Shore Transit Demand Response Transportation Improvement Study

Final Report

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SALISBURY/WICOMICO Metropolitan Planning Organization

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Shore Transit's Demand Response Transportation Improvement Study

INTRODUCTION

Shore Transit, the designated public transportation provider for the three counties on the Eastern Shore of Maryland, has requested a review of its demand response transportation (DRT) services to address concerns about increasing demand and costs for the services.

This report documents our review of the DRT services, which has included an assessment of current services including ADA paratransit, and the development of options and strategies to improve management and operation of the services.

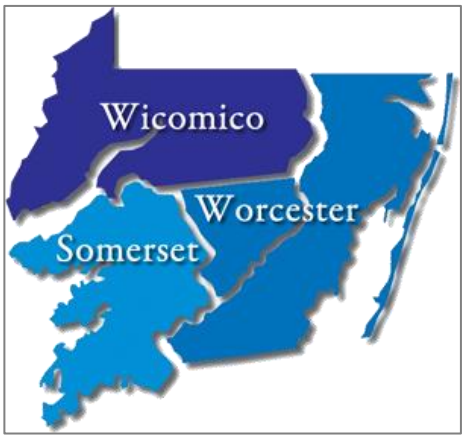
The report begins with our assessment of current DRT services, assessing ridership and demand with a particular interest in the ADA paratransit service. Cost transferring from Medicaid non-emergency medical transportation to Shore Transit's ADA service is addressed. Funding sources for the DRT services are also reviewed.

Following the assessment, we describe a number of options that can be considered to improve the management and operation of the DRT services.

BACKGROUND AND INTRODUCTION

Shore Transit – Organization and Structure

Shore Transit is the designated public transportation provider for three counties on Maryland's Eastern Shore –Wicomico, Worcester and Somerset Formed in 2003, it is one of two divisions of the Tri-County Council for the Lower Eastern Shore of Maryland (TCCLES). The TCCLES was established through legislation enacted by the Maryland General Assembly in 2001 to facilitate regional planning and development in the three-county region.



Shore Transit is governed by the Tri-County Council Executive Board, which consists of eight members: two voting members from each county, one at-large member, and the immediate past board chair.

Guidance from regional transit stakeholders is provided through the Shore Transit Advisory Board (STAB). Sixteen members and eight ex-officio members serve on the STAB.

Shore Transit is managed by an Executive Director who oversees a staff of more than 100 employees.

Transit Services

Regional Fixed Routes

Shore Transit operates regional fixed routes that serve to connect the three counties with the major activity centers in the region. Currently, there are three regional routes. Until 2015, the transit agency provided additional service during the summer months, however due to budget constraints impacted by rising costs for the agency's DRT services, Shore Transit now operates the same level of service throughout the year.

Local Fixed Routes

Shore Transit operates five local fixed routes in the Salisbury-Wicomico urbanized area.

Origin-To-Destination (Demand Response Transportation) Services

Shore Transit operates several demand response services that the agency has collectively titled "origin to destination (OTD)" services. A preferred term in the transit industry is demand response transportation or DRT, a term that this study will use.[1] (We note that Shore Transit uses the term "demand response" on its automated telephone answering for its main telephone number.)

Shore Transit's DRT services include ADA paratransit, which is formally called Shore Access; specialized service for seniors and persons with disabilities that is funded with Maryland's Statewide Special Transportation Assistance Program (SSTAP); and demand response service for general public riders in rural parts of the counties that is funded with federal Section 5311 grant funds. The SSTAP and 5311 services are branded as Shore Ride. Parameters for the various services are set predominately by their respective funding source.

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[1] The term origin to destination originated with federal guidance that was used to explain ADA regulations for rider assistance at riders' pick up and drop off locations. Accordingly, the guidance confirms that the ADA requires transit agencies to ensure that riders can get from their origin to their destination – wording that was used instead of door-to-door or curb-to-curb. The tem origin to destination is typically used in reference to rider assistance policies for ADA paratransit.

In addition to the DRT services which are characterized by their primary funding source, Shore Transit operates a significant amount of service for four senior service agencies. This service is provided on a pre-arranged hourly basis to one agency in Wicomico County and three in Worcester County.

The various demand response services are operated in a coordinated and commingled manner. While there are efficiencies to be gained by commingling the services, it can complicate day-to-day operations (particularly for riders who begin trips in the rural area and then travel into the ADA area) as well as data collection and reporting. This in turn impacts the monitoring and assessment of the services.

DEMAND FOR SERVICE

Demand for Shore Transit's DRT service has been assessed by looking at ridership in two ways: first, total annual ridership data provided by Shore Transit, which was obtained from the scheduling/dispatch software, Trapeze and, second, by assessing scheduled trips in Trapeze for two sample months. The number of scheduled trips is considered a good representation of service demand, as it includes all the trips booked by riders and does not include no-shows and cancelled trips.

Table 1 shows DRT ridership for three fiscal years, FYs 2014 through 2016, categorized by the three funding sources as well as the service dedicated to the four senior agencies. As the data show, the majority of the ridership is ADA paratransit, and ridership for the senior agencies is the second largest category.

Table 1: Shore Transit DRT Ridership, FY 2014 to FY 2016

	FY 2014		FY 2015		FY 2016		
	Ridership	% of Total	Ridership	% of Total	Ridership	% of Total	% Change FY 2014 to FY 2016
ADA Paratransit	22,890	56%	23,229	51%	27,224	60%	18.9%
SSTAP	6,495	16%	6,300	14%	6,696	15%	3.1%
5311	1,164	3%	1,437	3%	1,132	2%	-2.7%
Senior Agency Service	10,024	25%	14,798	32%	10,467	23%	4.4%
Total	**40,573**	**100%**	**45,764**	**100%**	**45,519**	**100%**	**12.2%**

Source: Data from Trapeze.
Ridership change for Senior Agency Service FY2015 to FY2016 due to changing rider patterns and seniors using the service.

Growth in ADA ridership at almost 20% over the three-year period is very substantial. Discussions with operating staff indicate that this growth has been fueled, in part, by Medicaid beneficiaries who use Shore Transit rather than the counties' NEMT service. This includes both Medicaid beneficiaries who formerly used Shore Transit when the transit agency was a formal NEMT provider for the counties (this ended at the end of FY 2015) and newly eligible Medicaid beneficiaries who are steered to Shore Transit for their Medicaid trips. This is discussed in more detail in a later section of this report.

Assessing data for the two sample months – see Table 2 on the following page – shows ADA ridership as the largest category, followed by the senior agency service, mirroring the data in Table 1. Note that there were 282 trips provided in October 2015 for several categories of service that were not part of DRT service in October 2016.

Service Characteristics

Demand vs. Subscription Trips

DRT trips can be scheduled as either one-time trips or standing order trips. The former are referred to as demand trips and the latter as subscription trips in Trapeze.

In the early years of the ADA, there was a focus on the amount of subscription service compared to one-time trips when demand for ADA trips was constrained at many transit agencies. The regulations stipulate that subscription trips can be no more than 50% of the ADA service. However, as long as there are no denials for ADA trips in keeping with the prohibition of capacity constraints, subscription trips can be more than 50% of the service.

There are a number of advantages of providing subscription trips. First, it means riders do not have to call to schedule each trip, which lessens call volume. Second, the transit agency can use the subscription trips to anchor runs, around which the one-time demand trips can be placed. And third, the ADA allows a transit agency some latitude for scheduling subscription trips. For example, a transit agency may establish waiting lists and trip purpose restrictions or priorities for subscription service. [2] With requests for subscription trips, a transit agency can use that latitude to determine where the trip fits best with existing services, allowing for more productive runs, though the riders' trip parameters need to be considered. This gives a transit agency some flexibility in scheduling the trips which can result in more cost-effective service.

[2] 49 CFR §37.133(c)

Table 2: Shore Transit DRT Service: Scheduled Trips in Trapeze, October 2015 and October 2016

	October 2015		October 2016		% Increase 2015-2016
	Scheduled Trips	% of Total	Scheduled Trips	% of Total	
ADA Paratransit	**2,806**	**59%**	**3,067**	**60%**	**9.3%**
Wicomico	1874		1971		
Worcester	311		458		
Somerset	621		638		
SSTAP	**730**	**15%**	**730**	**14%**	**0.0%**
Wicomico	366		391		
Worcester	364		339		
5311	**197**	**4%**	**98**	**2%**	**-50.3%**
Wicomico	31		9		
Worcester	4		--		
Somerset	162		89		
Senior Agency Service	**1,036**	**22%**	**1,224**	**24%**	**18.1%**
Wicomico Sr. Center (WCSC)	496		500		
Worcester County Commission on Aging (WORCOA1)	158		254		
Worcester County Commission on Aging (WORCOA3)	130		128		
Worcester County Adult Medical Daycare (WCAMD)	252		342		
Total	**4,769**	**100%**	**5,119**	**100%**	**7.3%**
Additional trips in October 2015					
DSS	243				
MA	29				
TCA	10				
Subtotal	282				

Table 3 shows the distribution of demand and subscription trips for Shore Transit's DRT service, using the sample month of October 2016. Not surprisingly, most of the senior agency service is subscription service, and the majority of the SSTAP service is also subscription service.

Table 3: Scheduled Trips, October 2016

Funding Source	Demand Trips	% of Total	Subscription Trips	% of Total	Total
ADA Paratransit	1365	**45%**	1702	**55%**	3067
SSTAP	244	**33%**	485	**67%**	729
5311	56	**57%**	42	**43%**	98
Senior Agency Service	70	**6%**	1154	**94%**	1224
Wicomico Senior Center (WCSC)	2		231		
Worcester County Commission on Aging (WORCOA1)	23		110		
Worcester County Commission on Aging (WORCOA3)	18		498		
Worcester County Adult Medical Daycare (WCAMD)	27		315		
Total	**1,735**		**3,383**		**5,118**

For the ADA service, just over half is subscription service. With a more detailed review of the ADA trips in October 2016, we found a number of repeat trips were scheduled as demand trips, including some dialysis trips as well as trips to repeat destinations such as the Friendship Network in Salisbury and the Blind Industries in Salisbury. It can be to Shore Transit's advantage to schedule such trips as subscription trips and ensure that they fit productively on runs.

One important issue to note with subscription trips is that the trips and their placement on runs should be reviewed periodically to ensure effective and efficient subscription "templates." Riders' trips change over time and what was once a productive run may no longer be so. Thus, the scheduling and management of subscription trips are important paratransit functions. These efforts comprise an ongoing task, requiring routine review and updating. Efforts typically involve "tweaks" and minor adjustments to the templates to maximize productivity while ensuring service quality to riders. It also typically involves coordination with human service agencies and other entities with routine group trips to adjust or refine the subscription trips for their clients.

No Shows and Cancellations

Some level of no-shows and late cancellations are inevitable for DRT operations, but they need to be monitored and minimized as they have a detrimental effect on performance.

Cancellations that are not classified as late cancellations can also be an issue for DRT service when they are excessive.

No-shows, in particular, have a clear negative impact on DRT performance. When a rider does not show up for a scheduled trip, or cancels the trip at the door, the DRT system has essentially wasted a passenger trip.

Excessive no-shows may also have an impact on on-time performance. To the extent that drivers have to wait at scheduled pick-up locations for the full waiting time or longer while dispatch tries to locate a rider, no-shows may cause subsequent trips on the drivers' schedules to be affected. And when riders are no-shows for their return trips back home, the transit agency may be required to send a second vehicle later to pick-up the rider, requiring new trips to be inserted into vehicle schedules, which then may affect the timeliness of trips that follow.

No-shows also inconvenience other riders who might be on-board when a rider no-shows, affecting the service quality of their trips. These other riders have in essence wasted their time traveling to and waiting for the no-show rider. Had the rider cancelled his trip with adequate notice rather than no-showing, the other riders on-board may have had a more direct trip, in less time.

Late cancellations are also typically detrimental to DRT performance. Depending on a transit agency's definition, a late cancellation may have the same impact as a no-show. If the transit agency cannot re-use the capacity created by the late cancel, it has the same negative affect as a no-show. DRT research using simulated service has found that higher rates of late cancellations adversely impact productivity, with an approximate 4-5% decrease in productivity for every 10% increase in the cancellation rate.

Because they represent lost resources, no-shows and late cancellations also have a price tag. Research found that a large urban DRT system estimated its potential annual cost savings with reductions in its high rate of no-shows: the system estimated that if it could reduce the no-show/late cancel rate from its then-level of 10% to a lowered rate of 7%, the DRT system would save approximately $350,000. If it could reduce the rate to an even lower 4%, this would represent an annual cost savings of over $695,000.[3]

Even if cancellations are not late cancels, they can affect DRT performance. Once trips are reserved and placed on schedules, they occupy capacity within the system. Subsequent requests for trips have to be placed around these trips, and this may impact the times scheduled for riders with those subsequent requests. When scheduled trips are cancelled, they become "holes" in the schedules, some of which can be filled as additional requests for service are made. The ability to fill these "holes," that is, re-use the capacity, will

[3] TCRP Report 124, Guidebook for Measuring, Assessing and Improving Performance of Demand-Response Transportation, prepared by the KFH Group, Inc., in association with Urbitran Associates, Inc., McCollom Management Consulting, Inc. and Cambridge Systematics, Inc., for the Transportation Research Board, Washington, DC, 2008.

depend on when the cancellation occurs, and it will also depend on the technology used by the DRT system. For Shore Transit, its use of Trapeze provides an advantage.

In addition to their impact on schedules, cancellations require staff time. They require staff time for the original trip scheduling and then staff time for their deletion from the schedule. While the time to accomplish this task for each reservation and cancellation is only minutes, the minutes add up with the cancellations made over the advance reservation window.

Data for Shore Transit provided through Trapeze for one of the sample month that we have assessed – October 2016 in Table 4 shown on the following page – shows a low level of no-shows and late cancels at 2% of total scheduled trips. Advance cancels represent 15% of total trips. This degree of advance cancels is not excessively high but it could be lowered by shortening the advance reservation time period.

Shore Transit's website does not specify how many days in advance that a rider may schedule a trip. Staff indicated it is generally two weeks in advance however a rider can book up to a month in advance in some cases. One way to address excessive cancellations is to shorten the advance reservation window. Many transit agencies have moved to a seven-day in advance reservation policy from an original 14-day in advance policy. Some large transit agencies use three-day in advance or even two-day in advance policies. With less time between when a rider schedules a trip and the day of the trip, the rider will be more sure that the trip is needed and less likely to cancel or no-show.

Dialysis Trips

Demand for transportation to dialysis facilities is increasing at transit agencies around the country. Trips for dialysis are life-sustaining for people with end-stage renal disease (ESRD) yet demand for the trips is straining budgets for many transit agencies.

The increasing demand is particularly challenging for transit agencies that provide ADA paratransit service, since capacity cannot be constrained for eligible riders, given the ADA prohibition on capacity constraints.

Some of the larger transit agencies are looking at alternative service models so they can provide dialysis trips more cost effectively than with traditional ADA paratransit. In Baltimore, for example, the MTA implemented a more cost-effective taxi-based service for dialysis transportation. In the Washington, D.C. region, the transit agency is looking at a number of options that would be more cost-effective than the expensive ADA trips.

Significantly, there has been a new federal ruling through the federal Health and Human Services (HHS) Department that now allows healthcare facilities, including dialysis facilities, to provide free or discounted transportation to their patients within defined

Table 4: Trip Disposition by Funding Source for October 2016

Funding Source	Completed Trips	No-Shows	Late Cancels (CL)	Rider Advance Cancellation	Trip Cancelled Due to Facility Closed (CC)	Trip Cancelled by Shore Transit Due to Weather (CE)	Trip Rescheduled as Rider Not Ready for Scheduled Return Trip (NM)	% No-Shows/Late Cancels of Total Trips	% Advance Cancels of Total Trips	Total Trips
ADA Paratransit	2370	56	34	440	98	54	15	2%	16%	3067
SSTAP	542	6	15	129	27	7	4	1%	18%	730
5311	85	2	0	10	0	0	1	2%	12%	98
Senior Agency Service	937	22	7	183	69	6	0	2%	17%	1224
Wicomico Sr. Center (WCSC)	409	12	3	56	20	0				500
Worcester County Commission on Aging (WORCOA1)	161	6	3	64	18	2				254
Worcester County Commission on Aging (WORCOA3)	108	0	0	8	12	0				128
Worcester County Adult Medical Daycare (WCAMD)	259	4	1	55	19	4				342
Total	**3934**	**86**	**56**	**762**	**194**	**67**	**20**	**2%**	**15%**	**5,119**

parameters. This ruling, set out by the HHS Office of the Inspector General, provides new "safe harbors" to the federal anti-kickback legislation. This opens up the opportunity for dialysis providers to fund local transportation for their patients, an opportunity that would help public transit agencies meet the increasing demand for dialysis trips. [4]

We reviewed scheduled dialysis trips for the sampled months of October 2015 and October 2016. All trips going to and from four dialysis facilities were included in the count. We also reviewed trips to and from Deers Head Hospital, focusing on those trips that showed a three-times-a-week schedule consistent with the requirements for dialysis treatment. The resulting analysis showed 720 trips for dialysis in October 2015 and 989 in October 2016.[5] This represents an increase of 37% in the one-year period, a very steep increase. Compared to all DRT trips during the sample months, dialysis trips comprised 15% of the DRT trips in October 2015 and 19% one year later.

To estimate the annual cost for dialysis trips, we have used the weighted average cost of a Short Transit DRT trip in FY 2016 – $41.59[6] – and applied the percentage of dialysis trips from the sample month of October 2015 to all DRT trips in FY 2016 – 15%; this results in an annual estimated cost of around $173,000 for dialysis trips in FY 2016.

The assessment of dialysis trips also finds that most of the trips are ADA. Looking more closely at the sample month in FY 2017, the Trapeze data show that 83% of the dialysis trips are ADA trips.

ADA PARATRANSIT

Eligibility Certification Process

Eligibility for ADA paratransit is prescribed by ADA regulations (see Table 5). While the regulations provide a defined framework, the actual certification process can be challenging. There are many different types of disabilities, and they affect individuals in different ways. When individuals' disabilities are considered in light of the community environment in which they travel (is there a sidewalk, are there curb cuts, is there a traffic light at the intersection, etc.), determining eligibility becomes more complicated. Applicants are unique and there is no simple checklist that can be used to determine if an individual's disability qualifies for ADA paratransit.

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[4] https://www.federalregister.gov/documents/2016/12/07/2016-28297/medicare-and-state-health-care-programs-fraud-and-abuse-revisions-to-the-safe-harbors-under-the

[5] Since the count of dialysis trips is scheduled trips, it includes trips there were subsequently no-shows and cancels, as these are originally scheduled trips, indicating trip demand.

[6] The weighted average of the cost per DRT passenger trip for the S. 5307 program and the cost per DRT passenger trip for the S.5311 program, as documented on the FY 2016 Year-End Form 2a for Shore Transit.

Table 5: ADA Regulations on Paratransit Eligibility

According to the regulations, the following criteria identify the individuals who are considered eligible for ADA paratransit
Individuals who, because of their disability, cannot use fully accessible fixed route transit systems. This includes those not able to "navigate" fixed route service even if the services are fully accessible. Eligibility under this category is impacted by the complexity of the fixed route system. Travel training can be helpful for individuals who may fit in this category of eligibility.
Individuals who, because of their disability, cannot use fixed route services because the bus route or transit station they want to use is not yet accessible or they cannot board or alight at the stop they want to use. This criterion depends on the accessibility of the fixed route system. Most transit systems operate 100% accessible fleets, so if eligibility is provided under this criterion, it is usually due to lack of accessible bus stops or stations.
Individuals who cannot get to or from bus stops or rail stations because there are barriers in their community's environment, which combined with their disability, block them from getting to or from the bus stop or rail station. Examples of environmental barriers include, among others, lack of curb ramps, lack of sidewalks, steep terrain, or difficult-to-negotiate street crossing, which combined with a person's disability, prevents using fixed route. If the barrier and the individual's disability make it difficult to use fixed route, this does not confer eligibility under this criteria. The process must determine whether travel is difficult or prevented. It is the interaction of the environmental barrier and the individual's disability that is key to determining eligibility under this criterion.

Individuals interested in Shore Transit's ADA paratransit service must complete an application form, which includes obtaining a healthcare professional verification of disability. Shore Transit reports that almost all interested individuals call Shore Transit to obtain the application form; only a small percent download the application form from the agency's website.

The process was enhanced in May 2016 to provide more information from applicants, with a longer and more detailed application form.

Once the application material is complete, individuals are to contact Shore Transit to schedule their required in-person interview and then bring their completed application to the interview.

Shore Transit reports that a significant proportion of applicants – one fourth to one-third – arrive at their interviews with incomplete applications; predominately the applications are missing the healthcare professional verification. In such case, Shore Transit typically tries to obtain the information on behalf of the applicant by contacting the applicant's designated healthcare professional. This creates additional effort and time requirements for Shore Transit staff.

An alternative process, used by a large number of transit agencies, would have individuals mail in completed applications. The transit agency can then determine if the application is complete. If not, the applicant would be notified that the application material is not complete and told that they must submit all the required material before the certification process can continue.

Eligibility Data

Demand for Shore Transit's ADA paratransit service is affected by the number of individuals eligible for service. Table 6 shows the number of applicants and the disposition of those applicants in 2015 and 2016.

Given changes in staff and data collection practices during 2016, it is probable that the data shown in Table 6 does not reflect all the activity for ADA certification during 2016. Particularly given the large increase in ADA ridership from 2015 to 2016 documented in the ridership numbers, it is likely that the certification data shown in the table is not complete. The data do show that there is considerable interest in ADA paratransit judging from the number of applications sent out in 2016 but not yet completed.

The data also suggest that a sizeable number of applicants are denied. According to Shore Transit, some of this apparently results because applicants do not understand what ADA paratransit is.

One possible way to address this is to have a short "intro to ADA paratransit" script that would provide the key information about ADA paratransit to individuals who call to request an ADA application. In this way, individuals calling for an application may have enough information to determine if they are a realistic applicant for the service or not. Shore Transit operates a range of transit services and individuals may have several options for transit service, depending on where they live and their age.

Table 6: Applications for Shore Transit's ADA Paratransit Service

Eligibility Certification Process	CY 2015	% Completed Applications	CY 2016	% Completed Applications
Applications Completed	256		106	
Disposition of Completed Applications				
Unconditional Eligibility	205	80%	81	76%
Temporary Eligibility	9	4%	2	2%
Visitor	6	2%	1	1%
SSTAP Eligibility	6	2%		
Denied	30	12%	22	21%
Incomplete Applications	17		26	
Application material sent out at request of interested person			*129*	

Application Form

We noted two issues with the application form page titled "Understanding the Certification Process." First, the information for Step 4 is not clear as to whether the applicant is to mail the completed form to Shore Transit or bring the completed form along to the required in-person interview. Information on the next page clarifies the current process, indicating that the applicant is to bring the completed application form to the interview.

Second, the information on the appeals process should be clarified. The application correctly states that an applicant has 60 days to file an appeal of the determination. What is not stated is that the regulations provide the opportunity for the appellant to be heard in person and that the transit agency, if requested by the appellant, would schedule a hearing for the appeal. The regulations do not state the amount of time that is allowed between when an appeal has been submitted and when the appeals hearing should take place.

The 30-days referenced in the current Short Transit material should refer to the number of days allowed after the appeals hearing and when a decision on the appeal is to be made. The regulations state that ADA paratransit service is to be provided to the appellant if the transit agency has not made a decision within 30 days after the hearing. But the regulations do not state the amount of time that a transit agency has to schedule an appeal hearing after an appeals request has been make. Generally, the time lag should not be more than a few weeks.

ADA Service

ADA paratransit service is a federal requirement for those transit agencies that provide fixed route service. It is highly prescribed by federal regulations and the service criteria function as performance requirements (see Table 7).

Table 7: ADA Paratransit Service Criteria

	The ADA paratransit service criteria state that the ADA complementary paratransit service must, at a minimum:
1	Operate in the same service area as the fixed-route system, which generally includes a 3/4-mile corridor on either side of bus routes.
2	Have a comparable response time as fixed route, where response time is defined as the elapsed time between a request for service and the provision of service. Comparability is defined as accommodating trip requests for ADA paratransit-eligible individuals on a particular day in response to a request for service made during normal business hours on the previous day.
3	Have comparable fares as fixed route. Comparability is defined as fares that are no more than twice the base, non-discounted adult fare for fixed-route services. Companions of the ADA rider may be charged the same fare as the ADA rider, but personal care attendants must ride free.
4	Meet requests for any trip purpose; there may be no trip purpose restrictions.
5	Operate during the same days and hours as the fixed-route service.
6	Operate without capacity constraints for ADA-eligible passengers; this means no waiting lists, trip caps, or patterns and practices of a substantial number of trip denials, untimely pick-ups, or excessively long trips.

The last requirement, in particular, has been one of the more difficult mandates for transit agencies. According to ADA regulations and subsequent interpretations, capacity constraints means the transit agency cannot deny trips for eligible riders, as long as the trips are within the prescribed service area and service hours of the fixed-route service; the only exceptions are an insubstantial number of trips that are beyond the control of the transit agency. The prohibition of capacity constraints also means that the transit provider must ensure its ADA paratransit service achieves high standards for on-time performance, onboard trip length (measured by travel time), and telephone availability for trip reservations.

Shore Transit is meeting the growing demand for ADA trips, in compliance with ADA regulations regarding the obligation to serve legitimate trip requests. The agency's implementation in 2016 of a more comprehensive eligibility certification process than in the past should help ensure that the service is provided to those that the ADA law intended.

However, given the large increase in ADA trips – a 19% increase from FY 14 to FY 16 – Shore Transit may need to consider other options, such as pursuing the opportunities provided by the new ruling that allows dialysis facilities to fund local transportation, partnering with one or more human service agencies that require substantial numbers of trips to assist the agency in taking responsibility for their trips, and providing more intensive travel training coupled with pedestrian improvements to ensure accessible pathways to fixed route service.

Cost Transferring from Medicaid Transportation

Shore Transit provided Medicaid non-emergency medical transportation (NEMT) for the three counties on the Lower Eastern Shore on a contract basis until recently. The arrangement with Somerset County ended in 2014 and with Wicomico and Worcester Counties at the end of Fiscal Year 2015. With increasing demand for NEMT trips after changes to Medicaid with the federal Affordable Care Act (ACA) that expanded Medicaid eligibility in Maryland, Shore Transit determined it was not in a position to continue providing Medicaid service. The counties then made other arrangements for their Medicaid NEMT service, with much of the service contracted to local taxi companies.

Despite the fact that the transit agency is no longer a contractor for Medicaid NEMT, Shore Transit continues to have a role with Medicaid NEMT. Shore Transit reports that it continues to provide some of the same trips that were formerly Medicaid NEMT trips. Apparently, some riders prefer to use Shore Transit instead of the new NEMT service. These riders are certified as ADA eligible and now take their medical trips on Shore Transit's ADA paratransit service, impacting the increasing demand.

Shore Transit also reports that an increasing number of individuals are applying for ADA paratransit because they have been denied NEMT service from their county health department. Apparently, the Medicaid office in the individual's county has told the individual that they live within the ADA service area and that they should get certified for ADA paratransit service for their medical trips.

Such referrals from a Medicaid agency to the public transit agency are explained by Maryland's implementation of the Medicaid NEMT program. The state Medicaid agency – the Department of Health and Mental Hygiene (DHMH) – has agreements with the state's 24 local jurisdictions to administer Medicaid's NEMT program. The state's instructions for NEMT, as spelled out in COMAR 10.09.19 (the Code of Maryland Regulations) require, among other stipulations, that the jurisdictions:

- Screen Medicaid recipients' requests for transportation to assure recipient eligibility and necessity of transportation; and
- Arrange for and/or provide the most efficient means of transportation where no other transportation is available to the recipient and, without the provision of transportation, the recipient would not be able to access medical care.[7]

Regarding the arrangement of transportation, DHMH further specifies that the counties assess transportation resources available to the recipient beyond NEMT and specifically to assess whether the recipients can use fixed route or, if the recipient has a disability, ADA paratransit. For the latter, the counties are to assess whether the recipient's home and medical provider are within ¾ mile of fixed route service and, if so, the recipient can be denied NEMT. Eligibility for ADA paratransit is considered an available transportation resource and can be used to disqualify the recipient for NEMT.[8]

Shifting the responsibility of medical transportation for Medicaid recipients to Shore Transit may be less costly for a county's Medicaid program, since it does not pay for the trips, but it transfers the full cost of the transportation to Shore Transit. This strategy, while in keeping with DHMH instructions, does not take advantage of federal Medicaid funds. In Maryland, the federal government pays 50% of the state's Medicaid program, and there is no ceiling or cap to the Medicaid program since it is an entitlement program.

However, funds for transit are limited and the full cost for the transit agency's DRT trips, which are $40.88 or $52.57 (depending on allocation to the urban grant program or the rural grant program) according to FY 2016 data,[9] is likely substantially more than a Medicaid NEMT trip provided by the counties' NEMT service, particularly when the federal match of 50% for Medicaid is factored in.

To assess the degree of cost-transferring from Medicaid to Shore Transit, ridership for a sample month in 2014 (October), when the transit agency was a contractor for NEMT, was compared to the same month in 2015, when the agency was no longer a contractor. By comparing client ID numbers, it was possible to determine the same individuals taking Medicaid NEMT trips in 2014 and then taking trips in 2015.

Importantly, this comparison did not capture those Medicaid-eligible individuals who became ADA eligible after Shore Transit ended Medicaid NEMT service and before October 2015 and who are now using Shore Transit for their Medicaid trips, a practice that Shore Transit staff reports is happening based on the ADA certification process.

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[7] Medicaid Transportation Study of Policy and Practices in the Metropolitan Washington Region, Final Report, prepared for Metropolitan Washington Council of Governments and Washington Metropolitan Area Transit Authority by KFH Group, Inc., June 2016.
[8] Maryland Medical Assistance Program Guide to the Administration of the Transportation Grant Program, Issued June 2014, Department of Health and Mental Hygiene Medical Care Programs.
[9] Form 2a, Service Performance Summary, FY 2016, Shore Transit

Table 8 displays the assessment using data from October 2014 and October 2015. As shown, 28 individuals were identified in October 2015 as individuals who had used Shore Transit in October 2014 for Medicaid trips and were still using Shore Transit in October 2015.

Table 8: Comparison of Medicaid Eligible Riders in 2014 vs. Same Riders in 2015

	October 2014	October 2015
Total Scheduled Trips	11,861	5,051
Total Unique Riders	1,226	340
Average Trips Per Rider	9.7	15
Total Medicaid Trips on Behalf of County Health Depts.	5,671	
Unique Medicaid Eligible Riders	897	Unknown
Number of Medicaid Eligible Riders from Oct. 2014 With Trips in Oct. 2016		28
Trips Taken by Oct. 2014 Medicaid-Eligible Riders in Oct. 2015		469

During October 2015, those 28 individuals, who represent 8% of the unique riders in the month, took 469 or 9.3% of the total trips that month.[10] A review of the destinations of the 469 trips indicates that about two-thirds, or 314 trips, appear to be medical or medically-related destinations.

It is not possible with Shore Transit's data to know conclusively if those 28 individuals were still Medicaid beneficiaries in October 2015 or if the 314 trips they took that month were formally Medicaid-eligible. But in the attempt to estimate cost-transferring from Medicaid to Shore Transit, it is assumed that the 314 trips are Medicaid-eligible. Using a weighted average cost per DRT trip of $41.59[11], the cost to Shore Transit for those trips was $13,059 in October 2015.

[10] The analysis to assess the degree of cost-transferring from Medicaid to Shore Transit did several comparisons, using a sample month during the time that Shore Transit was a formal provider for Medicaid NEMT and a month later when the transit agency was no longer a formal provider. The analysis using the sample months of October 2014 and October 2015 found the largest degree of cost-transferring. It is difficult to know with certainty the degree of cost transferring because Shore Transit does not know which of the trips it provides are Medicaid-eligible.

[11] The weighted average of the cost per DRT passenger trip for the S. 5307 program and the cost per DRT passenger trip for the S.5311 program, as documented on the FY 2016 Year-End Form 2a for Shore Transit.

This analysis can be taken one step farther for an annual estimate. Using the October 2015 data that estimates that 6.2% of the month's DRT trips may be Medicaid-eligible, applying that to total DRT trips in FY 2016 and using the weighted average cost per DRT trip of $41.59, it is estimated that the annual cost to Shore Transit in FY 2016 for Medicaid-eligible trips may have been about $71,000 to $72,000.

This figure is clearly an estimate and built on several assumptions. But it is also noted that the calculation does not capture Shore Transit riders who may have become Medicaid eligible since the end of FY 2015 and who have used Shore Transit for Medicaid-eligible trips after that. To the extent that is happening, the estimate of cost-transferring from Medicaid to Shore Transit for FY 2016 is higher than our rough estimate.

SSTAP SERVICE

SSTAP is a Maryland grant program provided to counties for transportation for seniors and people with disabilities that can be used for operating and capital projects. A local share of funding is required, with 25% of the net operating deficit for operating projects and 5% for capital projects.

For Shore Transit, SSTAP service is available to seniors aged 62 and above and individuals with disabilities in Wicomico and Worcester Counties. Somerset County handles its own SSTAP service.

To be eligible for SSTAP as a senior for Shore Transit service, an individual must complete an application and obtain a photo ID card, available at the Shore Transit facility, at which time the individual must also show proof of age.

To be eligible for SSTAP as a person with a disability, an individual must follow the same process that the transit agency uses for ADA paratransit certification.

Service to Senior Agencies in Wicomico and Worcester Counties

The majority of the SSTAP-funded transportation provided by Shore Transit is dedicated to four senior agencies in Wicomico and Worcester Counties. For example, in October 2016, one of the months we sampled, there were 1,224 scheduled trips for the four senior agencies, which comprised 24% of total DRT service scheduled that month. There were an additional 730 other trips allocated to SSTAP, not affiliated with the four agencies, which made up 14% of total scheduled trips that month.

The arrangements for this senior agency service with the two counties were negotiated some years ago. Wicomico County arranged for Shore Transit to serve the Wicomico Senior Center, located in Salisbury. Worcester County has arranged for Shore Transit to

serve two senior centers (in Berlin and Pocomoke City) as well as the adult medical day care center in Snow Hill.

Based on an earlier cost arrangement, the counties paid a set amount per revenue hour of service (defined as first pick-up to last drop-off). Until FY 2017, this amount was $30 per revenue hour. Shore Transit uses its allocation of the state's SSTAP program to supplement the service's funding requirements. The hourly payment from the agencies for the service represented not quite half of Shore Transit's average weighted cost per DRT service hour of $69.37.[12]

The regular fare for a SSTAP trip is $4, however seniors traveling to the senior centers pay a reduced fare. In Wicomico County, the seniors pay $2, with a small number paying only $1. In Worcester County, the seniors pay $2.

FUNDING SOURCES

Shore Transit uses a number of state-administered funding programs to support and operate the DRT services: the federal Section 5307 program for urbanized areas, the federal Section 5311 Program for rural transit service, the state's ADA Funding Program, and the Statewide Special Transportation Assistance Program (SSTAP). Table 9 shows Shore Transit's grant funding from these sources for the Fiscal Years 14 through 17.

Shore Transit also receives funding assistance from the DSS and local funds from the counties.

Table 9: Grant Funding Received for Operations

	FY 2014	FY 2015	FY 2016	FY 2017
SSTAP (for Wicomico and Worcester Counties)	$269,015	$269,015	$269,015	$269,015
S. 5311 (federal and state funds)	$339,615	$339,615	$339,615	$339,615
S. 5307 (includes state ADA grant)	$1,439,224	$1,639,224	$1,705,224	$2,113,602

Source: MTA

[12] Calculated from service hour and cost per hour data for DRT service for the S.5307 and s.5311 programs for FY 2016 as reported on the Form 2a: Service Performance Summary, FY 2016, for Shore Transit.

Federal Grant Funds

Section 5307 – Urbanized Area Formula Program

This federal grant program provides funds for public transit in small urban areas, defined as those with a population of 50,000 to 200,000. Funds can be used for operating, capital or administrative costs. For operating and administrative expenses, the federal grant program can be used to fund up to 50% of the cost, with the other 50% provided by local or state funds as match. For capital expenses, the federal grant program can be used for up to 80% of the cost, with a minimum 20% local or state match required.

Funding for this federal grant program has been increasing in recent years, based on Maryland's appropriation from the FTA, while the state's other grant programs have remained relatively flat. To maximize the availability of the federal 5307 funds, the MTA has been able to use state funds from the state's ADA Program, a separate state grant program, as match for the 5307 program. In this way, the MTA is able to provide additional funds to small urban transit systems in the state. Shore Transit has been one of the beneficiaries of this MTA strategy, with award of additional 5307 funds for its operations.

Section 5311 – Formula Grants for Rural Areas

This federal grant program provides funds for general public transit in rural areas (areas less than 50,000 population). The state also provides matching funds when state finances allow.

Funds can be used for operating, capital, or administrative costs. Local match is a minimum of 25% of net operating expenses and minimum 10% for capital expenses. The state allocates Section 5311 funds to eligible jurisdictions based upon the previous year's funding levels and the rural population figures from the most recent Census.

Shore Transit's S. 5311 funds have been flat for at least four years.

State Grant Funds

Statewide Special Transportation Assistance Program (SSTAP)

SSTAP is a Maryland-funded program to provide general purpose transportation for seniors and individuals with disabilities. The funds are annually apportioned to the counties and Baltimore City based on a formula (60% equally among the jurisdictions and 40% based on combined elderly and disabled population). Funds can be used for operating and capital with a local share required – minimum 25% for the net operating deficit and 5% for capital projects.

Shore Transit provides SSTAP service for Wicomico and Worcester Counties. SSTAP service in Somerset County is provided by the county. The MTA allocates the transit agency's SSTAP funds as a combined total for the two counties it serves.

Shore Transit's SSTAP funds have also been flat for at least four years.

OPTIONS FOR IMPROVEMENT

ADA Paratransit Eligibility Certification

Shore Transit enhanced its eligibility certification process for ADA paratransit in May 2016, approximately one year ago, with a more comprehensive application form and required in-person interviews for all applicants. These are positive steps and should help address the demand for the service. In particular, transit industry research shows that implementation of required in-person interviews may result in approximately 25 to 30% of individuals self-selecting out of the certification process.

Eligibility data from May 2016 on was not available for this study, so we could not assess whether the more comprehensive process has impacted demand. In a later section of this report, we suggest a more complete data capture and reporting process for the eligibility certification function to more thoroughly monitor the growth in ADA applicants.

Beyond Shore Transit's efforts to-date to improve the eligibility certification process, we have several suggestions to further improve the process, described below.

Process

Send Complete Application Prior to Interview

We recommend a revision to the process so that applicants send in their applications prior to scheduling the in-person interview. This will address the issue with the current process that has seen a significant percent of applicants arriving for their interview with incomplete applications, which then means that Shore Transit staff has to follow-up and obtain the information.

This change to the process would ensure that applications are completed before the applicant has the in-person interview, ensuring that all the required information is available to Shore Transit when assessing the applicant's eligibility for ADA paratransit during the interview. Information from the healthcare professional, an important part of the application but the part that is frequently missing, is usually helpful when assessing applicants' mobility issues.

Such change would also ensure that applicants take responsibility for obtaining the healthcare verifications and eliminate the need for Shore Transit staff to try and obtain the information, which is a burden on staff time.

More Information to Applicants

We recommend that Shore Transit develop a short information piece that would be provided to individuals who call to obtain an ADA application form. This could be similar to the information now provided in the application form. Shore Transit staff report that the large majority of interested individuals call and ask for the form to be mailed, even though the application form can be downloaded from the Shore Transit website.

The phone call requesting the application is an opportunity to give a brief overview of ADA paratransit – what it is and what it is not – and that an in-person interview is a required part of the process. With such information, some of the callers may determine that they would not be eligible before they start the application process.

Another suggestion that would provide more information to potential applicants is to include a map of Shore Transit's fixed routes along with the ¾ mile ADA service area around the routes. This would allow individuals considering applying to see where ADA paratransit service is provided. This graphic could be provided in the application form/material as well as on the website. With this map, applicants could determine if their trip needs could be met with ADA paratransit.

Given the size of Shore Transit's service area, the map might show the ADA service area around the regional routes and a separate map of Salisbury, with the city's routes and corresponding ADA service area.

Reporting

We recommend improvements to the recordkeeping and reporting process for the ADA paratransit eligibility certification process to allow ongoing monitoring of trends. Key data related to the eligibility certification function should be collected and reported monthly, then summarized on an annual basis.

The data that should be collected and reported each month include:

- Number of applications for new and recertification received
- Number of applicants scheduled for in-person interview, new and recertifications (some applicants likely self-select out when they understand that the process requires an in-person review)
- Number of in-person interviews conducted, new and recertifications (some applicants likely no-show the scheduled interview; additional opportunity for the

interview needs to be provided but at some point, the applicant is assumed to be not interested and must re-apply for consideration)

- Disposition of applications, for new and recertifying applicants, which indicates the eligibility determination. For Shore Transit, the options include:
    - ADA, unconditional for either 3 or 5 years
    - ADA, conditional
    - ADA, temporary
    - ADA, visitor
    - ADA and SSTAP (these are individuals who live in rural part of the service area and qualify for SSTAP with a disability; they can use SSTAP to travel into the ADA service area and then take an ADA trip)
    - Denied
    - Requests for appeal
    - Completed appeals and disposition

Figure 1 suggests the data to be collected and displayed monthly for the eligibility certification function.

Application Form

Appeals

The information on the cover letter to the application form should clarify the information on the appeals process. Or alternatively, the specific details on the appeals process can be included with the eligibility determination letter that is sent out once the applicant has completed the certification process.

The regulations actually allow more time for Shore Transit to address appeals than is indicted in the application material. The regulations require that an individual who wants to appeal his or her eligibility determination have the opportunity to be heard in-person and that the individual has 60 days to file the appeal. An appellant can waive his or her opportunity to be heard in person but must be given the option. The regulations do not state the amount of time that is allowed between when an appeal has been submitted and when the appeals hearing should take place.

Figure 1: Suggested Data Elements to Collect to Monitor ADA Eligibility Certification Function

Data Element	January	February	etc.	Annual Total
Completed Applications Received				
New Applicants				
Recertifications				
In-Person Interviews				
Scheduled				
No-Shows				
Completed				
Disposition				
New Applicants				
Unconditionally Eligible				
Conditionally Eligible				
Temporarily Eligible				
Visitor				
ADA and SSTAP				
Not eligible – referred to fixed route				
Recertifications				
Unconditionally Eligible				
Conditionally Eligible				
Temporarily Eligible				
Visitor				
ADA and SSTAP				
Not Eligible – referred to fixed route				
Appeals				
Upheld				
Overturned				

The 30-days referenced in the current Short Transit material should refer to the number of days allowed after the appeals hearing and when a decision on the appeal is to be made. The regulations state that ADA paratransit service is to be provided to the appellant if the transit agency has not made a decision within 30 days after the hearing. But the regulations do not state the amount of time that a transit agency has to schedule an appeal hearing after an appeals request has been make. Generally, the time lag should not be more than a few weeks.

Medicaid

Given the issues that Shore Transit is experiencing with Medicaid beneficiaries using the transit agency's ADA service instead of NEMT, it would be useful to know if applicants are also Medicaid eligible. A question could be added to the application form to determine if the applicant is eligible for Medicaid. A number of transit agencies ask for such information in their ADA paratransit applications.

Trip Scheduling

As identified in the study's first report, our assessment of scheduled trips for the sampled months found what appeared to be a number of routine trips to such destinations as dialysis centers, senior facilities, and the Blind Industries that were scheduled as demand trips. Such routine trips would normally be scheduled as subscription trips, with advantages to both Shore Transit's staff and the riders as the trips are automatically scheduled.

It should be noted, however, that subscription trips and their placement on runs need to be periodically reviewed to ensure their placement on the runs is efficient. This function of subscription trip management is an important responsibility for DRT management and works to ensure that service is productive. Subscription service is not an ADA requirement, so transit agencies have some latitude regarding their scheduling, though riders' trip parameters need to be considered.

ADA Paratransit – Addressing Demand for Service

ADA paratransit ridership increased almost 20% from FY 2014 to 2016, a significant growth in demand. Addressing this growth in demand must keep in mind that the ADA

regulations do not allow any capacity constraints. Continued growth is difficult to assess given that Medicaid NEMT trips are shifting to Shore Transit.

There are, however, options that can be considered to help manage demand. This includes implementing a comprehensive eligibility certification process, a strategy that Shore Transit has followed. Other options also include encouraging fixed route service when this is possible for riders with disabilities and partnering with local human service agencies so the agencies share in the responsibility for serving their clients.

Encouraging Fixed-Route Use When Possible with Conditional Eligibility

The ADA regulations include a category of eligibility referred to as conditional eligibility, recognizing that some individuals with disabilities can use fixed route transit sometimes – for certain trips and under certain circumstances.

Often referred to as trip-by-trip eligibility, conditional eligibility requires that the transit agency determine which ADA paratransit applicants are able to use fixed route for which specific trips and under which circumstances. This approach emphasizes applicants' abilities rather than disabilities and is structured to identify trip patterns where applicants (as well as current riders) could use fixed route service.

Such an approach also helps the transit agency identify possible "fixes" to the transit and pedestrian infrastructure that would help its ADA riders use fixed route rather than paratransit, for example, possibly adding or moving a fixed route stop closer to a rider's trip origin or installing curb ramps at a particular intersection to provide access for a rider with a wheelchair. Depending upon trip patterns of paratransit riders, this approach may also suggest revisions to the routing itself.

Analyzing Trip Patterns of Shore Transit's DRT Riders

A first step in assessing opportunities for DRT riders to use fixed route uses GIS mapping to locate the DRT riders' origins and destinations and determine their correspondence to the fixed routes.

Using trip data for October 2016, we selected the top trip destinations – those that had 50 trip ends or more – which are within 1/8 of a mile of fixed route and then looked at trip origins to those destinations, categorizing the origins as within 1/8 of a mile (which is 660 ft.) and those within 1/8 to ¼ of mile (1,320 ft.). See Table 10.

Table 10: Top Trip Destinations (October 2016)

				Walk Shed	
	Destination	**City**	**Going Trips**	**0 - 1/8 Mile**	**1/8 - 1/4 Mile**
Within 1/8 mile of Transit Route	Salisbury/Wicomico Co Senior Center	Salisbury	260	116	47
	Friendship Network	Salisbury	257	130	0
	Go Getters SBY	Salisbury	195	61	53
	Blind Industries	Salisbury	152	63	47
	Fresenius @ Princess Anne	Princess Anne	112	13	30
	Fresenius Medical Care	Salisbury	107	26	18
	Penn Renal	Salisbury	85	12	46
	Go Getters PA	Princess Anne	72	0	35
	Commission on Aging Pocomoke	Pocomoke City	64	12	14
	Go Getters Newark	Newark	52	3	3
Beyond 1/8 mile of Transit Route	Commission on Aging WORC	Snow Hill	199	-	-
	Deer's Head Hospital	Salisbury	124	-	-
	Northern WORC County Senior Center	Berlin	118	-	-
	Dove Point	Salisbury	41	-	-
	Berlin Dialysis	Berlin	34	-	-
	McLaughlin DDS	Salisbury	31	-	-
	McCready Memorial Hospital	Crisfield	27	-	-
	Lower Shore Clinic	Salisbury	27	-	-
	Peninsula Pulmonary Old Out Patient	Salisbury	23	-	-
	Atlantic Hotel	Berlin	21	-	-
	Lower Shore Enterprises	Salisbury	21	-	-

To provide context for these distances, transit planners generally use ¼ mile as the distance that most people use for reasonable walking access to local fixed route service. One-eighth of a mile is half that, or roughly 2-3 city blocks. Of course, fixed route riders and potential riders have varying thresholds for the distance they will walk to a fixed route bus stop – some will walk considerably more than ¼ mile to get to a bus stop and others, including some people with disabilities, will find that ¼ mile is too far. For people with disabilities, their threshold distance for access to a bus stop will be affected by their specific disability and the accessibility of the pedestrian infrastructure leading to the bus stop.

After the GIS analysis, the next steps involve more detailed scrutiny of specific trip patterns and the DRT riders taking those trips to assess the actual fixed route trip that would be needed as well as understanding the abilities of the riders who are taking those trips. The latter would typically be done during the eligibility interview.

Once the process has determined that an ADA paratransit applicant has the ability to use fixed route for the identified trips, the rider might be offered travel training to ensure safe and effective use of fixed route service.

The fare policy might also be revised to encourage the rider to use fixed route. For example, at least one transit agency provides free service to its ADA riders who have conditional eligibility when they use fixed route. These riders can continue to use ADA paratransit for trips other than the ones that the process has identified as possible on fixed route. For the trips on ADA paratransit, the rider pays the regular ADA paratransit fare.

Assess Possible Fixed Route Use for a DRT Rider: Example

As an example of this, we looked at the trip pattern for a DRT rider who, according to the GIS mapping, lives right on a fixed route in Princess Anne. In October 2016, this DRT rider took 21 going trips to the Blind Industries, located at 2240 Northwood Drive in Salisbury, which is right on a fixed route; see Figure 2. The mapping analysis suggests that using fixed route service may be possible, but further analysis is needed.

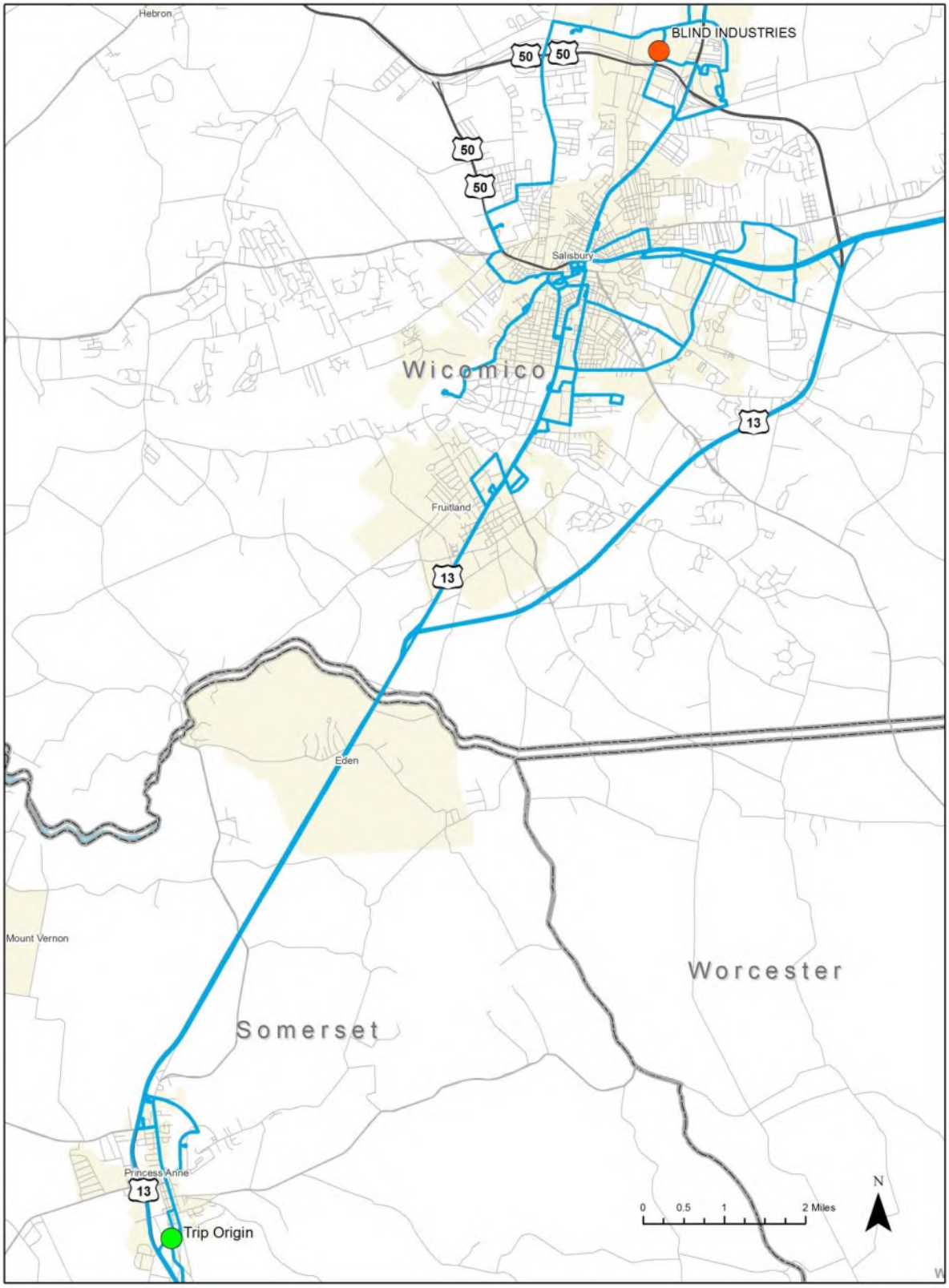
The next step is to determine the actual fixed route trip that would be needed. For this trip from Princess Anne to Salisbury, a transfer would be needed at the Calvert St. Transit Center from one route to a second route. The schedules for the two routes have a coordinated meet at the Transit Center so there would be minimal transfer time involved for the trip.

Locating the bus stop closest to the rider's home location is also necessary. The fixed route appears next to the rider's origin on the map, but the location of the actual bus stop closest to the rider's trip origin for accessing the route must be identified as well as the distance from the rider's origin to the stop. At the destination end, there is a stop at the Blind Industries location.

An assessment of the rider's abilities to get to the bus stop is also needed. This is affected by the rider's specific disability and the accessibility of the pathway to get to the bus stop.

Understanding the specific abilities and disability of the rider would typically be done in the eligibility interview, which would include an assessment of the person's ability to navigate in the community. How far can the person reasonably travel independently? Does the person use a wheelchair? Is there a sidewalk or safe path of travel from the

Figure 2: Example of Assessing Possible Fixed Route Use for a DRT Rider



rider's trip origin to the bus stop? What accessibility features might the person need to get to and from the bus stop?

An understanding of the accessibility of the path of travel can be done preliminarily by looking at Street View in Google Maps but then it is appropriate to conduct a field analysis to actually observe the path of travel and identify whether there are any obstacles or barriers that would impact the rider's ability to get to the bus stop.

Depending on the results of the various steps, it could be determined that this rider could use fixed route for his or her trips, both to and from the Blind Industries. To encourage the rider to use fixed route, he or she could be provided, for example, a highly discounted or free fare for those trips. Such discounted or free fares would need to be formally adopted as part of Shore Transit's fare policy.

If given free fare for those trips, Shore Transit would give up $210 in fare revenue each month for DRT service not used (42 one-way trips X $5/trip) as well as $63 in fare revenue each month for fixed route use (42 trips X $1.50/ disabled fare), but will save about $1,700 each month for DRT service not used (42 one-way DRT trips X $41.59/trip).

This example focuses on a current DRT rider. A similar analysis can be done during the eligibility certification process, determining which applicants appear able to use fixed route and then examining the frequent trips they make to see if fixed route service is possible. Individualized travel training can also be provided should the assessment show that fixed route service is feasible for the rider.

For the rider's infrequent trips or those he or she has not been shown how to use through travel training, ADA paratransit would be provided.

Experience in the transit industry shows that efforts to encourage fixed route use should focus on those applicants who demonstrate some abilities to navigate independently in the community and for their frequent trips, such as routine subscription trips.[13]

As part of the study efforts, we have prepared four maps, provided in the Attachment to the report, which depict trips made to the four senior service agencies served by Shore Transit's DRT services. These maps show the concentrations of trip origins and their proximity to the common senior service agency. Assessment of the trip patterns allows Shore Transit to consider whether there are trip origins/patterns that might possibility lend themselves to fixed route use.

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1 More information on implementing conditional eligibility is provided in TCRP Report 163, Strategy Guide to Enable and Promote the Use of Fixed-Route Transit by People with Disabilities, Transportation Research Board Washington, D.C., 2013, available at http://www.trb.org/Publications/Blurbs/170626.aspx

Costs and Benefits of Implementing Conditional Eligibility

There are additional staff efforts and related costs that are required to implement and conduct conditional eligibility. However, Shore Transit would save costs for the DRT trips that would not be provided.

Additional efforts during the eligibility process would involve determining the frequent trips made by applicants who present some community mobility skills. Those trips would need to be assessed to determine if they are possible on fixed route, including identifying the bus stops - at both the trip origin and destination - that the rider would use, as described above.

An important new effort would involve a field investigation to assess the path of travel that the applicant would use to get to and from the stops and a determination if that path had the appropriate accessibility features so that the applicant could use fixed route for the trip. Information and data collected during the assessment of the path of travel should be collected in a database, as it may be useful for assessing possible fixed route use for other applicants.

Importantly, trip requests for riders with conditional eligibility would need to be screened to operationalize trip by trip eligibility. The scheduling system would incorporate information about the trips for conditionally eligible riders, so that the trips that are possible by fixed route are noted. If a rider requested a DRT trip for one that is marked as fixed route, the rider would be referred to fixed route.

Possible changes in DRT ridership and costs are difficult to estimate. Implementing conditional eligibility and operationalizing trip by trip scheduling will, however, help slow the growth in ADA ridership.

Transit industry research provides some data from transit agencies that have operationalized trip by trip eligibility. Based on data from several agencies, the eligibility certification process determined that about one-third of applicants were conditionally eligible. Interestingly, the research also found that those riders who have conditionally eligibility have much lower trip rates than riders with unrestricted eligibility. Transit agencies in two large cities that use trip-by-trip eligibility report that such riders use paratransit about half the rate of those with full eligibility.[14] Another research report found that the transit agency in Pittsburgh realized a savings of approximately 10% in ADA paratransit costs using conditional eligibility and operationalizing trip-by-trip eligibility.[15]

[14] Transit Sustainability Project, Draft Paratransit Final Report, prepared for Metropolitan Transportation Commission, by Nelson\Nygaard, San Francisco, California, 2011.
[15] TCRP Report 163.

Partnerships with Human Service Agencies

To address growing demand for ADA paratransit, a number of public transit agencies are coordinating and partnering with local human service agencies in their service area so that the human service agencies share in the responsibility for serving their clients by providing their own client transportation.

This option builds the capacity of human service agencies to provide at least some of their own transportation service by providing transportation resources to the agencies. The resources – provided by the transit agency – may include among others, retired transit agency paratransit vehicles, new paratransit vehicles, maintenance, fuel, insurance, and driver training. Providing such resources to a human service agency reduces the cost and, depending on the resource, the effort (e.g., vehicle maintenance) for the human service agency to provide transportation.

As just one example, the transit agency in the Washington, D.C. region – WMATA – is piloting several partnerships with local human service agencies serving people with disabilities. One of the pilots involves the provision of retired paratransit vans, still in good operating condition, to two human service agencies whose clients use WMATA's ADA paratransit service. In exchange for receiving the vans, the two human service agencies' agree to provide their own transportation for some of the clients who are ADA paratransit eligible and would otherwise use WMATA's ADA service.

Among the advantages to the human service agency is the ability to provide more individualized and personalized service to its clients than is possible by a public transit agency. For example, some clients may need door-through-door service, which is a level of service not available with public transit. The human service agency also has transportation available at times and for services not provided by a public transit agency.

DRT Policies

Trip Reservation Policy

Shorten the Advance Reservation Time Period

ADA paratransit regulations require that eligible riders be allowed to book trips in advance, at least one day in advance. Originally, the regulations required that riders have a 14-day advance reservation time period but this was changed with amendments to the regulations in 1996. The regulations now state that reservations are to taken at least one day in advance, as per the original regulations, and <u>may</u> allow reservations up to 14 days in advance. Any changes to the advance reservation time period must be presented and discussed with the disability community, such as an advisory committee.

Transit agencies have adopted a variety of advance reservation policies. Seven-days in advance is generally the more common approach but some transit agencies use three or even two days in advance.

Regardless of the advance reservation time period, some of the trips scheduled in advance will be cancelled, as riders find that, over the advance reservation period, their plans change or they find alternative transportation. While cancellations are a reality of advance reservation DRT systems, they have an impact on DRT performance. Once trips are reserved and placed on schedules, they occupy capacity within the system.

Subsequent requests for trips have to be placed around these trips, and this may impact the times scheduled for riders with those subsequent requests. When scheduled trips are cancelled, they become "holes" in the schedules, some of which can be filled as additional requests for service are made. The ability to fill these "holes," that is, re-use the capacity, will depend on when the cancellation occurs, and it will also depend on the technology used by the DRT system.

In addition to their impact on schedules, cancellations require staff time. They require staff time for the original trip scheduling and then staff time for their deletion from the schedule. While the time to accomplish this task for each reservation and cancellation is only minutes, the minutes add up with the cancellations made over the advance reservation window.

Because cancellations are made at different times, they have a tiered impact on service: the closer the cancellation is made to the time of trip pick-up, the more detrimental the impact. Cancellations made at the last minute are typically the functional equivalent of a no-show, as it is very difficult and for many systems not possible to re-use that newly created capacity. That is why most DRT systems group late cancellations with no-shows in their no-show policies.

One approach to addressing cancellations is to shorten the advance reservation window: with more limited time in advance to schedule trips, riders should be more sure of their travel plans and less likely to cancel their trips. There may even be fewer no-shows as riders may be less likely to forget that they scheduled a trip with a shorter period between booking and taking the trip.

It is recommended that Shore Transit consider a seven-day in advance reservation policy for both its ADA service as well as the other DRT services.

No-Show Policy

Shore Transit is revising its no-show policy to ensure its meets current FTA guidelines. The current policy, as defined on the website, says: "If a customer receives three no-shows, transportation services may be suspended." This policy could be retained for non-

ADA riders (though it is typical to include a timeframe for the accumulation of no-shows), but to ensure the policy meets FTA guidelines for ADA service, the policy should be revised.

The ADA guidelines underline the fact that the ADA regulations allow a rider to be suspended when that rider has a *pattern or practice* of no-showing trips. Determining a pattern or practice must take into account the frequency that a rider uses the ADA service. A rider that rides daily and misses a number of trips must be evaluated differently than a rider who rides just once or twice a month and misses one trip.

To do this, a two-step process is recommended. The first step determines the percentage of trips that defines a pattern or practice of misuse, for example, 10% of trips in the given interval of time, typically one month. The next step defines the minimum number of no-shows within that month for applying the policy. For example, that number might be three, so that a rider who accumulates three of more no-shows in a given month that equal or exceed 10% of the rider's total trips that month would be eligible for a suspension.

Having the threshold of three no-shows in a month is important, as without that, a rider who takes just four trips in a month and misses one would fall under the policy, as one trip is more than 10% of four trips. But one no-showed trip out of four does not rise to the level of a pattern or practice.

Shore Transit could have a different no-show policy for riders traveling on the non-ADA services. For example, riders – any rider – might be sanctioned after three no-shows in a month, regardless of the number of trips scheduled in the month.

Reportedly, no-shows have been a problem for the contracted senior agency services. All Shore Transit DRT riders, whether ADA or not, have a responsibility to either use their scheduled trips or cancel with adequate notice. Otherwise, Shore Transit is wasting resources without providing a passenger trip. Therefore, it is recommended that Shore Transit enforce the no-show policy for all riders, including those served by the contracted senior agency service.

Fare Policy

Shore Transit's fare policy includes a fare of $5 for an ADA paratransit trip; $5 per demand response trip for the general public outside the ADA service area; and $4 per demand response trip for seniors, Medicare cardholders and individuals with disabilities outside the ADA service area.

The ADA fare complies with ADA regulations that state that the fare for an ADA paratransit trip can be no more than twice the non-discounted general public fare for

fixed route service. The current fixed route fare is $3. Shore Transit's ADA fare is less than twice the fixed route fare; the regulations would allow the ADA fare to be $6.

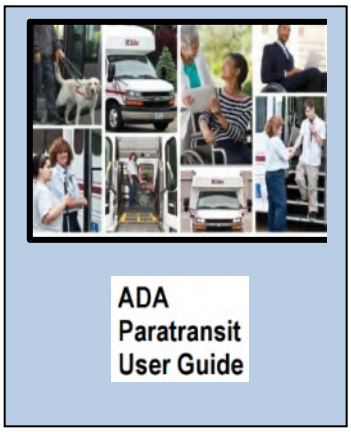
Some transit agencies provide free fixed route fares for riders who are ADA eligible, with the theory that free trips on fixed route will encourage those riders to use fixed route when possible. However, experience in the transit industry has shown that such a policy may encourage people to apply for ADA paratransit eligibility just to get free fixed route use.

We do not recommend that Shore Transit provide free fixed route fares for ADA riders. If, however, Shore Transit implements trip-by-trip eligibility so that some ADA eligible riders use fixed route service for some of their trips, we recommend that those fixed route trips be free for the riders, as discussed earlier.

The fares for trips outside the ADA service area may seem relatively high but many of the trips are long, given the geographically large and rural nature of the Lower Shore counties. An alternative policy might set fares based on zones or distance, so that shorter trips or trips within a defined zone are one price and trips that are longer or that cross zones are a higher price. Such a policy would involve a detailed review of trip patterns outside the ADA service area, design of a tiered fare policy that corresponded to distance or zones that are understandable to the riding public, discussions with the community, and adoption following the regulations set out by FTA and the MTA.

Information to DRT Riders

We suggest that Shore Transit improve and expand its information materials for DRT riders and the larger community interested in learning what services are available.



The first suggestion is to develop an informational piece that would be given to applicants for DRT service when they come for their in-person interview. This could include the DRT policies, not only the policies but also the riders' responsibilities. For example, the on-time window could be explained as well the wait time at pick-up locations, including the rider's responsibility for being ready at the start of their on-time window so they can board when the vehicle arrives and having exact change for the fare, etc.

The second suggestion is to improve information on DRT services on the Shore Transit website. This could include a graphic of the service area, as mentioned earlier. We also suggest that the agency reconsider the terminology used for its DRT services. Different terms are currently used by Shore Transit for the service – paratransit, ADA paratransit, origin to destination

service, origin to destination ADA paratransit service, and, on the telephone menu, the term demand response is used. While existing riders know what they need to for using the service, for others, the use of the different terms is confusing. As noted in our first report, the term origin to destination is typically used to help explain driver assistance policies, not as a title for DRT service.

IT/Reporting

Shore Transit currently does not have a dedicated IT person. Instead Shore Transit shares an IT position with Tri-County Council. This shared position is responsible for Shore Transit's computerized scheduling dispatch system, Trapeze, which is the heart of the DRT service – allowing the scheduling of DRT trips onto manifests each day, collecting each day's operational data (e.g., completed trips, no-shows, the time of pick-ups and drop-offs), and storing all the operational data needed for reporting purposes. With the shared nature of the position, Shore Transit's needs for Trapeze are not always readily available.

Given the importance of Trapeze to the operation and efficiency of Shore Transit's DRT service, we recommend that Shore Transit have its own IT staff person. And importantly, the person in this position should be proficient with Trapeze. This requires training on Trapeze, as the system is complex and sophisticated, with many attributes and capabilities.

Trapeze Training

Training on Trapeze will ensure that Shore Transit can take advantage of the many tools and capabilities available through the software system. This should be more than just a one-time session but ongoing training as needed with new versions and upgrades to the software.

We recommend that Shore Transit explore such training. This could involve coordination with the Metropolitan Planning Organizations (MPO) to identify funding that could be used to support technical training for Shore Transit staff that use Trapeze.

Training on Trapeze is possible through Trapeze. Another approach might involve training at Shore Transit from an outside professional who is experienced with Trapeze, and this might be an avenue that could quickly be customized to Shore Transit's needs.

Reporting

Related to the IT recommendations, Shore Transit should explore the various reporting capabilities of Trapeze, which would produce various reports and provide comprehensive data and information that could improve the ongoing management of the DRT services.

There are dozens of standard Trapeze reports under the headings of Data/Diagnostic, Fare/Funding Source, General, Operational, Productivity, Statistical and Manifests. Each Trapeze report has a variety of parameters which can be adjusted and used to filter or adjust the data. We recommend that Shore Transit review and experiment with running the reports using different parameters in order to arrive at desired result sets. For example, the Route Productivity Report shows the count and percentage allocation of trips, passengers, hours and miles by run.

Cost-Sharing with State for Medicaid NEMT Service

Until the end of FY 2015, Shore Transit was a provider of Medicaid NEMT service for Medicaid beneficiaries on the Lower Shore, through agreements with the counties' health departments that administer NEMT in Maryland.

This service provided several hundred trips per day, requiring significant capacity. Demand for the NEMT service was increasing, and Shore Transit determined that it could no longer provide the service. The three health departments made other arrangements, with much of the NEMT service going to local taxi companies.

Reportedly, some of the Medicaid beneficiaries who had been using Shore Transit's DRT service for their NEMT trips were not happy with the taxi-based service and decided to continue using Shore Transit, despite the fact that the NEMT service is free and Shore Transit requires a fare. Shore Transit must fund these trips with its federal and state transit grant programs; since the transit agency is no longer the NEMT provider, it receives no extra funding for the service.

Medicaid Program Allows Cost-Sharing with Transit Agencies

Medicaid regulations allow the Medicaid agency to pay for trips on a public transit agency's ADA paratransit service. The regulations state that the agency can pay a rate that is no more than the rate that is charged to other human service agencies for the same level of service, but not the fully allocated cost of an ADA paratransit trip, assuming the latter is not charged to a human service agency. A number of transit agencies benefit from such a cost-sharing practice.

This option suggests that Shore Transit approach Maryland's Department of Health and Mental Hygiene (DHMH) and the Lower Shore counties' health departments with a proposal that would allow for the counties to share the costs for the Medicaid-eligible trips that the transit agency provides.

The counties would need to keep records on the Medicaid recipients who are denied NEMT service because they are eligible for Shore Transit's ADA paratransit or other DRT service. Shore Transit would then need to track trips taken by Medicaid eligible riders,

and this trip information would be shared with the counties' health departments to confirm which trips are Medicaid eligible. (The Medicaid-eligible riders may be taking a variety of trips on Shore Transit and only the medical trips deemed eligible for Medicaid are relevant for this option.)

For those trips provided by Shore Transit and confirmed to be Medicaid-eligible, the counties would reimburse Shore Transit at the agreed-upon human service agency rate.

There are at least two advantages of this option. First, Shore Transit would receive partial payment for the cost of the Medicaid-eligible trips. And second, the state benefits as it takes advantage of 50% federal funding for the state's Medicaid program.

Dialysis Trips

Dialysis trips constitute almost 20% of Shore Transit's DRT trips, a significant proportion.

For many years, medical facilities indicated they could not provide transportation to their site because of the federal Anti-Kickback Statute. This law, regulated by the federal Health and Human Service Office of the Inspector General (HHS OIG), provides criminal penalties for individuals or entities that knowingly and willfully offer, pay, solicit, or receive remuneration so as to induce or reward the referral of business reimbursable under federal healthcare programs.

For example, a healthcare provider that wanted to provide transportation to pick up patients and bring them to appointments might be seen as giving *kickbacks* to patients to induce them to see the medical provider. The premise here is this: because generally the more patients a medical provider sees, the more revenue the provider gets from the federal healthcare programs (Medicare, Medicaid), so that something given to the patients (such as a free ride) will make the patients more likely to see that medical provider.

There are, however, various Anti-Kickback safe harbors and exceptions. For example, exceptions and safe harbors that apply to the relationships between dialysis companies and nephrologists have enabled fair market value joint ventures between these parties.

In December 2016, the HHS OIG issued a ruling that provides new "safe harbors" for the Anti-Kickback Statute.[16] These include allowing healthcare providers, including dialysis clinics, to provide free or discounted local transportation within defined parameters. This opens up the opportunity for dialysis providers to fund local transportation for their

[16] http://www.starklaw.org/, https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html?redirect=/physicianselfreferral/

patients, an opportunity that would help current transportation providers including public transit agencies, meet the increasing demand for dialysis trips.

The ruling defines the details:

- Types of transportation: Transportation can be provided on a door-to-door basis. And it can be various modes – buses, taxis, community vans, volunteers, etc. Transportation can also be provided via shuttle transportation, using buses, vans or other vehicles that operate along a fixed route with a fixed schedule. Healthcare providers can provide the transportation or use vouchers or other subsidy methods to provide transportation for patients.

- What does local mean? Local transportation is defined at up to 25 miles in urban areas and 50 miles in rural areas. Mileage is measured "as the crow flies."

- Who can be served? Individualized transportation (door-to-door) is to be provided for "established patients." This means patients who have been served by the healthcare provider which includes, per the ruling, a patient who has made his or her first appointment. The intent of this provision is to offer flexibility to improve patient care but to limit the risk of transportation being used as a recruiting tool or to bring patients in for unnecessary services. However, for shuttle service, transportation can be provided not only to patients but family and friends and even employees of the healthcare provider. Restrictions on marketing the shuttle limit the risk that the shuttle would be used to recruit new patients.

Other details:

- The transportation service cannot be advertised or marketed to patients. The ruling emphasizes this: transportation cannot be used as a recruiting tool. Information about shuttle service, however, can be made available by the healthcare provider with a posting of the schedule and stops.

- The healthcare provider is to establish a set policy regarding the availability of free or discounted transportation and must apply that policy uniformly and consistently. But the OIG declined to mandate specific parameters for such policy other than mandating that it cannot be based on the type of patients' insurance.

- Paying for transportation service: if transportation is available through a private company or driver hired by the healthcare provider, payment cannot be made on a per-patient basis. It can be on a distance/mileage basis. If transportation is provided by public transit or taxi, the transportation would be paid for or reimbursed to individual patients by, for example, taxi vouchers or bus fare.

  Costs for the transportation must be borne by the healthcare provider and not shifted to Medicare, a state healthcare program, other payers, or individuals.

- Regarding dialysis providers: Interestingly, comments to the proposed ruling wanted more controls on transportation provided by dialysis providers. Concern was expressed that the larger commercial dialysis providers would increase their business by providing transportation thus hurting smaller providers. This could be addressed by, for example, allowing dialysis facilities to offer transportation only in certain situations, such as only for patients who have suddenly lack transportation or for those with occasional unreliable transportation. The final ruling, however, does not include such restrictions for dialysis providers. In fact, in commentary that accompanies the ruling, the OIG states that the safe harbor for local transportation will save federal healthcare dollars for end stage renal disease (ESRD) patients, as "dialysis patients are a population that has been identified as contributing to the increasing costs of nonemergency ambulance transportation and would benefit from local transportation furnished by providers."

Given this new ruling and the opportunity that dialysis centers can now provide or fund local transportation, we suggest that this option be explored with the largest private dialysis provider in the region.

Service to Senior Agencies in Wicomico and Worcester Counties

Shore Transit's service for the four selected senior agencies in Wicomico and Worcester Counties consumes a considerable amount of total DRT service – almost 25% according to data for FY 2016. Demand for the service is increasing, particularly for two of the agencies based on scheduled trip data for a sampled month in 2015 and one year later in 2016 (October 2015 and October 2016). Based on this data, trip demand for the Worcester County Senior Center in Snow Hill (WORCOA1) has increased 60% and for the Worcester County Adult Medical Daycare, demand increased 36%.

The counties had been paying a negotiated rate of $30 per revenue hour, which is less than half the transit agency's average weighted cost per DRT service hour of $69.37. Starting in FY 17, this payment arrangement was changed. Reportedly, Tri-County Council changed the arrangement for Worcester County, without Shore Transit's involvement or knowledge, so that the county is billed a flat rate for a

minimum number of hours – $12,500 for 600 hours each quarter. This computes to $20.83 per hour, less than one-third the $69.37 cost per hour for Shore Transit to operate the service. If more than 600 hours of service is needed, the county pays $21 per hour. The fare revenues are retained with this new pricing structure.

Shore Transit supplements the cost of this service with its SSTAP allocation and other transit operating grant funds, however there is a need to look for additional revenue, particularly as service demand has increased, or to consider limits on the service.

One approach would look to possible additional funding from the two counties. Several options are possible. One option would involve a change to service hour pricing rather than revenue hour pricing. Given the rural nature of Shore Transit's service area, there can be considerable deadhead miles and time to pick up the first rider on the schedule and then from the last drop off back to the yard for the return trip. The transit agency is not compensated for this extra cost, the majority of which is the driver's time.[17] A change to service hour pricing rather than revenue hour pricing would more accurately compensate the transit agency for the service, and may also encourage the counties to ensure that riders are transported to the closest senior agency.

Another option would involve constraining SSTAP service to a predetermined level of service that is pegged to funding. This would be operationalized by allocating a set amount of funds or service each month (or each week or even each day) for the fiscal year, and once that budgeted amount was reached in the defined time period, there would be no more SSTAP trips.

Unlike ADA paratransit, there is no requirement for unconstrained SSTAP service for eligible riders. ADA paratransit is unique in that regard. It is important to note that constraining SSTAP service to available funding would not change the eligibility status of people with disabilities who are certified for ADA paratransit. But for those ADA eligible people living outside the ADA service area, it would mean that their ability to access the ADA service area using SSTAP would be affected if SSTAP service is constrained.

SUMMARY

Shore Transit is experiencing increasing demand for its DRT services, which include ADA paratransit as well as demand response service for seniors and people with disabilities through Maryland's SSTAP program and for the general public through the federal Section 5311 program. The demand increase is particularly significant for ADA paratransit.

This report describes a number of options to address increasing demand, from relatively minor suggestions for improved reporting in order to monitor trends in ADA applications

[17] Labor costs make up about 60-70% of the cost of transit operations.

to more substantive changes that would involve, for example, working with the state's Medicaid agency to share the cost for Medicaid NEMT trips provided by Shore Transit. Shore Transit should also consider a new emphasis on conditional ADA paratransit eligibility, where ADA applicants and riders are assessed to determine whether some of their trip needs could be met on fixed route. This option could be supplemented with individualized travel training as well as a fare policy providing free fare for those trips taken on fixed route rather than ADA paratransit.

Importantly, the options for ADA paratransit recognize that Shore Transit must ensure that its ADA paratransit service continues to meet the federal regulations for ADA service provision, in particular, the prohibition of capacity constraints. This requirement serves to limit what Shore Transit can do to meet increasing ADA demand.

Shore Transit, however, has more latitude for SSTAP and 5311 service and, given the constrained funding, should limit this service in correspondence to available funding. There is no requirement that SSTAP and 5311 service must meet all demand. In particular, the service for the four senior agencies, which is showing increasing demand, should be reviewed, especially with the current payment structure that provides significantly less than the full cost for Shore Transit to operate.

Beyond options that address DRT operations and policy, the report addresses two issues that are related to the organization of Shore Transit as a part of a larger organization. First, the report recommends that Shore Transit have its own IT staff person who would be dedicated to the transit agency and able to focus on Trapeze and its robust capabilities for reporting and monitoring ongoing service. Currently, Shore Transit shares the IT position with Tri-County Council (TCC).

Second, the report documents a change to the payment structure for the four senior agency services, which was apparently implemented by the TCC without Shore Transit's involvement. Any revisions impacting the financial foundation of the transit agency should involve the transit agency. The revised payment structure provides even less revenue to the transit agency than the previous structure and impacts almost 25% of DRT service. Coordination between the two organizations needs attention, or the current structure of Shore Transit should be reconsidered.

ATTACHMENT – MAPS OF SENIOR AGENCY SERVICE TRIPS

At the request of Shore Transit, further analysis was conducted on the paratransit trips that pertain to the senior agency service that Shore Transit provides as part of its DRT services. The analysis consisted of summarizing and mapping the trips that are made to each of the four senior agencies that are served by agreement in Wicomico and Worcester Counties. The four senior agencies include:

- Wicomico Senior Center (funding code: WCSC)
- Northern Worcester County Senior Center (funding code: WOR COA 1)
- Pocomoke Senior Center (funding code: WOR COA 3)
- Worcester County/Snow Hill Senior Center (funding code: WCAMD)

The sample data that was used in this analysis is based on paratransit trips in October 2016. Figures A-1 through A-4 in this Attachment provide a map for each of the senior agency locations and the scheduled trips to each of the agency sites.

On each of the four maps, there is a green star that represents the location of the senior agency. The origins of the trips to the senior agencies are represented with a red dot. The size of the red dots represents the number of trips during the month of October 2016. The larger dots depict a higher the number of trips that were made to the agency site from that origin.

Also shown on the maps are the Shore Transit routes which are shown by blue lines.

As discussed in the body of this report, these maps and assessing the trip patterns that are depicted provide a first step that will allow Shore Transit staff to identify whether there may be DRT riders who may potentially be able to use fixed route service for their trips. That potential will depend, importantly, on the mobility capabilities of the riders, the location of the bus stop relative to where the riders live, and the accessibility of the pathways to the bus stop.

Figure A-1: Wicomico County/Salisbury Senior Center

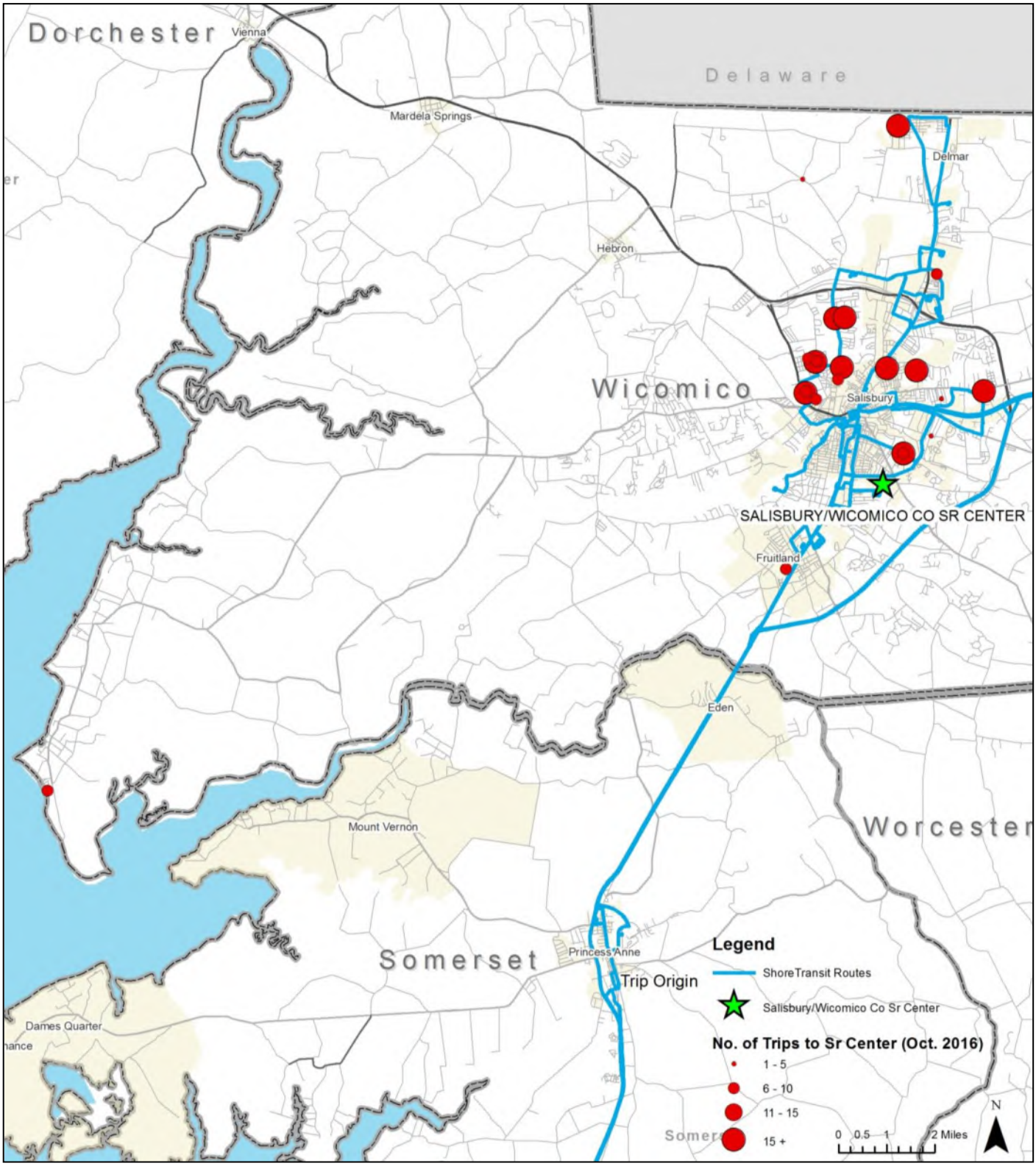


Figure A-2: Northern Worcester County Senior Center

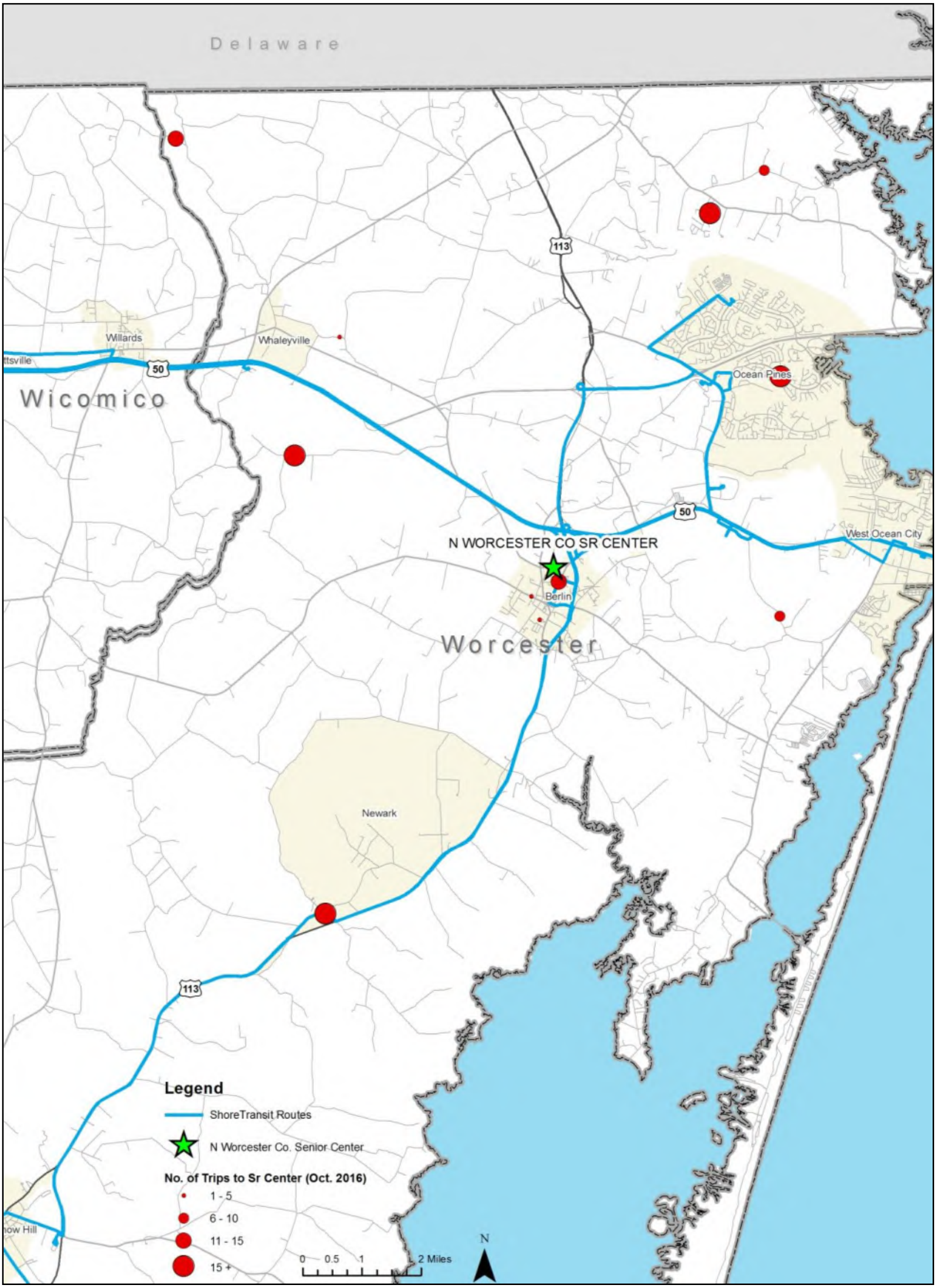


Figure A-3: Pocomoke Senior Center

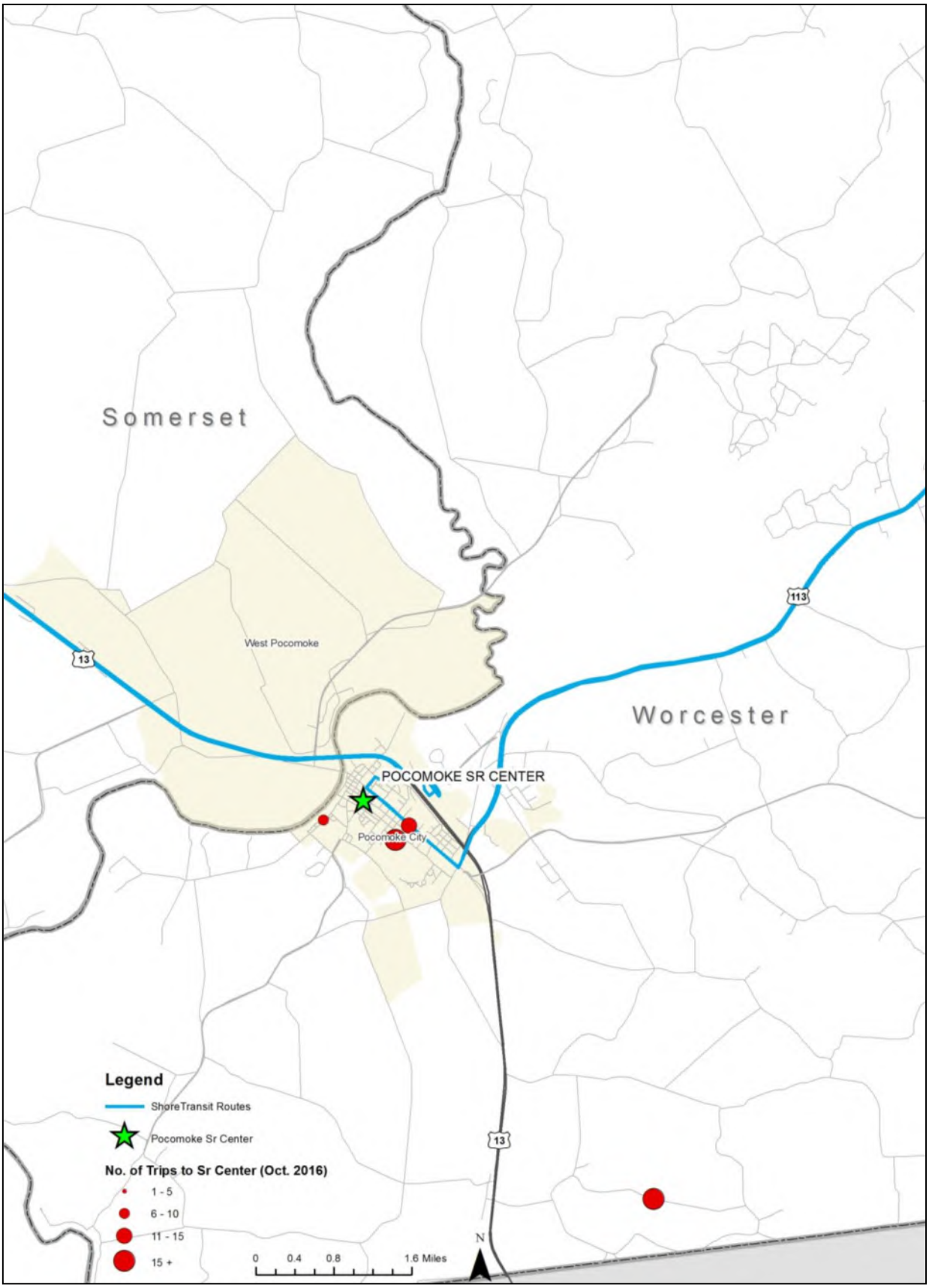
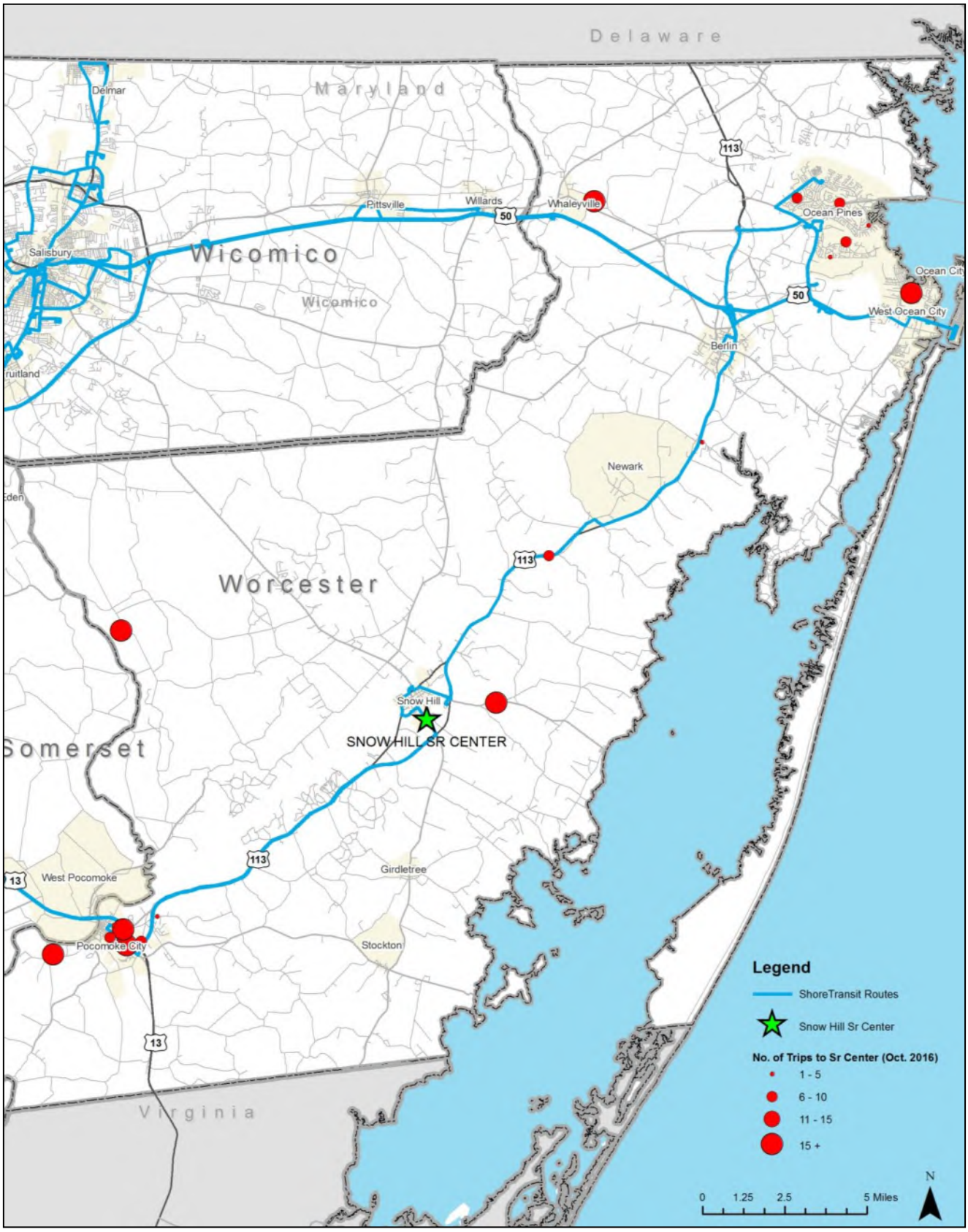



Figure A-4: Worcester County/Snow Hill Senior Center