

# Evolution of Functional Eligibility and Certification for Paratransit Service: The Chicago Experience

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The recently adopted Americans with Disabilities Act (ADA) identifies eligibility and certification as critical determinants in paratransit services. The ADA has also set guidelines for paratransit operators to develop functionally based certification methods predicated on the applicant's ability to use mainline services rather than on their medical condition. The Regional Transportation Authority paratransit services have gradually developed the components to enable functional certification of severely disabled riders. These components include the development of standardized paratransit eligibility in a region with multiple paratransit operations, a functional certification method for the blind, and conditional and functional certification methods for the developmentally disabled. It is expected that certification methods developed through coordination with regional transit operators and state agencies have well positioned paratransit operations in northeastern Illinois to serve riders as envisioned under the ADA.

As a way to serve different user groups, paratransit services have operated in the Chicago area since the 1970s. During the late 1970s suburban services began as community-based services primarily geared to elderly riders. Additional paratransit service in the suburbs for severely disabled riders was implemented in 1987. In late 1981, the Chicago Transit Authority (CTA) established city paratransit services for severely disabled riders to meet federal Section 504 requirements. CTA paratransit service was initially operated using accessible 20-passenger wheelchair-lift-equipped buses driven by CTA operators and has since shifted to a contract operation.

During the early 1980s the demand for paratransit service dramatically increased. As CTA's paratransit service became more established, the community brought pressure to expand eligibility, service levels, and hours. The CTA responded by expanding paratransit eligibility to ambulatory disabled riders who had difficulty using mainline bus service. Application language was developed to reflect a policy of functional certification, and an attempt was made to link paratransit eligibility with the functional ability of applicants to use mainline bus service. However, an early decision was made allowing medical doctors the ability to certify potential paratransit applicants. In practice, many doctors used what is referred to as "diagnosis-based eligibility," and applicants were certified for paratransit solely on the basis of having a specific illness instead of on their ability or inability to use mainline bus service.

Throughout the early 1980s, suburban paratransit service continued to be provided on a local community basis. Many riders were qualified for reduced fares due to age eligibility. Disabled persons were also eligible for reduced-fare benefits. The disabilities that granted reduced-fare benefits were also used as the basis for the community-based system eligibility, which was much broader than the CTA paratransit eligibility and therefore, provided benefits to individuals with hearing and visual impairments. These community-based systems are very localized in their coverage and do not necessarily connect with other systems to facilitate smoother travel. As a result, these systems are not considered further in terms of the network of services that serve the population eligible for ADA paratransit.

In 1987, Pace, the suburban bus division of the Regional Transportation Authority (RTA), began to provide paratransit service to nonambulatory disabled riders in wheelchairs. This service operated in suburban areas that covered several communities and required applicants to undergo a medical certification process similar to that used by the CTA. The new suburban paratransit service was developed to meet federal guidelines under Section 504 of the Rehabilitation Act of 1973. Pace's experience in the suburbs was similar to CTA's experience within their city service area. Suburban paratransit gained popularity, and demand for services increased.

Also in 1987, Metra, the RTA's commuter rail division, began to operate a paratransit service for nonambulatory individuals in wheelchairs who were unable to use commuter rail trains. Metra's paratransit service became known as Rail Corridor Accessibility Program (RCAP).

## DEVELOPMENT OF REGIONAL ELIGIBILITY CRITERIA

A number of different eligibility criteria were in place for different services by late 1988. Suburban paratransit and commuter rail paratransit services were limited to those who used wheelchairs. CTA paratransit service in the city was open to ambulatory and nonambulatory disabled riders, and was linked in part to the functional criteria. People with disabilities had to apply and be certified for each of the three services separately, which caused a great deal of frustration in the disabled community.

Paratransit services operated in an environment where both the demand for service and the unit cost were increasing dramatically. In addition, community members had taken legal

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action to bring about mainline accessibility on the CTA bus system. These circumstances led the RTA and the transit agencies to reevaluate the type of services provided and subsequently led to the development of a regional approach to serve riders with disabilities.

A regional plan development process was undertaken and three committees were set up: a policy committee made up of board representatives from each transit agency, a staff committee made up of staff representatives from the transit agencies, and a consumer advisory committee. The process evolved over a period of nearly a year and culminated in the adoption of regional policies by the RTA board known as the Regional Plan for Transportation of the Disabled (Regional Plan). This plan established the regional policy of providing service primarily through the accessible mainline with supplemental paratransit services. The policies called for the agencies to encourage the use of accessible mainline service by persons with disabilities. The Regional Plan also encouraged coordination of services between modes and transit providers, which was facilitated by the establishment of standardized eligibility for most paratransit operations.

Paratransit service was established to serve severely disabled individuals. For the first time, regional eligibility for all paratransit services allowed a single certification process throughout the six-county service area. The RTA policies adopted as part of the Regional Plan also called for the expansion of paratransit eligibility criteria to serve two additional groups not previously served: the blind, and persons with developmental disabilities or mental illness. The emphasis in the Regional Plan policies was on functional eligibility.

#### **ADOPTION OF THE AMERICANS WITH DISABILITIES ACT (ADA)**

A key element within Regional Plan policies was the change in the philosophy of service delivery. Prior to the Regional Plan, the RTA and transit agencies were committed to paratransit as the primary way to serve severely disabled riders. Through the Regional Plan, RTA adopted a policy of mainline accessibility and supplemental paratransit. This philosophy was in part a reaction to the direction in which federal policies were headed at the time. In 1989 it became apparent that federal policies were going to be enacted into what became the Americans with Disabilities Act of 1990 (ADA) (1). At the time it was unclear what federal eligibility standards would be enacted, although they were expected to be within the framework of supplemental paratransit service to a mainline-accessible system. RTA's Regional Plan eligibility and certification procedures were adopted with the understanding that they would be changed to comply with ADA requirements when the final regulations were developed.

#### **ELIGIBILITY EXPANSION FOR THE BLIND**

Under the guidelines of the Regional Plan, paratransit eligibility was to be expanded to individuals who were legally blind and unable to successfully complete a mobility training course. This eligibility was consistent with the policy of encouraging mainline usage. Initially, the task of converting

policy into operating procedure appeared to be a great challenge, because it was difficult to differentiate between blind individuals who were able to complete a mobility training course and those who were unable to do so. An initial review indicated that most blind individuals in the region had access to mobility training either through a school program or as adults through the Illinois Department of Rehabilitation Services (DORS), a state agency. Many of those who had already completed orientation and mobility training used mainline services on a daily basis for work and school trips.

Outside the RTA region, it was found that different approaches had been taken to serve the blind. A review of other major paratransit operations found that eligibility for most systems was not functionally based. Pittsburgh's Access, one of the nation's largest paratransit services for the disabled, certified legally blind applicants that had not been mobility trained for a period of up to 6 months, during which individuals would obtain orientation and mobility training. Metrolift in Houston and Metro Mobility in Minneapolis/St. Paul provided service to anyone diagnosed and medically certified as blind.

RTA began to work with orientation and mobility instructors to develop a certification process and to ensure that anyone seeking training would be able to receive it. Because the Regional Plan recognized eligibility on the basis of functional ability, a diagnosis-based approach, like that of Houston or Minneapolis/St. Paul, was found to be outside the intent of Regional Plan policies and subsequently outside the intent of the ADA regulations. The Illinois Department of Rehabilitation Services, (DORS), conducted functional mobility evaluations of their clients on a regular basis. These evaluations were conducted by orientation and mobility instructors and were available to all their clients. Because DORS is a state agency, all blind residents of the state of Illinois had access to their services.

The evaluation assessment used by DORS included 10 functional levels. These ranged from the lowest level, in which a person travels indoors with a sighted guide to the highest level, in which a person is able to travel independently in unfamiliar areas. Similar evaluation methods were also in place for those under age 18 through the school special education programs, and both programs were linked to training programs that allowed individuals to enhance their orientation and mobility skills.

Subsequent work with DORS led to the adoption of their evaluation scale. The RTA then contacted all special education programs within the region to familiarize them with the program and its intent. The certification process that was enacted required applicants to first be certified legally blind by a medical doctor. Adult applicants were to then contact DORS or other approved agencies and undergo a functional evaluation by an orientation and mobility instructor. Applicants under 18 were also required to be certified legally blind by a medical doctor. They were then required to contact their local special education program for an evaluation of their mobility skills.

RTA certification procedures essentially granted paratransit certification to anyone who was legally blind and lacked mobility skills to travel independently. Certification was granted for a period ranging from 6 months to 4 years. After 4 years, applicants were required to be reassessed by undergoing the

same procedure. As part of RTA establishment of this certification procedure, orientation and mobility instructors were encouraged to certify applicants based on their ability to use mainline service. Instructors were discouraged from certifying applicants on the basis of economic status or the availability of mainline service. This latter point was of concern primarily in suburban areas where mainline transit is operated on a less dense network.

During the development of the certification process for blind applicants, the transit agencies expressed concern regarding the expansion of eligibility at a time when paratransit service was unable to meet demand. After an extensive review, it was concluded that the RTA should adopt an approach to provide incentives and encouragement for the blind to use mainline services whenever possible. This was to be achieved through fare incentives and attendant programs. RTA's regional certification process for blind applicants was put in place in early 1990. The language outlined in Figure 1 was used for certification by orientation and mobility instructors.

#### **ELIGIBILITY FOR DEVELOPMENTALLY DISABLED AND MENTALLY ILL**

A few months after the certification process for the blind was in place, RTA staff began to develop a certification process for persons with developmental disabilities and mental illness. A two-step process similar to that for the blind, that is, medical and functional certification, was sought for this group of riders. Staff from the RTA and the transit agencies worked with state agencies that serve this group to develop such a certification process. However, it was initially impossible to develop a method to link an individual's mental functional limitation with his or her inability to use mainline public transit service.

From these efforts, it became evident that many individuals in this group were physically able to use mainline services with the assistance of an attendant for orientation. In keeping with Regional Plan policies, which encouraged the use of mainline services by those with disabilities, the CTA developed a demonstration project to serve riders who were able

to use mainline services with the assistance of an orientation attendant. CTA's attendant subsidy program was designed to provide a monetary incentive to use mainline services by allowing both the eligible rider and an attendant to pay a reduced fare.

Although the attendant subsidy program benefitted some riders with developmental disabilities and mental illness, a certification process had yet to be instituted. In August 1991, final rules for the ADA were released that specifically require paratransit eligibility to include individuals who, because of a mental impairment, are unable to independently board, ride, or disembark from any vehicle on the mainline system. This emphasized the need to develop a functionally based certification process.

RTA staff once again conducted a review of national experience and found that most paratransit systems used medical certification to determine eligibility for this group of riders. Some of the paratransit providers interviewed also indicated that they were dissatisfied with certification procedures based solely on medical certification. The review found that many systems had emphasized mainline approaches to serving persons with developmental disabilities or mental illness and that a number of transit systems had worked with local community agencies to develop training programs for the use of mainline services.

Subsequent work with the Illinois Department of Mental Health and Developmental Disabilities (DMHDD) and DORS, the state rehabilitation agency, found that assessment methods existed and can be used to determine levels of independent living skills for both developmentally disabled and mentally ill individuals. It was also found that these assessments were conducted on a regular basis for DMHDD and DORS clients. Evaluations were conducted by Qualified Mental Health Professionals (QMHPs) or Qualified Mental Retardation Professionals (QMRPs), most of whom are certified by the state of Illinois and also have specific university degrees and work experience. Since both DORS and DMHDD are state agencies, all residents of the state of Illinois have access to their services.

Three applicable functional evaluation assessments were in use for adults: the Inventory for Client and Agency Planning (ICAP) (2), the Scales of Independent Behavior (SIB) (3),

<b>TO BE FILLED BY AN AUTHORIZED EMPLOYEE OF APPROVED AGENCY ONLY FOR APPLICANTS WHOSE SOLE QUALIFYING DISABILITY FOR PARATRANSIT IS LEGAL BLINDNESS.</b>		
<b>APPLICANTS FOR RTA PARATRANSIT SERVICE MUST BE SEVERELY MOBILITY LIMITED PERSONS.</b>		
Is individual enrolled in an orientation/mobility training course now?	___ yes ___ no	
Has individual ever been enrolled in an orientation/mobility training course?	___ yes ___ no	
If no, would individual benefit from successful completion of such a course?	___ yes ___ no	
How long will applicant require RTA Paratransit service?	___ 6 months ___ 1 year ___ 2 years	
In your opinion, could the condition that qualifies the applicant for RTA Paratransit service improve over time?	___ yes ___ no	
<b>THIS IS TO CERTIFY THAT THE APPLICANT MEETS THE DEFINITION OF LEGAL BLINDNESS AND DOES NOT CURRENTLY POSSESS MOBILITY SKILLS TO ENABLE HIM/HER TO TRAVEL FULLY INDEPENDENTLY.</b>		
<b>SIGNATURE</b> (note: actual application form continues)	<b>STATE MEDICAL LICENSE #</b>	<b>DATE</b>

FIGURE 1 Paratransit application form.

and the Specific Level of Functioning (SLOF) (4). ICAP and SIB are used for persons with developmental disability and SLOF is used for persons with mental illness. The assessments consisted of evaluations in several functional areas to determine independent living skills. Evaluation methods were also in place for those under age 18 through the special education programs in the school systems.

RTA's certification process was put in place in May 1992 and was designed to consider eligibility based on whether the applicants could use mainline service for all, some, or none of their trips. This was to be determined by a QMHP using the results of the assessment in combination with his or her evaluation. The language in Figure 2 was developed by QMHPs, QMRPs, or school evaluators to determine certification of

those who have a developmental disability or mental illness and an inability to use mainline bus or rapid transit services.

### CURRENT AND FUTURE PARATRANSIT ELIGIBILITY

RTA certification procedures for the developmentally disabled and mentally ill represent significant changes from those for the physically disabled and visually impaired. Certification is based on an assessment by a QMHP or QMRP who is able to make a determination based on a functional test. This represents a major change from established certification processes, which primarily use medical doctors. Another signifi-

### RTA Paratransit Professional Certification Form to be completed by certifier

FOR THOSE WHO ARE APPLYING ON THE BASIS OF DEVELOPMENTAL DISABILITY OR MENTAL ILLNESS, **AND AN INABILITY TO USE MAINLINE BUS OR RAPID TRANSIT SERVICE.**

**THIS SECTION MUST BE FILLED OUT BY A) AN INDIVIDUAL WHO IS BOTH STATE CERTIFIED AND A QMHP OR QMRP, B) A QMHP OR QMRP AT A DMHDD FUNDED PROVIDER AGENCY, OR C) QUALIFIED SCHOOL PERSONNEL.**

**NOTE: YOU MUST ALSO ATTACH A STATEMENT OF ELIGIBILITY FOR SPECIAL SERVICES ON YOUR PROFESSIONAL OR AGENCY STATIONERY.**

Certifier, please answer all questions below:

- 1) Has applicant been assessed using either an SIB, ICAP, VACG, SLOF or by qualified school personnel within the last three years? ☐ yes ☐ no
  - If yes, please indicate method: ☐ SIB ☐ ICAP ☐ VACG ☐ SLOF ☐ school assessment  
date of assessment \_\_\_\_/\_\_\_\_/\_\_\_\_
  - If no, applicant must be assessed using either an SIB, ICAP, VACG or SLOF assessment (or a school assessment if enrolled in a Special Education program), before being considered for RTA Paratransit.
- 2) Based on the SIB, ICAP, VACG, SLOF, or school assessment **and** your professional evaluation, the applicant:
  - ☐ Does not meet the eligibility for RTA Paratransit (is able to use mainline bus or rapid transit services for all trips independently in unfamiliar areas.)
  - ☐ Meets eligibility for RTA Paratransit for some trips (is able to travel on mainline bus or rapid transit services independently on some trips.)  
Please list trips that applicant is able to travel independently:  
 Origin/Destination : \_\_\_\_\_  
 Origin/Destination : \_\_\_\_\_  
 Origin/Destination : \_\_\_\_\_  
 Origin/Destination : \_\_\_\_\_  
 Origin/Destination : \_\_\_\_\_
  - Has the applicant ever received orientation/mobility training from a qualified orientation/mobility instructor? ☐ yes ☐ no
  - Can the applicant benefit from receiving orientation/mobility training? ☐ yes ☐ no
  - ☐ Meets eligibility for RTA Paratransit for all trips (is not able to travel independently on any trip using mainline bus or rapid transit services.)
  - Has the applicant ever received orientation/mobility training from a qualified orientation/mobility instructor? ☐ yes ☐ no
  - Can the applicant benefit from receiving orientation/mobility training? ☐ yes ☐ no
- 3) If applicable, how long will applicant require RTA Paratransit? ☐ 6 months ☐ 1 year ☐ 2 years
- 4) If applicable, in your professional opinion, could the condition that qualifies the applicant for RTA Paratransit improve over time? ☐ yes ☐ no

SIGNATURE	STATE LICENSE #	DMHDD AGENCY #	DATE
PRINT OR TYPE NAME	POSITION		TELEPHONE
OFFICE ADDRESS	CITY	STATE	ZIP

FIGURE 2 Paratransit certification form.

cant change is the adoption of conditional eligibility, which allows the transit system to identify those mainline trips for which the applicant has been trained. Paratransit service is then provided for all other trips. The intent is to establish a method that will allow the agencies to determine trip-by-trip eligibility in the future, as outlined by ADA.

In late 1992, RTA expects to conduct a thorough revision of existing certification procedures for all applicants. The goal is to develop a single certification process for all applicants, regardless of disability, that is based solely on an individual's functional ability to use mainline bus and rapid transit services. Because it will be a number of years before all mainline bus and rapid transit services in the region are accessible, a number of riders will be eligible under the ADA transitional category. This will require the development of a system that allows screening to determine eligibility on a trip-by-trip basis, providing paratransit service where mainline accessibility is yet to be implemented. In order to determine eligibility for

every trip request, computer-based evaluation methods are being developed.

## REFERENCES

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