

TRANSIT COOPERATIVE RESEARCH PROGRAM

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TCRP Synthesis 30

**ADA Paratransit Eligibility
Certification Practices**

A Synthesis of Transit Practice

**Transportation Research Board
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Synthesis of Transit Practice 30

ADA Paratransit Eligibility Certification Practices

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TRANSIT COOPERATIVE RESEARCH PROGRAM

The nation's growth and the need to meet mobility, environmental, and energy objectives place demands on public transit systems. Current systems, some of which are old and in need of upgrading, must expand service area, increase service frequency, and improve efficiency to serve these demands. Research is necessary to solve operating problems, to adapt appropriate new technologies from other industries, and to introduce innovations into the transit industry. The Transit Cooperative Research Program (TCRP) serves as one of the principal means by which the transit industry can develop innovative near-term solutions to meet demands placed on it.

The need for TCRP was originally identified in *TRB Special Report 213-Research for Public Transit: New Directions*, published in 1987 and based on a study sponsored by the Federal Transit Administration (FTA). A report by the American Public Transit Association (APTA), *Transportation 2000*, also recognized the need for local, problem-solving research. TCRP, modeled after the longstanding and successful National Cooperative Highway Research Program, undertakes research and other technical activities in response to the needs of transit service providers. The scope of vice configuration, equipment, facilities, operations, human resources, maintenance, policy, and administrative practices.

TCRP was established under FTA sponsorship in July 1992. Proposed by the U.S. Department of Transportation, TCRP was authorized as part of the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA). On May 13, 1992, a memorandum agreement outlining TCRP operating procedures was executed by the three cooperating organizations: FTA, the National Academy of Sciences, acting through the Transportation Research Board (TRB), and the Transit Development Corporation, Inc. (TDC), a nonprofit educational and research organization established by APTA. TDC is responsible for forming the independent governing board, designated as the TCRP Oversight and Project Selection (TOPS) Committee.

Research problem statements for TCRP are solicited periodically but may be submitted to TRB by anyone at anytime. It is the responsibility of the TOPS Committee to formulate the research program by identifying the highest priority projects. As part of the evaluation, the TOPS Committee defines funding levels and expected products.

Once selected, each project is assigned to an expert panel, appointed by the Transportation Research Board. The panels prepare project statements (requests for proposals), select contractors, and provide technical guidance and counsel throughout the life of the project. The process for developing research problem statements and selecting research agencies has been used by TRB in managing cooperative research programs since 1962. As in other TRB activities, TCRP project panels serve voluntarily without compensation.

Because research cannot have the desired impact if products fail to reach the intended audience, special emphasis is placed on disseminating TCRP results to the intended end-users of the research: transit agencies, service providers, and suppliers. TRB provides a series of research reports, syntheses of transit practice, and other supporting material developed by TCRP research. APTA will arrange for workshops, training aids, field visits, and other activities to ensure that results are implemented by urban and rural transit industry practitioners.

The TCRP provides a forum where transit agencies can cooperatively address common operational problems. TCRP results support and complement other ongoing transit research and training programs.

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The members of the technical advisory panel selected to monitor this project and to review this report were chosen for recognized scholarly competence and with due consideration for the balance of disciplines appropriate to the project. The opinions and conclusions expressed or implied are those of the research agency that performed the research, and while they have been accepted as appropriate by the technical panel, they are not necessarily those of the Transportation Research Board, the Transit Development Corporation, the National Research Council, or the Federal Transit Administration of the U.S. Department of Transportation.

Each report is reviewed and accepted for publication by the technical panel according to procedures established and monitored by the Transportation Research Board Executive Committee and the Governing Board of the National Research Council.

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PREFACE

A vast storehouse of information exists on many subjects of concern to the transit industry. This information has resulted from research and from the successful application of solutions to problems by individuals or organizations. There is a continuing need to provide a systematic means for compiling this information and making it available to the entire transit community in a usable format. The Transit Cooperative Research Program includes a synthesis series designed to search for and synthesize useful knowledge from all available sources and to prepare documented reports on current practices in subject areas of concern to the transit industry.

This synthesis series reports on various practices, making specific recommendations where appropriate but without the detailed directions usually found in handbooks or design manuals. Nonetheless, these documents can serve similar purposes, for each is a compendium of the best knowledge available on those measures found to be successful in resolving specific problems. The extent to which these reports are useful will be tempered by the user's knowledge and experience in the particular problem area.

FOREWORD

*By Staff
Transportation
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This synthesis will be of interest to transit agency general managers, the appropriate special services staffs, and any others dealing with ADA paratransit eligibility certification on behalf of transit agencies. It describes the complexities involved in creating an accurate eligibility determination process that complies with ADA requirements and is regionally and politically feasible to implement. This study documents the range of outcomes produced by the different eligibility certification models and offers information about their overall effectiveness.

Administrators, practitioners, and researchers are continually faced with issues or problems on which there is much information, either in the form of reports or in terms of undocumented experience and practice. Unfortunately, this information often is scattered or not readily available in the literature, and, as a consequence, in seeking solutions, full information on what has been learned about an issue or problem is not assembled. Costly research findings may go unused, valuable experience may be overlooked, and full consideration may not be given to the available methods of solving or alleviating the issue or problem. In an effort to correct this situation, the Transit Cooperative Research Program (TCRP) Synthesis Project, carried out by the Transportation Research Board as the research agency, has the objective of reporting on common transit issues and problems and synthesizing available information. The synthesis reports from this endeavor constitute a TCRP publication series in which various forms of relevant information are assembled into single, concise documents pertaining to a specific problem or closely related issues.

This report of the Transportation Research Board focuses on the range of eligibility certification models that have been adopted nationwide. It presents information in order to generate new approaches for transit agencies attempting to enhance existing procedures.

To develop this synthesis in a comprehensive manner and to ensure inclusion of significant knowledge, available information was assembled from numerous sources,

including a number of public transportation agencies. A topic panel of experts in the subject area was established to guide the researchers in organizing and evaluating the collected data, and to review the final synthesis report.

This synthesis is an immediately useful document that records practices that were acceptable within the limitations of the knowledge available at the time of its preparation. As the processes of advancement continue, new knowledge can be expected to be added to that now at hand.

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This study was managed by Donna L. Vlasak, Senior Program Officer, who worked with the consultants, the Topic Panel, and the J-7 project committee in the development and review of the report. Assistance in Topic Panel selection and project scope development was provided by Sally D. Liff, Senior Program Officer. Linda S. Mason was responsible for editing and production. Cheryl Keith assisted in meeting logistics and distribution of the questionnaire and draft reports.

Gwen Chisholm, Senior Program Officer, assisted TCRP staff in project review.

Information on current practice was provided by many transit agencies. Their cooperation and assistance were most helpful.

ADA PARATRANSIT ELIGIBILITY CERTIFICATION PRACTICES

SUMMARY

The Americans with Disabilities Act (ADA), which has been described as the most significant civil rights legislation since the Civil Rights Act of 1964, provides protection for people with disabilities in a number of areas, such as employment, public accommodations, and transportation. The transportation elements of the law directed transit agencies to make their fixed-route service accessible, while requiring these agencies to provide complementary paratransit service to individuals who are unable to use accessible fixed-route service. Transit agencies have been faced with significant challenges in determining who should be eligible for ADA paratransit service. The question of who should be riding ADA paratransit services, which is the focus of this report, has significant social and financial implications for the transit industry and for the disability community nationwide.

The ADA allowed transit agencies 5 years in which to comply with the law's paratransit requirements. During this implementation period, the agencies focused on operational issues and the development of service policies required by the law. While in many respects the ADA represented an expansion of the paratransit service provided under previous legislation, the law's narrow paratransit eligibility requirements intended service to be provided to a smaller population than the traditional elderly and disabled paratransit ridership base. Most in the transit industry were reluctant to address the political response that was anticipated with the potential removal of seniors and some nondisabled riders from the paratransit eligibility rolls.

Many transit agencies report that paratransit ridership increased in the 5 years following passage of the law. The constrained fiscal environment affecting most transit agencies today requires taking a closer look at elements within the ADA that facilitate limits on cost growth while complying with the law. In terms of targeting paratransit service most effectively, the most far-reaching of the law's requirements is the framework provided for the development of accurate and cost-effective eligibility certification procedures.

The purpose of this synthesis is to document the various eligibility certification approaches that have been adopted by transit agencies. In the first stages of ADA implementation, most transit agencies employed the self-certification plus professional verification model of eligibility procedures (as exemplified in this study by San Mateo County in California). A survey of more than 30 selected transit agencies indicates a trend on the part of many agencies to conduct more in-depth examination of eligibility applications, although the largest number continue to use the "self-certification plus" model. Three additional models are presented in this study. They are face-to-face interviews with applicants (Los Angeles County), in-person physical and functional assessments (Pittsburgh), and a hybrid of these two (Las Vegas).

The study suggests that the more in-person contact required in the eligibility process, the greater likelihood of eligibility denials and conditional eligibility determinations. These outcomes generally result in overall reductions in demand growth or an improvement in service availability to those who are fully eligible. When service volumes are decreased,

funds become available that could be used to make fixed-route service more attractive to riders with disabilities. Eligibility procedures therefore play a key role in achieving the ADA goal of encouraging the use of fixed-route service by all those who are able.

Besides the prevalence in different cities of the eligibility models described above, the mailback survey in this study provides information on various elements within each approach. Some of the study highlights include the following:

- The majority of agencies report that eligibility determinations are made by clerical workers whose primary experience is in the transit field rather than the disability or health care professions. Given the substantial fiscal and social implications associated with false positive certifications, training eligibility certifiers to conduct accurate eligibility certifications becomes a significant issue.
- Ninety percent of ADA paratransit applicants are found eligible for service. More than 80 percent of the eligible registrants are given full, unconditional eligibility. There are a number of possible explanations for this high level of unconditional eligibility. Transit agencies may be effectively screening potential applicants when they first call for an application form. They may also be having difficulty identifying registrants who should be determined conditionally eligible. Another explanation is that agencies are reluctant to focus on the conditional eligibility category until they are able to implement trip-by-trip eligibility. In those few agencies that have implemented trip-by-trip eligibility screening, these are usually limited to subscription service or seasonal criteria. Some agencies have also adopted lenient eligibility screenings for political reasons and because they have the financial resources to continue to serve a broad-based paratransit ridership.
- Even in those regions where a standardized eligibility form and procedure is used by several transit agencies, there is a substantial range in eligibility outcomes. These variations may be reduced by face-to-face contact and increased training.
- Visitors from other systems have not presented a problem for transit agencies, nor have personal care attendants, companions, or service animals.
- Reduced or free fixed-route fares are the most common incentives adopted by survey respondents to encourage fixed-route travel by ADA paratransit registrants. Other attempts to integrate fixed-route and paratransit include service modifications such as service routes, route deviation, and feeder service, although none of these has been implemented by more than a quarter of the survey respondents.
- Approximately one-third of the respondents have cost-sharing arrangements with social service agencies. These arrangements often preceded the passage of ADA, and in some cases provide a substantial portion of the paratransit agency's funding base. In the context of escalating costs under the ADA and social service budget cuts, new agreements between social service agencies and transit systems have been difficult to achieve. This lack of a formalized agreement on who bears the costs of paratransit service has raised fears on the part of the transit sector of wholesale client shifting by social service agencies.
- There is a wide range in the stringency with which no-show suspensions are applied. However, even the announcement of an intent to implement suspensions has considerably reduced the number of persons who reserve rides but don't show up at the appointed time.

The study concludes by revisiting the issue of whether the FTA should provide (or require) standardized eligibility procedures in cities with different sized populations. Much has been learned about eligibility certifications since the passage of the ADA, but further refinements remain a significant goal for many agencies. In the absence of any generally accepted performance standards for eligibility certification procedures, the study suggests that there are a number of measures that cumulatively provide an indication of the accuracy of the certifications. These include dispersion of eligibility outcomes throughout the three

eligibility categories, measurable levels of denials, the number of appeals, and the proportion of appeals that are upheld. In general, the data suggest that the eligibility model selected may be less a predictor of the accuracy of eligibility outcomes than the rigor with which the model is implemented.

CHAPTER ONE

INTRODUCTION

BACKGROUND

The passage of the Americans with Disabilities Act (ADA) in 1990 has had a dramatic impact on the mobility of Americans with disabilities and the transit agencies that serve them. The primary goal of the transportation provisions of the Act was to remove barriers to equal opportunity by encouraging the use of accessible fixed-route service by of as many people with disabilities as possible, with a requirement that transit agencies provide complementary paratransit service for those individuals with disabilities who are functionally unable to use accessible fixed-route service. Complementary paratransit, referred to as "ADA paratransit" throughout this report, was required to meet six service criteria that would ensure that individuals with disabilities would receive paratransit service equivalent to that of fixed-route. The six service criteria include service area, response time, fares, trip purpose restrictions, hours and days of service, and capacity constraints. (More detail may be found on page 45635 of the regulations that are included as Appendix A of this report.)

Nationwide, there have been substantial increases in the number of bus fleets that are fully wheelchair accessible, and many cities now record annual wheelchair boardings in the tens of thousands. However, while some in the transit industry anticipated that this increase in fixed-route bus usage would result in reductions in paratransit usage, the data suggest that paratransit ridership has grown at a significant rate since the passage of the law. In 1991, prior to the implementation of the law's paratransit requirements, transit agencies reported annual paratransit ridership in the range of 14 to 16 million trips. In the first 5 years after the signing of the ADA, the U.S. Department of Transportation (DOT) reported that ADA paratransit ridership increased from an estimated 20 million annual trips to more than 45 million, based on submissions of agencies as required by the ADA. (*Personal communication, Gary DELorme, US DOT, September 24, 1997.*) An unknown portion of these trips exceeds the requirements of the ADA but has nevertheless been reported as ADA paratransit trips for the purposes of annual updates submitted to the Federal Transit Administration (FTA). In addition, millions of paratransit trips are provided by human service agencies that are not within the purview of the ADA complementary paratransit regulations.

In the context of shrinking resources for transit service, transit agencies that are considering fixed-route service reductions have also paid closer attention to the cost of providing ADA paratransit service. Since agencies report that the cost of providing an ADA paratransit trip often exceeds the cost of a fixed-route trip by a factor of 10, the issue of who gets to use ADA paratransit services has significant fiscal and social implications. The mechanisms developed for screening

individuals with disabilities for ADA paratransit usage form the central topic of this report.

Although the ADA did not specifically set a deadline for establishing an ADA eligibility certification process, ADA Paratransit Plans were disapproved if they did not indicate that procedures had been implemented within the first 2 years of the law's passage. Of all the ADA's requirements, transit agencies considered this to be the most urgent as it was deemed a prerequisite for the provision of ADA-compliant service. Many transit agencies developed and implemented eligibility certification procedures without the benefit of previous experience, and often without extensive involvement of human services professionals. Transit staff with limited knowledge of functional abilities suddenly found themselves making critical decisions regarding ADA paratransit eligibility that had farreaching social and financial implications. In addition, many transit agencies continued paratransit programs that provided less comprehensive service than the ADA service requirements, but was available to large numbers of individuals who did not necessarily meet the ADA eligibility requirements. Many of the broader based paratransit programs that were available at the time of the passage of ADA grew out of pre-existing legislation, such as Section 504 of the Rehabilitation Act.

In the early stages of ADA paratransit implementation, transit agencies had to choose between a range of politically sensitive approaches to cost growth, such as fare increases, elimination of non-ADA service, reductions in levels of service, reductions in service area to meet the minimum ADA requirements, increases in trip denials, and strict enforcement of ADA and non-ADA eligibility certification. Many transit agencies initially resisted implementing strict ADA eligibility criteria because they were serving a broader based population and they were anxious not to remove individuals who depended on their service. They also did not want to appear to be excluding new applicants, particularly seniors, who may have no other transportation options.

As ADA paratransit demand and costs have increased, transit agencies are beginning to examine much more closely their eligibility certification practices as a means of containing cost growth while complying with the service requirements of the ADA. In addition to tightening the eligibility procedures at the registration stage, the ADA enables transit systems to identify ineligible trips at the trip request stage, through trip-by-trip screening. However, most systems have found this approach difficult to implement, or have resisted implementation because of anticipated difficulties.

Since most ADA paratransit programs initially certified their applicants for a 3-year period, many are currently either recertifying their riders, or have completed the process. The recertification process has provided transit agencies with an opportunity to tighten their eligibility procedures, based on the

experience of the first years of ADA paratransit service provision, and the experience of other systems with refining their eligibility procedures.

The planning of the recertification process affects many aspects of the overall service provision, including ridership growth, trip-by-trip screening, feeder service, other hybrid services, service to visitors, travel training, marketing, social service agency cost-sharing arrangements, and agency client shifting. (The term "client" in this context refers to clients of social service agencies and not to general paratransit ridership.) For some transit agencies, creating an effective eligibility recertification process becomes an essential element in planning an ADA paratransit service that meets the mobility needs of eligible riders in the most cost-effective manner.

PURPOSE AND SCOPE OF SYNTHESIS

The primary focus of this synthesis study is to document the current state of ADA paratransit eligibility determination practices in the transit industry. The study seeks to provide information that will be useful to transit managers who are reevaluating their ADA paratransit eligibility procedures.

The primary areas of interest in the study include the following:

- Costs of various eligibility certification procedures,
- ADA eligibility denials based on various procedures,
- Proportion of applicants who are found eligible in different ADA eligibility categories based on the different approaches,
 - ADA registration bases in cities of various sizes,
 - The effects of contracting out the eligibility certification and conducting it in-house,
- Administrative responsibility for various certification functions,
 - Measures adopted by transit agencies to encourage fixedroute usage,
 - Travel training,
 - Service policies such as no-show suspensions, visitors, personal care attendants (PCAs), service animals, and how these have been integrated into eligibility certification,
 - Computer scheduling software and how it relates to the implementation of trip-by-trip scheduling,
 - Social service agency clients, and the extent of costsharing arrangements, and
 - Eligibility appeals.

METHODOLOGY

The information contained in this study integrates the results of a number of approaches. These include a literature review, a mailback survey, telephone interviews, and site visits to selected transit agencies. The survey was distributed to 61 transit agencies, and responses were received from 32, for a response rate of over 50 percent. Site visits were conducted in Pittsburgh, Pennsylvania; Los Angeles and San Mateo County, California; and Las Vegas, Nevada.

OVERVIEW OF ADA PARATRANSIT ELIGIBILITY PRACTICES

There are many different approaches to eligibility determination practices. Variations are based on the nature of the eligibility screening test, the administrative responsibility for implementing the screening, and the nature of the appeals process.

The screening tests tend to vary based on whether the following elements are a) required in all cases, b) required on an "as needed" basis, or c) not required at all:

- Self-certification by the applicant,
- Professional verification via written documentation and/or telephone conversation,
 - In-person interview,
 - In-person physical functional assessment,
 - In-person cognitive assessment, and
 - In-person assessment of visual ability.

There is no single measure for determining the most effective eligibility certification model. However, with the goal of providing a methodology that most accurately identifies the applicants' ability to use fixed-route transit, there are various measures that collectively provide some indication of the models' effectiveness. These include the proportion of applicants who are denied eligibility or are found conditionally eligible, the number of appeals, and the number of appeals that are upheld. The ADA does not provide standards or even ranges for what may be considered acceptable percentages in each of these categories. Such standards may remain elusive as they vary based on local conditions such as the demographics of the service area population. The models described in this study therefore are not evaluated based on their comparative effectiveness, but rather detail is provided on how the models were implemented and what aspects appear to be working well from the transit agencies' perspective, and on which areas improvements may be made.

These various indicators of the models' effectiveness must then be weighed by transit agencies against the implementation and operational costs of the certification model. A model in which every single applicant is evaluated by a professional with specialized expertise would probably be the most accurate, but may also be prohibitively expensive. On the other hand, if an agency allows for complete self-certification without any follow-up, a lot of costly ADA paratransit trips might be provided to individuals who could travel on fixed-route service.

This report describes the range of results from various combinations of the models as they have incorporated the elements described in the bullets above. The report focuses in particular on those systems that have adopted innovative approaches that appear to be working most effectively, namely in-person interviews and functional assessments. Pittsburgh has pioneered the in-person functional assessment approach. Las Vegas has successfully implemented the Pittsburgh approach with the significant variation of in-person interviews required of all applicants, with functional assessments only required of those who are not immediately identifiable as fully eligible. However, there are also examples of cities such as

San Francisco that have strictly applied the "self-certification plus verification" model and produced results similar to Pittsburgh and Las Vegas.

Los Angeles was selected as a case study because the city's Access Services Inc. (ASI), which is responsible for the ADA paratransit service, has adopted the approach of interviewing all applicants rather than requiring physical and cognitive functional tests. These tests are limited to the appeals process.

The ADA paratransit operation in San Mateo County, south of San Francisco, was selected as representative of the most frequently used model of eligibility certifications. The transit provider in the county, SamTrans, requires self-certification with a professional note, and verification with the medical professional as needed.

LITERATURE REVIEW

Although the literature contains references to paratransit eligibility determinations that are more than two decades old,

there was very limited research directly focusing on this issue before the passage of the ADA (*1*). In recent years, as this topic has become of increasing concern to many in the industry, numerous articles and presentations on the subject have been published. There have also been a number of articles and reports on service issues that directly relate to eligibility determinations.

A recent study assessed the impact of local implementation of the ADA on those who are found ineligible for ADA paratransit service, particularly senior citizens. Other studies have addressed the development of functional assessments, travel training, trip-by-trip eligibility, and the experience of specific cities with various certification models. However, there has not yet been a systematic overview of the different models adopted by various systems, and an examination of the strengths and weaknesses of these different approaches.

The Bibliography at the end of this report lists publications and articles relevant to the study topic, with a particular emphasis on developments in eligibility certifications since the passage of the ADA.

CHAPTER TWO

ADA PARATRANSIT ELIGIBILITY REQUIREMENTS

To create a framework for understanding the study findings, an overview of the ADA eligibility certification requirements is presented. The full text of the eligibility regulations may be found in Appendix A. This chapter excerpts the preamble discussions that preceded the actual regulations as they shed light on the thinking of those responsible for drafting the regulations. The excerpts from the Federal Register (49 CFR Parts 27, 37, and 38) are the U.S. Department of Transportation's (DOT's) responses to comments that were received in response to the Notice for Proposed Rulemaking (NPRM). DOT's responses formed the basis of the final regulations. They are divided into eligibility standards and eligibility process.

ELIGIBILITY STANDARDS

The eligibility standards define who is eligible for ADA paratransit service, and under which circumstances. DOT reports that "eligibility was one of the most commented-upon portions of the NPRM. One of the most frequent general comments was that the NPRM's conception of eligibility was too restrictive" (2).

The regulations in fact follow the statute almost to the letter in defining the eligibility categories. However, they reiterate the law's intent of limiting service to those whose disabilities *prevent* them from using accessible fixed-route service, as opposed to merely presenting an inconvenience. This narrow interpretation of the ADA statutes is an underlying theme in the remainder of the study, as the ability of various certification procedures to implement this requirement is documented.

The eligibility categories in the regulations are described as follows:

1. Individuals who cannot board, ride, or disembark from an accessible vehicle.
2. People who can use an accessible vehicle, but none is available on their desired route or hour of service.
3. People who have specific impairment-related conditions that prevent their getting to or from a stop.

According to the discussion in the preamble, the last category generated the most response from commenters. In response to complaints that the last category was too narrowly defined, DOT clarified the rule by stating that a combination of an impairment related condition and environmental barriers may form a basis for eligibility, but that "environmental barriers alone do not confer eligibility" (2, p. 45602).

According to the preamble, another regulation that generated substantial comment was that of trip-by-trip determination.

However, "even those comments that objected to this provision recognized its conceptual validity." As will be discussed in Chapter 6, the problems that were anticipated in the regulatory stage of the ADA regarding trip-by-trip implementation have not been substantially resolved by most ADA paratransit systems. A small minority of systems has implemented full trip-by-trip screening. However, this is another area that has come under increased focus as agencies seek to contain costs while complying with the ADA.

ELIGIBILITY PROCESS

The preamble discusses the fact that, while it is common for respondents on proposed rules to complain that federal agencies are imposing overly prescriptive requirements on them, the most common comment on the eligibility process section was that the rule is not prescriptive enough. Commenters asked for exhaustive lists of impairment related conditions, standard eligibility forms, and a centralized eligibility certification process. Six years after the release of the NPRM, some in the industry still believe that these would facilitate a more effective and equitable approach to eligibility certifications.

While DOT acknowledged the difficulty of making case-by-case determinations, especially for transit personnel who did not have the appropriate experience, they did not provide the requested prescriptiveness. The primary explanation given in the discussion is that DOT "is not as well situated as people in local areas to know what types of conditions, combined with what sorts of local circumstances, make a given person eligible for a certain set of trips." During the Federal Advisory Committee meetings of transit and disability experts, DOT solicited recommendations for what federal eligibility guidelines would look like. Only one was received. For this reason, the regulations retained the requirement for locally produced procedures.

The proposed appeals requirements were widely accepted with limited comment. The regulations state that "only in very few and compelling situations ... (is) ... an entity ... entitled to refuse service to an otherwise eligible person." However, no-show sanctions are not viewed as a refusal of service on the basis of disability, in recognition of the impact on other passengers of chronic abusers of the system. The final rule permits suspensions with a clear definition of "a pattern or practice of no-shows," and defines the requirements for due process in implementing the suspension.

In conclusion, the eligibility standards and process requirements have probably the most far-reaching implications of all the regulations for the successful implementation of ADA complementary paratransit.

CHAPTER THREE

CASE STUDIES

The various approaches to ADA paratransit eligibility certification have been briefly described in chapter 1. This chapter provides an in-depth discussion of four transit agencies that represent different models of ADA paratransit eligibility certification procedures. Table 1 profiles the system characteristics of each of the four transit agencies, in addition to the characteristics of the eligibility certification procedures adopted by each agency.

THE "SELF-CERTIFICATION PLUS PROFESSIONAL VERIFICATION" MODEL: SAN MATEO COUNTY TRANSIT DISTRICT (SAMTRANS), SAN MATEO COUNTY, CALIFORNIA

Eligibility is determined based on an application form and verification with a professional on an as-needed basis. No in-person interview is required.

The Accessible Services office of SamTrans is located within the SamTrans headquarters, and is responsible for both fixed-route accessibility and paratransit services. Paratransit service is basically limited to ADA requirements, although subscription and agency service are also provided. ADA paratransit funding is derived primarily from state and county taxes, a \$25 million trust fund that was specifically established for the provision of paratransit services, and SamTrans' general fund revenues.

Description

Based on interviews with experts in the field and the findings of this study's mailback survey, the "self-certification" model (with the option of professional verification) remains the most commonly used ADA eligibility certification model in the United States. The main reasons for use of this model are that it is the easiest to implement and administer and requires only limited coordination with human services professionals. The model used by SamTrans is similar to that used throughout the San Francisco Bay Area. The model was developed by the Metropolitan Transportation Commission (MTC) for the 21 transit agencies in the region. The Bay Area certification procedure provides a good example of the "selfcertification-plus" model as it represents a model that was developed over an extended period of time with significant input from transit agencies, consumer representatives, and the services of a consultant.

The Bay Area model also provides an opportunity to examine the degree of consistency in the application of ADA paratransit certification models. All the transit agencies in the

region are using exactly the same forms and procedures, and certifiers have received substantially similar training. However, a recent report published by the MTC, the entity responsible for oversight of the program, indicates that there are significant variations in the eligibility outcomes between the different transit operators (3).

Administrative Procedure

In San Mateo County, ADA applicants call the SamTrans Accessible Services Office to request an application form. During this initial contact, one of the three call takers (who are responsible for eligibility certifications but do not schedule trips) explains to callers the fact that the service is limited to ADA-eligible persons, and frequently mentions that, because ADA paratransit is a costly service to operate, it is important that the service be used only by those who need it. This reportedly screens out a large number of seniors who would otherwise be expected to apply, although there is no documentation to support this assumption.

The seven-page application form that is sent to applicants is not limited to yes/no answers but contains a majority of open-ended questions that allow for expansion on the initial answer. When the completed form is received in the Accessible Services Office, the call takers enter the information into a Regional Eligibility Database, which is linked to the other 20 agencies in the Bay Area. If certain responses need to be clarified, the call takers contact either the applicant or the health care professional listed on the form. As it is frequently difficult to contact the professional, a form letter is often sent out. In the majority of cases, however, a determination is made without consultation beyond the information contained in the form.

If an applicant appears to be suited to travel training, the Accessibility Specialist (who fills a combined role of planning and certification related functions) will contact the applicant, and pursue this possibility further. Of 82 applicants who were considered potential candidates for travel training between September 1995 and May 1997, SamTrans Accessible Services office staff reported that the majority were either given full eligibility and declined training, or were referred to other agencies for training. A total of eight applicants received travel training during this period, including five who were trained by a local agency serving people who are blind or visually impaired. At the time of the site visit, SamTrans had recently entered into contractual arrangements with a number of social service agencies for travel training, and was anticipating a substantial increase in the number of trainees.

As indicated in Table 1, the majority of ADA applicants to the SamTrans paratransit program are found fully eligible.

TABLE 1

CASE STUDY TRANSIT SYSTEM PROFILES

	System Profiles						Eligibility Certification Data					Eligibility Outcomes			
	Service Area Population	ADA Paratransit Budget (1996)	Fixed-Route Accessibility	ADA Paratransit Trips (1996)	Non-ADA Paratransit Trips (1996)	Fare Recov. Ratio	Annual Certif. Costs	Cost Per Applicant	% of ADA Paratr. Budget	Registered through 1996	New Applications (1996)	Denied	Full	Conditional	Temporary
San Mateo County, California	650,000	\$4.5 million ⁽⁷⁾	100%	195,000	0	5%	\$84,000	\$35.00	1.9%	7,100	2,578	4%	94%	1%	5%
Los Angeles Co., California	9,800,000 ⁽¹⁾	\$34 million ⁽⁸⁾	100%	2,219,000 ⁽⁶⁾	NA	4%	\$455,000	\$26.72 ⁽⁹⁾	2%	41,000	13,807	17%	42%	38% ⁽¹⁰⁾	19%
Pittsburgh, Pennsylvania	1,400,000	\$6 million ⁽⁵⁾	80%	604,000	1,500,000	9.9% ⁽⁷⁾	\$34,000	\$45.00 ⁽¹⁰⁾	N/A	6,125	754	12%	54%	29%	17%
Las Vegas, Nevada	1,100,000	\$10.5 million ⁽⁵⁾	100%	540,000	0	4%	\$480,000 ⁽⁸⁾	\$48.00	4.6%	17,000 ⁽¹¹⁾	2,000 ⁽¹²⁾	23%	55%	45%	0%

- (1) Entire Los Angeles County's 88 city area.
- (2) 5-10% of fixed-route operating budget.
- (3) Less than 5% of the fixed-route operating budget.
- (4) Non-ADA paratransit budget is \$19.4 million. This is primarily based on lottery subsidies.
- (5) Less than 5% of fixed-route operating budget.
- (6) Includes 1,169,000 ADA trips provided by local paratransit programs in Los Angeles County in addition to 1,050,000 provided by ASI.
- (7) For ADA service.
- (8) Based on projected 10,000 applications in 1997
- (9) Excluding ASI allocated costs and appeals costs.
- (10) Excludes transportation and appeals costs
- (11) Expected to decline to approximately 11,000 after recertification.
- (12) Note: 1997 applications (January through May), 67% recertification.
- (13) One of the innovations introduced by ASI is the creation of a fourth eligibility category; a distinction is made between conditional [self-monitoring] and trip-by-trip eligibility.

This percentage does, however, vary substantially between different transit agencies in the Bay Area. This issue is discussed further in chapter 6.

When applicants are denied ADA paratransit eligibility, they are often offered travel training for fixed-route service, and are approved for the discount fare available to seniors and persons with disabilities. Whereas in many systems the majority of applicants who are found eligible under Category 3 are granted conditional eligibility, SamTrans is in the unusual situation of determining that the majority of Category 3 applicants are found fully eligible. This was explained by the certifier as a reflection of SamTrans' interpretation that even though these individuals were designated Category 3 because of their inability to reach the bus/train stop, there are no circumstances under which they are able to use fixed-route service. This fully eligible Category 3 status accounts for almost half the SamTrans' registration base. For the small percentage who are found conditionally eligible, SamTrans staff indicates on the response letter which trips are ADA-eligible, but does not enforce trip-by-trip eligibility. At the time of the site visit, management indicated that they were going to be examining this issue more closely.

SamTrans has had an extremely low number of appeals. Since the inception of the appeals process, there have been seven appeals.

Replicability

The self-certification plus model can be the most easily replicable of the four models described in this report as the procedure requires the least amount of specialized expertise on the part of the certifiers. There is also no need to contract with professionals who have expertise in the various aspects of disability, and the procedures are easily implemented in-house. However, if the model is rigorously enforced and not approached simply as a checkoff function by the certifiers, substantial judgment can be required in reaching a determination. (See Table 3 for the San Francisco eligibility outcomes.) Moreover, if a large number of applications require follow-up verification, some of the time advantages of this model may be lost.

THE "INTERVIEW" MODEL: ACCESS SERVICES, INC. (ASI), LOS ANGELES, CALIFORNIA

Eligibility is based on an in-person interview. Physical and cognitive tests of functional ability are limited to the appeals process.

Access Services Inc. (ASI) is a large, private nonprofit agency that manages ADA paratransit services on behalf of the fixed-route operators in Los Angeles County. ASI fills the gap between the ADA paratransit services provided by local operators throughout the county. The program is funded by a county sales tax that is distributed through the California Department of Transportation.

Three characteristics of this service distinguish it from others in the nation: 1) it provides the largest number of ADA paratransit trips in the country, 2) it serves one of the largest geographic areas, and 3) it offers service on a real-time basis (i.e., customers reserve trips within 5 hours or less of the desired time, rather than the day before). ASI is specifically responsible for planning, customer service, operations management, and the coordination of certifications and appeals. Agency management maintains that their credibility in terms of quality control and overall operation of the system has been enhanced by contracting out the eligibility determination function.

Description

All *new* ADA applicants are required to attend an interview as part of the application process (two-thirds of the recertification applications have been handled through the mail without an interview). The interview model was designed by a workgroup in 1991 that included people with disabilities, and was later endorsed by the advisory committee. ASI staff report that the community has been generally supportive of the interview approach, despite questions regarding specific determinations. The interview model operates on the assumption that there is no need for every applicant to undergo a functional test, yet the information available on an application form is too limited to provide an accurate determination. In Los Angeles, functional tests are limited to the appeals process, which involves a professional with expertise in a specific area.

Administrative Procedure

Applicants call an 800 number for application information, and an ASI customer service representative (CSR) sends a two-page application in the mail, which asks for general information related to the applicants' inability to ride fixed-route service. According to ASI staff, a substantial proportion of the initial callers, possibly over half, do not follow-up with an appointment for eligibility certification once the process has been explained to them. CSR staff have been instructed not to discourage callers from following through with applications, but rather to encourage callers to apply if there appear to be grounds for eligibility. The coordinator of the eligibility unit believes that individuals may have been discouraged from applying because of the narrowness of the criteria, rather than because the process appears too daunting.

If the individual wishes to proceed with the application after reviewing the application form, he or she calls back the CSR who schedules an interview with one of the eligibility determination contractors. At the end of each day the CSRs fax the appointment schedule to the eligibility contractors. They also fax the trip requests to the paratransit providers to ensure that all applicants are guaranteed free transportation to the interview.

Interviews are conducted daily at several sites throughout the county. ASI has established contracts with an orthopedic

hospital, a health center, and a nursing agency that conduct eligibility screening interviews at 10 established certification centers throughout the county. The vast geographic area served by ASI required a large number of sites, which include senior centers, rehabilitation centers, hospitals, and other community sites. In addition, screening interviews are offered "off-site" to any agency that has at least six potential applicants.

Applicants are asked to bring the application form to the interview, which lasts between a quarter and one-half of an hour. Staff report a cancellation rate of less than 25 percent for interviews. Interviewers, known as "certification analysts," are required to have a bachelor's degree (or equivalent experience) and direct experience in working with people with disabilities. They might include physical therapists, nurses, and occupational therapists and persons who have worked in the mental health field. The analysts are trained by the ASI certification coordinator. Follow-up training is provided by the contractor on-site.

The analysts conduct the interview along formal lines, ensuring that all the questions on the eight-page interview guide are completed. The interview includes a number of questions that are considered standard health care assessment questions. The analysts are instructed to closely observe the applicants when they enter the room, and if they have not yet done so, how they fill out the form. Apart from the questions on the form, these observations are the only functional assessments incorporated into the process.

Certification analysts ask the applicant how they traveled to the appointment if it was not on an ASI vehicle, and what functional limitations prevent them from using the bus. The questions relating to physical capabilities resemble those in most physical assessments. However, cognitive questions are more specific to this model, including the spelling of the applicant's name, their telephone number and address, ability to solve problems, and willingness to seek assistance when confronted with a problem. The analyst checks off appropriate boxes regarding the observed mental status of the applicant, and asks questions regarding diagnoses and treatments for mental or nervous disorders.

At the end of the interview, the analyst makes an eligibility recommendation which is reviewed by the site manager and submitted to the ASI office. Analysts' decisions are never reversed by the ASI office, although if ASI staff have concerns, they make a note of these and ask the certifier to reconsider. If the case remains difficult to resolve, it is referred to a specialist.

ASI has not conducted validity tests of physical disability-based eligibility determinations. However, validity tests have been conducted based on cognitive and visual disabilities. ASI staff have applied incognito for ADA eligibility based on these two categories. These tests have established that there was a high congruence between the certification analysts' determinations based on a cognitive disability and those of a clinical psychologist. Similarly, orientation and mobility specialists have verified the reliability of the determinations for blind applicants.

Appeals

About 30 percent of those who are denied eligibility appeal the decision. During the first 4 months of 1997, the agency

conducted approximately 46 appeals per month. This was almost twice the average during the previous year. ASI staff explained that this was due to the fact that the large number of people previously certified for ADA service generated a disproportionate number of appeals. The proportion of original determinations upheld after appeal was approximately 40 percent for the first 4 months of 1997. The majority of the remaining determinations required an adjustment of categories. Only five percent of the total require a substantive change from denial to full eligibility.

Professional expertise is required for the appeals process. Professionals include orientation and mobility specialists, medical doctors, physical therapists, and a clinical psychologist. Charges range from \$125 per hour to \$635 per appeal, depending on the specialist required for the appeal. If someone has multiple disabilities, they are occasionally referred to more than one specialist.

Replicability

Certain decisions regarding the overall structure of the eligibility determination process have been influenced by the huge scale of the system and the service area that it covers. In contrast to the other two case studies that involve in-person appointments, the Los Angeles model needed to be decentralized to limit the costs and inconvenience involved in transporting applicants to interviews.

In contrast to the potentially limited availability of specialists in smaller centers, ASI has a vast array of professionals to choose from in order to conduct the interviews and the appeals assessments.

"FULL FUNCTIONAL ASSESSMENT" MODEL: PORT AUTHORITY OF ALLEGHENY COUNTY ACCESS PROGRAM, PITTSBURGH, PENNSYLVANIA

Eligibility is based on in-person functional assessments for all applicants.

The Access program is operated by Multisystems Inc. under contract to the Port Authority of Allegheny County (PAT). Access subcontracts with taxi and paratransit providers throughout the county, and provides both ADA paratransit service and service to non-ADA eligible seniors. Half the \$25 million budget is derived from state lottery funds for the provision of non-ADA service. The balance of the budget is based primarily on state and local funds, in addition to social service agency contributions. Access is unique in that the substantial lottery funds available for non-ADA senior paratransit service ease the financial burden on the ADA paratransit service.

The administrative headquarters of the program, including the eligibility certification unit, is not physically integrated into the overall operations of the transit agency. However, frequent contact with the transit agency occurs throughout the day due to the large number of Access riders who are diverted onto the fixed-route system. In addition, Access staff work closely with PAT staff for planning purposes.

Description

The Access program in Pittsburgh has pioneered the full functional assessment model, which is currently being implemented or considered for implementation by a small number of transit agencies throughout the country. The functional test model grew out of a series of focus groups conducted in 1990 in which ideas were solicited from participants to improve on the existing physical functional assessment, to develop a test for cognitive abilities, and later, to adapt the test to the ADA requirements. The original neuropsychological tests that were employed were considered unsuitable by members of the disability community and they were also very costly. It was decided to develop new tests that were adapted to functions more directly related to transportation ability.

Access management describes the functional assessments as providing an independent, objective assessment that identifies applicants' abilities and potential, a consistent and standardized evaluation, and a focus on transit-specific functional abilities. These program characteristics were the result of goals established in the creation of this model, which included the following:

- Evaluate functional ability rather than medical factors,
- Provide an assessment at reasonable cost,
- Identify those applicants who could benefit from travel training,
- Provide a workable means of trip-by-trip eligibility,
- Communicate a philosophy consistent with the ADA, and
- Include a meaningful and effective public participation component.

The new approach to functional assessments was implemented in two stages—the physical assessment in 1993, and the cognitive assessment in 1996. All ADA applicants are required to undergo an in-person functional assessment. Approximately 70 percent of applicants are given a physical assessment test, 25 percent a cognitive test, and 5 percent a test for visual impairments. The assessment for physical ability is conducted under contract by a physical therapist at the local Easter Seals Society. The cognitive assessment, known as the Functional Assessment of Cognitive Transit Skills (FACTS) test, is conducted by Access customer service representatives who have been specifically trained for this role. Persons whose eligibility application is based on visual impairments are evaluated based on a functional test conducted by orientation and mobility instructors at the local agencies serving people with visual disabilities. The decision regarding which test is most appropriate for the client is made at the time of the call to schedule appointments. When an applicant has multiple disabilities, he or she is initially referred to the physical functional test in order to limit certification costs.

Administrative Procedures

When individuals call on the telephone and request an application for eligibility, they are asked by the call takers

(who are responsible for both customer relations and some of the scheduling functions) how their disability prevents them from using the fixed-route system. Based on this discussion, the individual is scheduled for a physical, cognitive or visual assessment, sent an application form, and provided transportation to the appointment if necessary. If new applicants are unable to travel independently to the test site, they pay \$5 each way for the cost of paratransit. Those who are applying for recertification pay the regular fare of \$1.25.

Physical Assessment Procedures

The physical assessment is considerably shorter than the cognitive test. The applicant is introduced to the physical therapist (PT) by the Eligibility Coordinator, who also checks the form for completeness and conducts a brief interview with the applicant. The assessment is conducted by the PT in a room with a mock-up of a curb cut, a ramp, and a flight of stairs that is an exact replica of those found on the PATransit fixed-route bus (see Figures 1 and 2). The PT guides the person to attempt each of these obstacles, and accompanies the applicant on a walk of at least 50 yards over a relatively rough sidewalk outside of the Easter Seals office. Longer walks are taken as needed. The PT is currently in the process of refining the functional assessment to add a measure of objectivity. Rather than relying simply on professional experience, the PT will introduce elements of balancing scales and pain/disability indices which have been developed to measure the degree of imbalance and pain experienced by an individual under various circumstances. Examples of the balance tests include the Tinetti Scale and the "Get Up and Go" test. Further references are found in the Bibliography.

The whole physical assessment lasts about 15 minutes. About 28 appointments are scheduled in a day, and Easter Seals is reimbursed at a rate of approximately \$9 per appointment, depending on how many applicants appear for their appointment. The PT, together with the Service Development Coordinator, writes up a synopsis of the functional test findings, and submits it to the Eligibility Coordinator.

Cognitive Test

The FACTS test usually takes a half an hour, in addition to approximately half an hour required for scoring. The test is currently conducted by two customer service representatives (CSRs) who volunteered for this function. Besides having the appropriate "person" skills, their appointment to this role was based on their ability to be accurate in report writing and scoring, and to follow protocols. However, neither tester has a college degree or specific training in cognitive abilities, apart from the training provided for the FACTS test, which was specifically designed to be administered by a lay person.

The test is an "individually administered, one-on-one functional test of the cognitive skills required for independent travel ... Most of the test stimuli are clear, professional-level colored photographs ... of environmental scenes laid out in a



FIGURE 1 The certification analyst observes the applicant debarking a simulated bus staircase in the rehabilitation center.



FIGURE 2 The applicant walks up a curb cut outside the center.

pre-arranged order to serve as landmarks ... (The test) is organized into four main scoreable sections reflecting (i) General Orientation, (ii) Community Skills and Safety, (iii) the ability to learn a simulated Simple Trip involving one bus, and (iv) a more Complex Trip involving two buses with distinct

destinations" (4). Management reports that the FACTS score correctly predicted mobility status in 85 percent of the experimental population in the pilot study that was conducted during test development. No cases have been reported in which individuals who have been granted conditional eligibility based on

the test experienced significant problems with bus usage as a result of a false eligibility determination.

Approximately 35 FACTS tests are scheduled on a monthly basis. There is a no-show rate of approximately 25 to 30 percent, but there is no need to overbook because, if applicants fail to appear, the Customer Service Representatives can simply return to their usual function as call-takers. The assessment begins the moment the evaluator meets the applicant in the Access waiting room. Most applicants do not complete the whole test. If the evaluator determines before the end of the test that the person is unlikely to score high enough on the functional ability rating to achieve a conditional eligibility or a denial, the test is terminated and the individual granted full eligibility. The test is deliberately administered in a manner that avoids frustration and embarrassment on the part of applicants, but rather encourages them to present their greatest level of functional ability.

The Pittsburgh model provides a highly refined evaluation that results in eligibility determinations distributed throughout the three ADA eligibility categories. Pittsburgh has also ensured that the conditional certification status is applied by reservationists when determining trip-by-trip eligibility. This is accomplished despite the fact that scheduling at the time of this report is still conducted on a manual basis, and the ADA paratransit system is one of the three largest in the country. As part of the effort to ensure relatively strict enforcement of trip-by-trip eligibility, the Access program staff conduct on-site "environmental assessments" of specific trip routings to determine whether the applicant would be able to travel the route without assistance. For those persons who are found conditionally eligible, the agency, in consultation with the community, created a "convenience fare." This allows a person to receive paratransit service for an ineligible trip if they are willing to pay twice the regular ADA paratransit fare. The balance of the trip cost is subsidized in a manner similar to all ADA paratransit trips.

Trip-by-Trip Procedures

Although the trip-by-trip screening is being conducted manually, management reports that this is clearly an inefficient system and expects to fully utilize geographic information system (G.I.S.) capabilities within a year of the site visit. G.I.S. will help the call taker evaluate the path of travel required for the rider to reach the closest transit stop.

Currently, when a conditional rider requests a trip, the call taker checks the file to determine if there is a past record of a similar trip. If not, the call taker examines the potential bus routes serving this trip, and determines from a pre-existing environmental assessment whether the trip should be found eligible or not, given the rider's eligibility conditions. If the streets and barriers on the desired route have not been assessed, the individual is granted presumptive eligibility for that route until the completion of an environmental assessment.

Despite the labor-intensive approach to trip-by-trip screening, this function is currently being performed for at least 5,000 trips a month. In the spring of 1997, 10 to 12 percent of the

total trips were provided to individuals with conditional eligibility as ADA-eligible trips. In addition, approximately 1.5 percent of trips were provided as convenience trips. In other words, these are trips for which conditionally eligible riders were determined ineligible, but were nevertheless provided at a higher fare. They are a partial indication of the level of trip-by-trip screening in the Pittsburgh system (however, they do not convey the whole picture as the number of trips that were not taken once they were offered at the convenience fare remains unknown).

Appeals Process

There are two stages to the appeals process. In the first stage, the appellant is invited to submit additional documentation from professionals or an advocate. These are added to the original file and distributed to seven professional volunteers, including people with disabilities who are consumers of fixed-route and ADA paratransit, who constitute the appeals committee. The Service Development Coordinator then coordinates the input of the committee and relays her decision to the appellant. If the appellant is still dissatisfied with the decision, a meeting is set up with the Manager of Access Services. However, the first level of review has been so effective that there are less than 10 meetings annually held with the manager.

Replicability

In considering the replicability of the Pittsburgh system, certain system characteristics must be taken into account. These include the following:

- The state of Pennsylvania has a lottery system that provides funding for extensive transportation services for senior citizens. As a result, many seniors do not apply for ADA service as they are entitled to relatively comparable service based on their age (an Access staff person estimates, however, that probably 60 percent of those seniors who receive paratransit service would likely be found ADA-eligible).
- Access has a relatively small registration base of approximately 6,000 (post recertification), with few ADA applicants for a city of this size—approximately 100 per month. This allows for easier scheduling than may otherwise be possible in a large system.
- The cost of living in Pittsburgh is considered very low by metropolitan standards, and therefore the wage levels that determine the low eligibility certification costs must be considered when comparing to other localities.

As a result of a Project ACTION grant and a series of trainings that have been conducted under the auspices of the National Transit Institute, there is substantial literature describing the development and implementation of the functional assessment model. Further references can be found in the Bibliography.

THE "HYBRID INTERVIEW/ FUNCTIONAL ASSESSMENT MODEL: CAT PARATRANSIT, LAS VEGAS, NEVADA

Eligibility is based on interviews with all applicants, and functional assessments with a portion who are not readily identifiable as fully eligible.

The Citizens Area Transit (CAT) is provided under a management contract to the Regional Transportation Commission (RTC). The eligibility certification process, which is conducted partially in-house and partially through the use of outside contractors, is in a separate physical location from both the transit and the paratransit operations.

Description

In 1994, the RTC established the first public transit service in Clark County, which it named the CAT. Under the ADA, the RTC was responsible for the provision of paratransit services, which for many years had been operated by the Economic Opportunity Board (EOB), under a service contract with the RTC. The system was reportedly characterized by a high denial rate, poor on-time performance, and escalating costs.

By 1996, CAT was providing ADA paratransit services to 17,000 ADA-eligible riders. This relatively large registration base included a substantial number of seniors who would probably be determined ADA-ineligible in other systems. Staff report that only 20 applicants were denied eligibility in the initial 2-year period. Besides the fact that the initial eligibility screening was based on self-certification, when free fixed-route fares were offered by the Commission to ADA paratransit eligible riders in 1996, there was a dramatic increase in ADA paratransit applications. In addition, there were individuals outside of the 540 square mile service area who received paratransit service that would not be required by ADA service criteria.

To ensure greater accuracy in determining ADA eligibility, CAT staff recommended, and the Commission adopted, the Pittsburgh model with some variations. The decision to adopt the Pittsburgh model was made in the fall of 1996, and by January 21, 1997, the certification program was in operation. Since the CAT system had not yet established a travel training program, it was decided that the screening could not be as strict as the Pittsburgh model.

CAT management further determined that there was no need to require all applicants to undergo the functional assessments as in Pittsburgh, since it was believed that a certain portion of the applicants could be determined eligible through an interview process. Significant differences in terrain between the hilly slopes of Pittsburgh and the flat desert of Las Vegas may have prompted this change.

The interview process is conducted by CAT staff, in order to contain costs and to provide greater control over the first level of determinations. In the interview, which is assigned a 30-minute slot, a CAT staff person asks the applicant the basis for their application, and completes a form in the applicant's presence. Approximately 30 percent of the applicants are determined fully eligible at the interview stage.



FIGURE 3 The physical therapist assists the applicant boarding a mock-up of the PAT fixed-route bus stairwell.

The cognitive test is an exact replica of the Pittsburgh FACTS test (with photos of Las Vegas landmarks), but the physical test is more extensive because of the facilities available at the rehabilitation center where the tests are conducted and the adjoining streets and sidewalks (see Figures 3 and 4). Approximately 76 percent are found eligible based on a physical disability, 16 percent cognitive, and 8 percent visual. CAT plans to recertify the whole existing registration base within one year. A substantial proportion of the original registrants have opted not to request recertification. A possible explanation provided by CAT staff is that former riders understand that the original process was extremely lenient and that a renewed application would result in a denial for many applicants. However, it may also be due to a measure of discomfort that applicants feel at the prospect of a face-to-face interview. Short of surveying the original registration base, there is no way of substantiating either explanation.

One of the advantages of the Las Vegas model is that the whole eligibility determination process is conducted under one roof. Under an agreement with a local rehabilitation center, the interviewing functions by CAT staff and the physical and cognitive tests by the contractors, are all conducted in close proximity to one another. This common location avoids the need for multiple appointments by the applicant, as the decision of whether to refer the applicant to a test after the initial interview is made on the spot. Paratransit trips for these appointments are set up to allow for a 2-hour appointment.



FIGURE 4 The applicant attempts to use a simulated bus ramp (foreground) and curb cut (background).

CAT has relatively large funding sources available compared to other transit agencies. This fact enabled the agency to take the risk of trying a significantly new approach to eligibility determinations. CAT management report that the cost of screening applications is approximately \$20 per interview provided by CAT staff, \$40 per physical assessment, and approximately \$40 for the paratransit ride to the functional assessment. The cost of a cognitive test is \$80, and a combined physical and cognitive test costs the agency \$105. Due to this hierarchy of costs, individuals with multiple disabilities are first screened through the physical test, and if found eligible, are not required to pass the cognitive test. CAT staff expect that the initial investment involved in the new approach to eligibility determinations will prove cost-effective in a matter of months as a substantial proportion of the original ridership base is no longer using ADA paratransit.

The agency is currently in the process of establishing alternatives for those who are found ineligible under the recertification process. Some of the alternatives being considered include service routes and feeder service for those found conditionally eligible. CAT has not yet implemented trip-by-trip eligibility, but plans to do so by the end of 1997. The service enhancements, including greater integration between fixed-route and ADA paratransit, were planned for implementation during the fall of 1997. CAT has embarked on an extensive public information campaign to explain the ADA certification procedures, the limited nature of ADA paratransit and the value of encouraging people to use fixed-route bus service. Public media, such as TV commercials, have been used for this purpose.

Appeals

CAT staff interviewed 25 individuals for volunteer positions on the Appeals Board, of whom 11 were selected. These

include two physicians, a judge, three consumers, three agency representatives, and two business people. Three individuals are present at each hearing, besides a staff person, and a different chair is selected at each hearing. Due to the large number of formerly eligible individuals who have been found ineligible or granted conditional eligibility, hearings are held relatively frequently (approximately twice weekly), but this is expected to slow down as the proportion of recertifications declines. Within the first three and a half months of implementation of the new certification procedure, 51 requests for appeals had been received, out of a total of 2,000 determinations.

Appellants are given a half hour to present their case and for both sides to ask questions. The sessions are tape recorded, and if the individual does not appear, which occurs in approximately 25 percent of the cases, the appeal is determined in absentia.

Replicability

The CAT approach does not appear to pose significant obstacles to replicability in other locations. The essential elements of this model are:

- Customer service representatives who are trained to interview applicants,
- Rehabilitation specialists, and
- Individuals who are trained to conduct the FACTS test.

Most medium to large agencies do have the specialized expertise used in the CAT system, and should have access to a facility where interviews and functional assessments can be conducted. While locating all services under one roof does create certain advantages, it is not an essential element of this model.

CHAPTER FOUR

TRANSIT AGENCY EXPERIENCE

SURVEY METHODOLOGY

The synthesis study used a mailback survey questionnaire to identify national trends in the area of ADA paratransit eligibility determinations. The survey was sent to 61 transit agencies (see Appendix B for a sample questionnaire). Consistent with the general approach to synthesis studies referred to in the Introduction, the survey was not intended to produce findings based on a statistically significant sample. Rather, the sample of transit systems was selected on the basis of diversity of geography and fleet size. In addition, certain transit systems

known to have innovative approaches to the subject of eligibility determinations were added to the sample.

The questionnaire used in this survey was intended to cover a wide variety of issues related to the eligibility determination process. Particular attention was paid to system characteristics that may have an influence on the type of certification process used, and how effectively it is administered.

The survey produced an excellent response rate. Thirty-two completed questionnaires were received, for a response rate of 52 percent. Telephone contact was made with approximately one-third of the transit agencies in order to either

TABLE 2
TRANSIT SYSTEM PROFILES

City/Service Area	Population (1000's)	Percent Fixed Route Wheelchair Accessible	No. of ADA Registrants	1996 ADA Paratransit Trips	Percent Applicants ADA Eligible
Albany, New York	750	14	4,000	110,000	98
Ann Arbor, Michigan	186	100	2,000	194,000	90
Atlanta, Georgia	2,500	80	3,000	75,000	96
Austin, Texas	621	100	8,000	351,000	97
Bridgeport, Connecticut	400	73	4,500	121,000	95
Burlington, Vermont	72	100	836	15,482	100
Chicago, Illinois	7,300	68	26,000	1,478,196	97
Cleveland, Ohio	1,400	65	2,100	160,000	80
Clinton, Iowa	29	100	NR	5,600	NR
Coupeville, Washington	62	100	928	22,963	98
Denver, Colorado	2,200	99	10,000	300,000	95
Detroit, Michigan	4,000	100	160*	1,200*	70
Flint, Michigan	450	50	60*	8,500*	100
Houston, Texas	2,700	50	42,000	897,000	83
Jackson, Mississippi	197	83	1,581	46,000	92
La Crosse, Wisconsin	51	100	170	15,000	91
Las Vegas, Nevada	1,100	100	17,000	540,000	76
Long Beach, California	574	100	NR	210,000	NR
Los Angeles Co., California	9,800	100	41,000	2,219,000	83
Nashville, Tennessee	750	40	5,500	120,000	88
New Jersey	1,600	33	2,750	133,000	85
Orange County, California	2,453	100	17,110	642,000	93
Pittsburgh, Pennsylvania	1,400	80	6,125	600,000	88
Portland, Oregon	1,325	81	9,800	576,000	77
St. Paul, Minnesota	2,000	37	19,762	1,005,396	96
San Mateo Co., California	650	100	7,100	195,254	96
San Francisco, California	750	63	7,320	1,015,000	76
Seattle, Washington	1,700	89	14,088	500,000	92
Tucson, Arizona	500	70	5,132	300,000	84
Washington, D.C.	3,000	63	7,800	173,000	99
Wenatchee, Washington	85	100	1,473	74,000	96
Worcester, Maine	175	100	3,400	58,000	85

*The majority of paratransit riders in Detroit and Flint receive non-ADA service (484,000 and 249,000 respectively)

TABLE 3
PARATRANSIT SERVICE CHARACTERISTICS

City/Service Area	Exceed ADA Requirements?	Trip Requests			Percent Subscription	Subscrip. Elig. Criteria	Fare Recov. Ratio (%)
		Centralized	Direct to Provider	Both			
Albany, New York	No		X		0	No	8.1
Ann Arbor, Michigan	Yes			X		Yes	
Atlanta, Georgia	Yes	X			53	Yes	
Austin, Texas	Yes	X			50	Yes	3
Bridgeport, Connecticut	Yes	X			32	No	12
Burlington, Vermont	No		X		79	No	
Chicago Illinois	Yes		X		50	Yes	4.6
Cleveland, Ohio					50	No	
Clinton, Iowa	Yes	X				No	
Coupeville, Washington	Yes		X		10	No	
Denver, Colorado	Yes	X			48	Yes	5
Detroit, Michigan	No	X			20	No	10
Flint, Michigan	Yes			X	25	No	20
Houston, Texas	Yes			X	50	Yes	6.1
Jackson, Mississippi	No	X			50	No	5
La Crosse, Wisconsin	No			X	>85	No	19
Las Vegas, Nevada	Yes	X					4
Long Beach, California				X		No	
Los Angeles Co., California	Yes		X		0	N/A	5
Nashville, Tennessee	No	X			65	No	10
New Jersey	No	X				No	6
Orange County, California	Yes	X			16	No	7.1
Pittsburgh, Pennsylvania	Yes		X				
Portland, Oregon	Yes	X			60	Yes	3.7
St. Paul, Minnesota			X		44	No	12
San Mateo Co., California	Yes		X		40	No	4.7
San Francisco, California	Yes		X		42	No	5
Seattle, Washington	Yes			X	50	Yes	1
Tucson, Arizona	No	X			45	No	
Washington, D.C.	Yes		X		49	No	5
Wenatchee, Washington	Yes		X		29	No	
Worcester, Maine	Yes		X		23	Yes	9

clarify answers on the questionnaire, or to examine in greater depth an area of particular interest. Based on these responses, four agencies were selected for site visits and in-depth case studies.

SURVEY FINDINGS

In chapters 5 and 6, the survey responses to specific issue areas are discussed in detail. These areas include the

administrative responsibility for implementing eligibility determinations, eligibility outcomes based on various eligibility models, trip-by-trip eligibility, appeals, measures to encourage the use of fixed-route service, agency cost-sharing, suspensions, and other service policies that have a direct bearing on eligibility certification procedures.

Tables 2, 3, and 4 provide a profile of the transit systems in order to establish a context for the discussion in the following chapters.

TABLE 4
ELIGIBILITY CERTIFICATION COSTS AND OUTCOMES

City/Service Area	Paratransit Budget (1,000s)	Percent of Agency Budget on Paratransit	Certification Cost	Percent of Para. Budget	Cost/Application	Contracted Certification	No. of Applications (1996)	ADA Elig. Denials (%)	Eligibility Determination			Turn-around (days)
									Percent Full	Percent Conditional	Percent Temporary	
Albany, New York	\$2,500	5-10	\$32,000	2.1	\$26.00	Yes	1,039	2	17	78	6	21
Ann Arbor, Michigan	2,000	11-20	NR	NR	NR	No	2,000	10	95	5	0	4
Atlanta, Georgia	4,162	<5	74,844	2	83.16	No	988	4	NR	NR	NR	17
Austin, Texas	4,548	5-10	50,000	1	19.00	No	2,698	3	90	0	10	7.5
Bridgeport, Connecticut	2,000	11-20	68,000	3	22.00	No	3,000	5	95	0	5	14
Burlington, Vermont	178	5-10	7,900	0.5	43.17	Yes	183	0	96	4	0	5
Chicago, Illinois	31,600	<5	NR	NR	NR	Partial	11,500	3	80	15	5	
Cleveland, Ohio	7,700	<5	150,000	2	42.00	Yes	2,625	20	30	1	69	21
Clinton, Iowa	34	5-10	NR	NR	NR	Yes	NR	NR	NR	NR	NR	NR
Coupeville, Washington	227	5-10	7,000	3.5	30.00	No	234	2	87	9	4	14
Denver, Colorado	7,000	5-10	360,000	5	72.00	No	5,250	5	80	15	5	7
Detroit, Michigan	7,500	11-20	5,000	0	100.00	No	50	30	49	49	3	14
Flint, Michigan	1,200	5-10	1,000	<0.1	60.00	No	16	0		100	0	7
Houston, Texas	11,096	5-10	233,153	2.1	28.64	No	8,140	17	98	0	2	10
Jackson, Mississippi	720	21-30	NR	NR	NR	NR	288	8	98	0	2	5
La Crosse, Wisconsin	115	5-10		0.2	6.50	No	33	9	93	7	0	21
Las Vegas, Nevada	10,507	<5	480,000	4.6	48.00	Partial	2,000*	23	55	45	0	21
Long Beach, California	1,638	5-10	NR	NR	NR	Partial	NR	NR	NR	NR	NR	5
Los Angeles Co., California	30,402	<5	455,000	1.5	26.78	Yes	13,807	17	42	38	19	21
Nashville, Tennessee	2,100	11-20	NR	NR	NR	Yes	400	12	93	7	0	7
New Jersey	17,900	<5	150,000	<1	125.00	No	1,200	5	85	15	0	21
Orange County, California	12,900	11-20	NR	NR	NR	No	3,355	7	42	51	7	3
Pittsburgh, Pennsylvania	25,400	<5	34,000	NA	45.00	Partial	754	12	54	29	17	8
Portland, Oregon	8,000	<5	55,000	1	14.60	No	3,760	12	80	9	11	21
St. Paul, Minnesota	18,000	5-10	45,000	0.25	11.54	No	4,067	4	58	40	2	18
San Mateo Co., California	4,500	5-10	150,000	3.6	58.00	No	2,578	4	94	1	5	10
San Francisco, California	11,110	<5	197,000	1.5	57.00	Yes	3,435	24	61	30	9	17.5
Seattle, Washington	14,300	5-10	NR	NR	NR	Yes	4,376	8	82	18	0	13
Tucson, Arizona	5,200	11-20	237,238	4.77	62.03	No	4,001	16	43	40	17	11
Washington, D.C.	5,700	<5	40,000	<1	10.52	Yes	3,800	1	91	9	0	16
Wenatchee, Washington	1,300	21-30	18,000	NR	NR	No	728	4	71	29	1	11
Worcester, Maine	1,700	11-20	60,000	4	35.00	Yes	968	15	95	5	1	7

*January-May 1997.

CHAPTER FIVE

ELIGIBILITY PRACTICE PART I: PERSONAL ELIGIBILITY

In this chapter the procedures that have been implemented by transit agencies to determine the ADA eligibility of applicants are examined. Questions to be addressed include a) who is responsible for making the determination, b) what model is used to make this determination, and c) how are associated issues such as conditional eligibility, visitor policies, and dispute resolution addressed?

ADMINISTRATIVE RESPONSIBILITY

In the majority of transit agencies in which eligibility determinations are conducted in-house, the review of ADA applications is conducted by a clerical staff person who does not have a background in the human services field. This is generally true of the small and medium-size transit agencies in the study sample. In a few of the larger agencies, nonclerical staff are responsible for the review, and they also generally are nonhealth care professionals. Nineteen of 26 respondents in this study indicated that the final eligibility determination is made at the clerical staff level. In two agencies, the determination is made as a collective staff decision.

These findings raise the important issue of the consequences of assigning a decision with significant cost and social implications to staff members who may not have prior experience in the field of disability. In most instances, there is very limited training for those assigned the task of eligibility determinations, and training can generally be characterized as "on-the-job."

The significance of this issue was highlighted by a comment expressed by an appeals committee member during one of the site visits in this study. The committee member is a medical doctor, a specialist in sports medicine and public health, and an attorney. Following one of the appeals hearings, he expressed his dismay at how difficult it is to make a determination in some of the applications, despite his abundantly relevant background. Eligibility determinations can often involve extremely complex considerations, and yet are often the responsibility of individuals with limited relevant experience or training.

About one-third (11/32) of the respondents indicate that the eligibility determination function in their program has been at least partially contracted out. These include most of the larger transit agencies in the sample (Seattle [partially], Washington D.C., San Francisco, Las Vegas, Los Angeles, Chicago), and a few smaller agencies (Albany, Worcester, Clinton). Sometimes the contractors responsible for the eligibility determinations are also the contracted paratransit providers. Other agencies that have been contracted to perform the eligibility determination function include rehabilitation centers, hospitals, nursing agencies, and those with expertise in a specialized area, such

as visual disabilities. Larger cities in particular have established contracting relationships with a variety of agencies, in response to both the diversity of applicants' disabilities and geographic considerations. There does not appear to be a clear relationship between eligibility outcomes and in-house/contracting arrangements.

CERTIFICATION PROCEDURES

In chapter 3 the different components of the various certification models were discussed. Probably the most significant distinction between the different models is whether they involve face-to-face contact with a transit representative, or whether the determination is based entirely on documentation submitted by the applicant. One further distinction is whether the in-person contact is limited to an interview or whether the applicant is also required to perform certain tasks that simulate the use of fixed-route service. In order to loosely categorize these various models in terms of stringency, they may be arranged (with frequencies in the study sample) as shown in Figure 5.

Certification Procedures

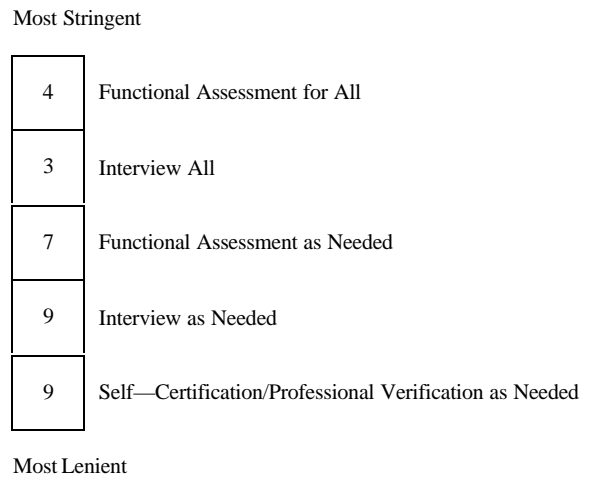


FIGURE 5 Range of eligibility models and frequency of use by responding transit agencies.

Interviews with various transit agencies suggest that an increasing number are shifting away from the purely selfcertification model as a means of refining their certification process. A previous study conducted for Project ACTION

indicates that the more face-to-face contact involved in the model, the higher the proportion of applicants found ineligible or conditionally eligible (5). In the Project ACTION study, the eligibility denial rate ranged from 1 percent to 3 percent for self-certifications, to approximately 20 percent where the procedure required a functional assessment. These findings are similar to the responses in the survey described in chapter 4.

The survey results provide an indication of the relative outcomes of the different certification models. In general, it appears that most individuals who apply are found eligible in one of the categories. In our survey, on average 90 percent of the applicants were found ADA-eligible. There are at least two ways of viewing these results:

- This very high percentage could be due to the effective gatekeeper role played by the call taker who has clearly explained the limited nature of ADA paratransit eligibility. This initial contact usually occurs on the telephone when the interested person calls to request an application form. While it is very difficult to quantify the number of initial contacts versus the proportion who actually submit applications, some agencies report that nearly half the callers do not apply. This is an often overlooked yet critical stage in ensuring that only those who are potentially eligible for the service submit applications. Time and dollars invested in training those staff persons responsible for the initial contact in how to screen out inappropriate individuals, are an extremely valuable investment when one considers the long-term costs of ADA paratransit provision (see range of denials in Table 6).

In Eugene, Oregon, a staff person estimated that the transit agency realized \$8,000 in annual savings when one rider shifted from daily paratransit trips to fixed-route service. Another rider's certification was changed from full to conditional eligibility for specific routes, which saved the agency \$3,000 per annum. (*Personal communication, Terry Parker, Lane Council of Governments, May 21, 1997*)

- The high percentage of eligible applicants may also be due to the leniency of the eligibility certification practices that are currently in place. As has been previously mentioned, the ADA requirement for establishment of an eligibility certification process within the first 2 years of the implementation period, while also developing the infrastructure for ADA

paratransit service provision, resulted in a substantial number of transit agencies adopting the easiest and most politically acceptable certification model-self-certification with professional verification as needed. Agencies that were relatively less constrained financially may also have made a policy decision to continue providing paratransit service to a broad population while funds remained available.

Table 5 shows some of the outcomes of the various certification models.

Apart from these overall (and unweighted) averages, there is considerable variation in eligibility ratings between the various systems. In our cross-section of transit agencies, the percentage of full (i.e., unconditional) eligible determinations ranges from 98 percent in Houston and Jackson to 17 percent in Albany. A number of systems determined that no applicants were conditionally eligible, while others assigned half of their applicants to this category.

These findings raise significant questions regarding the variation in an individual's ability to receive ADA eligibility or conditional eligibility depending on the eligibility determination model adopted in his or her particular city. Anecdotal information indicates that the variations in eligibility outcomes cannot simply be explained by variations in weather, terrain, or demographics in different cities, but rather are due to the stringency of the model and its application.

The experience in the San Francisco Bay Area provides a striking illustration of the variability of eligibility that results from the human factor in the application of a certification model. Bay Area operators, with significant participation by community representatives, decided in 1992 to adopt a single certification model that would be used by all 21 operators in the region. The reasons for adopting this regional approach included enabling registrants to use all ADA paratransit systems in the region without being subjected to a new application process each time the individual traveled across county lines, and ensuring consistency of standards.

The model that was adopted may be categorized as selfcertification with professional verification as needed. After 4 years of implementation, 52,326 individuals in the region had applied for ADA-eligibility. Table 6 shows the results of the determinations (3).

The percentage of denials is consistent with that found in our survey of those cities that adopted this certification model. Given that all the operators are using the same model and

TABLE 5
OUTCOMES OF DIFFERENT ELIGIBILITY CERTIFICATION MODELS

Eligibility Model	Percent Ineligible	Eligibility Categories			Turnaround Time (days)
		Percent Full Eligibility	Percent Temporary Eligibility	Percent Conditional Eligibility	
Professional Verification	7	88	1	11	9
Interview as Needed	13	75	4	21	14
Functional Assessment as Needed	23	57	6	37	15
Interview All	9	72	10	18	
Functional Assessment All	10	75	7	18	12

Detroit and Flint, Michigan, have been excluded from the calculations on this table due to the extremely small number of ADA certifications.

TABLE 6
SAN FRANCISCO BAY ELIGIBILITY OUTCOMES

Eligibility Outcome	Average Percentage	Range (%)
Category 1	64.0	3.2-100.0
Category 2	1.5	0.0-5.9
Category 3	28.0	0.4-60.0
Denials	5.5	0.0-24.0
Decision Pending	1.0	

have received similar training, it was hoped that there would be a certain level of consistency in the ability of an individual to receive ADA eligibility regardless of where they reside in the Bay Area. Yet there is a substantial range of outcomes for the different systems in the region, which may represent a microcosm of the variations that exist throughout the country.

The Bay Area experience suggests that even the application of a unified certification model does not result in consistency of eligibility determinations. While no model will achieve complete consistency in different systems-given the human elements involved in the determination-increased training of certifiers and periodic monitoring would likely result in increased levels of consistency. The implementation of face-to-face contact between at least a portion of the applicants and the certifiers may also result in increased accuracy, and greater consistency, in eligibility determinations.

The impact of implementing more accurate and stricter ADA eligibility certification procedures may be seen in the examples of two transit agencies, Pierce Transit in Tacoma, Washington and Citizens Area Transit (CAT) in Las Vegas, Nevada.

In 1995, when the ADA paratransit budget for Pierce Transit approached 25 percent of the total budget of the agency, management decided on a multipronged approach to ensuring that the paratransit service would meet the minimum ADA requirements while encouraging those who were able to use the accessible fixed-route service. One of the measures used by the agency was a more thorough screening process and the creation of a sub-category of eligible riders whose eligibility would be limited to feeder service for specific trips. As a result of this new approach to certification, 10 percent of the applicants were denied eligibility, and more than 9 percent were found eligible for feeder service. Most of these applicants would have been determined ADA-eligible under the previously lenient procedures. The cost savings from the reduced trip rate has been estimated in a previous study by this author at \$826,000 or 7.3 percent of the total ADA paratransit budget.

In Las Vegas, CAT ridership was 355,000 in 1995 and 556,000 in 1996. These numbers included some individuals who were receiving ADA service even though their ADA eligibility resulted from the very lenient screening procedures. As a result of the recertification of the paratransit ridership using significantly stricter procedures, the ADA paratransit ridership for 1997 is projected to be approximately 580,000 instead of the 633,000 projected before implementation of the new procedures. This lower rate of ridership increases represents a potential cost savings of \$1.1 million.

There is no proof that transit agencies have, in fact, used these freed-up funds for improvements in accessibility on the fixed-route service. The savings may simply be included in the agencies' overall attempts to reduce costs in the currently constrained fiscal environment.

CONDITIONAL OR TRIP-BY-TRIP ELIGIBILITY

As has been stated previously, a significant aspect of the philosophy behind the ADA paratransit regulations is that, where possible, ADA paratransit riders should be encouraged to ride fixed-route service for at least some of their trips. This has been characterized by some in the disability community as one of the most potent tools in the regulations that assists transit agencies to limit the cost of ADA compliance. However, transit agencies view the task of identifying individuals as conditionally eligible and implementing trip-by-trip eligibility as the most difficult elements to implement in the ADA regulations.

Survey results indicate that less than one-third (8/30) of the respondents have identified 30 percent or more of their registrants as conditionally eligible. As transit systems gradually shift toward more stringent eligibility determinations, this proportion may be expected to grow (see Table 5 for the eligibility outcomes of the survey respondents). The few transit agencies that are employing face-to-face determinations, whether through interviews or functional assessments, have substantially higher proportions of conditional eligibility determinations than those relying exclusively on paper documentation.

VISITORS/ELIGIBILITY CERTIFICATION RECIPROCITY

In the early stages of the implementation of the ADA paratransit requirements, some transit agencies, particularly those in heavily touristed areas, expressed concern about the ability of their ADA paratransit programs to absorb large numbers of ADA paratransit-eligible visitors. This study included a number of transit agencies that serve areas with large numbers of tourists, such as San Francisco, Chicago, Seattle, and Las Vegas. Survey respondents indicated without exception that the number of visitors from non-adjointing jurisdictions has not been a problem. These numbers appear to be very small, with no city reporting more than 150 annual visitors. Seattle Metro staff report that the eligibility determination procedures for visitors have only recently been introduced, and the number of visitors is expected to grow in the future.

SERVICE FOR RESIDENTS OF ADJOINING JURISDICTIONS

Sixty-one percent of the survey respondents indicated that they do provide service to residents of adjoining jurisdictions.

However, since very few agencies record the actual numbers of these riders, it is not possible to assess the challenge this poses to the system. Problems have been reported in certain communities with establishing locations for the transfer of riders between jurisdictions. Commonly used locations include shopping malls, intermodal transit centers, and park-and ride lots. Some of the criteria (based on both user and operator concerns) that are included in the establishment of these transfer locations include the following:

User Concerns

- Accessible restrooms
- Accessible telephone
- Personal safety and security
- Opening hours
- Accessibility of boarding at waiting locations
- Signage.

Operator Concerns

- Proximity to boundary line
- Site access (access/egress from main thoroughfare)
- Site operational capacity.

DISPUTE RESOLUTION

As required under the ADA regulations, all paratransit programs have established a framework for resolving eligibility disputes, usually known as appeals committees or appeals boards. These forums range from very informal structures, such as an individual meeting with a staff person not involved in the original determination, to very formal structures, including an appearance before an appeals panel, which is recorded, and in which the appellant is required to swear to the veracity of her or his statements.

Detailed descriptions of various appeals procedures are described in the case studies in chapter 3. However, the survey results provide an interesting overview of the composition of committees and the volume of appeals in the different systems. The majority of appeals committees consist of three members. However, nearly half the respondents indicate that they have a larger number of persons who can be called in to fill this function, rather than being limited by the scheduling availability of three individuals.

Appeals committee members have extremely varied backgrounds. Following is a cross-section of the individuals who have been selected to serve on the appeals committees in the study's transit agencies:

- Transit agency staff person not involved in original decision
- Consumers
- Advocates (e.g., Independent Living Center)
- Politicians (e.g., mayor, elected officials)
- Service provider
- Physician

TABLE 7
OUTCOMES OF ELIGIBILITY APPEALS

City/Service Area	No. of Appeals	% Appeals Upheld
Albany, New York	2	50
Ann Arbor, Michigan	0	NR
Atlanta, Georgia	0	0
Austin, Texas	10	7
Bridgeport, Connecticut	0	NR
Burlington, Vermont	0	NR
Chicago, Illinois	3	50
Cleveland, Ohio	232	38
Clinton, Iowa	1	NR
Coupeville, Washington	0	NR
Denver, Colorado	24	67
Detroit, Michigan	0	NR
Flint, Michigan	0	NR
Houston, Texas	8	100
Jackson, Mississippi	0	NR
La Crosse, Wisconsin	0	NR
Las Vegas, Nevada	51	85
Long Beach, California	25	8
Los Angeles Co., California	180*	40
Nashville, Tennessee	4	100
New Jersey	60	33
Orange County, California	10	90
Pittsburgh, Pennsylvania	32	59
Portland, Oregon	53	0
St. Paul, Minnesota	1	0
San Mateo Co., California	7	29
San Francisco, California	120	76
Seattle, Washington	1	0
Tucson, Arizona	3	62
Washington, D.C.	38	53
Wenatchee, Washington	0	NR
Worcester, Maine	44	5

*In a four-month period

- Physical therapist
- Transit general manager
- City department heads
- Developmental disability clinician
- Social service agency representative
- Resident of appellant's jurisdiction
- Business leader
- Clergy
- Attorney
- Psychologist
- Orientation and mobility specialist.

In general, transit agencies have not been overwhelmed with the number of appeals submitted by applicants who have been dissatisfied with their eligibility determination. A number of agencies reported that, as they enter the recertification process with more restrictive eligibility procedures, the number of appeals has increased.

The number of appeals and the percentage upheld by a committee could be a measure of the level of effectiveness of various approaches to eligibility determination procedures. However, there are too many other factors that may influence these percentages for clear conclusions to be drawn. These

include the perceived level of comfort and safety of the appeals process, the relationship of the appeals committee members to transit staff, the degree to which committee members understand the mobility intent of the ADA, the history of ADA paratransit certifications in a specific location, and the availability

of accessible transit options in a particular community. Despite these qualifiers, the number of appeals and proportion upheld form two of a range of measures that collectively may be used as a gauge of eligibility determination effectiveness. (See Table 7 for outcome of eligibility appeals.)

CHAPTER SIX

ELIGIBILITY PRACTICE PART II: TRIP ELIGIBILITY

This chapter describes the next level of eligibility certification beyond the registration process---trip-by-trip eligibility. As discussed previously, trip-by-trip scheduling was intended to assist transit agencies in ensuring that ADA paratransit would only be provided as a "safety net" for those who couldn't use fixed-route service. However, 5 years after the implementation of ADA paratransit service, very few transit agencies have been able or willing to enforce trip-by-trip eligibility.

DECISION-MAKING RESPONSIBILITY AND PROCESS IN TRIP SCHEDULING

The ability to limit ADA paratransit trips to only those registrants who are eligible for the specific trip being requested is a three-tiered process. Full usage of this element of the ADA regulations is dependent on effective screening at the eligibility application stage, entering the appropriate (and clearly defined) trip-specific conditions in the data base, and effectively screening trip requests based on the individual's eligibility determination. Accomplishing these objectives poses a significant challenge for most ADA paratransit systems in the country.

The decision of whether to provide a specific trip is usually made by the reservationist when an individual calls to request a trip. Staff persons in these roles in the ADA paratransit program therefore ultimately determine the ability of the program to effectively target trips to eligible riders.

Almost all the survey respondents use computer scheduling in their systems. Over 60 percent use a specific scheduling software program. This software has the capacity to provide trip-by-trip screening. However, this function appears to be fully utilized in only a limited number of systems.

Although some transit agencies report that they have implemented trip-by-trip screening, it is estimated that fewer than 10 percent are enforcing this function in a systematic manner, and then primarily based on seasonal variations. Based on experience with hundreds of transit agencies in the National Transportation Institute Eligibility Certification courses, it is roughly estimated that 10 to 25 percent of the agencies identify registrants as conditionally eligible, and fewer than half of those are using trip-by-trip screening. (*Personal communication, Russell Thatcher, June 13, 1997.*) In the San Francisco Bay Area, for example, none of the 21 operators has implemented systematic trip-by-trip eligibility screening, "for reasons which seem to be based both on lack of understanding of the policies or procedures for implementing such a process, and a lack of technology (i.e., computer scheduling software) that could assist" (3).

In the present study, fewer than half the agencies indicated that they screen all trips of conditionally eligible riders

to determine whether the trip request is ADA-eligible (follow-up telephone conversations with some agency representatives suggest that even this figure may be inflated.) Most of those that do employ the trip-by-trip function do so only for designated categories of trips. Given the time pressures under which trip-by-trip decisions are made, some agencies have adopted specific screening guidelines to assist the schedulers. These include providing only those trips that are requested:

- During a specific season e.g., the caller is only eligible for trips in designated winter months;
- When the temperature exceeds specific maximum and/or minimum thresholds;
- When the caller is undergoing dialysis;
- For subscription service; or
- For a trip to the bus stop.

Some transit agencies indicated that identifying a portion of applicants as conditionally eligible has resulted in some level of self-monitoring by those individuals. If this is the case, it may be expected that, although trip-by-trip eligibility might be the most intractable problem facing transit operators in the implementation of the ADA, conditional eligibility will continue to be viewed as a useful tool for targeting ADA paratransit trips.

In addition to implementing trip-by-trip eligibility, transit agencies also use information gathered in the eligibility certification process as a means of identifying applicants who could use fixed-route service.

MEASURES TO ENCOURAGE USE OF FIXED-ROUTE SERVICE

Table 8 illustrates the variety of measures that have been adopted by survey respondents to encourage the use of fixedroute or other paratransit alternatives.

Many transit agencies have designed their eligibility determination process to capture information that enables them to encourage the use of fixed-route service. This is particularly true of those systems that have well-established service alternatives. One example of a coherent policy to use the eligibility determination process for this purpose is Pierce Transit in Tacoma, Washington, which has created a conditional eligibility subcategory limiting registrants' eligibility to feeder service. Pierce Transit has determined that approximately 10 percent of the ADA paratransit registrants are so-called 3B eligible, and they are automatically granted only a feeder trip to a fixedroute stop if their destination is beyond the closest transfer center (6). The agency has determined that it is not cost-effective or convenient to the customer to provide a feeder trip

TABLE 8
FIXED-ROUTE INCENTIVES

City/Service Area	Feeder Service	Service Routes	Route Deviation	Fare Incentives
Albany, New York			X	
Ann Arbor, Michigan				X
Atlanta, Georgia	X*	X		
Austin, Texas		X		X
Bridgeport, Connecticut				X
Burlington, Vermont		X		X
Chicago, Illinois				X
Cleveland, Ohio				X
Clinton, Iowa				X
Coupeville, Washington	X			
Denver, Colorado	X*	X		X
Detroit, Michigan			X	X
Flint, Michigan	X			
Houston, Texas				X
Jackson, Mississippi				X
La Crosse, Wisconsin				
Las Vegas, Nevada		X	X	X
Long Beach, California				
Los Angeles Co., California		X		
Nashville, Tennessee				X
New Jersey				
Orange County, California		X		X
Pittsburgh, Pennsylvania	X			X
Portland, Oregon				X
St. Paul, Minnesota				X
San Francisco, California				X
San Mateo Co., California	X*			
Seattle, Washington				
Tucson, Arizona				
Washington, D.C.		X		X
Wenatchee, Washington	X		X	
Worcester, Maine				X

* Not mandatory

to a transfer center if it is located beyond the rider's destination. In Cleveland, only trips longer than 5 miles are considered candidates for feeder service.

Other agencies are seeking ways of determining whether specific trips requested by those who are conditionally eligible could be more efficiently provided on a service route or route deviation service. The information for designing these alternative models is based on questions in the application form regarding the ability of applicants to ambulate specific distances, and the concentration of eligible riders in specific neighborhoods.

Many systems automatically send information on the fixed-route service and travel training programs to all individuals found conditionally eligible or denied eligibility. More than half the survey respondents asked applicants whether they would be interested in participating in a travel training program. Some of the questionnaires solicit this information in a less direct manner. In La Crosse, Wisconsin, applicants are asked whether they have ever used fixed-route service. The Chicago system grants temporary eligibility while the applicant is undergoing travel training. The trainers at the National Transit Institute eligibility course report that there are a number of systems that either require or strongly encourage their conditionally eligible riders to participate in a travel training program.

SOCIAL SERVICE AGENCY TRIPS

The ADA allows transit agencies to charge more than twice the fixed-route fare for ADA paratransit service to social service agencies. These are commonly known as "agency trips." Agency trips are distinguished from those provided to unaffiliated individuals in a number of ways, including the existence of guaranteed slots, the handling of payments by the agency, and a cost-sharing arrangement with the agency.

The advantages of these arrangements from the transit agency's perspective are that the transit agency is able to recover a higher portion of the trip costs than is the case with other paratransit trips, trips can usually be provided more productively, and there is some control over client shifting from the social service agencies.

From the social service agencies' perspective, there are also numerous benefits. The agencies usually have slots that can be filled if an individual leaves the program or is deceased, without the new client being subject to a subscription waiting list, and the agency can negotiate with the operator directly to improve system convenience for all its clients. Eight survey respondents reported that a third or more of their riders are social service agency clients. In those systems where there are no significant capacity constraints, this does not present a

problem in terms of ADA compliance. However, there is an increasing number of capacity constrained systems that are beginning to confront the issue of social service client shifting (7).

Almost one-third of the survey respondents indicate that some form of social service agency trip is provided by their paratransit program, although most do not have formally defined agency trips. This could be the result of historic arrangements that preceded the ADA in which paratransit service was often more social service agency oriented. Survey respondents cited such funding sources as the Area Agency on Aging, Medicaid, county human services agencies, hospitals, and city general funds as the primary partners in cost-sharing arrangements. In some instances the contributions were very substantial, such as the Commission on Aging in San Francisco (\$591,000), mental health agencies in Portland, Oregon, (\$1,307,000), Medicaid and the Department of Aging in Pittsburgh (\$1,500,000 and \$700,000 respectively), and habilitation centers in Minneapolis/St. Paul (\$441,000).

Although the existence of these examples suggests that there is potential for significant cost-sharing arrangements that would be mutually beneficial for both parties, in reality most transit agencies have had difficulty accomplishing coordination and cost-sharing with social service agencies. Some of the obstacles to coordination have been documented in a recent study by Dr. Rosalyn Simon (7). However, in the same manner as there has been slow but steady progress in the development of accurate eligibility certification procedures, there appears to also be some movement in addressing the issue of social service coordination as a necessary means of coping with increased ADA paratransit demand.

PERSONAL CARE ATTENDANTS, COMPANIONS, AND ASSISTANCE ANIMALS

Most transit agencies ask their applicants whether they need a personal care attendant (PCA) as part of the certification process. Some agencies report that a substantial number of individuals request PCAs and then travel unaccompanied. This could be due to the ADA-eligible rider not needing a PCA for all trips. Some believe that it reflects abuse of the system, as individuals who do not really need a PCA indicate that they do so to enable spouses to travel for free. The transit agency in Bridgeport, Connecticut, reports that, in order to avoid this form of abuse, riders who indicate that they need a PCA are required to travel with one at all times.

A different problem regarding PCAs was identified by New Jersey Transit (NJT). The NJT respondent indicated that on their system some passengers who should be accompanied by a PCA were not. Transit agencies have raised the issue of requiring passengers to be accompanied by a PCA under certain circumstances. However, this practice is not allowed under the ADA regulations. In Coupeville, Washington, the agency does not require PCAs for certain customers, but strongly encourages them to bring one. Another agency, SamTrans, indicated that a problem they have identified is that riders don't understand how to distinguish between a PCA and a companion.

Transit agencies are fairly consistent in their policy toward companions. Most guarantee service for one companion, with additional companions allowed on a space available basis. The problem arises when riders indicate that a PCA is needed rather than a companion, since, in contrast to PCAs, companions usually have to pay a fare.

As required by the ADA, all transit agencies allow service animals to ride on the vehicles. However, there are variations in the way this requirement is implemented. In Denver, the animals are required to stay on the floor. In Atlanta, animals such as monkeys must be caged. In La Crosse, Wisconsin, the state requires that all animals must be certified as trained service animals. While this practice may be allowed on a state level, the ADA does not allow transit agencies to use animal certification as a requirement for ADA paratransit service. (*Personal communication, Sandra Johnson, FTA Office of Civil Rights, September 24, 1997.*) In Houston, the ADA paratransit program enters the service animal information in the data base to ensure that extra space is allowed to accommodate the animal. Orange County reports that they have experienced problems with animals behaving violently. The Detroit program indicates that they do not have a formal policy regarding service animals, but have never had a problem with this issue.

In general, almost all of the respondents in the survey indicate that they have not experienced significant problems with PCAs, companions, or service animals.

ELIGIBILITY INTERRUPTIONS/SUSPENSIONS

Transit agencies have another ADA-protected measure that can be implemented as a means of improving system efficiencies and containing costs, i.e., implementing a strict no-show suspension policy. These policies are intended to encourage responsible use of the ADA paratransit service by consumers. Suspension policies can reduce scheduling delays caused by passengers who cancel so late that the vehicles cannot be reassigned to another trip, or by passengers who repeatedly fail to show up.

The difficulty involved in enforcing no-show policies is that there are sometimes legitimate reasons why individuals are not able to take a reserved ride. This problem is inherent in the unspontaneous and relatively inflexible nature of a service that generally does not operate on real-time scheduling (similar to a cab service.) For this reason, no-shows are significantly fewer in an agency that does operate on real-time scheduling, such as Los Angeles, than most agencies in the country. Noshow suspension enforcement sometimes also places the transit agency in the role of having to judge the veracity of the operator's perspective versus the rider who insists that the vehicle was not there at the scheduled time. The use of mobile data terminals (MDTs) with automatic vehicle locators is beginning to address this problem.

Four main variables describe the different no-show policies in this study, including:

- At which point in relation to the scheduled pick-up time the individual is considered a no-show,

- The number of no-shows allowed before suspension is implemented,
- The period over which the specified number of no-shows is allowed, and
- The duration of the suspension period.

The definition of no-shows varies considerably, from those agencies where any cancellation less than 6 hours before a trip is considered a no-show, to the more common one hour prior to scheduled pick-up, to those where the policy is based on failure to appear at the time of the trip. The one-hour policy is the most commonly adopted as it recognizes the difficulty of reassigning a vehicle after it has already begun its journey to the pick-up point.

Following are some examples of the different no-show policies that have been adopted:

- Atlanta has a strict policy that provides for a 30-day suspension if an individual fails to show up three times in a 6-month period. The agency reports that within a few weeks of policy implementation, the no-show rate declined from 30 percent to 16 percent. An interesting aspect of the Atlanta policy is the distinction made between subscription riders who receive a one-week suspension, and advance reservation riders who receive the month-long suspension. This policy recognizes the greater impact that a one-month suspension would have on a subscription rider who uses the service frequently.
- In Ann Arbor the transit agency has adopted a lessdefined policy. While both no-shows and same day cancellations are considered "missed trips," the brochure states that persons will be notified if they have a high rate of missed trips, and that they may be charged for missed trips or suspended if the high rate continues.
- Austin charges the rider the lost fare (\$1.20) if they cancel one hour before or fail to show up.
- In Detroit, failure to cancel five times in 6 months can lead to probation or loss of service.
- Tucson has determined that the regulation regarding noshows is too vague to enforce, particularly the phrase "beyond the passenger's control." The survey respondent indicated that it would be too costly to prove that the individual was in fact a no-show.

The majority of systems that have no-show policies indicated that the number of no-shows had declined considerably after policy implementation. Some reported dramatic declines, others reported declines after the policy was announced without any suspensions occurring. The Minneapolis-St. Paul program reported the highest number of suspensions-15 to 20 per month. However, this is also one of the largest systems in the country. Most agencies reported less than five monthly suspensions, including those that indicated that the policy had effectively reduced no-shows. This supports the opinion

expressed by some in the paratransit industry that by suspending the service of a handful of the most frequent no-show passengers, the problem of no-shows can be relatively easily addressed.

ELIGIBILITY CERTIFICATIONS IN RURAL AND SMALL URBAN AREAS

This study did not specifically focus on the eligibility certification programs used in rural areas, and no site visits were conducted outside of large urban or suburban areas. However, the mailback survey and interviews with transit managers do identify certain issues that are particularly characteristic of eligibility programs in rural areas. This anecdotal information suggests that rural paratransit systems are more likely to adopt eligibility certification models that are lenient and more inclusive than those in urban areas. After the passage of the ADA, many of these systems "inherited" paratransit programs that had been operated by social service agencies and included seniors who may not meet the ADA eligibility criteria. Since agency services may have been the only transportation options open to these individuals, the transit agencies were particularly reluctant to remove them from the registration base. In addition, there may be practical reasons for not adopting the more complex models that require specialized medical expertise. This expertise may not be sufficiently available in rural areas and may to be too expensive for small systems to justify use of the functional assessment models.

A review of performance data from two small urban transit agencies in New York State (Utica and Tompkins County) suggests that, while the overall percentage of the general population registered with the paratransit program is fairly consistent (within a range of 1 to 2 percent), the proportion of registrants who are ADA-eligible varies considerably. In Utica, all the paratransit registrants are ADA-eligible, whereas in Tompkins County only 6.4 percent of the registrants have been ADA-certified. It appears there is less incentive to register as ADA-eligible in small urban and rural areas than in urban areas because, in the former, distinctions are negligible in service available to ADA and non-ADA registrants.

In Nashua, New Hampshire, the paratransit program until recently followed the pattern described for lenient screenings in small urban areas, with zero trip denials. However, in the past 2 years, while the system has retained the lenient model of "self-certification plus," transit staff have implemented the model more thoroughly. In 1996, 20 percent of the applicants were denied ADA-eligibility. The annual cost of this certification process to the transit agency is \$5,548, or approximately \$38.80 per processed application. Further research will indicate if rural and small urban transit agencies are likely to follow the national trend of applying increasing stringency to their eligibility certification models.

CHAPTER SEVEN

CONCLUSIONS

This synthesis study describes the complexities involved in creating an accurate eligibility determination process that complies with ADA requirements and is politically and operationally feasible to implement. The study documents the range of outcomes produced by the different eligibility certification models. Varying outcomes raise questions of consistency regarding the different opportunities available to persons with similar disabilities in different locales who are applying for ADA eligibility.

The study's examination of the overall effectiveness of the various models suggests that increased face-to-face contact enhances the ability of transit agencies to accurately identify individuals as ADA-eligible. While in-person assessments and interviews do provide valuable information for making eligibility determinations, there are some individuals who could be readily identified as ADA-eligible based on a well-designed application form. For these individuals, the requirement that they appear for an in-person assessment is costly, inconvenient, and unnecessary. These costs and the inconvenience of in-person assessments for all applicants need to be weighed against the level of fraudulent applications and applications by individuals who may not know that they are able to use fixed-route service, which has not been addressed in this study.

For the balance of individuals, there is also a proportion who could be accurately certified in the course of an interview, rather than a full functional assessment. However, the location of both the interviews and the functional assessments in one facility, as was described in the Las Vegas case study, may be an important factor in increasing the efficiency of the eligibility procedure.

Survey results indicate that despite the fact that in-person assessments and interviews tend to be more costly than relying on paper documentation, these more refined certification procedures may result in substantial limits on ADA cost growth, as is evident in the Las Vegas case study. In the final analysis, the combination of various elements of each of the procedures may be the most effective approach to developing systemspecific eligibility procedures.

Although the goal of an effective eligibility certification procedure is clear--namely, to provide accurate certifications--we are hampered in our ability to measure the effectiveness of any generally accepted standards. However, a number of different measures that cumulatively provide some ability to evaluate various models are suggested in this study. They include dispersion of eligibility determinations throughout the three categories, measurable levels of denials, the number of appeals, and the proportion of appeals that are upheld.

Despite the shortcomings of existing models, there has been a steady evolution of the knowledge base and experience of

transit agencies that have designed these models since they were first required under the ADA in 1991. Based on a review of existing models, it appears that the original decision of the DOT not to prescribe a standard eligibility test for application throughout the country was a wise one. At the time of the ADA's passage, there simply was insufficient knowledge and experience regarding the design of the most efficient and accurate eligibility certification method.

Transit agencies have now passed the 5-year ADA implementation phase. The question of whether to design (or require) a universal certification procedure, or at least develop a number of procedures that could be established for different sized systems, is worthy of reexamination. There remain a number of problems with the concept of universal procedures, particularly pertaining to the funds available in different locations for implementation of such a test. In addition, there are issues of terrain, weather, and jurisdictional authority (over correcting environmental barriers) that would affect the design of a universal eligibility procedure. These concerns would need to be weighed against the apparent inequities of existing procedures that produce a wide range of eligibility outcomes. As has been previously stated, developing accurate eligibility certification procedures has profound fiscal and social implications that must be considered in determining the most effective eligibility models.

Various eligibility models have been presented in this study in order to generate new approaches for transit agencies attempting to enhance existing procedures. The task of more effectively targeting paratransit services to those who were the intended riders under the ADA is a challenging one. The ADA legislation for providing paratransit service as a safety net for a small proportion of individuals with disabilities, while ensuring that fixed-route service is accessible to the broadest possible spectrum of the disabled population, should serve as a useful guide to transit agencies attempting to meet this challenge.

This study has focused on the range of eligibility certification models that have been adopted nationwide. A number of related topics that require further study were identified. These include:

- A detailed cost analysis of eligibility certification models that span the range of in-person assessments.
- A comprehensive, statistically valid evaluation of the eligibility outcomes of various certification models.
- A study of the relationship between eligibility outcomes and in-house versus contracting arrangements.
- A study of the effectiveness of various measures that have been adopted to address the mobility needs of former paratransit riders who have been found ineligible for ADA paratransit.

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APPENDIX A

ADA Regulations

45634 Federal Register / Vol. 56, No. 173 / Friday, September 6, 1991 / Rules and Regulations

and usable by individuals with disabilities, including individuals who use wheelchairs. For purposes of this paragraph, it shall be considered feasible to remanufacture a rail passenger car to be readily accessible to and usable by Individuals with disabilities, including individuals who use wheelchairs, unless an engineering analysis demonstrates that doing so would have a significant adverse effect on the structural integrity of the car.

(c) Compliance with paragraph (b) of this section is not required to the extent that it would significantly alter the historic or antiquated character of a historic or antiquated rail passenger car, or a rail station served exclusively by such cars, or would result in the violation of any rule, regulation, standard or order issued by the Secretary under the Federal Railroad Safety Act of 1970. For purposes of this section, a historic or antiquated rail passenger car means a rail passenger car:--

- (1) Which is not less than 30 years old at the time of its use for transporting individuals;
- (2) The manufacturer of which is no longer in the business of manufacturing rail passenger cars; and
- (3) Which--
 - (i) Has a consequential association with events or persons significant to the past; or
 - (ii) Embodies, or is being restored to embody, the distinctive characteristics of a type of rail passenger car used in the past, or to represent a time period which has passed.

§ 37.109 Ferries and other passenger vessels operated by private entities. [Reserved]

§ 37.111-37.110 [Reserved]

Subpart F-Paratransit as a Complement to Fixed Route Service

§ 37.121 Requirement for comparable complementary paratransit at service.

(a) Except as provided in paragraph (c) of this section, each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system.

(b) To be deemed comparable to fixed route service, a complementary paratransit system shall meet the requirements of §§ 37.128-37.133 of this subpart. The requirement to comply with ?? 37.131 may be modified in accordance with the provisions of this subpart relating to undue financial burden.

(c) Requirements for complementary paratransit do not apply to commuter bus, commuter rail, or intercity rail systems

§ 37.123 ADA paratransit eligibility: Standards.

(a) Public entities required by § 37.121 of this subpart to provide complementary paratransit service shall provide the service to the ADA paratransit eligible individuals described in paragraph (e) of this section.

(b) If an individual meets the eligibility criteria of this section with respect to some trips but not others, the individual shall be ADA paratransit eligible only for those trips for which he or she meets the criteria.

(c) Individuals may be ADA paratransit eligible on the basis of a permanent or temporary disability.

(d) Public entities may provide complementary paratransit service to persons other than ADA paratransit eligible individuals. However, only the cost of service to ADA paratransit eligible individuals may be considered in a public entity's request for an undue financial burden waiver under § 37.151-37.155 of this part.

(e) The following individuals are ADA paratransit eligible:

(1) Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

(2) Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

(i) An individual is eligible under this paragraph with respect to travel on an otherwise accessible route on which the boarding or disembarking location which the individual would use is one at which boarding or disembarking from the vehicle is precluded as provided in § 37.187(8) of this part.

(ii) An individual using a common wheelchair is eligible under this

paragraph if the individual's wheelchair cannot be accommodated on an existing vehicle (e.g., because the vehicle's lift does not meet the standards of part 38 of this title), even if that vehicle is accessible to other individuals with disabilities and their mobility wheelchairs.

(iii) With respect to rail systems, an individual is eligible under this paragraph if the individual could use an accessible rail system, but

(A) there is not yet one accessible car per train on the system; or

(B) key stations have not yet been made accessible.

(3) Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

(i) Only a specific impairment-related condition which prevents the individual from traveling to a boarding location or from a disembarking location is a basis for eligibility under this paragraph. A condition which makes traveling to boarding location or from a disembarking location more difficult for a person with a specific impairment-related condition than for an individual who does not have the condition, but does not prevent the travel, is not a basis for eligibility under this paragraph.

(ii) Architectural barriers not under the control of the public entity providing fixed route service and environmental barriers (e.g., distance, terrain, weather) do not, standing alone, form a basis for eligibility under this paragraph. The interaction of such barriers with an individual's specific impairment-related condition may form a basis for eligibility under this paragraph, if the effect is to prevent the individual from traveling to a boarding location or from a disembarking location.

(f) Individuals accompanying an ADA paratransit eligible individual shall be provided service as follows:

(1) One other individual accompanying the ADA paratransit eligible individual shall be provided service

(i) If the ADA paratransit eligible individual is traveling with a personal care attendant, the entity shall provide service to one other individual in addition to the attendant who is accompanying the eligible individual;

(ii) A family member or friend is regarded as a person accompanying the eligible individual, and not as a personal care attendant, unless the family member or friend registered is acting in the capacity of a personal care attendant;

(2) Additional individuals accompanying the ADA paratransit eligible individual shall be provided service, provided that space is available for them on the paratransit vehicle carrying the ADA paratransit eligible individual and that transportation of the additional individuals will not result in a denial of service to ADA paratransit eligible individuals:

(3) In order to be considered as "accompanying" the eligible individual for purposes of this paragraph (f), the other individual(s) shall have the same origin and destination as the eligible individual.

§ 37.126 ADA paratransit eligibility: Process.

Each public entity required to provide complementary paratransit service by ?? 37.121 of this part shall establish a process for determining ADA paratransit eligibility.

(a) The process shall strictly limit ADA paratransit eligibility to individuals specified in § 37.123 of this part.

(b) All information about the process, materials necessary to apply for eligibility, and notices and determinations concerning eligibility shall be made available in accessible formats, upon request.

(c) If, by a date 21 days following the submission of a complete application, the entity has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless the entity denies the application.

(d) The entity's determination concerning eligibility shall be in writing. If the determination is that the individual is ineligible, the determination shall state the reasons for the finding.

(e) The public entity shall provide documentation to each eligible individual stating that he or she is "ADA Paratransit Eligible." The documentation shall include the name of the eligible individual, the name of the transit provider, the telephone number of the entity's paratransit coordinator, an expiration date for eligibility, and any conditions or limitations on the individual's eligibility including the use of a personal care attendant.

(f) The entity may require recertification of the eligibility of ADA paratransit eligible individuals at reasonable intervals.

(g) The entity shall establish an administrative appeal process through which individuals who are denied eligibility can obtain review of the denial.

(1) The entity may require that an appeal be filed within 90 days of the denial of an individual's application.

(2) The process shall include an opportunity to be heard and to present information and arguments, separation of functions (i.e., a decision by a person not involved with the initial decision to deny eligibility), and written notification of the decision, and the reasons for it.

(3) The entity is not required to provide paratransit service to the individual pending the determination on appeal. However, if the entity has not made a decision within 30 days of the completion of the appeal process, the entity shall provide paratransit service from that time until and unless a decision to deny the appeal is issued.

(h) The entity may establish an administrative process to suspend, for a reasonable period of time, the provision of complementary paratransit service to ADA eligible individuals who establish a pattern or practice of missing scheduled trips.

(1) Trips missed by the individual for reasons beyond his or her control (including, but not limited to, trips which are missed due to operator error) shall not be a basis for determining that such a pattern or practice exists.

(2) Before suspending service, the entity shall take the following steps:

(i) Notify the individual in writing that the entity proposes to suspend service, citing with specificity the basis of the proposed suspension and setting forth the proposed sanction.

(ii) Provide the individual an opportunity to be heard and to present information and arguments:

(iii) Provide the individual with written notification of the decision and the reasons for it.

(3) The appeals process of paragraph (8) of this section is available to an individual on whom sanctions have been imposed under this paragraph. The sanction is stayed pending the outcome of the appeal.

(i) In applications for ADA paratransit eligibility, the entity may require the applicant to indicate whether or not he or she travels with a personal care attendant.

§ 37.127 Complementary paratransit service for visitors.

(a) Each public entity required to provide complementary paratransit service under ?? 37.121 of this part shall make the service available to visitors as provided in this section.

(b) For purposes of this section, a visitor is an individual with disabilities who does not reside in the jurisdiction(s) served by the public entity or other entities with which the

public entity provides coordinated complementary paratransit service within a region.

(c) Each public entity shall treat as eligible for its complementary paratransit service all visitors who present documentation that they are ADA paratransit eligible, under the criteria of ?? 37.126 of this part, in the jurisdiction in which they reside.

(d) With respect to visitors with disabilities who do not present such documentation, the public entity may require the documentation of the individual's place of residence and, if the individual's disability is not apparent, of his or her disability. The entity shall provide paratransit service to individuals with disabilities who qualify as visitors under paragraph (b) of this section. The entity shall accept a certification by such individuals that they are unable to use fixed route transit.

(e) A public entity is not required to provide service to a visitor for more than 21 days from the date of the first paratransit trip used by the visitor. The entity may require that such an individual, in order to receive service beyond this period, apply for eligibility under the process provided for in ?? 37.125 of this part.

§ 37.129 Type of service.

(a) Except as provided in this section, complementary paratransit service for ADA paratransit eligible persons shall be origin-to-destination service.

(b) Complementary paratransit service for ADA paratransit eligible persons described in § 37.123(e)(2) of this part may also be provided by oncall bus service or paratransit feeder service to an accessible fixed route, where such service enables the individual to use the fixed route bus system for his or her trip.

(c) Complementary paratransit service for ADA eligible persons described in § 37.123(e)(3) of this part also may be provided by paratransit feeder service to and/or from an accessible fixed route.

§ 37.131 Service criteria for complementary paratransit.

The following service criteria apply to complementary paratransit required by § 37.121 of this part.

(a) *Service Area (1) Bus.* (i) The entity shall provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route. The corridor shall include an area with a three-

fourths of a mile radius at the ends of each fixed route.

(ii) Within the core service area, the entity also shall provide service to small areas not inside any of the corridors but which are surrounded by corridors.

(iii) Outside the core service area, the entity may designate corridors with widths from three fourths of a mile up to one and one half miles on each side of a fixed route, based on local circumstances.

(iv) For purposes of this paragraph, the core service area is that area in which corridors with a width of threefourths of a mile on each side of each fixed route merge together such that, with few and small exceptions, all origins and destinations within the area would be served.

(2) *Roil.* (i) For rail systems, the service area shall consist of a circle with a radius of $\frac{1}{4}$ of a mile around each station.

(ii) At end stations and other stations in outlying areas, the entity may designate circles with radii of up to 1 1/2 miles as part of its service area, based on local circumstances.

(3) *Jurisdictional Boundaries.*

Notwithstanding any other provision of this paragraph, an entity is not required to provide paratransit service in an area outside the boundaries of the jurisdiction(s) in which it operates. If the entity does not have legal authority to operate in that area, the entity shall take all practicable steps to provide paratransit service to any part of its service area.

(b) *Response Time.* The entity shall schedule and provide paratransit service to any ADA paratransit eligible person at any requested time on a particular day in response to a request for service made the previous day. Reservations may be taken by reservation agents or by mechanical means.

(1) The entity shall make reservation service available during at least all normal business hours of the entity's administrative offices, as well as during times, comparable to normal business hours, on a day when the entity's offices are not open before a service day.

(2) The entity may negotiate pickup times with the individual, but the entity shall not require an ADA paratransit eligible individual to schedule a trip to begin more than one hour before or after the individual's desired departure time.

(3) The entity may use real-time scheduling in providing complementary paratransit service.

(4) The entity shall permit advance reservations to be made up to 14 days in advance of an ADA paratransit eligible individual's desired trip.

(c) *Fares.* The fare for a trip charged to an ADA paratransit eligible user of the complementary paratransit service shall not exceed twice the fare that would be charged to an individual paying full fare (i.e., without regard to discounts) for a trip of similar length, at a similar time of day, on the entity's fixed route system.

(1) In calculating the full fare that would be paid by an individual using the fixed route system, the entity may include transfer and premium charges applicable to a trip of similar length, at a similar time of day, on the fixed route system.

(2) The fares for individuals accompanying ADA paratransit eligible individuals, who are provided service under § 37.123 (f) of this part, shall be the same as for the ADA paratransit eligible individuals they are accompanying.

(3) A personal care attendant shall not be charged for complementary paratransit service.

(4) The entity may charge a fare higher than otherwise permitted by this paragraph to a social service agency or other organization for agency trips (i.e., trips guaranteed to the organization).

(d) *Trip Purpose Restrictions.* The entity shall not impose restrictions or priorities based on trip purpose.

(e) *Hours and Days of Service.* The complementary paratransit service shall be available throughout the same hours and days as the entity's fixed route service.

(f) *Capacity Constraints.* The entity shall not limit the availability of complementary paratransit service to ADA paratransit eligible individuals by any of the following:

(1) Restrictions on the number of trips an individual will be provided;

(2) Waiting lists for access to the service or

(3) Any operational pattern or practice that significantly limits the availability of service to ADA paratransit eligible persons.

(i) Such patterns or practices include, but are not limited to, the following:

(A) Substantial numbers of significantly untimely pickups for initial or return trips;

(B) Substantial numbers of trip denials or missed trips;

(C) Substantial numbers of trips with excessive trip lengths.

(ii) Operational problems attributable to causes beyond the control of the entity (including, but not limited to, weather or traffic conditions affecting all vehicular traffic that were not anticipated at the time a trip was scheduled) shall not be a basis for

determining that such a pattern or practice exists.

(g) *Additional Service.* Public entities may provide complementary paratransit service to ADA paratransit eligible individuals exceeding that provided for in this section. However, only the cost of service provided for in this section may be considered in a public entity's request for an undue financial burden waiver under 50 37.151-37.155 of this part.

§ 37.133 Subscription service.

(a) This part does not prohibit the use of subscription service by public entities as part of a complementary paratransit system, subject to the limitations in this section.

(b) Subscription service may not absorb more than fifty percent of the number of trips available at a given time of day, unless there is non-subscription capacity.

(c) Notwithstanding any other provision of this part, the entity may establish waiting lists or other capacity constraints and trip purpose restrictions or priorities for participation in the subscription service only.

§ 37.135 Submission of paratransit plan.

(a) *General.* Each public entity operating fixed route transportation service, which is required by § 37.121 to provide complementary paratransit service, shall develop a paratransit plan.

(b) *Initial Submission.* Except as provided in § 37.141 of this part, each entity shall submit its initial plan for compliance with the complementary paratransit service provision by January 26, 1992, to the appropriate location identified in paragraph (f) of this section.

(c) *Annual Updates.* Each entity shall submit an annual update to the plan on January 28 of each succeeding year.

(d) *Phase-in of Implementation.* Each plan shall provide full compliance by no later than January 26, 1997, unless the entity has received a waiver based on undue financial burden. If the date for full compliance specified in the plan is after January 28, 1993, the plan shall include milestones, providing for measured proportional progress toward full compliance.

(e) *Plan Implementation.* Each entity shall begin implementation of its plan on January 28, 1992.

(f) *Submission Locations.* An entity shall submit its plan to one of the following offices, as appropriate:

(1) The individual state administering agency, if it is--

(i) A section 18 recipient;

APPENDIX B

Survey Instrument

ADA ELIGIBILITY CERTIFICATION PRACTICES TCRP Project J-7 Synthesis Topic SB-3 QUESTIONNAIRE
--

Individual Filling out Questionnaire:

NAME:
 TITLE:
 TRANSIT AGENCY:
 ADDRESS:

 TELEPHONE:

TRANSIT AGENCY CHARACTERISTICS

1. What is the approximate population of your agency's service area?

2. What was your paratransit operating budget in CY 1996?
\$_____
3. What is the percentage of your total agency operating budget devoted to paratransit service?

Below 5%	---	21% - 30%	---
5% - 10%	---	31% - 50%	---
11% - 20%	---	Over 50%	---
4. What percentage of your fixed-route bus fleet is wheelchair accessible? _____% meets the ADA accessibility criteria _____%
5. How many paratransit trips did you provide in CY 1996 _____? How many were ADA-eligible trips?

6. Do any elements of the paratransit service provided to your ADA-eligible riders exceed the minimum requirements of the ADA?
 No _____
 Yes _____ (please describe below)

7. Do riders call a central telephone number to request trips or do they contact a provider directly?
 Centralized _____ Both _____
 Call provider directly _____

8. What percentage of your total number of ADA paratransit trips consists of subscription (standing order) service _____%

Do you have eligibility criteria specifically for subscription service?

Yes _____ (please clarify) _____
 No _____

ADA Eligibility Certification Program

9. In what year did you start certifying individuals as ADA eligible?

10. What was the approximate cost of the eligibility certification process in CY 1996 \$ _____ (staff time, computer, telephone, printing, and other direct costs)
10. What percentage of your CY 1996 paratransit operating budget was devoted to the eligibility certification process?
_____%
12. During the past year, what has been the average cost per application processed?
 \$ _____ (divide 1996 costs associated with eligibility certification, by number of applications processed)
13. Approximately how many persons were registered ADA-eligible in your program on January 1st, 1997 _____

Certification Procedures

14. We would like to identify the range of eligibility certification methods being used by various transit agencies. For each procedure listed, please check the appropriate column.

Eligibility determination is based on:

	All Applications	As Needed Basis	Not Required
Applicant Submits Form			
Professional Verification			
Interview by Transit Staff			
In-Person Functional Assessment			

Another Option (please describe): _____

15. If your agency uses in-person assessments, could you please provide a brief description of the process.

In-House/Contracting Out

16. Is your eligibility determination ?? conducted:
Entire in-house ____
Partially in-house, Partially contracted out ____
Entirely contracted out ____ (please skip to Question 19)

17. If your process is conducted entirely or partially in-house, what is the title of the such person responsible for reviewing eligibility applications?

18. Is this person responsible for the final determination on the application? (circle one only)
Yes ____ Who does the person report in the transit agency's organization structure? (Title) _____
No ____ Who makes the final decision? (Title) _____

19. If all or part of the certification process is contracted out, please indicate which function(s) is (are) contracted out.

20. Is the contractor: (check all that apply)
A hospital _____
An independent living center _____
A rehabilitation clinic _____
Another social service agency (please specify) _____
Other _____

21. During CY 1996, how many ADA eligibility applications were received? _____
22. How many applicants were found ADA-eligible? _____
23. How many were found ineligible? _____

24. Of those who were found to be eligible, how many were given:
a) full (i.e. unconditional) eligibility _____
b) conditional eligibility (based on specific circumstances) _____
c) temporary _____

25. What is the approximate turnaround time between receipt of an application and completion of the certification process? _____ days

26. Which of the following measures has been implemented by your agency to encourage use of fixed-route service by ADA-eligible paratransit riders (check all that apply):

_____ other measures

27. Has your eligibility determination process been designed to identify candidates for travel training? (check one)
Yes (please explain) _____
No _____

28. Does your agency provide service to residents of adjoining jurisdiction?
Yes _____
Approximately how many trips per year? _____
No _____

29. Approximately how many visitors from non-adjoining jurisdictions use your service per year? _____

30. Has the issue of visitors using your service been a problem for your system? If so, please explain.

Trip Eligibility

31. For those persons who are given conditional eligibility, do you determine the trip eligibility of: (check all that apply)

- All trip requests _____
- Subscription trip requests only _____
- Subscription and other frequently made trips _____
- Only specific types of trips (e.g. dialysis) _____ Please specify _____

32. If you use computer software to schedule trips, what software do you use?

_____ Don't use computer for scheduling _____

Eligibility Appeals

33. How many individuals are members of your agency's appeals committee? _____

34. What is the composition of your appeals committee? (e.g. consumer, agency representative, etc.)

35. How many eligibility appeals did you process in 1996? _____

36. Approximately how many of the original eligibility determinations were upheld on appeal?

Social Service Agency Trips

37. The ADA allows transit agencies to charge more than twice the fixed-route fare for service to social service agencies (known as "agency trips.") Does your agency have a definition of an agency trip (e.g. guaranteed slots, agency pays rather than client?)

- Yes _____
- No _____ (skip to Question ____)

If yes, please provide the definition used in your agency: _____

38. Please provide a list of the agencies with whom you have a cost-sharing arrangement for provision of paratransit service (e.g. Medicaid, Department of Mental Retardation):

<u>Agency</u>	<u>Annual Agency Contribution</u>	<u>Average Unit Rate Per Rider</u>	<u>Approximate % of ADA-Eligible Riders</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

39. What percentage of your total ADA paratransit ridership is devoted to social service agency trips?

_____%

40. Approximately what percentage of individual (non-agency affiliated) trip costs are covered by the fares (fare recovery ratio)?

_____%

Service Policies

41. What is your service policy regarding personal care attendants (PCA's)? (if written in brochure, please attach)

42. Do you have a limit on the number of companions/guests allowed per rider?

43. What is your policy regarding service animals (if written in brochure, please attach)?

44. Has your agency experienced any repeat problems with PCA's/ companions/service animals?

Yes ___ (Please elaborate) _____

No ___

45. How does your agency define passenger no-shows? (e.g. how many hours before scheduled pick-up, number of no-shows allowed during specific period before sanctions are applied.) If written in brochure, please attach.

46. How many passengers' service is suspended during a month due to no show or late cancellation penalties?

47. Did your system experience a decline in no-shows or late cancellations when sanctions were implemented?

Yes _____
No _____

48. How often do registrants appeal a denial of a trip

49. What is your agency's procedure when this occurs?

**PLEASE ATTACH A COPY OF YOUR APPLICATION
FORM AND ANY INFORMATIONAL MATERIALS PROVIDED TO
NEW REGISTRANTS DESCRIBING YOUR PARATRANSIT SERVICE.**

*Thank you for your help!
Please mail completed
questionnaire-by March 31, 1997*

*to:
Richard Weiner
Crain & Associates, Inc.
120 Santa Margarita
Menlo Park, CA 94025*

THE TRANSPORTATION RESEARCH BOARD is a unit of the National Research Council, which serves the National Academy of Sciences and the National Academy of Engineering. It evolved in 1974 from the Highway Research Board, which was established in 1920. The TRB incorporates all former HRB activities and also performs additional functions under a broader scope involving all modes of transportation and the interactions of transportation with society. The Board's purpose is to stimulate research concerning the nature and performance of transportation systems, to disseminate information that the research produces, and to encourage the application of appropriate research findings. The Board's program is carried out by more than 270 committees, task forces, and panels composed of more than 3,300 administrators, engineers, social scientists, attorneys, educators, and others concerned with transportation; they serve without compensation. The program is supported by state transportation and highway departments, the modal administrations of the U.S. Department of Transportation, the Association of American Railroads, the National Highway Traffic Safety Administration, and other organizations and individuals interested in the development of transportation.

The National Academy of Sciences is a private, nonprofit, self-perpetuating society of distinguished scholars engaged in scientific and engineering research, dedicated to the furtherance of science and technology and to their use for the general welfare. Upon the authority of the charter granted to it by the Congress in 1863, the Academy has a mandate that requires it to advise the federal government on scientific and technical matters. Dr. Bruce Alberts is president of the National Academy of Sciences.

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