# To Commingle – or Not – That is the Question

#### TCRP Research Project B-34

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# Commingling???

"Routinely transporting ADA-eligible paratransit riders with 'other,' non-ADA paratransit riders on the same vehicles at the same time."





#### TCRP Project B-34

- Funded through the Transit Cooperative Research Program (TCRP)
  - TranSystems Corp.
  - KFH Group
- Stated research objective:
  - To develop a guidebook to assist fixed-route public transportation providers in commingling ADA-eligible and other passengers on ADA-complementary paratransit services while maintaining ADA compliance.





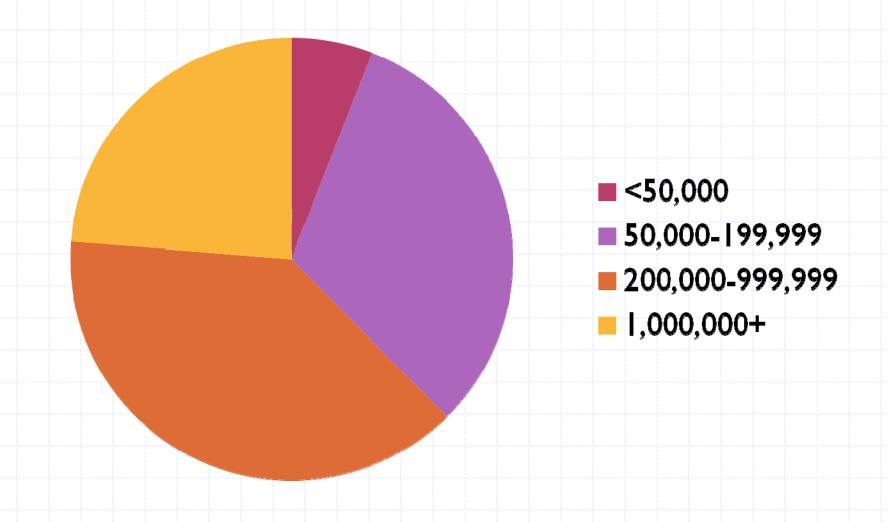
#### TCRP Project B-34: Major Components

- Literature review
- Survey of transit agencies
- Case studies (on-site and telephone)
- Resource Guide for Commingling ADA and Non-ADA Paratransit Riders
  - Planning Decision Flow Chart
  - Operations Decision Flow Chart





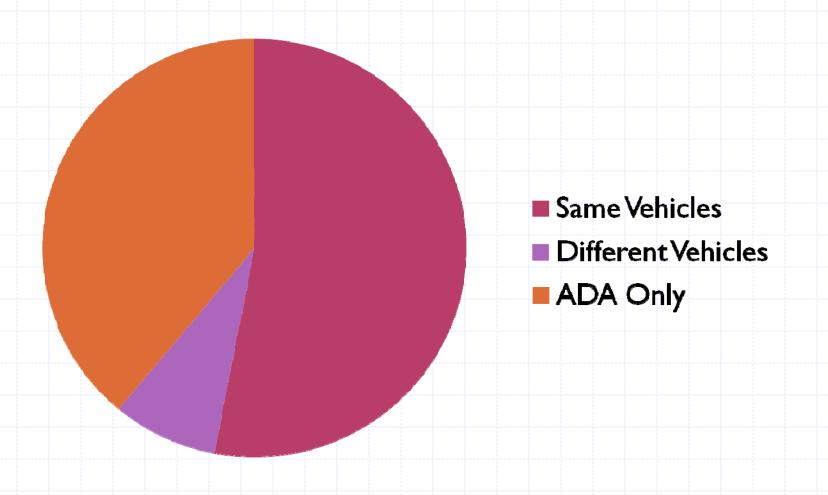
#### Survey Respondents - Service Area







# Paratransit Service Provided: Does Agency Commingle?







### "Other" (Non-ADA) Riders

	"Other"	"Other"
	on Same	on Different
"Other" Paratransit	Vehicles	Vehicles
Riders	N=63	N=9
Non-Sponsored Older		
Adults	60%	44%
Other Agency Funded	57%	22%
Non-Sponsored		
Persons with		
Disabilities	57%	33%
General Public	54%	67%
Medicaid	46%	11%
Title III	44%	0%
Non-Sponsored Low		
Income Persons	33%	22%
Head Start	10%	0%





# Primary Factors Affecting Decisions on Commingling

- Evolution of paratransit service
- Cost-sharing opportunities
- State-level commitment to coordination





## Commingling "Models"

- Model #1: HST + ADA Paratransit
- Model #2: ADA Paratransit + HST
- Model #3: General Public DAR + ADA
- Model #4: Two Tiered ADA Paratransit





#### **Development of Guidance for Commingling**

Planning



Operations





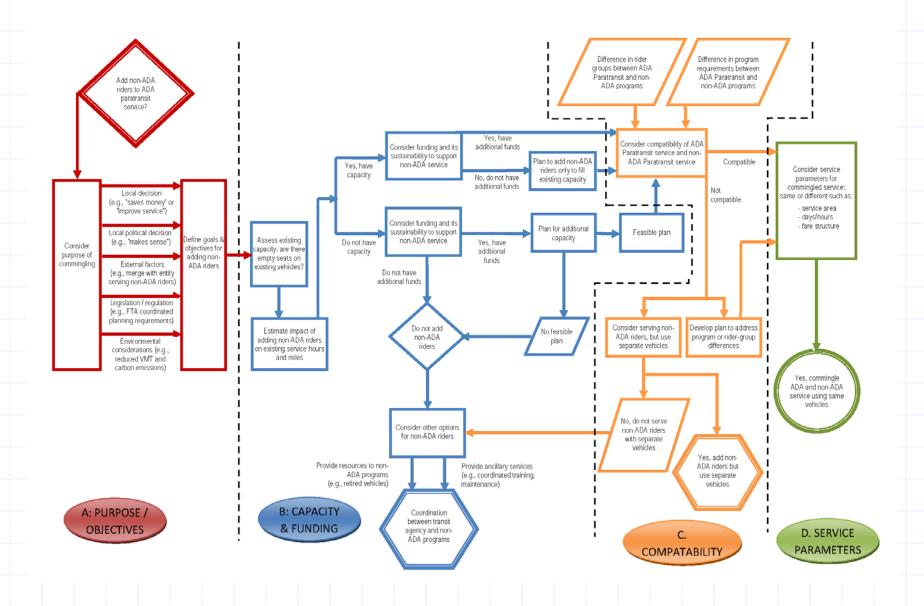


### **Planning Decision Approach**

- A. Define purpose & objectives for commingling
- B. Identify available capacity and funding
- C. Evaluate service compatibility
- D. Consider primary service parameters











# **Planning Decision Approach**

- A. Define purpose & objectives for commingling
  - Purpose?
  - Coordination mandate?
  - External forces?
  - Political decision?
  - Financial decision?





#### Planning Decision Approach (con't)

- B. Identify available capacity and funding
  - What is the existing capacity?
  - What is the impact of adding riders?
  - How will service be funded?
  - Is service sustainable?
  - Other options for non-ADA riders?





### Planning Decision Approach (con't)

- C. Evaluate service compatibility
  - Different rider groups?
  - Different service types?





### Planning Decision Approach (con't)

- D. Consider primary service parameters
  - Are they the same or different?
  - Should they be "blended"?
  - Riders must understand any differences.



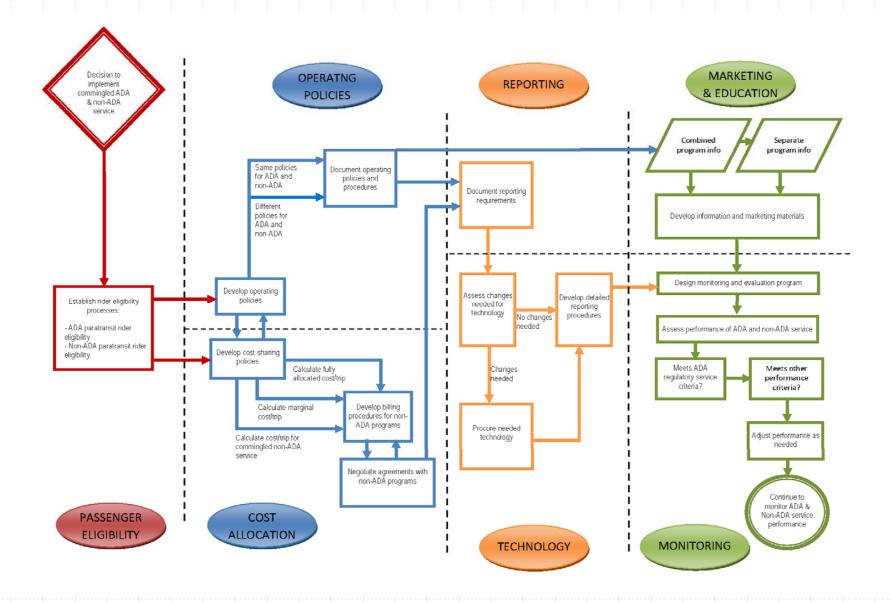


### **Operations Decision Approach**

- A. Establish passenger eligibility requirements
- B. Develop operating and cost allocation policies and procedures
- C. Identify reporting requirements and assess technology needs
- D. Develop marketing/education and monitoring programs











### **Operations Decision Approach**

- A. Establish passenger eligibility requirements
  - ADA eligibility determination process
  - Non-ADA eligibility requirements and processes





#### Operations Decision Approach (con't)

- B.1 Develop operating policies and procedures
  - Operating policies ADA service requirements versus non-ADA service policies





#### Cost Allocation

# B.2 Cost allocation based on a fair distribution of costs to negotiate agreements

- Cost analysis
  - How is the cost of service determined? (per mile, per hour, per trip)
  - Are the costs of non-ADA service being recovered?
  - Options if cost for service is not being recovered?





# Case Study - Agency Cost Analysis

- Medicaid changed the method of reimbursing transportation costs
- Old method reimburse actual costs
- New method fixed dollar amount per month regardless of cost
- Outcome county subsidized the Medicaid Non-Emergency Medical Transportation Program over a 2 year period
- Decision county opts to stop providing Medicaid
  Non-Emergency Medical Transportation





# Case Study – Agency Cost Analysis (con't)

	Medicaid Reimbursement	Cost for Service	Year
	\$2,892,802	\$2,892,802	1995
	\$2,319,075	\$2,319,075	1996
	\$1,737,293	\$1,737,293	1997
	\$1,541,105	\$1,541,105	1998
	\$1,545,962	\$1,545,962	1999
	\$1,491,843	\$1,491,843	2000
	\$1,998,421	\$1,998,421	2001
	\$2,376,656	\$2,376,656	2002
	\$2,092,420	\$2,092,420	2003
	\$2,309,843	\$2,309,843	2004
County Subsidy			
-\$242,019	\$2,003,431	\$2,245,450	2005
-\$39,608	\$2,176,673	\$2,216,281	2006





#### Operations Decision Approach (con't)

- C. Identify reporting requirements and assess technology needs
  - Paratransit reporting (what data needs to be reported?)
  - Technology as a tool to enhance coordination
  - Technology needs assessment





#### Operations Decision Approach (con't)

- D. Develop marketing/education and monitoring program
  - Marketing riders, agencies, public
  - Monitoring overall and program specific
  - Essential to meet ADA requirements
  - Feedback





#### **Lessons Learned**

- There is no one right answer. A decision not to commingle is just as valid as a decision to commingle
- ADA paratransit service standards are often higher than non-ADA service standards.
   ADA paratransit service standards must always be met
- There is no such thing as a free ride





#### Lessons Learned (con't)

- Proper cost allocation is essential
- Some areas may find commingling to be inherently easier than others. State and local conditions matter
- Educate board members, transit agency staff and riders
- Determining rider eligibility is critical for managing demand





#### Lessons Learned (con't)

- Technology is a useful tool for needed ongoing performance monitoring
- Planning is key. However flexibility is needed to meet unanticipated contingencies



