

Transportation Coordination in Iowa

**Report to the Iowa General Assembly and Governor Terry E. Branstad,
per 2016 Iowa Code section 324A.4**

**Prepared by the Iowa Department of Transportation, in cooperation with the
Iowa Transportation Coordination Council**

December 14, 2016



Introduction

The Code of Iowa, Section 324A.4, subsection 2, Code 2011, states the Iowa Department of Transportation (DOT) “shall biennially prepare a report to be submitted to the general assembly and the governor prior to December 15 of even-numbered years. The report shall recommend methods to increase transportation coordination and improve the efficiency of federal, state, and local government programs used to finance public transit services and may address other topics as appropriate.”

Iowa has long been a leader in transportation coordination, from designated public transit agencies covering the 99 counties with little duplication, to requiring any agency receiving public dollars for the provision of transportation to first coordinate with the local public transit agency before providing the transportation on their own, to the creation of the Iowa Transportation Coordination Council. Coordination allows Iowa to provide much needed transportation services to the citizens of Iowa with the most efficient use of public funds. Coordination has been an important topic in Iowa for many years, but during these times of economic constraint and restraint and Iowa’s changing demographics, coordination of transportation services becomes even more critical.

Background

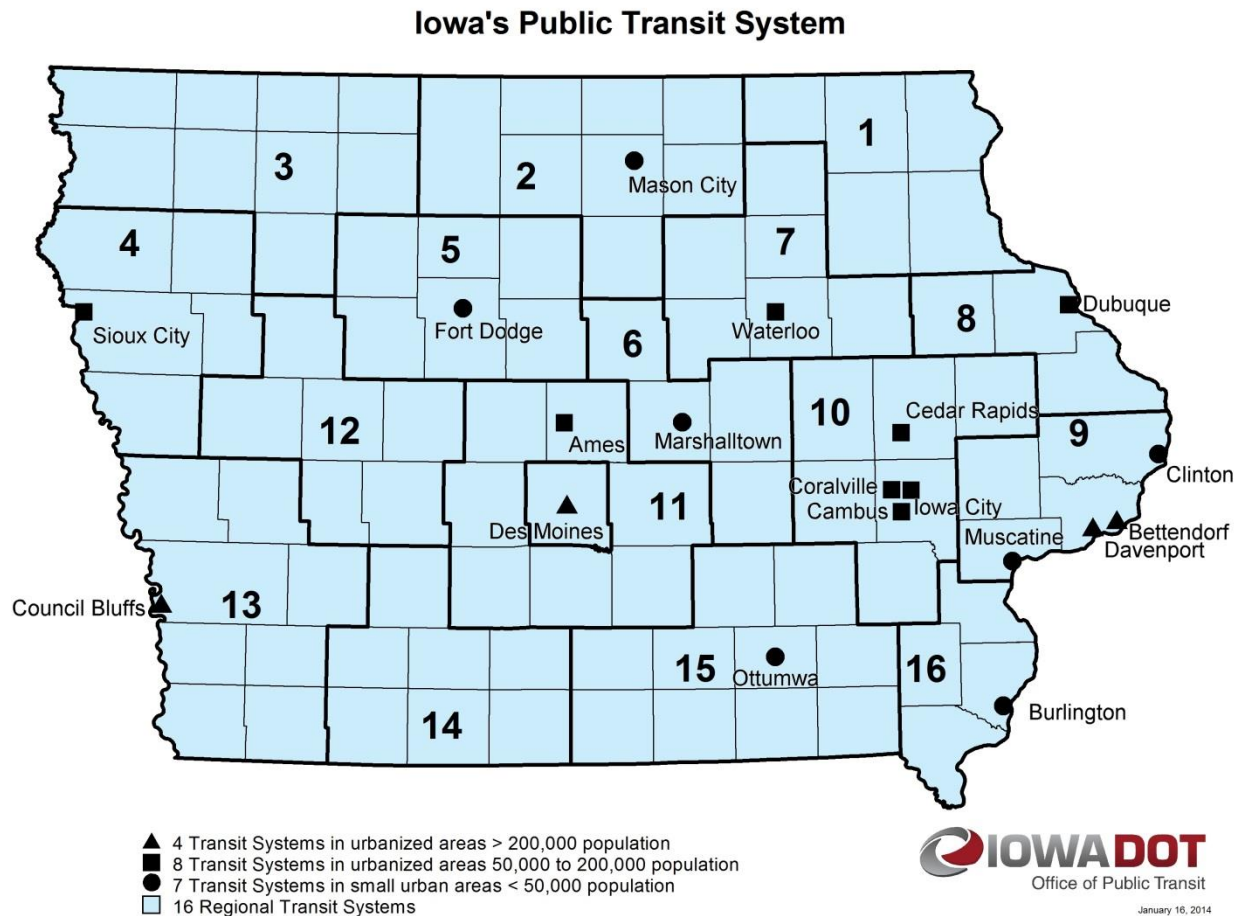
Iowa has 35 public transit systems, covering all 99 counties, served by 19 urban systems in cities and 16 regional systems that are multi-county in nature. These public transit systems provided over 28.7 million rides in Fiscal Year 2015. All transit services are open to the general public; trips are made to work, shopping, meal sites, medical appointments, social events, for any purpose a person desires.

The 19 urban systems typically operate as a department of their respective cities, with three systems as exceptions: CAMBUS as a department of the University of Iowa, Metropolitan Transit Authority of Black Hawk County as a stand-alone 28E organization, and the Des Moines Area Regional Transit Authority as a stand-alone 28M organization. Service in the urban areas can be classified as fixed route or ADA complementary paratransit. Fixed route operates along a set course with passengers accessing the service via the nearest bus stop, or, in some communities, flagging the bus down along the route. ADA complementary paratransit is available in zones around the fixed routes to those who meet certain disability qualifications under the Americans with Disabilities Act (ADA), with service provided as origin-destination with the bus picking the passenger up at their home, or other site, and delivering them to their desired location. ADA complementary paratransit trips are scheduled the day before the desired trip. Two of the regional systems, 10-15 Transit and East Central Iowa Transit, also operate fixed routes and ADA complementary paratransit service in the cities of Oskaloosa and North Liberty, respectively. These communities are not included in the count of 19 fixed route systems, however, as the cities are not large enough in terms of population to receive funding directly from the Iowa DOT for the service.

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The 16 regional systems, ranging in coverage from three counties to ten, are set up either independently as non-profit organizations, by 28E agreement, or are housed within another agency such as a council of governments. Regional systems operate on a demand-response basis, with curb-to-curb service for passengers typically scheduling trips 24-hours in advance.

For more information on Iowa's public transit systems, please visit <http://www.iowadot.gov/transit/>.



Iowa Transportation Coordination Council

Meeting bi-monthly, the Iowa Transportation Coordination Council (ITCC), established by the Iowa Legislature, discusses transportation issues affecting Iowa. The Iowa DOT Office of Public Transit chairs and staffs the meetings. Members include representatives from Iowa Department on Aging (IDA), Iowa Department of Human Services (DHS) – Iowa Medicaid Enterprise (IME), Iowa DHS – Bureau of Refugee Services, Iowa Department of Public Health, Iowa Vocational Rehabilitation Services, Iowa Developmental Disabilities Council, Iowa Workforce Development (IWD), League of Human Dignity (representing Iowa's Centers for Independent Living), American Cancer Society, Iowa Public Transit Association, Iowa's Metropolitan Planning Organizations (MPOs) and Regional Planning Affiliations (RPAs), AARP, Access2Care, Iowa Mobility Managers Network, and the Federal Transit Administration (FTA). In 2017, the ITCC will explore including representation from persons with disabilities and other users of public transportation in order to gain their insights into transportation coordination in Iowa.

The ITCC serves as the statewide coordination advisory group, identifying gaps in transportation needs, barriers to coordination, and developing partnerships for solutions and transportation options. ITCC agenda items have included: Iowa Commuter Transportation Study, passenger transportation-related legislation, Community Development Block Grant funding for public transit, Federal funding sources for coordinated transportation services, non-emergency medical transportation under Managed Care Organizations, Developmental Disabilities Council and public transit coordination, LifeLong Links project, Transportation Advisory Group guidance, and the 2015 and 2016 Passenger Transportation Summits.

Because of relationships formed during these ITCC meetings, other cooperative and coordinated efforts occur. For instance, a representative from the Iowa DOT Office of Public Transit served on the IME's Non-Emergency Medical Transportation RFP review committee in Fall 2016, and continues to serve as a member of the NEMT Advisory Committee. ITCC members also have included Iowa DOT Office of Public Transit staff as speakers at various human service-related conferences to further educate attendees on public transit and mobility coordination in Iowa. For more information on the ITCC, please visit: <http://www.iowadot.gov/transit/itcc/index.html>.

2015 and 2016 Passenger Transportation Summits

With the success of the first Passenger Transportation Summit in 2014, the ITCC and Iowa DOT Office of Public Transit have organized annual passenger transportation summits in the subsequent years, held May 14, 2015, and May 12, 2016, respectively, in Marshalltown. The purpose of the annual summit is to bring many different disciplines together, from employment to health care, to discuss passenger transportation issues in hopes that attendees will learn they have more in common when it comes to planning for passenger transportation than they have differences. The issues discussed during 2015's summit were:

- Coordination Success Stories: Health Care
- Coordination Success Stories: Employment
- LifeLong Links Update
- Transportation Advisory Groups

In 2016, the following were topics at the annual summit:

- Coordination of Passenger Transportation: Why It's Important to Iowa's Transportation System
- Volunteer Transportation
- Employment Transportation
- Planning for Passenger Transportation
- State Transportation Plan Input Session
- Coordination Innovations from Around the Country
- LifeLong Links Update and Demonstration
- Iowa RideShare Application Demonstration

Attendance at these summits has consistently been over 100 each year. These summits are important for conveying information about all passenger transportation options in the state, coordination efforts that work and those that do not, and for the networking opportunity they provide. Several discussions

concerning the use of technology in coordinating passenger transportation arose during 2016's summit, therefore this is expected to be an emphasis area for 2017.

Passenger transportation planning process

Iowa's MPOs and RPAs have facilitated a coordinated planning process to create passenger transportation plans and submit them to the Iowa DOT.

The goals of the passenger transportation planning process are to:

1. Improve transportation services to Iowans;
2. Increase passenger transportation coordination;
3. Create awareness of unmet needs;
4. Develop new working partnerships;
5. Assist decision-makers, advocates, and consumers in understanding the range of transportation options available;
6. Develop justification for future passenger transportation investments; and
7. Save dollars and eliminate overlapping of services.

Public transit projects to be funded with FTA Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities), and returning for FY2017 only, Sections 5316 (Job Access/Reverse Commute or JARC) and 5317 (New Freedom) monies must be derived from a coordinated planning process. While only Iowa's large urban transit systems (over 50,000 in population) and two regional public transit systems receive Section 5310 funds annually, the Iowa DOT requires a coordinated passenger transportation plan from all areas of the state. In Fiscal Year 2017, the Iowa DOT is working to spend leftover JARC and New Freedom funds held in grants from FTA. These two funding sources no longer exist separately under the latest funding bill, the FAST Act, but were required to be derived from a coordinated plan under a previous federal transportation bill, SAFETEA-LU. Therefore, any agency with intent to apply for these leftover funds, must include the JARC and New Freedom projects in the Passenger Transportation Plan. This coordinated planning process brings together local stakeholders in transportation to identify transportation needs in the community. Projects such as medical shuttles, employment shuttles, a one-call/one-click project in eastern Iowa, transportation coordination summits and workshops, and the hiring of local mobility coordinators have come from the passenger transportation planning process. Bringing the right organizations together to discuss transportation needs incites coordination of ideas and resources and enhances the mobility of Iowans.

For a list of Iowa's MPOs and RPAs, please visit: http://www.iowadot.gov/systems_planning/distplannercontact.htm.

Coordination efforts

Public transit agencies strive to coordinate transportation services within their community to the greatest extent possible, to the benefit of all involved. By partnering with the RPAs and local human service providers they work to create more efficient use of the public transit vehicles, cost savings to the coordinating agencies, and access to needed transportation services for the community. One of the

biggest barriers to coordination in rural areas is the federal Charter rules (49 CFR Part 604). These rules prevent local public transit agencies from providing group trips to their local community members, groups such as daycares and social service organizations can no longer utilize public transit for trips because they are considered exclusive use of the vehicle for a negotiated price. These trips may only be provided if none of the registered charter companies in an area respond as able to perform a trip or if the public transit agency is able to provide the service for free. While large event transportation should be provided by private charter companies if available, small daycares cannot afford charter rates to transport their children to the local pumpkin patch, library, or zoo. In recent years, several of the regional public transit agencies in Iowa have had luck in notifying the local registered charter providers of requested trips, with none responding, and then providing these trips. However, it is still often the case that the public transit systems shy away from charter work because of the cumbersome rules, so these trips do not occur and learning opportunities are lost.

Another rule hindering the provision of public transit, especially in rural areas, is the Federal Transit Administration's School Bus Operations rule (49 CFR Part 605). Written with urban fixed routes in mind, this rule does apply to rural, demand response systems. With many school districts limiting the areas in which transportation to students is provided, including within city limits or with limited stops along a route, parents look to the public transit agencies to provide transportation for their children. Public transit agencies have to be careful, however, to ensure this service does not look exclusive to school children, even though parents are individually scheduling and paying for their own children, and does not cause other general public riders from being denied rides. Like the Charter rule, explained above, some public transit agencies turn down requests for school transportation from parents in order to ensure compliance with the rule.

Social service agencies

Human service agencies, counties, nursing homes, sheltered workshops, etc. are all able to transport their clients to medical appointments, work, and social activities by public transit without the expense of purchasing, maintaining, fueling, and insuring a vehicle. Staff time is also saved because an employee is not required to take time out of their work day to transport perhaps as few as one person to an appointment.

Area agencies on aging

Many of Iowa's public transit agencies receive Federal Title IIIB funding through their respective Area Agencies on Aging (AAA) to provide transportation services to those aged 60 years and over. Eligible passengers living independently typically pay only a donation for the transportation service received. This partnership is valuable, allowing seniors who may not be able to drive or do not want to drive to remain in their homes as long as they desire.

Several public transit agencies also contract with their local AAA for volunteer drivers. These drivers use their own vehicles to transport one or two passengers at a time for the public transit agency. These trips often are from areas not frequently served by public transit or require great distance of travel which would make the trip cost prohibitive for the passenger if provided by a public transit vehicle and driver.

Another function of Iowa's AAAs is to serve as their region's Aging and Disability Resource Center or ADRC. In this role, AAA employees assist and counsel persons who are aging or have disabilities about the benefits for which they are eligible. Understanding the public transit system is useful to this counseling role and, in April 2015, all six of Iowa's AAAs sent representatives to an Iowa DOT Office of Public Transit-sponsored Travel Training course, taught by Easter Seals Project Action. Participation in this course helps ADRC and public transit employees assist clients in navigating the passenger transportation system, while allowing riders to lead more independent lives.

Public health

The Iowa DOT was one of the many partner agencies providing input on and taking responsibility for addressing Iowa's critical health needs through *Healthy Iowans: Iowa's Health Improvement Plan 2012-2016, 2015 Revisions*. In addressing the transportation issues in the plan, the Iowa DOT committed to: "Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies."¹ The Iowa DOT Office of Public Transit annually sets aside STA funds to provide immediate opportunity grant funding to Iowa's public transit agencies for start-up of new projects, an example of which could be medical transportation.

The Iowa DOT's Statewide Mobility Coordinator also spoke to the Iowa Department of Public Health's Maternal and Child Health/Family Planning Fall Seminar in October 2016 to convey ways public transit could assist public health agencies in ensuring patients get to the appointments and care they need. As an outcome, the Statewide Mobility Coordinator has been asked to serve on the Social Determinates of Health Task Force, as part of ongoing efforts for the State Innovation Model (SIM) program.

Non-emergency medical transportation

From 2010 through 2016, the majority of Iowa's public transit systems worked with TMS Management Group, now known as Access2Care, to provide brokered non-emergency medical transportation trips to eligible Medicaid members. In Fiscal Year 2013, 47,300 Access2Care rides were provided by public transit through this partnership.² By Fiscal Year 2015, that number increased to 86,219.³ Access2Care also contracted with private transportation providers.

In April 2016, Iowa's Medicaid system was contracted out to three managed care organizations (MCO), each responsible for providing non-emergency medical transportation to their respective eligible clients. Each MCO has a separate transportation broker. If wanting to fully cover their area, each transit agency must contract with all three MCO transportation brokers. In turn, the databases of all three brokers' available rides must be monitored and transit agencies must bill each of the three brokers for the rides provided. Fostering these relationships has been challenging for all parties involved, but there have been ongoing discussions to improve the process.

¹ http://idph.iowa.gov/Portals/1/Files/HealthyIowans/plan_2012_2016.pdf, Page 12

² Email from TMS, November 20, 2014

³ Iowa DOT Office of Public Transit statistics, queried October 25, 2016

One of the benefits of the switch to a MCO system is the fact that the MCOs are effectively competing for the Medicaid clients business. Medicaid clients may choose the MCO that best fits their needs. This means the MCOs may offer perks and additional “value-added” services to their customers to entice clients to sign with them. One of these additional perks may be employment transportation. Generally, unless the Medicaid client is on the Intellectual Disability or Brain Injury waivers, and requires transportation to get to employment training, Medicaid does not cover employment transportation. However, several of the MCOs are looking into providing employment transportation for their Medicaid clients as an added benefit of being their customer. If approved by the individual MCOs, this could greatly benefit Medicaid recipients’ wanting to work as the availability and cost of transportation can be a barrier to getting and keeping a job. Medicaid clients will want to use their due diligence when selecting a MCO, however, and ensure that picking to receive a “value-added” service doesn’t mean having to give up and change their regular healthcare providers.

Integrated employment

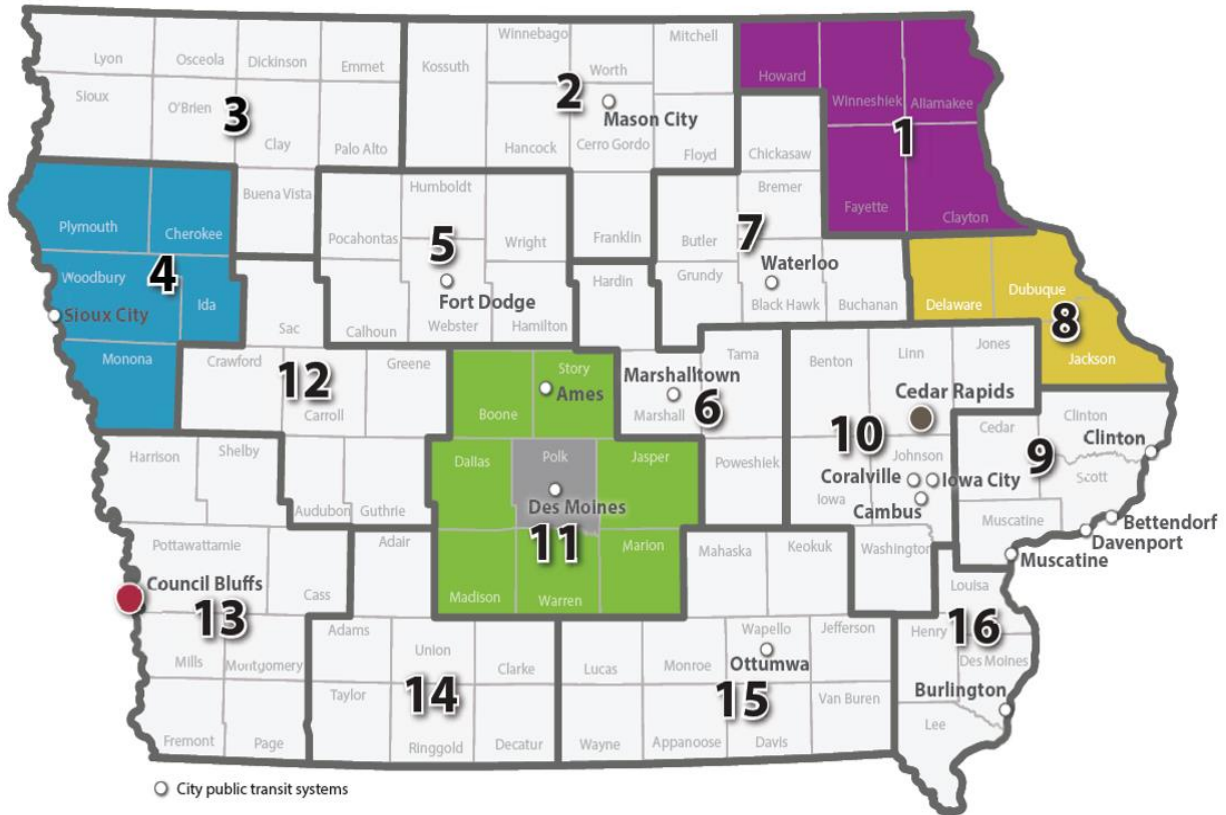
The integrated settings rule for Medicaid’s Home and Community Based Services (HCBS) takes effect March 17, 2019. This rule essentially requires all persons with disabilities on HCBS waivers as able to work and live in integrated settings within the community, instead of working in sheltered workshops and living in group homes. Persons covered under these programs should have choices about where to live and work. This rule is wonderful for persons with disabilities and the communities in which they are a part of, but will be tricky for public transit providers. Currently, many public transit agencies provide transportation to persons with disabilities from a group home setting to their respective sheltered workshop each morning and afternoon. While the current arrangement is efficient for public transit, it is not ideal for ensuring persons with disabilities are interacting with their community. The integrated settings rule will strive to incorporate more persons with disabilities into communities, into jobs of their own choosing, and into living quarters they select. Public transit and other passenger transportation providers will need to adapt to individualized schedules; working with HCBS entities to solve trip planning requests, plus determining how to make transportation affordable for a person living on a fixed income.

Iowa DOT’s Office of Public Transit, the Iowa Developmental Disabilities Council, and the Iowa Coalition for Integration and Employment have come together to work on this important issue. Facilitated discussions at the local level have started in Southwest Iowa and a combined statewide meeting of public transit and integrated employment agencies met November 2, 2016, to develop relationships for resolving problems with work hours, work days and payment for transportation.

Mobility management

Mobility management has become a major focus area over the past 10 years both nationally and in the State of Iowa. Mobility managers, or mobility coordinators as many are known, assist individuals in navigating from point A to point Z, no matter the number of modes of transportation required. Referrals are made to public and private transportation providers alike. Mobility coordinators may provide travel training, showing persons how to ride the bus if they have never had that experience. Mobility coordinators also meet with human service agencies, businesses, and other organizations to inform them of the public transit services available to inspire more coordination. Currently mobility coordinators are

located in Region 1, Region 4, Region 8, Region 11, Cedar Rapids, Council Bluffs/Omaha, and Polk County, as shaded in the map below.



While mobility management is an eligible expense under several Federal Transit Administration programs available to Iowa’s public transit agencies, these funding sources are often fully committed to funding public transit operational activities rather than mobility coordination. Separate, specific funding programs for mobility management no longer exist under the current federal transportation law, therefore creation of new positions has not occurred in several years around the state. Many transit systems believe mobility management to be a good idea, but are unable to free up already committed funding to pay for the positions.

One position unique to the State of Iowa is the statewide mobility coordinator. The statewide mobility coordinator position was initially created in 2011 through a partnership of the Iowa DOT, Iowa Association of Regional Councils, and the Region 6 Planning Commission/PeopleRides to educate public transit agencies, planning organizations, and other statewide organizations about the benefits of mobility management. The statewide mobility manager also chairs the Iowa Mobility Manager’s Network, supporting the other mobility coordinators around the state, and acts as a contact for persons in areas not served by a regional or urban mobility coordinator, assisting with travel navigation and providing referrals to local transportation providers.

The responsibilities of statewide mobility coordinator are now covered by an Iowa DOT Office of Public Transit staff member, in addition to his regular duties as Transit Programs Administrator. For more

information about mobility management, please visit <http://www.iowadot.gov/iowamobilitymanagement/index.html>.

Veterans transportation

In June 2012, the Iowa DOT was awarded a grant from the FTA's Veterans Transportation and Community Living Initiative grant program. With this grant, totaling \$1,877,250, the Iowa DOT has surveyed groups providing transportation services to veterans and, in working with IDA and the IDVA on the No Wrong Door project, compiled that information into a master information, referral, and assistance (IR and A) database of transportation services. The database will be used by a one-call center of linked sites to answer questions and provide "warm" transfers to the appropriate resources and feed a searchable, mobile-friendly website where persons can locate transportation and social services available in their area.

The IDA, by Iowa Code Chapter 231.64.1a, must coordinate any state-level IR and A system. Because of this statute, the IDA is working with the Iowa DOT and IDVA on this project and the IDA's LifeLong Links

The LifeLong Links project will provide a one-call/one-click resource for veterans, elders, Medicaid recipients, and the general public to find transportation and other human services information.

toll-free telephone number and website will be used statewide. This coordination across state agencies will serve veterans and the general public well in their searches for health, human, and transportation services and information.

Also included in the VTCLI grant is statewide ride matching software, where veterans and the general public can locate others with similar origins and destinations in order to share transportation costs. www.iowarideshare.org went live October 20, 2016, to serve as Iowa's ride matching resource.

Recommendations

1. In order to increase transportation coordination and improve efficiency, the Iowa DOT recommends consideration of legislation that allows transportation costs to be eligible expenses for all state human service programs. If a person requires assistance from a human service-type program, it is likely they have difficulty securing transportation to access the benefits afforded to them. For instance, if a person is on a Medicaid waiver, with medical and employment-training transportation covered, it is very likely that person will also need transportation to a job once the training period has ended. Often the limited hours worked and low salary make paying for transportation a burden. The Iowa DOT and ITCC will encourage agencies providing those services for state human service programs to coordinate transportation needs with the local public transit provider. The Iowa DOT, Iowa Developmental Disabilities Council, and Iowa Coalition for Integration and Employment are all working to ensure transportation options are available to persons with disabilities once the Medicaid integrated settings rule takes effect. These options

are not without cost, however, and solutions for making the transportation to work and other quality of life activities affordable must be found.

2. Another barrier to coordination are state and federal rules surrounding funding of transportation. Efficiency of the passenger transportation system could be improved by allowing a cross-section of the population to ride a publicly-funded transportation service, whether those funds are originally intended for veterans, aging lowans, various human service agencies, or the general public. Iowa DOT will evaluate the viability of estimating the cost savings that could be realized if rides could be shared between the various agencies providing and funding transportation.
3. At the city and county level, transportation access – public transit, in addition to roads – should be considered when new services are being started and when new developments are being proposed. Businesses will only survive if their employees and customers can get to work. The Iowa DOT recommends developers and community planners to consider public transit availability early in the approval process when considering new commercial developments. One step in the right direction is Iowa Economic Development Authority's (IEDA) Certified Sites program. IEDA asks the Iowa DOT for input on available transportation in the area of a potential certified site, including public transit services, prior to the site's approval.
4. A promising example of coordination occurring right now is the Iowa DOT/IDA /IDVA No Wrong Door project explained above. These three state agencies cooperating and coordinating their respective projects to make one easy to use system for the consumer with a central toll-free telephone number and website is a huge undertaking. Funding sources for building of the system have been secured, however, a funding source for the sustainability of the system must be found.
5. Iowa has one of the oldest transit fleets in the nation. The state needs a funding mechanism for replacing and expanding public transit vehicle fleets. The federal government, through the transportation reauthorization bill, FAST Act, provides minimal formula dollars to Iowa and a highly competitive grant program for replacement vehicles. Public transit services are only as good as the vehicles providing them. Iowa's public transit systems work hard to keep vehicles in a state of good repair well beyond their useful lives, but eventually vehicles wear out and must be replaced. A reliable funding stream for this purpose is needed and options should be explored at the federal, state, and local level.
6. Federal charter rules (49 CFR Part 604) are stifling some coordination efforts in the state of Iowa. Since its adoption in 2008, the federal charter rule has put an end to many community group trips which had been provided by public transit. Efforts to change these rules are ongoing and support from legislators and other parties to work with Iowa's Congressional delegation would show the importance of this issue to Iowa and enhance the likelihood of change.
7. Likewise, Iowa's rural, demand response systems need clarification on the applicability of the Federal Transit Administration's School Bus Operations rule (49 CFR Part 605). If rides are

properly, individually, scheduled and paid for and trips to a local school fill the better part of a bus at a couple times a day, this service may not pass the 'reasonable person' test – viewing the service as exclusive to school. It is the opinion of the Iowa DOT this is simply efficient scheduling by the rural public transit system and is not exclusive school service. Efforts to change these rules are ongoing and support from legislators and other parties to work with Iowa's Congressional delegation would show the importance of this issue to Iowa and enhance the likelihood of change.

Conclusion

Many coordination efforts are in place in Iowa with efficiencies being realized. This fact can be touted and celebrated. However, more work can be done. Funding silos at the federal and state level must be reduced for the efficient funding of transportation services for those that need it. Greater coordination can be achieved if the various agencies charged with providing services to citizens work together to provide the necessary funding and coordinated transportation services. A majority of the example successes seen to date, started with a conversation. With transit managers and mobility coordinators out talking in the community and engaging human service providers barriers have been eliminated, opportunities have been realized and Iowans have been better served. The conversations need to continue and participation needs to be broader. Government programs must be allocated the necessary funding to provide these important services and the rules must be flexible enough to allow for innovation in coordination. Through the coordinated efforts of the agencies, Iowans will experience enhanced quality of life and mobility and Iowa will continue to be a great place to live.