service on Saturday. In many counties, public transit is expensive, charging \$1.00 a mile for service. There is little evidence of significant initiatives to fill these service gaps for individuals with disabilities who cannot provide their own transportation.

Introduction

In April, 2002, the Developmental Disabilities project at the Martin School issued a report on alternative means of meeting the transportation needs of Kentuckians with Disabilities. In November, 2002, the project issued expanded reports on three of the alternatives. The original report took as its starting point a study of the transportation needs of Kentuckians with disabilities prepared by Third Age, Inc. for the Kentucky Council on Developmental Disabilities. Third Age gathered data from a survey of individuals with disabilities and a survey of service provider agencies, advocacy groups, transportation providers, and local governments in 2000. We updated their information with interviews with brokers and service providers in the in the HSTDP system, a substantial search for innovative practices around the country, and interviews with a variety of individuals in Washington, D.C. and in community and faith-based organizations in Kentucky.

Members of the Workgroup expressed a concern that some data in our earlier reports might be out of date, suggesting, for example, that it was based on the situation as it existed in Kentucky in 1999. Although our information was more recent than that, it makes sense to use the most current available data. With a focus on the performance of the HSTDP system, the use of community and faith-based organizations to address gaps in service, and the use of central coordination of information to link users with providers, we sought new information. We reviewed available data on the HSTDP system, the processes for assessing and information available about the quality of that system, the role of area coordinators in the state's transportation system, and the availability of public transportation in rural areas. We interviewed the directors of 5311 transportation service

providers. We surveyed brokers for their perceptions of the current status of the HSTDP system. We interviewed an area coordinator and met with staff of the Office of Transportation Delivery. We talked with staff of the Legislative Research Commission about the study of the Medicaid transportation system that they have underway.

Current Operation of the HSTDP System

We need to note first that, as far as we could determine, no one is preparing annual reports on the HSTDP system. Apparently no effort is made to sum up the system's operations each year and assess the quality of its operations.

Development of the Brokerage System

The system began implementation in June 1998 with a broker operating in one region. By June of 1999, brokers were operating in thirteen of the sixteen regions. By August, 1999, all but one region had a broker operating. Region 6 was without a broker until July, 2002. That broker operated until November, 2002, when service stopped. A new broker began operation in May, 2003.

Expenditures and Use

The budget for Non-Emergency Medical (NEM) transportation, which includes Adult Day Care (ADC) and Supported Community Living (SCL) has grown throughout the history of the brokerage program. Administrative expenses have fluctuated, but they have typically come in well under budget. The growth of the budget is, at least in part, a product of the addition of new regions to the brokerage system over time. It also reflects increasing use of the system.

Figure1. Budget and Expenditures for Non-emergency Medical Transportation, FY 1998 – FY 2000

FY	Broker Budget	Broker Expenses	Admin budget	Admin Expenses
98	\$210,000	\$194,676		
99	14,270,000	9,208,615	\$444,231	\$327,978
00	29,452,000	29,093,825	601,901	439,867
01	31,860,000	31,615,310	489,000	498,000
02	36,266,218	35,490,727	527,628	424,126
03	42,391,258	41,634,371	434,652	399,176
04	48,368,819		437,479	

Transportation Provided for Non Emergency Medical Trips

The number of trips and the number of miles driven have grown throughout the history of the program, as can be seen in Figure 2. This partially reflects the addition of the brokerage system in new areas, but it also reflects growing demands on the system. Cost per mile has been coming down as has cost per trip. There was a dramatic increase in miles driven and miles per trip accompanied by a dramatic decrease in cost per mile in FY03.

Figure 2. Trips, miles, and Costs for Non-Emergency Medical Transportation, FY 1998 – FY 2003

FY	Total Trips	Total Miles	Cost per Mile	Cost per Trip	Miles per Trip
98*	10,271	224,950	\$0.87	\$18.95	\$21.90
99**	449,926	6,444,388	1.43	20.47	14.32
00***	1,427,019	20,438,353	1.42	20.39	14.32
01****	1,646,849	20,634,206	1.53	19.20	12.53
02	1,928,750	28,611,043	1.24	18.40	14.83
03	2,361,562	60,520,478	0.69	17.63	25.63

A trip is the transportation of one individual in one direction

*One month, one broker

** Brokers transition in

*** All brokers except Region 6 and Region 15 began in August

****All brokers, except Region 6

The Office of Transportation Delivery attributes the increase in total miles to

1. a continuing increase in ADC/ SCL clients,
2. the addition of Region 6 to the brokerage system,
3. a continuing increase in Medicaid transportation eligible recipients and utilization.

OTD suggests that the cost per mile went down so dramatically because

1. mileage has gone up, but funding has nearly remained the same,
2. brokers are coordinating trips better.

While these might be reasonable explanations, it is hard to imagine why the miles driven would have more than doubled in one year while the number of trips increased only 22 percent. It is also difficult to imagine why the miles per trip would have increased 72 percent in a one year period. If brokers are coordinating trips better, one would expect the miles per trip to go down. Region 6 accounted for 10 percent of trips and 13 percent of the expenditures in FY03, so its entry into the system would not appear to explain the increase in mileage or decrease in cost per mile.

As the data in Figure 3 indicate, the average utilization of the system ran at a 34 percent rate per month the last year and so far this year. This percentage has increased over time, as is indicated below. According to OTD, the 1997 utilization rate was 7 percent so use has expended dramatically since the new system was instituted. The utilization rate should not be taken as an estimate of the percentage of the Medicaid recipients using the system. It is, instead, the number of eligible recipients divided by the mean number of monthly trips. Because a round trip counts as two trips and a recipient may make more than one health care trip a month, this substantially overestimates the

percentage of recipients using the system. In fact we have seen no data indicating what percentage of Medicaid recipients use the system; nor have we seen studies of why recipients either do or do not use the system.

Figure 3. Utilization of HSTDP, FY 2000 – FY 2004

Fiscal Year	Number of eligible recipients	Mean Number of trips monthly	Utilization Rate
FY00	464,776	118,918	26%
FY01	481,965	137,237	28
FY02	478,436	160,729	34
FY03	587,351	196,797	34
FY04	598,729	211,106*	35

*two month period

The utilization rate varies considerably across the regions. In FY03, it ranged from 10 percent in Region 16 to 59 percent in Region 10 (see Figure 4).

Figure 4. Use of HSTDP by Region, FY 2003

Region	Recipients	Average trips per month	Utilization
1	24,531	8,206	33%
2	28,361	7,284	26
3	27,273	7,834	29
4	28,666	10,728	37
5	44,423	22,883	52
6	90,251	33,858	38
8	31,547	13,738	44
9	37,486	8,269	22
10	22,471	13,146	59
11	28,678	8,269	38
12	77,529	39,948	52
13	58,932	12,988	22
14	41,245	10,547	26
15	36,230	9,686	27
16	9,728	972	10

Quality Control

There are three elements of quality control in the HSTDP system: quality requirements, broker quality assurance efforts, and OTD quality assurance efforts.

Quality requirements are established in the state's contracts with brokers and broker contracts with providers. Those requirements encompass the provision of service, vehicle maintenance and safety, and driver qualifications and safety. Some of the contractual provisions are quite detailed, particularly with respect to vehicle requirements; driver qualifications, conduct, and training; and education. Some requirements are stated explicitly in the contracts, others by reference to Kentucky Administrative Regulations.

Broker Contracts The contract between the Office of Transportation Delivery and the brokers for the Human Service Transportation Delivery program contains a Scope of Work and Program Requirements that identifies the responsibilities of the brokers and specifies a variety of functions and roles. It sets requirements for the program that the brokers are expected to meet. Those requirements address the use of subcontractors and volunteers, vehicle requirements, scheduling, eligibility, standards for passengers, and education guidelines.

The contract also provides for Transportation Cabinet performance monitoring and oversight with respect to hours of service and operations, scheduling procedures, pickup and delivery standards, urgent care, driver conduct, driver qualifications, driver training, passenger requirements, vehicle requirements, vehicle inspections, vehicle inventory, back up service, appeals and complaint procedures, computer and technological procedures, driver manifest form procedures submittal and receipt, roles and job descriptions of staff, and educational and orientation procedures.

The contract provides for the broker to submit certain kinds of information to the Cabinet and allows the Cabinet to require additional information. Brokers are required to

submit the following information: reports on monthly drug and alcohol testing of drivers, monthly reports on each one way trip performed in the broker's region, including the dollar amount paid for each one way trip, and the results of an annual independent audit. The contract also provides for the Cabinet to compile a monthly report on each program operated by the brokers, including rural public transportation, denoting fleet, miles, fuel, hours, revenues, and expenses. Brokers are required to develop and maintain a quality assurance plan addressing the scheduling and delivery of transportation services and the broker's methodology for identifying and correcting problems related to the scheduling and delivery of transportation services and subcontractor payment efficiency. The Cabinet may also require the broker to compile and provide to the Cabinet additional reports to further track the broker's compliance.

The contract does not include incentives to encourage high performance, nor does it contain penalties for low performance. If a broker fails to meet terms of the contract, the Cabinet may cancel the contract.

Provider Contracts The standard Transportation Agreement (contract) between brokers and providers contains a variety of standards that providers must meet. These standards cover such matters as pick up and delivery times; vehicle quality and safety; wheelchair vehicle requirements; wheelchair restraint system requirements; driver qualifications; driver performance requirements; insurance, licensure, and certification requirements; operator performance standards; and maintenance of records. In addition, the contract provides penalties for nonperformance. There are penalties for:

1. late submission of reports or other deliverables;

2. use of a noncompliant vehicle with health and safety hazard for vehicle occupants;
3. use of a noncompliant vehicle with a discrepancy that creates passenger discomfort or inconvenience;
4. use of noncompliant vehicles with an administrative discrepancy;
5. driver noncompliance;
6. removal of drivers who receive two substantiated complaints in the 90 day period and must reenter training; four substantiated complaints in a twelve month period lead to permanent driver removal;
7. use of vehicle for class of service lower than required;
8. \$25 per occurrence when vehicle more than fifteen minutes late for scheduled pick-up if more than 10 percent of pick-ups in any given month are late;
9. the same for delivering clients more than 15 minutes late for scheduled appointment.

Penalties like these for nonperformance help hold service providers accountable for the quality of service provided. These are traditional types of contract requirements and do not constitute performance-based contracting. The level of payment is not tied to the level of performance and, as far as we can tell, mechanisms are not in place to assess performance systematically. Or do the contracts provide rewards for exceptional performance.

Actions of the brokers are critical to quality control. They work directly with transportation providers or provide transportation services themselves. They have instituted a variety of processes to assure and monitor quality. Many of those processes

are mandated by the contract and/or the administrative rules. In a brief survey, discussed further below, brokers were asked how they control quality. Twelve of the brokers responded with varying levels of information. To different degrees, they indicated regular inspections of vehicles, training and testing of drivers, client interviews and surveys, monitoring of vouchers and trip request forms, and field visits to facilities. Some brokers seem to be going further than OTD to survey or interview clients. These are the kinds of things that need to be done to assure quality.

The third component of quality assurance for the HSTDP program is monitoring provided by HSTDP. HSTDP conducts a review of each broker each year. In that review, it obtains information about broker compliance with contract terms and quality assurance initiatives of the brokers. In addition, OTD has a variety of independent means to monitor quality. Those are discussed below under Satisfaction with the System.

Satisfaction with the System

The Human Service Transportation Delivery Program maintains ongoing data collection systems to monitor rider satisfaction and service quality. The tools used for this purpose include a rider complaint log, rider surveys, denial reports, and trip logs for each trip.

The rider complaint log tracks rider dissatisfaction, documents specific complaints, and also documents steps taken to resolve the issue. This system allows tracking of complaints initiated by clients through calls to the state's 800 number by region and complaint type each month. Presumably, significant increases in the number of complaints in a given region during any given month would signal that steps need to be taken to address a problem.

Complaints are received through OTD's 800 number. Data provided by OTD suggest that the level of complaints is generally quite low relative to the number of trips taken. For example, 1.9 million trips in FY02 led to only 362 complaints being registered. In FY03, that jumped to 2116 complaints for 2.3 million trips. Most of the complaints came from Region 6, where the newly operating broker had numerous problems. There were only 197 complaints from all other regions.

One area in which data that could be used as part of a performance-based contracting system are collected is through the provider trip logs. The provider trip logs provide detailed information on users, trip timeliness, trip duration, mileage, and cost, as well as other detailed information about the trip. This record produces abundant data that is utilized to determine average trip cost, average trip mileage, and other statistics that speak to the overall efficiency of the system and that can be used to monitor cost and efficiency disparities among regions.

While these mechanisms continuously monitor system usage and identify and track negative experiences, OTD takes two additional steps to address service quality—rider surveys conducted on the vehicles and telephone surveys of individuals using the system. Through these surveys, the program attempts to collect additional qualitative information about service quality.

The rider surveys, though small in number, paint a generally positive picture. In FY02, the Office completed 140 rider surveys. The number of rider surveys per region varied from none in six regions to more than 30 in two regions. Asked for their overall level of satisfaction, 132 were positive and 8 were negative. Riders registered 22 problems, most related to drivers being late or early.

In 2003, OTD completed 95 rider surveys. Rider surveys were completed in 10 of 16 regions. Completed surveys ranged from 6 to 35 in the regions where they were carried out. The overall assessment was positive from all respondents. Twelve problems were identified, most related to the timeliness of service or the 72-hour policy.

It is important to note certain features of the rider surveys. Only a small number are completed each year. Apparently a broker region is selected each month for rider surveys, although this is not done in all months. A small number of rider surveys are collected in the region being sampled. OTD appears not to have collected data from some of the service regions during the past two fiscal years, and conducted very few surveys overall (95 total in FY 03, 140 in FY 02). The small number of Rider Surveys conducted each year and the fact that they are not conducted in all regions limits their effectiveness. It is difficult to generalize to a larger population with a small sample, particularly if it is not representative. Omitted regions may have problems that are not being detected.

We were not provided the results of Rider Surveys from earlier years so we cannot speak to any trends in satisfaction levels or problems that might exist.

OTD also conducts telephone surveys of HSTD clients. The data from these surveys appear to yield little useful information. In FY02, OTD completed 83 telephone surveys out of 742 that were attempted. This is a very low response rate and a low number of surveys to use a basis for conclusions. In FY 2003, only 84 surveys were attempted; 17 were successful. These numbers are so low that little can be learned from the responses.

Only one region is surveyed per month. Telephone surveys were carried out in 8 of the 16 regions, so no surveys were conducted in four months. In addition, a very small number of clients are surveyed (only 40 for Region 9, 20 for Region 4, and 15 for region 8, for example). These facts are problematic in that they do not allow for service variability within regions over time. A given region would not be re-surveyed for sixteen months given a monthly rotation. In actual practice, it takes longer than that.

Without selecting a larger number of riders to survey, the representativeness of the sample cannot be known. Moreover, of 75 attempted calls in Regions 4, 8, and 9, only twelve responses were received. This suggests that call-backs were not used to ensure the collection of responses from the selected riders. In addition, in the table we were provided, the number of successful surveys apparently differs from the number of Medicaid and TANF totals, which added up to 110. Another part of the chart with the data indicates that the interviewers spoke to 119 clients or caregivers. Although the chart indicates 83 successful surveys, 113 respondents indicated that the vehicle was clean.

The survey instrument that is currently used to assess client satisfaction is limited in terms of its ability to pick up variations in satisfaction levels. It uses a pre-selected list of items to which respondents answer either yes or no. It would be quite useful to either modify or supplement these questions to identify variations in rider perceptions. This could be accomplished by asking a set of questions using a Likert-type scale that allows respondents to choose an answer from a list such as the following:

On the basis of your overall experience with the HSTDTP system, would you say that you are:

- a) very pleased with the service
- b) somewhat pleased with the service
- c) neutral
- d) somewhat displeased with the service
- e) very displeased with the service

It would be useful to tap into recipient concerns about current policies, such as the 72 hour rule. One of the most important things that could be done to improve the survey as an indicator of service quality would be to increase the size of the sample. A carefully designed sampling strategy should be used to sample a significantly larger number of clients.

Finally, we should note that OTD does not survey Medicaid recipients who are not using the HSTD system to find out whether they have a need for transportation but face barriers in obtaining it. There may in fact be no barriers and all potential users may be taking advantage of the system, but there is no evidence with respect to this.

Broker Opinions

We surveyed brokers, asking their opinions about the current operations of the system. We asked them, in particular

- How has the system changed, for better or for worse, since it was instituted?
- What components of the system are working well?
- What components of the system could be improved
- What problems, if any, have you experienced with the Office of Transportation Delivery? How important are those problems?

- What problems, if any, have you experienced with providers? How important are those problems?
- What problems, if any, do you experience working with clients? How important are those problems?
- What steps does your brokerage take to ensure provider quality?

In general, the brokers spoke very favorably of the system, identified few problems, and had few suggestions on how the system could be improved. The responses tended to be particular to the individual broker with few things being mentioned by more than one broker.

We asked how the system had changed for better or worse since it was instituted. The responses highlighted improved coordination, better transportation, better quality service, prompt payments to providers, increased ridership, reduced fraud, and better handling of transportation for individuals with disabilities. When asked what aspects of the system are working well, brokers said all aspects are working well. They highlighted gate-keeping, coordination, funding levels, cooperation, scheduling, provider payments, scheduling and the use of technology.

We also asked brokers what components of the system could be improved. They suggested a need for better policing of program rules (e.g., car in the family), a more timely eligibility determination system, more input from brokers when changes are made in the system, faster approval of Medicaid providers, the ability for brokers to be able to set rates with providers, and restricting clients to services in their home county/city. The brokers indicated that they have not been experiencing any problems with the Office of

Transportation Delivery, few problems with providers, and few problems with clients. Two brokers mentioned occasional problems with clients with respect to the 72-hour rule.

Legislative Research Commission Study

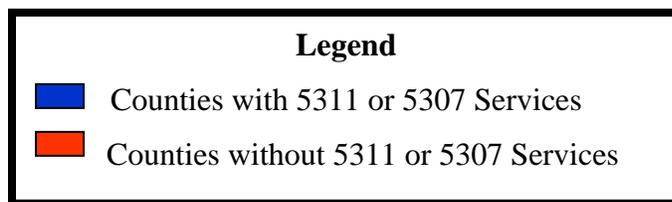
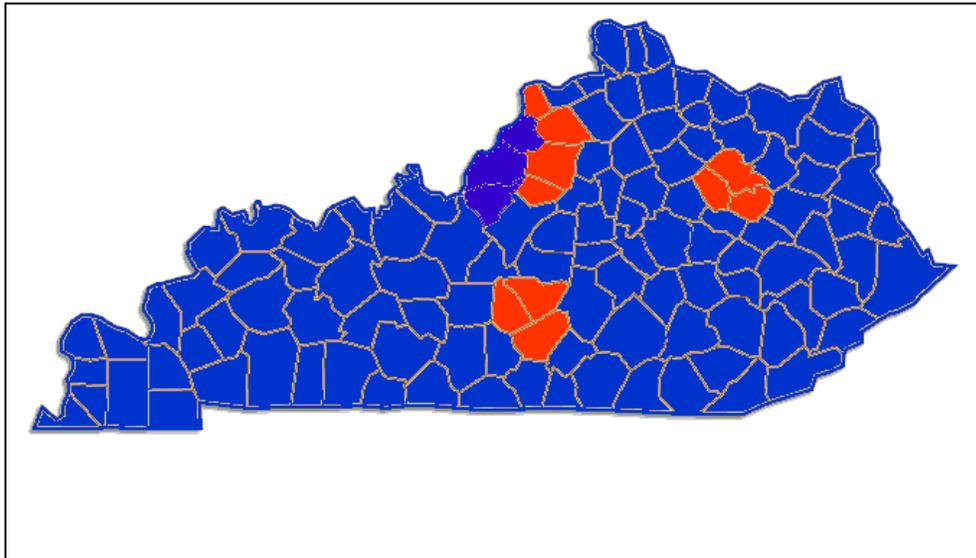
The Legislative Research Commission released a study of the Medicaid transportation system on December 17, 2003. That study is much more extensive than what we have done here. It is based on an extensive review of records, wide ranging interviews, and a survey of 7,500 Medicaid recipients. It offers a thorough analysis of costs, quality, coordination, utilization.

Availability of Transportation Services

A major reason for recommending steps to use community and faith-based organizations to supplement existing transportation services is to meet gaps in the transportation provided in the current system. Major components of the current transportation system are the public transit systems and the Medicaid transportation system. One way to determine the gaps is to look at the availability of public transportation services. Because the greatest perceived need is in rural areas, that receives the focus of our attention.

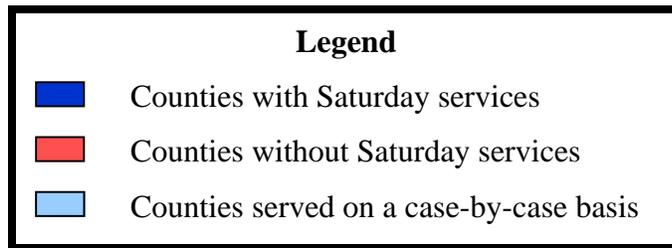
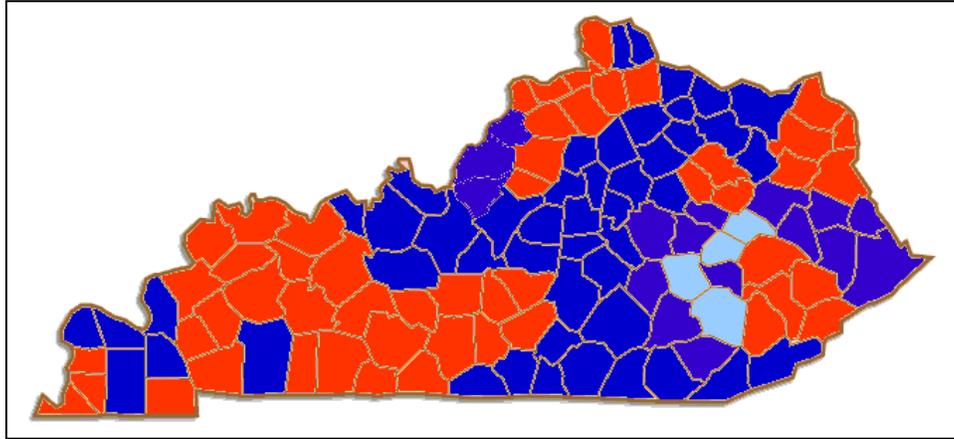
Using federal funds, Kentucky has made a strong effort to see that public transit is available in rural areas. Most areas of the state have at least some public transportation. There are, however, a number of counties that have no public transportation. Figure 5 portrays the availability of public transit. The ten counties without public transit are: Adair, Bath, Green, Taylor, Trimble, Henry, Shelby, Spencer, Montgomery, and Morgan.

Figure 5: Presence of Public Transportation Services



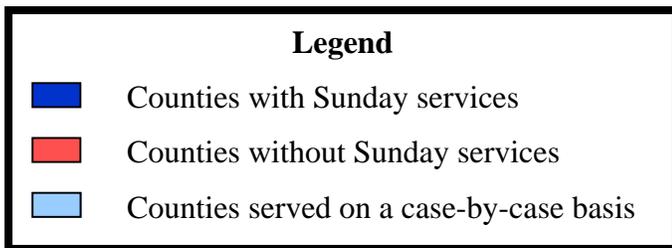
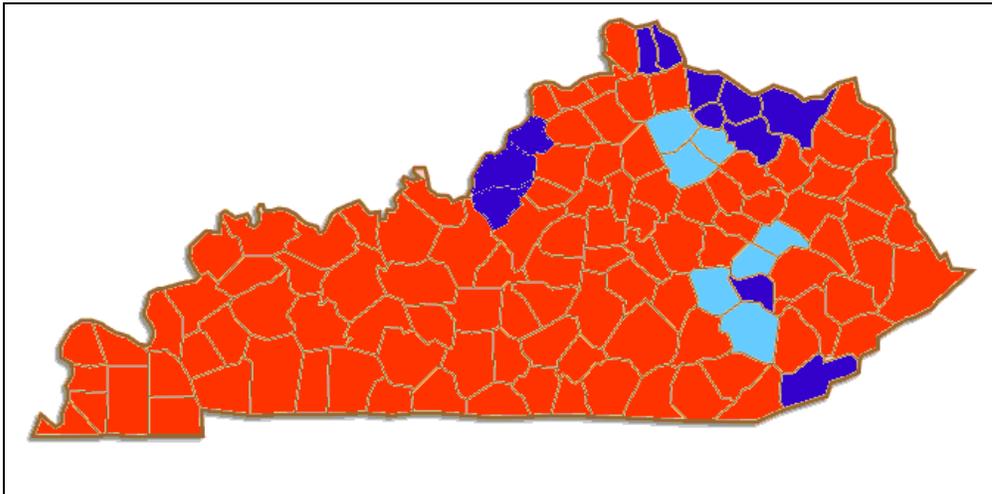
Although public transit service is relatively widely available, the hours of service are generally fixed and inflexible. Of approximately forty public transit providers in the Commonwealth, nineteen do not offer service after 6:00 p.m. in the evenings. As can be seen in Figure 6, there are 53 Kentucky Counties that do not have public transit services available at any time on Saturdays; many of those counties that are served are only offered half-day service.

Figure 6: Availability of Public Transit on Saturday



A tremendous gap, based on service provision data, is Sunday public transit service, which is not available in 104 Kentucky counties, as can be seen in Figure 7. Only fifteen counties have 24-hour service available, and four additional counties may make arrangements for 24-hour service on a case-by-case basis as revealed in telephone interviews with providers.

Figure 7. Availability of Public Transit on Sunday



One of the major challenges for rural transportation providers is to find a way to make services financially feasible. Long distances and low numbers of riders make for costly services. While federal subsidies and local funds help underwrite the cost of service, the riders themselves typically have to bear a portion of the cost. In rural areas, that can lead to expensive public transportation. Although we found an example of voluntary payments, fees in rural Kentucky range from fifty cents each way on fixed route city transit services and \$3 per round trip within a five mile radius for demand response trips, to \$1 per mile for demand response trips in the service area. Thus, for someone who needs to travel ten miles a day to a job, the cost of the roundtrips for a week of service might be \$100. Longer trips out of the service area can be much more

prohibitive. One example is \$18 plus \$1.25/mile beyond the county line for longer demand response trips. As such, a trip to Lexington from Southern Kentucky might cost a traveler as much as \$200 round trip, which makes such travel quite costly, about as much as it costs to fly from Lexington to Washington, D.C.

While senior centers and mental health facilities supplement transportation available through public transit and the brokered Medicaid system, there are clear gaps in service availability. For many individuals with disabilities, service is not available on certain days of the week and at certain times of the day. For many, the cost of service can be prohibitive. Although relatives and friends help fill the gap, this is where there is a potential role for community and faith-based organizations.

Surveys of 5311 public transit service providers also revealed significant gaps in service. Many providers acknowledged that the advance notice time requirement, coupled with office closure on weekends limits travel in many instances—even in those counties where weekend travel is available. If trips cannot be scheduled, they can't be taken. Common responses included lack of weekend, evening, and holiday service. Interestingly, most providers close for all state holidays—days when most businesses are open and operating—limiting access to transportation on those days. Another common response was in regard to the cost for services; many providers recognize that the cost limits access to transportation, but as businesses, they also recognize that they are unable to provide the services at lower fees. This need may be met in part by greater coordination among providers. In fact, general lack of coordination was cited as a gap in service by at least one 5311 provider.

Though costs are a concern, our survey included questions to probe transit providers for their thoughts on the best use of additional funds. Specifically, providers were asked how they would utilize a 20% budget increase in their operations. Many providers listed vehicle replacement, purchase of new vehicles, hiring of more drivers, and increasing driver salaries as the primary expenditures they would undertake. However, bus shelters, fare boxes, security cameras, and other items were also mentioned. The second most common item on the list was computerized scheduling and routing software. This product would enable greater trip grouping and cost savings if it were available at a reasonable cost. Unfortunately, many of the transit providers in question are very small, and do not have the economy of scale necessary to make such purchases. They report that the cost of these software packages is approximately \$100,000.

Central Coordination of Information

One of our proposals, labeled Central Coordination of Information, suggested that transportation for individuals with disabilities could be improved if there were in each area of the state an organization that could coordinate information about individuals needing transportation and individuals or organizations available to provide information. This coordinator would both share information and help link those who need rides with those who can provide them.

The Transportation Cabinet suggested that the five transportation area coordinators that the state funds provide central coordination of information. These area coordinators include Federated Transportation Services of the Bluegrass, Barren River Local Officials Organization, FIVCO Are Development District, Cumberland Valley

Area Development District, and Purchase Area Development District. These organizations are funded to

- Coordinate any public transportation in the area
- Assist agencies with writing grant applications, ranking needs for 5310 projects, vehicle and facility inspections, reports, training, vehicle specifications, planning, board meetings, and city MPO and Area Development meetings
- Assist consumers with finding specific providers and applications and paperwork
- Take on special projects when needed, such as newsletters, public transit directories, and surveys or other research.

An interview with Pam Shepherd of Federated Transportation Services of the Bluegrass suggests that much of the effort of area coordinators goes into grant applications, ranking 5310 projects, technical assistance to transportation providers, attending 5311 coordination meetings and public hearings, and other activities related to transportation services provided with public funding. The area coordinators do not appear to spend significant time or other resources linking individual consumers with specific providers.

The brokers for HSTDP engage in a significant amount of coordination, as do the 5311 transportation providers. The broker system for HSTDP was created in part to achieve greater efficiency through more effective coordination of transportation services. The coordination envisioned by the plan for HSTDP was supposed to be both at the individual consumer level and across agencies. A major part of the cross agency coordination was lost when transportation for Kentucky's welfare-to-work program was pulled from HSTDP. Despite that loss, HSTDP does coordinate non-emergency

transportation for the Medicaid program, transportation for the Supported Community Living (SCL) program, and transportation for Adult Day Care (ADC). The brokers link riders with transportation providers, coordinating the rides of multiple users to reduce costs. Some brokers coordinate that transportation service with 5311 public transit and contracted transportation for senior citizen centers and mental health, among others.

It is clear that the brokers are closer to the users and have more experience linking individual users with transportation providers than do the area coordinators, at least so long as we are talking about the area coordination role of those agencies. Some area coordinators are also brokers.

Other organizations also coordinate transportation. This is the case for a number of the states rural public transit agencies which may coordinate public transit, transportation for senior centers, and transportation for mental health programs.

Because the public transit agencies and brokers already have considerable experience coordinating rides with riders and are much closer to those in need of rides, they may be the logical choice to provide further coordination to link those in need of rides with those who can provide them. This would include linking individuals with disabilities with community-based organizations and faith-based organizations that are willing to help meet transportation needs. Brokers are particularly well suited to this kind of activity because they know who many of the individuals are who are likely to need transportation for activities other than health care.

Key questions here are the following:

1. Do the brokers or public transit agencies have the resources to provide additional coordination, including support for outreach to identify potential users and providers?
2. Are brokers and/or public transit agencies willing to link potential users and providers when that may create competition with the services already provided by the brokers/transit system operators?

How much can be accomplished through the use of community and faith-based organizations is unknown and can only be discovered through efforts to create viable systems. Some might question whether faith-based organizations will take on a service of this type that goes beyond their own congregation. The answer is yes, at least some will. There are examples of community and faith-based organizations around the country providing transportation for individuals with disabilities. An example in Kentucky is Chapel Hill United Methodist Church in Henderson. Chapel Hill has begun a transportation program for home health patients to meet a gap in services offered by Medicaid transportation in Henderson, Union, and Webster counties. Volunteer drivers transport families of home health care patients or the patients themselves to doctor's visits, grocery shopping, and other activities. Ten to fifteen volunteers are providing transportation for 15 home health patients each week.

Conclusion

As earlier reports in Kentucky and around the country have demonstrated, individuals with disabilities face a variety of barriers to meeting their transportation needs. The needs are particularly acute in rural areas. Kentucky's HSTD program has

significantly improved Medicaid transportation by increasing usage and making transportation more efficient. The available evidence from the Office of Transportation Development suggests few problems in the system, but that evidence is quite limited. Despite the improvements, the system lacks incentives to improve the quality of service. Annual reporting and more systematic evaluation could help. Performance based contracts could also lead to improvements.

Medicaid transportation is, of course, only one of the transportation needs of individuals with disabilities. Those individuals have many other needs, including medical care not covered by Medicaid, work, shopping, civic engagement, and pleasure. There are many gaps in the transportation available to meet those needs. In the absence of greatly expanded funding for public transportation or for special transportation services for individuals with disabilities, alternative approaches are required. Community and faith based organizations have the potential to fill part of the gap. Coordination of the efforts of community and faith based organizations, volunteers, and individuals needing transportation would enhance the effectiveness of initiatives in these areas.