Study to Design a Mobility Management Program

Gap Analysis

State of New York
Office for People with Developmental Disabilities
FINAL

September 30, 2016

PCG | Human Services
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GLOSSARY

This subsection includes relevant terms and acronyms that are used in this document.

Acronym or Term	Definition
AAA	Area Agencies on Aging
ADA	Americans with Disabilities Act
CDL	Commercial driver's license
CDS	Center for Disability Services
CDTA	Capital District Transportation Authority
CFR	Consolidated Fiscal Reporting
DDPC	Developmental Disabilities Planning Council
DDRO	OPWDD Developmental Disabilities Regional Office
DDSOO	OPWDD Developmental Disabilities State Operations Office
DOB	Division of the Budget
DOH	Department of Health
DOT	Department of Transportation
FTA	Federal Transit Administration
HCBS	Home and Community Based Services
IAC	Interagency Council
IATS	Interagency Transportation Solutions
ICS	Individual and Community Supports
MAS	Medical Answering Service
MISCC	Most Integrated Setting Coordinating Council
MMS	Medical Motor Service
MTA	Metropolitan Transportation Authority
NEMT	Non-emergency medical transportation
NN	Nelson\Nygaard
NYPTA	New York Public Transit Association
OASAS	Office of Alcoholism and Substance Abuse Services
OGS	Office of General Services
OMH	Office of Mental Health

Acronym or Term	Definition
OPWDD	Office for People With Developmental Disabilities
OTDA	Office of Temporary and Disability Assistance
PCG	Public Consulting Group
PDF	Portable document format
PTAR	Public Transportation Automated Reimbursement
RRDC	Regional Resource Development Center
SANYS	Self-Advocacy Association in New York State
SDF	Transit State Dedicated Fund
SED ACCES-VR	State Education Department Adult Career and Continuing Education Services – Vocational Rehabilitation
SED	State Education Department
SOFA	State Office for the Aging
STOA	Statewide Mass Transportation Operating Assistance
TBI	Traumatic Brain Injury

I. EXECUTIVE SUMMARY

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

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

Approach

This Gap Analysis is the first of three deliverables for this overall effort. The second deliverable is a National and In-State Best Practices Technical Memorandum to provide examples of statewide transportation coordination options as well as mobility management activities that could be implemented on a local/ regional level. The final deliverable will incorporate findings and analysis from the Gap Analysis and Best Practices Research into a comprehensive recommendations report, which will include recommendations for the design of a potential pilot program that seeks to maximize funding sources and enhance community integration.

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

Current Transportation Resources

Current transportation resources are available in varied degrees through New York State agencies and public transit systems that exist in various towns and cities.

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

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

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

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

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

Gaps and Unmet Needs

Transportation is continually cited as a barrier to accessing all activities of daily life for individuals with disabilities. From attending medical appointments, participating in day services and programs, getting to and from work and school, or even to the grocery store or socializing with friends, the lack of transportation in many cases prevents people from doing such things and from being active members of their communities.

Detailed findings from this engagement are included in **Sections VIII. Gaps and Unmet Needs, IX. Focus Group Findings**, and **X. Summary of Findings**. The following transportation gaps and unmet needs emerged as a result of this study:

Key Findings Summary

As the gap analysis phase of the project concluded, four key findings and observations emerged and are summarized below. The extensive stakeholder engagement process involving a significant number of stakeholder interviews, survey responses and focus groups provided information that has helped to define how transportation for individuals with disabilities and seniors is provided throughout New York State. These key findings are described in further detail in **Section X: Summary of Key Findings**.

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

II. INTRODUCTION

The Office for People with Developmental Disabilities (OPWDD) is working with Public Consulting Group and partner, Nelson\Nygaard, to assess current transportation services for individuals with disabilities and older adults in all areas of New York. This gap analysis will then result in the development of recommendations for a pilot demonstration program to coordinate human service transportation programs, maximize funding sources, and enhance community integration. The final recommendations report must be delivered to the Governor and the Legislature by December 31, 2016.

Importance of Quality and Accessible Transportation

Transportation is continually cited as a **significant barrier** to accessing all aspects of community life, healthcare, housing, employment and education especially for individuals with disabilities, seniors, those with low incomes, and other populations with specialized needs. Transportation infrastructure in many geographic areas both within New York and across the country, either does not exist, is so limited in scope (i.e. service hours), or is not accessible, resulting in individuals with disabilities often being left stranded at home, thus prohibiting them from engaging in activities of daily life and from making valuable contributions to our communities.

Although public transit in general exists across the country, the extent to which it actually exists varies greatly by geographic region and by population density. Urban areas such as New York City have robust public transit systems that serve millions of riders both with and without disabilities daily, while transportation systems in rural areas continue to be extremely limited or non-existent. For those areas that do have public transit available, funding for infrastructure improvements that enhance accessibility is also limited, thus creating access issues for individuals who cannot access traditional public transit.

In 1990, the federal **Americans with Disabilities Act (ADA)** was enacted to address the rights of individuals with disabilities. Title II of the ADA requires public transit agencies that run fixed route services also operate complementary paratransit service for people who are unable to use accessible fixed route services. In order to be eligible for ADA paratransit, people must be unable to access fixed route vehicles, stations or stops, or their disability prevents them from using and navigating the system independently.

While the enactment of Title II of the ADA put in place requirements to provide complementary paratransit service, it still does not address the needs of individuals with disabilities and others who reside in areas where public (and thus paratransit) transit is not available. For these individuals, additional barriers and burdens are placed upon them in terms of being able to locate resources within the community that are available and appropriate for their travel needs. Often, if such resources are available, they are cost prohibitive and the person is once again left with little or no transportation options.

Legislation and Project Impetus

Olmstead Cabinet

As summarized in the 2013 Report and Recommendations of the Olmstead Cabinet[1] ("Olmstead Report"), Executive Order Number 84 created the Olmstead Development and Implementation Cabinet in 2012, which was charged with developing a plan for New York to comply with the United States Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) (Olmstead). This decision held that services for individuals with disabilities must be provided in the most integrated setting appropriate to a person's needs, with the goal of shifting the model of care

[1] Report and Recommendations of the Olmstead Cabinet: A Comprehensive Plan for Serving People with Disabilities in the Most Integrated Setting New York State, Andrew M. Cuomo, Governor, October 2013.

in New York disability agencies from institutional to community-based so that individuals with disabilities can live as full and integrated lives as possible.

A key component to the work of the Olmstead Cabinet was to develop concrete methods for individuals with disabilities to transition to community settings by identifying high-level service areas that would be required to be addressed in order for such transitions to be successful.

*The Olmstead Cabinet focused on the following services: housing, employment, **transportation**, children's, aging, criminal justice and legal reform.*

The Olmstead Report identifies transportation as a significant barrier to accessing the crucial aspects of community living for individuals with disabilities, setting the basis for the subsequent legislation that allowed this project to move forward. The Olmstead Cabinet recommended assessing whether or not New York's Department of Health (DOH) Non-emergency Medical Transportation (NEMT) infrastructure could accommodate non-medical transportation to achieve greater community integration for people with disabilities. Thus, legislation was enacted in the State Fiscal Year 2015 – 2016 Budget authorizing OPWDD to contract with an entity to conduct an independent assessment of the mobility and transportation needs of people with disabilities and other special populations including but not limited to those receiving behavioral health services in the amount of $750,000.

Specific transportation needs identified within the Olmstead Report include:

- Non-emergency medical transportation serves only a portion of the transportation needs for Medicaid recipients;
- A number of local transportation providers have begun expanding services to include non-medical trips, but the system is fragmented; and
- There needs to be a firm understanding of the best cost-effective approach to serving the transportation needs of Medicaid recipients, regardless of the purpose of the trip.

Over the past 10-12 years, several studies were conducted within New York to assess the provision of disability transportation services:

- Department of Transportation - ADA Management Plan
- Most Integrated Setting Coordinating Council (MISCC) - 2010-12 MISCC Plan
- New York Makes Work Pay (a statewide initiative intended to dramatically improve the rate of employment among people with disabilities funded by the Center for Medicaid Services) - 2010 Medicaid Infrastructure Grant (MIG) Brief: Transportation For People With Disabilities in New York State

The reports find that gaps in transportation undermine community inclusion, and innovating approaches such as coordinated transportation and mobility management may be needed to close those gaps. Connecting individuals with disabilities to local transportation resources that exist within their communities also becomes increasingly crucial as more and more individuals with disabilities move out of isolated settings and into their communities.

The potential of establishing a coordinated transportation system to enable greater community integration seems more possible now, because at least a version of this has already been done to address medical transportation needs. As part of Medicaid reform in 2014, New York's Department of Health DOH (the agency responsible for the state Medicaid program) established a statewide transportation management structure to coordinate all Medicaid non-emergency medical transportation (NEMT). NYS established the NEMT transportation management system to achieve cost savings and improve coordination among local transportation providers. Other benefits were realized, too, that may be leveraged, such as creating local and regional transportation coalitions that support mobility management initiatives and enhancing safety and quality of service for Medicaid recipients' medical transportation needs.

Home and Community Based Services (HCBS)
In concert with the establishment of the Olmstead Cabinet, New York State is also in the process of implementing its 5-year Statewide Transition Plan (STP)[2] for the federal 1915(c) HCBS Final Rule, which provide additional options for states to manage long term care services for individuals in their homes and communities, rather than in institutional settings. The due date for Final Rule compliance is 3/17/19. The purpose of the HCBS Final Rule[3] is to ensure that people receiving services are provided personal choice and control over the services in which they participate. This includes opportunities to seek employment, work in competitive and integrated settings, engage in community life, control personal resources and receive services in the community to the same degree as people who do not receive Home and Community Based Services.

The transition toward greater community integration for HCBS participants presents both fundamental opportunities and challenges for the provision of transportation to this population:

- **Opportunities** - Local human service providers, transit providers, senior centers and medical centers alike could use the STP as the impetus to develop coalitions to share vehicles among consumer populations to increase efficiencies and reduce costs.

- **Potential Challenges** - Existing models of coordination among agencies offering pre-determined route options (i.e. transportation to supported employment sites) for individuals may have to be altered to accommodate for additional "on-demand" (i.e. an individual is going to a job interview) transportation options. Additionally, as more individuals move into the community and can potentially access public transportation, ensuring an accessible transit infrastructure (i.e. adequate supply of accessible paratransit vehicles, accessible buses, service stations) is crucial and must be addressed as implementation of the HCBS Final Rule Statewide Transition Plan continues.

Access to affordable, reliable and accessible transportation should not be an after-thought, but should be considered integral with access to housing, health, employment, community inclusion and meeting the goals of person-centered planning and HCBS. While gaps and unmet needs of transportation for individuals with disabilities are subsequently detailed in this report, New York is well positioned with the Legislation that made this project possible and the implementation of the Statewide Transition Plan (STP) for HCBS Final Rule to achieve desired outcomes of enhanced transportation coordination in the future.

Project Overview

The **primary goal** of the project is to identify promising practices or models that utilize natural supports, shared-ride and /or other resources to address the transportation needs (and especially the employment-related and community inclusion transportation needs) of individuals with developmental, mental or physical disabilities who receive services from OPWDD, the Office of Mental Health (OMH), and/ or DOH.

The consultant team routinely meets with OPWDD to ensure that it is on target with all project goals and deliverables. In addition to the populations receiving services from OPWDD, OMH and DOH, this project also seeks input from agencies, providers and service recipients from other stakeholder agencies in order to ensure that all stakeholders serving individuals with disabilities have input into the project. These agencies constitute the

[2] New York State Department of Health, *New York State's Statewide Transition Plan for HCBS Settings*, https://www.health.ny.gov/health_care/medicaid/redesign/docs/state_trans_plan_cms.pdf.

[3] Centers for Medicare & Medicaid Services (CMS), *Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers,*

https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider (Jan. 16, 2014).

Interagency Mobility Management Committee, which was created to serve as a sounding board for project input and guidance.

Chaired by OPWDD, the Interagency Committee members include:

- Office for People With Developmental Disabilities (OPWDD)
- Office of Mental Health (OMH)
- Department of Health (DOH)
- Department of Transportation (DOT)
- State Office for the Aging (SOFA)
- Developmental Disabilities Planning Council (DDPC)
- Office of Alcoholism and Substance Abuse Services (OASAS)
- State Education Department (SED)

The project team has met with the OPWDD Provider Association as well as the Most Integrated Settings Coordinating Council (MISCC) for project feedback as needed or requested.

The target populations for these agencies include individuals receiving supported employment and vocational rehabilitation services, alcoholism and substance abuse treatment services and services to older adults, respectively. The populations served by these agencies often have or are currently receiving services from OPWDD, OMH, and/ or DOH. The transportation networks, mobility management strategies and initiatives that currently exist for these populations are important to understand especially as existing resources and knowledge could be leveraged.

Project Phases

As shown in **Figure 1** below, Phase II, the Stakeholder Input, Existing Conditions Analysis and Future Needs Assessment, is the focus of this report. The goal of the Gap Analysis deliverable is twofold and will be described in greater detail further along in this report:

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

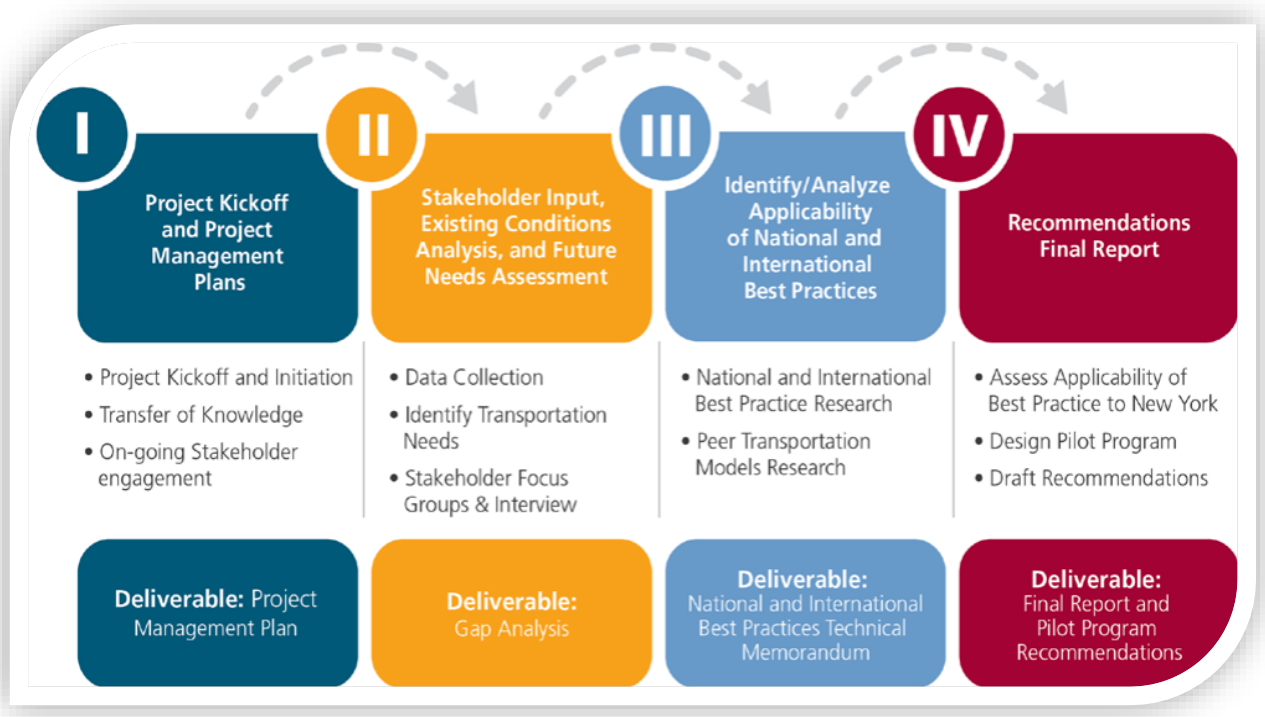


Figure 1. Project Phases for The Study to Design a Mobility Management Program project

The Study to Design a Mobility Management Program is organized into four (4) phases, each concluding with a deliverable document that is submitted to OPWDD for acceptance and approval.

The Gap Analysis phase includes comprehensive information collection efforts, including outreach to over 40 New York State agencies and offices, surveys of 932 direct service providers and 130 transit operators, and facilitation of 5 focus groups with individuals with disabilities, families and advocates. Detailed information regarding the findings from the surveys, interview and focus group are described in **Sections VIII., IX. and X.** of the report.

III. RESEARCH METHODOLOGIES AND AUDIENCES

The primary approach to information collection during the gap analysis phase of the project was to engage stakeholders via interviews and web-based survey tools. In addition, specialized focus groups with individuals, families, and caregivers were conducted throughout the State. The information gathered from the stakeholder engagement activities was analyzed in order to understand the state of current transportation options, data available, existing mobility management strategies and the major transportation gaps.

Stakeholder Interviews

Through coordination with OPWDD, the project team developed a Stakeholder Engagement Plan which included engaging key stakeholder groups to gather information for this deliverable. **Figure 2** below provides a map representing the locations of stakeholders that were interviewed and focus groups that took place throughout the state. The appendix includes a detailed list of the meetings conducted.

Stakeholder Groups	
Individuals with disabilities	Transportation providers
Members of the Interagency Committee	Third-party Transportation Associations
MISCC	Direct Service Providers
OPWDD Provider Association	Other State Agencies

Stakeholder interviews sought to gain the following basic transportation information:

- How individuals become eligible for agency services and non-medical transportation;
- How eligible individuals with disabilities get assigned to – or select – a specific mode or transportation provider
- How specific eligible trips are arranged and served
- How non-medical transportation is funded
- The volume of non-medical transportation by stakeholder state agency /funding source
- What current non-medical transportation needs are not being met (gaps analysis)
- What future needs for non-medical transportation are likely not to be met if current funding levels continue

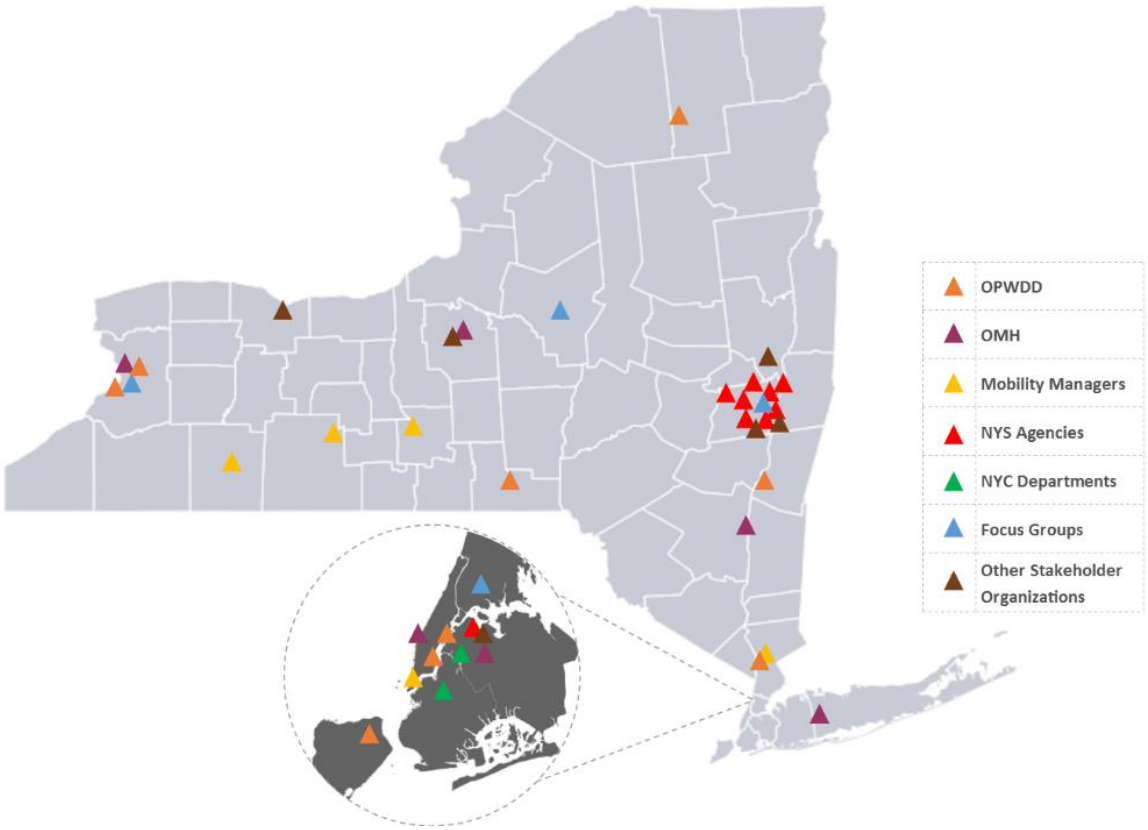


Figure 2. Stakeholder Engagement Reach Throughout NYS

PCG conducted over 40 stakeholder interviews and five focus group session dispersed throughout New York State (NYS) to gather valuable information regarding current transportation options available to individuals with disabilities with emphasis on understanding the needs and gaps. The stakeholder engagement covered urban, rural and suburban areas of NYS.

Surveys

A major component of the Gap Analysis was administering two stakeholder surveys that were distributed to direct service providers and transit providers. By surveying these recipients statewide, the project team's goal was to better identify how transportation to individuals with disabilities is provided in each county and the volume and cost of trips provided, including related gaps and areas of need.

Table 1: Survey Audiences and Sample Size

	Provider Survey	Transit Survey
Agencies	OPWDD providers OASAS providers Area Agencies on Aging (AAA)	Section 5311 providers NYPTA members
Total Sample	932 provider agencies	130 transit providers

The provider survey recipients were derived from contact information obtained from three agencies: Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism and Substance Abuse Services (OASAS), and NYSOFA Area Agencies on Aging (AAAs). In total, 932 service providers received the survey.

Transit providers received condensed different survey tailored to their role. The survey recipients were comprised of agencies receiving Section 5311 funds and members of the New York Public Transit Association (NYPTA). NYPTA preferred to distribute the survey directly to their provider network, and sent the survey to a total of 130 transit providers through an email invitation including a web link to the electronic survey.

PCG utilized a web-based survey tool to distribute and collect survey responses. Agencies were provided with a PDF version of the survey questions, so that data could be collected prior to completing the survey. The table below provides an overview of the types of survey questions asked of each group.

Table 2: Types of Survey Questions Asked of Direct Service Providers and Transit Providers

Survey Questions	Provider Survey	Transit Survey
Contact and agency information	✓	✓
Agency type (non-profit, public, private)	✓	✓
Funding source	✓	
County service area	✓	
Estimated fleet size	✓	
Information on non-emergency medical transportation provided	✓	✓
Information on other types of transit provided (public transit, paratransit, taxi vouchers)	✓	✓
Areas of greatest need and priority	✓	
Business and operational cost data	✓	✓

As a supplement to the survey response data, PCG received transportation data from the Consolidated Fiscal Reporting System for OPWDD providers spanning fiscal years 2014 and 2015. This data provided information on total “To/From” (round trip) transportation spending, number of provider agencies, services provided, and distribution of services by county. The detailed analysis is provided in **Section VIII. Gaps and Unmet Needs**.

Focus Groups

In addition to conducting the stakeholder interviews and disseminating direct service provider and transit provider surveys, the project team also gathered information from five focus groups that were held throughout the state. The goal of the focus groups was to meet in-person with 5-10 individuals with disabilities, their family members, and advocates who could provide useful input on transportation needs, gaps in service and issues they encounter in their daily lives. Focus groups were 1 – 2 hours in length and were conducted in Albany, Buffalo, New York City, Troy and Utica. Four questions were used as a guide during the discussions.

Focus Group Questions
1. **What specific impacts does transportation have on your daily life?**
2. **What are your specific transportation needs?**
3. **What are your specific transportation barriers?**
4. **What are possible solutions?**

Key findings from each discussion can be found in **Section IX. Focus Group Findings**.

IV. OVERVIEW OF STAKEHOLDER AGENCIES

Office for People with Developmental Disabilities (OPWDD)

Agency Profile

The Office for People with Developmental Disabilities currently works to ensure that approximately 130,000 individuals with developmental disabilities have meaningful and fulfilling lives. With this responsibility comes great opportunity to connect individuals with disabilities to all aspects of a full, integrated life that includes: employment, social experiences, and the same day-to-day activities that all people without disabilities enjoy.

OPWDD Overview

- Over 128,000 Individuals Served
- Over 700 Providers
- Annual budget of ~ $4.4 billion

OPWDD directly provides services, and also oversees services delivered by an extensive network of over 700 not-for-profit service providers who employ over 70,000 people. OPWDD also has extensive involvement with stakeholder groups comprised of self-advocates, families, advocates, state and local human service agencies, state and local government, and the business community.

The person-centered approach, which is one of OPWDD's guiding principles, is an important component in supporting Title XIX HCBS Waiver participants. Transportation is a necessary support for people with disabilities in achieving full community integration. OPWDD understands that the current coordinated medical contracted transportation is not fully addressing the need for coordinating non-medical mobility. Recent innovations in transportation and urban planning have positioned states to better connect their citizens with community services.

OPWDD is both a regulatory agency and at the same time a provider of service. As such, OPWDD services are organized via two sets of regional offices:

1. **Developmental Disabilities State Operations Offices (DDSOOs)** – responsible for overseeing all state-run services to individuals with disabilities by state staff within six regions across the state (see Figure 3). DDSOOs are responsible for a number of activities which include:
    - OPWDD systems monitoring
    - Oversight and administration of specialized supports, services and service delivery
    - Advocacy
    - Technical assistance
    - Financial management oversight
    - Day-to-day oversight and administration of State-operated Family Care
    - Oversight of safety activities

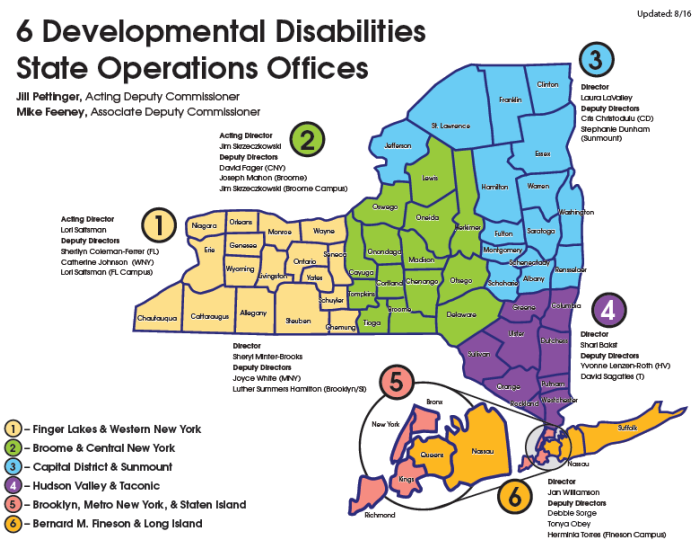


Figure 3. OPWDD Map of DDSOOs.

2. **Developmental Disabilities Regional Offices (DDROs)** – responsible for overseeing all voluntary not-for profit providers that operate private residences and that provide services for individuals with disabilities with OPWDD funding. DDROs are organized into five regions (see **Figure 4**) in contrast to the six DDSOO regions, and are responsible for the following activities:

   - Eligibility
   - Intake
   - Waiver enrollment
   - Local management of Individual and Community Supports (ICS)
   - Management of resources for crisis intervention
   - Advocacy
   - Shared management of OPWDD statewide applications
   - Service recruitment and development for the Family Care program
   - Other programs, services and supports for individuals with developmental disabilities

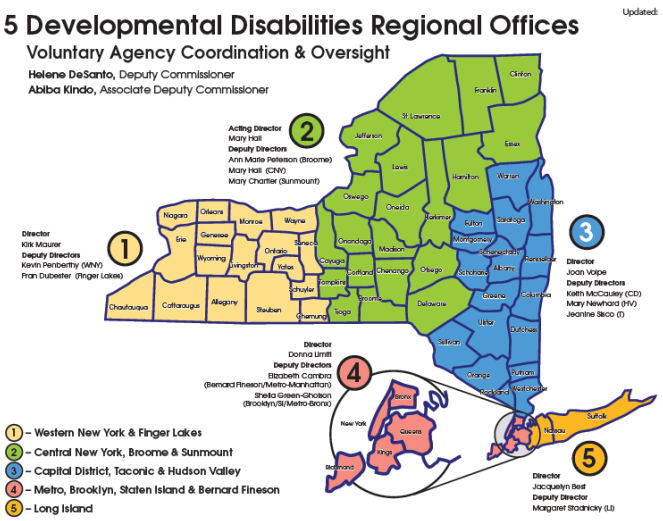


Figure 4. OPWDD Map of DDROs

OPWDD Transportation

Individuals receiving services from OPWDD may receive transportation from a variety of means. Transportation is primarily managed directly through DDSOOs and DDROs for OPWDD programs and services, but individuals may also utilize public transit, paratransit or other arranged transportation to medical appointments and community inclusion activities, and may also be part of the Medicaid-funded Non-Emergency Medical Transportation (NEMT) system as well.

DDSOO Transportation

Transportation for individuals living in DDSOO residential programs is primarily coordinated by residential staff. Staff at the facilities operate vehicles that have been supplied by the state to each residence for the transportation of individuals living in the residence. Trip purposes vary, and can include taking individuals to medical appointments, as well as other destinations that are part of each individual's plan, with an overarching goal of employment and community integration. As needed, additional staff may need to accompany the staff driver depending on the mobility of the individual passenger or passengers.

Typically, one or two vehicles are assigned to each residence, depending on how many individuals reside in the home. Roughly 3,000 vehicles are currently assigned to residences, as supplied by OPWDD's Fleet Management Department ("Fleet"). These vehicles primarily consist of accessible and non-accessible vans, about 10% of which are wheelchair accessible. In some cases, Fleet may supply a sedan for an individual who may not be able to get in and out of a van.

Fleet works with the NYS Office of General Services (OGS) to justify the number of new vehicles needed, based on annual requests. Upon approval from the Division of Budget (DOB), the OGS then is responsible for vehicle procurement, soliciting bids from vehicle dealers. Vehicles are purchased without financing. In coordination with the DDSOOs, Fleet then assigns vehicles to residences. DDSOOs then coordinate inspections and repairs for these vehicles with the residences.

Fleet also contracts for transportation for individuals who receive services provided directly by the state (as well as for people living at home) who need transportation. Via competitive bids, Fleet spends approximately $20 million statewide annually on transportation provider contracts with private transportation companies. Contracts run for

five years and include details such as the route and the type of transportation required (e.g. ambulatory or non-ambulatory). Mid-contract revisions or additions to a route must be approved by Fleet.

The last time that Fleet purchased any vehicles for this purpose was in 2014 when 350 vehicles were purchased at a cost of $7 to $8 million. For estimation purposes, this equates to an average of $22,000 per vehicle. Based on industry standards, vehicles should be replaced after seven years. This means that the annual capital investment would be approximately $9.4 million. While not advisable, if this is stretched to 10 years, the annual investment is lowered to $6.6 million, assuming the number of vehicles remains level. Again based on industry knowledge, the fully-allocated cost (including the cost of staff who are assigned to drive vehicles and serve as assistants as needed) of operating these vehicles is approximately $30 per hour.

DDRO Transportation

DDRO transportation is managed somewhat differently than DDSOO transportation, as voluntary providers deliver transportation to/from the residences and to/from day programs. Providers either own and operate their own vehicles, or contract with private transportation carriers to provide the direct service.

Provider transportation needs vary depending upon where individuals live, what services they need, and their lifestyle. For example, individuals who live in a residence may have access to transportation services for day habilitation and other programs more readily than those who are living independently and need access to transportation for grocery shopping, recreation, and community involvement. For many providers, continued certification depends on the individuals in their programs participating in community inclusion activities. Others may need flexible scheduling and cost effective transportation for part time or full time employment, while other individuals may participate in training that helps them learn how to use and manage transportation services themselves.

Use of Other Public Transportation Resources

In many parts of the state, providers and individuals can take advantage of public transportation resources, as appropriate, for their transportation needs. Generally, though, fares are not subsidized with OPWDD funds. Depending on the area, such resources might include:

1. A public transit agency's buses (or downstate, subway and trains as well) noting that in many of these areas, travel training resources are available to help individuals who may be able to use a bus or train for one or more trips to do so
2. ADA or coordinated paratransit services (individuals with disabilities may meet ADA eligibility criteria if their disability presents a challenge that prevents them from using fixed-route buses or trains)
3. Taxis
4. Volunteer driver programs

Additional detail on available public transit resources will be subsequently described in this report.

Office of Mental Health (OMH)

Agency Profile

New York State has a large, multi-faceted mental health system that serves more than 700,000 individuals each year. OMH operates psychiatric centers, programs and clinics across the state, and also regulates, certifies and oversees more than 4,500 programs, which are operated by local governments, hospitals, nonprofit agencies and other proprietary entities. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs.

OMH Overview

- Over 700,000 Individuals Served
- Oversight of over 4,500 programs
- Annual budget of ~ $4 billion

The mission of OMH has several important goals:

- Promote the mental health and well-being of all New Yorkers
- Facilitate recovery for young to older adults receiving treatment for serious mental illness
- Support children and families in their social and emotional development and early identification and treatment of serious emotional disturbances
- Improve the capacity of communities across New York to achieve these goals

OMH operates a central office in Albany, and, consistent with OPWDD's DDRO regional structure, has five regional field offices that cover the rest of New York State (see **Figure 5**).

The primary role of each OMH field office is to allocate OMH funding to each county program. Counties apply for funding annually based on their county plan and place priorities on various services and programs based upon needs that have been locally identified. Counties, and not the OMH regional field office, then contract with service providers as needed and according to the plan. Funding varies depending upon the county, which reportedly range from $1.6 million to $32 million per county.

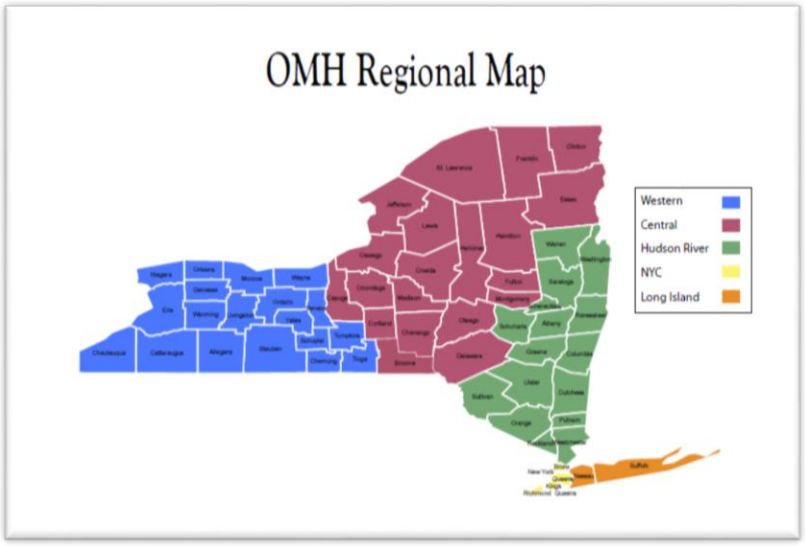


Figure 5. Office of Mental Health (OMH) Regional Map

OMH Transportation

Transportation for recipients of OMH services is coordinated at the county level and is funded as part of OMH's annual budget of approximately $4 billion. Individuals receiving Mental Health services with an Axis I or Axis II diagnosis receive transportation services. Individuals must reside in a group home, or have a service plan in order to be eligible for transportation. Transportation could be to a variety of services, and could include community activities (i.e. bowling league with group home), or medical appointment access.

Since total OMH programmatic funding is allocated to the counties, they in turn make decisions on where specific transportation funding is subsequently allocated. As such, the approach to its delivery varies across counties. For example, in Central New York, four counties out of twenty opted to use OMH funding to directly support transportation programs, while the other 16 counties dedicated funding across a wider berth of service programs, not solely to transportation programs.

Transportation programs benefiting from OMH funding include bus passes, taxi fare, contracted service, transportation for vocational programs, and peer paid staff and volunteers at programs, however, very little detail is known about associated volume, rates and costs. While counties require that providers attest that money has been spent for program services in general, this has rarely been done for transportation.

Although OMH does not manage transportation dollars directly, the agency will often provide funding to new programs for a vehicle. These new programs typically benefit from funding for vehicle start-up costs for the first half of the year, and often the maintenance of that vehicle is accounted for in the service portion of the program's budget. However, maintaining and replacing the vehicle is often challenging as most providers who receive OMH dollars do not have a transportation budget to address replacement vehicles.

Department of Health (DOH)

Agency Profile

DOH Overview

- Over 20 million Individuals Served
- Annual budget of ~ $135 billion

As the Medicaid and public health agency of New York State, the Department of Health (DOH) is tasked with promoting, improving and protecting the health and well-being of those served by the agency. With three regional offices, three field offices, and nine district health offices, the Department serves over 20 million New Yorkers by addressing critical policy areas such as disease prevention and control, environmental health protection, promotion of healthy lifestyles, and emergency preparedness and response. In 2015-16, DOH operated with a $134.6 billion budget, of which $126.5 billion was Medicaid-related.

DOH Transportation

The NYS DOH administers the Medicaid Non-Emergency Medical Transportation (NEMT) program, which provides transportation services to Medicaid members to Medicaid-covered services (primarily medical appointments). Prior to 2015, NEMT was coordinated at the county level. Through a phased approach within Medicaid infrastructure reform, DOH implemented a centralized regional system that uses transportation managers to schedule and assign trips to providers to achieve more regional efficiencies and more consistency in the application of state policies. Although an extensive review of DOH/Medicaid-sponsored NEMT is outside the scope of this project, many of the service recipients of NEMT are also served by OPWDD and/ or OMH, and as such, it is beneficial to assess the NEMT system and service model. In its creation of the transportation manager approach to NEMT, DOH established six regions (see Figure 6), and contracted with two professional transportation management companies to manage NEMT:

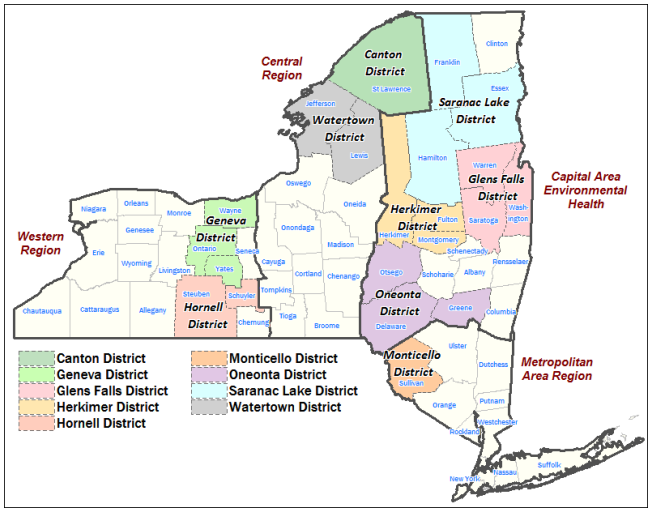


Figure 6. Department of Health (DOH) Regional Map

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

Each of these regions' transportation managers was procured through a competitive process with a five-year contract with DOH. At the same time, the transportation management companies do not directly contract with the

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

Both transportation managers operate two call centers: LogistiCare in New York City and Long Island, and MAS in Buffalo and Syracuse. Additionally, as part of their contractual responsibilities, the two transportation managers have regional representatives assigned to each county. These representatives serve as liaisons with regional stakeholders, public transit agencies, mobility management providers, major medical facilities, and the Medicaid community (including medical practitioners, caseworkers, Medicaid members, advocates, and transportation providers). They are also responsible for quality assurance and regularly surveying transportation providers, medical providers, and Medicaid members.

The primary functions of each transportation manager are to:
➢ Check the eligibility of the member
➢ Intake trip reservations
➢ Assign the trip to the most appropriate lowest-cost mode
➢ Monitor service performance and customer satisfaction

One universal challenge with Medicaid transportation is balancing where a passenger wants to go versus where he or she needs to go. Negotiating these customer service relationships is a challenge. It is also a challenge to communicate to people what type of transportation is allowed under Medicaid and what is not, and keeping track of which services are waivered, etc.

Pertinent modes of transportation covered by Medicaid include:
➢ Public transportation, which includes fixed route bus and subway, as well as route-deviated services
➢ Personal vehicle (mileage reimbursement for self-drivers, family/friend drivers and volunteer drivers)
➢ Taxi/livery
➢ Wheelchair accessible van

In all areas of New York, the transportation manager will first determine whether public transportation is available, accessible, and is the most cost-effective mode prior to securing a customer a ride in a private vehicle. In many urban areas, individuals use paratransit and ambulette-level services (a specially equipped vehicle for transporting disabled or convalescent passengers in nonemergency circumstances), especially when the vehicle needs to be wheelchair accessible. Members need to be enrolled in the system to receive this service and must indicate whether they need curb to curb or door to door service.

LogistiCare reported very few issues in New York City, as half of their ridership is handled through the transit pass reimbursement program, and there is an abundance of taxi, livery and wheelchair accessible van providers downstate. Also in NYC, public transportation is almost always the most cost effective mode, and as part of the Public Transportation Automated Reimbursement (PTAR) program, Medicaid NEMT encourages providers to provide public transportation passes to members. In NYC, medical providers pre-purchase Metrocards from the Metropolitan Transportation Authority (MTA) and distribute them to eligible Medicaid members at the time of their appointment. The medical provider submits real-time for reimbursement of the MetroCard. PTAR reimburses the medical provider $5.50/claim and processes Metrocard reimbursement to members attending an Opioid Treatment Program.

Compared to the former system that was overseen by each county, benefits of the new system include:

➢ Increased efficiency with limited resources
➢ Assignment of the most medically appropriate mode of transport
➢ Greater Medicaid program accountability
➢ Improved service quality
➢ Better coordination of services during inclement weather and catastrophes
➢ Expedited complaint investigation and resolution
➢ Early identification of transportation access issues
➢ Increased flexibility and sensitivity to individual enrollee needs
➢ Improved fraud and abuse identification

Additionally, each transportation manager reports a customer satisfaction rate of over 99%, indicating that trips are for the most part, provided in accordance with contract requirements.

With the implementation of the transportation manager system, DOH works directly with the transportation managers to identify and execute various cost savings initiatives in specific regions within New York State that can increase the number of grouped trips in order to achieve overall enhanced program efficiency and improved customer service to Medicaid members. For example, transportation providers enrolled by DOH submit applications to Medical Answering Services for performing specified group trips, DOH along with MAS reviews applications which include the provider's assessment of available hours and trip fee prior to trips being awarded. There are currently five open cost savings initiatives between DOH and MAS for various regions throughout NYS:

- Columbia County to Albany
- Ulster County to Newburgh
- Green County to Catskill (Zones 1, 2 and 3)

MAS, for example, has already executed over 50 cost savings initiatives in 17 of New York's counties.

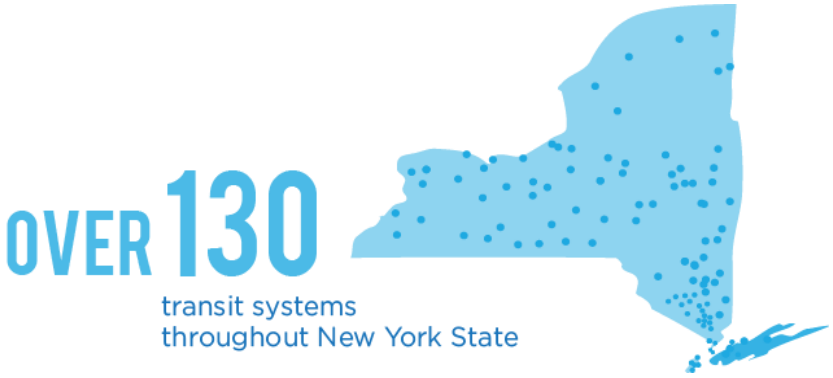
Table 3: Ridership, Call Volume and Staffing Statistics by Region

	New York City	Long Island	Upstate New York	Total
Annual Trips	4,800,000	587,000	5,700,000	11,100,000
Annual Call Volume	1,500,000	207,000	5,500,000	7,200,000
Call Center Staffing	240 employees	70 employees	Syracuse = 370 employees Buffalo = 50 employees	730 employees

Finally, in addition to the traditional Medicaid-eligible members receiving NEMT, DOH transportation managers also provide service to both medical and non-medical services to individuals in the Traumatic Brain Injury (TBI) program. TBI is a Home and Community Based waiver service aimed at getting – and keeping – people out of congregate facilities and living independently in their own homes. There are nine Regional Resource Development Centers (RRDC) for the TBI Medicaid Waiver Program and the counties they serve. Transportation is not provided directly by TBI; instead, eligible trips are authorized by TBI and participants use NEMT managed by the transportation manager to get to medical appointments and program activities (which can include social transportation trips on a case by cases basis where each trip must be justified and deemed necessary). In order to be eligible for transportation under the waiver program, an applicant has to have no other transportation options.

V. PUBLIC TRANSIT

Over 130 transit operators in New York State utilize federal, state, and local funding to provide fixed route bus and rail and demand response or paratransit services to the general public, including individuals who receive services from OPWDD, OMH, and DOH. The map on this page, taken from the New York Public Transit Association (NYPTA) website (www.nytransit.org), shows the distribution of those transit systems across the state.



Entities that provide some form of public transportation service include public transit agencies, private for-profit transportation companies that operate service directly or under contract to public transit systems, and nonprofit organizations.

According to TransLinks, New York State's online transportation directory, trip planner, and traveler information system (www.511ny.org), New York State Department of Transportation (NYSDOT) information, and county websites, **all but five of New York's 62 counties** are served by a public transit system. Those counties are:

- Cattaraugus and Yates Counties, in western New York
- Delaware, Hamilton, and Herkimer Counties, in eastern central New York

While coverage is broad, the level and type of transit service that is available varies across the state, as discussed below.

Types of Public Transit Service

Fixed Route

Fixed route service refers to bus or rail service that follows a set, published route and schedule and is open to the general public. Fixed route service is viable only in areas with a certain density of population or jobs, and it is more prevalent in urban or suburban areas. This type of service typically provides the fastest travel times between points, which makes it attractive to choice riders. Since trips are not reserved in advance, fixed route service offers riders the most independence. When well-utilized, fixed route services are the most cost-effective transit mode.

Americans with Disabilities Act (ADA) Complementary Paratransit

The ADA established the requirement for operators of public fixed route transit services to:

1) Make those services accessible to individuals with disabilities and
2) Provide an alternative service for individuals who are unable to use fixed route services (including bus, light rail, and subway services but excluding commuter bus and commuter rail services) because of a disability.

ADA paratransit service must meet a number of criteria that make it comparable to fixed route service with regard to service area, days and hours of service, fares, availability, unlimited eligible trip purposes, and other characteristics. Individuals typically apply for eligibility to use ADA paratransit service, and not all individuals with disabilities meet regulatory eligibility requirements.

ADA regulations require complementary paratransit service to be provided within a ¾ mile corridor around fixed bus/rail routes and during the same days and hours that bus/rail service is in operation.

Demand Response

In a system that offers demand response service, also known as dial-a-ride, riders within a certain geographic area call in advance to schedule a curb-to-curb or door-to-door trip. Service may be open to the general public, older adults and individuals with disabilities, or clients of human service programs. Service may be restricted to particular zones on specified days or during specified time periods. Eligible trip purposes may also be restricted, or priority may be given to a certain type of trip, such as medical trips.

In rural or suburban communities with dispersed origins and destinations, demand response service provides the ability to serve a larger geographic area than is feasible with fixed route service. Door-to-door or curb-to-curb service is easy for older adults and individuals with disabilities to use.

Operators of demand response service are typically public transit providers and public or private human service agencies.

Flexible Services

Flexible services (also known as flexbus, route deviation, or point deviation) combine the accessibility features of demand response with the scheduled reliability of fixed route service. Service is typically provided along a fixed route that follows a fairly set schedule (either arriving at certain stops or the end destination at scheduled times), but riders have the option of requesting a deviation directly to a home or destination. Flexible services are generally best suited to areas with a lower demand for service, such as rural or suburban communities. There are several types of flexible services, and they can be designed to provide both fixed route service and ADA paratransit service with one vehicle.

Operators of flexible services are most usually public transit providers.

Urban vs. Rural Transit Resources

Individuals in a certain community may have a need for an alternative to private automobile transportation, but may not be located close enough to each other to make fixed route service feasible or convenient. A typical minimum density standard for hourly fixed route bus service is three households or four jobs per acre.

The density of development, in terms of population and/or employment, is a critical factor in the potential success of fixed route transit service.

Density thresholds for more frequent bus service and for rail service are higher. When density is not high enough to support hourly bus service and bus routes run less frequently, they become less attractive and convenient for riders as well as less cost-effective. In such circumstances, demand response or flexible services are more

appropriate modes of public transit service. Fixed route bus and rail services are more common in denser urban areas and demand response or flexible services are more frequently found in suburban or rural areas, which is evident across New York State.

In the New York City boroughs of Manhattan, Brooklyn, the Bronx, and Queens, the MTA operates the nation's most heavily used subway system and one of its largest bus networks (as measured by ridership). Outside of those boroughs, fixed route services, and the ADA paratransit services that accompany them, become more limited. Even in Staten Island and the counties immediately surrounding New York City, stakeholders noted the limited service hours or frequency, or high fare levels, of bus and rail service.

Downstate suburban systems operating in Nassau and Suffolk counties on Long Island and in Westchester, Rockland, Putnam, Dutchess, Orange, and Ulster counties generally offer hourly fixed route bus service and ADA paratransit service on weekdays that may end at 6:00 or 7:00 PM or earlier. Service may be available for limited hours on Saturday.

Upstate, a fairly high level of fixed route and ADA paratransit service is provided by regional transit authorities in the urban communities in and around Albany, Buffalo, Rochester, and Syracuse. Less extensive service, similar to that provided in downstate suburban counties, is available in the suburban member communities of those authorities. Less extensive fixed route service is also provided by county or regional transit systems in the small urban areas of Binghamton, Elmira, Glens Falls, and Ithaca. Rural communities within the service areas of the larger regional transit authorities or the small urban regional or county systems may receive limited service, if any.

NYS counties served by at least one paratransit or demand response service provider:

56

In many cases, available service is the ADA paratransit service offered by the area's public transit system, but demand response service provided by a county chapter of NYSARC, a county or municipal government, a nonprofit organization such as an independent living center or community action agency, or a for-profit transportation company is available in most of the 56 counties. Such demand response or dial-a-ride services are often open to older adults or individuals with disabilities rather than the general public.

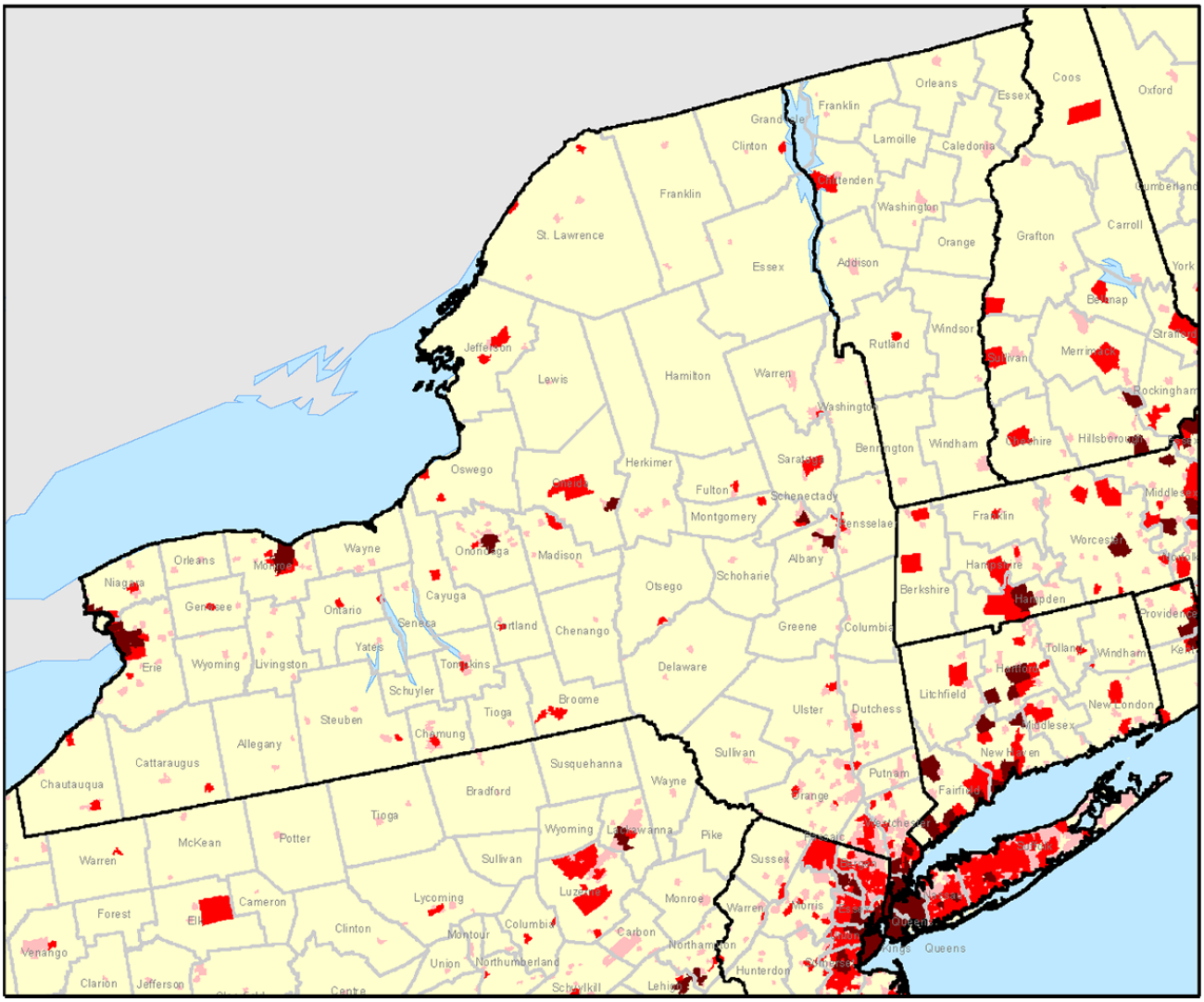


Figure 7. Rural Area Distribution (Source: U.S. Census Bureau)

The United States Census Bureau defines rural areas as those with less than 2,500 residents. As such, New York State as a whole can be considered mostly rural. According to the US Census Bureau (2010 census), 24 out of 62 (39%) counties are considered entirely rural, and an additional/unduplicated 26 (42%) counties contain certain census tracts that are considered rural (although these counties may also have suburban or urban census tracts). In total, 50 out of New York's 62 (80%) counties are defined as having rural areas.

Transit Funding

A number of federal and state grant programs, matched with local funds, provide operating and capital assistance to the state's transit providers. Some grant programs provide funds for general public transit service while others focus on supporting specific services for older adults and people with disabilities. In fiscal year 2013, federal funding to New York's transit operators totaled $1.7 billion, while state funding totaled $4.5 billion. Local funds, from local sales or property taxes or city/county general funds, add significantly to those totals. [4]

*In fiscal year 2013, federal funding to New York's transit operators totaled **$1.7 billion**, while state funding totaled **$4.5 billion**.*

Key federal and state funding programs are summarized briefly below.

Federal Transit Administration (FTA) Funding

FTA provides operating and capital assistance to public transit providers in urban areas with populations over 50,000 through its Section 5307 program. Funds are apportioned by formula to large urban areas and to states for small urban areas. In areas with populations of 200,000 or more, only capital projects (including maintenance and mobility management expenses) are eligible uses of 5307 funding. In smaller urbanized areas, Section 5307 funds may be used to cover both operating expenses and capital projects.

In New York State, 5307 funds are apportioned to the New York City/Newark large urbanized area (including parts of New Jersey and Connecticut), six urbanized areas with populations between 200,000 and 1 million, and 10 small urban areas with populations between 50,000 and 199,999.

The Section 5311 program provides similar assistance to public transit providers and Indian tribes that operate public transportation services in rural areas with populations under 50,000. Funds are allocated to states based on a formula, and distributed to eligible sub-recipients, usually through a competitive process.[5] A portion of a state's 5311 funding must also be used to support the provision of intercity bus services, unless intercity bus services are being met without that assistance. In New York State, 5311 funds may be used for both operating and capital assistance. In 2013, NYSDOT awarded 5311 funds to 44 sub-recipients—cities, counties, and tribes.

FTA's Enhanced Mobility of Seniors and Individuals with Disabilities grant program, Section 5310, supports programs and services designed to meet the needs of those two user groups. Funds are apportioned to large urbanized areas and to states for rural and small urban areas (populations up to 200,000) by formula. The eligible activities for this grant program are described in **Table 4**.

[4] Survey of State Funding for Public Transportation, Final Report, American Association of State Highway and Transportation Officials, April 2015.
[5] A component of the 5311 program makes funds available specifically for federally recognized Indian tribes by formula and on a competitive basis.

Table 4: Eligible Activities for the Section 5310 grant program

Eligible activities
1. Capital projects expressly designed for seniors and people with disabilities, where transit is insufficient, inappropriate or unavailable. Eligible sub-recipients are nonprofit organizations or public entities that have been designated to coordinate services for seniors and people with disabilities in their areas. At least 55% of an area's allocation of 5310 funds must be spent on projects of this type. Note that "capital" projects also include mobility management activities and the purchase of service through a contract in addition to the purchase of vehicles.
2. Provision of services that exceed ADA requirements (such as offering paratransit service in areas or during days/hours when fixed route service is not in operation, or same-day paratransit service, or providing escorts for riders). Capital and operating expenses of such services are eligible 5310 expenses.
3. Public transportation projects to improve access to fixed route transit or reduce reliance on paratransit services. This includes capital and operating and operating expenses associated with activities such as making accessibility improvements to rail stations not required by the ADA, creating accessible paths of travel to bus stops, or travel training.
4. Alternatives to public transportation that assist seniors and people with disabilities, including capital and operating expenses associated with activities such as supporting volunteer driver, transportation voucher, accessible taxi, or ridesharing or vanpool programs.

Up to 45% of an area's 5310 funds may be used for the latter three categories of eligible projects, for which nonprofit organizations, public transit providers, and state or local governmental agencies are eligible sub-recipients. Capital projects in category 1 above that are carried out by transit providers, public entities, or nonprofit organizations may also be funded as part of an area's 45% portion of its 5310 funds.

A number of other FTA programs provide assistance to transit providers for various types of capital projects (bus and bus facilities purchase or construction, acquisition of low/no emission vehicles, care of vehicles and facilities damaged by a natural disaster) and special initiative areas, such as increasing economic opportunity or connecting individuals to health care.

FTA encourages the development and implementation of mobility management projects as well as coordination of services that benefit from federal funding. A range of mobility management activities, including operation of transportation brokerages, purchase of technology systems to support coordinated services, operation of one-stop call centers, coordination of travel training programs, and support for coordination councils or committees, are considered to be capital expenses in FTA grant programs, and eligible to use grant funds at an 80% federal share (the maximum federal share of operating costs is 50%).

New York State provides significant state funds to public transit providers.

New York State Transit Funding

The New York State transportation funds available to public transit providers are administered by NYSDOT's Public Transportation Bureau, with those of the major funding programs summarized in **Table 5** below. In addition, New

York provides funds from the Omnibus and Transit Purposes appropriation in its annual transportation budget to fund half of the non-federal share of capital projects financed with FTA grants.

Table 5: Major New York State Transportation Funding Programs

Statewide Mass Transportation Operating Assistance (STOA)
New York's Mass Transit Operating Assistance Fund, comprised of revenues from several different taxes, funds STOA annually. Funds are allocated to downstate and upstate transit providers separately from specific revenue sources, on the basis of passengers and vehicle miles of service. Transit providers may use STOA funds as the local share of federal operating assistance grants.
Transit State Dedicated Fund (SDF)
The Transit SDF provides assistance annually for capital projects to transit providers in the state other than the Metropolitan Transportation Authority (MTA). Cities, counties, and upstate transit authorities are eligible to receive SDF funds, which may be used to fund 100% of an eligible capital project that federal, state, and local funding sources are insufficient to support. Eligible projects include vehicle and equipment replacements and facility renovations to help keep the state's transit assets in a state of good repair.

Use of Public Transit Services by Individuals with Disabilities

Responses to the transit provider survey and conversations with stakeholder agency representatives in all parts of the state confirmed that public transit services—fixed route, ADA paratransit, and demand response services—are used by individuals with disabilities who receive services from OPWDD, OMH, and DOH where they are available. Individuals use them to travel to programs and services and to make other types of trips, such as work, shopping, and social-recreational trips that the stakeholder agencies are not able to provide or subsidize. Transit providers responding to the survey reported that human service agencies contract with them to provide service for people with disabilities and/or purchase bus tickets or passes to distribute to the individuals they support.

In New York City (with the exception of Staten Island), transit services are so available that transportation is not viewed by stakeholder agencies as a challenge for individuals with disabilities as it is in other parts of the state.

VII. MOBILITY MANAGEMENT

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

Mobility Managers can be individuals who help customers identify transportation options, plan trips and perhaps make arrangements for those trips, or entities that have a wider range of responsibilities aimed at improving coordination among transportation programs and services and increasing mobility options. For example, a Mobility Manager might be responsible for developing, maintaining, and disseminating a centralized directory of community transportation resources. The Mobility Manager who takes on such a function might also staff a help line, much like a "local travel agent" and perhaps provide trip planning and/or ombudsman services as well. A Mobility Manager could also be responsible for providing ride-matching functions or other services more commonly associated with ridesharing agencies. A Mobility Manager might help coordinate support functions for community transportation services, perhaps taking on the call center function for multiple community transportation providers and/or becoming the broker of a coordinated system. A Mobility Manager might also serve to organize and manage a taxi subsidy or voucher program on behalf of sponsoring organizations.

*The primary source of funding for Mobility Managers and other coordination is the FTA's **Section 5310 program**, which provides operating and capital assistance to support services for older adults and individuals with disabilities and the **Section 5311 program**, which provides capital and operating assistance for public transportation in rural areas.*

New York State Operating Assistance (STOA), county funds, contributions from partner organization, and in-kind services provide the required local share and supplement the federal grants.

In New York State, mobility management activities are currently underway in at least 26 counties[6] as shown in **Figure 8** below. These activities are geared towards individuals with disabilities as well as older adults and low income populations.

[6] Counties include: Albany, Allegany, Broome, Cattaraugus, Chautauqua, Cortland, Delaware, Essex, Livingston, Monroe, Nassau, New York City (five boroughs/counties), Onondaga, Oswego, St. Lawrence, Schuyler, Steuben, Suffolk, Tioga, Tompkins, Westchester, and Wyoming.

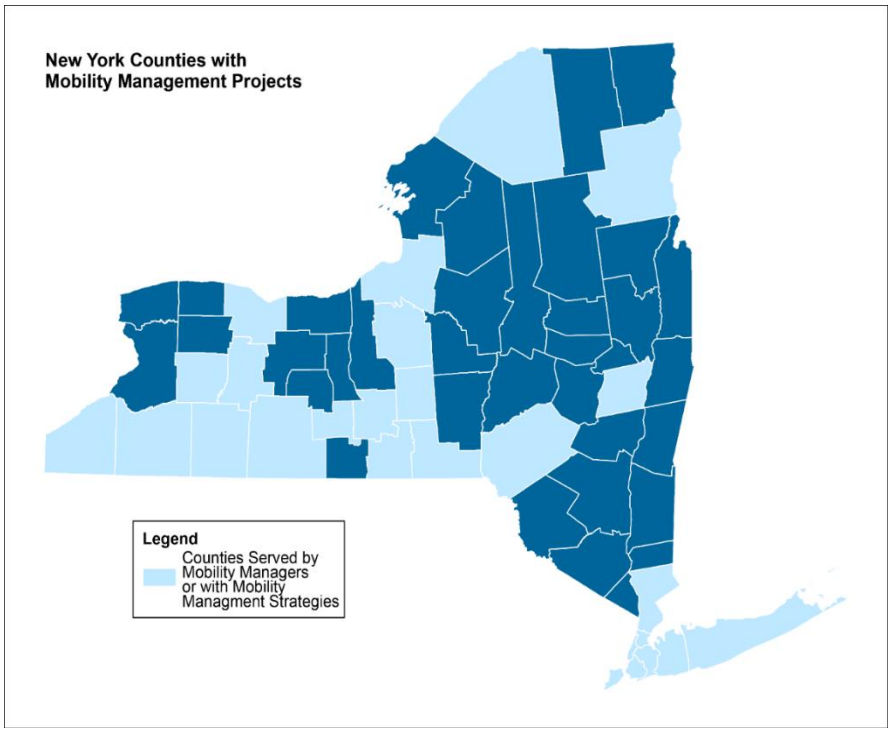


Figure 8. New York Counties with Mobility Management Projects

In many of those communities, a comprehensive, multi-faceted program headed by a Mobility Manager is in place. In others, coordination and mobility management activities—such as joint trip scheduling, provision of travel training, or operation of volunteer driver programs—have been undertaken by human service and/or public transportation providers.

Entities housing the Mobility Managers across New York State include public transit systems, county Offices for the Aging or Departments of Social Services, rural health networks, local chapters of NYSARC, municipalities, and nonprofit organizations. **Table 6** below provides an overview of typical roles a Mobility Manager may assume.

Table 6: Typical Mobility Manager Roles

1. Operation of a one-stop call center or one-call / one-click system to provide centralized information about transportation services
2. Management of a volunteer driver program
3. Administration of a ride-matching services coordinated with the 511NY or regional rideshare programs
4. Marketing, education, and outreach to increase awareness of transportation options and attract new partner organizations
5. Provision of travel training services
6. Facilitation of coordination efforts among transportation providers

During the stakeholder outreach phase of this project, the PCG interviewed three county-level Mobility Managers and representatives of other organizations that are working to coordinate the services they provide to individuals with disabilities with those of other entities. Interviewed organizations include:

- Medical Motor Services, Rochester
- Center for Disability Services, Capital region
- Interagency Transportation System (IATS), NYC
- Mobility Managers
    - Allegany County
    - Schuyler County
    - Tompkins County

More information about these and other examples of transportation coordination and mobility management will be provided in the next phase of the project, which will highlight national and state mobility management best practices.

VIII. GAPS AND UNMET NEEDS

Individuals with disabilities need access to transportation for employment, medical appointments (outside of NEMT), and community inclusion activities, yet the availability of reliable and accessible transportation is problematic. After speaking with agencies, providers, individuals, families and advocates across New York State, the importance and apparent lack of transportation options for individuals with disabilities was reiterated and validated.

As a result of the many stakeholder engagement activities, key themes of transportation gaps and unmet needs emerged as shown below. In addition, the themes are described in detail on the following pages with specific examples from interviews and focus groups all of which help paint the picture of why transportation is needed and what specific barriers exist.

Vehicle Use Barriers

A common theme identified among stakeholders was related to barriers with vehicles, which was a result of an aging fleet, unavailability of replacement or "back-up" vehicles, lack of properly accessible vehicles and vehicles possibly sitting idle. These barriers were found when interviewing providers, transportation vendors as well as state agencies.

Age of Fleet

Typically, vehicles transporting individuals with disabilities are 8-10 years old with some that are 15 years old or more. The aging vehicle fleet is often complicated by increased maintenance needs and vehicles in such disrepair that they will not pass inspection. This is further complicated by substantial rust caused by New York winters. In some instances, the vehicles are so old the necessary parts are not available. The possibility of older vehicles breaking down while carrying a van full of passengers is a major concern providers deal with daily.

Replacement and Back-Up Vehicle Availability

Due to funding restrictions and/ or lengthy processing times to procure new vehicles, fleet sizes are shrinking with no back-up available if a vehicle breaks down or is in the shop for repair. This creates an administrative burden for staff, trying to scramble to secure a back-up to transport individuals and ensure a safe vehicle is available. On average, some state agencies have not received replacement vehicles in over two years. There were many anecdotes of staff working very closely with their colleagues to secure vehicles if their site is down a van or if there is an unexpected break down. While many residences have two vehicles, staff indicated that one is often out of service for extended repairs. They also note that many individual service/support plans specify community inclusion; but if there are five different people living in a setting going to five different places and only one vehicle, it is a challenge to meet those needs.

Average wait time to receive Section 5310 vehicles:

2 + years

In addition, providers purchasing vehicles through FTA Section 5310 grant funding, administered by NYSDOT, often have to wait two to two-and-a-half years to receive a vehicle, which then may need modifications adding to the time frame for how long it takes for a vehicle to become operational.

High Mileage on Vehicles

Services are provided based on the wants, needs and preferences of the person as specified in their individualized plan of support. This may lead to people being transported long distances from where they live in order to participate in programs, community activities and employment, resulting in high mileage for a large percentage of a provider's fleet.

A provider in Western NY operates some vehicles with over 400,000 miles on them.

From maximizing individualized services resulting in long distances traveled to the age of the fleet, agency and provider vehicles often have 200,000 plus miles on the vehicles. As vehicles are pulled off the road in cases of excess mileage, this exacerbates the issue of availability of usable vehicles.

Vehicles Not Maximized

In many cases, vehicles at residences or programs end up sitting idle during the day or are used inefficiently. This is due to a few factors:

1) Staffing shortages;
2) Lack of coordination for trip needs and route maximization; and
3) Limited communication related to vehicle availability or a system to track real-time vehicle use.

There is a need for a better way for providers and agencies to manage their vehicle assets to ensure efficiency.

Accessibility of Vehicles

Not all of the vehicles available at programs or agencies provide the necessary accessibility for individuals with mobility issues. Modifying a vehicle can be a time consuming and costly process. Lack of accessible vehicles is also a major deterrent from utilizing volunteer driver programs. It is unlikely that a volunteer would have a vehicle with a wheel chair lift or modifications necessary to transport an individual needing this support.

Availability of accessibility vehicles is also problematic for individuals using taxis and other commercial transportation options (for example, Greyhound or Trailways).

> *One participant in the **Capital Region focus group** explained how an individual in their group called ahead for an accessible bus for a long trip, but when the time came, the company did not send an accessible bus. The person had to be subjected to being carried onto the bus and having his wheelchair stowed in storage.*

Often, individuals with disabilities face frustration and their dignity is not respected due to issues with vehicle accessibility because the person often simply does not have another option. Not only was the story described above an uncomfortable situation for this person, it was also potentially unsafe. In addition, anecdotes were heard of taxis illegally charging more money for wheelchair accessibility creating an unfair financial burden on the individuals needing transportation.

Not all vehicles dedicated to residential programs may accommodate all of the individuals and their accessibility needs, such as use of wheelchairs. According to some interviewees, the direct result of delayed vehicle replacement is that community integration is hindered. Meanwhile, while annual requests are being made, the dearth of replacement vehicles is exacerbating this situation.

Transit Infrastructure Barriers

As is seen elsewhere across the country, New York state proves to be no exception to experiencing multiple transit infrastructure barriers for individuals with disabilities, seniors and others with specialized transit needs. Investments in transit infrastructure have not kept pace with investments in streets and highways, and in many cases existing public transit systems are in need of significant repair, experience a lack of funding and are not entirely available to New York's citizens needing accessible transportation. Although there is a myriad of transit infrastructure barriers that can be pointed to, major themes that were identified via our stakeholder outreach include limited or no public transit available or accessible; the availability and affordability of public/paratransit and private transportation services; a lack of travel training programs; and long wait times on public transit.

Availability and Accessibility of Public Transit

New York state is a state that encompasses a wide variety of geographic areas – while urban areas such as New York City have robust public and paratransit systems that serve individuals with disabilities well, other suburban and rural areas have a lack of public transit available, or the public transit that is available is limited in terms of routes, hours operated, and may also experience temporal gaps (services may not operate in the evening hours or on weekends in some areas, a barrier that particularly affects work trips). Closely associated with availability of public transit is the accessibility of public transit. While many service stations and transit stops are ADA accessible, there are still a significant number of stops that aren't – thus creating travel barriers for individuals whom the accessibility standards were intended to support.

In stakeholder interviews, survey responses and focus groups alike, state agencies and organizations, service providers and transit users all reported barriers to the availability and accessibility of public transit. For example, **OPWDD Regional Office in Western New York (Region 1- Buffalo)**, indicated that while individuals with disabilities use public and paratransit to some extent, that use is minimal and public transit service has even been decreased over the past few years. The routes that were diminished were ones that didn't necessarily show ridership of the general public, but that were often used by people with disabilities.

Utica Focus Group:

"Bus service is extremely limited. There are few routes and few stops and schedules keep changing, making it nearly impossible to plan transportation to any type of activity."

New York's statewide **Office of Temporary and Disability Assistance (OTDA)** also noted that transportation access and accessibility is a significant obstacle for their client population. According to OTDA, the top three transportation barriers for OTDA consumers are as follows, and issues are regionally dependent:

1) Inner city (not New York City) – there isn't enough transportation to where industry actually exists and in many cases only exists to transport individuals to minimum wage jobs
2) Rural areas – all aspects of community life are difficult to access due to limited or nonexistent transportation as it relates to getting jobs and medical care and other basic needs
3) NYC – transportation issues surrounding family shelter placement - many people spend 1.5 – 2 hours on the subway in the morning because their children are in a certain school and their shelter has been moved to another borough. Complexity and disjointedness of subway and shelter system compounds the problem

Finally, the **Long Island Office of Mental Health** field office also indicated that public transit availability and access is an issue in this region and for their client population as well. As this field office notes, Long Island's transit system is not very robust and does not serve a large portion of the many communities that make up Long Island. Of the routes that do exist, those public transit vehicles do not run frequently and do not offer service to the locations or during the times that most OMH consumers would need to access medical appointments (if they are not a Medicaid member going to a Medicaid-covered service).

While New York City was the first city in the world to operate 100% accessible busses, stakeholder interviews and focus group discussions indicated that some subway stations either do not have an elevator or the elevator is not in working order. As such, it is nearly impossible for an individual with mobility issues to access the subway station in this situation.

While a multitude of state agencies and human service providers alike indicated that public transit availability and accessibility is a huge obstacle to their client population's ability to access services, it is also worth noting that the **DOH transportation managers** (Logisticare in the five New York City boroughs and Long Island, and Medical Answering Service throughout the rest of New York state) utilize public transit whenever possible for the provision of Medicaid-eligible trips. Maximizing the use of public transit improves people's independence, reduces fuel

consumption and gasoline emissions, and enhances to city and town infrastructure. In New York City, for example, thousands of transit passes are provided to Medicaid customers each year to access medical services. Elsewhere across the state, when a Medicaid customer requests a trip, those requests are first weighted against the member's ability to access public transportation, the availability of public transportation and the routes that are required for travel to the service. The system compares the request for a taxi or other vehicle with an established bus route to see if the location may be accessible from the bus and within the ¾-mile corridor around fixed routes as stipulated by the ADA.

Availability and Affordability of Paratransit and Accessible Taxis

Where paratransit does exist, it is often times cost prohibitive due to the lengths that individuals must travel, and accessible taxis are still not commonplace in many areas of New York state and where they do exist, the cost to travel in them is often exorbitant to the user.

One individual in OWPDD service who lives in a rural setting spends $26 per day to commute to work, while another who resides within the city spends $8 per day to travel to and from employment.

In **Buffalo** accessible taxi service occurs sporadically and while some areas offer this service, there is often a large discrepancy in the cost of city vs. rural transportation. In the city, the cost is roughly $3 per mile, but if an individual resides in a rural area, it can cost as much as $11 per mile.

In the Capital District there are obstacles in terms of affordability and availability of transit services. For example, while the paratransit service in the area offers complementary paratransit to the fixed route public transit system, scheduling and predictability is an issue, but of greater importance is the issue of not having enough wheelchair spaces on the paratransit vehicles to accommodate users. Additionally, the supply of accessible taxis is not abundant. Thus, when an individual is not able to access paratransit and must use an alternate accessible vehicle, accessible taxis may not be available.

Access to Employment Opportunities

Survey respondents that indicated a lack of access to employment is a top mobility need:

43%

The ability to access employment opportunities due to lack of public transit was another barrier identified in our outreach. In **OPWDD State Operations Region 3, OPWDD Regional Office Region 3 (Taconic)**, and in the **Western and Central Office of Mental Health Field Offices**, we learned that using public transportation for employment is particularly problematic as the service is not dependable for individuals who need to keep a predictable and regular schedule, thus making it difficult for individuals to retain employment. Additionally, many individuals are able to use public transport, but due to its limitations in service (such as hours offered) as well as sometimes prohibitive cost, individuals face barriers in getting to and from work. Additionally, when public transit is not available to employment, some individuals resort to utilizing private transportation options where they spend as much as they make on the job.

While the homeless population was not a specific focus of this study, homeless individuals receive services from stakeholder agencies (OPWDD, OMH, DOH) as well as the **Office of Temporary and Disability Assistance (OTDA**). OTDA, among managing other roles, is charged with functions relating to homelessness, access to homeless shelters in the state, funding large housing programs, managing the homelessness prevention program, and providing services to refugees. While the homeless or those Transportation barriers are one of the biggest

problems facing impoverished individuals in New York State. Specifically, in Upstate NY, there is a huge barrier for impoverished individuals to get to work. These individuals may be eligible for Medicaid NEMT, but other transportation to work and community activities is usually not provided or accessible. Historically, there was a program called Wheels to Work, where OTDA would contract with non-profit organizations to rehab cars for impoverished individuals to access employment, however, that program is unfortunately no longer in existence.

Long and/or Unreliable Trips

SED ACCES-VR noted that there are issues around wait times pre and post pickup for paratransit for the people they serve. In this experience, there is often a 45 minute pick up window for paratransit service that is scheduled in advance; if individuals are not there within five minutes of the vehicle's arrival, they miss the opportunity for a ride. This type of scheduling restriction does not support scheduled activities such as medical appointments or employment opportunities that have a designated start and end time, but that also are subject to unavoidable, unforeseen delays.

> ***Troy Focus Group:*** *"Some people have to spend 2-3 hours on a STAR (paratransit) bus to get to and from their destinations, which often results in being late to work or school."*

Additionally, multiple state agencies across the state cited **time spent on the vehicle as a barrier**. This is not necessarily a transit issue, but rather due to the geographic location of where the individual wants or needs to travel in both rural and urban areas. For example, in a rural community, individuals must travel significant distances to access many medical facilities, jobs and other aspects of community life. Several stakeholder agencies noted that while every attempt is made to ensure that an individual is aware of and accesses near-by services, it is not always possible due to a variety of factors including appropriateness of the service and space available.

Agencies also noted an impact on time spent on the vehicle when they work together to coordinate transportation to regularly scheduled programs for the individuals they serve. While there are often time constraints pertaining to how long an individual can remain on the vehicle, vehicle sharing and efficiency maximization (e.g. filling as many seats as possible) naturally add time to the length of the trip for the person residing the furthest from the program site. Some agencies also mentioned issues around Medicaid NEMT related to pick up and drop off wait times as well as time constraints around trip scheduling. For example, some vehicles are late or early for scheduled appointments, causing prolonged waiting for customers, and there is an inconvenient three-day guideline for scheduling trips in advance.

While the transportation managers do accept urgent trips for same-day medical appointments, the three-day requirement was reportedly put in place in order to ensure maximum trip coordination and efficiency between multiple riders. While these examples were provided during stakeholder interviews and indicate areas for potential improvement around customer satisfaction, it should be noted that the DOH Medicaid transportation system provides over 11 million trips annually and transportation managers' report a greater than 99% satisfaction rating (based on complaint data received), indicating that the vast majority of trips are provided without incident.

Laws and Regulations

Common themes that emerged from the stakeholder engagement process centered on various laws and regulations that present challenges to meeting the transportation needs of individuals with disabilities, seniors and other specialized populations. While many of the stakeholder state agencies interviewed have guidelines in place and associated rules around eligibility for transportation for their client populations, the feedback received regarding the most significant challenges in this area were around driver qualifications for transporting specific client groups; there

are issues around meeting the requirements for funding sources; and in many regions, transportation options outside of NEMT are very limited.

Restrictions on Hiring Drivers and Who Can Transport Specific Client Groups

For example, the Center for Disability Services operates a comprehensive transportation service that transports nearly 500 individuals who have disabilities and mobility challenges to Center programs, Center residences, healthcare providers, and other community locations throughout the Capital Region. While it is difficult to attract and retain skilled and qualified drivers due to the inability to pay competitive wages, it is also difficult for the Center to develop and maintain driver qualification requirements that allow their drivers to transport individuals with disabilities that require additional supervision or assistance. Additionally, there are requirements around licensure type depending on the type of vehicle that is being driven, and CDS drivers also must go through physicals, drug testing, random drug testing, road tests and written tests.

One organization, the **Interagency Council (IAC)**, a Provider Association based in Manhattan, NY comprised of non-profit agencies serving over 90,000 individuals with disabilities and their families, operates the InterAgency Transportation Solutions (IATS). IATS coordinates transportation for multiple human service organizations' day services programs at multiple sites throughout the Greater New York Metropolitan Area. When the IAC was first developed, oversight and monitoring of driver qualifications and trainings was particularly burdensome and disjointed. However, over time, the organization put into place certain driver qualifications, restrictions and required trainings so now drivers are highly qualified to transport the individuals served by the provider agencies. One aspect of driver training that was particularly helpful for IAC was to institute an on-line training module. Under this system, no driver could transport individuals until all required trainings were complete and documented, and the system also notifies drivers and providers of timeframes for required qualification renewal.

Discussions in the Western NY and Finger Lakes parts of the state revealed that there are issues of ownership versus access among voluntary provider agencies as most providers don't think of their fleets as potential shared assets. The region identified that if there were more opportunity for sharing resources and filling vehicles to capacity, cost savings could be achieved. However, many providers are subject to specific guidelines or regulations that would limit or prohibit sharing of vehicles and drivers. For example, drivers are not currently authorized to transport individuals receiving service from another provider.

Difficult to Meet Funding Source Requirements

Some provider agencies often have budgetary restrictions that keep them from traveling outside of a 10-mile radius to pick up individuals. For example, there may be a service program that serves a number of individuals who live at home with their families but the program budget only allows providers to provide transportation within a 10-mile radius of the program thus limiting program participation from individuals who may want to attend the program.

Medical Motor Service in Rochester, NY embarked on a six-month process to obtain a waiver from NYSDOT that would allow vehicle sharing among three different agencies. The process was lengthy and required a judicial decision.

Medical Motor Service in Western New York is a prime example of an agency that was looking to coordinate transportation services for three partner agencies but because the vehicles owned by those agencies were purchased with Department of Transportation funding, they were subject to restrictions on transporting individuals receiving services from other agencies. In the course of obtaining a waiver of this requirement, all three agencies had to provide corporate documents and demonstrate they were capable/eligible to be "common carriers", and able to provide transit services for groups beyond their own clientele, and also had to comply with standard driver licensing regulations.

For the **Central New York OMH field office**, restrictions around utilizing volunteer drivers was identified as a barrier to using this approach to the provision of transportation service. As in other rural areas within New York State, Central NY OMH noted that in some communities, volunteer drivers are one of the only transportation options for people receiving state-funded services, but due to the needs of the individual, volunteer drivers may not always have the qualifications to transport the person. Specialized needs such as door-to-door or door-through-door service present additional insurance requirements, and in some instances consumers require accessible vehicles, which volunteer drivers are not likely to own. The **Westchester County Mobility Management Program** also noted this barrier within the RideConnect volunteer driver program. Within this program, transportation (primarily for seniors) is provided by volunteers and many of the trips are for medical appointments. The person being transported may use specialized equipment such as a wheelchair or another adaptive device and often an accessible vehicle is not available to accommodate the person. Additionally, individuals who need transport to receive medical treatment often need assistance out of the vehicle and through the doors of the medical facility and the provision of this type of assistance is not authorized for volunteer drivers.

Medicaid-Only Transport Available

Finally, stakeholders indicated that in many rural areas in New York, Medicaid transportation is the only available mode of transportation for eligible individuals served by the agency. While **DOH** Transportation Managers Medical Answering Services and Logisticare provide over 11 million trips to Medicaid-eligible individuals to Medicaid-eligible services, there is a need for transportation beyond that which is provided to medical services. With the roll out of additional Home and Community Based Services waivers across the state, New York will be charged with looking to its transportation managers to accommodate Medicaid-funded transportation beyond what the NEMT it is currently providing for other authorized services within the community.

Business Operations

There are many business components to providing, securing, funding and tracking transportation which often pose major barriers to reliability, availability and accessibility. Through stakeholder engagement activities, seven major themes were identified, which are described in more detail below:

Staffing and Driver Challenges

Agencies and providers find it very ***difficult to find and retain skilled drivers***. Providers often do not get reimbursed to cover all of their costs and as a result cannot pay competitive wages to retain good staff. Staffing shortages are an industry issue especially because providers are competing with school districts who pay higher wages for drivers. The Center for Disability Services in Albany (CDS), for example, indicated that the standard for a driver is to have a Commercial Driver's License (CDL). CDS encourages all of their drivers to have or be working on a class B license so they can drive any CDS vehicle. Although CDS adheres to these requirements, through stakeholder interviews, it was apparent that ***driver training requirements are not consistent*** across the State and among providers. In addition to driver requirements, CDS also conducts physicals, drug testing, random drug testing, road tests, written tests, etc. These stringent hiring practices are essential to ensuring safety when transporting individuals, although it is a major expense.

The staffing issues are not limited to drivers, but transportation options are also limited due to ***insufficient staffing at residences and programs***. Program staff must juggle many responsibilities and staffing ratios must be maintained. Individuals may need particular support during transport, with specific medical, behavioral, or ambulation needs that require specific staff or clinical support. This may result in medical appointments needing to be rescheduled because there are insufficient staff to transport clients to their appointments in addition to the other transportation and non-transportation responsibilities that they have.

Program staff must travel between residences, day programs, etc. throughout the course of a typical day. Travel options available to staff include public transportation, use of a state/voluntary provider vehicle, renting a car, or using a personal car and then being reimbursed. Program staff do not always have access to state/voluntary provider vehicles due to the needs of the program. Other options in this case could include renting a car (which is not always expedient) or staff transporting individuals in personal vehicles (which raises additional safety and liability concerns).

Another major issue is the ***lack of sensitivity training and disability awareness resources*** available for drivers of private and public transportation. When speaking to individuals in focus groups, many mentioned that drivers are not sensitive to disabilities or understanding of specific needs of individuals. Drivers may be impatient or inconsiderate. While this may not be true for all drivers or transportation providers, consistent sensitivity training would ensure that drivers are aware and understanding of individuals needs and disabilities.

Increasing Costs

Over the past five years, providers indicated that the cost of providing transportation has risen substantially. Through stakeholder interviews, it was emphasized that the transportation rate is not sufficient to cover the cost. In fact, agencies and providers indicated that they frequently absorb one-quarter to one-third of the cost of transportation.

Similar to providers, state agencies have also seen significant state operation costs related to transportation.

Decreased Funding

Agencies and providers alike have been impacted by decreasing Federal and State funding sources, which negatively impact transportation services, availability and options. For example, since the change in the structure of the Medicaid transportation program, some transportation providers and human service agencies that provide transportation especially in rural areas of the state, indicated that their revenues were significantly reduced as these providers no longer had long-term contracts to provide the service, but were instead given the option to submit competitive rates for trip award through the transportation manager. Due to economies of scale and the ability of some providers to offer a lower trip rate, these trips were no longer guaranteed revenue streams for providers previously providing the service, which helped them to build effective transit and paratransit networks in their communities. Essentially, while funding for NEMT has not necessarily decreased, several of the providers who depended on providing Medicaid transportation are no longer guaranteed that funding stream. Some trips have also been shifted from public transit providers to other modes. Dial-A-Ride service providers, who were reimbursed as part of contracts with DOH rather than on a fee-or-service basis, were most affected. Some (such as Tioga County's system) have gone out of business; their costs per trip rose over those of taxi operators, making them less attractive NEMT providers to the Transportation Managers charged with finding the most cost-effective mode for each trip.

Data Management

A barrier consistently evident throughout this process is the lack of transportation data available from most state agencies. Most of the agencies interviewed were not able to provide data on regional trip volume, trips costs, transportation rates and number of individuals served. Data limitations were also evident through the provider survey responses. Many providers were unable to provide the number of one-way trips, trip costs and rates or purpose of trips (to/ from day program; community integration activities; employment), as well as the utilization of other transit options including public transportation and paratransit services for the individuals they serve. DOH on the other hand, was able to provide information on total trips provided, trip rates, utilization of other transit options such as public and paratransit, and the number of individuals served due to the centralization of data through the two statewide transportation managers.

Insurance Cost and Liabilities

In general, providers indicated that the cost of vehicle insurance is a major expense, with cost and liability potentially increasing as vehicle sharing opportunities are explored. Cost and liability increases as providers contemplate vehicle sharing opportunities. In addition, many agencies do not allow community habilitation employees to drive their personal vehicles to transport individuals due to limitations on the agency's insurance.

Stakeholder Data and Statistics

A key component to identifying transportation services for individuals with disabilities in New York was to collect data from human service and transit providers with the goal of identifying how transportation for individuals with disabilities is provided regionally and locally, the volume and cost of trips provided, and to also identify gaps and areas of unmet need. The project team also analyzed Consolidated Financial Report (CFR) data furnished by OPWDD to examine transportation cost and volume from another perspective.

To summarize, response rates from the human service provider and transit provider surveys were relatively low, and many providers submitting survey responses did not completely answer all questions, or provided limited data when they did respond. While some useful qualitative data was able to be collected and analyzed, the quantitative data received was not plentiful enough in volume or strong enough in reliability to be able to complete a thorough analysis. Nonetheless, survey responses are summarized below.

TABLE 7: SURVEY DISTRIBUTION AND RESPONSE RATE

	Provider Survey	Transit Survey
Total Sample	932 provider agencies	130 transit providers
Agencies Responded	145	36
Response Rate	15%	28%

Human Service Provider Survey

The human service provider survey was distributed to 932 service providers which included OPWDD providers, OASAS providers, and local Area Agencies on Aging (AAAs). Of the 932 providers that received the survey, 145 responded, yielding a 15% response rate. Further, of the 15% of providers who submitted survey responses, the vast majority of respondents did not respond to all questions - the range of respondents that completed questions was between 97% and 2%, depending on the question (see **Table 16: Provider Survey Question and Percentage of Respondents**). As such, while the analysis of the data yielded some useful results, the overall validity of the data is low and demonstrates that providers either lack the requested data, furnished it piecemeal, or were unable to respond to the survey questions.

Survey questions can be categorized in the following high-level topics:

- Provider Demographics (organization information, where services are provided, etc.)
- Funding Sources
- Provision of Transportation: Provider-Operated, Contracted/ Purchased, Mode
- Transportation Gaps and Unmet Needs

Provider Demographics

The majority of respondents (88%) were not-for-profit organizations; the remainder were government agencies. Regional response to the survey was statewide, with providers serving all 62 of New York's counties submitting responses. This regional variation of responses ensures that data from urban, suburban and rural areas was captured. County coverage by service organizations varies greatly however, with the largest portion of counties serviced by between 1 – 5 organizations, and the greatest number of providers serving the eastern part of the state (see **Figure 9**).

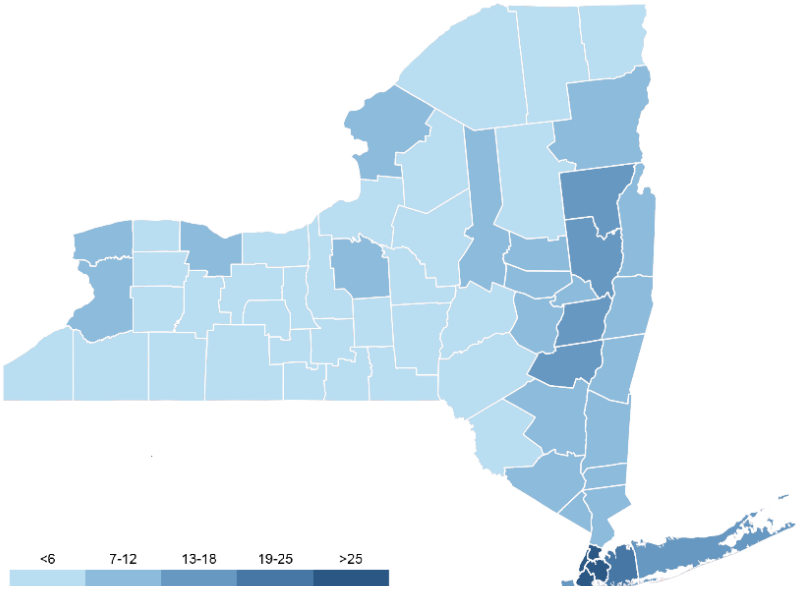
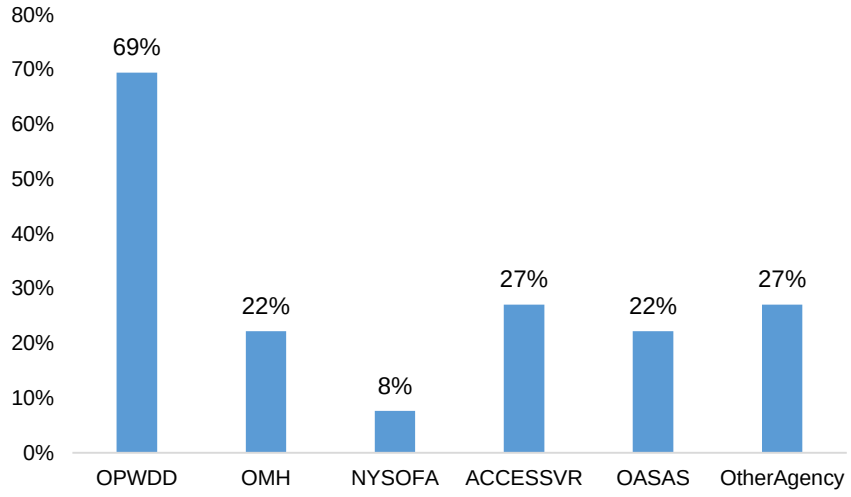


Figure 9: Counties Served by Number of Survey Respondents

Funding Sources

As shown in **Figure 10**, most respondents - 69% - reported that they receive funding from OPWDD. Between 22% and 27% of respondents receive funding from OMH, ACCES-VR, or OASAS. Only 8% of provider agencies receive funding from NYSOFA. 28% of providers are funded by other agencies or sources, which included DOH, NYSED, NY Office of Children and Family Services (OCFS), Medicaid, county funds, private insurance, or fees paid privately by service recipients.

FIGURE 10: FUNDING SOURCES



Provision of Transportation: Provider-Operated, Contracted/Purchased, Mode

The percent of respondents who answered questions regarding the provision of transportation to the individuals they serve was low and varied. Questions asked providers to furnish data on one way trips and costs for organization-operated transportation and contracted transportation, as well as data on other transportation modes utilized by individuals in their care including public and paratransit, mileage reimbursement and taxi vouchers.

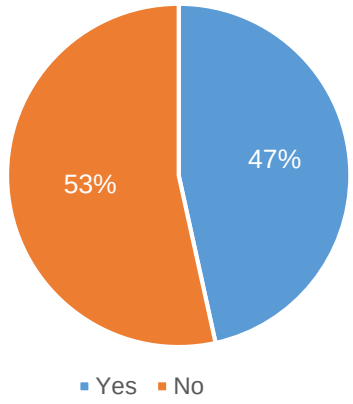
The following table (**Table 8**) summarizes the total one way trips and costs reported by providers for fiscal year 2015 related to agency-operated transportation, contracted transportation, as well as the use of public and paratransit passes.

TABLE 8: PROVIDER SURVEY SUMMARY DATA

	One-way trips	Operational cost
Provider-operated	4,119,519	$181,690,369
Contracted	1,112,428	$5,523,734
Public transit passes/tickets	46,484	$97,763
Paratransit passes/tickets	60,757	$124,136
TOTAL	**5,339,188**	**$187,436,003**

In addition to questions that asked providers to provide trip and cost data (discussed below), respondents were also asked the more general question of whether they contract/purchase transportation for the individuals they serve or provide the service directly. Organizations were split nearly equally with 47 percent contracting out non-medical transportation with the remainder providing these services directly (see **Figure 11**). This relatively even split does not correlate with the data furnished, as providers indicated that they spend $181.7M on directly-managed trips and only $5.5M on contracted transportation service (a 97% difference)

FIGURE 11: PROVIDERS WHO CONTRACT/ PURCHASE TRANSPORTATION VS. DIRECTLY OPERATED TRANSPORTATION



Provider-Operated Transportation

Approximately 24 – 30% of providers answered questions related to transportation that organizations provided directly, but the validity of this data is questionable. For example, one provider indicated that they had a transportation operational cost of $139,324,080, which would constitute 77% of all provider-operated transportation. When compared with the CFR, this provider reported direct transportation spending of $713,570, a 19,425% difference.

When average cost per trip is examined utilizing the data above, agency-operated transportation programs spend an average of $44.10 per one-way trip compared with an average cost per trip of $4.97 for contracted transportation services. Neither of these average costs per trip are in line with industry averages – the $44.10 is extremely expensive while the $4.97 is unrealistically inexpensive. In Massachusetts, for example, the average cost per one-way trip for human service agency transportation in FY2015 was $22.39. Finally, the CFR data yielded an average cost per one-way trip of $54.88 for FY15 data, which is also expensive. The variability of this data suggests that it cannot be relied upon to determine costs per trip in general.

For organizations providing services directly, **Table 9** below demonstrates summary statistics for these transportation services:

TABLE 9: OPERATIONAL SNAPSHOT OF DIRECTLY-PROVIDED TRANSPORTATION SERVICES

	One-way trips	Operational cost	Fleet size	Vehicles > 10 years	Wheelchair accessible vehicles
Total	4,119,519	$181,690,369	2,370	226	639
Average	142,052	$6,056,346	59	9	17

Contracted/Purchased Transportation

Approximately 10 – 15% of providers answered questions related to transportation that organizations contracted/purchased. Similar to answers furnished for the question regarding provider-operated transportation, there were questionable outlier data elements for this question as well. For example, one provider indicated a $0 cost for service. As such, validity of the data reported is questionable.

The table below summarizes responses for organizations that contract/purchase transportation services (**Table 10**):

TABLE 10: OPERATIONAL SNAPSHOT OF CONTRACTED/ PURCHASED TRANSPORTATION SERVICES

	One-way trips	Operational cost
Total	1,112,428	$5,523,734
Average	61,801.56	$306,874.13

Mode: Public Transit, Paratransit, Mileage Reimbursement, Taxi Vouchers

In terms of providers being able to identify costs and volume of transit/paratransit tickets or passes, mileage reimbursement or taxi vouchers, response rates were low and ranged from between 2% - 10% (**Table 11**). In fact, data for mileage reimbursement and taxi voucher information was inadequate and could not be used for any analysis.

TABLE 11: PROVIDER PURCHASED OR REIMBURSED TRANSIT/ PARATRANSIT TICKETS

	Total
# of individuals making public transit trips	1,007
# of people making paratransit trips	224
Cost of transit tickets	$97,763
Cost of paratransit tickets	$124,136
One-way transit trips	46,484
One-way paratransit trips	60,757

Limited data was received for the questions on use of public and paratransit. This may mean that the use of these modes of transportation are not widely utilized for individuals with disabilities receiving services from the providers who were surveyed or that the providers simply do not have sufficient data related to use of these modes of transportation.

The low number and varied quality of responses confirms the expectation that human service providers, whose primary mission is the provision of programs and services other than transportation, have difficulty identifying the level and cost of the transportation services they provide.

Transportation Gaps and Unmet Needs

Conversely, qualitative questions which asked providers about gaps and unmet needs got a much higher response rate of between 57% - 63% depending on the question. These questions include vehicle reliability/ staff training, provider understanding of available transportation resources, identification of mobility needs if more quality

transportation resources were available, and identification of new programs or mobility options providers would like to see offered.

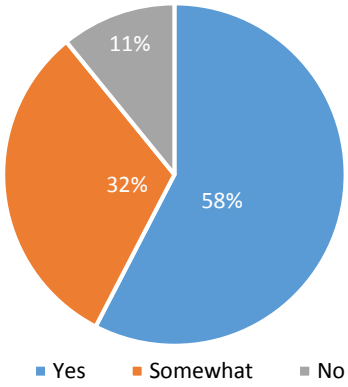
During the stakeholder interview phase of the project, a number of state offices indicated that vehicle reliability and staff training were often barriers to individuals being able to access services and community activities. According to this provider community, an average of 44% of providers indicated that these issues are not applicable to their transportation programs, while an average of 24% of providers report these as minor issues and an average of 6% indicate that these are significant concerns (see **Table 12**).

TABLE 12: PROVIDER RANKING OF TRANSPORTATION ISSUES

Issue	Significant Issue	Moderate Issue	Minor Issue	N/A
Getting to day programs	5%	14%	26%	44%
Getting to other services or destinations	7%	19%	27%	35%
Service reduction due to these problems	3%	10%	22%	53%
Impeded community integration	9%	15%	20%	44%

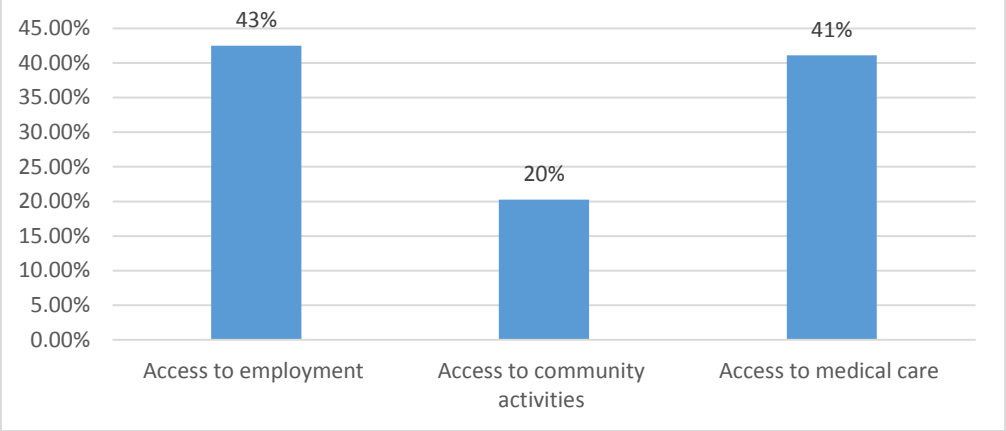
Provider understanding of available transportation resources was another area of analysis. When asked if providers had a firm understanding of all the available transportation resources available to them and the individuals they serve, a majority of providers (more than 80%) reported having a somewhat clear or firm understanding of these resources (see **Figure 12**)

FIGURE 12: PROVIDER PERCEPTION OF THEIR UNDERSTANDING OF TRANSPORTATION RESOURCES



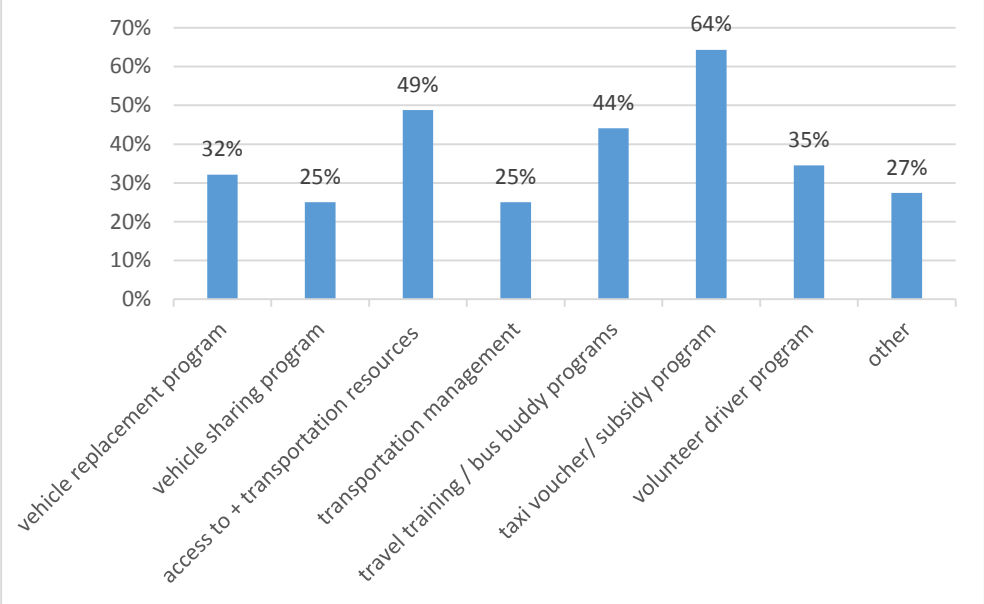
To gain provider perspective on unmet transportation needs, the survey asked if more quality transportation resources were available which mobility need (access to employment, community activities or medical care) was most important. 43% and 41% of providers thought access to employment and medical care, respectively, were the most important needs that quality transportation resources could address while access to community services was the least important to this group (20%) (see **Figure 13**)

FIGURE 13: TOP THREE NEEDS ADDITIONAL MOBILITY RESOURCES COULD ADDRESS



Finally, providers indicated that they would like to see a variety of new mobility programs and options for individuals they serve. The top three options indicated by providers include voucher/subsidy programs for taxis and other modes (64%), access to more comprehensive information about transportation resources/programs in their respective county/region (49%) and public transportation travel training/ bus buddy programs (44%) (see **Figure 14**).

FIGURE 14: NEW MOBILITY PROGRAMS AND OPTIONS PROVIDERS WOULD LIKE IMPLEMENTED



Consolidated Fiscal Reporting (CFR) Data

OPWDD provided provider-submitted CFR data for fiscal years 2014 and 2015 with To/From transportation costs, including costs by service. This information is used by the State in their rate setting. Providers are only reimbursed for two transportation related services within OPWDD: transportation to and from day habilitation or to and from pre-vocational services. Historically, budgets from providers were used to determine reimbursement (until 7/1/14). After that date, DOH changed to a cost or fee based process rather than budget based. The base is the CFR from

two years prior. Based on this data, providers are reimbursed exactly what they spend, dollar for dollar. The providers allocate the total bottom-line cost of transportation to the two services (day habilitation or pre-vocational services) and are reimbursed based on that allocation number.

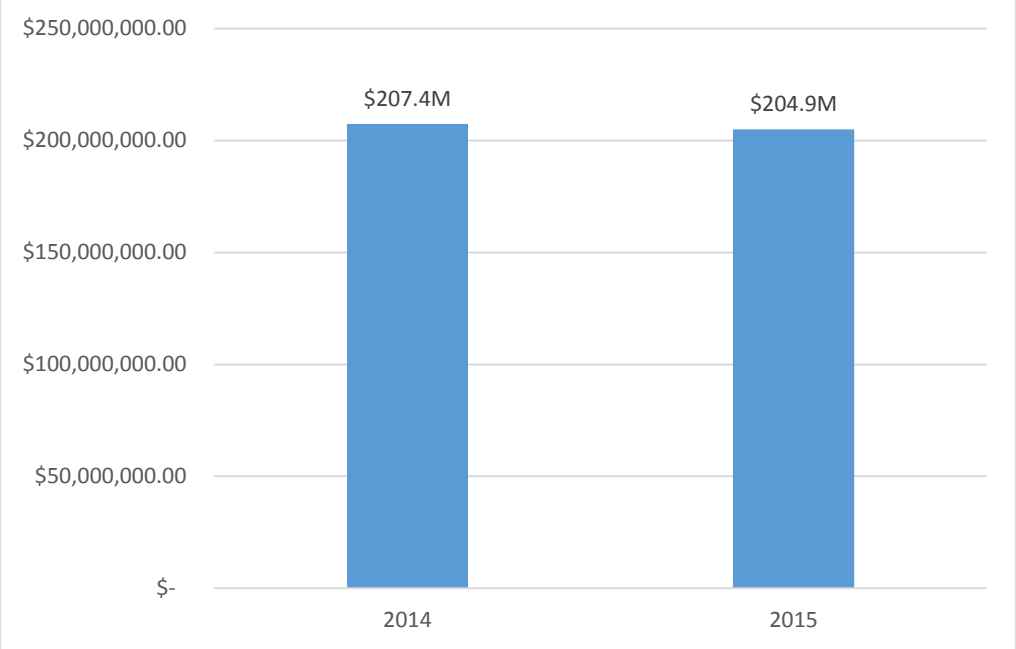
For PCG, analyzing the CFR data allowed a better understanding of the scope of spending related to provider transportation and also provided comparison data when looking at provider survey results.

Cost Comparison

While the CFR data provided included the universe of OPWDD providers, the provider survey had many fewer respondents. Out of all the providers who submitted CFR data, only 21 provided operational cost data on the provider survey. Of those 21, only one provider's To/From transportation costs matched exactly with the operational cost data submitted with the survey. The other 20 had wide variances, ranging from a 96 percent difference to a 19,425 percent variance. These data discrepancies are in line with other data issues that were found throughout the survey, causing the validity of the data to be questioned.

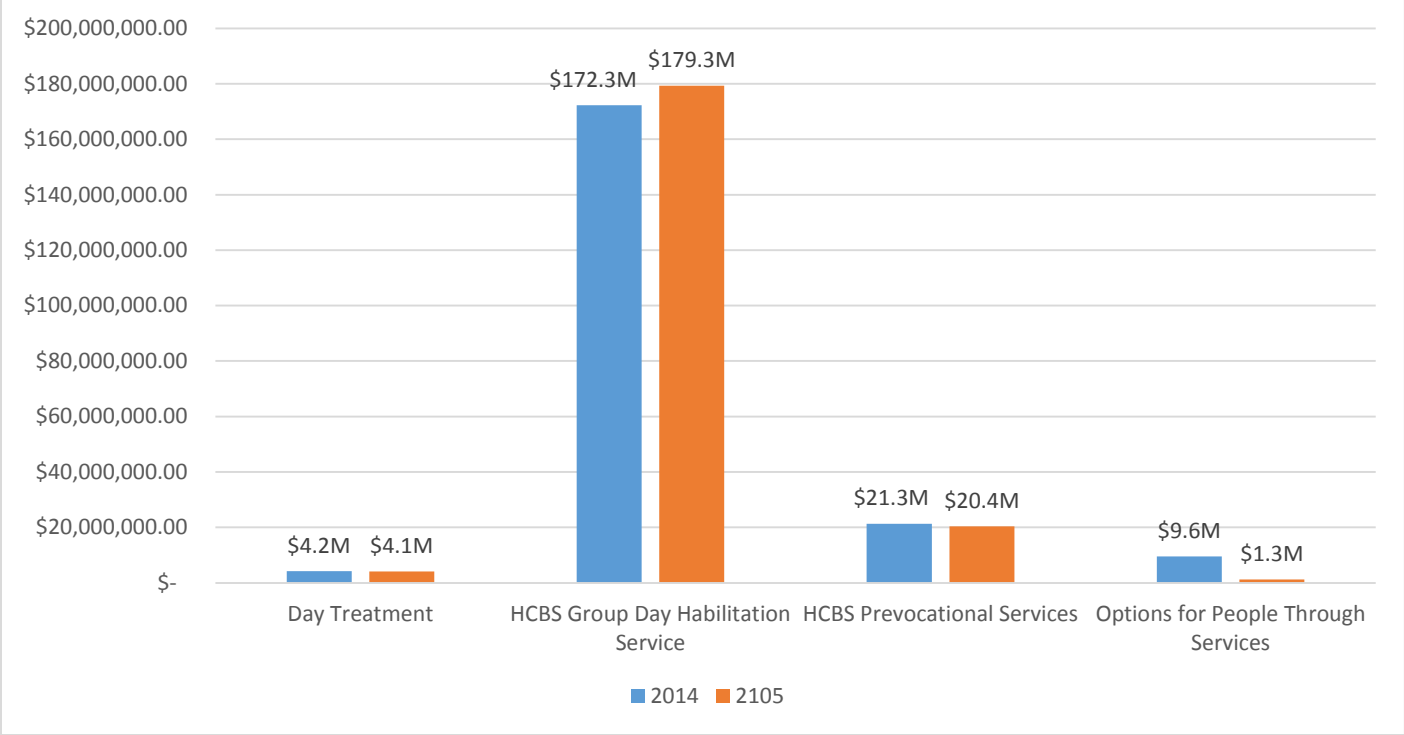
Figure 15 below indicates overall To/From transportation spending based on the CFR data for FY 2014 and FY 2015. The cost may not be inclusive of all transportation spending as the analysis only looked at data for the costs allocated and reimbursed per service. All in all, providers spent over $200 million in each year on transportation. This represents a significant cost, especially in a climate where providers, individuals and their families are indicating that many gaps and challenges with transportation exist.

FIGURE 15: OPWDD PROVIDER TO/FROM SPENDING



In addition to analyzing the overall To/From transportation spending for FY 2014 and 2015, the data was also analyzed to understand the transportation spending by service as shown in **Figure 16** below. Transportation to and from day habilitation services made up the most significant costs with over $170 million reported each year.

FIGURE 16: OPWDD PROVIDER TRANSPORTATION SPENDING (BY SERVICE)



TRANSIT PROVIDER SURVEY RESULTS

Thirty-six transit providers responded to the survey, for a response rate of 28 %. Nearly half of respondents were public transit agencies; over one quarter were departments of city or county governments, and over one quarter were private not-for-profit organizations. These respondents reported providing transit services in 42 of New York's 62 counties.

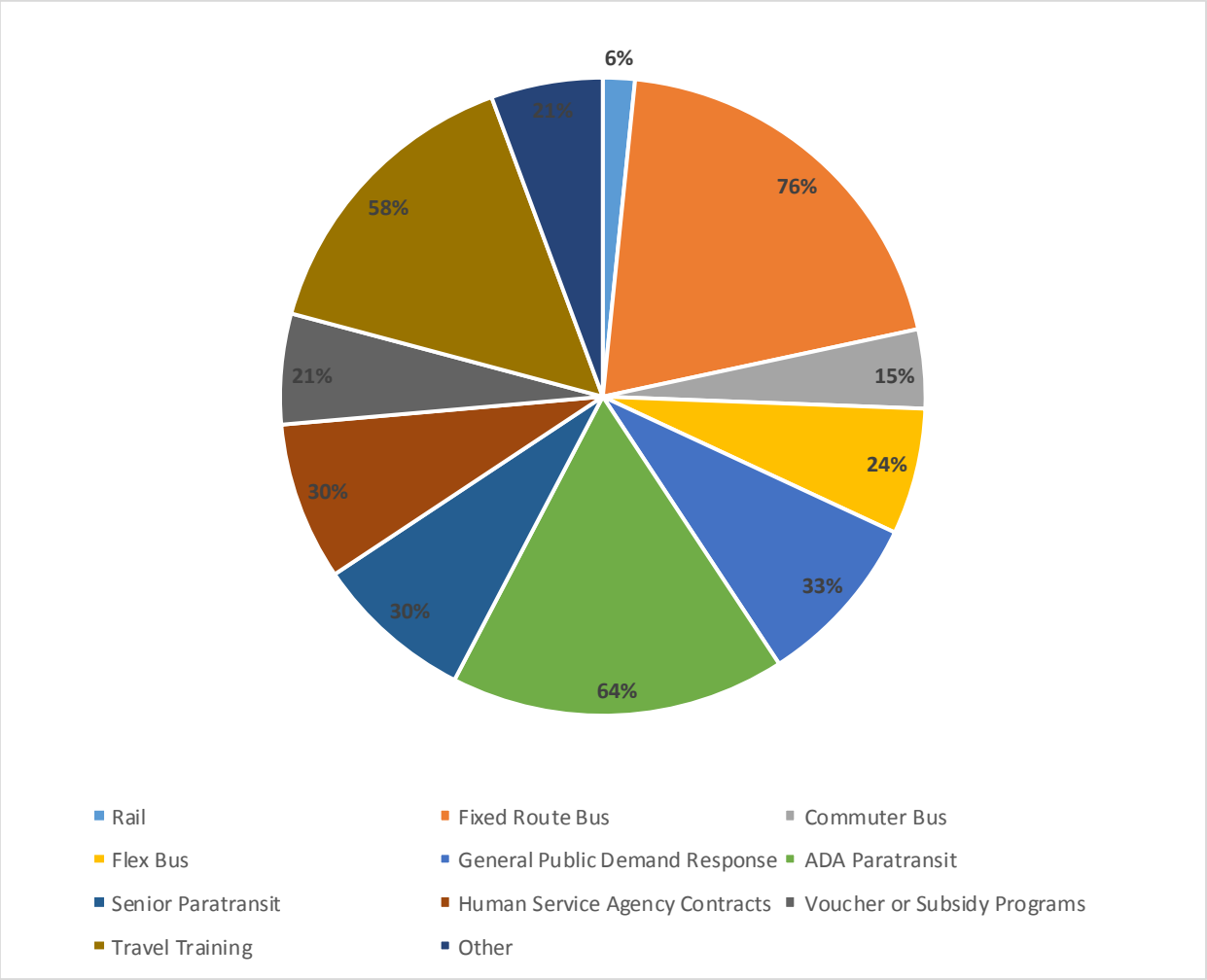
28% transit provider response rate with providers serving 68% of New York's counties

The brief survey focused on collecting information about the services provided by these transit organizations, particularly to human service agencies for the individuals they serve.

As shown in **Figure 17**, the majority of survey respondents provide traditional fixed route bus (76%) and ADA paratransit service (64%). Approximately one-third of respondents operate general public demand response or dial-a-ride service; one-third also reported providing paratransit service for seniors. Only a small number of these providers operate rail or commuter bus service. Less traditional services—transportation voucher or subsidy programs and flex bus service—are offered by 21% and 23% of transit providers, respectively.

Thirty percent of respondents reported contracting with human service agencies to provide service. Other types of service offered by these providers include administration of volunteer driver programs, Mobility Management services, transportation outreach and education.

FIGURE 17: TYPES OF SERVICE OFFERED BY TRANSIT PROVIDER SURVEY RESPONDENTS



When asked specifically about contracting with human service agencies to provide transportation services, 43% of providers (15 organizations) responded that they are contract providers. Thirteen providers that responded to a question about the number of contracts they have with human service agencies reported a total of 32 contracts, with a total annual value of at least $305,100 (the value of one respondent's 10 contracts for rides with volunteer drivers was not available). Under those contracts, respondents reported providing a total of 108,392 one-way passenger trips annually.

Twenty-two providers, or 65% of respondents, indicated that human service agencies purchase transit tickets or passes from them for distribution the individuals they serve. Limited information was provided by seven respondents about the value of the transit tickets and passes sold to human service agencies, which is summarized in **Table 13** below.

TABLE 13: TRANSIT TICKETS AND PASSES PURCHASED BY HUMAN SERVICE AGENCIES FROM TRANSIT PROVIDER SURVEY RESPONDENTS

	Number Purchased Annually	Total Cost
Single-ride Tickets	300,050	$425,071
Multi-ride Tickets	3,693	$35,699
Monthly Passes	110,956	$5,825,190
Total	414,699	$6,285,960

These seven providers, which represent only 5% of all of the state's transit agencies, sell over $6 million worth of transit tickets and passes to human service agencies.

The response rate for providers responding to the human service provider survey's question about cost of transit and paratransit tickets was also low (discussed above) at 2% - 10%, and indicates that human service providers only spend $221,899 on public transit (**Table 14**), a $6 million difference from the 5% of transit providers reporting this data. This demonstrates a disconnect between the data furnished by human service providers and transit providers.

TABLE 14: PROVIDER PURCHASED OR REIMBURSED TRANSIT/ PARATRANSIT TICKETS

	Total
Cost of transit tickets	$97,763
Cost of paratransit tickets	$124,136
TOTAL	$221,899

Since transit providers serving New York City were not among those who responded to the survey, it can be assumed that the total amount spent by human service agencies to purchase tickets and passes for their clients annually is substantially larger due to the robust public transit infrastructure within the City, however, estimated expenditures cannot be determined.

IX. FOCUS GROUP FINDINGS

Region Covered	Capital District	Location	Troy
# of Participants	9	Geography	Mix of Urban, Rural and Suburban

Key Take-Aways

- **Public transportation is not always available when living in public housing.**

  Often, people find accessible apartments in public housing only to discover they do not have access to reliable public transportation to day services, employment, school, or community events.

- **It is essential to create transportation options that are part of the community's mainstream system rather than specialized programs reliant on federal or grant funding.**

  The level of public transportation available from the local Capital District Transportation Authority (CDTA) includes paratransit services (STAR bus), but the service only follows fixed routes and offers limited pick-up and drop-off locations.

  A federally-funded pilot program called VIA, through Center for Disability Services, covers a wider geographic area, expanded hours of service, and is easier to apply for, but it is unclear how long the program will be operational since it is grant funded.

- **Customer service must be improved.**

  Many clients described feeling misunderstood or harassed by drivers, and being treated disrespectfully by schedulers and dispatchers. Many expressed concern over drivers' lack of basic sensitivity and insufficient training.

- **Filing complaints with transportation providers is problematic.**

  There is no clear hierarchy of accountability and no system in place to track incidents or provide individuals with updates on their complaints.

- **On-demand transportation is not readily available.**

  One individual raised an issue about people who have disabilities that flare up in unpredictable ways, like lupus or multiple sclerosis. These individuals aren't able to readily predict what services they may need at a specific time. There is no on-demand service for people with disabilities to meet their daily obligations of work, family, social interactions, school, etc.

Region Covered	Statewide	Location	Albany (SANYS Conference)
# of Participants	50+	Geography	Mix of Urban, Rural and Suburban

Key Take-Aways

- **Self-advocacy is key to eliminating barriers.**

  Participants at the session talked openly about advocating for better transportation through lobbying their legislators, attending local councils and board meetings, registering to vote and voting, creating online petitions, participating in community groups, and collaborating with other constituent groups.

- **Training is key to self-advocacy.**

  Agencies and organizations that support self-advocacy can provide training opportunities for people to learn skills like public speaking, building relationships, and managing people and projects.

- **Getting parents, family members, friends, and others involved is crucial.**

- **Transportation needs to be thought of as habilitative, on par with medical transportation as a necessary part of service.**

- **Centralization of Medicaid transportation has proven to be problematic.**

  When public transportation gets combined with Medicaid, services get cut. Medical transportation takes precedence, and many group residences are reluctant to use their vehicles for other services, such as travel to employment or community events, in case they are needed for medical emergencies.

Region Covered	Central New York	Location	Utica
# of Participants	8	Geography	Mostly Rural and Suburban, some Urban

Key Take-Aways

- **There are few coordinated, effective programs helping people with transportation.**

  Public transportation and paratransit has been cut back. A ride-sharing program that was started became more difficult to schedule and prices soared, to the point where it was more cost effective for people to use a taxi service. There is potential to expand a small-scale transportation coordination effort that is currently done to possibly include ride-sharing or a Navigator program, but it would require more funding.

  One individuals had to give up their job at a local grocery store because it was too far to walk from the bus stop. Others cannot take jobs that are on a second shift because there is no transportation available.

- **Housing placement and access to transportation is an issue.**

  Often people move to a residence because there is an opening, but that residence may have limited access to transportation.

- **Transportation options are often not accessible.**

  Accessibility for individuals in wheelchairs or with limited ambulatory abilities is an issue for individuals with disabilities as well as older adults. Other accommodations are not readily considered, including sufficient or effective air conditioning and heating.

- **Volunteer driving programs provide limited service, mostly to older adults.**

  These programs are limited because of the cost of insurance coverage and lack of accessible vehicles.

- **Oneida County has a history of collaborating with other groups such as mental health and developmental disability agencies effectively, but they face many regulatory challenges.**

  Although specific regulatory challenges were not identified, there are discussions to bring these agencies together biannually to determine the best ways to strengthen the organizations and collaboration efforts.

Region Covered	Western New York	Location	Buffalo
# of Participants	8	Geography	Mix of Urban, Rural and Suburban

Key Take-Aways

- **Information about transportation opportunities is limited and decentralized.**

  People often hear about transportation availability through their service coordinator or by word of mouth, but it depends on which county they live in.

- **Transportation, especially to employment, is very limited and problematic due to timeliness and availability.**

  Western New York must cope with covering a large rural territory. The options are limited and those that are available involve very long wait times, up to four hours. The length of wait times and ride times makes getting to employment problematic.

  Many organizations will use their vans to transport to sheltered workshops, but not to jobs. People are frustrated because workshops are closing in favor of employment, but there is limited transportation to take them to jobs. One individuals stated, "What's the point of closing the workshops if there is no transportation to get me to a job?"

  Independent living centers run off of grants, so their funding for transporting individuals to employment is limited.

  One woman described how her medical condition makes it unsafe for her to use public transit or walk to work, so she is forced to rely on a friend for transportation. This is problematic if her friend is sick or has other places to be. She needs a van to pick her up and does not want to lose her job, which she has held over 10 years with the local school district.

  One gentleman explained how getting transportation to do grocery shopping is very difficult: Genesee County Social Services requires people to register on a list to receive transportation to grocery stores and they can only transport people every other week.

- **Public transit routes are often cut or scaled back to limited hours.**

  A woman in Buffalo struggled with transportation issues for many years. When public transportation in her area was cut, she sat down with the bus company to advocate for keeping paratransit routes. The local bus company kept the paratransit service up for three years, but it was faced with more cuts. For a while, she worked behind the scenes to help keep the services available, but when it was threatened again with cuts, she went public. She worked with her Assemblyman to walk three miles to make a point about extending the paratransit access. Now this woman and other advocates are working to get a longer term solution in place.

Region Covered	Western New York (continued)	**Location**	Buffalo
# of Participants	8	**Geography**	Mix of Urban, Rural and Suburban

Key Take-Aways (continued)

- **Accessibility for wheelchairs and mobility devices continues to be difficult and limited on public transportation.**

  There was a situation where an individual's wheelchair could not get up the ramp. The person paid and was frustrated they could not ride, but their safety and security would have been compromised.

  When the bus was cut in Niagara County, the option became rural transit services which is not easily accessible.

- **The cost of transportation is often difficult for those in rural areas or on fixed income.**

  In Batavia, one taxi service charges $5 one-way to go anywhere in town. Other taxi services are a dollar or two higher. In a location where buses only run from 6am until 6pm, this creates a monetary burden on individuals needing transportation outside of the bus hours.

  The cost for a paratransit ride ($4 per ride) is often double the cost of using public transit ($2 per ride). This means that an individual may be spending up to $8 per day for transportation. When on a fixed income, this becomes a major monthly expense.

Region Covered	New York City	Location	Manhattan
# of Participants	7	Geography	Urban

Key Take-Aways

- **The urban setting means there are more options available for public transportation; however, many vehicles are not accessible and heavy use make buses crowded and not suitable for some people with developmental disabilities.**

  While public transportation may be more available in an urban setting, there are other issues with accessibility and crowding. For example, when the bus is full to capacity, frequently ramps and flip seats can't be used. In addition, people with sensory sensitivities may find traveling in crowded vehicles like public buses and subway trains challenging. Traveling in an urban setting may also involve making transfers and reading complicated route signs, contributing to stress and anxiety.

  Additionally, only 10-30% of subway stations have elevators that make the trains accessible to people with disabilities. Those who choose to use the trains often have to plan their trips very carefully around accessible stations. Participants acknowledged that New York City has a very old, very large legacy transportation system that can't be fixed overnight, but they would like to see more cooperation from local governments to ease issues like county restrictions on paratransit.

- **Access-a-Ride (AAR) provides options to many people who may not otherwise have access to transportation, however the program still presents challenges.**

  AAR has made a difference to many people, and has made some innovative, low-tech fixes to improve the transportation experience, including providing greeters at transit hubs to offer guidance. Getting AAR eligibility is not difficult; however, it does require a lot of paperwork. Participants report that AAR is beneficial in some ways, but many trips are long, vehicles are late for pick-ups or don't show, and complaints often go unaddressed.

- **Not everyone who receives OPWDD services is eligible for Medicaid; but these individuals still have to find options to get transportation to medical appointments.**

  OPWDD reimburses for some services but not others. For example, participants can get reimbursed for a regular Metro pass, but not a disability pass. Uber and other ridesharing programs are also not covered.

X. SUMMARY OF KEY FINDINGS

The gap analysis and needs assessment phase of this project provided a vast array of information that has helped to define how transportation for individuals with disabilities and seniors is provided throughout New York State. Although a number of gaps and unmet needs have been identified in this report, **Table 15** on the following page demonstrates the four major gap themes that have the most impact on providing optimal transportation service for individuals with disabilities.

TABLE 15: SUMMARY OF KEY FINDINGS

Finding / Observation	Description
No consistency or clarity in transportation coordination or funding mechanisms	In general, state agencies do not have a consistent approach to providing transportation for the individuals they serve. Some agencies contract with transportation providers, while others own and operate vehicles directly. Other agencies funnel transportation dollars directly to counties to administer the service. Further, agencies do not have consistent standards for vehicles (e.g. vehicle type, age, insurance requirements) or driver qualifications/requirements. This disjointed approach to administering human service transportation provides a lost opportunity for coordination among agencies which can achieve cost savings, increase vehicle efficiency, cut down on vehicle maintenance costs, provide uniform quality and safety standards and the opportunity to accommodate the transportation needs of additional individuals.
Limited or nonexistent data	While some state agencies, direct service and transit providers were able to provide limited data on transportation costs, rates, number of trips provided and consumers served, the vast majority of agencies and providers did not readily have this basic information available. The primary reason many state agencies were not able to furnish this data is because, in many cases, transportation is included in a bundled service rate that includes a multitude of services for individuals receiving state funded services, or the state agencies do not directly manage transportation funds. Providers indicated that this data was extremely cumbersome to collect, and/or it was not available. Because data collection for this project phase was so fragmented, the total picture of transportation costs and volume is not able to be discerned at this time.
Limited mobility management best practice sharing	In the course of stakeholder interviews, many unique and exceptional mobility management strategies and efforts were identified in both rural and urban regions of New York. While many of these efforts yielded positive results and experiences for individuals able to access them, it was evident that sustainability of these projects was an issue as many are funded by grants that, for the most part, do not provide continued and ongoing funding to keep the project alive. Additionally, these initiatives occur in regional pockets and usually are not presented or communicated to any sort of best- practice sharing entity or to other regions that could potentially adopt another region's best practice. New York could greatly benefit from a statewide network of mobility management that could provide a mechanism for local and regional mobility management effort sustainability and best practice sharing.
Restricted transportation options in rural areas	In total, 50 out of New York's 62 (80%) counties are defined as having rural areas. In rural areas, public transportation and associated paratransit is limited, so individuals with disabilities must rely on other means of transportation such as private vehicles, taxi service or friends and family to access all aspects of life. Establishing sustainable mobility management strategies in rural areas that can supplement the lack of public transit availability is crucial in ensuring that individuals residing in rural New York are able to access the services they need.

XI. NEXT STEPS

National and In-State Best Practice Research

Key objectives of the Mobility Management Program design include identifying 1) strategies for maximizing the use of transportation resources and 2) promising practices or models for meeting the transportation needs of individuals with disabilities, especially employment-related transportation needs. Findings from Phase II of the project indicate that fully utilizing all transportation resources and addressing unmet needs might best be achieved through coordination of human service transportation at the state level and/or more widespread implementation of mobility management strategies at the regional or local level.

In the next phase of the Mobility Management Program design, the team will research and document examples of both comprehensive, state-level coordination alternatives as well as mobility management activities that could be implemented on a local/regional level in concert with or to complement state-level coordination efforts.

State coordination structures that may be good models for New York to consider include:

New York State Medicaid Non-Emergency Medical Transportation

- Centralized administration and management
- Call-taking, eligibility verification, selection of transportation mode, trip assignment, quality control handled regionally through contracted Transportation Managers

Massachusetts

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

Florida

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

Georgia

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

Research in Phase III will also identify examples of in-state and national mobility management practices that could be implemented on a local/regional level in concert with or as a complement to state-level coordination efforts, such as:

- Centralized service directory (printed or online)
- Trip planning assistance (automated or personal)
- One-Call/One-Click system
- Vehicle sharing among providers, including a spare vehicle program

- Spare staff program
- Travel training
- Volunteer driver programs
- Flexible transportation voucher programs to subsidize trips provided by public/private operators, or volunteer drivers
- Coordination among human service and community transportation providers
- Use of natural supports, public transit, and ADA paratransit services

Recommendations for a Mobility Management Pilot Program in New York State

Phase IV of the project to Design a Mobility Management program is forthcoming and will serve as the conclusion of all project phases. Information gathered and analyzed as well as lessons learned from both the Gap Analysis and the National and In-State best practice research will contribute to the conclusive set of recommendations that will be put forth to OPWDD and subsequently to the Legislature and Governor on **December 31, 2016** for implementation consideration.

XII. APPENDICES

Stakeholder Interview Guide

To engage stakeholders, several communication tools were used, including a meeting agenda template and a series of discussion questions. The questions were modified to adapt to each agency or organization's specific mission or focus.

- Introductions
- Overview of the Project
- Discussion Topics
- Data Requests
- Questions
    1. Describe how your region provides transportation.
    2. What is your region's:
        - Trip volume?
        - Trip costs?
        - Transportation rates?
    3. What is the payment mechanism?
    4. Are contracted agencies providing transportation?
        - To what extent?
    5. Are private transportation carriers providing transportation?
        - To what extent?
    6. How are trips organized and scheduled?
    7. Are your consumers utilizing public transit?
        - To what extent?
    8. Does your agency contract with any public transit agencies for transportation service?
    9. What is working well in your region?
    10. Are you working on any mobility management strategies? If yes, describe and also describe funding.
    11. What do you see that could be improved upon/ What have been the largest transportation gaps and needs in your area? To what extent have your mobility management strategies addressed these gaps or needs? If you had additional funding, how would you meet the remaining gaps or needs? Are there any additional population groups that you would serve or geographic areas or days/times that you would expand service into?

- Action Items
    - Meeting notes
    - New data requests

List of Stakeholder Meetings

Date	Organization
3/30/16	Interagency Committee Meeting
4/13/16	Office of People With Developmental Disabilities (OPWDD) Central Office
4/18/16	OPWDD Provider Association
4/20/16	Office of Mental Health (OMH) Central Office
5/13/16	Most Integrated Setting Coordinating Council (MISCC)
5/23/16	Interagency Committee Meeting
5/24/16	New York City (NYC) Department of Transportation (DOT) Mobility Management program manager
5/25/16	OPWDD Operations Office Region 4
5/31/16	Department of Health (DOH) Traumatic Brain Injury program manager
	OMH Central NY Office
6/1/16	OPWDD State Operations Office Region 3
	OMH Hudson River Field Office
6/3/16	Logisticare
	Committee of Local Mental Hygiene
6/6/16	OPWDD Regional Office Region 3
	OMH Long Island Field Office
6/7/16	Office of Temporary & Disability Assistance
6/9/16	Westchester County Mobility Management
6/10/16	Provider Meeting
	Center for Disability Services
6/13/16	Interagency committee meeting
6/14/16	OPWDD Region 1 Office
	OMH Western NY Office
6/15/16	OPWDD State Operations Office Region 1
	Medical Motor Service
6/28/16	OPWDD State Operations Office Region 2
6/29/16	NYC Department of Education
7/12/16	OPWDD State Operations Office Region 6

7/13/16	New York State Office for the Aging (NYSOFA)
7/15/16	OPWDD Service Model Discussion
7/20/16	Developmental Disabilities Regional Office (DDRO) Region 4
7/20/16	OPWDD State Operations Office Region 5
7/21/16	NYC Department of Health and Mental Hygiene
7/21/16	NYC OMH Field Office
7/26/16	Office of Alcoholism and Substance Abuse Services (OASAS)
7/26/16	State Education Department (SED) Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
8/3/16	OPWDD State Fleet Management
8/4/16	Developmental Disabilities Regional Office (DDRO) Region 2
8/16/16	Developmental Disabilities Planning Council (DDPC)
8/18/16	Medical Motor Service – Follow-up on ride share pilot program
8/19/16	Medical Answering Services
8/25/16	Independent Living Council of the Hudson Valley (Troy, NY) Focus Group
9/8/16	Oneida County Office for the Aging/Continuing Care Focus Group
9/9/16	Self-Advocacy Association of NYS (SANYS) Conference
9/15/16	Western NY Focus Group
	DOH Division of Long Term Care – (Completing interview via questions)
	DDRO Region 5 – (Completing interview via questions)

Provider Survey

1. **Information about respondent and organization**
   - Contact name and title
   - Name of organization
   - Organization Type (Public, private not-for-profit, private for profit)
   - Mailing Address
   - Phone number / email address
   - Summary of services provided
2. **From where does your organization receive funding?**
   - OPWDD
   - OMH
   - NYSOFA
   - ACCES-VR
   - OASAS
   - Other (please specify)
3. **Which counties does your organization serve? Check all that apply.**
4. **Does your organization operate, purchase or provide agency-sponsored non-medical transportation (state-funded human service transportation for individuals served by your agency)?**
   - Yes
   - No
5. **Do you operate your own vehicles for agency-sponsored non-medical transportation?**
   - Yes
   - No

For the following questions, please provide data for FY 2015

6. **Please complete the information below for transportation that you operated directly**
   - Estimated number of one-way passenger trips
   - Operational cost ($)
   - Total fleet size
   - Number of vehicle over 10 years of age
   - Number of vehicles that are wheelchair accessible
7. **What is the number of vehicles purchased with state funds by source?**
   - OGS
   - OPWDD
   - OMH
   - NYSOFA
   - ACCES-VR
   - OASAS
   - NYSDOT/Section 5310
   - Other
8. **What is the total funding to purchase vehicles by source?**
   - OGS
   - OPWDD
   - OMH
   - NYSOFA
   - ACCES-VR
   - OASAS

- NYSDOT/Section 5310
- Other

9. **Please complete the information below for transportation that you operated directly by % of total annual trips**
   - To/from trips (e.g., day program, senior center)
   - During-the-day community integration
   - Evening/weekend community integration
   - Employment or employment related
   - Home to respite
   - Multiple trip purpose
   - Other (e.g., family, social)
10. **Please complete the information below for transportation that you operated directly by service days**
   - To/from trips (e.g., day program, senior center)
   - During-the-day community integration
   - Evening/weekend community integration
   - Employment or employment related
   - Home to respite
   - Multiple trip purpose
   - Other (e.g., family, social)
11. **Please complete the information below for transportation that you operated directly by hours**
   - To/from trips (e.g., day program)
   - During-the-day community integration
   - Evening/weekend community integration
   - Employment or employment related
   - Home to respite
   - Multiple trip purpose
   - Other (e.g., family, social)
12. **Do you contract or purchase agency-sponsored non-medical transportation?**
   - Yes
   - No

For the following questions, please provide data for FY 2015

13. **Please complete the information below for transportation that you contracted or purchased:**
   - Total number of one-way passenger trips
   - Total cost of each contract ($)
   - Contractor(s)
   - Contractor rate(s)
14. **Please complete the information below for transportation that you contracted/purchased by % of total annual trips**
   - To/from trips (e.g., day program, senior center)
   - During-the-day community integration
   - Evening/weekend community integration
   - Employment or employment related
   - Home to respite
   - Multiple trip purpose
   - Other (e.g., family, social)
15. **Please complete the information below for transportation that you contracted/purchased by service days**
   - To/from trips (e.g., day program, senior center)

- During-the-day community integration
- Evening/weekend community integration
- Employment or employment related
- Home to respite
- Multiple trip purpose
- Other (e.g., family, social)

16. **Please complete the information below for transportation that you contracted/purchased by hours**
    - To/from trips (e.g., day program, senior center)
    - During-the-day community integration
    - Evening/weekend community integration
    - Employment or employment related
    - Home to respite
    - Multiple trip purpose
    - Other (e.g., family, social)
17. **Do you purchase or reimburse transit / paratransit tickets or passes from public transit agencies?**
    - Yes
    - No

For the following questions, please provide data for FY 2015

18. **Please complete the information below for transit/paratransit tickets that you purchased or reimbursed:**
    - Number of individuals for whom transit tickets trips
    - Number of individuals for whom paratransit tickets trips
    - Total cost of transit tickets ($)
    - Total cost of paratransit tickets ($)
    - Estimated one-way passenger trips on transit
    - Estimated one-way passenger trips on paratransit
19. **Please complete the information below for transit/paratransit passes that you purchased or reimbursed:**
    - Number of individuals for whom transit passes trips
    - Number of individuals for whom paratransit passes trips
    - Total cost of transit passes ($)
    - Total cost of paratransit passes ($)
    - Estimated one-way passenger trips on transit
    - Estimated one-way passenger trips on paratransit
20. **Please complete the information below for transit/paratransit trips that you purchased or reimbursed by % of total annual trips:**
    - To/from trips (e.g., day program, senior center)
    - During-the-day community integration
    - Evening/weekend community integration
    - Employment or employment related
    - Home to respite
    - Multiple trip purpose
    - Other (e.g., family, social)
21. **Do you have any agency-sponsored mileage reimbursement programs?**
    - Yes
    - No

For the following questions, please provide data for FY 2015

22. **Please complete the information below for mileage reimbursement programs:**
    - Number of one-way passenger trips
    - Total cost of reimbursement ($)
    - Reimbursement rate per mile ($)
23. **Please provide information for mileage reimbursement programs by % of total trips**
    - To/from trips (e.g., day program, senior center)
    - During-the-day community integration
    - Evening/weekend community integration
    - Employment or employment related
    - Home to respite
    - Multiple trip purpose
    - Other (e.g., family, social)
24. **Do you provide or sell or reimburse taxi vouchers?**
    - Yes
    - No

For the following question, please provide data for FY 2015

25. **Please complete the information below for taxi voucher programs:**
    - Total value of vouchers sold/provided ($)
    - Total number of vouchers sold/provided
26. **Do individuals to whom agency services are provided use any of the following modes of transportation to get to agency services without agency financial support?**
    - Public transit, paratransit, taxis, private pay carriers – individuals pay the fare or pass and are not reimbursed
    - Volunteer driver programs – individuals access volunteer drivers not connected with agency
    - Natural support – e.g., driven by family or friends
27. **To what extent are services not provided because of older unreliable vehicles, lack of trained staff to drive those vehicles and/or lack of quality agency-sponsored non-medical transportation available?**
    - Individuals cannot consistently get to day programs – significant, moderate or minor issue or NA?
    - Individuals cannot consistently get to other services or destinations – significant, moderate or minor issue or NA?
    - We have actually had to reduce services because of these problems – significant, moderate or minor issue or NA?
    - Community integration of individuals is impeded – significant, moderate or minor issue or NA?
28. **Do you feel that you have a firm understanding of all the transportation resources available to you and the individuals you serve?**
    - Yes
    - Somewhat
    - No
29. **If more quality transportation resources were available to you and the individuals you serve, how would you rank the following three mobility needs that additional options could address? (Rank in order of priority, 1 being top priority)**
    - Access to employment
    - Access to community activities
    - Access to medical care
30. **Have you been part of your county's coordinated planning process?**
    - Yes
    - No

31. **What types of new programs or mobility options (currently not provided) would you like to see provided to address these unmet needs?**
    - Accelerated agency vehicle retirement/replacement program
    - Agency vehicle sharing program
    - Access to more comprehensive information about transportation resources/programs in my county/region
    - Access to a professional transportation manager to purchase transportation on the behalf or my agency or individuals you serve?
    - Public transportation travel training / bus buddy programs
    - Voucher / subsidy program for taxis and other modes
    - Volunteer driver program
    - Other (please specify)
32. **Are there instances of service duplication that you are aware of in your catchment area?**
    - Yes
    - No
33. **Are you aware of or involved in any of the following successful mobility management strategies in your region?**
    - Accelerated agency vehicle retirement/replacement program
    - Agency vehicle sharing program
    - Access to more comprehensive information about transportation resources/programs in my county/region
    - Access to a professional transportation manager to purchase transportation on the behalf or my agency or individuals you serve?
    - Public transportation travel training / bus buddy programs
    - Voucher / subsidy program for taxis and other modes
    - Volunteer driver program
    - Other (please specify)

TABLE 16: PROVIDER SURVEY QUESTIONS AND PERCENTAGE OF RESPONDENTS.

Question	Percentage of Respondents that Completed
1. Information about respondent and organization	95%
2. From where does your organization receive funding?	96%
3. Which counties does your organization serve? Check all that apply.	97%
4. Does your organization operate, purchase or provide agency-sponsored non-medical transportation (state-funded human service transportation for individuals served by your agency)?	94%
5. Do you operate your own vehicles for agency-sponsored non-medical transportation?	64%
6. Please complete the information below for transportation that you operated directly.	30%

7. What is the number of vehicles purchased with state funds by source? If data is not available, please enter "0".	29%
8. What is the total funding to purchase vehicles by source?	26%
9. Please complete the information below for transportation that you operated directly by % of total annual trips.	25%
10. Please complete the information below for transportation that you operated directly by service days	25%
11. Please complete the information below for transportation that you operated directly by hours	24%
12. Do you contract or purchase agency-sponsored non-medical transportation?	40%
13. Please complete the information below for transportation that you contracted or purchased:	15%
14. Please complete the information below for transportation that you contracted/purchased by % of total annual trips	13%
15. Please complete the information below for transportation that you contracted/purchased by service days	10%
16. Please complete the information below for transportation that you contracted/purchased by hours	11%
17. Do you purchase or reimburse transit / paratransit tickets or passes from public transit agencies?	38%
18. Please complete the information below for transit/paratransit tickets that you purchased or reimbursed:	10%
19. Please complete the information below for transit/paratransit passes that you purchased or reimbursed:	9%
20. Please complete the information below for transit/paratransit trips that you purchased or reimbursed by % of total annual trips:	8%
21. Do you have any agency-sponsored mileage reimbursement programs?	37%
22. Please complete the information below for mileage reimbursement programs:	8%
23. Please provide information for mileage reimbursement programs by % of total trips	7%
24. Do you provide or sell or reimburse taxi vouchers?	35%
25. Please complete the information below for taxi voucher programs:	2%

26. Do individuals to whom agency services are provided use any of the following modes of transportation to get to agency services without agency financial support?	53%
27. To what extent are services not provided because of older unreliable vehicles, lack of trained staff to drive those vehicles and/or lack of quality agency-sponsored non-medical transportation available?	61%
28. Do you feel that you have a firm understanding of all the transportation resources available to you and the individuals you serve?	63%
29. If more quality transportation resources were available to you and the individuals you serve; how would you rank the following three mobility needs that additional options could address? (Rank in order of priority, 1 being top priority)	63%
30. Have you been part of your county's coordinated planning process?	63%
31. What types of new programs or mobility options (currently not provided) would you like to see provided to address these unmet needs?	57%
32. Are there instances of service duplication that you are aware of in your catchment area?	61%
33. Are you aware of or involved in any of the following successful mobility management strategies in your region?	31%

Transit Survey

1. **Information about respondent and organization**
   - Contact name and title
   - Name of organization
   - Mailing Address
   - Phone number / email address
2. **Organization type**
   - Public transit agency or authority
   - City or County department
   - Private not-for-profit
3. **Counties served (check all that apply)**
4. **Types of public transportation services provided by your organization (check all that apply)**
   - Rail
   - Commuter bus
   - Fixed route bus transit
   - Flex bus transit
   - General public dial-a-ride / demand-response
   - ADA paratransit
   - Senior paratransit
   - Contract transportation (human service agencies)
   - Vouchers or subsidy programs
   - Travel training or bus buddy services
   - Other
5. **Do any human service agencies contract with you to provide or purchase non-medical transportation?**
   - Yes
   - No
6. **Please provide information about contracts you have with human service agencies to provide non-medical transportation for 2015**
   - Total number of contracts held
   - Total number of one-way passenger trips
   - Total cost of contracts
   - Average rate per contract
   - If data is unavailable, please write N/A here
7. **Do any human service agencies purchase transit or paratransit tickets or passes from you?**
   - Yes
   - No
8. **Please provide information about transit and paratransit tickets or passes for 2015**
   - Total number of transit tickets
   - Total number of transit multi-ride tickets
   - Total number of transit monthly passes
   - Average price of each transit ticket
   - Average price of each transit multi-ride ticket
   - Average price of each transit monthly pass
   - Total number of paratransit tickets
   - Total number of paratransit multi-ride tickets
   - Total number of paratransit monthly passes

- Average price of each paratransit ticket
- Average price of each paratransit multi-ride ticket
- Average price of each paratransit monthly pass
- If data is unavailable, please write N/A here

9. Has your organization been involved in any coordinated transportation planning efforts?

- Yes
- No