

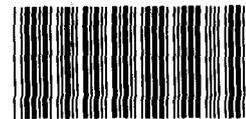
GAO

United States General Accounting Office
Report to Congressional Requesters

August 1991

SERVICES FOR THE ELDERLY

Longstanding Transportation Problems Need More Federal Attention



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United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-243954

August 29, 1991

The Honorable Brock Adams
Chairman, Subcommittee on Aging
Committee on Labor and
Human Resources
United States Senate

The Honorable Thomas J. Downey
Chairman, Subcommittee on Human Services
Select Committee on Aging
House of Representatives

In your letter of February 26, 1991, you asked us to study special transportation services for the elderly to assist you in considering reauthorization of the Older Americans Act (OAA) and the Urban Mass Transportation Act of 1964, as amended (UMT Act). Special transportation, or paratransit, services are typically provided with vans or minibuses and may offer door-to-door transportation to the elderly and other special populations to access medical appointments, nutrition programs, adult day care, and other services. At your request we identified (1) principal barriers that transportation providers face in the effective use of federal funds, including a perceived lack of coordination between a variety of programs operated by the Department of Health and Human Services (HHS) and the Department of Transportation (DOT); and (2) possible ways to maximize the use of transportation funds to increase access to health and human services. On June 7, 1991, we briefed your offices on the results of our work.

Results in Brief

We found three longstanding barriers—fragmentation of service delivery among multiple providers, confusion concerning program requirements, and inadequacies in data needed to manage and evaluate programs—to the effective delivery of special transportation services for the elderly in many communities. These barriers result in duplication of service in some localities at the expense of little or no service in others and higher unit costs per trip than necessary. Lower service quality could also occur for some clients.

Some communities have been able to overcome special transportation barriers but many have not. Although special transportation experts often know how to overcome barriers and improve efficiency, many communities have not benefited from this knowledge. Inadequate information dissemination and a lack of technical assistance in applying this

information to their own programs are two reasons for this. The increasing needs of an aging population, however, compel more efficient use of resources in all communities.

The federal government has a direct stake in improving special transportation for the elderly because it helps to finance these services, which are a crucial element in accessing the health and social services that it directly finances. We believe that DOT and HHS should make more and better use of mechanisms already in place to increase information dissemination and technical assistance to reduce the barriers we identified. Through these actions the Joint DOT-HHS Coordinating Council, DOT and HHS regional offices, and DOT's Rural Transit Assistance Program and its HHS counterpart can help ensure more efficient use of scarce resources for special transportation for the elderly.

Scope and Methodology

To obtain the information you requested, we (1) examined data from 19 special transportation studies that focused on the elderly and other special populations and reviewed other related literature; (2) interviewed federal agency officials in HHS and DOT, as well as other transportation experts; and (3) met with state and local special transportation program officials in Atlanta, Georgia; Chanute, Kansas; Albany, New York; and Kitsap County, Washington. (See app. I for more detail on our scope and methodology.) We performed our work from March 1991 through May 1991 in accordance with generally accepted government auditing standards.

Figure 1: Special Transportation Services for the Elderly



Source: Community Transportation Association of America.

Figure 2: Special Transportation Services for the Elderly



Source: Community Transportation Association of America.

OAA and UMT Act Programs Are Combined With Many Other Programs

Special transportation providers use funds not only from OAA and UMT Act sections 16(b)(2) and 18, but also from other programs that serve the elderly and other special populations.¹ Merging many different programs and funding streams to serve diverse populations frequently complicates service delivery beyond the rules and regulations associated with OAA and UMT Act funds alone. For example, other sources of transportation funding that commonly are combined with OAA and UMT Act funds at the local level are Medicaid; the Social Services Block Grant; the Community Services Block Grant; and state, local, and private programs.²

The major programs within HHS and the Urban Mass Transportation Administration (UMTA) supporting special transportation often have different program objectives, service providers, and administering agencies, as shown in table 1. States, local governments, and private nonprofit and for-profit agencies provide aging, social, and health, as well as transportation services, and the special transportation responsibilities of these service providers vary greatly by locality. In some communities federal programs dominate special transportation funding while in others the federal share is relatively small compared with funding from state and local governments.

¹These special populations include disabled individuals with developmental disabilities, those disabled later in life, persons with mental illness, disadvantaged youth, and certain low-income persons who may be dependent on transportation services.

²For more information on federal special transportation programs, see Transportation for Elderly and Handicapped People: Programs, Regulations, and Issues, Congressional Research Service, U.S. Library of Congress (Washington, D.C., April 26, 1985).

Table I: Major Government Programs Supporting Special Transportation Services for the Elderly

Program ^a	Objectives	Transportation contractors and providers ^b	Administered by	
			Federal	State/local
Older Americans Act Title III	To foster the development of a comprehensive and coordinated system to serve the elderly, age 60 and older (regulations allow for operational and capital funding)	Area agencies on aging, nonprofit organizations, for-profit organizations, and government agencies	Administration on Aging, HHS	State agency on aging
Urban Mass Transportation Act Section 16(b)(2)	To provide for transportation services meeting the special needs of elderly and handicapped persons (regulations allow for capital funding)	Private nonprofit corporations and associations	Urban Mass Transportation Administration, DOT	Primarily state department of transportation
Urban Mass Transportation Act Section 18 ^c	To enhance access of people in nonurban areas by assisting transportation agencies serving the general public (regulations allow for capital and operational funding)	Operators of public transportation service, nonprofit organizations, and public bodies	Urban Mass Transportation Administration, DOT	State department of transportation
Medicaid/Title XIX of the Social Security Act	To pay for medical assistance for certain low-income persons (Medicaid regulations provide assurance of transportation to services)	Nonprofit organizations and for-profit organizations	Health Care Financing Administration, HHS	State Medicaid agency
Social Services Block Grant/Title XX of the Social Security Act	To assist families and individuals in maintaining self-sufficiency and independence	Social service agencies and area agencies on aging	Administration for Children and Families, HHS	State social services/human resources agencies and, in some cases, other state agencies (e.g., state agency on aging)
Community Services Block Grant	To provide a range of services and activities to reduce poverty in communities	Primarily community action agencies	Administration for Children and Families, HHS	State department of community affairs/state social services/human resources agencies and, in some cases, other state agencies
State and local programs	To address state and local-identified elderly transportation needs	Determined by states and localities	N/A	State and local agencies

^aPrograms do not necessarily differentiate what portion serves specifically elderly. Some programs target additional special populations.

^bThese entities may be either a contractor, direct provider, or in some instances, both.

^cWe did not specifically examine UMT Act section 9 because it primarily pays for conventional, large urban transportation services. Some section 9 funding is provided for paratransit services in urban areas, but data were not available on the amount.

The Administration on Aging (AOA) estimated that \$68 million from OAA title III was spent for special transportation in fiscal year 1989. OAA title III funds may be used for capital and operating expenses for special

transportation services for persons 60 years of age or older.³ UMT Act appropriations in fiscal year 1991 were \$35 million for section 16(b)(2), which funds purchase of vehicles to serve the elderly and disabled, and \$69 million for section 18, which funds capital and operating expenses. In some communities total spending from other federal, state, and local programs exceeds OAA title III and the two UMT Act sections combined.

Barriers Limit the Effectiveness of Federal Resources

Service fragmentation, confusion about program requirements, and inadequate data limit the effectiveness of federal special transportation programs in serving the elderly. Despite using different methodologies, the special transportation studies we reviewed identified similar barriers and problems, and our interviews with a variety of officials and other experts and site visits confirmed that these barriers continue to exist. (See app. II for a list of the special transportation studies we reviewed.)

Service Fragmentation Is a Major, Longstanding Barrier

Fragmentation leads to some of the most common inefficiencies found in special transportation services. Eighteen of the 19 studies we reviewed identified and the officials and other transportation experts we interviewed agreed that fragmentation of special transportation services is a pervasive, longstanding problem. Moreover, our sources of information generally attributed fragmentation to multiple funding sources, differences between social service and transportation providers, and the cost of coordination.

We found that in many communities a number of agencies operate in isolation from one another to provide special transportation to the elderly and other populations. As a result, each agency's vehicles are used for only a part of the day. In addition, while there are no special transportation services available in some localities, one agency's vehicles pass by another agency's clients in other localities. In such cases, more vehicles are used to provide special transportation than are necessary. Higher operating costs also occur because of independent purchases of maintenance services, supplies, and other items when joint-purchasing arrangements could reduce costs through volume discounts. The smaller scale of operations in some agencies frequently makes it more difficult for them to train drivers, provide extra equipment, or provide staff to accompany drivers when transporting severely disabled persons. When

³OAA title III funds are primarily used for nutrition and supportive services other than transportation.

small agencies cannot overcome these obstacles passenger safety and service quality diminish.

Widespread fragmentation of special transportation services for the elderly continues in spite of federal legislative mandates to encourage coordination in both the OAA and UMT Act.⁴ In 1986, DOT and HHS signed a mutual agreement to improve coordination by creating the Joint DOT/HHS Coordinating Council (see app. III for the Council's objectives and members). Federal officials, transportation experts, and state and local officials said, however, that the Council has had little effect in improving state and local service coordination, although it has made officials in the two agencies more knowledgeable about each other's programs. We found little evidence of effective dissemination of the Council's work in our site visits, even though a Council publication⁵ could have helped state and local governments improve services had they been aware of its content.

DOT's Rural Transit Assistance Program (RTAP) is a federal initiative that shows promise for enhancing coordination in nonurban areas. Operated by the Community Transportation Association of America, the program offers peer-to-peer technical assistance for service providers, a toll-free hotline for information, and an electronic bulletin board.⁶

Multiple Funding Sources Underlie Fragmentation

Multiple funding sources for special transportation services result in differing program guidelines for operational practices, such as the charging of fares for rides, accounting for vehicle depreciation, and record keeping. This discourages coordination because it makes service delivery unusually complex when several programs with different riderships are implemented by the same agency.

Different fare policies illustrate this point. While some transportation agencies charge their clients fares to comply with funding sources' requirements or to increase revenues, regulations implementing OAA prohibit agencies from collecting mandatory fares. Some states have laws,

⁴We examined AOA coordination activities more broadly in our recent report, Administration on Aging: More Federal Action Needed to Promote Service Coordination for the Elderly (GAO/HRD-91-45, Apr. 23, 1991).

⁵In response to one of the Coordinating Council's goals, it developed Best Practices in Specialized and Human Services Transportation Coordination, HHS/DOT (Washington, D.C., July 1989), prepared by Center for Systems and Program Development, Inc.

⁶HHS has also funded the Community Transportation Association of America to provide these services in urban as well as nonurban areas, but state and local officials we interviewed were unaware of this service.

however, that prohibit agencies from charging fares to one group of clients and not another. If agencies decide not to serve OAA clients, then the OAA program would have to fund separate transportation programs.

Differences Between Human Service and Transportation Providers Aggravate Fragmentation

When human service and transportation providers venture into special transportation, they both operate outside their usual and distinct program missions. In practice, many social service agencies have become involved in special transportation to get their clients to services but have not developed skills in this area. Likewise, many transportation agencies added special transportation to their services but have not acquired skills in human service delivery. DOT, HHS, and state and local officials told us that special transportation is neither a traditional social service nor a transportation service, but instead requires expertise from both fields. The lack of understanding between human service and transportation providers has inhibited special transportation coordination.⁷

Cost of Coordination Contributes to Persistence of Fragmentation

We found that state and local officials are often reluctant to coordinate with other agencies because the initial costs of doing so, either in time or money, are too high for their agencies. Experts agree that it is difficult to divert scarce resources from urgently needed direct social service provision to coordination efforts that have longer-term less tangible benefits. State officials and local providers also worry about losing control of vehicles that they have purchased, giving up autonomy over budgets, and compromising the needs of their clients should coordination change agency responsibilities and budgets.

Some communities have used technical assistance or additional funding to improve coordination of special transportation services. These communities have used technical assistance provided through grant programs, such as RTAP, or hired their own consultants. Some states have provided additional funding to encourage coordination of special transportation services.

⁷In recognition of the growing importance of human service transportation, HHS established a transportation specialist position in 1991 in the Office of the Secretary to serve as a focal point for its human service transportation issues.

Confusion About Program Requirements Creates Additional Barriers

Twelve of the 19 studies we examined identified poor knowledge of program requirements as a barrier that hindered effective use of funds. Our site visits and discussions with federal officials confirmed that state and local officials frequently misunderstood laws and regulations pertaining to special transportation.

We observed that widespread confusion about program requirements impeded service delivery and raised costs in some communities. For example, some officials mistakenly believed that the federal government does not allow vans purchased or operated with OAA title III funds to be used to transport persons who are not elderly, even though such use is permitted when costs of transportation are reimbursed. Consequently, fewer clients have been served at greater costs because providers have avoided sharing vehicles and consolidating ridership among different populations.

State and local officials were also confused about the extent to which section 18 funds must serve the general public and whether the general public includes nonelderly and nondisabled individuals. In one case, special transportation providers spent time and money not spent in most other parts of the country to attract nonelderly, nondisabled riders to meet one interpretation of the requirements for serving the general public. In another case, section 18 transportation providers considered the elderly and disabled as part of the general public. State officials told us they needed more federal guidance and more uniformity in federal guidance to reduce their confusion about program requirements.⁸

Some states also want more federal guidance on regulations implementing section 16(b)(2), which allow "incidental use" of vehicles for transporting meals and medicine, for example, as long as such use does not interfere with transporting people. UMTA's circular permits incidental use as long as the primary grant objective of transporting people is met, and, in this spirit, some providers use vans that would otherwise be idle to transport meals or other items on a routine basis. Some states, however, define incidental use more narrowly than the circular, effectively limiting delivery of meals and other items to unusual or nonroutine situations, such as emergencies. Officials in these states believe that routine use of vehicles other than for the transport of people, even if on an infrequent schedule, is inconsistent with the program's requirements.

⁸UMTA headquarters officials recognize the need to clarify the use of section 18 funds and said they plan to do so by revising the circular providing guidance on the use of section 18 funds. UMTA officials said they planned to revise the circular soon, but did not specify a date.

State officials said that they want UMTA to provide more timely policy direction on these and other program issues. State officials told us that they had great difficulty in getting guidance from UMTA and that it sometimes took up to 2 years to get such guidance in writing.

Inadequate Data Hinder Efficient Use of Funds

Poor data often hinder sound management and prevent agencies from evaluating special transportation programs to improve them. Ten of the 19 studies we reviewed cited inadequate data as a barrier to maximizing the benefits of special transportation funding.

We found that many agencies cannot manage their programs efficiently because basic program data are absent or inadequate. For example, state agencies that offer funding to local agencies for the purchase of vehicles often do not have data on the number of vehicles, their age or condition, or unit costs for special transportation in their states. As a result, state agencies may not be able to allocate funds for vehicle purchase where they would be most effective. Many state and local agencies also have inadequate data on the number of trips, destinations, their timeliness, and client populations and their characteristics. Lacking such information, program managers cannot effectively schedule passenger pickups or change routes to improve the availability and quality of services.

Lack of data and inconsistencies among data that are available often preclude program evaluation and make national comparisons of special transportation services impossible. Insufficient data and differences in how data are defined and collected often mean that data are not comparable even within the same community. For example, the unit cost data available may refer to either one-way or round-trip services and not reflect differences in destinations or the types of clients served. Unit costs can differ greatly depending on the length of routes and the number of riders carried, factors that can vary greatly from rural to urban areas. Moreover, unit costs also can vary depending upon the type of disability riders may have, because additional staff are needed to accompany some disabled persons but not others.

Summarizing data at the state and national level further compounds data inadequacies. Though HHS and UMTA have developed information on

some dimensions of the programs they administer, their data are incomplete.⁹ As a result, national data do not exist on the total amount of funding for special transportation services, how many people use these services, how many vehicles are available, or what typical unit costs are. Without such data, agencies cannot evaluate how well federal funds are used for special transportation.

Insufficient Information Dissemination and Technical Assistance Limit Progress in Overcoming Barriers

We found that substantial knowledge and experience in the operation of successful special transportation services exists among national experts and officials in some communities, but this information is either not readily available or its application is poorly understood in many communities. Seventeen of the 19 studies we reviewed cited the need for information and technical assistance for state officials and local providers to reduce barriers to special transportation services. The state and local officials with whom we spoke confirmed these needs and asked for more information and advice in operating their programs from HHS and UMTA. Federal officials agreed and told us that more technical assistance in conference workshops and other interactive forums would help providers apply information to improve their programs.

More information could help state and local officials benefit from the experience of well-coordinated programs and also gain a more accurate picture of legal, regulatory, and administrative requirements.¹⁰ If this information and technical assistance in using it were more readily available, improvements in special transportation services could be quicker and resources could be better used.

Conclusions

Major barriers—service fragmentation, confusion about program requirements, and inadequate data—continue to limit the effective provision of special transportation for the elderly, despite DOT and HHS efforts to improve these programs. Much is known about ways to reduce barriers, yet many communities are poorly informed. Without improvements in the dissemination of information on how to operate successful

⁹HHS is sponsoring work to identify for the first time Medicaid transportation spending. The Community Transportation Association of America estimates that Medicaid paid for \$500 million in non-emergency transportation in fiscal year 1989 in its study of HHS's human service transportation programs scheduled for completion in the summer of 1991, but no information exists on what part of these expenditures are for the elderly.

¹⁰For examples of the value of information dissemination in other aging programs see Older Americans Act: Dissemination of Research and Demonstration Findings Could Be Improved (GAO/T-HRD-90-53, Sept. 11, 1990).

programs and more technical assistance in applying this information to local circumstances, special transportation barriers will likely remain.

Recommendations

To improve service coordination, reduce widespread confusion about program requirements, and help develop better transportation data by more effectively using mechanisms already in place, we recommend that the Secretaries of HHS and DOT do the following:

- expand dissemination of information on service coordination, program requirements, and data design and collection to state and local social service and transportation agencies through the Joint DOT-HHS Coordinating Council, regional DOT and HHS offices, and initiatives, such as the Rural Transit Assistance Program and its HHS counterpart; and
- provide more technical assistance in conference workshops and other in-person means to state and local agencies to help them apply this information to their own special transportation programs.

We discussed the contents of this report with HHS and DOT officials and incorporated their comments where appropriate. We are sending copies of this report to other congressional committees, the Secretary of Health and Human Services, the Secretary of Transportation, the Commissioner of the Administration on Aging, and the Administrator of the Urban Mass Transportation Administration. We will also make copies available to other interested parties on request.

Please call me on (202) 275-5365 if you or your staff have any questions about this report. Other major contributors are listed in appendix IV.



Gregory J. McDonald
Associate Director, Income Security Issues

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Abbreviations

AOA	Administration on Aging
DOT	Department of Transportation
HHS	Department of Health and Human Services
OAA	Older Americans Act
RTAP	Rural Transit Assistance Program
UMT Act	Urban Mass Transportation Act
UMTA	Urban Mass Transportation Administration

Objectives, Scope, and Methodology

Objectives

This report provides information on specialized transportation services for the elderly to the Congress for its use in considering reauthorization of the Older Americans Act and the Urban Mass Transportation Act. Its objectives are to identify

- principal barriers in the effective use of federal funds, including the perceived lack of coordination between the Department of Health and Human Services and the Department of Transportation, and
- possible ways to maximize the use of transportation funds to increase the elderly's access to health and human services.

Scope

The scope of our work included OAA title III, UMT Act section 16(b)(2) and section 18, and other federal, state, local, and private programs commonly used to fund or deliver special transportation services for the elderly to access health and social services. The paratransit services we examined are typically provided with vans or minibuses and may offer door-to-door transportation to the elderly and other special populations to access medical appointments, nutrition programs, adult day care, and other services. We included some aspects of special transportation services for nonelderly populations because federal and other programs often serve both elderly and nonelderly.

We concentrated primarily on the Older Americans Act and Urban Mass Transportation Act special transportation programs because these two acts are being considered for reauthorization. OAA title III funds transportation to nutrition and other service sites for persons 60 years of age and older. Title III also funds transportation to bring meals and other services to older persons' homes. We also focused on two UMT Act-funded programs serving both the elderly and the nonelderly. Section 16(b)(2) funds are used by private, nonprofit agencies to buy vehicles. Section 18 funds are used in rural areas for both operating and capital costs of transportation services.

We also examined how the OAA and UMT Act are affected by other programs funding special transportation services because they are often jointly administered locally. These programs include Medicaid, the Social Services Block Grant, the Community Services Block Grant, and state and local programs. UMT Act section 9 also provides funding for paratransit services in urban areas, but data were not available on the amount. We did not examine UMT Act section 9 because it primarily pays for conventional, large urban transportation services.

Methodology

To obtain the information requested, we (1) reviewed 19 special transportation studies¹ that focused on the elderly and other special populations (see app. II) and other related literature; (2) interviewed federal agency officials with responsibilities for these programs in HHS and DOT, as well as other experts; and (3) conducted site visits to examine four special transportation programs.

A large body of work on special transportation has been generated since the 1970s. Researchers, consultants, and others at various levels of government have written numerous studies, reports, and other literature on this subject. The extensiveness of special transportation studies on barriers and solutions provided us with a substantial empirical base on which to build our study. We synthesized this empirical evidence to respond to the questions asked and confirmed parts of it through independent observation. To do this we first interviewed federal officials and other experts to confirm that the information was still current and determine if they agreed with the major findings. We then carried out site visits to independently observe special transportation problems and solutions.

We interviewed (1) federal officials from the Administration on Aging and the Urban Mass Transportation Administration responsible for the implementation of the OAA and UMT Act, respectively, in Washington, D.C, including staff of the Joint DOT-HHS Coordinating Council; (2) the Transportation Specialist in the Office of the Secretary, HHS; and (3) researchers and consultants active in the special transportation area as well as officials at organizations, such as the Community Transportation Association of America and the National Association of Area Agencies on Aging.

We visited four sites to independently observe special transportation problems and efforts to solve them. We chose these locations to provide variation by geographic region and type of community. The four communities represent each of the nation's four largest geographic census areas—the South, West, Northeast, and Midwest—as well as four types of communities—large city, suburban area, small city, and rural area. Respectively, the sites were Atlanta, Georgia; Kitsap County, Washington; Albany, New York; and Chanute, Kansas.

¹One of the studies we used was from a conference on special transportation. The conference recommendations were based on material that state and local officials presented from studies within their states.

We interviewed six or more officials on each of our site visits. We interviewed an official from the DOT and AOA regional offices responsible for oversight in the states visited. These offices were located in New York, New York; Atlanta, Georgia; Kansas City, Missouri; and Seattle, Washington. We interviewed officials from the state agencies on aging, which administer OAA funds, and state officials who administer UMT Act section 16(b)(2) and section 18 funds, usually from the state department of transportation. We also interviewed officials from area agencies on aging, which administer OAA funds locally. In addition, we interviewed officials from at least one local transportation agency that received UMT Act section 16(b)(2) or section 18 funds.

The officials we interviewed at these sites also provided documents on their sources of funding, budgets, clients served, and other information for our examination. The form and depth of this information was highly variable. In some communities we also rode paratransit vehicles transporting the elderly and other persons to health and human services to observe how services were provided.

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This Report**

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Joint DOT-HHS Coordinating Council on Human Services Transportation

On October 24, 1986, the Department of Transportation and the Department of Health and Human Services signed an agreement to coordinate transportation services and established the Joint DOT-HHS Coordinating Council on Human Services Transportation to implement the agreement. The Coordinating Council's objectives, as specified in the agreement, are to

- remove federal barriers to coordination,
- coordinate transportation planning and programming,
- coordinate technical assistance and program guidance,
- disseminate information,
- manage information, and
- encourage competition and consideration of private-sector participation.

The Coordinating Council meets biannually. Its members include persons from the federal Urban Mass Transportation Administration; Administration on Aging; Office of the Under Secretary, HHS; Health Care Financing Administration, HHS; Office of the Assistant Secretary for Management and Budget, HHS; an official representing the Urban Mass Transportation Administration regional offices and an official representing the HHS regional offices. In addition, the Coordinating Council established an interagency work group comprised of HHS and DOT staff, which supports its activities.

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