

The use of TACs in these rural counties allows human service agencies to have more input into the planning process than is possible with traditional transportation planning. In addition, the agencies are able to understand the total transportation problem and how their service fits into it.

Plans are being prepared, or have been completed, in 26 of the state's 82 rural counties. As stated earlier, emphasis has been switched to doing plans according to the boundaries of the regional plan commissions. TACs have been started in nine counties.

IMTIP's role in these elderly and handicapped studies is that of moderator and consultant—to help the human service agencies identify transportation problems and then show them what their contribution is to solving the problem. The emphasis of this approach is on the end

product—a coordinated public transportation service that satisfies the unmet travel demands of the elderly and handicapped. The agencies' values and perspectives have to be changed, which requires IMTIP to design the transportation system to achieve specific, mutually agreed on objectives.

CONCLUSION

IMTIP's success is measured by how well we satisfy the needs of our clients (service agencies, to provide effective and efficient public transportation. IMTIP's goal is not just to produce a plan but to produce a plan that is implemented because it is compatible with the communities' common purpose of providing the public transportation that the community wants.

Statutory Barriers to Coordination

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This paper reports on an initial investigation of statutory barriers to coordination, especially concerning transportation, evident in seven pieces of federal legislation. Using data collected from three American cities, the study found that most of these statutes encouraged or mandated various forms of coordination. All included provisions that could prove to be barriers to coordination, such as inconsistent federal-local matching ratios, differing definitions of a handicapped individual, differing planning cycles among the programs included in this study, and state and local interpretations of federal audit provisions.

Much investigative research has been done during recent years on existing coordinated transportation systems. Many studies noted some degree of statutory or regulatory barrier to coordinating transportation services, but later works show that many of the earlier assumptions in that regard (e.g., eligibility and commingling of client groups) may have been overstated.

Ecosometrics has had extensive experience with agencies administering transportation and social service programs at the federal, state, and local levels. We have found that many such agencies are reluctant to even attempt to pool resources into a coordinated transportation system, due mainly to administrative or fiscal constraints (e.g., conflicting accounting, billing, and reporting procedures) or regulatory barriers.

For example, it has been noted that programs that reimburse clients for transportation on an individual basis require detailed, accurate records of each client's trip in terms of trip purpose, fare for transportation, and so forth. Thus, separate reporting systems and special billing systems would be required for a coordinated system. Transportation projects that include resources pooled from several different federal programs must also maintain separate accounting systems for each participating program in order to be adequately prepared for federal, state, or both, project audits. These requirements place an enormous administrative burden on a transportation system that is also attempting to overcome state and local barriers to coordination. Agencies that attempt to orchestrate such coordinated transportation efforts can be severely hampered by these requirements. If an integrated accounting, billing, and reporting procedure could be developed that would be

applicable to large urban settings as well as smaller cities with relatively unsophisticated service delivery systems, much of the current reluctance to pool resources for coordinated transportation might be overcome.

Based on our experience in the field, we believe that the regulatory barriers to coordination can be traced to one of three sources:

1. Statutes that generate the regulations,
2. Interpretation of those statutes at the federal level that result in the regulations, and
3. States' interpretation of federal regulations and their guidelines or rulings that are superimposed on the federal regulations.

We have been given the chance to test our assumptions with respect to the statutory and regulatory barriers to coordination and the unified billing and accounting systems. In November 1977, Ecosometrics Incorporated contracted to conduct a study of the feasibility of coordinating human services and public transportation in three American cities of differing size: Roanoke, Virginia; Philadelphia, Pennsylvania; and San Antonio, Texas. A major component of that study is an analysis of the statutory and regulatory barriers to coordination. The federal statutes selected for study were those that governed those programs appearing most often in the baseline data we collected during sampling visits to the three cities. The analysis will be reviewed by relevant local- and state-level agencies and by key personnel in each of the federal agencies administering the program in question.

We are also preparing model unified accounting and billing systems for coordinated transportation to be reviewed at the federal, state, and local levels.

We have completed the statutory barrier analysis; the findings are discussed in this presentation.

The following statutes for barriers to coordination, as well as provisions that encouraged coordination, were reviewed:

1. Urban Mass Transportation Act of 1964, as amended;

2. Rehabilitation Act of 1973, as amended;
3. Mental Retardation Facilities and Community Mental Health Centers Act of 1963 (Developmental Disabilities Program), as amended;
4. Older Americans Act of 1965, as amended;
5. Community Services Act of 1974;
6. Social Services Amendments of 1974—Title XX of the Social Security Act; and
7. Title XIX (Medicaid) of the Social Security Act of 1936, as amended.

Program regulations often go far beyond the law in interpreting and providing policy direction on the legislative language found in the law. Therefore, the statutory barrier analysis must be viewed as an initial investigation, with interpretations subject to change based on our review and analysis of regulations and discussions with federal program officials. However, this early stage of the investigation has produced some interesting findings. Each of the statutes included in the study is briefly summarized here and is followed by an overview of the various statutes and their interrelations. More detailed analysis of some of the issues touched upon in these summaries will appear in the final report by Ecosometrics to the U.S. Department of Transportation (DOT).

STATUTORY BARRIER ANALYSIS

Urban Mass Transportation Act of 1964, As Amended

Coordination appears to be a key element in the programs administered under this act. Concern about the lack of coordinated transportation is expressed in the findings and purposes section of the act, with an implied commitment of federal financial assistance to develop "efficient and coordinated mass transportation systems."

Sections 3, 4, and 5 contain explicit coordination requirements. In addition, the law mandates that after July 1976, no section 3 project will be approved unless it is based on an "ongoing cooperative and comprehensive planning process covering all modes of surface transportation" carried out by the states and the governing bodies of local communities.

Section 16 does not include any coordination language. However, since the funds for sections 16a and 16b are set aside from the section 3 appropriations, the same coordination requirements set forth in sections 3 and 4 may also apply to section 16. We know that the Urban Mass Transportation Administration (UMTA) and Federal Highway Administration (FHWA) planning regulations and UMTA guidance materials will undoubtedly clarify and enhance our understanding of the implementation of the statutory provisions relating to coordination.

Although the law emphasizes coordination of transportation services and mandates coordinated planning, there are provisions that may act as barriers to some forms of coordination. For example, the provision prohibiting operators who receive assistance under section 3 from operating charter bus operations outside the urbanized area in which the operator provides regularly scheduled services—unless agreement is reached with private operators of intercity bus transport to ensure them that they will not be financially disadvantaged because of such activity—could be a barrier to coordination, if a transit authority in an urbanized area surrounded by a rural area attempts to coordinate services outside the limited urbanized area.

For example, assume that a transit authority in an urbanized area operates a supplemental coordinated

service for the elderly and handicapped. The area is surrounded by a nonurbanized (rural) area, in which there is an intercity charter bus operation that does not provide the type of service needed by the elderly and handicapped residents of the rural area. The health and social service agencies in the rural area wish to participate in the coordinated service through purchase of service arrangements for their elderly and handicapped clients. The charter bus operator views this as a threat to business, even though the operator cannot provide the type of service required by the elderly and handicapped. The operator complains to the transit authority, the state department of transportation, and the state public utilities commission. If the intercity bus operator's complaint is considered valid (by any of the three parties), based on how the charter bus provision in section 3 is interpreted, the transit authority could be prohibited from providing service in the non-urbanized area. Thus, the extent of coordination that could occur is limited.

Federal matching requirements for sections 3 and 5 that conflict with those for the other federal programs included in this study could have a negative impact on the development of consolidated transport systems. For example, Federal matching ratios for Title III (for social services under approved area plans), and Title VII of the Older Americans Act of 1965 are 90 and 10; Title XIX of the Social Security Act of 1936 is either 72 and 25 or 50 and 50; Community Action Programs have a declining match, from 80 and 20 to 60 and 40 and to rural areas, 75 and 25 to 70 and 30. The only programs that have the identical matching ratio to sections 3 and 5 (capital assistance) are rehabilitation services and developmental disabilities with 80 and 20—but that is unlike the UMTA section 5 operating assistance match of 50 and 50. If a local transit authority attempted to consolidate (pool) the transportation resources of these various programs with some of their sections 3 and 5 funds (to meet their elderly and handicapped requirements), attempts to request different funding and matching ratios for each different program could generate so much confusion that local financial support (e.g., the local match) for the consolidated system could be delayed.

The 13c provisions could present barriers to coordinated transportation when a mass transit operator attempts to coordinate its service with transportation providers that do not use union drivers. Or the type of handicapped rider that could participate in a mass-transit- and social-service coordinated service might be limited to those persons who do not require hands-on service, thereby limiting the number and type of agencies that could participate in such a coordinated service.

The definition of a handicapped person that appears in section 16d will be compared to similar definitions in the health and social service statutes included in this study. Differences in language and interpretation of this and other definitions of handicapped persons may have an adverse impact on the development of coordinated transportation systems.

Rehabilitation Act of 1973, As Amended

Transportation as a means of solving rehabilitation problems appears as a key concern in the Rehabilitation Act of 1973. That concern is expressed by one purpose of the act and is one of the social services cited as necessary to "render a handicapped individual employable." As such, it must be provided with any vocational rehabilitation service provided under the act.

Groundwork for coordination is laid in several general provisions, e.g., in order to effect more inter-related services and effective planning of rehabilitation, states are permitted to consolidate state plans required under the act for rehabilitation services with those required for development disabilities services. They may submit a single state plan for both programs. This may have the effect of pooling common services for groups eligible for both programs, including pooled transportation services.

In addition to the general provisions, coordination is emphasized in several of the programmatic—as opposed to administrative—sections of the law. Some sections of the law could pose barriers to coordination. For example, the definition of "handicapped individual" is directed specifically to the major purpose of the act, which is primarily the delivery of services to handicapped persons that will enable them to obtain employment or to help the severely disabled develop skills so that they may live as independently as possible. Where the definition conflicts with the definitions of functional handicaps imposed by various transit authorities (to meet part of their elderly-handicapped requirements for UMTA capital assistance), it may constitute a barrier to coordination among mass transit operators and human service transportation services provider agencies.

Mental Retardation Facilities and
Community Mental Health Centers
Construction Act of 1963, As
Amended

The definition of "services for persons with developmental disabilities" includes transportation as one of the services "directed toward the alleviation of developmental disability or toward the... habilitation or rehabilitation of an individual with such a disability..." In addition most of the other services listed require the provision of some form of transportation.

The state plan section of the law emphasizes coordination as follows:

1. The plan must describe the quality and scope of a range of services that might be provided to the developmentally disabled under federal-state programs other than the program authorized by this act. In addition, the plan must describe how the funds allotted under this act will be used to "complement and augment rather than duplicate or replace" those services for the developmentally disabled that are available through other federally assisted state programs.

2. The plan must ensure full coordination with related community programs and utilize as much as possible the resources and personnel in such related community programs to ensure the provision of "appropriate supplemental health, educational, and social services" for the developmentally disabled.

3. The plan must provide for maximum use of all available community resources, including volunteers in programs under the Domestic Volunteer Service Act of 1973 and other voluntary organizations. However, such volunteer services must supplement and cannot replace services provided by paid employees.

In addition, the authorization for special project grants includes specific reference to demonstrations that focus on coordination and the use of "all available community resources."

Provisions of the law that might act as barriers to coordination include the following:

1. The federal matching share for services, which

is 75 percent, and 90 percent for projects located in poverty areas, conflicts with other statutes under study as noted earlier.

2. Control of operations of developmental disabilities facilities is afforded to the state or local level with no federal intervention. This provision relinquishes all federal control over the administration and operations of developmental disabilities facilities. Thus, control of these facilities rests with the state or local level, or with the individual facility. Rulings or guidelines set forth by any of these entities regarding the operation and services provided through such facilities may have an impact on their participation in coordinated transportation services.

3. Records and audit may create barriers, for example, local interpretations of federal audit requirements as a possible barrier to coordinated transportation.

4. The definition of "developmental disabilities" points to the necessity of hands-on transportation service, which could discourage coordination with public transit, because public transit systems seldom have personnel with appropriate training and because the work rules of most transit unions preclude such activities by union members.

Older Americans Act of 1965,
As Amended

The framework for the development of coordinated transportation services for the elderly is established in Title I of the act—Declaration of Objectives for Older Americans. Objective 8 links access to low-cost transportation to community services that are to be provided in a coordinated manner.

The Administration on Aging (AoA) has a strong mandate to coordinate with other federal agencies under Title II of the law. Although it is known that AoA has carried out its coordination mandate at the federal level (primarily through its joint working agreements with other federal agencies, including DOT and UMTA), it is not clear whether this federal-level activity has had a positive impact on state- or local-level coordination.

The joint funding provision is identical to the provision in the Rehabilitation Act and the Community Services Act. A major purpose of the Title III program on aging is the development of comprehensive and coordinated service systems. Transportation is linked to the definition of "comprehensive and coordinated system" by the statement that such systems "facilitate accessibility to and utilization of all social services provided within the geographic area." In addition, the definition of social services includes specific mention of transport "where necessary to facilitate access to social services."

The area planning and social services program is the local social services program under Title III. The purpose of this program is to establish comprehensive and coordinated service delivery systems in state planning and service areas that are covered by area plans. Under area plan provisions of the law, area agencies (and in some cases, state agencies) are authorized to enter into agreements with local agencies administering programs under the Rehabilitation Act and Titles XIX and XX of the Social Security Act for meeting the common need for transportation services of persons in programs authorized by Titles III and VII of the Older Americans Act and individuals receiving services and benefits under the aforementioned acts. This language provides clear direction to state and area agencies on aging regarding the coordination of transportation services among several local agencies with similar program

goals and client groups. Of all the statutes included in this study, this provision stands out as the most positive expression of support for coordinated human services transportation.

Transportation is further emphasized here, as it is currently one of four national priority services that must be provided under state plans on aging. States are required to spend at least 20 percent of their area planning and social services' funds on transportation and/or three other services identified as national priority services.

The Title VII nutrition program for the elderly also requires the provision of transportation services, where necessary, to and from nutrition sites but local-level coordination is not emphasized.

The Title V multipurpose senior center program does not mention coordination, nor does it specifically cite transportation or any other service as a social service. However, because transportation is defined as a social service emphasized elsewhere in the law and because transportation would be required for access to many multi-purpose senior centers funded under Title V, it is likely that transportation services would be associated with such centers.

Although this statute strongly emphasizes coordination at the federal, state, and local level and one program (Title III) mandates coordinated services, there are provisions of the law that prohibit or could create barriers to certain forms of coordination. For example, AoA and all programs under the Older Americans Act of 1965 are exempted from any authority under the Joint Funding and Simplification Act of 1974. The provisions of that act provide a mechanism for a range of coordinated planning activities at the local level (subject to approval from the federal agencies having jurisdiction over the local programs in question).

Community Services Act of 1974

The basic purpose of community action programs is the coordination of all available resources toward the goal of helping low-income individuals and families. In addition, specific direction is provided to Community Action Agencies (CAAs) regarding the improved organization of services to enhance their efficiency and effectiveness. Federal-level coordination is emphasized throughout the act to encourage coordinated planning among the various community-based social service programs that have common goals.

CAAs are required to organize themselves and their component parts in a coordinated manner. They are mandated to engage in cooperative planning with other community-based programs and local officials and to make effective use of resources from a variety of related programs. Two special programs authorized by the law—Senior Opportunities and Services and Emergency Energy Conservation Services Program—mandate coordination at the federal level and also specifically authorize transportation as a service to be provided.

The Head Start Program authorized by Title V of this act (but administered through the U.S. Department of Health, Education, and Welfare) encourages coordination by requiring the establishment of procedures to account financially for the use of common facilities at the local level by more than one program. This is the only provision in any of the statutes included in this study that provides clear direction toward the development of unified accounting procedures.

An entire title (VI) of the act is devoted to administration and coordination, an indication of the importance of coordination to the programs under the act.

The joint funding provision is identical to that found in the Rehabilitation Act and the Older Americans Act.

Although the Community Services Act of 1974 has the strongest coordination mandate of any of the programs included in this study, there are several provisions in the act that could be viewed as barriers to coordination, such as:

1. The law mandates the establishment of community action boards that have administrative authority over CAAs. These boards must be representative of the community, with emphasis on neighborhood-based organizations. This may tend to inhibit coordination through local organizational or jurisdictional turf problems.

2. Funds under the community action program are based on a formula allotment to states. The program has a decreasing federal match for local agencies. Although the decreasing match could encourage coordination, it could inhibit coordination if the federal matching ratios (in any given year) conflict with those of other federal programs.

3. The fiscal responsibility and audit provisions could act as barriers to coordination if interpreted in terms that are inflexible or that conflict with those for other programs.

Social Services Amendments of 1974—Title XX of the Social Security Act

Although Title XX authorizes a consolidated program of federal financial assistance for the purpose of providing social services to low-income families—language that implies coordination—the actual act of coordination is mentioned only once in the law. Under the provision for a comprehensive annual services' program plan that is published by each state (and subject to public comment before the program can be implemented), such plans must include a description of how the Title XX services will be coordinated with services and benefits under Title IV-A (Aid to Families with Dependent Children), Title XIX, and Title XVI. The types of programs mentioned would imply an information-sharing or organizational form of coordination, rather than coordination of services, since they are cash-assistance, as opposed to service-delivery, programs.

The 1976 amendments to Title XX introduced the determination of eligibility on group basis to the Title XX program. This provision—if acted upon by a state—can reduce the complexity associated with the differing criteria for eligibility under the law, thereby making it somewhat less difficult to coordinate transportation services provided under Title XX with other federal programs. However, this is a permissive rather than a mandatory provision. It is the state's option whether to apply the group eligibility criteria (if all members of a group—75 percent are members of families whose gross monthly incomes are 90 percent or less of a state's median adjusted income), and the criteria may not be applied in some states. In fact, Arkansas does not utilize this provision.

Transportation is cited as one of a range of services that could be directed at the goals established for the Title XX Program.

Title XIX, Social Security—Medicaid

Medicaid (Title XIX) is a formula-grant program to states for the purpose of providing medical assistance to certain categories of low-income persons.

The state plan provisions of the act require the states to enter into cooperative arrangements with state agencies administering health services and vocational rehabilitation services with a view toward maximum utilization of such services in the provision of medical

assistance under Medicaid.

Although transportation is never mentioned in the law (it is defined in regulations), the necessity for transportation services is implied in the language that states that medical assistance be furnished with reasonable promptness. Medicaid recipients are provided with the freedom to select the type of provider they use for Medicaid-related purposes.

The opportunity for coordination under the law is limited to the state plan provisions noted above. Many other provisions could create barriers to coordination. For example, for one category of recipient, fees or charges for certain identified services are prohibited; for another category of recipient, a nominal fee may be charged. This raises the issue of conflicting public subsidies.

Another point should be made concerning barriers to coordination in Medicaid. This is essentially a state-administered program, with the federal role limited to funding the states and certain oversight actions to prevent fraud. The states are bound by law to provide only those types of services identified to the different categories of recipients; they interpret the listing of required five or seven services as broadly or as narrowly as they wish. Thus, the coordination decision may rest with the state and may differ from state to state.

CONCLUSION

Although most of the statutes included in this study encourage or mandate various forms of coordination, they all include provisions that could also prove to be barriers to coordination. These conflicts may be clarified when program regulations are reviewed and analyzed. On the other hand, some regulations only serve to cloud the issue or confuse it further. Ultimately, the interviews at the federal, state, and local levels about the statutory and regulatory barriers and the encouragement of coordination will determine whether, in fact, the provisions and requirements identified in our analysis act as barriers to or encouragement of coordinated transportation, or whether state or local rulings have as much, or more, of an impact on coordination than federal-level actions.

Summary List of Barriers

From this initial investigation, the barriers to coordi-

nation that appear most often are

1. Inconsistent federal-local matching ratios;
2. Differing definitions of a handicapped individual;
3. Differing planning cycles among the programs included in this study; and
4. State and local interpretations of federal audit provisions.

In addition, certain barriers may appear in only one statute but could affect the coordination attempts of several programs. For example, such barriers include

1. Title XX eligibility and reporting requirements;
2. UMTA 13c provisions and charter-bus restrictions outside urbanized areas; and
3. Older Americans Act exemption from coordination activities under the Joint Funding and Simplification Act.

In reviewing program regulations, we will pay special attention to how regulations interpret some of the common definitions (e.g., handicapped and coordination) found in more than one statute. We will also look for interpretations of the planning, audit, accounting, and reporting provisions found in all statutes. The coordination requirements and activities resulting from the research and demonstration provisions in most of the statutes will also be examined with a view toward program policy implications emanating from such research activity. Finally, program regulations governing the joint funding provision will be reviewed to determine its different interpretation among the several acts and its impact on coordinated transportation.

What we find in our analysis of these seven statutes is that the barriers to coordination are not obvious. For example, nowhere in any of the laws included in this study is there a prohibition, either implicit or explicit, of two or more programs sharing vehicles or other resources across program lines or mixing client groups from several different programs on one vehicle. And yet, that is what many local agencies believe, because the program regulations make explicit the prohibition of sharing facilities or their state agencies interpret related regulatory provisions as prohibiting a particular activity (or establish their own guidelines in that regard). Interviews at the federal and state levels should reveal where and how barriers and faulty interpretations of regulations originate.

Abridgment

Section 13c: Some Concerns and Considerations

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Section 13c of the Urban Mass Transportation Act of 1964, as amended, provides for the protection of employees when a mass transit system is acquired or improved by a state or local government with the use of federal funds.

The protective arrangements must include, but are not limited to, provisions that provide for

1. Preservation of rights, privileges, and benefits (including continuation of pension rights and benefits)