Guidelines For Developing Trip Priority Procedures For Non-Sponsored Trips Purchased With TD Commission Funds

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GUIDELINES FOR DEVELOPING TRIP PRIORITY PROCEDURES FOR NON-SPONSORED TRIPS PURCHASED WITH TD COMMISSION FUNDS

Final Report
GUIDELINES FOR DEVELOPING TRIP PRIORITY PROCEDURES FOR NON-SPONSORED TRIPS PURCHASED WITH TD COMMISSION FUNDS

Prepared for the
Florida Transportation Disadvantaged Commission

By the
Center for Urban Transportation Research
College of Engineering
University of South Florida

Final Report
June 1993
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PREFACE

This report was prepared for the Florida Transportation Disadvantaged (TD) Commission by the Center for Urban Transportation Research (CUTR) at the University of South Florida.

The TD Commission asked CUTR to undertake this study to develop alternative needs-based procedures for the establishment of trip priority strategies for providing trips purchased with TD Trust Fund monies. This study included a survey of Florida’s community transportation coordinators (CTCs), a national review of current trip priority practices, and an evaluation of the applicability of the Americans with Disabilities Act.

This report is divided into three sections. **Section One: Background Information** describes the role of eligibility criteria and various paratransit provider types, as well as strategies for establishing trip priority procedures that may be used when the demand for service exceeds the available supply. **Section Two: CTC Trip Priorities Survey** shows the results of the survey that was conducted to assess the extent and types of trip priority procedures currently being used by CTCs in Florida. **Section Three: Implementation Strategies** delineates various approaches for establishing system design strategies and trip priority procedures.

Special thanks is given to the many CTCs who took the time to answer the questionnaire and who provided examples of trip priority procedures currently being used in Florida.
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EXECUTIVE SUMMARY

The purpose of this report is to document and analyze methods for establishing trip priorities for potential use by community transportation coordinators (CTCs) in Florida. This research was conducted to identify practices already being used in Florida, and to suggest alternative approaches for establishing trip priorities, based on the experience of other paratransit providers and as a result of a national review.

This study is not intended to recommend or require that CTCs use trip priorities. Rather, the impetus for this study was the fact that the demand for transportation for those persons in Florida who are defined as being transportation disadvantaged (TD) far exceeds the supply of TD transportation currently available. Although the TD Trust Fund provides some funding to pay for the cost of transporting TD-eligible persons who are not otherwise subsidized by another funding agency, it alone cannot meet the potential demand for trips at this time.

This report includes an overview of possible trip priority practices, an analysis of the results of the study of CTCs' trip priority practices in Florida, and information about implementing trip priority practices if a CTC desires to do so.
INTRODUCTION

When the demand for transportation disadvantaged (TD) trips exceeds the supply of available time slots for trips, the community transportation coordinator (CTC) finds itself in the unfortunate position of having to say "no" to a passenger's request for service. What is the "best" way to deal with this situation? How should a CTC decide which trips will be provided and which will not?

During 1992, the total demand for TD transportation service in Florida was estimated to be 26.6 million trips. However, during that same time period, only 15.9 million trips were actually provided by CTCs and by other transportation providers who are not part of the coordinated system. The CTCs provided 10.5 million (66 percent) of those trips.

Thus, in 1992, the estimated unmet demand for TD transportation service may have been as high as 10.6 million trips. Virtually all of these trips appear to have been general (non-sponsored) trips that are not funded by a sponsoring program or agency. A detailed analysis shows that this unmet demand includes approximately 3.7 million medical trips, 2.1 million education and work trips, 1.1 million shopping trips, and 3.7 million social, recreational, and other trips.

The TD Trust Fund was established in 1989 to provide assistance to CTCs for the provision of general/non-sponsored trips. In 1992, the TD Trust Fund provided $5.6 million for TD services. Nonetheless, the data suggest that there is considerable need for additional funding to meet the unmet demand.

There are a variety of ways in which to address the issue when the demand for service exceeds the available supply. These solutions could include increasing supply through improving

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3Five-Year Plan, p. 13.
Guidelines for Developing Trip Priority Procedures

productivity, reducing overall system costs, and/or increasing revenue. Other solutions include decreasing demand through increasing fares, changing service parameters, and/or restricting use of the service. This report will examine options for developing eligibility criteria and trip priority procedures.

Increasing the Supply of Paratransit Services

Prudent business practices dictate that CTCs take reasonable steps to ensure that the services they provide are as productive as possible. Good productivity is achieved through such practices as efficient trip scheduling and dispatching, good driver training (both on-the-road and passenger assistance techniques), and by eliminating any unnecessary or cumbersome practices that become barriers to the provision of service. By improving productivity, a provider can increase the supply of trips without increasing actual costs. When a system is operating productively, it is able to serve more passengers than an unproductive or inefficient system, even if additional financial resources are not available.

A second way to increase the overall supply of trips is to reduce the overall system cost of providing TD transportation service. One way of reducing the overall system cost is to shift passengers from the more expensive paratransit system to the less expensive fixed-route service, if available. For example, some CTCs have found that it is cheaper to provide monthly bus passes for those Medicaid program-sponsored passengers who can use fixed-route service than it is to provide more expensive (per trip) door-to-door paratransit service. Passengers who are given bus passes may use the pass as often as they like. As a result, the CTC may be able to coordinate more trips while reducing the overall cost of providing service. At the same time, passengers benefit because they are able to achieve greater flexibility and mobility with the monthly bus pass.

A third way to increase supply is to obtain more revenue to help pay for service expansion. Revenue comes from a variety of sources including the TD Trust Fund; local, state, and federal subsidies; grants; service contracts; fares; and donations. By generating additional revenue, particularly unrestricted government subsidies, the provider may be able to meet at least some of the additional demand for service.
Decreasing the Demand for Paratransit Services

A simple way to reduce demand for paratransit services is to increase the amount of the fare or contract rate paid for each trip. Even a small increase will motivate some passengers to seek alternate transportation, although new passengers may fill the void resulting in no decrease in service. In addition, with respect to non-sponsored persons making trips using TD services, raising the fare could eliminate the ability for low income riders to access the system. This approach has limited applicability because fares should be based on covering fully allocated costs. Artificially inflating contract rates or fares to decrease demand is not a sound practice; however, requiring passengers to pay a higher percentage of the cost of subsidized trips is an option. Fares and contract rates should be established only after undertaking a rigorous analysis of the potential demand for service and projected cost of providing that service. Any subsidies (such as federal operating assistance) should be taken into account when setting fares.

A second approach to reduce demand is through modifying service parameters. For example, the demand for spur-of-the-moment trips will not be served if passengers are required to request trips 24 hours in advance. (While there still may be latent demand for these types of trips, overall service levels may be reduced by restricting passengers’ access to the system.) Caution should be exercised before making such service changes, however, because reducing service too much could result in higher per trip costs for the remaining trips. This approach will be discussed in more detail in Section Three of this report.

A third way to deal with excess demand for paratransit services is to develop a strategy for restricting trips. This approach involves such techniques as setting eligibility criteria and establishing trip priority procedures. Screening procedures using established eligibility criteria define who may and who may not use the service. Thus, only those persons who meet certain specified criteria are allowed to use the service. Those who do not meet the stated criteria may not use the service. Similarly, trip priority procedures provide a consistent approach to restricting or rationing trips by defining who may use the service, where it will go, when, for what trip purpose, and how much it will cost. These procedures often attempt to serve the most urgent trips first (as defined by the system) and allow for the less important trips (again, as defined by the system) only if capacity permits. This approach will be discussed in more detail under System Design and Strategies in Section Three of this report.
A fourth way to manage demand is to expend TD non-sponsored funds for those services that are at a certain level of cost effectiveness or efficiency. For example, TD non-sponsored funds could be used to purchase group trips of four or more persons traveling together. Another option would be to purchase bus passes for persons living in fixed-route service areas and requiring those persons (if they are able) to use fixed-route buses instead of more costly paratransit services.

The purpose of this document is to describe various methods for establishing eligibility criteria and trip priority procedures. Further, in Element 6 of the annual Service Plan, the TD Commission asks CTCs to describe any procedures that are in place for controlling the rate at which TD funds are expended for non-sponsored TD transportation service. Such mechanisms might include establishing eligibility criteria, developing trip priority procedures, or imposing other limitations (such as a monthly spending cap) to control the demand for service. The information contained in this report will assist CTCs with completion of this task.

Although eligibility criteria, trip priorities, and spending caps are restrictive, the advantage of using them is that they provide a consistent, rational approach to determining who may and who may not use service, thereby eliminating or reducing arbitrary or discriminatory decision-making on the part of the CTC or its service provider(s). Because these strategies often are controversial, their implementation should be undertaken only after seeking the advice and guidance of the CTC’s local coordinating board (LCB) and others, as appropriate.

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SECTION ONE
BACKGROUND INFORMATION

This section of the report describes the various methods for restricting access or rationing paratransit services. The first part deals with the establishment of eligibility criteria for defining who may and who may not use the paratransit service. The second part of this section describes various options for providing paratransit service. The third part defines techniques for establishing trip priorities. As is the case for eligibility criteria, establishing formal, written trip priority policies can avoid disputes and misunderstandings.

Eligibility Criteria

Eligibility criteria refer to the rules or guidelines used to determine who may and who may not use a particular service. Written procedures for implementing eligibility criteria are essential to avoid disputes and misunderstandings with passengers, their families, and others. Eligibility criteria may be very simple. An example of one criterion is age (e.g., service will be provided for anyone who is 65 years of age or older). Eligibility criteria may be more complex. Under Florida’s TD transportation classification, for example, service is provided to those persons who are in one of two groups. The first group (TD Category I) is broadly defined to include persons with disabilities, senior citizens, low income persons, and "high risk" or "at risk" children. These persons are eligible to receive certain governmental and social service agency subsidies for program-related trips.

The second group (TD Category II) is a subset of the TD Category I population and includes only those persons who are transportation disadvantaged for the purpose of accessing non-sponsored service purchased by the TD Commission (i.e., they are unable to transport themselves or to purchase transportation). In addition to the subsidies provided for persons included in the Category I population, persons included in Category II are eligible to receive TD Trust Fund monies for non-sponsored general trips.
Eligibility criteria require record-keeping and screening capabilities. For example, Medicaid clients must be recertified each month to ensure that they are still eligible to receive Medicaid-funded services. Thus, TD transportation providers must ascertain eligibility for these trips to ensure that they are reimbursed for the services they provide. This information must be stored with the client’s file, either on paper or in a computer file, to ensure proper billing.

In general, the more complex the eligibility criteria, the more important the process for determining eligibility and the more important record-keeping becomes. It also may be more cost effective to coordinate eligibility certification efforts with another agency that has similar eligibility requirements. In the situation where demand exceeds supply, strict adherence to eligibility criteria is the first step toward managing demand.

**Paratransit Provider Types**

For the purposes of this report, paratransit providers are divided into the following three categories: (1) ADA complementary paratransit programs, (2) special purpose paratransit programs, and (3) combinations of paratransit programs.

**ADA Complementary Paratransit.** With the passage of the Americans with Disabilities Act (ADA) of 1990, public transit agencies (as defined by Title II of the Act) that provide fixed-route public transportation are required to develop complementary paratransit services for those persons who are unable to use the fixed-route service because of their disability. This service must be operated during the same days and hours of operation as the fixed-route service, and must meet a variety of other criteria as described in the regulations.\(^5\) Complementary paratransit passengers must meet the eligibility criteria established by each system in accordance with section 37.123 of the ADA regulations.\(^6\) The ADA prohibits the use of trip priorities for ADA complementary paratransit service; all eligible passengers must be transported, regardless of the trip purpose. The regulations require transit agencies to be fully compliant with the ADA by 1997. The locations of ADA complementary paratransit providers in Florida is shown in Table 1.

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\(^5\)49 CFR Parts 37 & 38.

Table 1
Florida’s ADA Complementary Paratransit Service Providers

<table>
<thead>
<tr>
<th>County</th>
<th>ADA Paratransit Provider</th>
<th>Transit Agency</th>
<th>Other Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alachua County</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broward County</td>
<td>X *</td>
<td>X *</td>
<td></td>
</tr>
<tr>
<td>Dade County</td>
<td>X *</td>
<td>X *</td>
<td></td>
</tr>
<tr>
<td>Duval County</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escambia County</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillsborough County</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key West</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee County</td>
<td>X (most)</td>
<td>X (some)</td>
<td></td>
</tr>
<tr>
<td>Leon County</td>
<td>X (some)</td>
<td>X (most)</td>
<td></td>
</tr>
<tr>
<td>Manatee County</td>
<td>X *</td>
<td>X *</td>
<td></td>
</tr>
<tr>
<td>Orange County</td>
<td>X *</td>
<td>X *</td>
<td></td>
</tr>
<tr>
<td>Palm Beach County</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pinellas County</td>
<td>X (most)</td>
<td>X (some)</td>
<td></td>
</tr>
<tr>
<td>Polk County</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sarasota County</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Volusia County</td>
<td>X (most)</td>
<td>X (some)</td>
<td></td>
</tr>
</tbody>
</table>

* Transit agency is the CTC.

Special Purpose Paratransit. Many paratransit programs restrict their services to those persons who meet certain program or funding requirements. The TD transportation program is an example of this category of service. As described earlier, the Florida TD Commission has defined two broad categories of passengers: Category I and Category II. This report is primarily concerned with persons in Category II, who are subsidized by the TD Trust Fund. Under Florida’s TD transportation program, CTCs may establish trip priorities as long as they are applied equally to all passengers. In other words, a person with a disability may not be denied a trip because he or she requires special equipment and/or assistance to use the service if an able-bodied person would be allowed to make the same trip. This category of service typically is broader than the ADA complementary paratransit service described above because special purpose
paratransit programs usually includes non-disabled passengers who qualify based on income level, age, or some other criterion.

**Combined Paratransit Programs.** Some Florida paratransit programs carry both ADA complementary paratransit passengers, as well as those who are covered under the TD transportation program. When combining both passenger types, care must be taken to ensure that the respective rules are applied correctly and consistently within each group. For example, although trip priorities may be permissible for the TD program portion, the ADA prohibits trip priorities for those clients who are transported under the ADA portion of the program. Twelve CTCs provide at least some ADA complementary paratransit in addition to TD transportation services (see Table 1).

**Trip Priority Options**

While conducting a national review, CUTR found little written documentation concerning the development of trip priority procedures. In addition to a literature review, CUTR contacted a variety of state organizations and transit agencies to determine whether trip priorities were being used in other parts of the country. Most systems were reluctant to discuss the issue of trip priorities and, if used, they often were not written policies. One system, Gloucester County (N.J.) Department on Aging's Special Transportation Services (STS), provided a copy of its "Passenger Procedures." Requests for STS service must be made in advance and only a limited number of trip types are served including: various medical, vocational training, Medicaid, limited recreational, and rural transportation trips. A copy of these procedures are included in Appendix A.

A few states have explored the adoption of statewide trip priority procedures. For example, in 1990 the Pennsylvania Department of Aging (PDA) undertook an effort to establish trip purpose priorities for the lottery-funded shared-ride transportation program for senior citizens. Although to date no statewide trip priority procedures have been adopted, some counties in Pennsylvania have adopted formal or informal trip purpose priorities and/or prohibitions. In particular, many coordinators will not provide airport trips. A copy of PDA’s preliminary trip priorities discussion paper is included in Appendix B.
CUTR has identified seven general procedures for establishing trip priorities, which are described below. Implementation strategies for these system design and trip priority practices are described in Section Three of this report.

**Basing Trip Priorities on Trip Purpose.** This approach assigns a priority to each type of trip purpose that may be requested. Trip purpose priorities often are determined at the local (in this case CTC) level. Usually they are ranked with the advice of an advisory board (such as the local coordinating board) or by the provider. Prior to implementation, each trip purpose is ranked in priority order. Often, dialysis trips and other medical trips are deemed a high priority. Low priority trips often include recreational and non-food shopping trips. An advantage to this approach is that it ensures that trips classified (by a CTC) as more essential are served first; however, if capacity is severely constrained, this option may never allow trips to be made that are perceived as less important.

**Basing Trip Priorities on Geographic Area.** This approach assigns priority to trips that are made within a specified geographic service area. Usually, trips that are outside of the service area are not served. Exceptions may be made for transportation to Veterans’ Administration Hospitals or for travel to other regional medical facilities for treatments that are not available locally. An advantage to this approach is that it allows the provider to manage system productivity by restricting trip length and dispersion. However, this approach may limit the user’s choice of destinations for trip purposes or restrict out-of-area trips to certain days or times that may not coincide with a passenger’s treatment schedule.

**Basing Trip Priorities on Traveling During a Certain Time of Day.** This approach attempts to spread the demand for transportation more evenly throughout the day, thereby avoiding peaks and valleys in service provision. As is the case with commuters on fixed-route transit systems, most paratransit systems experience periods of high (peak) demand in the early morning and late afternoon. Under this approach passengers with flexible schedules are asked to schedule trips during midday or other off-peak hours. By spreading demand more evenly, the provider will be able to accommodate more trips throughout the day, with fewer vehicles. One drawback to this approach is that passengers may be inconvenienced by the restricted travel times (e.g., some persons may have difficulty scheduling doctors’ appointments during these restricted hours).
Basing Trip Priorities on Reservation Time. This approach requires that trips be reserved during a specific time period before the trip is to be taken (e.g., at least two days, but not more than 30 days, prior to the trip). In theory, this procedure enables the provider to know the demand for trips in advance to help facilitate scheduling. One shortcoming of this procedure is that spur-of-the-moment trips (e.g., unplanned doctors’ appointments) cannot be accommodated. A second shortcoming of this approach is that it may artificially restrict service availability by not allowing the provider the flexibility to replace trips that are canceled between the time the reservation was made and the time the trip was scheduled to be delivered. Also, the incidence of passenger no-shows tends to increase as reservation lead times increase.

(Accepting reservations or providing trips on a first-come, first-served basis is not a true trip priority procedure. Although someone may argue that this approach is a way of establishing trip priorities, first-come, first-served is really a "do nothing" or "status quo" approach. Whoever calls first gets a ride. Nonetheless, for many systems this approach to accepting trip reservations works well and implementing a trip priorities procedure would not improve service.)

Basing Trip Priorities on Number of Persons Traveling Together. This approach encourages group trips. For example, under this option priority may be given to groups of three or more persons traveling from the same origin to the same destination. A variation of this approach is for the provider to assemble groups and add individuals to the group when space is available. This passenger grouping enables the provider to be more efficient by limiting the number of pick-ups and drop-offs. A disadvantage is that this approach may reduce availability of transportation services for individual passengers who do not readily fit into a group trip. A variation of this approach is to give priority to persons requesting trips that may be added easily to existing trip patterns.

Basing Trip Priorities on Number of Trips Allowed. This approach only allows a certain number of trips per time period for a specific user. With this approach the passenger is able to decide on how to ration his/her own trips. A variation of this approach allows the passenger to pay a premium for additional trips beyond his/her quota. One problem with this trip priority procedure is that someone with a large number of essential trips (e.g., dialysis three times a week) may not have trips left over for any other trip purpose.
Basing Trip Priorities on Income. This approach limits the availability of service by using income eligibility requirements. Under this approach, passengers with higher incomes may not be eligible to ride or may have to pay a higher percentage of the cost of the trip. Persons whose incomes exceed the maximum threshold would not be allowed to ride (or would have to pay the full cost of providing the trip). In practice this approach often is difficult to apply because of the problems associated with confidentiality and income verification. Further, in practice, it may be difficult to collect fares from individuals on a sliding-fee basis. As an alternative, it may be possible to piggyback onto another program’s income eligibility certification process (e.g., Medicaid), or at least to combine efforts with another program that also uses income as an eligibility parameter.

Section Two of this report describes the results of a survey of CTCs undertaken to determine the extent to which trip priority practices are used in Florida.
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SECTION TWO
CTC TRIP PRIORITIES SURVEY

This section describes the results of the questionnaire used to survey CTCs about their trip priority practices and use of TD Trust Fund monies. Appendix C contains a sample survey, with the responses noted.

Survey Overview

In November 1992, CUTR conducted a survey of Florida’s CTCs. The survey was prompted by two questions. First, do CTCs have consistent (and documented) procedures for determining who will and who will not be served when the demand for TD transportation services exceeds the available supply? Second, how are TD Trust Fund monies being used for the provision of TD trips? The TD Trust Fund is intended to help provide additional service for general, non-sponsored trips, and are not supposed to "supplant or replace funding of transportation disadvantaged services which are currently funded to a recipient by any federal, state, or local governmental agency." (As a reminder, a "program trip" is one made by a client of a governmental or social service agency for the purpose of participating in a program of that agency, and a "general trip" is one made by a TD-eligible person to a destination of his or her choice, and not paid for by a funding agency or program.)

The survey was not intended to be used as the basis for developing a statewide, standard trip priority procedure; rather, the intent of the survey and subsequent report was to educate CTCs and the TD Commission about the potential benefits and drawbacks of various trip priority procedures. The three-page survey was mailed to CTCs throughout Florida. At the time the survey was mailed, there were 48 active CTCs. More than two-thirds of the CTCs responded to the survey; 31 surveys were returned, representing 33 CTCs. (In two cases, one organization serves as the CTC in two separate service areas.)

The CTCs were divided into three categories:

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7 Rule 41-2.014 (1) F.A.C.
• Urban and rural;
• Private not-for-profit, government, public transit agency, and private for-profit; and
• Complete brokerage, partial brokerage, and sole service provider.

About half of the CTCs in Florida (25) are classified as urban and 23 are rural. Most CTCs (30) are organized as private not-for-profit agencies and 13 CTCs are part of county government. Only three CTCs are part of a public transit agency, and two are private, for-profit organizations. Eleven CTCs are complete brokerages (contracting with other operators for service delivery), 19 CTCs coordinate service as partial brokerages (directly operating some paratransit service and contracting for the provision of service with one or more other providers), and 18 CTCs are sole providers of TD transportation. Table 2 shows the representation of CTCs in each category from the survey. All categories were well-represented with 50 percent or more of the CTCs responding to the survey.

Survey Findings

The survey included questions dealing with the two key areas. The first four questions related to the current supply of and demand for TD transportation. They also addressed the issue of the use of TD Trust Fund monies. The remaining questions asked for specific information concerning trip priority practices currently used by CTCs.

Program v. General Trips

In Question No. 1, the CTCs were asked to estimate the percentage of total trips (regardless of funding source) provided that were for program versus general trips. According to the survey, 54 percent of the total trips provided by the CTCs were for program trips and 46 percent were for general trips (see Figure 1). These figures coincide with expectations that trips are split fairly evenly between program and general trips.

Use of TD Trust Fund

In Question No. 2, the CTCs were asked to estimate the percentage of trips paid for by the TD Trust Fund that were for program versus general trips. With respect to trips provided by TD Trust Fund monies, CTCs reported that 20 percent were program trips and 80 percent were
Section Two: CTC Trip Priorities Survey

Table 2
Summary of CTCs

<table>
<thead>
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<th>CTCs</th>
<th>All</th>
<th>Returned Survey</th>
<th>Percentage Responding</th>
</tr>
</thead>
<tbody>
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<td>Urban</td>
<td>25</td>
<td>16</td>
<td>64%</td>
</tr>
<tr>
<td>Rural</td>
<td>23</td>
<td>17</td>
<td>74%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>33</td>
<td>69%</td>
</tr>
<tr>
<td>Private Not-for-Profit</td>
<td>30</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td>Government</td>
<td>13</td>
<td>7</td>
<td>54%</td>
</tr>
<tr>
<td>Public Transit</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Private-for-Profit</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>33</td>
<td>69%</td>
</tr>
<tr>
<td>Complete Brokerage</td>
<td>11</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>Partial Brokerage</td>
<td>19</td>
<td>14</td>
<td>74%</td>
</tr>
<tr>
<td>Sole Provider</td>
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<td>56%</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>33</td>
<td>69%</td>
</tr>
</tbody>
</table>

NOTE: Thirty-one surveys were returned, representing 33 CTCs.
Source: CUTR.

general trips (see Figure 1). Although the TD Commission would prefer that 100 percent of TD Trust Fund monies be used for general trips, the 80 percent figure does suggest a strong emphasis on general trips. It also suggests some supplanting may be occurring or that TD funds are being used for trips that never were paid for by an agency and now are able to be made.

Supply and Demand Issues

CTCs next were asked about whether they were able to meet demand for TD transportation services considering TD Trust Fund monies only. Question No. 3 asked whether the CTCs could meet all of the demand for program trips. Forty-three percent of the respondents said they were able to meet all of the demand for program trips. Question No. 4 asked whether the CTCs could meet all of the demand for general trips. Only 35 percent of the CTCs said they were able to meet the demand for general trips (see Figure 2). Based on these responses, it is clear that the demand for service may far exceed available supplies.
Guidelines for Developing Trip Priority Procedures

Figure 1

Survey Question No. 1
Approximately what percentage of all trips fall into the following categories (program or general trips)?

Program Trips N=29
General Trips N=30

Survey Question No. 2
Approximately what percentage of trips funded by the TD Trust Fund are for: (program or general trips)?

Program Trips N=29
General Trips N=28

Figure 2

Survey Question No. 3
Are you able to meet demand for program trips in your service area?

N=28

Survey Question No. 4
Are you able to meet demand for general trips in your service area?

N=31

The profile of the "typical" CTC that was able to meet demand for all trips (both general and program trips) also was identified. The "typical" CTC that was able to meet all of the demand was a rural, sole provider, and a private-not-for-profit organization. As a rule, these same CTCs also reported having some form of trip priority procedures in place.

General Use of Trip Priority Practices

Another question relating to general and program trips was Question No. 6, which asked CTCs about whether general or program-type trips (paid for by the TD Trust Fund) were given priority (see Figure 3). They also had the choice of "no difference in priority." Sixty percent of the CTCs indicated that they had no difference in priority. Twenty-three percent said that program trips had priority, and 17 percent said general trips had priority. This result may be of some concern because the intent of the TD Trust Fund is to provide general trips. Again, although respondents were instructed to consider trips paid for by the TD Trust Fund, there may have been a tendency to answer this question thinking about all trips (including program/agency-sponsored trips).

Question No. 5 asked the CTCs whether they provided trips on a first-come, first-served basis. Eighty-four percent of the CTCs responded, "yes," implying that they do not use formal trip priorities (see Figure 4). Despite the perception that most trips are provided on a first-come, first-served basis, in Question No. 7, 55 percent of the CTCs reported using some form of trip priorities when demand exceeds supply. Of those who said they had established trip priorities, 47 percent said they had written procedures. Although 45 percent (14 out of 31 respondents) claimed they had not implemented trip priorities, 5 of those CTCs answered "yes" to a subsequent question about what type(s) of trip priorities they used. With these CTCs included, the percentage of CTCs using trip priority procedures increased to 71 percent (see Figure 5).

Specific Use of Trip Priority Practices

Next, the survey asked questions about specific trip priority procedures to determine which ones were being used by CTCs. Questions No. 8 - No. 15 listed specific trip priority approaches and asked the CTCs to indicate which one(s) they implemented. Figure 6 compares the responses for each trip priority procedure. These procedures correspond to the definitions found in Section One of this report.
Figure 3

Survey Question No. 6

Which of the following trips have priority (program, general, or no difference)?

![Pie chart showing survey results]

N=30


Limiting trips based on trip purpose (Question No. 8) was clearly the most popular trip priority procedure, with 65 percent of all CTCs reporting that they use this approach. As part of Question No. 8, respondents were asked to rank trip purposes based on their priority. Table 3 shows the frequencies of the different trip purposes. There were three distinct groupings identified by respondents. Kidney dialysis and other medical trips ranked highest in priority in all cases. To further emphasize the importance of dialysis and medical trips, 25 CTCs gave top priority to dialysis and medical trips, and noted all other trips as secondary, if capacity permitted. Other shopping/personal business and recreation/entertainment/visiting ranked lowest in priority in most cases. The rest of the trips (employment, educational, grocery shopping, nutrition site, and social service agency trips) fell into an area of medium priority.

Limiting trips based on a specific geographic area (Question No. 10) was the second most popular trip priority procedure with 42 percent of all CTCs implementing this approach. A large number of CTCs said they limited trips to their service area except for life sustaining trips. Other CTCs provide prescheduled trips to Veterans’ Administration hospitals or other regional specialty...
facilities. One CTC only provides trips to the rural areas of the service area on Tuesdays and Thursdays.

Limiting trips based on advance reservation time (Question No. 14) was third with 29 percent. Reserving a trip 24 hours in advance was the most popular response for this question, appearing 70 percent of the time. Of the responding CTCs that limit trips based on advance reservation time, 66 percent (six out of nine) were rural providers.

Limiting trips based on traveling during a certain time of day (Question No. 11) was tied for fourth most popular trip priority procedure, with 23 percent. Some of the examples listed were preferring clients to schedule trips between 10 a.m. and 2 p.m., and limiting trips after 6 p.m. and before 6 a.m. to group trips. This procedure was the fourth most popular trip priority procedure.
Figure 5

**Survey Question No. 7**
Do you have a procedure for setting trip priorities when demand exceeds supply?

- **No**: 29%
- **Yes**: 71%

N=31

- If yes, is this procedure written?

- **No**: 53%
- **Yes**: 47%

N=14

* Includes five CTCs who responded "no" to Question No. 7 and then responded "yes" to a later question about using trip priority procedures.

Guidelines for Developing Trip Priority Procedures

Figure 6

Percentage of CTCs Using a Trip Priority Procedure

Do you set trip priorities based on:
- Trip purpose (Question No. 8)
- Geographic area (Question No. 10)
- Advance reservation (Question No. 14)
- Traveling during a certain time of day (Question No. 11)
- Number of persons traveling to same destination (Question No. 12)
- Income (Question No. 13)
- Number of trips (Question No. 9)
- Other (Question No. 15)

Also tied for fourth with 23 percent was limiting trips based on number of persons traveling to the same destination (Question No. 12). One CTC reported requiring eight passengers or more to go to the major city in the service area on Saturdays for mall trips. Another CTC said it usually required that at least three persons travel together, but would attempt to accommodate an individual. Of the CTCs that responded "yes" to this question, 86 percent (six out of seven) were rural providers.

Eligibility requirements, as stated before, also can reduce the TD market size when supply cannot meet demand. Limiting trips based on income eligibility (Question No. 13) was the sixth most common procedure used. Ten percent of the CTCs said they used income requirements to help control the market size and, thus, limit demand for service. CTCs typically reported giving priority to individuals with incomes less than 100 to 125 percent of the national poverty level. One CTC’s reply was that if persons can afford to purchase transportation they might have limited access.
The least chosen trip priority procedure was regulating the number of trips a passenger may take during any time period (Question No. 9). Only 6 percent of responding CTCs said they use this approach to limit trips when demand exceeds supply. Two different approaches were given as responses. One approach was to limit shopping and recreational trips to three per week. The other approach was to limit grocery shopping to once a week and to limit other shopping to once a month.

Question No. 15 asked about any other trip priority procedures that the CTCs may have used that were different from the previous choices. All of the CTCs that responded to this question (26 percent) reemphasized that medical (and dialysis) trips were their first priority. Only one CTC described something different. That CTC reported accepting up to 50 percent subscription trips, as well as placing a priority on medical trips. (Subscription trips are standing order trips that regularly recur without the need for the passenger to call in a reservation for each trip. An example of a typical subscription trip would be a standing order for service to dialysis.)

Survey Implications

Although the TD Trust Fund is intended to be used exclusively for non-sponsored Category II individuals, approximately 20 percent of the trips that are being provided appear to be for program-type trips. This information may be interpreted in a variety of ways. It may indicate that 20 percent of the TD Trust Fund monies are supplanting service that should have been sponsored by an agency. It may also mean that 20 percent of the trips funded by the TD Trust Fund were never sponsored by an agency and the availability of those funds now makes it possible for those trips to occur. Further research into the exact nature of this 20 percent figure is necessary before a definitive conclusion may be made.

To cope better with excessive demand and to be fair to every purchaser of service, CTCs could establish a formal trip priority procedure to use when demand exceeds supply. Trip priority procedures provide a consistent approach in allocating trips. Fifty-five percent of responding CTCs implement some type of trip priority and 47 percent of those CTCs reported having written procedures (see Appendix D). When including the CTCs that said they did not implement trip priorities but said yes to one of the specific trip priority procedures, the percentage of CTCs using trip priority procedures increased to 71 percent.
The most common form of trip priority procedure reportedly in use was limiting trips based on trip purpose with 65 percent of responding CTCs using this approach. The least chosen trip priority was limiting trips based on the number of trips allocated to a specific user with only 6 percent of responding CTCs using this approach. The only other approach suggested was to establish quotas for the number of subscription trips.

Section Three of this report describes implementation strategies for establishing trip priority procedures.
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SECTION THREE
IMPLEMENTATION STRATEGIES

At the outset of this report, CUTR identified seven general trip priority procedures that could be applied to TD transportation services funded by TD Trust Fund monies. As part of the study, CTCs were surveyed and asked to describe any other strategies they used to set trip priorities. No new strategies were identified, although one CTC reported that it set a 50 percent limit on the number of standing order subscription trips that could be booked. (As an aside, the ADA regulations do not allow an ADA complementary paratransit system to book more than 50 percent subscription trips if there are capacity problems. Some systems, even though they do not provide ADA complementary paratransit service, have begun to use a similar standard for consistency.)

After analyzing the surveys, conducting a literature review, and discussing trip priority practices with other professionals throughout the country, CUTR classified the eligibility criteria and the trip priority procedures into the following two categories:

- System design strategies and
- Trip priority strategies.

The four approaches described under System Design Strategies are operational in nature; the three strategies defined under Trip Priority Strategies are optional demand management approaches. Although these trip priority strategies may be applied to TD transportation services, particularly for service provided by TD Trust Fund money, they may not be applied to ADA complementary paratransit service because the ADA prohibits the imposition of trip priorities. Further, trip priorities often are not applied to trips that are paid for by a third-party funding source (such as Medicaid), because the provider has already agreed to provide such trips under formal or informal contractual arrangements and payment for the trips has been agreed upon.

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8 Some trip priority procedures may be used during the phase-in of ADA complementary paratransit service. For further information refer to the ADA regulations, 49 CFR Parts 37 & 38.
The remainder of this section will deal with issues faced by CTCs providing general TD trips, particularly those funded by the TD Trust Fund, and is not intended to address questions specifically related to ADA complementary paratransit.

**System Design Strategies**

System design strategies are used to define the paratransit service being offered so that it is clear to potential passengers who will and who will not be able to use the service. These are not trip priority strategies per se. These system design strategies must be developed in keeping with requirements defined by local funding agencies, state statutes and/or rules, as well as federal statutes and/or rules. These strategies are operating decisions basic to the provision of TD transportation services, and usually are defined prior to starting service. The four system design strategies discussed in this section of the report include:

- Eligibility criteria.\(^9\)
- Shared v. exclusive ride.
- Advance reservation requirements.
- Geographic service area.

There are many other basic design strategies that also must be established at the start of service, including the types of vehicles that will be used (sedans, vans, buses) and the days and hours that service will be offered. For the purposes of this report, however, only the four basic design features described above will be discussed since they were originally discussed in the context of trip priority procedures.

**Screening and Eligibility Criteria**

Eligibility criteria may be vague or specific. By definition, the TD Commission has endorsed restrictive eligibility criteria (i.e., those persons who fit into Category II, as described earlier) for persons who are transported through the TD Trust Fund subsidy. These eligibility criteria were selected in an attempt to control demand for services paid for by limited TD Trust Fund dollars.

\(^9\)Income eligibility (originally listed as a separate criterion in the survey) has been combined into the overall topic of eligibility criteria.
Section Three: Implementation Strategies

The successful use of eligibility criteria requires screening capabilities, accurate record keeping and a consistent and fair approach to applying the eligibility criteria in effect. For example, if a system defines a senior citizen as someone who is 65 or older, but makes an exception and allows someone who is 64 to ride, anyone else who is 64 and also wants a ride would feel entitled to use the service as well.

An application form should be developed to determine client eligibility and to document information about the potential passenger. If a person will be required to show proof of his/her eligibility, the documents that are acceptable should be listed in the instructions. A variety of registration forms are possible; generally, the simpler the form, the better, as long as it captures the essential information. Whether the information is kept on paper, index cards, or entered into a computer, the data must be easily retrievable from the data base for reservation purposes. If information from a paper application is going to be entered into a computer data base, it is a good idea to arrange the information gathered on paper in the same order as the data entry on the computer screen.

A related issue is whether identification cards are required. Identification cards sometimes include a photo or may simply provide pertinent information about the passenger (name, address, I.D. No., telephone number, etc.). Some systems require photo I.D. cards to ensure that the person is eligible to make the trip. Although photo I.D. cards help to reduce potential abuses of the system, the processing of cards requires special camera equipment, laminator, etc. The cost of producing the photo I.D. card may not be justified when compared to any potential cost savings.

Two examples of brief eligibility statements received from CTCs who completed the survey are shown in Appendix D (Examples 1 and 2).

Shared v. Exclusive Ride

A basic design strategy or philosophy is the extent to which a system encourages or forces passengers to share rides. It is common sense that a group of three or four persons traveling from the same origin to the same destination is more cost-effective to transport than three or four persons traveling independently. At the start of the service, it is wise to determine whether rides will be provided on an exclusive ride basis (like a taxi system) or whether passengers will be
required to share rides when possible. Most CTCs would probably prefer to group trips and share rides when possible to make scarce resources go further. If sharing rides is a priority, that philosophy should be explicitly stated both to the transportation operator and the passengers.

In addition to providing shared rides for persons who are traveling in similar parts of the service area (even if their origins and destinations are different), a system may adopt a policy of encouraging group trips from the same origin to the same destination. Incentives may be used to encourage group trips, such as providing special rates (paid either by passenger fares or by funding agencies) for three or more persons traveling together at the same time and making more efficient use of the vehicle.

Although described under the system design strategy portion of this report, this particular strategy is closely related to trip priorities. In fact, 23 percent of the CTCs that said they give priority to group trips over individual trips.

**Advance Reservation Requirements**

A basic service design strategy is the way in which reservations may be made for service. Although this system design strategy might also be construed as being somewhat of a trip priority strategy, it is fundamentally a service design issue. There are three basic types of trip reservations:

- Advance reservations;
- Immediate response; and
- Subscriptions or standing orders.

Most CTCs currently operate on an advance reservation basis; that is, reservations are accepted one or more days prior to the trip. The argument in favor of such an approach is that it allows the service provider to schedule trips ahead of time. A drawback to this approach is that it makes last-minute schedule changes difficult to accommodate because of cancellations, no-shows, accidents, or other unforeseen events. For the purposes of discussion, it is assumed that reservations are accepted on a first-come, first-served basis. (A variation of this strategy will be addressed under trip purpose priorities, below.)
Some systems, generally those providing a large percentage of individual trips rather than program or agency-sponsored trips, provide trips on an immediate-response basis. This form of scheduling and dispatching operates very much like a taxi system. Trips are assigned on a real-time basis, according to which driver is available. "Will calls" for return trips from doctors’ appointments are another example of an immediate-response trip. An advantage to these approaches is that they improve productivity by allowing for schedule adjustments throughout the day so that the system is not overly affected by unforeseen events. On the negative side, if capacity constraints exist, passengers may not be assured of getting a ride.

A subscription or standing order trip is another reservation method used by many TD systems. Under a subscription program, requests are made once for trips that recur on a regular basis. For example, a kidney dialysis patient who receives treatments three times a week could place a request for service on an on-going basis. There would be no need to call repeatedly to schedule individual trips. The only additional calls would be to cancel a particular trip if the passenger was not going to dialysis. The important aspect of subscription trips is ensuring that passengers do not abuse their standing orders by repeatedly making adjustments to the request or by missing trips. A policy should be developed so that passengers are aware of their responsibility to minimize changes and notify the system in advance if they need to cancel.

Many systems use a combination of reservation approaches and allow for a balance of reservation types. For example, one CTC reported allowing a maximum of 50 percent subscription trips, thereby allowing at least 50 percent advance-reservation and will call trips. Other systems hold a certain number of time slots open on the schedule to allow for last-minute, same-day trip requests and will calls.

This basic design strategy may also be combined with trip priority strategies, which will be discussed below.

**Geographic Service Area**

The fourth and final system design strategy that will be discussed in this report is determining the geographic service area. CTCs have designated service areas that correspond to the political boundaries of a county or counties. Some CTCs may have a defined local service
area, yet, for some types of trips, may transport passengers to regional activity centers for medical appointments and treatments that are not available within the local service area.

As has been stated previously, it is important to determine the area to be served at the outset of service. A clearly defined service area allows the CTC to make informed judgment calls about projected trip length and volume throughout the service area. As in the case of eligibility criteria, the CTC should consider carefully how rigid a boundary to establish and the criteria that will be used in the event of an exception.

According to the survey respondents, 42 percent said they used geographic service area. In fact, although most systems have defined service areas, it can be inferred from the survey that less than half of the CTCs actively use their service areas to manage trips.

**Trip Priority Strategies**

Trip priority strategies are optional service parameters that often are used by systems where demand for service exceeds the supply of available resources. These strategies are a systematic approach to determining which trips will and will not be served. Trip priority strategies may be defined when service is started; however, often they are not implemented until after service has been in operation for some period of time. The three basic strategies identified in this report include defining trip priorities based on:

- Trip purpose;
- Time of day; and
- Number of trips allowed.

Before deciding to implement any trip priority procedure, it would be wise to conduct a basic evaluation of how productive the system is currently. At a minimum, this analysis should include (see Figure 7):

- An evaluation of trip purposes currently being served (medical, work, grocery shopping, visiting, etc.);
- A review of overall system productivity; and
- An estimation of the number or percentage of trip requests being refused.
Figure 7

**Trip Priority Decision Process**

1. Trip purposes currently served
   - What is the current distribution?
2. System productivity measures
   - What is the system's productivity? Can productivity be improved?
3. Trip refusal data
   - At what times are trips being refused? How many trips are being refused?
4. Are trip priorities needed?
   - Which trip priority procedure would be best?
     - Trip purpose
     - Time of trip
     - Number of trips
Trip Purposes Currently Served. As a first step, the CTC should analyze the current mix of trips being provided. A sample of trip data should be reviewed to determine what percentage of trips are being provided in various trip purpose categories. The trip purpose categorizes developed for the CTC survey may be used for this exercise. For example, how many (and what percentage of) trips are for each of the following trip purposes.

- Dialysis
- Medical appointments
- Nutrition sites
- Education/training programs
- Employment/sheltered workshops
- Social service agency
- Grocery shopping
- Other shopping/personal business
- Recreation/entertainment/visiting

This information is useful both for understanding current service and for predicting the effect of selecting priorities by trip purpose. For example, if 25 percent of the trips currently provided are for grocery shopping, and if grocery shopping is made a low priority, those riders may no longer be served, even though they are a significant part of the current trip distribution. Virtually eliminating grocery shopping trips could affect a large number of people and create a great deal of discontent with the system.

System Productivity Measures. Productivity is a measure of how efficiently a system is operating. If a CTC is only able to provide one trip per vehicle hour, for example, very few passengers can be served. A system that provides two trips per vehicle hour can serve twice as many passengers during the same number of hours, and so on. System productivity should be measured on a regular basis so that trends can be noted and adjustments made, as necessary. Establishing trip purpose priorities may not solve the problem if a system is inherently inefficient, priorities may only control the types of trips that are allowed.

Trip Refusal Data. Finally, it is also important to have an understanding of the magnitude of trip requests that are not being accommodated. It is good practice to record information about trips that were refused. At a minimum, the trip's origin, destination, and time should be recorded (including the return trip if the request was for a roundtrip). This log should be reviewed regularly to look for patterns and to attempt to increase capacity as time and resources allow.
If only one or two trips are being refused each day, it may not be necessary to institute a system of trip priorities. The trips may be able to be accommodated through improved scheduling or dispatching practices. If a significant number of trips (as defined by the CTC) cannot be accommodated on a regular basis, and the system is relatively productive, then perhaps a system of trip priorities would be appropriate.

There are a variety of approaches for establishing trip priorities. The three identified above will be described in detail below.

**Trip Purpose**

The most common form of trip priority strategy is limiting trips based on trip purpose. Of those CTCs who responded to the survey, 65 percent said they set trip purpose priorities. Although on the surface it may seem relatively easy to establish a list of trip priorities and simply accept trip requests for the top priorities before accepting trips for lower priorities, implementation of such an approach may be difficult.

As part of the survey, CTCs were given a list of nine trip purposes and asked to indicate the ranking of trip purpose priorities from "1" (highest) to "9" (lowest). Although there was some variation in the exact order with major groupings, three distinct sets of priorities were evident, as shown below.

**High Priority Trips**
- Dialysis (and other life-sustaining treatments)
- Medical appointments

**Medium Priority Trips**
- Nutrition sites
- Education/training programs
- Employment/sheltered workshops
- Social service agency
- Grocery shopping
Low Priority Trips
• Other shopping/personal business
• Recreation/entertainment/visiting

It is common to see a system group trips into some variation of high, medium, and low priority because in practice it is difficult to rank-order trip requests from many different categories. In other words, it is difficult to accept calls in numeric priority order because of the random nature of calls. It is more realistic to accept trips for certain types of broader trip purposes first (high priority) and then open up to other "less important" trip purposes later (medium and low priority).

For example, a CTC using trip purpose priorities might accept only high priority trip requests up until two days before the trip is to be made. The day before the trip is to be made a CTC might allow medium priority trips to be booked up until 3 p.m. Then, from 3 p.m. to 4:30 p.m., low priority trips are accepted, if space is available. (As an aside, dialysis patients, and others receiving on-going medical treatments, should be allowed and encouraged to request subscription trips so that these trips are always built into the schedule. This approach will make the implementation of trip priorities easier to manage by eliminating the repetitive calls for trips that are somewhat universally recognized as being of a high priority.)

An alternative approach is to record all trip requests, develop the schedule, and then call each passenger to confirm or deny the trip request. Such a practice is very time-consuming and can lead to unpleasant confrontations.

Appendix B contains a detailed list of possible trip purpose priorities proposed for use in Pennsylvania by the commonwealth’s Department of Aging. Appendix D shows trip purpose priority policies submitted by CTCs who completed the CUTR survey (Examples 3-8).

Travel During a Certain Time of Day

Another way to set trip priorities is to provide lower priority or discretionary trips only during certain times of the day (e.g., during off-peak hours). As shown by the survey results, 23 percent of the CTCs said they restricted travel for some types of trips to certain times of day.
This priority-setting approach can be used alone or in combination with other trip priorities. For example, if dialysis and medical trips are considered to be high priority, they may be able to be scheduled for any time during the service hours. All other trips might be allowed only during midday, evening, or on weekends, space permitting. No non-priority (or low priority) trips would be allowed to be booked during peak hours of service.

Example 8 in Appendix D shows a variation of this approach to setting trip priorities. Although the system has a set of trip priorities (medical, life-sustaining activities, education, business, work, recreational), bi-weekly shopping service also is provided. On Mondays, service is provided to one community, on Tuesdays to another community, and so on. In this way the CTC avoids having to make shopping trips to destinations all over the service area on any one day, and can concentrate on providing trips to specified parts of the service area during that area's assigned day.

The decision to use this type of trip priority should be based on the analysis of current service, described earlier in this section. In particular, if many or all of the requests for service that are denied occur repeatedly during the same time of day, and yet there is still capacity at other times of the day, then the problem may be eased or even resolved by redirecting trips to less busy times. This approach may be accomplished verbally by advising passengers that it is "easier" to book a trip for midday, or passengers may be advised that they must book a trip during certain days and times, depending on its purpose.

Number of Trips

Although not commonly used by CTCs in Florida (only 6 percent reported using this approach), limiting the number of trips a person may make during a specified period of time is another way to set trip priorities.

Under this approach, each person is limited in the number of trips he/she may make during a certain interval (usually during a one-month period). Thus, instead of the transportation provider deciding which types of trips may or may not be made, or when certain trips will be allowed, the passenger decides how to ration his/her own trips. If, for example, passengers were limited to a total of 10 trips per month, then the person would decide which trips were most
important or which trips had to be made using the CTC system rather than being transported by some other means.

In some instances passengers may still make additional trips beyond their quota; however, they are generally responsible for paying the full cost for any extra trips. Having some flexibility is particularly helpful for someone who must travel frequently to a doctor or treatment program. A drawback to this approach is that it may appear to be "heavy-handed" on the part of the provider because it limits access to the transportation program.

If limiting the number of trips is selected as a trip priority strategy, the users must be educated about how to use the system and the importance of planning ahead during the month. Also, the CTC will have to develop a method for tracking trips during the month to ensure that the limit is not exceeded. This may be done using index cards, and simply recording each trip that is made. Alternatively, the number of completed trips may be recorded and stored in a computer program. As a courtesy, it might be useful to remind the passenger when there are only two or three trips remaining. It also will be important to remember not to count cancellations as completed trips, if the passenger calls to reschedule a trip. Likewise, if a passenger is a no-show, the system will need to have a policy on whether to deduct that trip from the passenger’s quota.

To determine the limitation on the number of trips to use, the CTC will have to analyze its records to determine capacity and to identify how many trips individual passengers (who are non-sponsored and are provided service using funding from the TD Trust Fund) make on average. The number of trips should be sufficiently large so as to allow for at least one round trip per week on average, if possible. The exact number of trips allowable will be a judgment call and may need to be reevaluated at a later date.

A Note of Caution

In Section One of this document a distinction was made among various types of paratransit service providers, particularly those who provide TD transportation services and those who provide ADA complementary paratransit services. Throughout this document, trip priority practices for the TD transportation provider have been discussed. By law, those systems that provide ADA complementary paratransit service may not use trip priorities.
Even though it is permissible for CTCs to use trip priority strategies for their TD passengers, CTCs may not discriminate against anyone who has a disability and are required to accommodate persons with disabilities. In other words, if trip purpose priorities are used, they must be applied equally. A person who uses a wheelchair, for example, may be limited in the number of trips he/she makes or when he/she may travel, as long as the same restrictions are imposed on ambulatory passengers. It would not be legal for a person with a particular disability to be more restricted in his/her use of the service than a person who does not have that disability.

Thus, when developing any trip priority procedure, be sure that it is designed to be applied equally and equitably to all passengers, regardless of any disability.
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CONCLUSION

This report was written to convey the range of possibilities for establishing trip priority procedures if a CTC decides it wishes to manage demand through trip priorities. This study also distinguishes between basic design strategies (i.e., eligibility criteria, trip type, advance reservation requirements, geographic service area), which are sometimes construed as trip priorities, and "true" trip priority practices (i.e., trip purpose, travel during a certain time of day, number of trips allowed). Any of these design strategies or trip priority procedures may be used, alone or in combination, to help a CTC address limited service availability.

The results of the CTC survey suggest that many CTCs already use trip priority practices, even if they do not recognize or label them as such. Of the CTCs responding, more than half reported using some form of trip priority. When the responses were analyzed in detail, nearly three-quarters of the CTCs were found to be using some type of trip priority practice.

Using appropriate system design strategies and trip priority practices may indeed enhance service, at least from the point of view of the CTC, if not the passengers. Nonetheless, this study does not suggest that trip priorities must be used by every CTC. The ultimate decision about whether trip priorities would be beneficial for allocating trips purchased using TD Trust Fund dollars is left to each individual CTC and its local coordinating board.
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APPENDIX A

GLOUCESTER COUNTY (N.J.) DEPARTMENT ON AGING
SPECIAL TRANSPORTATION SERVICE
PASSENGER PROCEDURES
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The Special Transportation Services program under the Gloucester County Department on Aging is an advanced reservation, curb-to-curb transportation service for senior citizens (60 years or older) and handicapped persons. STS offers fare-free transportation to non-emergency medical appointments, vocational training sites, essential personal business needs and on occasion, to various recreational endeavors. Specific information will be found under these headings.

You are asked to read and abide by the passenger procedures outlined. If you have questions and/or need clarification, please call the office at 384-6915.

MAKING AN APPOINTMENT

1. Call 384-6915 between the hours of 9 A.M. and 3 P.M. to make arrangements for your ride. Be prepared to provide the scheduler with your name, address, phone number, destination information including address, date and time of appointment.

2. Appointments should be made directly by the individual client whenever possible to minimize confusion.

3. Rides are provided on a first come-first serve basis. Call STS at least 7 to 10 business days in advance to schedule your transportation. A general rule to follow is: the longer the trip in miles, the more advanced notice is necessary. STS provides transportation between 9 A.M. and 3 P.M. daily.

4. People requiring specific vehicles such as wheelchair lift van or a station wagon must request this vehicle when calling to arrange a ride.

5. Advise the scheduler if anyone will accompany you. Often it is advisable for clients to have company if they need assistance.

6. Notify STS office immediately if you have to cancel a trip.

7. All rides should be confirmed the working day before an appointment. When you call to confirm, you will be given the approximate pick up time.

GENERAL PROCEDURES

1. Be prepared for pick up within 5 to 10 minutes either way of the scheduled pick up time. Drivers have commitments to other clients; we appreciate your promptness and understanding.
2. STS is a curb-to-curb service. Persons utilizing the service must be able to meet the vehicle at the street level. STS DRIVERS ARE INSTRUCTED AND PERMITTED TO PROVIDE MINIMAL ASSISTANCE ONLY TO CLIENTS. THOSE WHO CANNOT STEP INTO VANS OR WHO HAVE SEVERE MOBILITY PROBLEMS MUST PROVIDE THEIR OWN AIDE AND/OR USE THEIR OWN WHEELCHAIR, AS NECESSARY.

Those in wheelchairs must make certain that they can meet the STS vehicle at the street and are able to reach the medical office from the vehicle on their own. STS encourages you to call our office if you have any questions regarding your responsibilities.

3. All passengers must wear seat belts.

4. Children under 14 years of age must be accompanied by a responsible adult. Children under 18 months of age must be properly buckled into a federally approved child care seat regardless of where they ride in the vehicle. All children under five must also be in a child car seat if they ride in the front seat, or belted if riding in a rear seat. Safety seats are to be supplied by the client.

5. Clients will be picked up and dropped off at the exact same location unless other arrangements have been approved in advance.

6. Drivers are instructed not to tolerate abusive behavior on the part of any client. Unbecoming behavior will result in that client's being denied further service.

7. Drivers may not deviate from the scheduled trip. A driver may not stop at the bank, pharmacy, etc., unless proper arrangements have been made thru the office prior to the planned trip.

8. Please remember STS is trying to get you to your appointment on time. Many factors can delay us. STS asks that clients practice courtesy at all times and, on occasion, exercise patience.

9. STS has a donation policy which enables riders to contribute to the transportation program. Clients may ask drivers for pink envelopes and use them to mail donations in check form directly to the office. No driver may accept donations or tips from riders. We ask your cooperation in refraining from offering cash to drivers.

ELIGIBLE TRIP PURPOSES (all trips are limited to residents of Gloucester County regardless of purpose)

Medical - General: Transportation is provided to senior citizens and disabled persons for non-emergency medical appointments. No person may be transported more often than three times per week. STS reserves the right to ask for identification and/or documentation to support the eligibility of riders.
Medical transportation is available to facilities in Gloucester, and Camden Counties and to specific portions of Salem, Burlington, Cumberland, the southern portion of Philadelphia County and to specific locations in the state of Delaware. NO OUT OF COUNTY TRIPS ARE MADE ON FRIDAYS. Service to Philadelphia is limited to 9 A.M. to 12 N. Monday thru Thursday.

Out of county transportation is provided only when the specific need cannot be addressed by medical facilities within Gloucester County.

Medical - Dialysis: STS provides limited transportation to Our Lady of Lourdes Regional Dialysis Facility in Camden. For further information, call 384-6918.

Medical - Therapy: We provide transportation for physical, speech and/or occupational therapy only at Gloucester County facilities. Therapy transportation is limited to a maximum of three trips each week per person. When need for therapy is the result of an accident, any applicable insurance coverage must be utilized to reimburse STS for costs.

Essential Personal Business: When space permits, STS will provide transportation to Social Services (Welfare), Social Security, local banks, post offices, and for legal assistance.

Vocational Training: Limited transportation to vocational and educational centers for the handicapped is provided. Inquiries concerning this service should be made to 384-6915.

Nursing/Convalescent Homes: STS will provide medical transportation only to clients considered Residential. When a resident is not fully ambulatory or mentally competent, an aide must accompany him/her.

Medicaid Eligible Persons: All persons having Medicaid coverage must arrange their medical transportation thru the Board of Social Services (582-9200). STS transports Medicaid eligible persons for medical purposes only on authorization by the Board of Social Services. When possible, we will transport Medicaid eligible people to essential personal business.

Recreational Trips: Group trips are arranged in cooperation with Parks and Recreation Department. Requests for specific group trips should be directed to 384-6918.

Rural Transportation (Title 18): STS provides fixed transportation for rural area residents five days per week. We follow a set point-to-point schedule. Riders must meet the bus at scheduled points. Copies of this schedule are available by calling 384-6917.

Additionally, rural residents are eligible for transportation without trip priority.
GRIEVANCE PROCEDURE

If a client believes service has been denied unfairly, he/she may send a written request for review and reconsideration to:

Local Citizens Advisory Committee
Budd Boulevard Complex
Rt. 45 and Budd Boulevard
Box 337
Woodbury, N.J., 08096
APPENDIX B

PENNSYLVANIA DEPARTMENT OF AGING
SECTION 203 TRANSPORTATION
PRIORITY SETTING DISCUSSION PAPER

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10 Source: Pennsylvania Department of Aging.
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PRIORITY SETTING DISCUSSION PAPER (Tentative)

The Pennsylvania Department of Aging intends to develop a set of core trip purpose priorities which will be implemented uniformly throughout Pennsylvania. AAA's will determine what the trip purposes will be beyond the core services. The Pennsylvania Department of Aging has established a state wide Advisory Council which will meet April 1, 1991 to discuss the suggested priority trip purposes.

I. Medical (Treatment and Therapies)
   Kidney Dialysis
   Chemotherapy and Radiation
   Hospital Discharge/Admissions
   Physician Appointments
   Dental
   Chiropractor
   Optometrist
   Ophthalmologist
   Podiatrist
   Other Medical Specialist
   Mental Health Centers
   Drug and Alcohol Clinic
   Pharmacist
   Adult Day Care Facility

II. Social Services
   Senior Centers
   Congregate Meal Site
   Food Bank

III. Essential Personal Business
   Human Services or Government Agencies
      Social Security
      County Board of Assistance
      Area Agency on Aging
      Internal Revenue Service
      County Court House
      Local Tax Collector
      Bank

   Shopping
      Grocery
      Clothing

   Vocational
      Volunteer Assignment
      Training
      Visiting (i.e., in a nursing home)
      Voting
IV. Discretionary Trips

- Vocational i.e., Employment
- Hairdresser or Barber
- Sight Seeing
- Theatre
- Religious Services
- Bingo
- Mall
- Club Meetings
- Restaurant

Prohibited Trips

- Emergency Ambulance Transportation
- Airport
- Train Station
- Bus Station
- Taverns
- Liquor Stores
APPENDIX C

CTC TRIP PRIORITIES SURVEY
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The Transportation Disadvantaged (TD) Commission has asked the Center for Urban Transportation Research (CUTR) to develop options that can be used by CTCs for establishing priorities for trips purchased with TD Trust Fund money.

We are asking you to complete this survey, which will assist us with the development of general options for trip priority-setting procedures. The survey should take only a few minutes to complete. Thank you in advance for your cooperation.

1. Approximately what percentage of all trips fall into the following categories?
   - 54% Program trips (N=29)
   - 46% General trips (N=30)

   A program trip is one made by a client of a governmental or social service agency for the purpose of participating in a program of that agency.

   A general (non-program) trip is one made by a TD person to a destination of his or her choice, not to an agency or program.

   Please answer the remaining questions regarding trips that are subsidized by TD Trust Fund money only.

2. Approximately what percentage of trips funded by the TD Trust Fund are for:
   - 20% Program trips (N=29)
   - 80% General (non-program) trips (N=28)

3. Are you able to meet all of the demand for program trips in your service area?
   - 43% Yes
   - 57% No (N=28)

   If no, approximately what percentage of requests for program TD service do you accommodate?
   - 13% less than 50%
   - 25% 50%-75%
   - 25% more than 75%
   - 37% do not keep statistics

4. Are you able to meet all of the demand for general trips in your service area?
   - 35% Yes
   - 65% No (N=31)

   If no, approximately what percentage of requests for general TD service do you accommodate?
   - 25% less than 50%
   - 25% 50%-75%
   - 20% more than 75%
   - 30% do not keep statistics
5. Do you provide trips on a first-come, first-served basis?
   - 84% Yes
   - 16% No (N=31)

6. Which of the following trips have priority? (choose one)
   - 23% Program trips (N=30)
   - 17% General trips
   - 60% No difference in priority

7. Do you have a procedure for setting trip priorities when demand exceeds supply?
   - 55% Yes
   - 45% No (N=31)

   If yes, is the procedure written?  
   - 47% Yes
   - 53% No (N=14)

8. Do you set trip priorities according to trip purpose?
   - 65% Yes
   - 35% No (N=31)

   If yes, please rank: (1=highest priority; 10=lowest priority)
   - Dialysis
   - Medical (includes check-ups, dental, etc.)
   - Nutrition site
   - Social service agency trip
   - Education/training programs
   - Employment/sheltered workshop
   - Grocery shopping
   - Other shopping/personal business
   - Recreational/entertainment/visiting
   - Other

9. Do you set trip priorities based on the number of trips a passenger may take during any specific time period?
   - 6% Yes
   - 94% No (N=31)

   Comments
   - Shopping and recreational trips - 3 trips per week.
   - Grocery shopping once a week, shopping trips once a month.

10. Do you set trip priorities based on traveling within a specific geographic area (or distance traveled)?
    - 42% Yes
    - 58% No (N=31)

   Comments
   - Restrict trips to local area.
   - Within the county and for specific services to [city] not available here.
• [_________ ] County only at this time.
• Only medical trips which are life sustaining are permitted out-of-county.
• Trips limited to [_________ ] County or for tours just over the border.
• [_________ ] County only.
• Trips to local area have priority.
• [City] and [city].
• Runs to [city] and [city] for VA trips are scheduled once a month because of the long distance travelled.
• Tuesday and Thursday service is provided to rural areas of the county.
• Must go when trip to that area is scheduled - except medical when unable to reschedule.
• Except for dialysis patients, riders must stay in their zone.

11. Do you set trip priorities based on traveling during a certain time of day?
   23% Yes    77% No (N=31)

Comments
• Prefer clients to schedule between 10 a.m. and 2 p.m.
• Grocery shopping we try to make in the morning. Shopping trips to take clients to WallMart etc. we try to set up to leave at 10 a.m. and try to return before dark so that clients can be back in their homes before dark.
• Recreation between 10:00-2:00.
• We encourage non-medical, non-employment trips between the hours of 9 - 2.
• No restraint between 6 a.m. and 6 p.m., restrained from 6 p.m. - 6 a.m. by number of passengers to warrant expense of travel.
• Travel during operating hours 8 a.m.- 5 p.m. Mon-Fri except holidays.

12. Do you set trip priorities based on the number of persons traveling to the same destination?
   23% Yes    77% No (N=31)

Comments
• All medical trips and monthly shopping trips.
• Mall trips on Saturdays (to [city]) require 8 passengers or more.
• Medical.
• We try to have at least 3 persons, if not we go ahead and transport a single individual.
• Must have five or more traveling to same direction or is canceled.
• Want to save money by having more people travel to same area.
13. Do you set trip priorities based on income?

10% Yes  90% No (N=31)

Comments

- Community Service Block Grant will only fund trips of individuals meeting 125% of federal poverty guidelines.
- It is our intent to give priority to individuals with income levels of 125% of poverty guidelines.
- Sometimes if a person can afford to purchase transportation they might have limited access.

14. Do you set trip priorities based on how far in advance the reservation is made?

29% Yes  71% No (N=31)

Comments

- 24 hours advanced notice is required on all trips. Same day service depends on space available.
- All reservations made 24 hours in advance except medical emergencies.
- We require 24 hour reservations for guaranteed trip - work any or all others in if possible.
- 24 hours notice.
- Reservations are accepted 24 hours in advance. Trips are usually consumed within 20 minutes of phone lines opening.
- Must call 24 hours in advance.
- Must call at least 24 hours in advance.
- Accommodate prescheduled trips - will attempt to work in last minute trips as schedule permits.
- Trips are scheduled as calls come in.
- Most riders that want to go out of the service area know to call far in advance to reserve the bus.

15. Do you have some other means of setting trip priorities?

26% Yes*  74% No (N=31)

* NOTE: Only 1 respondent (3%) indicated a true "other"; remainder were restatements of other techniques.
Comments

• Up to 50% of the trips can be subscription. Dialysis, because of its life sustaining nature, takes a natural priority.
• Emergency - on a case by case basis.
• We try to make medical runs/dialysis our first priority.
• Medical is always taken care of first.
• If for any reason a choice must be made about a passenger trip, the Coordinating Board and the CTC will provide medical transportation service as the first or highest priority for service.
• Medical trips are first priority.
• Highest priority is life-sustaining medical care- all others given equal access on 1st come 1st served basis.
• Serve the medically needy first.

***

To be sure we have correctly interpreted your responses and to provide additional ideas regarding trip priority-setting policies, please send us a copy of any written procedures, brochures, or board resolutions concerning your trip priorities. Thank you for your assistance.

Please return the survey to CUTR no later than November 18, 1992

Rosemary Mathias
Center for Urban Transportation Research
USF - College of Engineering
4202 E. Fowler Ave., ENG 118
Tampa, FL 33620
(813) 974-3120
SunCom 574-3120
Fax (813) 974-5168
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APPENDIX D

SAMPLE WRITTEN POLICIES
Example 1
funds. The Transportation Disadvantaged Coordinating Board adopted the following criteria.

ELIGIBILITY CRITERIA

FOR NON-SPONSORED TRIPS

Transportation service under the Trip/Equipment Grant will be available for all residents of County "who because of physical or mental disability, income status, or age or who for other reasons are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities," and as such are "transportation disadvantaged" as defined by Chapter 427, Florida Statutes. Individuals eligible for transportation utilizing non-sponsored dollars must not be eligible for transportation funded by a sponsoring transportation disadvantaged agency.

Service will be provided on a first come first serve basis, the only exception being for those citizens for whom transportation is needed to and from life supporting medical treatment. Transportation for these individuals will be scheduled first.

The funds from the Trip/Equipment Grant will be allocated on a monthly basis. No service will be provided when the demand for service exceeds the available, allocated funds.
Example 2
RIDERSHIP

If space is available, no one shall be denied service. Riders who are not transportation disadvantaged or are passenger assistants (escorts) shall pay a specified fare determined by the Transportation Disadvantaged Coordinating Board in accordance with applicable State and Federal regulations. Passengers who are registered under a subsidized program with a contractual agreement with the Coordinator will pay, if so stipulated the amount as required under the specified program.

Transportation disadvantaged riders are defined by the Florida Statute 427, Rule 41-2 as "those persons who because of physical or mental disability, income status, or age or who for other reasons are unable to transport themselves or
to purchase transportation and are therefore dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities".

County further defines the following categories, referred to in the Florida Statute 427 below:

- **physical or mental disability** - status of individual disability confirmed by either a funding source, governmental agency or physician and registered with Coordinator. This definition does not include pregnancy, drug, and/or alcohol addictions unless temporary physical disability confirmed by physician;

- **income status** - County Threshold figures are established at 100% Federal Poverty Guidelines as follows: These figures shall be revised yearly effective May 1.

<table>
<thead>
<tr>
<th>Size of Family</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person (unrelated individual)</td>
<td>$6,311</td>
</tr>
<tr>
<td>4 persons</td>
<td>12,675</td>
</tr>
<tr>
<td>9 or more persons</td>
<td>25,480</td>
</tr>
</tbody>
</table>

- **age** - 60 and over;

- **other reasons** - person lives more than a quarter mile from fixed transit route and does not own a functional vehicle.

- guide dogs accompanying handicapped passengers shall be transported on same vehicle.
Example 3
TRANSPORTATION PRIORITIES
(Non-sponsored trips)

1. MEDICAL: Kidney Dialysis
   Cancer Treatment
   Doctor Appointments
   Therapy
   Prescriptions

2. LIFE-SUSTAINING ACTIVITIES
   Food/Food Stamps
   Medicaid Recertification Supplies

3. EDUCATION:
   Children with Disabilities
   Day Care
   a. abused and/or neglected children
   b. low-income children

4. BUSINESS:
   Banking
   Social Security
   Visits to Hospital or Nursing Home

5. WORK:

6. RECREATIONAL:

Anyone with a lower priority may be scheduled with a higher priority ride if time and space allow.
Example 4
GUIDELINES TO BE UTILIZED IN
AUTHORIZING NON-SPONSORED TRIPS

A. Medical trips shall be given top priority within County. However, crossing zones will be discouraged and out-of-county trips will be limited to only life-sustaining treatments; i.e., dialysis and chemotherapy treatments.

B. Employment trips shall be allowed... however, every consideration will be given to utilize the... systems.

The above guidelines and their respective ranking are consistent with those adopted by the Local Coordinating Board (LCB) on July 27, 1992.

Furthermore, at their regular meeting on July 27th, the LCB approved the priority listing for non-sponsored trips in the following order:

1. Medical
2. Employment (in County)
3. Social Services
4. Training/Education
5. Shopping
6. Recreation
7. Other
Example 5
COUNTY
LOCAL COordinating Board
for
transportation disadvantaged
program

procedure
passenger management system
I. **INTRODUCTION**

The Passenger Management System has been developed as a result of the input of members of the Local Coordinating Board (LCB) the Community Transportation Coordinator (CTC) the Transportation Operator, and the Metropolitan Planning Organization (MPO) staff. The need for a Passenger Management System (PMS) is well established in the fact that demand far exceeds supply or available funding. The Transportation Disadvantaged Administrative Rules allow for the prioritization of trips based upon purpose. The LCB and the Board of County Commissioners approved such priorities. These priorities are as follows:

1. **Medical/doctor appointments/physical therapy, prescriptions**
2. **Food shopping**
3. **Employment**
4. **Others including recreation, general shopping, personal business**

The Low-Income subcommittee recommended the establishment of a PMS in lieu of additional efforts to clarify priorities or establish new ones. The purpose of this system is to provide a framework for administration of the TD funding and to assist the Transportation Operator in determining the focus areas for trip activity.

II. **PASSENGER MANAGEMENT SYSTEM**

A. The PMS is a simple system that is used by the Transportation Operator to determine how trips are booked. This procedure provides a mechanism which centers on the needs each citizen/passenger. This is done by intake workers that ask questions about the passengers and the trip requested. These questions can include:

- Biographical Information (Name, Address, Birth Date, etc.)?
- Origin & Destination?
- Medicaid Status?
- Purpose(s) Of The Trip?
- Can The Trip Be Delayed?

B. Once the basic information is given then the intake worker assigns a pick-up time and date of trip for the passenger. All efforts will be made to accommodate the passenger needs based on available resources and the established trip goals.

C. The TD operator reserves several slots daily to react to emergencies (unforeseen circumstances) needs of citizens. This could include any circumstance in which the health or safety of a citizen is at risk.
Example 6
TO: Local Coordinating Board

DATE: July 9, 1992

SUBJECT: Prioritization of Non Sponsored TD Trips

FROM: Transportation Engineer

At the LCB meeting in June, the LCB requested that the Technical Advisory Committee (TAC) recommend a prioritization of non sponsored TD trips. The TAC recommends that the LCB adopt the following prioritization of non sponsored TD trips.

1. Medical
2. Shopping (Grocery) and Meals (Congregate)
3. Social Service Agency Trips
4. Employment (Job Training)/Volunteer Services
5. Social
6. Shopping (Other)
7. Other Trips
Example 7
Based upon the statistical breakdown of purposes of trips provided by the Community Transportation Coordinator (CTC) during the period January 1991 through June 1992, and the decrease in funding available for FY92-93 of the Transportation Disadvantaged Trust Fund Grant Program, the following procedures are recommended for consideration and approval by the Coordinating Board for the CTC effective with approval by the Transportation Disadvantaged Coordinating Board on September 16, 1992. These procedures apply to transportation outside of the Transit District or subsequent out of district service.

The five (5) major categories of service for general public requests will emphasize: (not in priority order)

1. Medical,
2. education/job training,
3. employment,
4. personal business, shopping, miscellaneous, and
5. social activities

Other service requests will be evaluated on a case by case basis by the Transportation Disadvantaged Coordinator or Transportation Director.

POLICY:

I. INTAKE (SCREENING) INFORMATION:

a. All requests for transportation under the Transportation Disadvantaged Trust Fund Program will be screened according to a standardized needs assessment procedure.

b. Determine:

   1. a. if other social service agency can assist with trip request or whether the social service agency must pre-qualify client prior to TD program consideration, i.e., aging service program.

   b. referral will then be made to respective agency/program.
2. if client can participate in the cost of their transportation, (25% initially increasing to 50% of the cost of the trip).

c. After TD qualification is made: determination of short term or recurring (long term) service must be established.

II. SHORT TERM SERVICE DELIVERY:

a. determine time, place, etc., then

b. assign to appropriate provider.

III. LONG TERM SERVICE DELIVERY:

1. During the first month, transportation services provided for a client will be paid by the Trust Fund up to $100. Each client will then be required to pay 25% for all transportation costs which exceed $100 during the first month.

   1st MONTH OF SERVICE COST = NO CHARGE UP TO $100, 25% OF COST ASSESSED FOR COST EXCEEDING $100

2. After the first month of subsidized transportation (no charge up to $100), the client will be responsible for 25% of the total cost per trip, i.e., if trip cost is $20 round trip (2 way), client's portion of that trip will be $5.

   2nd MONTH OF SERVICE COST = 25%

3. Client will be informed that during the 3rd month of service client's portion will increase to 50% of all transportation costs.

   3rd MONTH OF SERVICE COST = 50%

4. Consideration will be given on a case-by-case basis to those individuals who cannot provide the 25% or 50% match requirement.

   TRANSPORTATION SERVICES SUBSIDIZED BY THE TRUST FUND WILL NOT BE PROVIDED BEYOND THREE (3) MONTHS UNLESS SPECIAL PERMISSION IS GRANTED BY THE CTC.

Client will be informed of other sources of transportation, i.e., private taxi service, etc.
IV. PAYMENT FOR SERVICE:

1. At the time transportation services are scheduled with the CTC, the client will be informed of their cash requirement, and the amount to be paid to the CTC. The client will also be told that non-payment may result in the termination of their services.

V. NO SHOW POLICY:

1. If client no-shows three (3) times in one month, (barring any emergency situations), service delivery will be terminated for one (1) month. Notification by letter will be provided to the client prior to termination.

VI. REINSTATEMENT OF SERVICE:

Upon termination of service for any reason, client MUST speak with TD Coordinator or Division Director prior to any consideration for reinstatement of transportation service.

VII. ADDITIONAL PASSENGER POLICY:

1. On trips where a parent or guardian, etc. will be escorting a minor child, additional children will be allowed to accompany said parent/guardian only on an emergency basis - (round trip only). A sitter or other arrangements must be made.

   a. The file of the client who uses the service as a sitter service will be updated to indicate that additional children will not be funded on future trips.

   b. The CTC will continue in their efforts to arrange for group rates in order to accommodate the transportation needs of their clients who must also transport their children.
Example 8
WHEELCHAIR SERVICES:

Clients in wheelchairs can be transported by a specially equipped vehicle if there is a ramp in place at their home.

Shoppers in wheelchairs must make appointments with us in advance.

Your safety is our primary concern. We reserve the right to determine if we should serve you on the basis of health and other conditions.

For other information on services available for seniors call ____________________________
County Senior Services at ____________________________

A United Way Agency

Funded through The Department of Elder Affairs; State of Florida; Florida Department of Transportation; United Way; County Commission; Community Support; Client contributions.
**SCHEDULING A RIDE:**

Please call our office a minimum of 3 working days in advance to reserve a ride. Refer to our schedule below and make your appointment on the day we are scheduled to be in your area.

**APPOINTMENT SCHEDULING HOURS:**
9:00 a.m. - 12:00 noon  
1:00 p.m. - 4:00 p.m.

**MEDICAID-SPONSORED CLIENTS**  
must call the Medicaid Transportation number, __________, to schedule their appointment.

**OUR BI-WEEKLY SHOPPING SCHEDULES:**

**Monday:**

**Tuesday:**

**Wednesday:**

**Thursday:**

**Friday:**

*Out of town shoppers arrive in town by 10:00 a.m. and are picked up at their shopping location for their return trip by 2:00 p.m.*

**OUR PRIORITIES:**

Clients who do not own or drive a car and clients without family or friends to assist, have priority for transportation service.

Service is provided according to the following needs as space is available.

1. Medical  
2. Life sustaining activities  
3. Education  
4. Business  
5. Work  
6. Recreational

Transportation to the hospital will be made for admissions only.

No emergency transportation is provided.

**COST:**

Riders are encouraged to contribute towards the cost of their trip. Your driver will give you an envelope for some guidelines on suggested contribution amounts based on income level.