

# REGIONAL COORDINATION OF SPECIALIZED TRANSPORTATION STUDY

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## Final Report



*Prepared for*



National Capital  
Region Transportation  
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# **Executive Summary:**

## **Regional Coordination of Specialized Transportation Study**

### **STUDY BACKGROUND AND OBJECTIVES**

The demand for specialized transportation in the Washington, D.C. region has grown dramatically in recent years. Between 2003 and 2010, the number of trips provided grew from an estimated 4.1 million to 6.0 million, an increase of 44%. Demand for specialized transportation will continue to grow as the region's population expands. Providers of specialized transportation include: MetroAccess, the region's Americans with Disabilities Act (ADA) public paratransit service for those unable to use accessible bus and rail service; Medicaid transportation for eligible individuals to access medical appointments; and the region's human service agencies and local jurisdictions including the Suburban Maryland counties, the Northern Virginia counties and cities, and the District.

MetroAccess has shouldered the largest role among the region's providers in meeting the increased demand, given the federal mandate that ADA paratransit can have no "capacity constraints", and it cannot deny trips to eligible riders. In FY2003, MetroAccess provided 973,000 trips. In FY2010, MetroAccess provided 2.38 million trips, an increase of 145%, far larger than the region's overall growth of 44% for the same time period. This explosive growth has been driven by the transfer of riders with disabilities and their trips from transportation programs operated by human service agencies to MetroAccess. In response to financial constraints, human service agencies have reduced their specialized transportation programs to preserve funding for their core services. Ironically, these human service transportation programs can operate at a substantially lower cost (as much as 50% lower) than MetroAccess, which must adhere to the administrative requirements and service standards required by the ADA.

While providing the increased numbers of trips for human service agencies, MetroAccess is often unable to meet their needs, given that the needs of agency clients are often more specialized than can be provided by MetroAccess. A public ADA paratransit system is intended to be a safety net for those who cannot be served by fixed route service. It is essentially a small transit bus that goes to the homes and destinations of riders with disabilities who are unable to get to the bus stop, train station, or use those fixed route services. MetroAccess does not provide

customized attendant service on its vehicles or escort service into buildings, nor can it accommodate individualized transportation plans that are often found in human services transportation.

The unintended result of the increased use of ADA paratransit for this broad rider base has been that the region's specialized transportation costs have increased significantly, and individuals with disabilities, due to financial constraints placed on human service agencies, are not receiving service designed to meet their individual needs. While there are many needs for specialized transportation and various funding resources, many of the specialized needs have moved to ADA paratransit, which contributes to placing MetroAccess on an unsustainable growth curve. The costs for MetroAccess are significant: Maryland's subsidy for MetroAccess in FY2013 is greater than the State's subsidy for Metrorail. A more coordinated/collaborative arrangement among the region's policy makers could have some of these other funding sources for specialized transportation contributing or paying for some of the specialized needs.

To address these issues, the Maryland Department of Transportation (MDOT), the Washington Metropolitan Area Transit Authority (WMATA), and the National Capital Region Transportation Planning Board (TPB) sponsored this study with the primary objective of developing an action plan for an alternative specialized transportation service model for suburban Maryland that would use resources more cost effectively while better meeting the transportation needs of agencies and their clients. The information and recommendations in this report, however, are applicable to meeting these same objectives in the District of Columbia and Virginia. Essential to the development of an effective and actionable plan is input from the human service agencies whose clients require specialized transportation. That essential information has been obtained through comprehensive interviews with human service agencies and through participation by the Maryland State Coordinating Committee on Human Services Transportation and the TPB Human Service Transportation Coordination Task Force.

## **MAJOR TASKS**

The study has involved three major tasks including:

- A review of specialized transportation services in the region and assessment of funding for those services, including interviews with selected human service agencies;
- Research on existing human service agency transportation coordination and alternative service delivery models and assessment of their applicability for Suburban Maryland; and



- Development of preferred options and an action plan to pursue coordination and alternative service delivery in Suburban Maryland.

A Project Management Team, composed of staff of the three sponsors of the study – MDOT, WMATA, and TPB—participated actively throughout the study and task efforts.

## **SPECIALIZED TRANSPORTATION SERVICES AND FUNDING**

Data and information on specialized transportation services were reviewed, revealing a wide range of specialized services in the region. In addition to MetroAccess and Medicaid transportation that are available in all the region’s jurisdictions, the review showed that the jurisdictions have various human service agency transportation programs and differing levels of locally funded specialized transportation.

Funding for specialized transportation was then assessed, examining in particular differences between Suburban Maryland and Northern Virginia. MetroAccess ridership patterns show a disparity in use between the two areas, with Maryland’s Montgomery and Prince George’s Counties accounting for 60% of MetroAccess ridership, while the Northern Virginia jurisdictions, including the counties of Arlington and Fairfax and the cities of Alexandria, Fairfax and Falls Church, account for just 15% of the ridership. The District of Columbia contributes the remaining 25% of total MetroAccess ridership.

The funding assessment found that the Virginia jurisdictions are responsible for funding most of the costs for MetroAccess. The Commonwealth of Virginia contributes, but MetroAccess is funded predominately with local funds. This is not the case in Maryland. The two Maryland jurisdictions contribute no local funds; the State of Maryland funds the entire cost of MetroAccess. With the high cost of MetroAccess, the Northern Virginia jurisdictions have developed local county-based programs that serve as more cost-effective alternatives to MetroAccess, including Alexandria’s DOT-Paratransit and Arlington County’s STAR. Fairfax County’s Fastran, a coordinated program serving human service agency transportation, was implemented before the ADA, but serves many trips that would otherwise go to MetroAccess.

## **INTERVIEWS WITH HUMAN SERVICE AGENCIES**

Interviews were conducted with selected human service agencies, chosen by the Project Management Team, with a focus on those serving clients with developmental disabilities in Suburban Maryland. Several themes emerged from the interviews:

- **Cost is an issue**, as none of the agencies are reimbursed for the full cost of providing or purchasing transportation. The agencies must then take funding from other program needs to pay for client transportation, whether provided in-house or purchased from MetroAccess. Transportation expenses take funding from the true mission of the human service agency.
- The agencies reported **issues with current MetroAccess service**, including, for example: observed scheduling inefficiencies; clients who may be dropped off too early at scheduled destinations; and lack of flexibility (e.g., no-same day service).
- Several agencies believe that with improvements to suburban fixed route service, including routes and schedules, and supplemented by travel training, **some specialized transportation trips could be diverted to fixed route** from ADA paratransit.
- Agencies that work with individuals with developmental disabilities **value independence and de-segregation** for their clients. They perceive MetroAccess as more integrated than an agency-specific service. At the same time, their clients need some level of specialized service, and the agencies are frustrated when MetroAccess does not always meet their clients' specialized needs. However, ADA paratransit is *public transportation* – serving as a safety net to fixed route service – and as such, cannot tailor its services to the needs of specific agencies and specific clients.
- It was also reported that the longer-term future of the developmental disability field is moving toward more community-based employment, with less reliance on transporting clients to a central agency location. This means the **trip patterns will change from many-to-one to many-to-many**, as the trend unfolds.

## MODELS OF HUMAN SERVICE AGENCY COORDINATION AND ALTERNATIVE SERVICE DELIVERY

Eight models or options of human service agency coordination and alternative service delivery to ADA paratransit were identified, with examples of their operation profiled. These include examples of three models in our region, with the other examples in California, Florida, and Washington State. The models were also assessed as to their possible applicability for Suburban Maryland. The models include:

- 1) A transportation brokerage: this model involves a call center function that handles trip reservations and scheduling, with transportation provided by non-dedicated contracted providers typically paid on a per trip basis, or other arrangement. The Medicaid brokerage operating in D. C. is the example described.
- 2) Fully coordinated/consolidated human service transportation: with this model,

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a centralized transportation program serves the trip needs of participating human service agencies that have given control of their transportation to the centralized program. FASTRAN in Fairfax County is the example of this model.

- 3) A local paratransit alternative to regional ADA paratransit service: this model involves a locally-based and locally-funded specialized transportation program serving many of the needs of the locality's ADA paratransit-eligible residents. This model is designed to provide a more cost-effective alternative to regional ADA paratransit service. STAR in Arlington County is the example profiled for this model.
- 4) Contracted routes serving multiple human service agencies: this model involves scheduled fixed-route service, designed to pick-up clients within geographic clusters traveling to human service agency locations. The model provides service much like school bus transportation. An important element of success is a linear geography of pick-up/drop-off locations, so that fixed-route/fixed-schedule service is effective. The example described is operated by SCAT in Brevard County, Florida.
- 5) Vanpool program for human service agencies: with this model, the public transit agency purchases vans, which are then leased to a vanpool company, which in turn subleases the vans to participating human service agencies. Those agencies pay a monthly lease fee and provide a van driver and fuel; the transit agency handles maintenance and vehicle insurance. An example of this model is operated by SCAT in Brevard County, Florida.
- 6) Partnership agreements with human service agencies: this model involves the provision of resources to human service agencies so they can provide their own agency-specific transportation. Resources can include vehicles, maintenance, insurance, fuel, operating support, and driver training. Several examples are profiled, including projects in California and Washington State.
- 7) Funding subsidy to a human service agency: this model is a variation of the partnership model, but instead of providing resources such as vehicles and fuel to human service agencies, the transit agency provides a direct funding subsidy. An example from Southern California is provided.
- 8) Feeder service to/from fixed route system: with this model, feeder service is provided to agency clients to facilitate their use of fixed route bus or rail and was suggested during the interview phase of the study. Several examples of feeder service are identified.

Discussions with the Project Management Team selected four models for further assessment. After additional study efforts and discussions, a hybrid model was selected. This combination model, based on study discussions, includes the partnership/subsidy model and transportation brokerage model and is designed to be flexible, with the ability to tailor alternative transportation services depending on the needs of human service agencies in Suburban Maryland. It was termed a *coordination umbrella* model through Project Management Team discussions, and it serves as a management structure to pursue human service transportation coordination and alternative service delivery options.

## **COORDINATED ALTERNATIVE PARATRANSIT SERVICE PILOT**

In parallel to this study, an initiative of MDOT and WMATA has been evolving – the Coordinated Alternative Paratransit Service (CAPS) pilot. This pilot plans to provide grant funding to a human service agency in Suburban Maryland so the agency can provide transportation through a contractor for clients who would otherwise use MetroAccess. The CAPS pilot is an example of the partnership/grant subsidy model, included as one of several model options under the study’s preferred coordination umbrella model. Decisions made in planning the CAPS pilot have informed this study’s efforts.

## **PREFERRED MODEL FOR HUMAN SERVICE TRANSPORTATION COORDINATION IN SUBURBAN MARYLAND**

Based on study efforts, the preferred model is a coordination umbrella model that serves as a management structure for the CAPS pilot and for additional alternative service delivery pilots to implement in partnership with human service agencies in Suburban Maryland. Key to the model is the availability of grant funds from Maryland to human service agencies so that the agencies can fund alternative as well as more appropriate and effective transportation service for their clients than currently provided by MetroAccess. Importantly, the alternative transportation service must show cost-savings over MetroAccess. With the high costs for MetroAccess service, more cost-effective transportation service through human service agencies is feasible.

This model or management structure for coordination recognizes that the public transit agency cannot serve all specialized transportation needs within the region, given that many of such needs are more specialized than ADA paratransit can serve, and that the community-based human service agencies may be better suited to transport their clients with the proper resources. In this way, the public transit agency (and its funding

partners) and local agencies share, in a coordinated manner, the responsibility for serving specialized transportation needs in the community.

Development and implementation of the management structure for pursuing coordination and alternative service delivery will require policy decisions regarding funding levels and requirements for human service agency participation, among others. Since the funds used for the current MetroAccess trips in Suburban Maryland are State of Maryland funds, it is assumed that policy oversight will be the responsibility of a Maryland State agency. Implementation of coordination and alternative service delivery efforts will also require decisions as to responsibility for day-to-day management and administration of the efforts and activities.

The functions under the management structure are the mechanisms with which to pursue and implement coordination and alternative service delivery options. Building on the information provided by Maryland on the CAPS pilot and on the study efforts, the functions include:

- Grant Administration,
- Operational Support,
- Planning and Development of Tailored Services,
- Potential Transportation Brokerage Services,
- Other Services and Functions,
- Monitoring and Evaluation.

## **POSSIBLE ALTERNATIVE SERVICE DELIVERY PILOT PROJECTS**

In addition to the CAPS pilot, other potential alternative service delivery pilots could be pursued under the coordination umbrella model. From information gathered during the study's interviews with human service agencies and follow-up meetings and discussions with selected agencies, possible options include:

- A grant agreement to increase in-house agency transportation service.
- Feeder service to/from fixed route service to facilitate fixed route use by selected human service agency clients.
- An operating grant for contracted service to supplement in-house transportation service.
- Transportation brokerage service.

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## Grant Agreement to Increase In-House Agency Transportation Service

In Prince George's County, the ARC of Prince George's is potentially interested in trying a pilot project whereby the agency would expand its own transportation service to include its Largo site, one of the agency's four sites. This site is expected to grow to 80 clients in the fall of 2013, from the current 65. Of the current 65 clients, 50 are transported to the site via MetroAccess.

In order to participate in a pilot and add the trips now provided by MetroAccess plus trips of the expected additional clients, the ARC would need 12 more vehicles. These could be leased, but the agency needs some provision to protect itself should the pilot be discontinued prior to the vehicle lease term. Other options include a grant agreement term that matches the lease term, a lease term shorter than the typical five years, use of retired MetroAccess vehicles, vehicle acquisition through the Federal Enhanced Mobility/Section 5310 program, or some other option to provide the needed vehicles.

Compared to the costs to provide the number of trips through MetroAccess of somewhat over \$2.0 M annually, this potential pilot is estimated to cost \$1.05 M with a five-year vehicle lease, which is almost 50% less than the MetroAccess cost, and \$1.13 M with a three-year lease, 44% less than the MetroAccess cost.

## Feeder Service To/From Fixed Route Service to Facilitate Fixed Route Use by Selected Human Service Agency Clients

The concept of improved feeder service between Metrorail and human service agencies was suggested by one of the agencies interviewed for the study, Melwood. Two additional agencies, Ardmore Enterprises and New Horizons, indicated that additional travel training could help certain of their clients use fixed route transit services. A possible pilot would involve feeder service coupled with travel training to selected human service agencies in Prince George's County.

An analysis was conducted of the current public transit service availability to four human service day program sites in Prince George's County, including Ardmore Enterprises, the ARC of Prince George's County, Melwood, and New Horizons. The analysis looked at routing, service frequencies, and ride times to the agency locations from the nearby Metrorail stations. Three of the four sites are already served by public transit routes that connect the sites to Metrorail. Ardmore Enterprises is the only one without a public transit connection to Metrorail.

Potential improvements that could be implemented to increase the use of fixed route services to these agencies were then developed, including, among others, extending a route provided by Prince George's County *The Bus* to serve Ardmore, a

potential additional route to Melwood from the Branch Avenue Metrorail Station (current feeder service is available from the Addison Road Metrorail Station), travel training to support agency client use of the feeder service and Metrorail, and potentially an aide on the feeder service for additional support.

Costs for the service improvements were estimated, using operating cost figures for *The Bus*. The estimates show that cost savings could be achieved by diverting five clients (ten trips per day, at \$50 per trip, 250 days per year) to fixed route services by extending limited peak hour service to Ardmore; and/or six clients (ten trips per day, \$50 per trip, 250 days per year) by adding a peak hour route to the Branch Avenue Metrorail Station for Melwood. Any level of trip diversion for the ARC or New Horizons would result in savings as no new public transit services would be needed for those sites.

### **Grant Agreement For Contracted Service**

The availability of grant funding to contract out client transportation now provided by MetroAccess may be attractive to certain human service agencies. A preliminary discussion was held with the ARC Montgomery County about the possibility of an operating grant for a contractor to serve some or all of the agency's client trips now provided by MetroAccess. The agency is trying to downsize its current transportation program, but there could be benefits to the agency that are gained with a contracted service, including a consistent driver, a more precise on-time window for pick-ups and drop-offs, vehicle routing that serves only the agency clients, and direct contact with the transportation provider particularly when issues arise, rather than going through a large call center such as used for MetroAccess.

### **Transportation Brokerage**

The transportation brokerage model was one preferred among several by the Project Management Team, and follow-up was conducted to explore the option of building on the existing D.C. Medicaid brokerage to provide trips for a human service agency in Suburban Maryland. This would be a feasible way to test the concept of a transportation brokerage, assuming interest and participation from a human service agency in Suburban Maryland.

According to discussions with the current broker, a feasible pilot would need 100 one-way trips per day. Preliminary estimated costs are \$25 per ambulatory trip and \$35 per wheelchair trip. Transportation service would be coordinated through the broker's existing call center in the District, and provided through its network of non-dedicated local transportation companies.

The possibility of a pilot using the existing D.C. Medicaid brokerage was raised with one of the human service agencies interviewed – the ARC of Prince George's

County, transferring current MetroAccess trips of 60 clients from one of the agency's sites to the current D.C. broker. A cost analysis estimated such a pilot would cost about \$0.8 M annually compared to the MetroAccess cost of about \$1.5 M, saving about \$0.7 M annually. While the agency indicated possible interest in such a service alternative to MetroAccess, the pilot option to expand the agency's in-house transportation service was favored by the agency.

## **Implementation and Timeline**

Suggested steps to implement the selected coordination umbrella model and activities to pursue, including possible operating pilots, as well as a timeline are outlined. Actual timing and sequencing of the steps and potential pilots beyond the CAPS pilot will depend on the available staffing and financial resources as well as results and experience with the CAPS pilot. The timeline outlines three year, after which assessment can be made as to continuation of efforts.

The timeline specifically includes two of the potential operating pilots discussed above – a grant agreement for an agency's in-house transportation service for the ARC of Prince George's County and feeder service to/from fixed route for selected human service agencies in Prince George's County which are considered the more feasible possible pilots at this time.



# **Chapter 1:**

## **Review of Specialized Transportation Services and Funding Arrangements**

### **INTRODUCTION**

Chapter 1 documents the efforts of the study's Task 1, which has included three efforts:

- Review existing information on specialized transportation including trip characteristics, types of riders served, and costs by jurisdiction in the WMATA compact region. The study also asked for a review of existing information on customer satisfaction. Where such data are available, these are reviewed as well.
- Compare, contrast, and analyze how the WMATA compact jurisdictions in Suburban Maryland, Northern Virginia, and the District of Columbia (D.C.) provide and fund the Americans with Disabilities Act (ADA) paratransit and specialized transportation services for people with disabilities.
- Interview stakeholders involved with specialized transportation in the region, focusing on those involved with non-profit human service agency transportation, particularly those in Montgomery and Prince George's Counties, Maryland.

### **REVIEW EXISTING INFORMATION ON SPECIALIZED TRANSPORTATION**

Information on specialized transportation in the region is summarized in a lengthy table provided in Appendix A to this report. Information in this table builds on existing data collected in 2011 for a study for WMATA on specialized transportation, information readily available from agencies' websites, and is supplemented with information obtained in the interviews with selected human service agencies conducted as part of this study.

The agencies in table with 2010 data are those agencies included in KFH Group's 2011 specialized transportation study conducted for WMATA, titled *Regional Task Force for Specialized Transportation*. The organizations and agencies included in that data collection are based on prior work done for WMATA in 2003/2004 and follow-up data collection done by WMATA staff in 2008. With an objective of tracking ridership and cost data from 2003 to 2008 to 2010, the 2011 study focused on the organizations/agencies identified by WMATA in 2008.

The table also includes human service and specialized transportation provider agencies that have been identified for inclusion for this current effort, some of which were part of earlier study efforts.

## **ANALYZE FUNDING OF METROACCESS AND OTHER SPECIALIZED TRANSPORTATION BY WMATA COMPACT JURISDICTIONS**

Specialized transportation in the Washington, D.C. region includes MetroAccess, which is the region's ADA complementary paratransit serving D.C., Suburban Maryland and Northern Virginia, and various transportation services provided by the local jurisdictions and by human service agencies.

ADA paratransit service, mandated by the federal ADA, is provided to people with disabilities who are unable to independently use fixed route transit (bus and rail) due to their disability. The law mandates that ADA paratransit be provided within 3/4-mile corridors of fixed route service and during the same days and hours of fixed route service. MetroAccess, provided by WMATA, is the largest specialized transportation service in the region, providing almost 7,000 passenger trips each weekday in FY 2012. MetroAccess passenger trips totaled 2.1 M in FY 2012, at an operating cost of \$104.2 M.

Specialized transportation has evolved in different ways among the WMATA compact jurisdictions, with the Northern Virginia jurisdictions developing local specialized transportation programs as specific alternatives to ADA paratransit. The result of these local programs is significantly less MetroAccess ridership in the Northern Virginia jurisdictions. According to FY 2011 data, just 15% of all MetroAccess trips were taken by riders in Northern Virginia, while 60% were taken by riders in Suburban Maryland, and 25% by riders in D.C. Population data would suggest that the ridership proportions from Northern Virginia and Suburban Maryland would be less disparate, given 2010 Census data that show that total population for Montgomery and Prince George's Counties is 1.8 M and total population for the Northern Virginia compact jurisdictions is 1.5 M.

Given the differences in MetroAccess ridership particularly between the Maryland and Virginia jurisdictions, the study requested an analysis of specialized transportation funding by the WMATA compact jurisdictions.

## **District of Columbia**

D.C. funds its share of WMATA services, including bus, rail, and MetroAccess, with general fund revenues.

According to previous studies, there are a number of specialized transportation programs in D.C. sponsored by the District. A primary one is WEHTS (Washington Elderly and Handicapped Transportation Service), which is funded through the DC Office on Aging. WEHTS serves older adults living in D.C., age 60 and above, with a van-based program. WEHTS provides trips for medical appointments, grocery shopping and other life-sustaining purposes on an advance reservation basis. Eligible seniors contact a designated senior agency in their ward to schedule trips, which are then coordinated with the WEHTS central office. Costs for the program in FY 2010 were reported at \$1.1 M, with 67,000 trips provided.

WEHTS also administers a taxi-subsidy program, known as Call 'n Ride, allowing senior residents to use same-day taxi service with discounted taxi coupons. The taxi-based program is open to all seniors in D.C. The cost of coupons is based on a sliding fee scale according to income. Starting in 2010, D.C. has a very limited number of accessible taxis, so that seniors using mobility devices who cannot transfer to a sedan taxi can use the Call 'n Ride program. Funding for this program comes from the D.C. Office of Aging and rider fees.

Medicaid transportation is provided to Medicaid-eligible District residents, with eligibility provided to those who are low income and disabled.<sup>1</sup> D.C. contracts with a private company to serve as a broker for the Medicaid program. Costs for the program are shared between the District and the federal government. According to data collected for this study, the annual cost for the program is \$24 M, funded jointly by the federal government and D.C. (More information on the D.C. Medicaid brokerage is provided later in this report.)

## **Maryland**

The State of Maryland funds the Maryland share of Metrobus, Metrorail, and MetroAccess service with state funds from its Transportation Trust Fund. This means

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<sup>1</sup> Medicaid eligibility is being expanded through the recent Affordable Care Act;  
<http://healthreform.dc.gov/DC/Health+Reform/Insurance+Coverage+Options/Current+Insurance+Options/Medicaid/Medicaid+Eligibility>

that all funding for MetroAccess service, including operating and capital costs, for both Montgomery and Prince George's Counties, is funded entirely by the State. The funding requirements for MetroAccess are significant: for FY 2013, the State's subsidy for MetroAccess is greater than the State's subsidy for Metrorail – \$64.8 M compared to \$61.8 M.

### ***Montgomery County***

There are a number of specialized transportation programs in Montgomery County. Those sponsored and funded by the county include the Call 'n Ride program and the Senior Transportation Program.

Call -n- Ride is a subsidized taxi program, available to low income County residents who are age 67 and older and age 16 and older with a disability. The county has accessible taxis so Call -n- Ride is available to those who use mobility devices. In FY 2010, the cost to Montgomery County for the taxi-based program was \$4 M, with 201,172 trips provided.

The County also provides transportation for older adults, age 55 and above, to access senior centers and certain senior neighborhood sites. Transportation is also provided from selected low-income senior apartment complexes to grocery stores. Costs in FY 2010 were \$730,000, with 30,000 trips provided.

Medicaid transportation, funded jointly by the federal government and State of Maryland, is available to Medicaid-eligible county residents for medically necessary trips and who have no other means of transportation. Transportation is managed by the County through its Department of Transportation, with various contractors providing transportation, including taxis. Costs for 2010 were reported at \$2.4 M, with 119,726 trips provided.

### ***Prince George's County***

The Prince George's County-provided transportation programs include Call-A-Bus and Senior Transportation Services (STS). Call-A-Bus is operated by the County, providing advance reservation service to County residents, with priority to older adults and individuals with disabilities. STS is also operated by the County, with service to older adults and individuals with disabilities, providing advanced-reservation group service to nutrition sites, senior centers and other locations. In FY 2010, costs for these two specialized transportation programs were \$2.5 M; Call-A-Bus provided 36,603 trips and STS provided 139,842 trips.

The County also sponsors a subsidized taxi program, called Call-A-Cab, for residents who are age 60 and above and/or disabled. This program provides same-day, on-demand transportation, with limited accessible taxi service available.

Funding for the County programs comes from local County funds and, for Call-A-Bus, additional funds are provided through the Federal 5311 grant program, which provides support for general public transit services in non-urbanized areas.

Medicaid transportation (funded by the Federal government and State) is available to Medicaid-eligible residents of the County. Transportation is managed by the Prince George's County Health Department. Costs were reported at \$2.8 M in 2010, with 112,922 trips provided.

## Virginia

The major Northern Virginia jurisdictions that belong to the WMATA compact include Fairfax County, Arlington County, and City of Alexandria.

### *City of Alexandria*

Alexandria uses City General Funds and proceeds from the sale of bonds to fund its share of Metrobus, Metrorail, and MetroAccess service. For MetroAccess operating costs, the City uses its General Funds. For MetroAccess capital, both General Funds and proceeds from bond sales are used. Alexandria's subsidy for MetroAccess service in FY 2012 was \$1,022,712.

The major specialized transportation program provided by Alexandria is known as DOT-Paratransit. This program is a complementary paratransit program for City of Alexandria residents unable to use the City's fixed route system (DASH), serving Alexandria, the City of Falls Church, Arlington County, Fairfax County and Fairfax City. Riders must be certified as eligible, with ADA paratransit criteria used to determine eligibility. DOT-Paratransit does not serve all the required  $\frac{3}{4}$  mile corridors of Metrorail and Metrobus service, so that ADA eligible riders look to MetroAccess to travel beyond the DOT-Paratransit service area into D.C. and WMATA's suburban Maryland service area.

Costs for DOT-Paratransit for 2010 were reported at \$1.4 M, with a cost per trip at \$22.80, less than the 2010 cost for a MetroAccess trip at \$41.29.<sup>2</sup> With the cost differential of about \$18 per trip, it is more cost-effective for Alexandria for its ADA-eligible riders to use the locally provided DOT-Paratransit service than MetroAccess when DOT-Paratransit can meet their trip needs.

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<sup>2</sup>NTD Program data, Report Year 2010.

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### *Arlington County*

Arlington County uses a combination of County General Funds, state transit aid funds from Virginia and proceeds from the sale of county bonds to pay for its share of WMATA services. For its payment to WMATA for its share of service operations, the County uses a mix of General Funds and state transit aid funds to pay for Metrobus, Metrorail, and MetroAccess services. For its payment for its capital share, the County uses a mix of proceeds from the sale of County bonds and state transit aid funds to pay for WMATA's three modes.

According to the County, its payment for WMATA services – all modes – comes predominantly from local County funds. The amount of transit aid funds from the Commonwealth fluctuates significantly, which then means that the amount and proportion of state funds in the payment to WMATA also fluctuate.

The major specialized transportation service in Arlington County is STAR (Specialized Transit for Arlington Residents). STAR is a shared-ride, paratransit service that provides transportation comparable to Arlington's fixed route service (ART) as well as to Metrobus and Metrorail. According to the STAR Rider's Guide, "STAR is Arlington's alternative to using MetroAccess."

Based on cost data from 2010, the cost per trip on STAR is almost 30% less than a MetroAccess trip. Data from 2012 show that a STAR trip is about 34% less than a MetroAccess trip. With the cost difference, it is more cost-effective for Arlington County for its ADA-eligible riders to use the locally provided STAR service than MetroAccess. It must be noted; however, that STAR does not meet all ADA requirements for Arlington residents. For example, riders who want to book trips to and from Maryland are told they should request trips "well in advance of the trip." ADA requires one-day in advance reservations at a minimum: "well in advance" does not meet this mandate. Moreover, the Rider's Guide informs riders that if a ride is needed that STAR cannot accommodate, they are to call MetroAccess. A fully compliant ADA paratransit service must meet all demand for eligible trips for eligible riders. The greater cost for MetroAccess results, in part, from its much larger service area and its full compliance with all ADA regulations.

### *Fairfax County*

On a quarterly basis, Fairfax County pays for its share of WMATA service, including Metrorail, Metrobus, and MetroAccess, with one payment that covers costs for capital and operating expenses. Funds for Fairfax County's payment to WMATA come from a combination of County General Funds, state funds from the Commonwealth of Virginia, and proceeds from the sale of County bonds. For FY 2013, the MetroAccess subsidy for Fairfax County is \$12.4 M.

The major locally-provided specialized transportation provider in Fairfax County is Fastran, which is a coordinated system serving exclusively clients of human service agencies. With its focus on human service agency client transportation, Fastran is unlike the other large specialized transportation programs in Northern Virginia that are provided by the jurisdictions, STAR and DOT Paratransit, which are provided specifically as a complement to fixed route service for riders unable to use fixed route due to disability. Costs for Fastran for 2010 were reported at \$6.7 M, with 382,439 trips provided. Based on data collected for this study, FY 2012 costs are reported at \$7.2 M, and 346,865 trips provided. (More information on Fastran is provided later in this report.)

### **Northern Virginia Medicaid Transportation**

Medicaid transportation is managed by the Virginia Department of Medical Assistance Services (DMAS) and operated by a broker, Logisticare. Costs for Medicaid transportation for the Northern Virginia jurisdictions in 2010 were \$10 M, with 633,050 trips provided. Similarly to D.C. and Maryland, Medicaid transportation is funded jointly by the Federal government and the Commonwealth.

### **Summary**

Funding for specialized transportation in the region comes from the Federal, state and local levels. Medicaid transportation, available to those who are Medicaid-eligible with trips provided for eligible medical trips, is provided in each jurisdiction, with costs shared between the Federal and state governments. MetroAccess service is also available in each jurisdiction, and each jurisdiction additionally provides locally-funded specialized transportation.

However, there is a significant distinction among the jurisdictions regarding the funding arrangements for MetroAccess, particularly between the Virginia and Maryland jurisdictions, which in turn has affected the development of locally-provided specialized transportation. In Virginia, the jurisdictions are responsible for funding most of the costs for MetroAccess. The Commonwealth does contribute to MetroAccess funding (as well as to Metrobus and Metrorail), but MetroAccess is funded predominately with local funds. This is not the case in Maryland. The two Maryland jurisdictions in the WMATA compact, Montgomery County and Prince George's County, contribute no local funds for MetroAccess; the State of Maryland funds the entire cost of MetroAccess.

With the high cost of MetroAccess, the Northern Virginia jurisdictions have developed local county-based programs that serve as more cost-effective alternatives to MetroAccess. In particular, this is the genesis of Alexandria's DOT-Paratransit and

Arlington County's STAR. In both these jurisdictions, the locally-funded specialized transportation has been designed to serve ADA paratransit riders. Arlington County's STAR program, for example, is actively marketed as "an alternative" to MetroAccess. In Fairfax County, the Fastran program began before the ADA and so it was not designed as an ADA paratransit alternative. It is, however, the largest single provider of specialized transportation in the metro region after MetroAccess and Medicaid transportation, and serves exclusively human service agency clients, many of who either are or would be ADA eligible and would likely be MetroAccess riders if Fastran did not exist. Fastran thus serves the transportation needs of many of Fairfax County's human service agencies. It is these agencies that are among the significant demand generators of MetroAccess in Montgomery and Prince George's Counties.

It should be pointed out that the cost difference between MetroAccess and the county-based programs results in part because MetroAccess is a fully-compliant ADA paratransit service, complementing fixed route service throughout WMATA's 1,500 square-mile service area, including all routes and all operating hours, and providing a comprehensive eligibility certification center. STAR and DOT-Paratransit, on the other hand, do not meet all ADA paratransit requirements.

But given their role as providers of local ADA paratransit services or coordinated human service transportation, the Virginia jurisdictions are serving many trips that otherwise would go to MetroAccess, which has a significantly higher per trip cost. Since the Virginia jurisdictions are primarily responsible for funding MetroAccess service, this is a cost-effective approach. Moreover, experience as well as survey reports show that riders tend to prefer their local programs over the regional service.

## INTERVIEWS

The study included interviews with selected agencies involved with specialized transportation in the metropolitan region, with an objective of assessing the agency clients' transportation needs and issues, current transportation arrangements, and potential opportunities for alternative service delivery options.

The study's Project Management Team, composed of staff of the three agencies sponsoring the study – WMATA, MDOT and TPB – selected a number of human service agencies for interviews as well as three specialized transportation programs currently operating service and demonstrating an alternative service delivery model from MetroAccess. Ten interviews were conducted. Two agencies identified for an interview did not participate, despite numerous attempts to schedule a meeting. Table 1-1 shows the agencies identified for interviews.



**Table 1-1: Listing of Agencies for Study Inquiry**

Jurisd't'n	Name of Agency	Agency and Client Specialized Transportation Characteristics						Interview?	Status
		Clients Use MetroAccess?	Clients and Trips on MetroAccess?	Has Own Transportation Service?	Very Specialized Needs?	Subscription Trips, Similar Origins and Destinations?	Trips Required 5 days/ Week		
MD	ARC of Mont. Co.	✓	✓ 30 clients daily, est. 15,000 annual trips.	✓		✓	✓	✓	Interview completed
	ARC of PG Co.	✓	✓ In top 10 generators: 322 clients daily, est. 161,000 annual trips.	✓	Agency transports high need clients.	✓	✓	✓	Interview completed
	Ardmore	✓	✓ In top 10 generators: 125 clients daily; est. 62,250 annual trips.	✓	Some high need clients.	✓	✓	✓	Interview completed
	CHI Centers	✓	✓	✓				✓	Interview scheduled
	CSS	✓	✓ In top 10 generators: 40 clients daily, est. 20,000 annual trips.	✓	✓	✓	✓	✓	Interview completed
	Helping Hands	✓	✓ In top 10 generators: 110 clients daily; est. 55,000 annual trips.	No [had in-house program before 2008]	✓	✓	✓	✓	Interview completed
	Melwood	✓	✓ 40 clients daily; est. 20,000 annual trips.	✓		✓	✓	✓	Interview completed
	New Horizons	✓	✓ About 12,000 annual trips on MetroAccess.	✓		✓	✓	✓	Interview Completed
	SMV Industries	✓						✓	Interview scheduled
DC	Medicaid transportation	yes	—	—	—	—	—	✓	Interview completed
VA	FASTRAN	probably	—	—	—	—	—	✓	Interview completed
	STAR	yes	—	—	—	—	—	✓	Interview completed

## Summary Findings from Interviews with Human Service Agencies

The agency interviews revealed several common themes and findings, summarized below.

**Cost is an issue**, as none of the agencies is reimbursed for the full cost of providing or purchasing transportation. The primary funding source for the agencies that were interviewed is the Maryland Development Disabilities Administration (DDA). The agencies receive a set amount per client per day of attendance for transportation, between \$8-10, and reportedly, this rate has not changed in some years. The agencies must then take funding from other program needs to pay for client transportation, whether provided in-house or purchased from MetroAccess. Transportation expenses, then, take funding from the true mission of the human service agency, which is human services, not transportation. An alternative arrangement for transportation that would save money and meet agency and clients' needs would be welcomed.

There are **issues perceived with current MetroAccess service**. These include: observed scheduling inefficiencies (e.g., several MetroAccess vehicles arriving to serve the same origin or destination); clients are dropped off too early at scheduled destinations; problems with electronic fare payment options; lack of flexibility (e.g., schedules cannot be revised with two-hour bad weather delays); families may be wary of MetroAccess (because of past issues). Several agencies suggested that improving what they perceive as inefficient scheduling would save money. For a number of the agencies interviewed, these issues influence agency interest in alternatives to MetroAccess, assuming such alternatives would save them money. But it is noted that one agency reported that it is generally pleased with MetroAccess, leading it to end its in-house transportation program in 2008. This agency is likely to be less motivated to pursue alternatives to MetroAccess.

Several agencies believe that with improvements to suburban fixed route service, including routes and schedules, and supplemented by travel training, **some specialized transportation trips could be diverted to fixed route** from paratransit. A few agencies specifically noted that more direct suburban fixed route service from Metrorail stations would enable some of their clients to take fixed route to their agency location.

Generally, it appears that the **unmet transportation needs** for agency clients relate more to geographic location, with clients in "outlier" locations or in neighboring counties just beyond the boundaries of WMATA compact jurisdictions.

Agencies that work with individuals with developmental disabilities **value independence and de-segregation** for their clients. Several agencies noted that they prefer their clients to use MetroAccess because it's public transportation. They perceive MetroAccess as a more integrated transportation service than an agency-specific service. At the same time, their clients need some level of specialized service and they

view MetroAccess as a more integrated transportation service than an agency-specific service. At the same time, their clients need some level of specialized service and the agencies are frustrated when MetroAccess does not always meet their clients' specialized needs. Some of the concerns expressed about MetroAccess, for example, include its lack of same-day scheduling and timeliness: sometimes clients are late and sometimes early, due in part to the use of a 30-minute on-time window. But same-day scheduling is above and beyond what the ADA requires and would be prohibitively costly to provide. And the on-time window is an operational necessity to provide a shared-ride service in a large, congested urban environment. ADA paratransit is *public transportation*, and as such, cannot tailor its services to individual agency needs. It must be remembered that ADA paratransit is intended to be a safety net for the fixed route system; it was never intended to be a comprehensive system of transportation for individuals with disabilities.

The longer-term future of the developmental disability field is moving toward more community-based employment, so that individuals will go from their home locations to work sites, with less reliance on transporting clients to a central agency location. This means the **trip patterns will change from many-to-one to many-to-many**, as the trend unfolds. Many-to-many trips are more challenging and costly to provide with a paratransit service.

## Findings from Interviews with Agencies with Alternative Service Delivery Models

### STAR

STAR, an acronym for Specialized Transit for Arlington Residents, is a shared-ride, paratransit service that provides transportation comparable to Arlington's fixed route service (ART) as well as to Metrobus and Metrorail. According to the STAR Rider's Guide, "STAR is Arlington's alternative to using MetroAccess." STAR provides service within  $\frac{3}{4}$  mile of ART as well as Metrobus and Metrorail service in keeping with ADA regulations, with an exception: STAR does not serve Prince George's County on weekends and holidays.

**Organizational structure:** STAR is provided by Arlington County for its residents who are not able to use fixed route transit because of disability. The program grew from a local senior-oriented transportation service operated by taxis in the late 1980's, evolving to its current structure as an alternative to MetroAccess by 1996.

The service model includes a contracted Call Center and two contract service providers. First Transit is the Call Center contractor, handling reservations, scheduling, and dispatch. Diamond Transportation and Red Top Taxi are the service providers. Both Diamond and Red Top provide dedicated service, with Diamond operating nine

vehicles and Red Top four, for a total of 13 dedicated service vehicles. Red Top also provides non-dedicated service through its taxi fleet. Dedicated service is paid on a per hour basis. Non-dedicated service is paid on a per trip basis, calculated as the taxi meter rate plus \$2 for an ambulatory trip or \$5 for a wheelchair trip.

**Riders Served:** Riders must be certified as eligible for the service, using the MetroAccess ADA paratransit certification process. Currently, virtually all STAR riders (more than 95%) have been certified through MetroAccess and are thus ADA paratransit eligible. A very small percent has been grandfathered in from other local specialized programs, including, for example, the American Red Cross's transportation program which is no longer available.

There are currently about 1,200 individuals certified for STAR and about 700 of these are active riders.

Some STAR riders also use MetroAccess. According to a rider survey conducted in 2011,<sup>3</sup> 25% of STAR riders also use MetroAccess for some trips, and almost 50% of STAR riders (46%) are former MetroAccess users. The survey found that STAR riders are happy with STAR service: 91% are very satisfied or satisfied. This can be contrasted with STAR riders' satisfaction with MetroAccess: according to the same survey, just 47% of STAR riders who use or formerly used MetroAccess are very satisfied or satisfied with MetroAccess service.

**Transportation Services Provided:** STAR operates seven days per week, from 5:30 am to midnight. Eligible riders can reserve trips on a next-day basis and up to one week in advance. All trip purposes are served. Both demand and subscription trips are provided. Currently, about 20-25% of trips are subscription. Very limited same-day trips are provided on a will-call basis, typically for return trips from medical appointments.

Of total trips, approximately half are provided through the dedicated service (13 vehicles), with the other half by the non-dedicated taxi service.

The service area consists of three zones: zone 1 is within the Arlington County jurisdictional limits, with 44% of all trips; zone 2 expands to include D.C., Alexandria, Falls Church and Fairfax County inside the Beltway, with 49% of trips (zone 2 includes two trip generators somewhat outside the zone 2 boundary); and zone 3 goes beyond to include Fairfax County outside the Beltway and Montgomery and Prince George's Counties in Maryland with 7% of trips. (Prince George's County; however, is not

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<sup>3</sup> Arlington County STAR Integrated Program Research Study, 9-21-11, conducted by LDA Consulting and Southeastern Institute of Research

served on weekend days.) All trips must be within  $\frac{3}{4}$  mile of a fixed route service and begin or end in Arlington County.

**Unmet Transportation Needs?** STAR is currently able to meet its demand for service. Reportedly, ridership has grown in the past two years, impacted at least in part by changes to MetroAccess in 2010. These changes include an alignment of the ADA paratransit service area to the comparable fixed route service, so that MetroAccess now provides service only to locations within  $\frac{3}{4}$  mile of fixed route service during the same days and hours that fixed route service is available; and fares are now twice the amount of what the fare would be on the fastest comparable fixed route trip, up to a maximum of \$7.00.

**Funding:** Arlington County funds STAR with local County funds and is then reimbursed for a portion of the costs by the Commonwealth of Virginia. Funding contributions from the state vary but typically cover less than one-fifth of STAR's costs.

For FY 2012, total operating cost was \$2,566,228, and completed trips totaled 78,210, with a cost per trip of \$32.81. Of total trips provided, 18% were sponsored by human service agencies, with the sponsoring county agency paying the transportation providers for their clients' trips (payment is for transportation service only, not the Call Center cost).

**Costs, Benefits, Results:** STAR provides an alternative service to the regional ADA paratransit service, MetroAccess, for Arlington County residents who are ADA paratransit eligible, and is more cost effective than MetroAccess. At a FY 2012 cost per passenger trip of \$32.81, STAR service is about two-thirds the cost of MetroAccess, based on a per passenger trip cost.<sup>4</sup> STAR, it should be noted, is not a fully compliant ADA paratransit service. For example, its operating hours and service area do not fully mirror comparable fixed hours and service. The greater cost for MetroAccess results, in part, from its longer operating hours, larger service area, and its full compliance with all ADA regulations as well as the cost for its comprehensive ADA eligibility certification program.

Another benefit of STAR to the County is its control over the transportation program. With its own local program, the County can decide the level of service to be provided to its residents and to offer enhancements or variations as it deems appropriate. For example, the on-time window for STAR is ten minutes, substantially shorter than the 30-minute on-time window for MetroAccess. STAR also provides "quick stays," allowing a rider to make a very short stop on a trip, for example, to pick up medicine from a pharmacy or a child from daycare. This level of service is not

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<sup>4</sup> FY 2012 actual cost per passenger trip on MetroAccess reported at \$50.04.

typical of ADA paratransit services. Additionally, the County offers Assisted STAR, which provides a driver escort from a rider's door to the office of a healthcare provider for medical trips. This enhancement is provided only to STAR riders age 60 or over and who are determined eligible for this service by the County, and requires an extra fare.

By a large margin, Arlington residents who use STAR are satisfied or very satisfied with STAR service. This is less the case for STAR riders who currently use or formerly used MetroAccess. While the recent rider survey did not ask the former MetroAccess riders why they no longer use MetroAccess, the level of satisfaction with the service is likely a factor.

### ***Fastran***

Fastran provides specialized transportation services for residents of Fairfax County and the Cities of Fairfax and Falls Church who are participating in human service agency programs. All Fastran riders must be certified by a participating agency before utilizing the service.

**Organizational Structure:** Fastran is managed through the Fairfax County Department of Neighborhood and Community Services. County staffs are responsible for service planning, budgeting, trip reservations, scheduling, complaint resolution, contract management and the Call Center function. A private contractor is responsible for fleet maintenance, dispatch operations and on street transportation and supervision. The vehicles are owned and provided by the County and insured by the contractor.

The Department of Neighborhood and Community Services also administers a number of other transportation services in the county, including, for example, Foster Care Transportation and Head Start Transportation as well as two programs that formerly had been administered by the County's Department of Transportation – Seniors on the Go and Taxi Access – two subsidized taxi programs.

Fastran is a smaller transportation program than it was some years ago when it was also a Medicaid transportation provider. At that time, many of the trips were Medicaid trips, and Medicaid funds were a component of total Fastran funding. In FY 2009, Fastran provided 526,422 one-way trips. However, in 2009, the Fairfax-Falls Church Community Services Board – a sponsoring agency- made a decision to remove 330 clients with intellectual disabilities from Fastran and transfer them to the Virginia State Medicaid broker, Logisticare. This decision was based on finances, as the reimbursement from the State Medicaid broker did not cover the full County cost of providing the Medicaid trips. The change decreased the ridership base, and the Fastran bus fleet was then reduced by 50 buses. The current fleet consists of 66 buses with one contractor providing the service (previously there were two contractors).

**Riders Served:** Riders must be clients of a human service agency and certified through their Fairfax County agency to receive transportation service. Riders served by Fastran include:

- *Senior Citizens* - who are able to maintain independence, increase socialization, access county programs and services and maintain regular medical appointment.
- *Low Income Residents* - who are able to access County programs and services, maintain independence and employment.
- *Individuals with Disabilities* - who are able to access employment, County programs and services, and respite care for families and care givers.
- *Individuals* - who are able to access life sustaining medical services such as dialysis and cancer treatment and maintain independence.

**Transportation Services Provided:** Fastran provides transportation for a number of programs and types of riders, including:

- The Dial-a-Ride program serves low income residents for medical appointments and essential shopping. This services is only available between the hours of 10 a.m. and 2 p.m. weekdays.
- The Critical Medical Care Program serves residents receiving dialysis and cancer treatment.
- Residents attending senior centers and adult day care centers.
- Group shopping trips from Senior Residences.
- Mental Health appointments.
- Individuals with intellectual disabilities going to and from support services and worksites.
- Outings and structured recreational activities for individuals with mental or physical disabilities (Therapeutic Recreation).
- County weather emergency events such as snow storms, flooding, fires and natural disasters.

**Unmet Transportation Needs?:** There is a high demand for senior center and adult day care transportation that is not currently being met through Fastran.

**Funding:** Data for 2012 shows that Fastran provided 346,865 one-way trips for a total cost of \$7,232,135, for a fully loaded per trip cost of \$20.85. The County fully funds the Fastran human services transportation program.

**Costs, Benefits, Results:** In Fairfax County, the Fastran program began before the ADA and so it was not designed as an ADA paratransit alternative. It is; however, the largest single provider of specialized transportation in the metro region, after MetroAccess and Medicaid transportation. With transportation focused on human service agencies, Fastran serves the transportation needs of many of the County's human service agencies, providing service to the agencies' clients, many of who are or would be ADA eligible and likely to use MetroAccess in the absence of Fastran service.

### ***D.C. Medicaid Non-Emergency Transportation***

The D.C. government provides non-emergency transportation to its Medicaid-eligible residents through a brokerage managed by MTM, Inc.

**Organizational Structure:** The D.C. government, through two Departments, Healthcare Finance and Disability Services, contracts with MTM, Inc., a transportation company based in St. Louis, Missouri, which manages the non-emergency medical transportation (NEMT) benefit for managed care organizations, state and county governments as well as health systems and other programs involving specialized transportation. MTM's contract with D.C. is a one-year agreement with five one-year options. The contract cost is based on a per member per month (PMPM) payment.

MTM manages and operates the Call Center and subcontracts with a network of about 20 transportation providers, which are small, local transportation companies that provide ambulatory, wheelchair and stretcher trips. Importantly, Call Center staff is responsible for determining the level of transportation need and type of transportation service required by eligible clients, based on their functional mobility. Some clients are determined able to use fixed route service for their trips, and they are provided travel training by MTM so they can effectively use fixed route for their Medicaid trips. Other clients are determined appropriate for more specialized transportation, and they are scheduled for paratransit service through MTM's network of providers.

**Riders Served:** The D.C. Medicaid transportation program serves Medicaid-eligible riders for trips to eligible medical services. Clients of the Department of Healthcare Finance include those typically considered the more traditional Medicaid clients, including those who are elderly, blind, or disabled. Clients of the Department of Disability Services include those with intellectual disabilities who travel to adult daycare services and other Medicaid-eligible services.

The total number of the D.C. Medicaid clients fluctuates and is currently averaging about 55,000 each month. Not all of these individuals request transportation and some are not eligible for transportation.



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**Transportation Services Provided:** Transportation is provided weekdays and weekend days, generally from about 6 am to 6 pm, though service must be provided whenever a client has a legitimate trip request. Weekend trips generally include dialysis trips and outings for clients with intellectual disabilities. Trips are to be reserved three business days in advance, though “urgent” trips may be requested up to four hours in advance. About half of the trips are subscription trips, with many of these for clients with intellectual disabilities traveling to and from adult daycare centers and other sites with Medicaid-eligible services.

On an average month, almost 110,000 trips are provided; 17% of the trips are on fixed route, 68% are on paratransit through MTM’s brokerage, 6% are provided by MetroAccess, 1% is reimbursed for trip mileage, and a very small number (about 30 trips) are stretcher trips.

Annual trips total 1.2 M, for a contract cost of \$24 M, according to FY 2012 data. Based on all trips, the cost per trip is \$20. The average cost per paratransit trip provided through the brokerage is \$22.89.

**Unmet Transportation Needs?** MTM must meet the demand for eligible trips, based on its contract.

**Funding:** The D.C. Medicaid transportation program is funded jointly by the Federal government and D.C. As noted above, the Federal share is 70%. Total cost for the program in FY 2012 was \$24 M.

**Costs, Benefits, Results:** An advantage of a brokerage model is that the broker matches the transportation needs of the rider with the appropriate type of transportation service that is most cost-efficient. The D.C. broker does just that: first determining the level of transportation service that the Medicaid eligible person needs and then facilitating that trip. For those determined functionally able to use fixed route, the broker provides travel training as needed and facilitates fare payment, loading funds onto the person’s SmarTrip card. For those who need more specialized transportation, the broker schedules the trips onto an appropriate provider: ambulatory riders are scheduled for sedan service; those using wheelchairs or scooters are scheduled with accessible service providers, etc. The broker provides oversight and monitors service delivery and quality.

With the large number of repeat trips for Medicaid clients, in particular those traveling to day programs and other group sites, the broker is able to group trips and gain cost-efficiencies. Moreover, the broker has the flexibility to operationalize trip-by-trip eligibility, for example, some Medicaid clients undergoing dialysis are provided

with fixed route service to their treatment center and then paratransit service for the return trip when their trip need is more specialized.

At a cost of \$22.89 per paratransit trip, the D.C. Medicaid trips are less than half the cost of a MetroAccess trip, based on FY 2012 data. The lower cost is due to a number of factors, including the Medicaid program's considerably smaller service area, the shorter operating span, and the higher level of service required for ADA paratransit, including, for example, next-day service, high levels of on-time performance, and on-board travel times comparable to fixed route.

One possible option that would take advantage of the existing brokerage provided for D.C. Medicaid transportation is to commingle certain MetroAccess trips with the Medicaid trips, in particular, those that might be going to the same human service sites. Such an option would require detailed planning, for example, determining if there is a human service agency that is both willing to "transfer" their client trips to a brokerage that is not ADA paratransit, and which has trip needs to sites that are served by the Medicaid brokerage.

## **SUMMARY**

Information and data collected through the study's Task 1 provide a baseline for further study efforts. In particular, the analysis of the different funding arrangements for specialized transportation among the WMATA compact jurisdictions helps explain differences in MetroAccess ridership, especially between the Maryland and Virginia jurisdictions. And the interviews with selected human service agencies and specialized transportation providers using alternative service delivery methods serve as input for the study's Task 2, which involves assessment of various coordination and alternative service delivery options that may be appropriate to consider for Suburban Maryland.

## **Chapter 2:**

# **Review of Selected Models of Coordination and Alternative Service Delivery**

## **INTRODUCTION**

Chapter 2 summarizes efforts of the second task of the Regional Coordination of Specialized Transportation Study. These efforts include those of Task 2.1, which involved the identification and review of selected models of human service transportation coordination and alternative service delivery structures to ADA paratransit; and Task 2.2, which involves a more detailed assessment of those models determined to have more potential for a pilot in Suburban Maryland.

## **MODEL OPTIONS**

According to the study's Request for Proposal (RFP), Task 2.1 involves one- to two-page profiles of selected models of human service transportation coordination and alternative service delivery structures to ADA paratransit. Efforts in this subtask reviewed eight models, selected from a listing provided to the Project Management Team in late December 2012. The eight models include local models as well as models used in other urban settings, and include:

- (1) Transportation Brokerage,
- (2) Coordinated/Consolidated Human Service Transportation,
- (3) Local ADA Paratransit Alternative to Regional ADA Paratransit Program,
- (4) Contracted Routes Serving Human Service Agencies,
- (5) Vanpool Program for Human Service Agencies,
- (6) Partnership Agreements with Human Service Agencies,
- (7) Provide Funding Subsidy,
- (8) Feeder Service To/From Fixed Route System.

The information provided for the models below comes from several sources. For the three local models, we interviewed individuals who manage and direct the

transportation programs. For the non-local model examples, we use information and data collected from prior KFH studies and TCRP research projects, information from transit agency websites, and, in two cases, contact with the transit agency for preliminary data.

For each of the eight model options presented, the profile includes key information under the following headings:

- Example,
- Description of Model and Example,
- Funding,
- Legislation Supporting the Program,
- Policies and Practices Contributing to Success; and
- Possible Applicability for Pilot in Suburban Maryland.

### **(1) Alternative Service Delivery Model: Transportation Brokerage**

#### **Example:**

D.C. Medicaid Non-Emergency Transportation.

#### **Description of Model and Example:**

The D.C. government, through two departments, Healthcare Finance and Disability Services, contracts with MTM, Inc., a private transportation company based in St. Louis, Missouri to serve as the broker for Medicaid transportation. MTM's contract with D.C. is a one-year agreement with five one-year options. The contract cost is based on a per member per month (PMPM) payment.

MTM manages and operates the Call Center and subcontracts with a network of about 20 transportation providers, which are small, local transportation companies that provide ambulatory, wheelchair and stretcher trips. Providers are paid on a per trip basis. Call Center staff is responsible for determining the level of transportation need and type of transportation service required by eligible clients. Some clients are determined able to use fixed route service for their trips, and they are provided travel training by MTM so they can effectively use fixed route for their Medicaid trips. Other clients are found to need more specialized transportation, and they are scheduled for paratransit service through MTM's network of providers.

On an average month, almost 110,000 trips are provided, with 17% on fixed route, 68% on a paratransit provider in MTM's network, 6% by MetroAccess (these are ADA-eligible riders who choose MetroAccess over Medicaid transportation), 1% are

reimbursed for trip mileage, and a very small number are stretcher trips. Key to a brokerage model is the ability of the broker to match the needs of the rider and his/her trip parameters with an appropriate transportation provider from among different transportation services and providers. This can be a cost-effective approach, given that the broker has options for booking a trip and that the providers are non-dedicated<sup>1</sup> and paid on a per trip basis.

A brokerage can be designed to serve specific eligible riders, such as Medicaid-eligible D.C. residents with D.C.'s brokerage, or ADA-eligible riders, or it may be open to a broader, less formal group, such as the intended beneficiaries of the "one-call/one-click centers" being implemented in various communities through the Federal Transit Administration's (FTA) VTCLI grant program.<sup>2</sup>

The transportation providers in a brokerage have an agreement, which may be contractual or less formal, to provide the trips that are "sent" by the broker for service.

A second key to a brokerage model is the availability of willing, able and appropriate transportation providers. In urban and suburban areas, this is generally not an issue. However, in rural areas, it may impact the feasibility of the brokerage model.

### **Funding:**

The D.C. Medicaid brokerage is funded jointly by the Federal government and the District of Columbia, with the Federal share at 70%. Annual trips total 1.2 M, for a contract cost of \$24 M, according to FY 2012 data. Based on all trips, the cost per trip is \$20. The average cost per paratransit trip provided through the brokerage is \$22.89.

### **Legislation Supporting Program:**

The Federal Medicaid program allows a brokerage to provide the required Medicaid transportation. The brokerage model has also been used with various paratransit programs. Recently, a brokerage model using independent taxi and sedan services has gained attention, with at least one transit agency in California using the model to provide its required ADA paratransit service.

<sup>1</sup> With non-dedicated service, the vehicles do not provide transportation exclusively for riders of a particular transportation program; they can also transport other passengers. The most common example is taxicab service, which may serve trips for a specific transportation program, but the taxis are otherwise free to serve general public trips.

<sup>2</sup> The FTA's Veterans Transportation and Community Living Initiative (VTCLI) grant program provides capital funds for implementation of "one call/one click centers" to improve information and access to transportation services for veterans and others with specialized transportation needs.

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**Policies and Practices Contributing to Success:**

- The ability of the Call Center to match the needs and capabilities of the eligible individuals to an appropriate, and cost-effective, transportation service. In this way, some individuals are provided fixed route service, rather than more costly paratransit service, which saves money for the transportation program.
- The use of small providers, which tend to have low overhead structures with resulting lower priced service.
- The use of multiple providers, which gives the broker options for scheduling trips and the ability to use the least cost, appropriate provider for trips, which saves money for the transportation program.
- The use of short-term (annual) contracts with the broker, which means the broker is able to budget its costs realistically without the need to inflate costs for longer-term contracts, which bring the inherent risk of projecting costs into future years when such costs cannot be known.
- The use of non-dedicated service.

**Possible Applicability for Pilot in Suburban Maryland:**

A brokerage model has merit for serving ADA paratransit trips in Suburban Maryland. As noted in the Chapter 1, it might be possible to build on the existing brokerage provided for D.C. Medicaid transportation, particularly for a small-scale pilot, and such option has reportedly been informally raised by the current broker. The ADA paratransit trips of a specific or several specific human service agencies could potentially be commingled with the Medicaid trips. The option would require more planning, for example, determining if there is a human service agency that is both willing to “transfer” their client trips to a brokerage that is not ADA paratransit, and which has trip needs to sites that could feasibly be served through the D.C. brokerage. The model would also need to provide advantages to the human service agency, such as provide cost-savings to the agency over its current transportation expenditures and ensure an appropriate level of service for the agency clients.

The issue of identifying the commingled trips of the human service agency as *not ADA paratransit* is important, as the D.C. brokerage has somewhat different service policies and operating parameters from ADA paratransit. The identified volume of trips would have to be served, with no denials as with ADA paratransit, but other ADA service policies such as on-board travel time would not necessarily apply. However, the routine nature of the trips of the human service agencies interviewed for this study would facilitate commingling with the D.C. Medicaid trips, since many of the D.C. Medicaid trips are also routine trips to human service agency day programs.

On a larger scale, a brokerage that focused on the specialized trips of a consortium of human service agencies in Suburban Maryland may be a longer-term option, as commingling agency trips with Medicaid trips through the D.C. brokerage may not be feasible if the agency trip volume is large. One of the human service agencies interviewed through this study mentioned that the idea of a consortium of agencies in Prince George's County to provide agency transportation had merit, assuming it would provide cost savings for transportation.

**Contact:** Alaina Maciá, CEO, MTM, Inc., [www.mtm-inc.net](http://www.mtm-inc.net)

## **(2) Alternative Service Delivery Model: Coordinated/Consolidated Human Service Transportation**

### **Example:**

Fastran

### **Description of Model and Example:**

Fastran has coordinated the specialized transportation services of various human service agency programs serving Fairfax County and the Cities of Fairfax and Falls Church. Rather than each of agencies operating or sponsoring its own separate transportation service, the services are combined with one transportation program – Fastran – which handles trip scheduling and trip provision for the consortium of agencies.

Fastran is managed through the Fairfax County Department of Neighborhood and Community Services. The County is responsible for service planning, budgeting, trip reservations, scheduling, complaint resolution, contract management, and the Call Center function. A private contractor is responsible for on-street transportation and supervision, dispatch operations, and fleet maintenance. The vehicles are owned and provided by the County and insured by the contractor.

Until several years ago, Fastran also coordinated Medicaid trips in its service area, and Medicaid funds were an important component of total Fastran funding. However, in 2009, 330 Medicaid clients were transferred from Fastran to the Virginia State Medicaid broker, Logisticare. This decision was based on finances, as Fastran's reimbursement from the State Medicaid broker did not cover the full county cost of providing the Medicaid trips.

The “un-coordination” of Medicaid trips from Fastran's coordinated transportation program is a phenomenon seen increasingly in other parts of the country, including

Florida, which has a long history of coordinated human service transportation supported by the state. The cost pressures on Medicaid transportation programs are pushing those services to lower cost models, in particular state-run brokerages.<sup>3</sup>

The full-scale coordinated human service model such as Fastran has been promoted for more than 30 years, with many studies and research reports providing “how to” guidance. But there are limited large scale operating programs showcasing successful human service transportation coordination of this type. This is due in part to the effort needed to pull together the human service agency programs and share transportation resources. Some agencies are hesitant to give up control of their transportation program and delegate it to a third party.

The “silo” funding of human service programs is also identified as a stumbling block to more human service agency transportation coordination, despite numerous reports assuring that federal human service programs do not prohibit such efforts.

Research on this model has also shown that a coordinated human service agency program generally requires a “champion”, someone who leads the charge and organizes the efforts. Coordinating the funding is also a key to a coordinated program.

In Fairfax County, funding was provided to Fastran through an internal county fund transfer, known as “work performed for others” or WPFO. This process gave the human service agencies a certain amount of control over the funding they provided to Fastran, so they could participate more or less depending on their satisfaction with the coordinated service.

### **Funding:**

The County fully funds the Human Services Transportation system

### **Legislation Supporting Program**

Some states, notably Florida, have passed legislation that requires some level of human service and specialized transportation coordination. However, such legislation must be backed with staff support and funding resources to realistically move the process forward.

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<sup>3</sup> Concerns in the transit industry about this trend to statewide brokerages have prompted funding for TCRP research on the impacts of such brokerages on human service transportation coordination. The research will begin later in 2013.



Both Maryland and Virginia support human service transportation coordination, including through state-established committees that address human service transportation coordination. Though, neither state has a legislative mandate for such coordination.

#### **Policies and Practices Contributing to Success:**

- Fastran's success can be attributed to a number of factors, including political support from County leaders, strong staff leadership at the outset, cooperation from human service agency staff, and early success that gave the program legitimacy and helped guarantee its continuation.
- Fairfax County and the Cities of Falls Church and Fairfax benefit from Fastran, as much of their specialized transportation demand from human service agencies is provided by Fastran, with a lower trip cost than MetroAccess. Without Fastran, many of the County's human service agency clients, who are or would be ADA eligible, would likely turn to MetroAccess for their trips, the costs for which would fall primarily to Fairfax County and the Cities of Falls Church and Fairfax.

#### **Possible Applicability for Pilot in Suburban Maryland:**

Without a state mandate for human service transportation coordination or without strong county policies to coordinate such service, coordinating transportation of multiple human service agencies into a single consolidated program is not highly probable in Suburban Maryland. Smaller scale coordination might be possible, and the study's interviews discussed that possibility. However, at least one agency interviewed had experience with coordination and was not entirely pleased with the experience.

Transportation coordination takes many forms, and does not necessarily involve multiple agencies merging their transportation programs into one consolidated program, such as Fastran. Other variations of coordination are considered more feasible in Suburban Maryland.

**Contact:** Michael Artson, FASTRAN, Michael.Artson@fairfaxcounty.gov

#### **(3) Alternative Service Delivery Model: Local ADA Paratransit Alternative to Regional ADA Paratransit Program**

##### **Example:**

STAR – Specialized Transit for Arlington Residents

**Description of Model and Example:**

STAR is a shared-ride, paratransit service that provides transportation comparable to Arlington's fixed route service (ART) as well as to Metrobus and Metrorail. STAR has been developed as an Arlington County alternative to MetroAccess.

The service model includes a contracted Call Center and two contract service providers. First Transit is the Call Center contractor, handling reservations, scheduling, and dispatch. Diamond Transportation and Red Top Taxi are the service providers. Both Diamond and Red Top provide dedicated service, with Diamond operating nine vehicles and Red Top four, for a total of 13 dedicated service vehicles. Red Top also provides non-dedicated service through its taxi fleet. Dedicated service is paid on a per hour basis. Non-dedicated service is paid on a per trip basis, calculated as the taxi meter rate plus \$2 for an ambulatory trip or \$5 for a wheelchair trip.

Riders must be certified as eligible for the service, using the MetroAccess ADA paratransit certification process. Currently, virtually all STAR riders (more than 95%) have been certified through MetroAccess and are thus ADA paratransit eligible.

**Funding:**

STAR is funded primarily by Arlington County, with a contribution from the Commonwealth of Virginia on a reimbursement basis.

**Legislation Supporting Program:**

As a county program, Arlington County authorized STAR's implementation.

**Policies and Practices Contributing to Success:**

- STAR is a less costly service compared to MetroAccess. To the extent that ADA-eligible Arlington County residents use STAR instead of MetroAccess, savings accrue to the County.
- STAR is able to leverage on WMATA's eligibility certification process. If the County had to provide its own certification process, its costs would increase.
- STAR is also able to leverage on the availability of MetroAccess as a fully compliant ADA service for the region, providing the required ADA paratransit service when STAR is not available (e.g., STAR does not serve Prince George's County on weekends or holidays).
- With control over its local ADA service, the County can decide the level of service to be provided to its residents and to offer enhancements or variations as it deems appropriate.

- STAR users are very satisfied with the service, according to a recent survey, and more satisfied with STAR than MetroAccess, which encourages riders to choose STAR over MetroAccess.

### **Possible Applicability for Pilot in Suburban Maryland:**

A primary impetus for the implementation of STAR was the fact that Arlington County must pay for most of the cost of ADA paratransit service for its ADA-eligible residents. With the high cost of MetroAccess service, the County determined that it could provide an alternative service more cost effectively. STAR meets this objective. Without a change to Maryland's funding structure for ADA paratransit service, with a requirement that the localities pay for the predominant costs for ADA paratransit, there is no comparable impetus for Montgomery or Prince George's County to design and implement county-based ADA paratransit alternatives to MetroAccess.

**Contact:** Steve Yaffe, Transit Services Manager, Arlington County, VA, syaffe@arlingtonva.us

### **(4) Alternative Service Delivery Model: Contracted Routes Serving Human Service Agencies**

#### **Example:**

Space Coast Area Transit (SCAT), Brevard County, Florida

#### **Description of Model and Example:**

SCAT provides scheduled route service to five human service agencies on a contract basis, picking up developmentally disabled clients at designated stops and transporting them to their agency sites in the morning and then from those sites back in the afternoon to the same designated stops. Curb-to-curb service is provided for some of the riders at their residences, depending on where they live and the design of the route. The service operates much like school bus transportation.

Currently, there are ten different routes, each served by one vehicle. Riders from different agencies are commingled on the routes, and reportedly the riders get to know each other and look forward to seeing each other on the bus. At some of the stops, there are as many as 10 to 12 riders picked up.

**Funding:**

Fares for the service are paid predominately with Medicaid waiver funds, with a one-way fare of \$7.14. The State Medicaid agency pays SCAT directly for the service. For the riders who do not qualify for the Medicaid funding, a fare of \$0.60 is charged for a one-way trip. The transit agency funds the remaining costs of the service.

**Legislation Supporting Program:**

Florida's Medicaid program provides for this transportation arrangement for the Medicaid waiver eligible individuals.

**Policies and Practices Contributing to Success:**

- The program has been operating for more than 30 years, so there is a strong history behind it, pre-dating the ADA.
- The SCAT service area is long and narrow, facilitating the design and use of routes.
- The routes start early in the morning, which allows parents to drop off their developmentally disabled family members at the designated stops and then leave for work.
- Given the fixed route network in Brevard County, there is limited ADA paratransit service in the less developed parts of the county, so that ADA paratransit is not an alternative for some of the riders.
- The funding arrangement whereby the State Medicaid program pays the transit agency directly for the trips.

**Possible Applicability for Pilot in Suburban Maryland:**

This option may have merit for some of the human service agencies in Suburban Maryland. One issue relates to that raised by some of the agencies of wanting more "integrated" service, or less specialized service. This can be seen in two ways. First, the agencies may not favor the option because it continues to provide more specialized, agency-specific service. On the other hand, if the agency clients walk a block or two from their home to a "stop" location, as opposed to a curbside or door pick-up, the agencies might perceive this as a more independent, less specialized service – an option that might be seen favorably.

Second, several of the agencies are located relatively close together in the Largo/ Upper Marlboro area of Prince George's County. Their proximity gives the option of routes some merit, assuming that clients of different agencies could be grouped together on the same routes, as is done in the SCAT example from Florida.

Third, one or more of the routes might include a stop at one or more Metro stations, depending on routing, thereby serving as a feeder from Metrorail service and incorporating another of the options presented in this chapter.

Further consideration of this option would need input and data from the human service agencies, for example, efforts would be needed to understand and assess possible origin locations and their relationship to each other and to the location of the agency destinations.

This option would also need to determine an appropriate provider. The Prince George's County transit system, The Bus, provided by a private contractor might be an option. Leveraging from an existing contracted service can be an effective approach, particularly for a small scale pilot.

Several of the agencies interviewed noted that some of their clients could potentially use fixed route service. This option can be thought of as a *specialized* version of fixed route service and might be worth consideration, depending on the number of agency clients who might be able to use such a service.

**Contact:** Carmen Baez, Customer Service Supervisor, SCAT, carmen@ridescat.com

#### **(5) Alternative Service Delivery Model: Vanpool Program For Human Service Agencies**

##### **Example:**

Space Coast Area Transit (SCAT), Brevard County, Florida

##### **Description of Model and Example:**

SCAT purchases vans which are then leased to a vanpool company, VPSI, for a nominal fee. The vanpool company in turn subleases the vans to human service agencies (as well as commuters).

The agencies pay a monthly lease cost of \$685. The agencies provide a driver (typically a staff member of the human service agency) as well as fuel and vehicle cleaning. SCAT provides maintenance and vehicle insurance for the vans.

Currently, about 25 human service agencies participate in the program, using a total of 50-75 vans. Several of the agencies also participate in the contracted route program.

**Funding:**

SCAT uses Federal and State capital grants to purchase the vans.

**Legislation Supporting Program:**

No specific legislation was needed.

**Policies and Practices Contributing to Success:**

- The willingness of the vanpool company to lease to customers not typical of vanpool programs.
- The recognition by the participating human service agencies that many of their clients are not appropriate for public transportation and require service more specialized than what SCAT offers and can provide.
- The agencies can ensure that their clients receive the level and type of transportation service the agencies determine appropriate.
- The agencies have the vans to use as needed, without having to conform to the service days/hours and policies of the public transit agency.
- The technical assistance and support for transportation provided by SCAT to the human service agencies. The agencies need transportation for their clients so they must “get into” the transportation business to some extent, yet they do not necessarily have (or aspire to have) transportation expertise. SCAT can provide assistance and support to the agencies when needed.
- The SCAT program began before the ADA, and thus was not seen at the outset as a strategy to help meet ADA paratransit demand. But with the large numbers of trips now provided through the program, SCAT realizes that the program is important in meeting the demand for specialized transportation, some of which would likely be ADA demand that would be more costly to meet.

**Possible Applicability for Pilot in Suburban Maryland:**

VPSI, Inc. has a presence in the Washington, D.C. region, with an office in Springfield, VA. Exploratory discussions would be needed to determine if VPSI would be interested in leasing to human service agencies in our region and, if so, how that would work from the company’s perspective.

The interviewed agencies that want client transportation in a more integrated setting might not favor this option, since it would be agency-specific service. On the other hand, agencies with their own in-house transportation program might be interested, as this option could provide a more cost-effective service and could simplify their

transportation program, without the need to purchase and maintain vehicles and giving a known, set price each month for the transportation program.

In the SCAT example, the transit agency provision of maintenance and vehicle insurance are benefits to the human service agencies and contribute to the success of the model. In our region, WMATA may not be an appropriate entity to provide these, given its cost structure. An alternative might be the Prince George's County transit program, operated by a contractor, or another arrangement that is more cost-effective than Metro and that eases administration and limit costs of maintenance and insurance to the agencies.

**Contact:** Carmen Baez, Customer Service Supervisor, SCAT, carmen@ridescat.com

#### **(6) Alternative Service Delivery Model: Partnership Agreements With Human Service Agencies**

##### **Examples:**

Paratransit, Inc., Sacramento, CA

Other transit agencies have variations of the model, including Kitsap Transit in suburban Seattle; Seattle Metro which contracts with human service agencies through its Community Access Transportation program; and Spokane Transit in Washington State.

##### **Description of Model and Example:**

This model builds the capacity of human service agencies to provide their own specialized transportation by providing transportation resources to the agencies. Paratransit Inc. calls the model *shared cost contracting*. The resources – provided by the transit agency – may include among others, retired transit agency paratransit vehicles, new paratransit vehicles, maintenance, fuel, insurance, and driver training. In Sacramento, Paratransit, Inc. provides resources according to the needs of specific agencies. This has included subsidized maintenance (including loaner vehicles if needed), insurance, provision of vehicles (e.g., retired paratransit vehicles) and other technical assistance. The agency reports that the average cost per trip for its partnered human service agencies was \$17.05 in FY 2008. Of that total trip cost, the human service agency partners paid on average \$12.66 which generally included driver wages and benefits. Paratransit, Inc.'s contribution was the remaining \$4.39, which covered vehicle maintenance, fuel, insurance, and administration.

Seattle Metro has arrangements through its Community Access Transportation (CAT) program with about 20 human service agencies with specialized transportation needs, providing the agencies with various resources, such as vans, fuel, maintenance, van washing locations, and driver orientation. This program is intended to provide service that is more flexible and responsive to the unique transportation needs of persons with disabilities.

CAT actually includes two programs. With the first, Advantage, Metro provides vehicle maintenance, driver training, emergency response, and technical assistance to participating agencies. The agencies must agree to provide a minimum number of trips for ADA eligible riders each month. For those committing to a higher level of rides, Metro additionally provides a small annual operating grant to offset the cost of insurance, fuel, and administration. The ADA trips are requested through the individual agencies. Agencies provide the drivers and comprehensive, collision and liability insurance.

Seattle Metro's second program is VanWorks, where Metro pays the monthly cost of a standard vanpool agreement for participating agencies that have clients who are ADA paratransit eligible and are traveling to work sites. The agencies provide the driver and are responsible for liability insurance.

### **Funding:**

Paratransit, Inc. has used a variety of funding programs, including local and state funds as well as FTA Job Access and Reverse Commute (JARC) and New Freedom funds.

Seattle Metro has used Federal JARC grant program for the VanWorks program.

### **Legislation Supporting Program:**

In California, State legislation aimed at human service transportation coordination – AB 120, passed in 1980 – has provided impetus for Paratransit, Inc.'s coordination efforts.

### **Policies and Practices Contributing to Success:**

- The California State legislation on human service transportation coordination.
- For Paratransit, Inc., its status as a non-profit gives the agency greater “maneuverability” to pursue non-traditional programs and services than a public agency.
- The agencies' ability to find appropriate and willing human service agencies to partner with.



- A willingness for the public transit agency to go beyond traditional public transit services, and creativity on the part of the transit agency to design a partnership arrangement that benefits both the human service agencies and the transit agency.

### **Possible Applicability for Pilot in Suburban Maryland:**

Seattle's experience may be more informative for this study, since it involves a public agency rather than a non-profit, such as Paratransit, Inc., which has negotiated various partnership agreements with human service agencies.

There are versions of the partnership example that have merit. For example, WMATA as well as transit agencies in Suburban Maryland could potentially donate retired paratransit vans to human service agencies that needed vehicles. Capital funding might be made available to agencies to help purchase vehicles, through MDOT, for example.

Other arrangements might also be possible, with the stipulation that the human service agencies commit to providing an agreed-to-amount of trips for clients who are ADA eligible and currently riding MetroAccess.

Given the various permutations of partnership arrangements, the option has merit for Suburban Maryland, focusing on those agencies that have their own transportation program. One of the large agencies interviewed, which is a major MetroAccess trip generator and also has an in-house transportation program, said that it would consider increasing its in-house program. Some sort of partnership that supported that service and decreased per trip costs might be attractive to that agency.

For agencies that do not provide any transportation, developing such a partnership would require that they start a transportation program. It may be difficult to convince such agencies to do so. Additionally, one of the agencies interviewed is trying to decrease the size of its transportation program, so incentives to support its transportation program might be less favorable compared to other options.

**Reference:** Case Study of Paratransit, Inc.'s Unique Success with Coordinated Human Service Transportation, prepared by Innovative Paradigms, a division of Paratransit, Inc., Sacramento, CA, 2009.

**Contact:** Don Okazaki, King County Metro's Accessible Services, don.okazaki@kingcounty.gov

**(7) Alternative Service Delivery Model: Provide funding subsidy** to human service agencies to support agency provision of transportation for clients who are ADA eligible – a variation of a partnership agreement.

**Example:**

Orange County Transportation Authority (OCTA), CA

**Description of Model and Example:**

OCTA provides a direct financial subsidy to a human service agency, which provides adult day care services so the agency can continue to provide transportation to its clients who are either are or would be ADA paratransit eligible. The transit authority provided a subsidy of \$168,222 in FY 2006, to support a total of 13,198 passenger trips provided by the human service agency. Cost per trip for this arrangement was \$12.75, compared to the transit authority's ADA paratransit per trip cost of \$26.55.

**Funding:**

OCTA used its local and State transit funding that supported ADA paratransit service for the partnership arrangement.

**Legislation Supporting Program:**

No specific legislation was needed.

**Policies and Practices Contributing to Success:**

- The relationship with the human service agency was long-standing.
- The human service agency had its own transportation program, serving clients whose needs, in many cases, required services more specialized than ADA paratransit. The funding subsidy allowed the agency to continue its own transportation service, which benefitted the agency and its clients.

**Possible Applicability for Pilot in Suburban Maryland:**

A direct financial subsidy to human service agencies to support their own agency-provided transportation, coupled with an agreement to serve their ADA eligible clients, is a straightforward option towards greater cost-efficiency compared to service provision through the public transit agency. Available data shows that human service agency transportation in our region is typically significantly less costly than MetroAccess. Assuming the subsidy to a human service agency for its agency-specific

transportation is less than Maryland's cost per MetroAccess trip, savings would accrue and demand reduced for MetroAccess service.

However, as noted for other models, options that continue agency-specific specialized service will be less favorable to those agencies that consider MetroAccess a more integrated, community-based service. Additionally, beyond a pilot, any provision of direct subsidies to human service agencies would need to establish clear parameters regarding the eligibility of agencies for subsidy funding and agreements regarding the client trips they would serve.

**Reference:** TCRP Report 124, Guidebook for Measuring, Assessing, and Improving Performance of Demand-Response Transportation, prepared by KFH Group, Inc., Urbitrans Associates, Inc., McCollom Management Consulting, Inc., and Cambridge Systematics, Inc., Transportation Research Board, Washington, D.C., 2008.

#### **(8) Alternative Service Delivery Model: Feeder Service To/From Fixed Route System**

##### **Example:**

Feeder service to fixed route for ADA paratransit riders is practiced by a number of transit agencies including Pierce Transit in Lakewood, WA; Utah Transit Authority; Access Transportation in Pittsburgh; DART in Dallas; and the RTD in Denver, CO.

##### **Description of Model and Example:**

Several of the transit systems have implemented trip-by-trip eligibility and have found some ADA riders able to use fixed route if provided a trip to the line-haul service, either rail or bus. In such cases, the ADA rider is provided feeder trips to/from the fixed route stop or station.

A related example for the study is the zoned general public demand responsive service provided by DART and RTD which focuses on the rail station in each zone. While open to the general public, the service is also used by ADA eligible riders. During the morning and afternoon peak commute hours, the demand response vehicles operate primarily as feeder/connector service within a defined service area around rail stations in suburban settings, bringing riders to the rail station and/or distributing riders to their final destinations from the rail station.

##### **Funding:**

The transit agencies use various transportation grant programs to support their ADA paratransit services, including the feeder service.

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**Legislation Supporting Program:**

The ADA allows for feeder service to accessible fixed route under *Types of Service*: §37.129 (c) *Complementary paratransit service for ADA eligible persons...may be provided by paratransit feeder service to and /or from an accessible fixed route.*

**Policies and Practices Contributing to Success:**

- A thorough eligibility process that determines that some persons can ride fixed route.
- Effective travel training to support the use of fixed route.
- Effective scheduling with close “meets” between the fixed route service and the paratransit vehicles.
- Safe and secure waiting locations for riders who may need to wait for the feeder service if the headways are less frequent than the fixed route service. In Pittsburgh, attempts are made to ensure that the transfer locations are staffed.

**Possible Applicability for Pilot in Suburban Maryland:**

This option was raised by one of the larger human service agencies that was interviewed (though the agency referred to the option as “more direct fixed route service” from Metro stations and possibly other trip generators near the agency location). Similarly to the earlier option of contracted routes, this option would need further consideration to determine how many clients might be appropriate users of fixed route with feeder service to estimate demand; the nature of their travel patterns, in particular their destination rail station and proximity of that station to their agency location; and a possible operator of the service. Given WMATA’s cost structure, it would likely not be a cost-effective operator.

Travel training would also be needed to support agency client use of the service, ensuring they can effectively and safely use fixed route with feeder service.

This option has merit, depending on the volume of trips that might be deferred from MetroAccess. Significantly, the option meets the more integrated/ less specialized objective for client transportation that was voiced by a number of the agencies interviewed.

**References:** TCRP Synthesis 74: Policies and Practices for Effectively and Efficiently Meeting ADA Paratransit Demand, by D. Chia. Transportation Research Board, Washington, D.C., 2008; TCRP Synthesis 76, Integration of Paratransit and Fixed-Route Transit Services, by R. Weiner, 2008; current research for TCRP Research Report B-40,

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## Strategy Guide to Enable and Promote the Use of Fixed-Route Transit by People with Disabilities.

### Summary

Eight models demonstrating human service transportation coordination or alternative service delivery options for ADA paratransit have been profiled, with information on examples of each model. Information is provided on their key characteristics and possible applicability for Suburban Maryland.

Following a meeting and discussions with the Project Management Team, the options were narrowed down to four, discussed below.

## ASSESSMENT OF PREFERRED MODELS

### Preview of Selected Models

The four coordination/alternative service delivery models selected for additional analysis are previewed in Table 2-1, providing a high-level summary of the models based on the Task 2.1 work. Additional analysis is provided below for the brokerage and partnership models. The two models that feature fixed route service – contracted routes and feeder service to/from fixed route – have not been analyzed to the same degree, as they appear to have less potential for reducing demand for ADA paratransit service, at least in the short term.

An additional model option has been added after discussions with the Project Management Team, which is a combination of several models – essentially a hybrid – that would allow different services to be provided to different human service agencies depending on the services or transportation support they determine most appropriate. This model, called at this point a mobility brokerage, provides flexibility to respond to the transportation situation of individual human service agencies, a model characteristic desired by the Project Management Team.

### Transportation Brokerage

#### *Concept*

The transportation brokerage model is an operating brokerage, by which one entity (a broker) receives trip requests from local human service agencies and then assigns those trips to a network of local private transportation providers. For this

**Table 2-1: Models for Coordination/Alternative Service Delivery  
Selected by Project Management Team**

Concept	Key Features	Trip Purpose	Pros/Cons	Potential to Reduce Demand for MetroAccess Trips
Transportation Brokerage	A broker would operate a call center and subcontract human service agency transportation to local transportation providers.	All trip purposes could be accommodated.	Pros: Flexible, uses non-dedicated vehicles, could be cost-effective as a pilot if implemented in conjunction with existing brokerage. Cons: Would need strong contract oversight.	High
Partnership Agreements/ Subsidy	Transportation resources and/or funding would be provided for human service agencies to provide their own specialized transportation services, either in-house or through a contractor.	All trip purposes could be accommodated.	Pros: Flexible for agencies; provides financial aid or resources to offset the high cost of specialized transportation. Cons: Would not be helpful for agencies that do not provide their own transportation or interested in starting their own transportation.	High
Contracted Human Service Routes	Human service agencies would contract with a transportation operator to provide scheduled route service for client transportation, picking up clients at designated stops and transporting them to their agency sites. Could also be managed through a broker.	Trips to agency location/work program.	Pros: May offer some economies of scale through the coordination of services, may be geographically feasible, given the location of several of the agencies in Prince George's County. Cons: Would need to identify an operator and provide oversight. May not offer much opportunity for savings for agencies that are not located near one another. Effectiveness will depend upon volume of trips provided on contracted routes.	Medium
Feeder to Fixed Routes/Metrorail	New feeder routes would be developed to provide direct connections between Metrorail or other transit hubs and the agency locations.	Trip to agency location. Could facilitate additional day trips from centers to any place on Metrorail system.	Pros: Allows for a high level of independence and freedom to travel for clients. Would be relatively cost effective if the general public could also use the feeder routes. Would be inexpensive for agencies and clients. Cons: Only a certain percentage of clients would be able to use these routes, depending upon the nature of their disabilities. Cost effectiveness would depend upon level of use. May require aides on vehicles or staffing at transfer location.	Low

application of the brokerage model, it is likely that the daily subscription trips would form the basis for the assignment of trips. The broker would be the primary point of contact for the human service agencies and clients and would communicate additions and cancellations from the agencies to the transportation providers.

### *Case Study*

The D.C. Medicaid non-emergency transportation program is a local example of an operating transportation brokerage. As described earlier, the D.C. government contracts with MTM, Inc., a private transportation company based in St. Louis, Missouri to serve as the broker for Medicaid transportation. MTM manages and operates the Call Center and subcontracts with a network of local transportation providers, which provide ambulatory, wheelchair and stretcher trips. Providers are paid on a per trip basis.

Key information about the brokerage model was provided through the description of the D.C. Medicaid example, documented through Task 2.1 efforts. Additional information was collected in Task 2.2 to begin assessing the potential for a transportation brokerage to serve human service agency trips and is provided below.

#### *Additional Information Applicable to a Possible Pilot*

Given the proximity of an established specialized transportation brokerage, it may be feasible to test the brokerage concept by entering into an agreement with MTM to provide brokerage services for one of the large Suburban Maryland agencies as a pilot. KFH Group contacted MTM to discuss the concept and learned the following details concerning how this pilot might potentially work.

- ***Trip Volume for Feasibility*** - In order to be economically viable, MTM indicated that 100 trips per day would be required. This level of trips corresponds, for example, with about one of the sites of the ARC of Prince George's County (the agency has four sites, with site enrollment ranging from 30 clients to 85 clients).
- ***Call Center*** - MTM indicated that a specialized transportation brokerage pilot focused on Suburban Maryland could operate out of its existing call center in the District. MTM would set up a different phone number in its control room for this pilot program.
- ***Familiarity with Customer Base*** - In addition to the Medicaid trips, MTM also provides brokerage services for the D.C. Developmental Disabilities Administration (DDA). The DDA customer base is comprised of

developmentally disabled adults traveling each day to program sites or work, similar to the customer base for the pilot project. MTM indicated that for DDA trips, they typically use the same driver and vehicle for each subscription route. MTM provides aides on vehicles when needed, for an additional fee.

- **Logistics** - The broker works directly with the client agencies to set up the initial service. Clients call the broker for additional trip requests, changes, or cancellations. The broker contracts with local private transportation operators who actually provide the trips. The drivers and aides are employed by the private operators and trained by the broker. MTM reported that the companies are generally small, family operated businesses and driver turnover is low. MTM has installed cameras on the contractors' vehicles and is in the process of installing mobile data terminals (MDTs). Contractors' vehicles are generally mini-vans and 10-passenger vans. Service can be door-to-door or curb-to-curb, whichever is the most appropriate for the clients. MTM employs field monitors to check on drivers, as well as to investigate complaint situations.
- **Performance Standards** - There are performance standards in place. Each MTM contract has a slightly different set of standards. Generally, the on-time standard is 85-90% and the ride time standard no more than 45 minutes longer than the drive time. There is also a complaint/incident standard.
- **Commingling** - MTM indicated that clients from one contract are generally not on the same vehicle with clients from another contract, though commingling of clients is not prohibited. With the volume of trips provided for the agencies, it is generally not efficient from a routing perspective to commingle.

### *Preliminary Input on D.C.'s Transportation Brokerage Model*

KFH made preliminary inquiries about the transportation brokerage currently provided for the D.C. Medicaid program. Information received concerning the brokerage indicated that D.C. program administrators are generally pleased with the brokerage that is in place. While there are periodic complaints as there are for any transportation program, the District reported the broker has been responsive and willing to address concerns when they occur.

Comments have also been provided by one of the Virginia jurisdictions. These comments related to the fact that a transportation brokerage, by nature of its design, has multiple transportation providers, providing non-dedicated services, which results in different types of vehicles in service, with no consistent color scheme or logo. Concern



was expressed that riders with developmental disabilities may find it difficult to recognize their vehicle or understand that different vehicles may arrive for their trips.

This actually can be an issue for any transportation brokerage, not just one for riders with developmental disabilities. And there are steps that can be taken to help address this, including: a standard magnetic sign that can be attached to the vehicles when in service for the brokerage; requiring a dress code for drivers (e.g., black pants, white collared shirt, etc.); requiring drivers to wear ID cards; driver training on policies and procedures so service is consistent; rider education and re-education.

It is also noted that for the pilot service being considered, many of the trips are likely to be repeat, subscription trips to and from the human agency site. One provider will likely be scheduled to provide those trips, and typically it would be the same driver and vehicle providing the service most days.

**Contact:**

Alaina Maciá, CEO, MTM, Inc., [www.mtm-inc.net](http://www.mtm-inc.net)

**Partnership Agreements/Subsidy**

*Concept*

This model builds the capacity of human service agencies to provide their own specialized transportation by providing transportation resources to the agencies. These resources, typically provided by the public transit agency, may be paratransit vehicles, maintenance, fuel, insurance, and driver training as well as a funding subsidy. In return for the resources or subsidy, the human service agency agrees to provide a specified number of specialized trips that would otherwise be provided by the public transit agency's ADA paratransit program.

*Case Study*

Seattle Metro assists local human service agencies meet their transportation needs through a coordinated Community Access Program (CAT). The stated objectives of the program include: expanding transportation options for people with special transportation needs and increasing cost efficiency through partnerships and coordinated service.

CAT has two components, with the larger and more significant one called the Advantage program.

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**Advantage Program:** Through this program, Metro provides to selected human service agencies:

- **Vehicles** – In the early years of the program, Metro provided retired vehicles from its ADA paratransit program. More recently, Metro provides new vehicles. These include 8-, 12- and 15-passenger vans and small accessible vehicles. State grant funding has been available to purchase the vehicles, about \$1 M per year.
- **Maintenance** – Metro monitors the maintenance needs of the vehicles and sends notices to the agencies as to needed scheduled maintenance. The agencies take the vehicles to one of four different maintenance facilities that are operated by the several contractors for Metro’s ADA paratransit service, Access.
- Driver training materials.

Metro also provides up to \$10,000 in grant funds to participating human service agencies that qualify for financial aid. These funds can be used for gas, insurance, or administration. Funds cannot be used for driver salaries.

The agencies provide:

- **Drivers for the vehicles** – This is typically agency staff members who have other responsibilities.
- **Liability insurance** – This is an area of focus for Metro. Until recently, the agencies were required to carry \$2 M in liability insurance. This has been increased to \$5 M, though Metro indicated that they do have some flexibility if this is a hardship for a smaller agency. The transit agency also indicated that obtaining insurance is usually not difficult, as there is a non-profit insurance agency in Washington State that works with human service agencies.
- **Transportation for agency clients** – An agency must commit to providing at least 150 one-way trips per month for Access eligible riders. In the application for the CAT program, an agency indicates the riders and trips that it intends to transport. Metro confirms the ADA paratransit eligibility of the named riders in its Trapeze database. Given that this is a partnership program, Metro is not absolutely strict on the requirement that all the agency riders must be ADA certified. If Metro finds that most of the intended riders are ADA certified and information in the application documents that the other riders have disabilities, Metro will typically include the agency in its program.

Metro monitors the program through monthly reports provided by the agencies. Key data include the number of trips, rider identification information, and mileage accumulated on the Metro-provided vehicles. Metro staff assesses the trend in trips provided by the agencies (increasing, stable, decreasing) and reviews its own ADA paratransit ridership database to determine if the agency’s riders are riding Metro’s

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ADA paratransit. This is not intended necessarily to penalize the agencies if some of their riders take trips on Metro's ADA paratransit service, as it would be expected that some riders will want to use ADA paratransit outside of the human service agency transportation service. But if ADA ridership shows significant numbers of the agency clients riding ADA paratransit when the agency vehicles are typically operating, Metro will contact the agency to inquire. This has generally not been an issue.

Metro staff also conducts twice yearly on-site inspections at each agency, inspecting the vehicles and driver records.

There are currently 25 human service agencies participating in the Advantage program. One of the larger participants is a senior-oriented program, with 36 vehicles. Reportedly, about half of the agencies had some type of in-house transportation program when they joined the Advantage program, and the other half had no in-house service. Metro had some convincing to do for some of the latter agencies to participate.

**VanWorks:** The second component of the CAT program is VanWorks. This is a much smaller program, currently with only two agencies participating and with four vehicles provided. The program is intended for agencies that take seniors and people with disabilities to work or training.

Metro provides vehicles, fuel, comprehensive/collision insurance, and maintenance. The agencies provide the driver, liability insurance, and the actual transportation service. This program has been funded with JARC. Given changes to the JARC program with the new federal transportation legislation, MAP-21, Metro is determining the future of this component of its CAT program.

**CAT Data:** Based on data provided by Seattle Metro, with FY 2011 the most recent year, the CAT program provided over 303,000 annual trips at a cost to Metro of \$4.51 per trip. This can be compared to a cost of \$42.11 per trip on Metro's ADA paratransit service in the same year. Metro calculates its annual savings as:

Seattle Metro's CAT Program	2011
Participating agencies	24
Vans in service	93
One-way passenger trips	303,506
% ADA rider trips	49%
% Non-ADA rider trips	51%
Avg. cost/trip on CAT	\$4.51
Avg. cost/trip on ADA paratransit	\$42.11
Annual savings to Metro	\$4,893,700

$(303,506 \times 49\% \times \$42.11) - (303,506 \times \$4.51) = \$4,893,700.$

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### *Summary Comments*

- The CAT program is growing, with increasing numbers of trips provided by participating agencies. CAT ridership totaled 129,460 in 2006 and is now over 303,000. Ridership on Metro's ADA paratransit service is not growing, with the CAT program one influencing factor.
- There is a balance in requiring the participating human service agencies to have ADA paratransit registered clients. On the one hand, one objective of the CAT program is cost-efficiency, so that the agencies have resources to provide transportation for their own clients in a more cost-efficient manner than ADA paratransit. Towards this end, the transit agency wants to know that the human service agency clients have been ADA riders and now will shift to agency-provided transportation. On the other hand, if the transit agency requires that all the human service agency clients be ADA certified, this could mean that new individuals will register and become ADA eligible, and potentially take ADA trips, which is at cross purposes of the CAT program. Some flexibility and a cooperative, partnership attitude with the human service agencies are useful in addressing this balance.
- Human service agencies like the flexibility and control over their transportation service that the CAT program enables. For some of the agencies, for example, the ride times on the ADA paratransit vehicles were too long for their clients in Seattle's large service area, given shared-ride scheduling of ADA paratransit. With control over their transportation service, the human service agencies can provide the level of service they deem appropriate and needed by their clients.

**Contact:** Don Okazaki, King County Metro's Accessible Services,  
don.okazaki@kingcounty.gov

### **Fixed Route Options: Contracted Human Service Routes and Feeder Service Connecting Fixed Routes/Metrorail To Human Service Agency Locations**

The two model options that feature fixed route/scheduled service, including contracted human service routes and feeder service with connections to fixed route/Metrorail, do not have the same trip diversion potential as does a transportation brokerage or the partnership/subsidy agreement. But given the longer-term philosophy in the developmental disability field that was articulated to us in the study interviews, we suggest that the feeder service with connections to fixed route/Metrorail continue to be considered. It may be possible to work with selected human service agencies so that some of their clients might be able to use feeder service to/from fixed route/Metrorail to access their destinations, instead of using MetroAccess, with

appropriate support and training. It is not expected, however, that this would serve large number of human service agencies clients in the short run.

## **Mobility Brokerage**

### *Concept*

The concept of a mobility broker expands the role of a broker from that described earlier in the transportation brokerage model, to one where the broker works with interested human service agencies to provide the services or support that are appropriate for the agency and that provide a cost-effective alternative to MetroAccess. Such services could include the actual scheduling and provision of transportation service, as described under the transportation brokerage model, and could also include the range of services described under the partnership model, where the agencies could be provided vehicles, maintenance support or simply funding to support the agency's in-house transportation program. These are the characteristics for a coordination model preferred by the Project Management Team.

A mobility broker is essentially a hybrid model of the study's case study work, exhibiting characteristics from several of the models. As such, there is not one particular case study that includes all of the possible features that the hybrid could include.

### *Pilot Project*

It is envisioned that the mobility broker concept could potentially be tested in Suburban Maryland as a pilot project by working with one of the larger human service agencies that we have interviewed and that has expressed potential interest in participating. Among the parameters that would need to be analyzed further include:

- The administrative structure.

For a pilot, it is likely that an existing administrative structure would be appropriate for managing the pilot day-to-day. For example, the pilot could be administered through Maryland (MTA, MDOT), or it could potentially be administered through an existing private organization, such as the D.C. Medicaid broker. In the longer term, a new structure might be appropriate. If administered through an existing organization such as the D.C. Medicaid broker, a number of issues would need to be considered, such as:

- What sort of agreement would be needed and feasible through the State's procurement regulations?

- What should be included in the agreement, who should be parties to the agreement?
- Involvement of human service agencies.

The nature of a pilot is small-scale, suggesting the involvement of one human service agency at least at the beginning. What sort of agreement would be needed to involve the agency for the pilot? What are the expectations of the agency for its involvement? If day-to-day transportation service for agency clients is being changed through the pilot, what sort of notification should be given to the clients' caretakers and parents?

The arrangement with the human service agency should include a timeline, and possible options for "after the pilot". Additional consideration should be given to determine how to involve additional agencies beyond the pilot. Would involvement be gained through a grant process or some other process?

- Evaluation.

An evaluation framework is important to learn from the pilot and determine what is effective and what is less effective. Evaluation measures should be defined at the outset, including measures to assess cost savings and service quality. Once drafted, these should be discussed with the pilot's participating human service agency to obtain input and agency perspective.

These and additional issues will be addressed through efforts in the study's Task 3.

## SUMMARY

Discussions with the Project Management Team indicate favor with the mobility broker model, which is the hybrid option, designed specifically with flexibility to provide transportation services and support that may vary depending upon the existing transportation services and needs of human service agencies in Suburban Maryland and what is determined to be more cost effective.

The model includes both the transportation broker model and the partnership/subsidy model, the two that appear to have more support based on the study thus far. The hybrid model could also include the fixed route options, such as feeder service to/from bus and Metrorail, if such service is determined feasible by a participating human service agency. It could also include other options, such as taxi-

based services, which can be particularly cost-effective for shorter trips and certain types of riders with disabilities.

Further study efforts will describe how the model could be structured and the mechanisms to provide support and subsidies to participating human service agencies. The types of alternative transportation services rather than MetroAccess that could be provided through the model structure will also be described, given the desired flexibility of the model.





## **Chapter 3:**

# **The Preferred Model for Human Service Coordination in Suburban Maryland**

### **INTRODUCTION**

This chapter provides an overview of the preferred model for human service coordination in Suburban Maryland as determined through the study process. This model is a hybrid of selected models, as described in Chapter 2, and was initially referred to as a mobility broker model; however, a more descriptive and appropriate term has been suggested – coordination umbrella model. This model essentially serves as a management structure for alternative service delivery and coordination options, with the ability to plan and implement different service alternatives to MetroAccess that provide more cost-effective and responsive transportation to meet the varying needs of human service agencies and their clients.

The chapter also outlines the management model structure and functions. The functions are the mechanisms that will facilitate coordination efforts with human service agencies and the funding of alternative services. Additional details are provided in Appendix B. Potential alternative services that could be pursued under the model structure as operating pilot projects are provided in the following Chapter 4.

Notably, the discussion builds on information provided during study efforts about a concurrent initiative of MDOT and WMATA to implement an alternative service pilot in Montgomery County. This pilot intends to provide a grant subsidy to a human service agency for client transportation now provided by MetroAccess. Information about the pilot, provided halfway through the study, has informed the study and development of the preferred model, including the mechanism to fund the alternative services.

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## COORDINATED ALTERNATIVE PARATRANSIT SERVICE PILOT

As this study has progressed, an initiative of MDOT and WMATA has been evolving, an effort termed the Coordinated Alternative Paratransit Service (CAPS) pilot. An objective of the CAPS pilot is to provide “an opportunity for an alternative model”<sup>1</sup> of human service transportation, whereby a human service agency would receive grant funding to reimburse trips provided by a contractor (a third-party transportation company) for the agency’s clients who would otherwise use MetroAccess. This alternative model designed for the CAPS pilot is the partnership/grant subsidy model – one that the study included as a feasible model for Suburban Maryland in earlier study efforts and then included as one of several preferred model options under the selected hybrid model.

Under the CAPS pilot, WMATA and MDOT are working with one human service agency in Suburban Maryland to provide a grant subsidy for a six-month pilot. The grant funding is available for reimbursing contractor-provided trips for clients who currently use MetroAccess as ADA paratransit eligible riders. This alternative to MetroAccess should exhibit cost savings for MDOT. The funds for the grant are being diverted by MDOT from funds that have historically been used to provide MetroAccess trips for this client base.

Because the CAPS service delivery concept is one that is included under the preferred model, the evolving CAPS pilot can serve as a test for the partnership/grant subsidy concept under the coordination umbrella model. Additional alternative services can be tested and provided, building on the model options identified in Chapter 2 and the desire articulated through the study that the model should have flexibility to pursue more than one service alternative. Such additional services are described in the following chapter.

## OVERVIEW OF PREFERRED MODEL

The preferred model for coordination and alternative service delivery is a hybrid or coordination umbrella, specifically incorporating several model concepts selected by consensus of the Team from the range of model options presented earlier in the study. This model can be seen as a management structure to pursue coordination and alternative service options to MetroAccess. Based on discussions with the Project Management Team, it is specifically designed to be flexible, allowing for the development of various alternative services in recognition that human service agencies have differing needs for specialized transportation. The preferred model also builds on

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<sup>1</sup> Coordinated Alternatives to Paratransit Service (CAPS) Pilot: Question and Answer Document, MDOT, undated.

information provided for the CAPS pilot and serves as an umbrella structure for CAPS and for additional alternative service delivery pilots to implement in partnership with human service agencies in Suburban Maryland.

Key to the model or management structure is the availability of grant funds from Maryland to human service agencies so that the agencies can fund alternative as well as more appropriate and effective transportation service for their clients than currently provided by MetroAccess. Importantly, the alternative transportation services must show cost-savings over MetroAccess. Given the high costs for MetroAccess service, more cost-effective transportation service through human service agencies is feasible.

This management structure for coordination developed through the Regional Coordination of Specialized Transportation study recognizes that the public transit agency cannot serve all specialized transportation needs within the region, given that many of such needs are more specialized than ADA paratransit can serve, and that the community-based human service agencies may be better suited to transport their clients with the proper support and resources. In this way, the public transit agency (and its funding partners) and local agencies share, in a coordinated manner, the responsibility for serving specialized transportation needs in the community.<sup>2</sup>

## OUTLINE OF MANAGEMENT MODEL STRUCTURE AND FUNCTIONS

As a hybrid, the management model will need to be structured in a manner that allows it the flexibility to serve as an umbrella program, overseeing and implementing a number of different functions and services, depending upon the needs of the participating human service agencies. The structure and functions are outlined below, with more details in Appendix B.

### Policy Oversight

Implementation and development of the model will involve policy oversight and decisions regarding funding levels, guidelines for the types of human service agencies that may participate in the program, requirements for participation, and so forth. Given that the funds used for the current MetroAccess trips in Suburban Maryland are State of Maryland funds, it is assumed that policy oversight will be the responsibility of a Maryland State agency.

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<sup>2</sup> TCRP Report, Guidebook for Measuring, Assessing, and Improving Performance of Demand-Response Transportation, by KFH Group, Urbitrans Associates, Inc., McCollom Management Consulting, Inc., and Cambridge Systematics, Inc., Transportation Research Board, Washington, D.C., 2008.

## **Management and Administration**

In addition to policy oversight, an organization or agency will be needed to serve as the day-to-day manager and administrator and responsible for the functions and overseeing the alternatives service that are implemented. This includes overseeing the CAPS pilot, implementing, and supporting other alternative services in partnership with human service agencies in Suburban Maryland.

### **Functions**

Functions envisioned for the selected coordination model are listed below, building on the information provided by Maryland on the CAPS pilot. In particular, it is assumed that additional pilots beyond CAPS will also be provided through grant agreements to human service agencies. The model functions are essentially the mechanisms with which the model will achieve its objectives, and specific efforts can be tailored based on early experience and on MDOT policy and direction.

Potential functions:

- Grant Administration,
- Operational Support,
- Planning and Development of Tailored Services,
- Potential Transportation Brokerage Services,
- Other Services and Functions, and
- Monitoring and Evaluation.

### **Consideration of Costs**

One of the important reasons for developing coordination and alternative service delivery options is to provide quality specialized transportation service for people with disabilities who are eligible for ADA paratransit to access programs, services, and jobs at a lower cost than is currently experienced through MetroAccess. In estimating the costs of pursuing human service transportation coordination by implementing and funding the various pilots and alternative services, the following cost centers may need to be considered:

- Start-up Costs,
- Administrative Costs,
- Operating Costs, and
- Capital Costs.

The CAPS project, currently in the process of being implemented, will be looking at *measurable cost avoidance* as a financial performance measure. This cost avoidance will be measured via a “positive variance in the State’s paratransit budget”. For example, assume the State is currently subsidizing Maryland’s ADA riders on MetroAccess at \$1 million per year; further assume that through a coordination partnership, it provides \$200,000 for alternative service delivery for Agency A’s ADA paratransit clients, which would have cost \$400,000 if provided through MetroAccess; the result is the State has avoided \$200,000 in MetroAccess costs.

## **Evaluation**

It is envisioned that both short and long-term evaluation strategies will be needed to understand if the preferred model—functioning as a management structure—is meeting its goal. The short-term evaluation criteria will first focus on the CAPS pilot project and longer term criteria will expand to include an assessment of the increase in operating pilots as measured by participation of additional agencies, and any increase and diversity in types of alternative services implemented, as measured in variety of services provided through pilot projects.

## **SUMMARY**

As the Regional Coordination of Specialized Transportation Study has progressed and the CAPS pilot project has further developed in parallel to the study, the concept of a “coordination umbrella model” has evolved as a preferred model for coordinating and developing alternative specialized transportation services for human service agencies and their ADA eligible clients. The model serves as a management structure, incorporating several model concepts researched earlier in the study, and building on what has been learned during the planning of the CAPS pilot, including the plan to support alternative services through grants.

The model essentially provides a structure that will involve overseeing the CAPS pilot and developing and implementing additional alternatives to MetroAccess in partnership with local human service agencies in Suburban Maryland. As appropriate, these additional alternatives can be implemented as pilots to test their cost-effectiveness and viability. Suggested potential pilots beyond CAPS are described in the following Chapter 4.



## Chapter 4:

# Action Plan for Possible Alternative Service Delivery Pilot Projects

### INTRODUCTION

The final task of the Regional Coordination of Specialized Transportation study asked for the development of an action plan to implement the preferred model for developing coordination or alternative service delivery options for human service agency transportation in Suburban Maryland. According to the study's Request for Proposals (RFP), this plan should address actions for implementing one of the model options for human service coordination or alternatives to MetroAccess from the study that could be tested in Suburban Maryland.

As described earlier in this report and given the efforts parallel to this study by MDOT and WMATA to implement the Coordinated Alternative Paratransit Service (CAPS) pilot, the preferred model that evolved from the study is essentially a management structure, referred to as a *coordination umbrella* and designed to incorporate the CAPS pilot and to pursue additional alternative service delivery/operating pilots. With the efforts of MDOT, in partnership with WMATA, to initiate the CAPS pilot, decisions that are now being made and actions being taken to implement CAPS are, in effect, helping to shape the *coordination umbrella* model. Rather than focus on steps to implement the model, and in keeping with direction from the Project Management Team, then, the action plan in this chapter focuses on potential alternative service delivery/operating pilots that could be pursued, in addition to the CAPS pilot.

The chapter concludes with a suggested timeline for pursuing human service transportation coordination and possible alternative service pilots.

### POTENTIAL ALTERNATIVE SERVICE OPTIONS

Once underway and with several months of experience, the CAPS pilot should demonstrate cost-effective results and provide useful information to inform implementation of additional pilot projects. This section of the plan provides information about additional potential pilots that could be pursued, building on information gathered during interviews with human service agencies conducted early

in the study and follow-up meetings and discussions with selected agencies. Importantly, additional pilots should build on experience and early results of the CAPS pilot.

Potential alternative service pilots described below include:

- A grant agreement to increase in-house agency transportation service.
- Feeder service to/from fixed route service to facilitate fixed route use by selected human service agency clients.
- An operating grant for contracted service to supplement in-house transportation service.
- Transportation brokerage service.

### **Grant Agreement For In-House Agency Transportation Service**

#### *Agency Provision of Client Transportation*

Several area human service agencies provide client transportation directly for their clients, typically at a lower total cost than is experienced through MetroAccess. While the operating costs are lower, the agencies end up spending more on transportation if they provide it in-house than they would if their clients used MetroAccess, because they (or their clients, depending upon the arrangement) only need pay the fare if MetroAccess is used, rather than the full cost.

This grant agreement option is one in which an agency that either already provides in-house service for some trips, or is ready and able to begin such service, would be provided grant assistance to make up the cost difference between what it costs them to provide service and the fare that they are paying (or the reimbursement amount that they are getting from DDA).

#### *Potential Pilot*

In Prince George's County, the ARC of Prince George's is potentially interested in trying a pilot project whereby the agency would expand its transportation service to include the Largo site (which is one of the agency's four sites). This site is a logical one to start with, as the agency's transportation program is co-located at the Largo facility.

The site currently serves 65 people, and this is expected to grow to 80 people in the fall of 2013. Of the current 65 people, 50 are transported to the site via MetroAccess.

In order to participate and add the trips now provided by MetroAccess plus trips of the additional clients expected in the fall, the ARC would need an additional 12



vehicles – four lift-equipped vans and eight 15-passenger vans. These vehicles could be leased, but some provision would be needed to safeguard the agency should the pilot be discontinued prior to the end of the vehicle lease. Other options include a grant agreement term that matches the lease term. Typically, vehicle leases run for five years, but it might be possible to negotiate a three-year term. Other options to obtain additional vehicles were outlined earlier in Chapter 3 of this report.

Estimated costs for this possible pilot are shown in Table 4-1. As shown, the ARC could provide service at a cost of \$23.80 per trip (\$21.80 per trip plus \$2 for vehicle leases) for ambulatory riders and \$47.60 per trip (\$43.60 per trip plus \$4 for vehicle leases) for wheelchair users. This assumes a five-year vehicle lease. The total annual cost for providing in-house transportation for the Largo Center, assuming 72 ambulatory riders and 8 wheelchair riders, with leased vehicles, would be about \$1,048,000.

Shortening the vehicle lease term to three years would add an estimated additional \$80,000 to the annual cost for an annual total of about \$1,127,000. Under either lease scenario, this possible pilot would save more than \$870,000 in funding over continued service by MetroAccess.

### ***Steps Towards a Pilot Project***

Steps toward a possible pilot include:

- Decisions are needed to address the agency's additional fleet requirements and how a grant agreement or other funding mechanism could provide those vehicles. This is a key early decision point.
- Discussions should be initiated regarding the length of a possible pilot. This is related to issue of the need for additional vehicles, and may also impact the agency's interest in a pilot. Too short a time period may mean that the planning and start-up efforts needed to significantly add to the in-house transportation program are not in the agency's best interests, while a longer time period, depending on how long, may be more than Maryland's definition of a pilot.
- Requirements for a grant agreement, once formalized, would need to be discussed with the agency and considered by the agency, including, for example, possible impacts on agency staff for grant required reporting.

### **Feeder Service To/From Fixed Route**

During the interview phase of the study process, several human service agencies that work with people with developmental disabilities indicated that it is important for

**Table 4-1:**  
**Possible Alternative Service Pilot-One Agency Site, with Transportation for 80 Clients (72 ambulatory; 8 wheelchair) (1)**

<b>Transportation Operator and Rate</b>	<b>Estimated # Annual Trips (2)</b>	<b>Estimated Annual Expenses</b>	<b>Estimated Annual Savings</b>
Estimated MetroAccess Ridership, Fall 2013 (3) (FY12, \$50.04 per one-way trip)	40,000	\$ 2,001,600	\$ -
In-House Service Estimate, with 5-year vehicle lease (4) \$23.80 per trip ambulatory \$47.60 per trip wheelchair	40,000	\$ 1,047,200	\$ 954,400
In-House Service Estimate, with 3-year vehicle lease (5) \$25.80 per trip ambulatory \$49.60 per trip wheelchair	40,000	\$ 1,127,200	\$ 874,400

(1) Based on agency estimate of split between clients who ambulatory and wheelchair users.

(2) Based on 250 days, 2 trips per day, no provision for absenteeism included.

(3) MetroAccess currently transports 50 clients to this site, but enrollment is expected to rise to 80 by fall 2013.

(4) Lease adds \$2/trip for ambulatory trip; \$4 per wheelchair trip.

(5) Costs for 3-year lease estimated at twice that for 5-year lease.

Notes: This table does not show the MetroAccess fare revenue paid by the ARC that would help offset the MetroAccess expenses, nor does it show the DDA funding that the ARC would use to offset the in-house transportation expenses.

their clients to be as independent as possible and integrated into the community. One way to become more fully integrated is to use public fixed-route transportation services to access program, work, and daily life activities.

Towards this objective, the concept of improved feeder service between Metrorail and human service agencies was suggested by one of the agencies interviewed for the study, Melwood, which has a large client base, though the agency is not a major trip generator for MetroAccess trips. This agency specifically mentioned the option of feeder service from close by Metrorail stations. Two additional agencies, Ardmore Enterprises and New Horizons, indicated that additional travel training could help certain of their clients use fixed route transit services. A possible pilot involving feeder service coupled with travel training to selected human service agencies in Prince George's County is suggested and outlined below.

The premise behind the feeder concept is that there is a population of developmentally disabled MetroAccess riders who attend day programs and could potentially use fixed route transit, with a direct trip from Metrorail, some travel training, and possibly through the use of an aide on the vehicle. In order to explore the feasibility of providing connector service to nearby Metrorail stations, an analysis was conducted of the current public transit service availability to four day program sites in Prince George's County. These programs include: Ardmore Enterprises; the ARC of Prince Georges County; Melwood and New Horizons. Following the analysis of current services is a discussion of potential improvements that could be implemented to increase the use of fixed route public transit services to these agencies.

### *Current Services*

The location of each of these human service agencies is shown in Figure 4-1, along with the existing public transit routes. As this map indicates, three of the four sites are already served by public transit routes that connect the sites to Metrorail. Ardmore Enterprises is the only one of the four that does not have a public transit connection to Metrorail.

For each of the three facilities that has transit service, additional analysis was conducted to examine the pertinent transit service schedule. Shown in Figure 4-2, the ARC of Prince George's County is served by "The Bus" routes 28 and 21. The Route 28 provides relatively direct service from the Largo Town Center Metrorail Station (Blue Line), offering 40-minute headways, and a 15-minute ride time between the station and the ARC. The Route 21 travels between the New Carrollton Station (Orange Line) and the Largo Town Center Station, providing 30-minute headways, and about a 15-minute ride to New Carrollton and a less than ten-minute ride to the Largo Town Center.

Figure 4-1: Selected Human Service Agencies in Prince George's County and Public Transportation Options

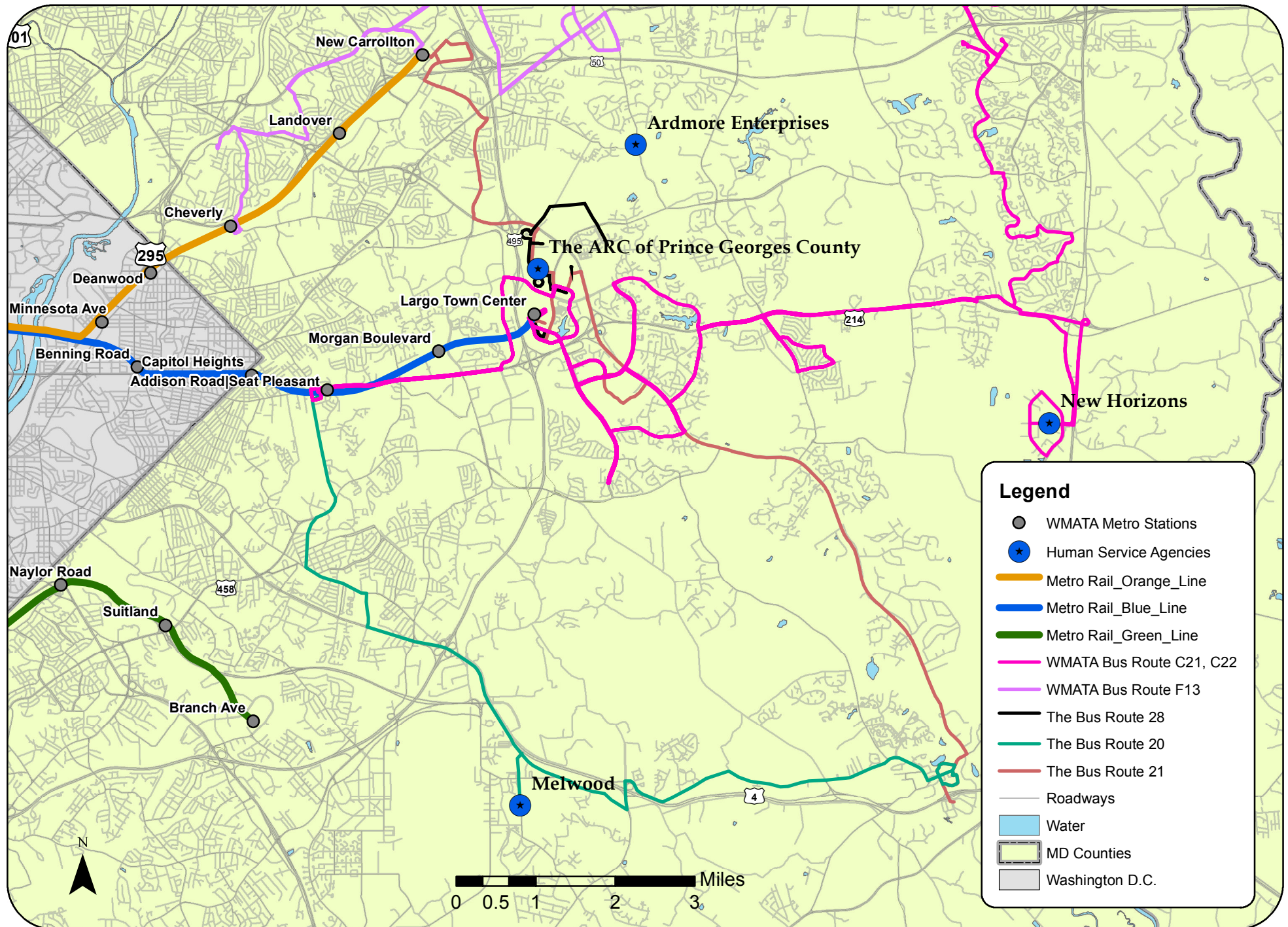
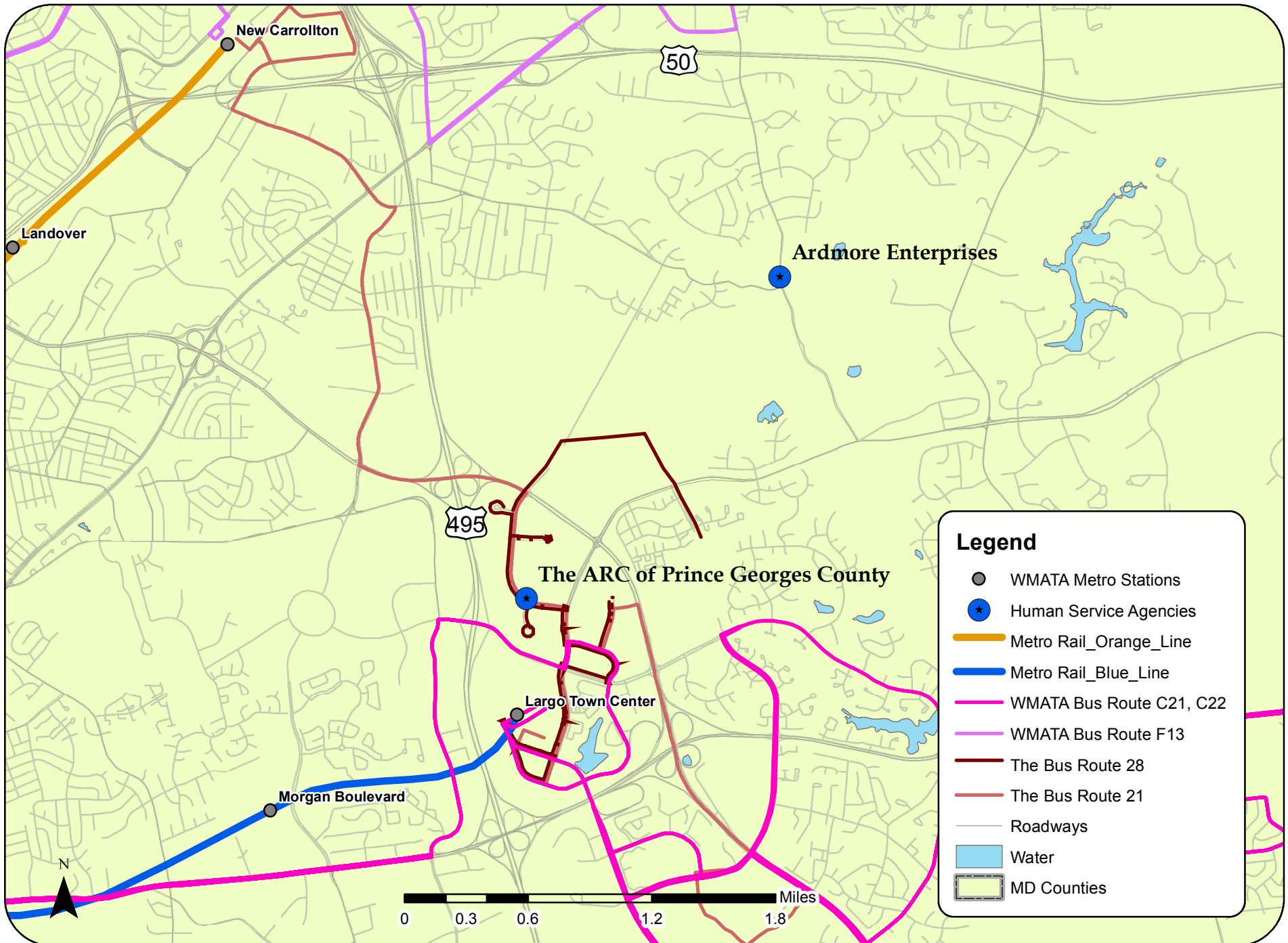




Figure 4-2: Current Public Transportation Options - ARC of Prince George's County and Ardmore Enterprises



Service to Melwood is provided to and from the Addison Road Station (Blue Line) via “The Bus” route 20. This route provides 20-minute headways, with a 27-minute ride time from the station. Figure 4-3 shows the location of the Melwood Training Center, overlaid with the Route 20.

The New Horizons Center is served via Metrobus C21/C22, which provides service to and from the Center on selected trips during the a.m. and p.m. peak periods to both the Largo Town Center Metrorail Station and the Addison Road Station. There are six morning trips between 6:32 a.m. and 8:44 a.m., and six afternoon trips between 3:40 p.m. and 6:13 p.m. The ride time to and from the Largo Town Center Station is about 30 minutes. While the printed westbound C21/22 schedule does not show the afternoon trips, Metro’s on-line trip planner includes these trips. Figure 4-4 provides a map of this route.

### ***Potential Improvements to Increase Usage***

In looking at the public transit options between Metrorail stations and these four sites in Prince George’s County, the following improvements could be explored:

- ***Ardmore Enterprises*** - In order to provide a transit connection to and from Ardmore Enterprises, “The Bus” Route 28 could be extended 1.8 miles (3.6 round trip), east along Lottsford Road and north along Lottsford Vista Road on select trips to and from the Largo Town Center Metrorail Station. This potential route is shown in Figure 4-5.
  - ***Cost*** - Using “The Bus” cost figure of its contracted service of \$88.31 per vehicle hour, and assuming the peak hour extensions would result in about five additional vehicle hours per day (250 days), this extension would cost about \$110,000 annually. This is a conservative estimate, as there may be some creative ways to insert these trips more efficiently through the run-cutting process.
- ***ARC of Prince George’s County*** - This facility is currently well-served by public transit routes. The next steps to increasing usage among agency clients would be to:
  - Assess the client base that attends this site to see if there are some clients who could use the existing services with some travel training.
  - Conduct travel training for clients who could transition from MetroAccess to fixed route public transit. WMATA’s well-regarded existing travel training program is a good option for providing this service.

Figure 4-3: Current Public Transportation Options- Melwood Training Center

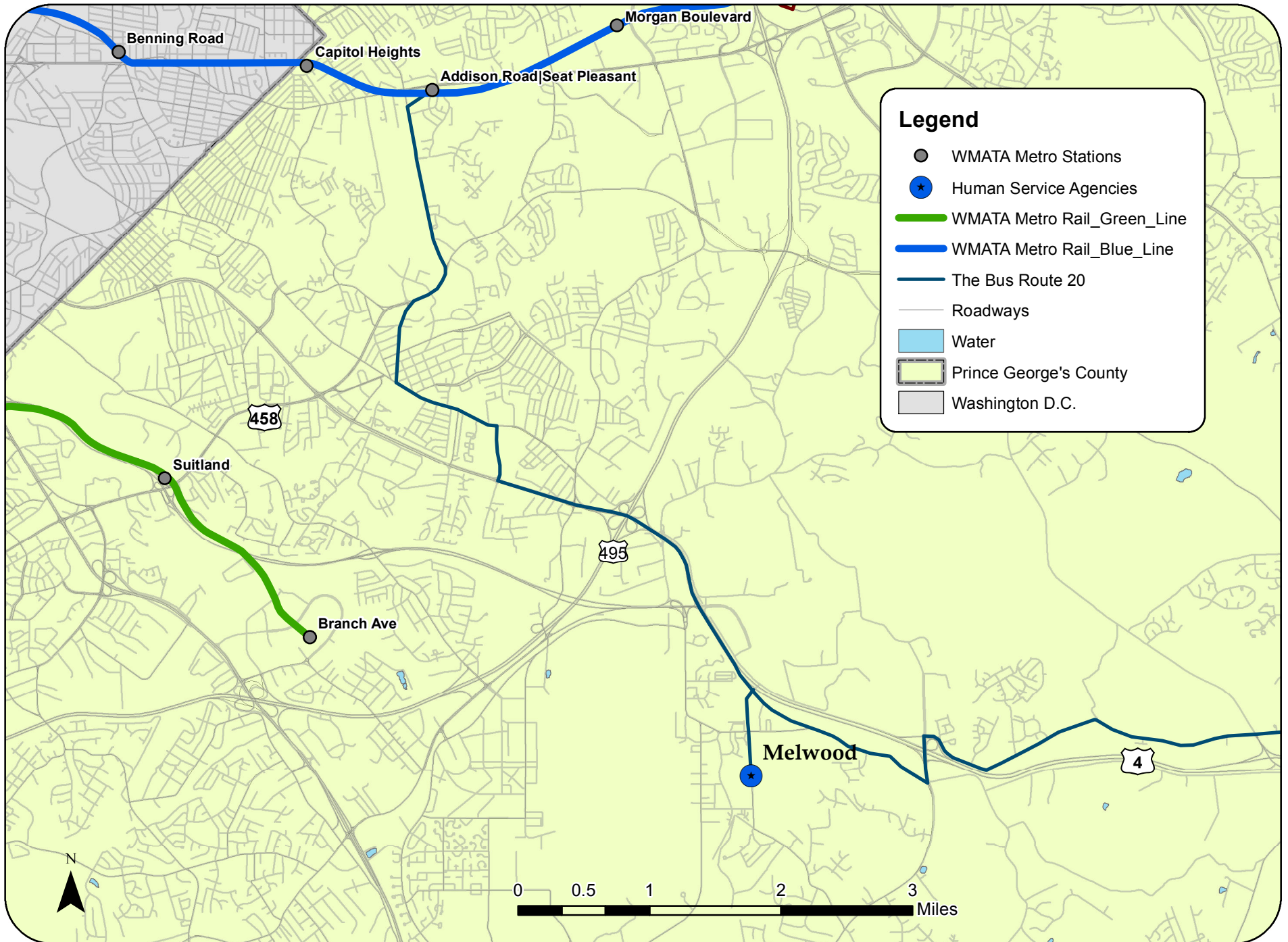




Figure 4-4: Current Public Transportation Options- New Horizons Supported Services

4-10

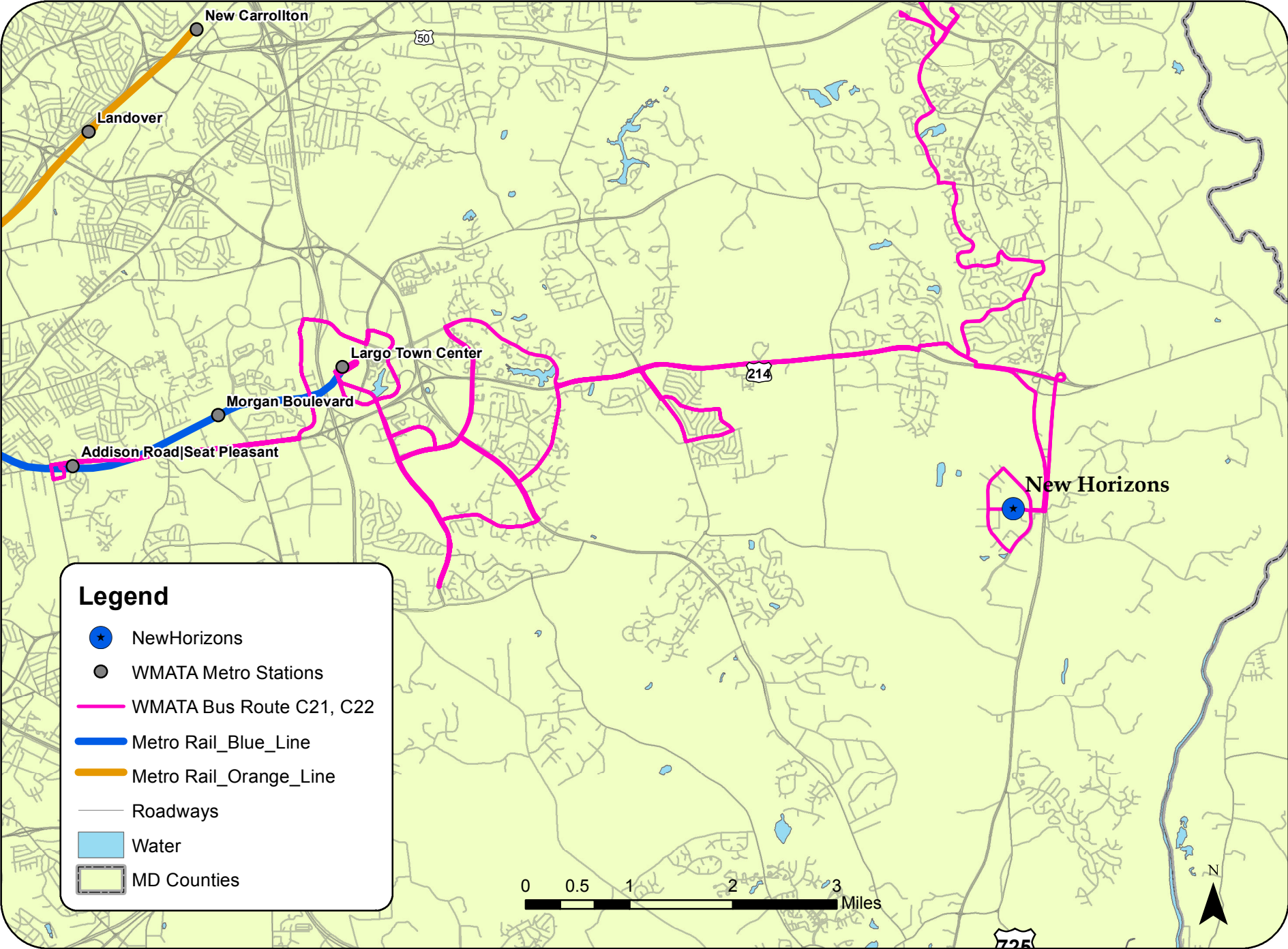
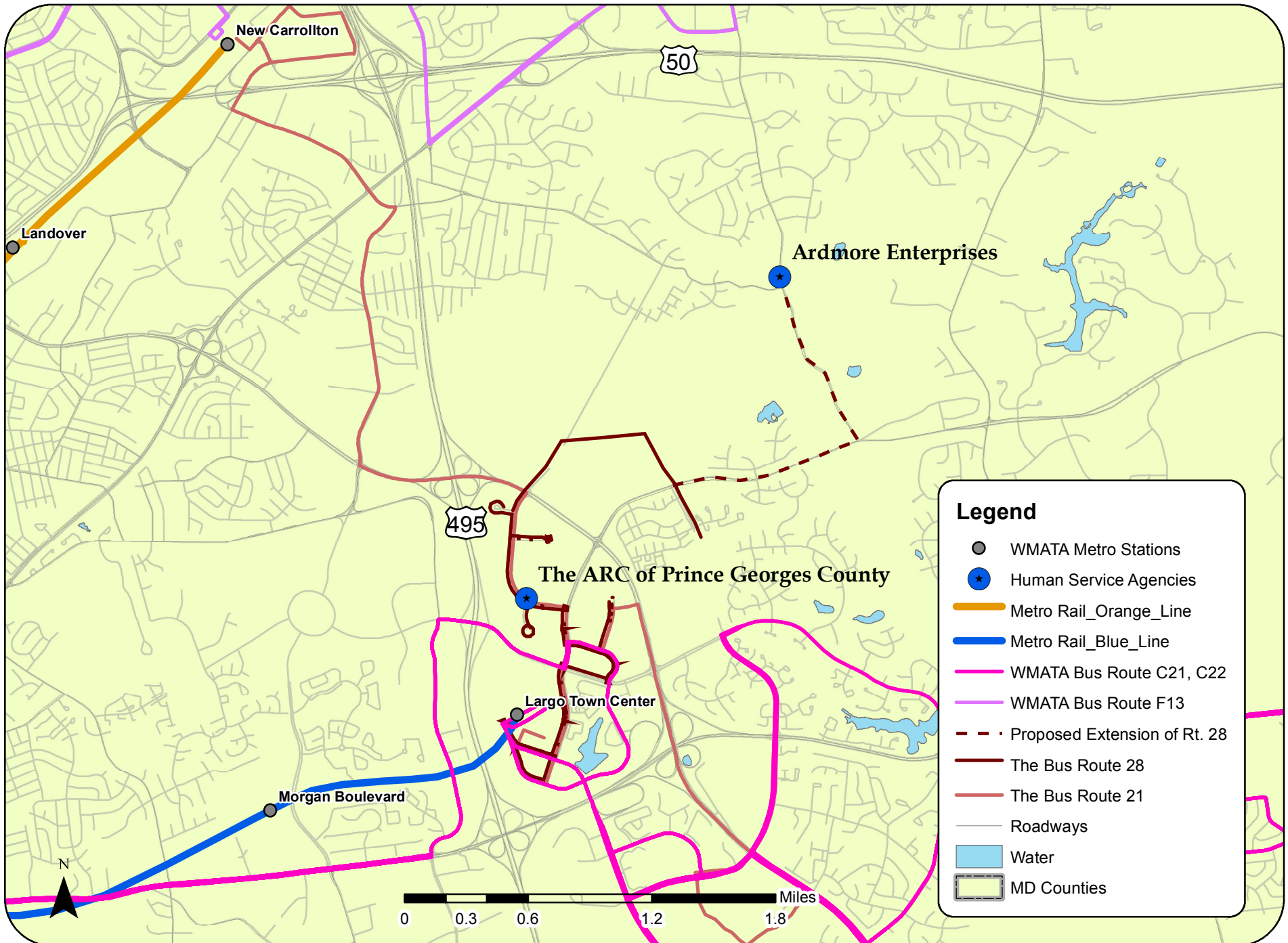




Figure 4-5: Potential Extension of The Bus Route 28 to Ardmore Enterprises



- Consider providing an aide on the vehicles during select trips to facilitate clients' use of the feeder service. If two aides are needed for both the morning and afternoon peak periods, it is likely to cost about \$36,000 annually.
- **Melwood** - An additional route to Melwood from the Branch Avenue Metrorail Station could be considered. "The Bus" Route 20, which currently serves Melwood, travels to and from the Addison Road Station, which is approximately eight miles away (27-minute transit ride, one-way). The Branch Avenue station is a little closer, about six miles away. This potential route is shown as Figure 4-6, and measures 5.5 miles each way, or 11 miles round trip. This route would open up service from the Green Line to the facility. An aide aboard select trips could also be considered for routes that serve Melwood, if this would facilitate use by the agency's clients.
  - **Cost** - Assuming the new route between Melwood and Branch Avenue would operate peak-hour only; the annual operating cost would be about \$132,000. This cost estimate is based on \$88.31 per vehicle hour, six vehicle hours per day, 250 days per year.
  - If two aides are needed for both the morning and afternoon peak periods, it is likely to cost about \$36,000 annually.
- **New Horizons** - Increasing fixed route public transit use among New Horizons' clients would likely involve increased travel training and potentially adding an aide aboard select runs of the C21/C22 route.
  - Travel training could be conducted through WMATA's existing travel training program.
  - If two aides are needed for both the morning and afternoon peak periods, it is likely to cost about \$36,000 annually.

A summary of the transit options, proposed improvements, and financial implications for these four agencies is provided in Table 4-2. These estimates show that cost savings could be achieved by diverting five clients (ten trips per day, at \$50 per trip, 250 days per year) to fixed route services by extending limited peak hour service to Ardmore; and/or six clients (ten trips per day, \$50 per trip, 250 days per year) by adding a peak hour route to Branch Avenue for Melwood. Any level of trip diversion for the ARC or New Horizons would result in savings, as no new public transit services would be needed. This table focuses on the transit expenses alone and does not consider the cost of aides, which may or may not be needed.

Figure 4-6: Potential New Route from the Branch Avenue Station to the Melwood Training Center

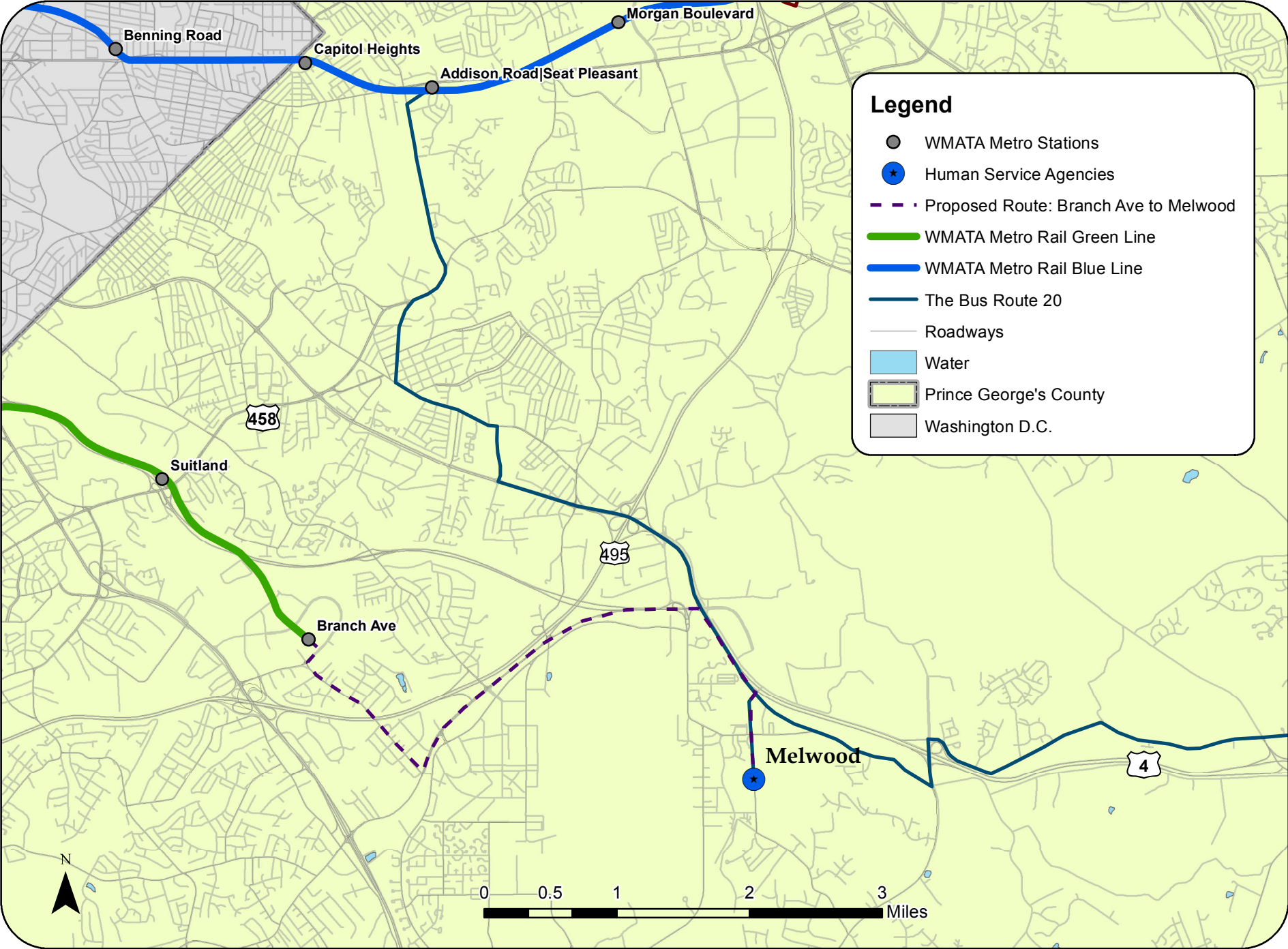


Table 4-2:

**Summary of Fixed-Route Feeder Options for Select Prince George's County Human Service Agencies and Estimated Financial Impact**

<b>Agency</b>	<b>Most Direct Current Public Transit Option From Metrorail</b>	<b>Proposed Improvements</b>	<b>Annual Operating Cost of Improvements</b>	<b># of Trip Diversions Needed to Save \$</b>	<b># Daily Clients</b>
ARC of Prince George's County	The Bus Route 21 The Bus Route 28	None	\$ -	1	1
Ardmore Enterprises	None	Extension of The Bus Route 28	\$ 110,000	2,200	5
Melwood	The Bus Route 20	No changes to route	\$ -	1	1
		New route to Branch Avenue	\$ 132,000	2,640	6
New Horizons	WMATA Route C21/C22	None	\$ -	1	1
			\$ 242,000		

**Note:** The number of trip diversions needed to save money is based on the cost of the improvements divided by the cost of one MetroAccess trip (\$50).

The number of one-way trip diversions was then divided by 2, to arrive at the number of round-trips.

The total # of annual round trips was then divided by 250 days to arrive at the number of clients. This number was then rounded up.



## *Analysis*

Improving the fixed route public transit experience for people with disabilities has the potential to divert some trips from MetroAccess to fixed route public transit service and offer some cost savings. The extent to which trips could be diverted onto existing public transit routes, rather than onto new routes, will be the key to cost savings with this concept.

These options would offer a higher level of independence for these clients than riding MetroAccess; they would not have to call ahead to arrange the trip, and they would be traveling in more integrated settings. The out-of-pocket fare for either the agency or the rider would also be half the cost of an ADA paratransit trip.

Consideration of the feeder options will also need to involve the families and caregivers of the clients. Feasibility of the options could be enhanced if family members use Metrorail. For example, when a family member or members use Metrorail, they might commute together with their developmentally disabled family member from their home to the station. As another idea, agency program staff that use Metrorail for their commutes could potentially travel together with agency clients from the station to the agency.

## *Steps Towards a Pilot Project*

- Contact the four Prince George's County agencies identified to discuss the concept in more detail.
- Determine the extent to which there are current clients who could navigate a fixed route trip from Metrorail using existing fixed route options. Determine how many and what the trip origins/destinations will be.
- Set up travel training through WMATA's existing program so that clients are safe and comfortable riding a fixed route to and from Metrorail.
- Determine if an aide would be required and if so, work out the details regarding hiring, training, and paying for an aide. This might be done in partnership with Prince George's County.
- If there are not clients who could use existing fixed route options, determine if implementing a new route could meet client needs, and if so, how many clients, and to/from which origins and destinations.
- Calculate the costs associated with implementing a new route to see if cost savings would be achieved.
- If financially viable, work toward implementation of a new route.

## **Grant Agreement For Contracted Service**

The availability of grant funding to contract out client transportation now provided by MetroAccess may be attractive to certain human service agencies, giving an agency more control over its client transportation and allowing more specialized transportation service than is possible through ADA paratransit service.

### ***Possible Pilot***

A preliminary discussion was held with a human service agency in Montgomery County – the *ARC Montgomery County* – about the possibility of an operating grant for a contractor to serve some or all of the agency’s client trips now provided by MetroAccess.

The agency presently has 30-40 clients who use MetroAccess to access the agency location in Rockville as well as job locations on weekdays. The agency also has 120 clients that it transports to its site with its own transportation program. An additional approximately 50-60 clients are transported by agency job coaches to work sites, using the job coaches’ private vehicles or agency vehicles. While the clients currently not using MetroAccess are individuals with intellectual disabilities and would very likely be determined ADA paratransit eligible, they have not applied for ADA paratransit eligibility.

The agency is trying to downsize its transportation program, which it has provided for many years. The agency noted that newer human service agencies serving developmentally disabled clients do not provide transportation service. The agency’s fleet consists of larger lift-equipped vehicles (some of which were acquired through the Federal Section 5310 funding program) as well as mini-vans, with a total of 28 vehicles.

There could be benefits to the agency that are gained with a contracted service, provided specifically for the agency’s clients, over MetroAccess; these include: a consistent driver, a more precise on-time window for pick-ups and drop-offs, vehicle routing that serves only the agency clients, and direct contact with the transportation provider particularly when issues arise, rather than going through a large call center such as used for MetroAccess. The agency has experience with Barwood as its primary transportation provider in the 1990’s when Montgomery County provided “Paratransit” which was then operating ADA paratransit for intra-county trips.

### ***Possible Private Providers of Contract Service***

Discussions with several local private providers in the region indicated that they would be likely interested bidders for the type of operating contracts being considered

for human service agencies through the operating pilot projects. In fact, two providers reported that they currently provide service to human service agencies, at least one through a contract for dedicated service. According to these local providers, estimated cost per hour for the service being considered might range from \$25-40 per vehicle hour, depending on the service parameters, type of vehicles needed, and contract requirements.

### **Transportation Brokerage**

The transportation brokerage model was one preferred among several by the Project Management Team, and follow-up was conducted to explore the option of building on the existing D.C. Medicaid brokerage to provide trips for a human service agency in Suburban Maryland. This would be a feasible way to test the concept of a transportation brokerage, assuming interest and participation from a human service agency in Suburban Maryland.

Information was obtained from the contractor for the D.C. Medicaid transportation brokerage about a possible pilot in Suburban Maryland and discussed in Chapter 2. The key information includes:

- The D.C. broker indicated that 100 one-way trips per day would be required for an operating pilot service.
- Preliminary estimated costs are \$25 per ambulatory trip and \$35 per wheelchair trip.
- Transportation service would be coordinated through the broker's existing call center in the District, with a unique phone number established for the pilot. Human service agency trips would be established as repeat, subscription trip "routes," similarly to current MetroAccess trips. Trips would be provided through the broker's network of local transportation providers.
- The broker includes performance standards in its contracts for the transportation providers, important for monitoring service quality.

### ***Possible Pilot***

The possibility of a pilot using the existing D.C. Medicaid brokerage was raised with one of the human service agencies interviewed – the ARC of Prince George's County. Such a pilot would transfer the current MetroAccess transportation from one of the agency's sites to the current D.C. brokerage, a site with 60 clients. This number of clients and corresponding trip volume meet the threshold that the D.C. broker indicated was necessary for feasibility. The analysis conducted in earlier study efforts and

documented in Appendix B found that the broker option for this agency site would generate an estimated \$700,000 in annual savings over service by MetroAccess.<sup>1</sup>

While the agency indicated possible interest in such a service alternative to MetroAccess, the option to expand the agency's in-house transportation service was favored.

## IMPLEMENTATION AND TIMELINE

Suggested steps to pursue human service transportation coordination and alternative service delivery options as well as a timeline are outlined in Table 4-3. Actual timing and sequencing of steps and potential pilots beyond the CAPS pilot will depend on staffing and financial resources available to the coordination umbrella model. Results and experience with the CAPS pilot may also affect continued steps and the schedule.

The timeline outlines three years for furthering coordination and alternative service delivery options in Suburban Maryland. The timeline includes the CAPS pilot and potential additional pilots, after which assessment can be made as to continuation.

The timeline includes two of the potential operating pilots discussed above – a grant agreement for an agency's in-house transportation service for the ARC of Prince George's County and feeder service to/from fixed route for selected human service agencies in Prince George's County. The first merits consideration for at least two reasons: the ARC of Prince George's County has expressed real interest in participating in a grant-funded alternative to MetroAccess service for its client transportation; and the fact that it is a major generator of MetroAccess demand.

The potential pilot involving feeder service to/from fixed route is also included in the timeline because it can be pursued without major funding resources (assuming efforts concentrate on feeder options that do not require new fixed route service) and it fits with interview comments from several human service agencies that support greater client integration into the community.

The other two potential pilots – a grant agreement for contracted agency service in Montgomery County and the transportation brokerage – can also be considered, though the other two potential pilots appear to be more feasible at this time.

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<sup>1</sup> See Table B-1 in Appendix B: the Agency site has 60 clients, with an estimated 80% ambulatory clients and 20% wheelchair users. At \$50.04/trip on MetroAccess, current service costs about \$1.5 M through MetroAccess. Using the D.C. broker estimates of \$25/ambulatory trip and \$35/wheelchair trip, estimated annual cost through the brokerage would be \$0.8 M, for a savings of approximately \$0.7 M over MetroAccess service.



**Table 4-3: Suggested Implementation Steps and Timeline**

Year One	Year Two	Year Three
<ul style="list-style-type: none"> <li>• Continue planning the management structure for implementing human service transportation coordination and alternative service delivery options for Suburban Maryland.</li> <li>• Establish staffing arrangements to provide resources to pursue additional pilots beyond the CAPS pilot.</li> <li>• Continue management and administration of the CAPS pilot. CAPS is the first grant subsidy pilot.</li> <li>• As needed based on CAPS experience, revise grant and/or administrative procedures for supporting alternative service delivery.</li> <li>• Develop information materials about alternative service delivery options, the objectives, and general process for outreach to human service agencies and the broader community.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue outreach to human service agencies with information about human service transportation coordination and potential for operating pilots.</li> <li>• Depending on efforts in Year One towards implementation of a second grant subsidy pilot, either implement or support/assess the second pilot.</li> <li>• Coordinate and work on feeder service from fixed route pilot option with identified human service agencies in Prince George’s County that indicated potential for selected client use of such service with support and travel training. <ul style="list-style-type: none"> <li>- Coordinate with WMATA for travel training.</li> <li>- Assess need for and potential for feeder service improvements as outlined in the action plan.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Continue outreach to human service agencies with information about human service transportation coordination, alternatives for service delivery, and potential for operating pilots.</li> <li>• Support/monitor pilot projects underway.</li> <li>• Prepare evaluation of pilot projects with at least one year of operating experience.</li> <li>• Depending on funding for alternative service delivery options, staff resources for management and administration of such options, and prospects for continuation, consider expanding focus to human service agencies serving other client types (e.g., dialysis riders; other ADA eligible riders with frequent routine trips in addition to those with developmental disabilities).</li> </ul>

**Table 4-3: Suggested Implementation Steps and Timeline (continued)**

Year One	Year Two	Year Three
<ul style="list-style-type: none"> <li>• Conduct outreach activities in the community and to human service agencies, providing information materials.</li> <li>• Pursue and plan a second grant subsidy pilot. <ul style="list-style-type: none"> <li>- Implement second grant subsidy pilot, if planning efforts finalized.</li> </ul> </li> <li>• Evaluate CAPS pilot; revise/support as needed.</li> <li>• Identify additional agencies to partner with (1-3) for potential pilots, e.g., feeder service from fixed route option.</li> </ul>	<ul style="list-style-type: none"> <li>• Fine-tune/revise as needed the process and procedures to provide grants to human service agencies for transportation alternatives, based on experience in Year One.</li> <li>• Consider option for capital grant subsidies for human service agencies to acquire vehicles to support/expand in-house transportation service.</li> </ul>	

# **Appendix A**

## **Information on Specialized Transportation**



## APPENDIX A: INFORMATION ON SPECIALIZED TRANSPORTATION

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
<b>MARYLAND - MONTGOMERY COUNTY</b>								
MetroAccess	ADA paratransit, defined by ADA regulations: any trip purpose with no prioritization; origin-to-destination (curb-to-curb; door-to-door if rider needs that assistance); within ¾ mi of FR; demand and subscription trips.	Must be ADA eligible: functionally unable to independently ride FR.	2012: 430,552			2012: \$50.04	State of MD	ADA paratransit is "safety net" for FR. "Not intended to be comprehensive system of transportation for individuals with disabilities."
Arc of Mont. Co.	<p>Limited transportation support is available to and from the Southlawn Center, which houses the vocational programs. Transportation may be provided to and from worksites, and for community supported living. Weekday morning and afternoon trips.</p> <p>Door-to-door transportation for Seniors Steppin' Out program participants (55+ with disabilities).</p> <p>The ARC does not schedule or pay for MetroAccess trips. The ARC will assist clients and their families to set up MetroAccess service.</p>	Developmentally disabled adults.	<p>2010: 141,500</p> <p>2012: about 108,000 annually</p> <p>Transportation to the center is generally decreasing as the ARC moves toward more community-based employment.</p>	<p>The ARC owns a fleet of 19 vehicles and operates 13 different routes on a daily basis to bring 127 people into the Southlawn Center. Job coaches use 8 mini-vans as well as personal vehicles to transport another 84 people to job sites. There are about 30 clients who use MetroAccess on a regular basis to access either the agency or an employment site.</p> <p>The ARC does employ people specifically as drivers. The vehicles are maintained by a local repair shop.</p>	2012: Total transportation budget is \$1 million, which does not include the mileage paid to employees who transport clients.		2012: The ARC is paid about \$9.50 per client per day of attendance from the DDA.	<p>Transportation provided to the Southlawn Center, 603 Southlawn Ln, Rockville.</p> <p>Multiple other program facilities: Primary location, 11600 Nebel St. Rockville; Child Care Center, 10611 Tenbrook Dr. Silver Spring; AfterAll Youth Program, 410A University Blvd W, Silver Spring. Would consider other transportation options, though the ARC is moving away from center-based programs to community-based programs, so destinations in the future will be more dispersed.</p>

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
								Ideally the ARC would like to have clients use public transportation on their own with travel training. This is in line with philosophy of independence and community-based employment.
CHI Centers	<p>Curb-to-curb service for the majority of the Adult Programs and Supported Employment Program participants. 60 vehicles.</p> <p>Transportation also offered to participants in recreational/social activities.</p> <p>Subcontracts transportation for program participants in Howard County.</p>	Developmentally disabled adults	2009: 172,844				Updates fleet (3-5 vehicles each yr) with funding from League of Volunteers for Exceptional People.	Multiple facilities: Hillandale Center, 10501 New Hampshire Ave Silver Spring; Lone Oak Facility, 1010 Grandin Ave Rockville; Inwood House (subsidized apt), 10921 Inwood Ave Silver Spring; MacDonald Knolls, 10611 Tenbrook Dr. Silver Spring; PG County Residential Program, 4807 Royal Crossing Bowie; The Jones Center, 9426 Stewartown Rd. Gaithersburg.
Community Support Services	<p>Transportation provided from Group homes and private homes to CSS Center in Gaithersburg. Transportation also provided to supported employment opportunities, medical appointments, and recreational outings.</p> <p>40 group homes, mostly in</p>	Developmentally disabled adults and children.	<p>2012:</p> <p>To and from center:</p> <p>60,000 in-house;</p> <p>20,000 Metro Access</p> <p>Plus trips throughout the day.</p>	70 vans, 3 of which are w/c accessible. CSS employs a maintenance coordinator.	<p>CSS pays \$14 per client per day for Metro Access trips.</p> <p>2012:</p> <p>Operating cost \$404,533;</p> <p>Capital</p>		DDA, Medicare, MSDE, Montgomery County, fees, donations. CSS	Interested in pursuing other options.

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
	Upper Montgomery County- CSS transports 80 clients from these homes to Center and to other locations. Another 80 clients live with their parents. CSS transports about 40 of these clients.  MetroAccess/Paramed used for about 40 clients in the Potomac, Bethesda, Rockville areas. (Used to be about 80 clients on MetroAccess.)				\$319,000		receives \$9.00 per client per day of attendanc e to offset transporta tion expenses.	
Jewish Council for Aging	18/20-passenger accessible buses with regular routes to the JCA Misler Adult Day Center, grocery stores, etc.  Connect-A-Ride Transportation Resource Center (free info and referrals) for seniors and disabled adults; Ride Smart Workshops (small group transit training); Smooth Riding program that coordinates transportation arrangements for Montgomery County seniors.	Seniors	2010: 48,325					12320 Parklawn Dr. Rockville. But serves the entire DC/MD/VA region.
The Support Center	Transports participants to and from the center, and field trips. 6 vans (3 are accessible).	"Frail and/or disabled adults".	2010: 27,500					1010 Grandin Ave. Rockville
Co. Call 'N Ride Taxi Program	Subsidized taxi trips from within county to any location. Coupon book prices vary by income bracket. Same-day, on demand trips; wheelchair accessible taxis available.	Independent riders; or with PCA or companion. Low income and 67+ or low income, 16+ with a disability.	2010: 201,172		2010: \$4 M	2010: \$9.88	State SSTAP funds; Montgom ery Co.	
Co. Senior Transp. Program	Bus transportation to senior centers and selected senior neighborhood program sites,	Seniors (55+)	2010: 30,000 (Est.)		2010: \$730,000			

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
	also to shopping for residents in selected low-income senior apartments. Group trips.							
MEDICAID	Must be Medicaid eligible; trips for medical purposes, each trip must be authorized.	Lower income, disabled, all ages.	2010: 119,726		2010: \$2.4 M	2010: \$20.04	Costs shared by Fed Gov't and State of MD	
<b>MARYLAND - PRINCE GEORGE'S COUNTY</b>								
MetroAccess	ADA paratransit, defined by ADA regulations: any trip purpose with no prioritization; origin-to-destination (curb-to-curb; door-to-door if rider needs that assistance); within ¾ mi of FR; demand and subscription trips.		2012: 814,833			2012: \$50.04	State of MD	
ARC of Prince George's Co.	<p>Transportation between ARC program locations and participants' homes, and Arc programs and community locations.</p> <p>Door-to-door and curb-to-curb. Weekday morning and afternoon trips.</p> <p>Clients use MetroAccess as well as ARC-provided transportation to get to the employment site in Largo. Trips during the day are handled by the ARC primarily. The ARC arranges and pays for MetroAccess trips. Metro bills the ARC monthly. Client usage tracked using Smart Benefits.</p>	Developmentally disabled adults.	2012: 161,000 annual trips on MetroAccess and another 27,000 in-house.	<p>322 clients use MetroAccess daily to get to the Largo employment site. 52 clients are transported by the agency to get to the Largo site. These 52 are more high-need and may have trouble using MetroAccess. The ARC has 32 vehicles- mostly 15-passenger vans.</p> <p>ARC employs a transportation coordinator. 14 full-time drivers and 2 back-up drivers. ARC contracts for maintenance.</p>	<p>2012: \$1.5 million</p> <p>\$573,000 of this goes toward MetroAccess</p>		<p>DDA. ARC receives \$10 per day for transportation.</p>	<p>ARC has several sites. 2010 data from Mercantile Ln site. Arc Building, 1401 McCormick Dr. Largo; Employment Services/Largo Day Program, 14750 Sweitzer Ln, Laurel; Largo Day Program &amp; Transportation Services, 1300 Mercantile Ln, Largo; Temple Hills Day Program, 6001 Southgate Dr. Temple Hills.</p> <p>Interested in other options. MetroAccess cost of \$14 per day is more than the ARC</p>



Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
								receives from the DDA for transportation.
Ardmore Enterprise	<p>Transportation provided from clients' homes to the center and from the center to activities and jobs. MetroAccess and agency-based transportation is used. Some MetroAccess trips are booked through Ardmore, others through the caregivers. Service area includes Prince Georges and Montgomery Counties.</p> <p>Additional transportation provided within residential services for medical, social, and recreational trips (using each home's vehicles and MetroAccess.)</p>	200+ developmentally disabled adults	<p>2010: 18,204</p> <p>2012: 37,350 annual trips just to get to center, not including outings. An additional 62,250 on MetroAccess.</p>	125 Clients use MetroAccess daily to get to the Bowie site. An additional 75 are transported by the agency to the site. 32 total vehicles, 13 of which are primarily used at the residential sites. Employs 12 part-time drivers who do split shifts. The day staff also uses the vans to take clients on outings. MetroAccess is curb to curb.	2012: \$380,000; plus \$162,000 for MetroAccess service.		<p>DDA. \$9 per client per day for transportation.</p> <p>Uses program funds to make up the difference between the cost of transportation and the transportation funding.</p>	<p>Location: 3000 Lottsford Vista Rd. Bowie.</p> <p>Unmet needs: clients who need more help and those who live outside of the service area.</p> <p>Have some issues with the MetroAccess Easy Pay accounts- would like to set up an Ardmore fund, where unused individual funds could roll into if they were not used. Lose funds when put money into accounts for the month and people stop coming. Would be interested in a pilot project assuming that the clients would retain some sense of independence, the cost was reasonable, and the staff was professional, courteous, and respectful of the clients.</p>

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
Helping Hands	Agency provides medical adult daycare, serving people with Alzheimer's, dementia, mental illness and developmental disabilities. Agency uses MetroAccess for its client transportation; it does not provide its own transportation. Agency is for-profit.	110 clients, requiring door-to-door service. Clients are not potential fixed route users.	2012: Est. 55,000 annual trips (based on 110 clients X 2 trips/weekday)	Use MetroAccess; no in-house transportation program.	2012: Approx. \$180,000 for MetroAccess.		Program is funded by Medicaid, Veterans Administration, and private insurance.	Located at 7121 Old Alexandria Ferry Road Clinton, MD 20735. Is a private, for profit agency. Generally pleased with MetroAccess service. Only areas of concern regard same-day scheduling and time of day pricing.
Melwood	Transportation for supported living and employment, day services, and recreation programs. Provides transportation for about 200 clients and pays for MetroAccess service for another 40 clients daily. Another 75-100 use MetroAccess on a regular basis for community-based employment.  For clients who use MetroAccess, Melwood acts as a liaison to get them started, but does not schedule the trips. Philosophy is to encourage independence.	Developmentally disabled adults. Serves about 900 clients.	2010: 132,528  2012: about 102,000 in-house and another 20,000 on MetroAccess	Fleet of 40 vehicles, 7 are w/c minibuses, the rest are 15 passenger vans. Melwood employs drivers who generally work a six-hour split schedule, though there are four full-time routes. Maintenance is contracted out. The vehicles are used for program purposes during the mid-day. Typically there about 60 outings per week. Service area for transportation is Silver Spring to Port Tobacco.	2012: In-house transportation budget is \$1.2 M annually. In-house cost per day is \$17. Agency spends another \$100,000 annually for mileage reimbursement and \$15,000 for MetroAccess.		DDA- \$8 per day per client who attends.	Melwood Headquarters, 5606 Dower House Rd, Upper Marlboro. Recreation Center, 9035 Ironsides Rd, Nanjemoy.  May be interested in other options. Indicated that the trend is more community-based employment rather than center-based employment.  65% of clients could use regular fixed routes if routing were to be relatively direct and drivers properly trained.
Rehab. Opportunities	26 vans and buses provide scheduled routes, with door-to-door pick-ups and drop-offs.	Developmentally, physically disabled adults 21+	2010: 164,640					5100 Philadelphia Way, Lanham; 19548 Amaranth Drive, Germantown.

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
VESTA Foundation			2010: 16,500					2340 University Blvd E, Adelphi.
New Horizons Supported Services- NHSSI	Provides client transportation to and from NHSSI, and to work sites within the NHSSI service area, typically Prince Georges, Calvert, Charles, Anne Arundel, and Montgomery Counties. Accessible service available.	Developmentally disabled adults.	2010: 54,000  2012: about 62,000 to and from NHSSI, plus day trips. Another 5,000 trips on MetroAccess to get to NHSSI and about 7,500 MetroAccess trips for clients who go to work after arriving at NDSSI	In-house program is focused on getting clients to the program. Scheduling and routes are based on the needs of the caregivers (so that they can get to work). Service is curb to curb. 27 vehicles (19- 15 passenger vans, 3 body-on-chassis buses, 5 cars). Employs dedicated drivers, dispatcher/supervisor and program assistant.  Drivers work split shifts. Agency uses a fleet management company for routine maintenance and has uses a private mechanic when needed for repairs.	2012: \$297,000 for in-house program.  \$13,000 for MetroAccess.  Agency pays for the client trips for those who ride MetroAccess to the Agency, but does not pay for the client trips when the clients are going to a community job.		Majority from Developmental Disabilities Administration, some short-term specific funding from Division of Rehabilitation Services. Transportation portion is between \$9 and \$10 per client per day.	16000 Trade Zone Ave. suite 109 Upper Marlboro; 2670 Crain Highway, Waldorf.  Unmet needs are primarily for people in Charles County for the Waldorf site.  Some clients could potentially use the Metrobus Route C-21 from Addison Road to get to the site with travel training.  Agency is looking to expand to a second facility- possibly in Tuxedo.  Transportation cost is an issue- they use other program funds to make up the difference between DDA funds and the cost.
Co. Call-A-Bus	Advance scheduled, curb-to-curb service. Service available to all residents not served by or cannot use existing fixed-route services. Priority to senior and disabled persons. 8:30 AM to	Seniors and disabled county residents	2010: 36,603		2010: \$2.5 M (incl. STS service below)		Prince Georges Co., Federal S. 5311 funds.	

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
	3:30 PM, M-F. Same day requests subject to availability.							
Senior Transport- ation Services (STS)	Regularly scheduled transportation throughout the county to senior and disabled residents. Service (curb-to-curb) M-F. Transportation to nutrition sites, for the Foster Grandparents Program, for medical trips (esp. dialysis), and some limited transportation to senior centers and shopping.	Seniors and disabled county residents	2010: 139,842		Cost incl. in \$2.5 M above for Call-A- Bus		State SSTAP funds; Prince Georges Co.	
Co. Call-A- Cab	Same-day, on demand taxi trips, subsidized. Senior and/or disabled residents may purchase up to 14 \$20.00 coupon books in a six-month period at \$10.00 per book. Limited accessible taxis available.	For seniors (60+) and/or disabled. county residents. Independent riders; or with PCA or companion	2010: 14,213				.	
Municipal Call-A-Bus	Local trips within county's municipalities; for senior-oriented trips. Prescheduled, curb-to-curb.	Typically seniors.	2010: 45,485				State SSTAP funds for capital.	Municipalities with Call-A-Bus service: Berwyn Heights, Bowie, Capitol Heights, College Park, Bladensburg, Cottage City, & Colmar Manor, District Heights, Fairmount Heights, Glenarden, Greenbelt, Hyattsville, Laurel, Mt Rainier, New Carrollton, Seat Pleasant, University Park
MEDICAID	Must be Medicaid eligible; trips for medical purposes, each trip must be authorized.		2010: 112,922		2010: \$2.8 M	2010: \$24.80	Costs shared by Fed Gov't and MD	

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
<b>VIRGINIA - FAIRFAX COUNTY</b>								
MetroAccess	ADA paratransit, defined by ADA regulations: any trip purpose with no prioritization; origin-to-destination (curb-to-curb; door-to-door if rider needs that assistance); within ¾ mi of FR; demand and subscription trips.		2012: 262,416 (includes Cities of Fairfax and Falls Church)			2012: \$50.04	County; Common wealth of VA	
Fastran	Mainly subscription trips for individuals who are clients of human service agencies; limited demand trips for riders who must be certified as eligible due to low income.	Must be certified by a participating human service agency. For residents of Fairfax County and the Cities of Fairfax and Falls Church.	2012: 346,865		2012: \$7.2 M	2012: \$20.85		
Co-Srs on the Go	Same-day, on demand taxi trips. Can purchase limited number of coupon books per year at 1/3 of face value, use with any of three taxicab companies. Accessible taxi vehicles available.	65+, income \$40K - 50K or less. Independent riders; or with PCA or companion	2010: 6,908		2010: \$163,866	2010: \$23.72		
Fx Co Taxi Access	Same-day, on demand taxi trips. Can purchase limited number of coupon books per year at 1/3 of face value, use with any of four taxicab companies. Can request wheelchair accessible vehicle.	County residents eligible for MetroAccess.	2010: 1,541		2010: \$23,205	2010: \$15.06		
<b>VIRGINIA - ARLINGTON COUNTY</b>								
MetroAccess	ADA paratransit, defined by ADA regulations: any trip purpose with no prioritization; origin-to-destination (curb-to-curb; door-to-door if rider needs that assistance); within ¾ mi of FR; demand and subscription trips.		2012: 22,408			2012: \$50.04	County; Common wealth of VA	
STAR	Curb-to-curb shared ride complementary paratransit for	Must be eligible for MetroAccess.	2010: 84,670		2010: \$2,559,269			

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
	Arlington Transit. Fares by three zones: \$3, \$4, and \$8.50. 1 to 7 day s advance reservation.		2012: 86,952 scheduled; 78,210 completed		2012: \$2,566,228	2012: \$32.81		
Assisted STAR	Provides a driver/escort from the door of a home to the office of a health care provider. Limited to health care appointments and visits to family members in a nursing home or assisted living. Fares based on income, in addition to STAR fee. The full cost for this service is \$10 one-way.	Eligibility: (1) 60+, (2) Arlington residents, (3) STAR program participants, and (4) in need of a personal care attendant. Application and home visit are required.	2010: 322					
Senior Loop	Scheduled routes serve neighborhood areas and specific senior apts. Three areas served by grocery loops: (1) within a mile of Columbia Pike; (2) within a 2-mile radius of Lee-Harrison Shopping Center; and (3) Crystal City/ Pentagon City area. Culpepper Garden, The Carlin, Claridge House, and Woodland Hill residents have service to grocery stores weekly. Residents of Hunter's Park, Culpepper Garden and The Carlin go to Target once/month.	Seniors living in identified neighborhoods.	2010: 7,884	Diamond Transportation provides the service on contract basis using wheelchair-accessible vans; no charge to riders.	2010: \$42,525	2010: \$5.39		
Other Co specialized transp. services, e.g., Interim STAR	Interim STAR provides transportation only for health care appointments. Normal STAR fares apply.	Arlington residents 60+ who submitted a MetroAccess app but need medical trips while waiting for approval.	2010: 3,621					
Sr Center Adult Transportati on	Shared ride taxi service to and from senior centers. Service by zone on specific days (1 or 2 times/wk) and times (1 or 2 roundtrips to the centers/ day).	Senior center participants, age 55+	2010: 18,520 (Est.)					

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
	\$2.00 one-way. Reservations 1-7 days in advance. Can request a wheelchair accessible vehicle.							
Community Services Board	Services administered through Arlington County Dept. of Human Services.		2010: 21,000					
Madison Adult Day Health Care Center (now Walter Reed Adult Day Care)	Consolidated with Walter Reed ADHC in 2011 due to underutilization. Walter Reed ADHC: Ave. 35 participants per day. Participants attend 2 days/week min. Transportation is through STAR.		2010: 3,201					
<b>VIRGINIA - CITY OF ALEXANDRIA</b>								
MetroAccess	ADA paratransit, defined by ADA regulations: any trip purpose with no prioritization; origin-to-destination (curb-to-curb; door-to-door if rider needs that assistance); within ¾ mi of FR; demand and subscription trips.		2012: 21,403			2012: \$50.04	County; Commonwealth of VA	
DOT-Paratransit	Complementary paratransit for individuals unable to use fixed route due to disability. Trips by taxicabs and wheelchair accessible vans. Service area: Alexandria, Falls Church, Arlington County, Fairfax County, and Fairfax City. Reservations 1-14 days in advance.	Riders must be certified as eligible, with a disability that prevents use of fixed route service.	2010: 60,454		2010: \$1,377,833	2010: \$22,79		
MEDICAID	Must be Medicaid eligible; trips for medical purposes, each trip must be authorized.		2010: 633,050		2010: \$10 M	2010: \$15.80	Costs shared by Fed Gov't & Commonwealth of VA	

Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
<b>WASHINGTON, D.C.</b>								
MetroAccess	ADA paratransit, defined by ADA regulations: any trip purpose with no prioritization; origin-to-destination (curb-to-curb; door-to-door if rider needs that assistance); within ¾ mi of FR; demand and subscription trips.		2012: 529,147			2012: \$50.04	D.C.	
DC Green Door			2010: 12,000					1221 Taylor St. NW Washington. Agency provides psychiatric, education, employment, and housing services. Serves 1800+ adults with mental illnesses. 90% of clients are below poverty.
Washington Elderly Handicapped Transportation Service (WEHTS)	Curb-to-curb service for DC residents age 60+. Medical trips, errands, etc. M-F 6:30am-6:00pm. Clients contact the agency in their ward to schedule appointments trips. 4 days advance notice required.	Seniors (60+)	2010: 67,000		2010: \$1,087,063	2010: \$16.22	DC Dept of Aging. Contributions accepted from the agencies in the wards that schedule trip requests.	2601 18th Street, NE Washington
Taxi Call 'n Ride	On demand taxi trips. Provides discount door-to-door taxi service for seniors. Participants contact the agency in their ward to obtain taxi coupons. Available to all seniors, with cost of coupons based on income, with a	Seniors (60+); Independent riders, or with PCA/ companion;	2010: 4,400		2010: \$29,000	2010: \$6.59	D.C. Dept of Aging.	2601 18th Street, NE Washington



Agency/ Provider	Specialized Transportation/ Trip Characteristics	Rider Characteristics/ Needs	Annual Trips Provided by Agency/ Provider	Transportation Details	Cost	Cost/ Trip	Funding/ Funding Source	Comments
	sliding fee scale. Very limited accessible taxi service available.							
Office on Aging	Group and scheduled trips to DC senior center facilities/ events		2010: 5,144		2010: \$104,342	2010: \$20.28		Trip number much lower than 08; likely b/c WHETS data incl. w/ Office on Aging nos. in 08.
MEDICAID	Must be Medicaid eligible; trips for medical purposes, each trip must be authorized.		2010: 756,195 2012: 1,200,000		2010: \$19 M 2012: \$24 M	2012: \$20.00	Costs shared by Fed Gov't and D.C.	

Source: 2010 data on trips and costs were collected in 2011 for KFH's Specialized Transportation Study conducted for Metro. The organizations and agencies included in the data collection are based on prior work done by KFH for Metro in 2003/2004 and follow-up data collection done by Metro staff in 2008. With an objective of tracking ridership and cost data from 2003 to 2008 to 2010, the 2011 study focused on the organizations/agencies identified by Metro in 2008. 2012 data collected through interviews with or data provided by agencies for this current study.



## **Appendix B**

### **Additional Details on the Preferred Model for Suburban Maryland**



## Appendix B

### Additional Details on the Preferred Model for Suburban Maryland

#### MODEL FUNCTIONS

Functions envisioned for the preferred coordination model for Suburban Maryland are listed below, building on the information provided by Maryland on the CAPS pilot. In particular, it is assumed that additional pilots beyond CAPS will also be provided through grant agreements to human service agencies. The model functions are essentially the mechanisms with which the model will achieve its objectives.

- **Grant Administration** - This element involves the development and oversight of a grant program that will provide financial resources for human service agencies to contract directly with a provider of their choosing, rather than use MetroAccess for their clients' routine, agency-related trip needs. This is the partnership/subsidy model concept. Data collected through this study and previous studies has shown that most agency-sponsored programs operate at a significantly lower cost than MetroAccess.

The CAPS project, expected to begin service later in this calendar year (2013), will serve as a pilot to test the viability of this component of the larger model. Importantly, as the coordination umbrella model develops and evolves, there may be other types of alternative service delivery options that could be considered for grants, depending on the needs of participating agencies that have ADA paratransit eligible clients and on the transportation needs of those clients. The grant administration function will need to include development of grant application materials and grantee reporting requirements, grant award parameters based on defined criteria, and the oversight and monitoring of grant compliance. Oversight and monitoring will encompass the development of key performance measures in the areas of cost effectiveness, safety, on-time performance, and customer satisfaction.

- **Operational Support** - Another area of responsibility could be the provision of operational support for human service agency transportation programs. Operational support could potentially include a number of activities, such as:



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- Assistance with vehicle procurement, which could include several different options, including:
    - funds for capital acquisition
    - actual vehicles
    - technical assistance with vehicle specifications or
    - guidance concerning buying vehicles possibly through the MTA's statewide contract,
  - Negotiating bulk fuel discounts,
  - Discounted insurance through the development of an insurance pool,
  - Coordinated driver training,
  - Assistance with scheduling and scheduling software,
  - Other IT support for transportation operations.

WMATA, with its extensive experience with specialized transportation, could be a logical partner to assist in providing operational support through this function.

- ***Planning and Development of Tailored Services*** - Staff working on the coordination umbrella model might develop relationships with agencies in geographic clusters to examine possible opportunities for coordinated multi-agency services such as shuttles and feeder to fixed route services and coordinated subscription services. Depending on the types of agency clients and their trip needs, there may be options to use taxis, particularly for shorter trips.

Access to client travel patterns could be obtained from the human service agencies as well as MetroAccess for service planning purposes. Travel training could be provided to help human service agency clients who are able to access fixed routes services to do so. Travel training could be conducted in cooperation with WMATA's travel training efforts.

- ***Transportation Brokerage Services*** - While the functions listed above focus on support services for agencies to operate their own programs, our field research indicated that there are agencies that are not interested in operating their own programs and could potentially benefit from the availability of a transportation brokerage as an alternative service delivery option to MetroAccess. Implementing a specialized transportation brokerage is another model option that could be used to divert trips from MetroAccess onto a less costly alternative, as discussed in Chapter 2.

The general duties of the transportation broker would be to:

- Meet with the client agency(ies) to set up the initial service needs,
- Recruit, screen, train, and manage transportation operators,

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- Ensure quality control,
  - Provide a trip request/scheduling function – take trip requests and schedule trips onto vendor vehicles,
  - Process transportation operator invoices, pay the operators and bill the coordination model,
  - Bill the participating agencies for their portion of the trip costs.

A transportation brokerage will require oversight. This option might be started as a small-scale pilot, building on an existing D.C. Medicaid brokerage operating in the region, and then depending on an assessment and policy decisions, expanded. If expanded, the following activities may be needed:

- Conducting the RFP process to choose the transportation broker,
- Developing and executing an effective contract to obtain the transportation service,
- Ensuring contract compliance,
- Monitoring service quality,
- Data collection and reporting,
- Processing broker invoices,
- Drawing down funds to pay for broker invoices.

The concept of a transportation broker, one of the preferred model options selected by the Project Management Team through earlier study efforts, is a more involved endeavor than other options discussed through the study which give more responsibility for transportation to the human service agency. Given that the transportation brokerage model option is more involved, the coordination umbrella model might focus in the short term on the alternative services that are less involved.

- ***Other Services and Functions*** - As the model evolves, there may be additional functions and services that are appropriate. It is envisioned that the coordination umbrella model will seek out opportunities as they arise to achieve the dual goals of reducing MetroAccess usage and promoting quality service. Towards this objective, it will be important that the organization or agency selected to manage the model has experience with specialized transportation and working with human service agencies.
- ***Monitoring and Evaluation*** - An important function of the model will be monitoring and assessing the different alternative services that are undertaken, to assess the level of trip diversion and cost-savings over MetroAccess as well as operating performance. This function will also involve documenting and



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reporting on the model's progress, allowing those with policy oversight to assess results and make decisions about continuation of the coordination umbrella model.

## CONSIDERATION OF COSTS

One of the important reasons for developing the coordination umbrella model is to provide quality specialized transportation service for people with disabilities who are eligible for ADA paratransit to access programs, services, and jobs at a lower cost than is currently experienced through MetroAccess. In estimating the costs of implementing the model and its alternative services, the following cost centers will need to be considered:

- **Start-up Costs** - There will be some costs associated with implementation. The start-up costs include the salary and fringe benefits for a staff person (manager) to oversee the model and its activities, as well as the administrative and legal support costs associated with developing participation criteria, developing the grant agreement protocols for participating agencies, and developing an evaluation process. Some of these issues have been addressed to some extent through development of the CAPS pilot.

Office support and technology equipment may also be required for start-up. It is anticipated that the model program will start small and grow based on the planning and implementation of selected operating pilots and including oversight of the CAPS pilot. Once established, these costs will be incorporated into the administrative expenses of ongoing operations.

If a private organization is determined the appropriate organization to serve as the day-to-day manager of the coordination model, a procurement process will be needed, with associated costs for start-up.

- **Administrative Costs** - As discussed above, several of the start-up costs are administrative in nature, and will be ongoing once the model structure has been established. These costs will likely grow incrementally as additional human service agencies participate, with increasing management and oversight duties.
- **Operating Costs** - The operating costs associated with the coordination model will include the direct grants to the agencies, any costs associated with providing operational support, and any costs associated with the transportation brokerage option, again, if that model option is pursued. Depending on the various alternative services implemented, there may be other operating costs as well.

Operating costs will likely be modest at first, as activities of the coordination model should start small and grow based on experience and success.

- **Capital Costs** - While it is not known if potential alternative services will involve capital support, this type of transportation support to human service agencies should be considered. For example, there may be agencies interested in increasing the capacity of their own in-house transportation program, adding some or all of the client trips now served by MetroAccess. This is the case for one of the potential operating pilots discussed later in the report.

However, to add to an in-house transportation program, an agency will likely need more vehicles, given that much of agency transportation is during the morning and afternoon peak periods when existing agency vehicles are in use. To add vehicles, funding for capital acquisition will be needed for the operating pilots, or other options pursued so the agency has more vehicle capacity.

Possible options for vehicles include:

- Additional vehicles could be leased, with the lease costs wrapped in with the operating costs. Such an approach is often used for contracted paratransit services when the public agency lacks capital grant funds to purchase the vehicles outright. With this approach, the length of the grant agreement with Maryland would need to be congruent with the lease term, which is often five years but possibly could be shorter. A shorter lease period would increase the costs.
- The agencies might use retired MetroAccess vehicles. While there may be certain provisions in the funding programs used to acquire the vehicles that impact their disposition, the provision of retired ADA paratransit vehicles to local human service agencies is a practice used by a number of transit agencies around the country, enabling human service agencies to acquire still usable vehicles without a capital outlay.
- The agencies might acquire vehicles through the new Federal Enhanced Mobility Program, which is a combination of the Section 5310 and New Freedom programs.<sup>1</sup> The Washington, D.C./Virginia/Maryland urbanized area is expected to receive \$2.8 M

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<sup>1</sup> The Federal transportation legislation, MAP-21, established the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program to fund projects to serve the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services.

in FY 2013 for the program. Both operating and capital projects are eligible, and according to Federal requirements, 55% of the funds must be spent on capital, which includes vehicles as well as other projects defined as capital. COG will be serving as the designated recipient of the funds, and funds will be awarded based on a competitive project selection process.

The coordination model should consider the provision of capital funds to human service agencies for the acquisition of vehicles. This is a more typical partnership model that has been used successfully in a number of communities, and involves somewhat less grant administration effort than an operating grant.

It may also be possible to encourage the participation of human service agencies that currently do not have any in-house transportation with the provision of grant-funded vehicles, as has been done in Seattle with their partnership model. This would allow agencies to take on client trips now provided by MetroAccess. Advantages to the human service agency include not only the ability to provide transportation that is more tailored to the specific needs of their clients than provided by MetroAccess, but the agency also would have vehicles to use for a wide variety of agency-specific trips without having to rely on MetroAccess or adhere to ADA operating policies (e.g., no same-day service, etc.)

### **Potential Cost Savings**

Data gathered for Task 2 has shown that trips provided directly by human service agencies, as well as those provided by a local broker, are currently significantly less expensive than MetroAccess trips. Table B-1 shows a comparison of the potential cost savings that could be achieved by substituting either a brokerage or in-house transportation service for one agency site that has 60 clients. These cost estimates include administrative and operating costs, but do not include capital costs. Capital costs would be another cost center for the in-house trips, but not for the brokerage trips.

### **Cost Avoidance**

The CAPS project, currently in the process of being implemented, will be looking at *measurable cost avoidance* as a financial performance measure. This cost avoidance will be measured via a “positive variance in the State’s paratransit budget.” For example, assume the State is currently subsidizing Maryland’s ADA riders on MetroAccess at \$1 million per year; further assume that through a coordination partnership, it provides \$200,000 for alternative service delivery for Agency A’s ADA paratransit clients, which would have cost \$400,000 if provided through MetroAccess; the result is the State has avoided \$200,000 in MetroAccess costs.

**Table B-1:**  
**Sample Scenario- One Agency Site- 60 Clients- 80% ambulatory/20% wheelchair (1)**

<b>Transportation Operator and Rate</b>	<b>Estimated # Annual Trips (2)</b>	<b>Estimated Annual Expenses</b>	<b>Estimated Annual Savings</b>
Current MetroAccess Experience (FY12, \$50.04 per trip)	30,600	\$ 1,531,224	\$ -
Broker- Estimate provided by MTM \$25 per trip ambulatory \$35 per trip wheelchair	30,600	\$ 826,200	\$ 705,024
In-House Estimate \$21.80 per trip ambulatory \$43.60 per trip wheelchair	30,600	\$ 800,496	\$ 730,728

(1) Based on agency estimate of 80/20 split.

(2) Based on 255 days, 2 trips per day, no provision for absenteeism included.

Farebox revenues not included in calculations.

## EVALUATING THE MODEL

It is envisioned that both short and long term evaluation strategies will be needed to understand if the coordination umbrella model is meeting its goal. The short term evaluation criteria will first focus on the CAPS pilot project.

### Short Term

The first “test” of the model will be to evaluate the performance of the CAPS pilot project. The evaluation criteria should include some combination of the following elements:

- *Trip Diversion* - How many trips were diverted from MetroAccess to Agency A?
- *Cost Savings* - How much money was spent on providing ADA-eligible transportation for Agency A before and after participation in the CAPS program?
- *Quantitative Service Quality and Safety Measures* - These could include: on-time performance, ride times, accident rate, road calls.
- *Client and Caregiver Satisfaction* - Are the clients and caregivers satisfied with the specialized transportation services that are being provided in place of MetroAccess? This is a qualitative rather than quantitative measure.
- *Agency Satisfaction* - Is the Agency satisfied with the arrangement? Can it handle the additional operational responsibility? Again, this assessment criterion is qualitative, but key as positive satisfaction will encourage continued participation on the part of the agency.

If the pilot project is deemed successful based on agreed upon evaluation criteria, additional agencies and services can be added incrementally.

### Long Term

The long-term evaluation criteria should include all of the short term criteria, with the following additional criteria:

- Increase in operating pilots with human service agencies, as measured in participation by additional agencies, and

- Increase and diversity in types of alternative services implemented, as measured in variety of services provided through pilot projects.

## OTHER CONSIDERATIONS

There are several other considerations that will need to be addressed during the implementation of the coordination umbrella model. Among these include:

### **Name**

The coordination model should have a name that indicates what it is, perhaps a name with an interesting and memorable acronym. Those involved with implementation of the model might brainstorm to develop a name, or could ask the marketing departments from either MDOT or WMATA for suggestions. Branding the model and its activities will help with outreach to the community and human service agencies to provide information about the model and its objectives and to encourage interest and participation.

### **Eligibility for Grants for Alternative Services**

There will need to be eligibility guidelines, in order to manage the demand for participation in the program, ensure that the participating agencies are actually reducing the demand for MetroAccess service, and maximize the probability of success. The guidelines should include provisions for the following eligibility requirements:

- Some level of trip diversion (i.e., in order to participate the agency must show that “x” number of trips will be diverted from MetroAccess to a different mode).
- A well-defined plan for the provision of service, either through an in-house program, a contracted service, or some other agreed-upon alternative to MetroAccess.
- Ability to track and report operating statistics, trip costs, and performance measures.
- Agreement/support from the participants and their families/caretakers. If the participants and their caregivers are not in support of the program, they could still use MetroAccess for their daily program trips, which would undermine the effort.

### **Other Funding**

The primary funding source for the program will be State funds that are targeted for the provision of ADA paratransit. It is envisioned that once the model program is

in place, it may be feasible to access other funding streams that support specialized transportation service, including human service agency program funds available for transportation.

### **Advisory Body**

While oversight of the program will be provided by Maryland and daily management provided by a public or private agency or organization, there may be a role for some kind of advisory body, with participation from a range of representatives including from local human service agencies. This advisory body could be used to provide guidance with regard to the types of services to be provided, as well as feedback concerning quality.