

Chapter 4 LOCAL AND STATE HUMAN SERVICE MOBILITY ISSUES

State issues affecting mobility coordination are the same for both counties, and when local issues are examined, there are marked differences between Larimer and Weld. However, after local issues are discussed on a county level, state issues impacting coordination are identified for the entire region.

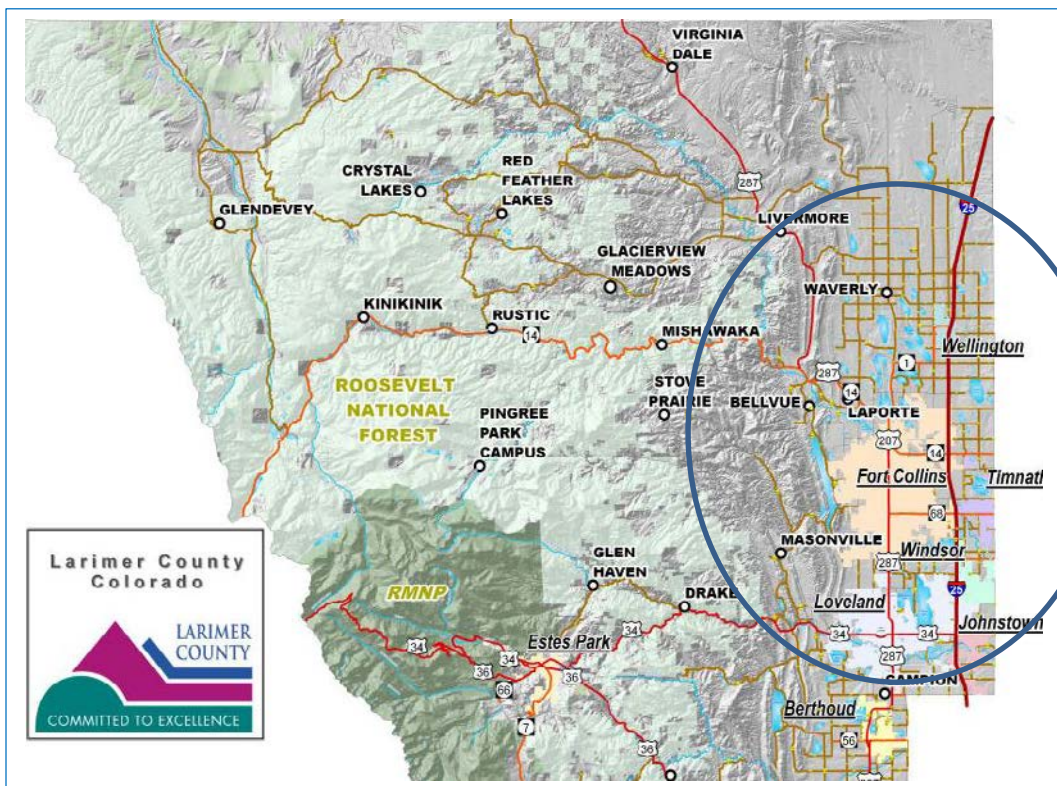
The needs and issues identified in this chapter have come from a combination of the Larimer and Weld Mobility Councils' input and work on coordination challenges over the last five years, as well as from public feedback generated through surveys and public events held by each council. Issues are identified as relating to the urban areas, rural areas or county wide.

Local Level Issues

Larimer County

Larimer County has one large urbanized area and limited rural population centers (Wellington, Estes Park and Red Feather Lakes) with different needs in each however; there is a commonality across much of the county. Local funding, improved employment and specialized transportation services on a regional basis being key issues.

The North Front Range Transit Vision Feasibility Study is under consideration in Larimer County with the "aim to identify the feasibility for an

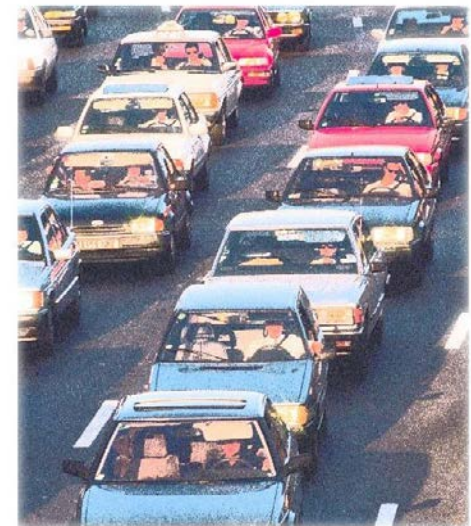


integrated regional transit governance and decision-making model for the North Front Range communities of Berthoud, Fort Collins, Larimer County, and Loveland, as well as a related funding and operational structure.”

The feasibility study included a public outreach process that focused on stakeholders, transit users, and the general public to develop a recommendation on a path forward for potential transit service integration in Larimer County with improved service and cost-effectiveness. The study underscores one of the primary obstacles to mobility coordination which is a coordinated and seamless transit system.

Urbanized Area Issues

- **Lack of funding** that can be used for operating public transit services, due in large part to FTA regulations and funding requirements in MAP-21 for a large (over 200,000 in population) urbanized area.
- **Fixed-route services in Fort Collins and Loveland are fiscally constrained** with many areas lacking coverage. Fort Collins has steadily expanded transit service since 2007, but employment trips are still a challenge for many low-income workers because of the route structure, frequency of service, and travel-time to access viable jobs.
- **Specialized transportation services within Fort Collins are limited** to the ADA-required service area. These services also are not available in the larger Fort Collins growth management area or in unincorporated Larimer County.
- **Many locations with transit service need accessibility improvements** Sidewalk connections and accessibility to bus stops can be problematic with maintenance issues such as snow removal, landscape trimming and uneven sidewalk and pavement surfaces, to name a few.



- **Broader coverage and more frequent service for fixed-routes may be needed** in urban areas to provide effective employment transportation. Night time and weekend service hours are limited and can have an impact on the amount of riders who use transit later in the day and/or on weekends.

Rural Area Issues

- There is no public transit service in the rural parts of Larimer County.
- A stable long-term provider and service plan is needed for North Larimer County, including Wellington and Laporte.
- There is a need to strengthen the capacity to handle federal funding for small rural providers in an integrated management system.

County-wide Issues

- A regional cross-jurisdictional approach is needed for rural and specialized services.
- A wide range of services are required to address human service transportation needs. This might include mileage reimbursements, vouchers or vehicle-sharing for low-income workers.
- Employment transportation needs extend beyond the fixed-route networks and cross into rural areas.
- Costs for transit services need to be shared by the participating agencies.
- Capacity needs to be developed for coordination among agencies.

Local Level Issues

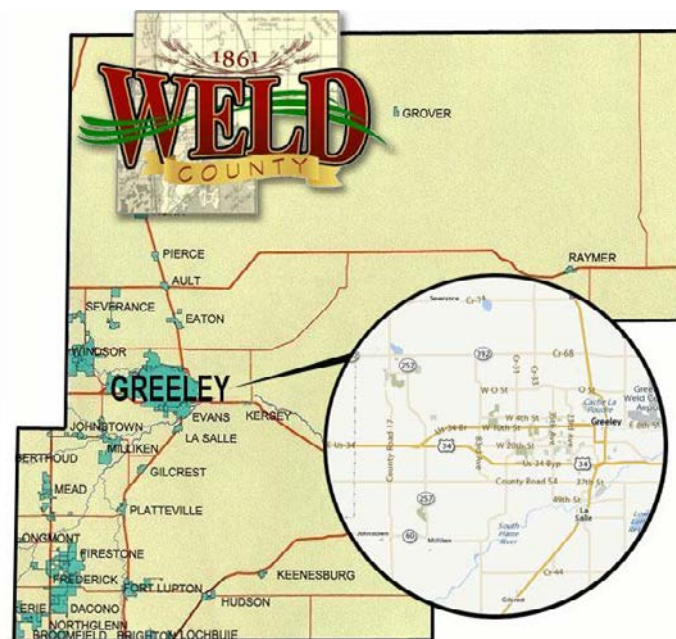
Weld County

The primary urban area in Weld County is the Greeley-Evans area. Multiple smaller communities such as LaSalle, Eaton, Severance, Ault and Kersey have their own community resources but often need to rely on services, particularly medical, in the Greeley-Evans area.

Growth that is shifting away from the downtown area and to new developments on the west side of town is also creating a demand for services and expanding the geographic area that needs to be served. Additionally, since the beginning of 2012, the large rural county area no longer has a demand-response transportation service, leaving many residents without transportation services.

Key issues in Weld County include:

- The size of the County, rapid growth of the region and changing demographics that includes a large portion of jobs becoming available to the south and west.
- The areas to which residents need to travel for services, particularly medical services vary, and include Greeley, Loveland, Fort Collins, Longmont, Boulder and Denver.
- Travel needs vary significantly depending on whether one is in the rural areas surrounding Greeley, the non-urbanized communities in the southwest corner of Weld County, in the DRCOG area of influence or within the City of Greeley.



Urbanized Area Issues

- **Service needs of new population and activity centers** With the population growth to the west, the fixed-route service needs to be expanded and re-oriented to serve the employment and medical sites near Promontory in west Greeley and I-25.
- **Changing paratransit needs** Paratransit trips are lengthier than before and access is needed to access what is becoming a more regional medical system. Several major medical providers have hospital systems in multiple locations that are on both the east and west side of I-25 and the care referral system often leaves clients with no way to navigate between related services.
- **Service needs on east side of Greeley** The majority of human service agencies are located on the east side of town. However, the overall trend is to move service from the east side of town to the west where more growth is occurring. Transportation service funding is constrained, thus creating a demand for services that is not being met.
- **Funding** is not adequate to meet the growing transit needs of the urbanized area. A limited amount of funding is available and as the Greeley area grows, it is essential that new options for financing transit services be explored. Public-private partnerships along with maximizing existing funding through utilization of shared resources are two options that can be explored through coordination efforts.
- **Extended Transportation Service** is needed to assist people with disabilities to gain access to employment, including late night and early morning shifts as well as for recreation trips.

Rural Issues

- **Southern Weld County** This rapidly developing portion of Weld County faces transportation requirements that are more characteristic of urban areas. This includes a need for employment transportation, primarily into Loveland, Longmont, and the Denver-Boulder metropolitan area.
- **Demand Response and Paratransit Service** Prior to January 2012, rural area residents had demand-response transportation service provided by Weld County. Rural residents that do not have a vehicle or are not able to drive no longer have affordable transportation options since rural area service was discontinued.
- **Local Transportation Needs** As the Tri-Town area population grows so do local transportation needs for all types of trips. Trips are becoming longer as the job market spreads throughout the region and medical services become more complex and regional in their services.
- **Senior Needs** Rural communities have long relied on volunteers to meet the local transit needs of senior citizens. While there is a Volunteer Driver Program (Senior Resource Services) that serves residents in a broad range of Weld County communities, more funding is needed to meet the growing demand.



County-wide Issues

- **Employment Transportation** There is a need for employment transportation, primarily into Fort Collins, Loveland, Longmont and the Denver – Boulder Metropolitan Area. Job seekers, including a large

- veterans population, are aware of and trying to adjust to the greater availability of jobs in Larimer, Boulder and the Denver Metro area.
- **Local Transportation Needs** Growing communities outside of the Greeley urbanized area have a need for local transit services, and communities of over 5,000 generally have a need for limited local transit services. However, there is no service to rural Weld areas and smaller towns that are outside the Greeley and Evans urban area.
- **Information Availability** There is a necessity for improved information about the availability of transit services. The North Front Range Riders Guide provides basic regional public transit information for agency staff (medical providers, human service agencies, 211 center, etc.) and the public.

An online database containing this information is in development in partnership with the Denver Regional Mobility and Access Council. The database will further assist staff to become knowledgeable about what is available how to use services, and what eligibility requirements are needed for their clients. Improved availability of information extends across the urban and rural communities.

- **Medicaid Transportation Requirements** The State rules for Non-emergency Medical Transportation do not provide adequately for people who need to access medical services from rural areas where no locally funded transportation services exist. The Colorado Medicaid reimbursement is not adequate to fully cover the cost of these services for the paratransit provider (GET).
- **Long Distance Transportation** Individuals with disabilities often need specialized transportation to medical services that may not be locally available. A diverse range of regional medical providers including University of Colorado Health, Banner, McKee and Kaiser Permanente often send clients to other areas for specialized services including but not limited to Longmont, the Denver Metro area and Cheyenne, WY. While some transit options exist including Yellow Cab and FLEX, which connects residents to Longmont and the RTD service area, these are not always an option based on financial constraints or geographic limitations.

Regional – Cross-County Issues

Perhaps the greatest need identified in all areas is to continue to develop “capacity” for coordination. The “capacity” can be measured by the ability of a wide range of people and agencies to identify, understand and work through the concerns involved with the coordination of human service transportation. While connections have been made further work is needed in the following areas:

- Developing knowledge among a wide range of agencies at the policy level and at the staff level;
- Developing knowledge on how specific activities would benefit stakeholders;
- Identifying barriers to specific activities and possible solutions;
- Developing institutional and financial structures to support coordinated and cost-effective service provision;
- Developing “capacity” for managing a federally funded transit program and devising an effective system for doing this. Federal funding is a key part of how Colorado funds transit and specialized transportation services. Knowledge of federal regulatory and recordkeeping requirements, as well as potential local matching funds, is a crucial to sustaining a coordinated specialized transit system.

Financing and decision making for determining what services are provided can evolve to be more regionally based, to consider the needs of a broader market group, and to consider cost trade-offs between providing demand -response services operated through separate networks and a unified transit network that serves many market groups.

State Level Issues

This section moves from specific issues in Larimer and Weld to look at broader issues that impact coordination in the region. The State financing and regulatory network affects the choices the region has for funding, delivering, and coordinating transit networks.

Major challenges facing the region involve local funding requirements for matching Federal Transit Administration funds, how Medicaid Non-Emergency Medical Transportation is funded and provided in Colorado, and funding for programs serving people with developmental disabilities – another Medicaid program.

This section reviews the various programs with an eye towards identifying if the State regulations and funding are supportive of creating strong and well-coordinated transportation networks. Most of the Colorado regulatory structure for specific programs is built on the federal program foundation.

MAP-21 legislation has provided some new opportunities for flexibility and it will be useful for Colorado to evaluate how its structures can be modified to support coordination.

As the region works to coordinate transportation services it will be important to weigh in on issues at the State level to encourage changes that will support more effective uses of Colorado's transportation resources.

Table 4-1 on the following page provides summary information on the degree to which different programs provide benefits or challenges to coordination in Colorado. Full descriptions for each of the major programs follow table 4-1.



Table 4-1: Colorado State Level Coordinated Transportation - Challenges and Benefits

Program Area	Challenges	Benefits
General Public Transportation	- No State Matching Funds	- Provides for Regional Transportation Authorities and County Mass Transit Districts
Medicaid Transportation	<ul style="list-style-type: none"> - Transfers costs to local governments through reimbursement process; - Does not claim all federal funds - Recordkeeping is extensive 	
Developmental Disabilities	<ul style="list-style-type: none"> - Many regulations require CCBs to use public services when practical, transferring costs to local entities. - Separate fleets are maintained for remaining services in order to meet client needs. 	
Public Utilities Commission	- Policies don't encourage variety of private providers, especially those crossing jurisdictional lines.	- Provides for "people service orgs" across jurisdictions w/out PUC authority.
Area Agencies on Aging	Councils on Aging don't have adequate funding to pay for the actual costs of transportation. Remaining costs are transferred to localities.	- Most Council on Aging put high level of resources into transportation. Many encourage shared services.
School Pupil Transportation	State laws prohibit many types of coordination; school districts are also short on vehicles and money. DOT and DOE regulations conflict.	
Work Force Centers	Utilize public transit for their clients, but do not fund the full trip cost. Most recognize transit services aren't widely available & cars are necessary.	

General Public Transportation

Colorado, as a strong local government state, has not historically funded public transit services at the local level. It is most common for states to provide matching funds for the available Federal Transportation Administration funds, however, in Colorado, the responsibility for matching these funds belongs to the local governments.

In rural areas, there is a need for medical trips that cross numerous local and regional boundaries. A cohesive way of serving these medical trips is necessary to address some Medicaid issues revolving around coordination, as well as the needs of residents who may access VA services or who may look to Older Americans Act programs to meet their medical transportation needs.

By relying on local entities for funding of transit services, Colorado shifts the costs of programs from the federal and state levels to local governments. Local governments providing fixed-route transit are also obligated to provide ADA paratransit services. Both community-centered boards and Medicaid programs take advantage of the fixed-route and paratransit services operated by local entities. Their clients ride for the cost of the cash fare with local governments subsidizing the remaining cost of these trips. This has several negative consequences for local governments and their residents including:

- Financial hardship for local governments.
- Local governments may end up limiting transportation services in terms of coverage and only provide the paratransit services they are legally required to operate based on the ADA – not the services that make the most sense for residents or from the standpoint of coordination.
- A lack of trust between local governments and human service agencies as other programs shift financial responsibility to local governments, and therefore not paying their fair share of program costs.
- The state loses millions of dollars annually in federal reimbursement for the Medicaid program as these local funds do not provide eligible match for the available federal dollars.

One of the challenges is that the system is entrenched at both the State and local levels. Those local entities taxing themselves for transportation services – the Denver metropolitan counties that are included in RTD, the various areas that have established Regional Transportation Authorities (El Paso County and a small portion of Teller, Gunnison, and the areas included in Roaring Fork Transportation Authority), and the counties that have established Mass Transit Districts (Summit and Eagle) are invested in the current system. If the State were to support operating expenses it would likely need to be overlaid on the existing system.

Medicaid

On a national basis NEMT is the largest human service transportation program, spending approximately \$2 billion annually^[1]. The focus of this section is Non-Emergency Medical Transportation (NEMT), part of Title XIX of the Social Security Act (Medicaid). It is an entitlement program so, as with ADA paratransit service, there are no limits on trips for legitimate service needs however budget constraints limit the availability of service. Unlike the ADA, the program is funded with the Federal and State governments sharing financial responsibility. The program is state run, so Colorado has significant choice in how the program is operated.

In Colorado, effective January 1, 2012 First Transit became the NEMT contractor for CDOT in nine counties including Arapahoe, Adams, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer and Weld.

As of the publication date of this Plan, multiple difficulties exist with First Transit's service delivery; long wait times (20 – 45 minutes) to schedule a ride have posed problems for clients; and, several key staff changes have resulted in some confusion for transit providers in communicating their service needs.

^[1] (TLPA)Taxicab, Limousine and Paratransit Association - DRAFT Medicaid Transportation Paper - 2009.

The authors of *TCRP Synthesis 65: Transit Agency Participation in Medicaid Programs* note that “The importance of Medicaid’s NEMT program in any coordination effort cannot be stressed enough.” Yet cost sharing or the reimbursement process is not coordinated or equitable for transit providers as Medicaid pays only the cash fare for these rides, not the total cost.

With fixed-route transit services these trips can often be absorbed using existing capacity and result in no additional cost. However, with paratransit services, additional capacity is required for almost all trips and the fares only cover a small portion of the operating cost – an average of less than 5%.

At a cost of approximately \$35 for a trip and a transit fare of \$2.50, local governments are subsidizing on average \$32.50 for every trip taken. This effectively transfers the majority of cost of the Medicaid transportation program in urbanized areas where ADA paratransit services are provided from Federal and State budgets to local budgets.

There has been a common misperception that the Medicaid mandate to use the lowest cost alternative means that the State Medicaid agency can only pay the cash fare for transit services. However, it is permissible for Medicaid programs to negotiate a rate higher than the cash fare for the general public. First Transit, the Medicaid Transportation broker for many metro area counties does pay higher rates to public providers – Transfort receives such payments.

Medicaid is a complex insurance program, and decision makers at the Colorado Department of Health Care Policy and Financing need to stay on top of the intricacies of the program. The provision of transportation services, particularly the demand responsive services that many Medicaid recipients require, is likewise one of the more complex services provided by the public sector.



This is especially true when these services are operated as part of a brokerage system that serves clients funded through a variety of programs and uses a wide range of alternatives to transport clients to provide low-cost yet effective service.

It is up to Colorado to determine how best to use the flexibility that does exist in the Medicaid program to restructure the Colorado Medicaid program in a manner that supports mobility at reasonable costs, leverages the available Federal funds, and does not impose undue burdens on local governments.

Services for People with Developmental Disabilities

Services for people with developmental disabilities are provided on a service area basis, with Community Centered Boards (CCBs) holding primary responsibility for guiding the programs serving this population. For people under the age of 21, the Department of Education and local school districts also share some responsibility for service provision.

Budget constraints in these programs generally create long wait lists for services. Most CCBs have their own transportation services client mobility which often extends well beyond that of public transit providers due to the need to have transportation available for both daily needs and emergencies.

As a Medicaid funded program, the system is a complex one. Funding is most often limited to one round-trip per day to training or employment, leaving funding for other trips needed as part of daily living on the provider or individual. Recent changes include a switch to billing on a fee-for-service basis which was implemented as a means to contain costs; however, that benefit has not yet been realized.

Financial resources for services and Medicaid funding caps are also significant issues for CCB's and many counties have client waiting lists. A number of counties (including Larimer) have passed mill levy's to support agencies that serve individuals with developmental disabilities, augmenting the state funding.

A goal of the services is to integrate individuals into the daily life of communities as much as possible and their travel needs reflect diverse origins and destinations as they travel to school, work, shopping, services and recreation.

Clients with developmental disabilities are encouraged to ride public transit because it serves the goals for accessing services whenever possible, integrating individuals into the community and meets Federal and State requirements.

As with Medicaid NEMT transportation, when CCB clients use generic transportation, the cost of funding the trip gets transferred to local governments for a human service program that is otherwise a Federal and State responsibility. As with the NEMT program, this results in financial hardships, a lack of trust and the decision by some local governments to limit their provision of public transit services.

Public Utilities Commission

Local governmental jurisdictions have the right to transport passengers, for a fare, within their jurisdictional boundaries. To travel between jurisdictions, either Public Utilities Commission (PUC) authority or an intergovernmental agreement with the other jurisdictions is required. Colorado law also allows "People Service Organizations" to transport passengers across jurisdictional lines. These are generally non-profit organizations such as Community Centered Boards serving individuals with developmental disabilities and their funding comes primarily from public entities and passenger donations.

Once an entity has a PUC Authority, they have the right to file an "intervention" when a request for new authority is filed in the same area. An intervention hearing if they believe that allowing a new authority will have an impact on their existing business. Small providers may be reluctant to engage in what can be a costly process (an intervention hearing can involve an attorney to present the case) for the limited returns expected by carrying, for example, Medicaid transportation clients.

As a result, most specialized services are provided by governmental organizations or private non-profit organizations that are funded by government programs or private foundations. This structure does not support the development of private for-profit firms that would both provide transportation services for a fee to the general public and contract with governmental or non-profit programs as one of several providers.

Area Agencies on Aging

These programs are a bright spot in the transportation coordination picture. In both urban and rural areas, the Area Agencies on Aging have made transportation a priority and are often active participants in funding services that leverage Older Americans Act funds, Federal Transit Administration funds, and local funds to meet local (and sometimes regional) travel needs of people who are age 60 and above.

In Larimer County, the Area Agency on Aging provides limited funding for several senior center and rural transit programs. However, funding for senior transportation must compete with funding for other critical needs such as nutrition. A challenge is that the magnitude of needs is far greater than available funding and is rapidly changing due to the exponential growth of the senior population.

School Pupil Transportation



School districts provide transportation for students living outside a “walk distance” as established by the local district and for students with disabilities. It is common practice for Boards of Cooperative Educational Services, rather than individual districts, to provide transportation and other services to students with disabilities.

The state also plays a significant role in defining how school pupil transportation services are provided, including adopting minimum standards for vehicles legislation, driver training, operation of school pupil transportation services, and annual inspections & preventative maintenance requirements.

It makes sense in many areas to maintain separate public and school transportation systems. School bus vehicles are special purpose and the cost of purchasing and operating them is far less than standard transit vehicles. They are built to transport children in a safe manner and are not intended for adult transport. Most school vehicles have steep steps, narrow aisles and don't have wheelchair lifts.

New “multipurpose” buses have been developed that could serve students and adult populations but some obstacles remain. Additionally, current Colorado legislation does not allow such coordination. However, some transit providers are working with their local school districts to coordinate services.

In Larimer County, both the school districts and Transfort have participated in the effort to improve youth mobility. There may be opportunities to coordinate or work together in the provision of transportation for students who attend after-school programs.

Work Force Centers

Work Force Centers have funds that can be used for job access for their clients, however, these funds typically only cover partial trip costs and provide funding for a limited time. There are challenges to enabling employment and labor force programs to work effectively with transit programs. Work Force programs are client specific and tied to specific clients. Transit services function more like basic infrastructure. Once in place, a wide variety of passengers use the service, and there is no documentation tying a particular client (or their funding eligibility) to the service.

Another barrier has to do with boundaries and decision-making structures. The Work Force Centers have clients throughout the counties they serve and many clients need to travel from rural to urban areas for jobs, education or other services. The decision-making structure for transit is based on city limits and local funding. From a political perspective, the cities that provide matching funds for transit services have every reason to keep the services within their city limits.

Work Force Centers require services that meet the travel needs of a wide range of clients, oriented to mobility rather than a single mode. While transit services might be the best choice for some workers, gas vouchers or a carpool might be better suited to other clients.

Conclusion

Analysis of local transit plans and discussion in stakeholder meetings points to significant need for improved transportation services in the urbanized areas and a need for mobility from rural to urbanized areas. There is a consensus that a county-level approach should be taken initially while building networks between human service agencies and transit providers.

Longer term, it will be important to have the ability to move to a regional approach or at least serve trips seamlessly across county boundaries.

Because of the importance of mobility to human service agencies, it will be important to develop a broad based approach that includes transit services, but also addresses the travel needs of individuals needing to travel by other means – from volunteer drivers to mileage reimbursement.

- In Weld County, the emphasis is on information and training, developing employment transportation options and addressing policy issues with the State.
- In Larimer County, the emphasis is on building relationships between human service agencies and public transit providers, as well as between public agencies providing transit services.

A stable and adequate funding source for public transit is an issue throughout the region. The Fort Collins-Loveland Transportation Management Area has already had to contend with the restrictions of federal funding once the urbanized area reached a population of 200,000. In addition, services in rural areas are limited by funding constraints.

It will be important to develop a broad based approach to human services mobility that not only includes public transit but also other travel means such as volunteer drivers, multi-agency voucher programs and mileage reimbursements.

The county level is the logical starting point since so many human services are delivered on a county-basis and because the needs in Larimer and Weld County are significantly different. It is also recommended that there be a strong effort to work on underlying State level issues.

While the NFRMPO only covers the urbanized areas of Larimer and northern Weld County, for the purposes of transportation coordination the area extends into the rural portions of each county, with a separate emphasis for the Greeley urbanized area and surrounding Weld County and the Fort Collins-Loveland TMA and surrounding Larimer County.