

Transportation Coordination in Iowa

**Report to the Iowa General Assembly and Governor Terry E. Branstad,
per 2014 Iowa Code section 324A.4**

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

December 12, 2014



Introduction

The 2014 Iowa Code section 324A.4, subsection 2, states the Iowa Department of Transportation (DOT) “shall biennially prepare a report to be submitted to the general assembly and the governor prior to December 15 of even-numbered years. The report shall recommend methods to increase transportation coordination and improve the efficiency of federal, state, and local government programs used to finance public transit services and may address other topics as appropriate.”

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

Background

Iowa has 35 public transit systems, covering all 99 counties, served by 19 urban systems in cities and 16 regional systems that are multi-county in nature. These public transit systems provided over 27 million rides in Fiscal Year 2013. All transit services are open to the general public; trips are made to work, shopping, meal sites, medical appointments, social events, for any purpose a person desires.

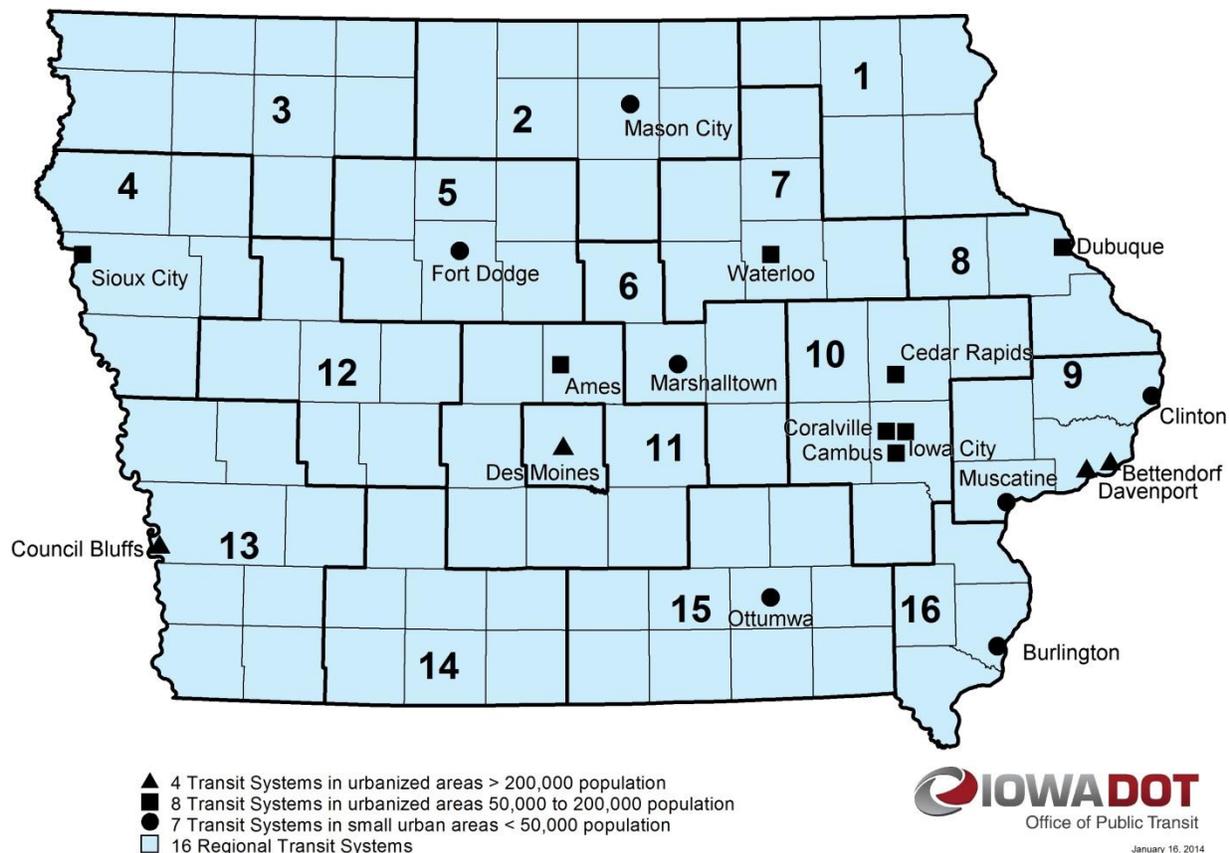
The 19 urban systems typically operate as a department of their respective cities, with three systems as exceptions: CAMBUS as a department of the University of Iowa, Metropolitan Transit Authority of Black Hawk County as a stand-alone 28E organization, and the Des Moines Area Regional Transit Authority as a stand-alone 28M organization. Service in the urban areas can be classified as fixed route or ADA complementary paratransit. Fixed route operates along a set course with passengers accessing the service via the nearest bus stop. ADA complementary paratransit is available in zones around the fixed routes to those who meet certain disability qualifications under the Americans with Disabilities Act (ADA), with service provided as origin-destination with the bus picking the passenger up at their home, or other site, and delivering them to their desired location. ADA complementary paratransit trips are scheduled the day before the desired trip.

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

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

Iowa's Public Transit System



Iowa Transportation Coordination Council

Meeting bi-monthly, the Iowa Transportation Coordination Council (ITCC), established by the Iowa Legislature, discusses transportation issues affecting Iowa. The Iowa DOT chairs and staffs the meetings. Members include representatives from Iowa Department on Aging (IDA), Iowa Department of Human Services – Iowa Medicaid Enterprise (IME), Iowa Department of Public Health, Iowa Vocational Rehabilitation Services, Iowa Workforce Development (IWD), Iowa Commission on Volunteer Service (ICVS), American Cancer Society, United Ways of Iowa, Iowa Public Transit Association, Iowa's Metropolitan Planning Organizations (MPOs) and Regional Planning Affiliations (RPAs), AARP, TMS Management Group, Iowa League of Cities, Iowa Mobility Managers Network, and the Federal Transit Administration (FTA).

The ITCC serves as the statewide coordination advisory group, identifying gaps in transportation needs, identifying barriers to coordination, and developing recommendations for solutions and transportation options. ITCC agenda items have included: United Ways and Transportation, Mobility Manager Funding, Iowa Disability Employment Initiative, AARP Transportation Survey, Veterans Transportation and Community Living Initiative Project, Volunteer Transportation Survey, Project Development and Public

Transit Policy Recommendation, AARP Tele-Town Hall Meetings, Updated Passenger Transportation Plan Guidance, and the 2014 Passenger Transportation Summit.

Because of relationships formed during these ITCC meetings, other cooperative and coordinated efforts occur. A representative from the Iowa DOT Office of Public Transit will serve on the IME's Non-Emergency Medical Transportation RFP review committee in fall 2014. Mobility managers serve on local advisory groups for IWD's Disability Employment Initiative.

For more information on the ITCC, please visit: <http://www.iowadot.gov/transit/itcc/index.html>.

Volunteer transportation survey

The ITCC partnered with the Iowa Commission on Volunteer Service (ICVS) in fall 2013 to conduct a Volunteer Transportation Survey. The goal of the survey was to determine the volunteer transportation service providers in the state, who they served, what fares were charged if any, what hours and days the service was offered, and what types of assistance the Iowa DOT or ICVS could offer their organizations. This information can help local mobility coordinators in finding transportation for individuals they are assisting and can help public transit agencies to know whom to refer trips they are not able to perform themselves or the public transit option is cost prohibitive to the passenger. The information will eventually be incorporated into the consolidated human services and transportation database for use by the IDA/IME/Iowa DOT/Iowa Department of Veterans Affairs (IDVA) one-call center and website, www.lifelonglinks.org.

Half of the 70 responding volunteer organizations provide transportation to medical appointments, 40 percent provide transportation for running errands, and 26 percent provide transportation for employment-related trips. Most transportation services were available only Monday through Friday during the day. Unlike public transit where anyone is able to ride, volunteer organizations may be set up to serve only certain segments of the population such as elderly, low-income, ambulatory, etc., so in coordinating with these agencies those restrictions must be kept in mind.

The Volunteer Transportation Survey found that volunteer organizations need assistance with training volunteers and with the expense of conducting volunteer background checks.

A couple volunteer organization needs came out of this survey, as well. One was the need for training of volunteers on topics such as HIPAA. Human service organizations using volunteers have limited budgets and staff and therefore cannot have expertise in all trainings required of the volunteers they 'employ.' An online source for standard trainings required of volunteers would ease the burden on paid staff and result in a consistent volunteer knowledge base. The other need was the expense of obtaining background checks on volunteers. If a person volunteers for multiple causes, each organization would incur the cost of obtaining a

background check on the same volunteer. The cost of background checks can add up for a volunteer organization and can be redundant. A central volunteer registry with background check already performed is needed in Iowa to lessen the cost to the volunteer organizations and make volunteering even easier for individuals with the desire to serve.

For the full volunteer transportation survey results report, please visit: <http://www.iowadot.gov/transit/itcc/pdf/Volunteer%20Transportation%20Programs%20Survey%20Results%20Report%20Final.pdf>.

2014 Passenger Transportation Summit

The ITCC and Iowa DOT Office of Public Transit organized a passenger transportation summit held May 15, 2014, in Marshalltown. The purpose of this summit was to bring together people representing many different disciplines from employment to health care to discuss passenger transportation issues in hopes of learning the diverse audience had more in common when it came to planning for passenger transportation than they had differences. The issues rising to the top during the day's discussions were:

- Late night hospital discharges
- Communication and availability of services
- Baby Boomer transportation needs
- Senior isolation in rural areas
- Shared use of vehicles
- Transportation to Amana-based employment
- Employment training transportation
- Evening and weekend service (employment/Waiver)

The ITCC and Iowa DOT Office of Public Transit now are working to find solutions to these issues. Several regional public transit agencies are working with their local hospitals and nursing homes to provide overnight transportation options for persons discharged from the hospitals after the public transit system has closed for the day. For the shared use of vehicles, during the summit it was learned that veterans were the only persons allowed to be transported on Iowa Veterans Home vehicles, even to medical appointments, spouses or family members could not accompany the veteran because of the rules pertaining to the funding of the Iowa Veterans Home transportation. The ITCC and Iowa DOT Office of Public Transit will be contacting the Iowa Veterans Home to look into the rules and find possible solutions for coordination. Transportation to Amana-based employment will be investigated through the Iowa Commuter Transportation Study being conducted in fall 2014, as required by legislation (SF2349) passed during the 2014 Iowa legislative session.

Responses to a survey of participants were favorable; therefore, a second passenger transportation summit will be held May 14, 2015, in Marshalltown.

Local Development and Public Transit

One agenda topic of the ITCC in 2013/2014 was consideration of public transit availability by land developers and community planners prior to applying for and approving new business developments.

Often times, commercial developers will choose a new development site based only on land values, and then later desire public transit access for their employees and customers even though public transit routes are not nearby. Public transit agencies cannot change fixed routes instantly to accommodate all new developments. Conversations between developers and public transit officials need to occur well before the business opens. In January 2014, the ITCC sent letters to the Professional Developers of Iowa and to the Iowa Chapter of the American Planning Association requesting developers to give public transit consideration before buying a building site and requesting community planners to make public transit access one element required in the planning and zoning commission approval process.

Passenger transportation planning process

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

The goals of the passenger transportation planning process are:

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

Public transit projects to be funded with FTA Section 5310 monies must be derived from a coordinated planning process. While only Iowa's large urban transit systems (over 50,000 in population) and two to three regional public transit systems receive Section 5310 funds annually, the Iowa DOT requires a coordinated passenger transportation plan from all areas of the state. This process brings together local stakeholders in transportation to identify transportation needs in the community. Projects such as medical shuttles, employment shuttles, a one-call/one-click project in eastern Iowa, transportation coordination summits and workshops, and the hiring of local mobility coordinators have come from the passenger transportation planning process. Bringing the right organizations together to discuss transportation needs incites coordination of ideas and resources and enhances the mobility of Iowans.

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

Coordination efforts

Public transit agencies strive to coordinate transportation services within their community to the greatest extent possible, to the benefit of all involved. By partnering with the RPAs and local human service providers they work to create more efficient use of the public transit vehicles, cost savings to the coordinating agencies, and access to needed transportation services for the community. One of the biggest barriers to coordination in rural areas is the federal charter rules (49 CFR Part 604). These rules

prevent local public transit agencies from providing group trips to their local community members. Groups such as daycares and social service organizations can no longer utilize public transit for trips because they are considered exclusive use of the vehicle for a negotiated price. These trips may only be provided if none of the registered charter companies in an area respond as able to perform a trip or if the public transit agency is able to provide the service for free. While large event transportation should be provided by private charter companies if available, small daycares cannot afford charter rates to transport their children to the local pumpkin patch, library, or zoo. Often times there are no charter services available, so often these trips do not occur and learning opportunities are lost when there is a local transit system in the community that could provide these trips at an affordable cost.

Social service agencies

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

Area agencies on aging

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

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

Public health

The Iowa DOT was one of the many partner agencies providing input on and taking responsibility for addressing Iowa's critical health needs through *Healthy Iowans: Iowa's Health Improvement Plan 2012-2016, 2014 Revisions*. In addressing the transportation issues in the plan, the Iowa DOT committed to: "Provide transportation to health care services by making available State Transit Assistance (STA) Special Project funds to Iowa's 35 public transit agencies."¹ The Iowa DOT Office of Public Transit annually sets aside STA funds to provide immediate opportunity grant funding to Iowa's public transit agencies for start-up of new projects, an example of which could be medical transportation.

¹ http://www.idph.state.ia.us/adper/common/pdf/healthy_iowans/plan_2012_2016.pdf, Page 13

Every few years, the Iowa DOT also partners with the Iowa Department of Public Health on updating the *Health Care and Public Transit* brochure. Meant for health care professionals, this brochure explains public transit in Iowa and how to get involved in the transportation planning process at the local level to the benefit of patients being served. The last update of this brochure was in 2012 and can be located online at: <http://www.iowadot.gov/transit/publications/HealthCareandPublicTransit.pdf>.

Non-emergency medical transportation

The majority of Iowa's public transit systems work with TMS Management Group, Iowa's Medicaid non-emergency medical transportation broker. Public transit provided 47,300 TMS rides in Fiscal Year 2013 through this partnership.² TMS also contracts with private transportation providers. Iowa's urban public transit systems often sell fixed route bus passes to TMS for client use. While those rides are not included in the ridership number, above; over 6,000 bus passes were purchased (roughly 500 per month) by TMS for its Medicaid clients.³ If enough medical trips are needed by a client during the month, and that client is physically able to access a bus stop, purchasing a monthly bus pass is more cost-effective than paying for individual rides. This situation is a win-win-win: saving money for TMS, allowing the Medicaid clients to use the bus passes for other non-medical purposes as well, thus improving quality of life, and generating ridership for fixed route public transit systems.

Mobility management

Mobility management has become a major focus area over the past several years both nationally and in the state of Iowa. Mobility managers, or mobility coordinators as many are known, assist individuals in navigating from point A to point Z, no matter the number of modes of transportation required. Referrals are made to public and private transportation providers alike. Mobility coordinators may provide travel training, showing persons how to ride the bus if they have never had that experience. Mobility coordinators also meet with human service agencies, businesses, and other organizations to inform them of the public transit services available to inspire more coordination. Currently mobility coordinators are located in Region 1, Region 2, Region 4, Region 8, Region 11, Cedar Rapids, Council Bluffs/Omaha, and Polk County, as shaded in the map on page 9.

Because the current federal transportation legislation, MAP-21, eliminated dedicated funding for mobility management activities, no new mobility management positions have been created in the past two years and several positions have been eliminated due to lack of funding. The services of mobility coordinators are seen as extremely valuable not only by the Iowa DOT and public transit agencies but also by other state agencies such as the IDA and IWD. As previously stated, IWD wrote mobility managers into their Disability Employment Initiative and have mobility managers participating in local leadership teams to

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² Email from TMS, November 20, 2014

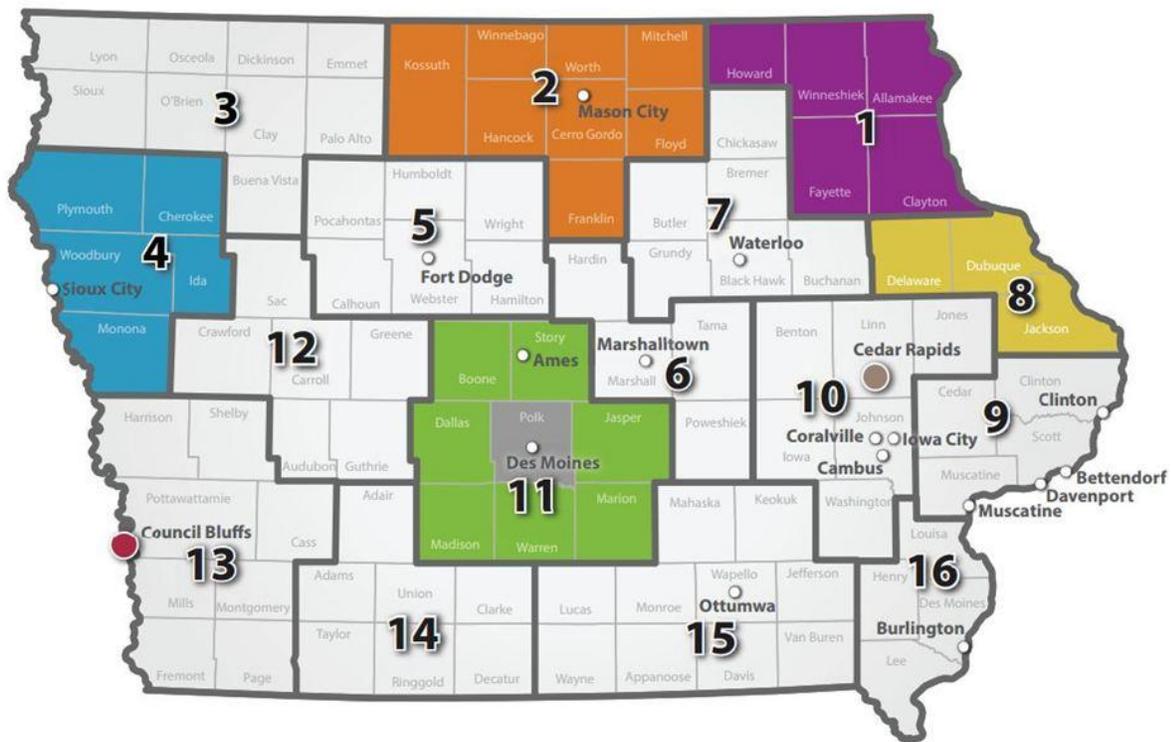
³ Email from TMS, November 20, 2014

ensure those with disabilities have transportation available to in order to become employed or upwardly employed.

The IDA sees the value in mobility management for older Iowans and persons with disabilities served by the Aging and Disability Resource Centers (ADRCs). Therefore, the Iowa DOT Office of Public Transit and the IDA are in discussion about training options counselors at the ADRCs to serve as local mobility managers, especially in areas not currently covered by a mobility coordinator.

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

Mobility Coordinators In Iowa



In spring 2014, the original statewide mobility manager resigned to take a new job opportunity. Rather than contract out this position again, the responsibilities of statewide mobility manager were accepted by an Iowa DOT Office of Public Transit staff member, in addition to his regular duties. For more information about mobility management, please visit <http://www.iowadot.gov/iowamobilitymanagement/index.html>.

Veterans transportation

In June 2012, the Iowa DOT was awarded a grant from the FTA's Veterans Transportation and Community Living Initiative grant program. With this three year grant, for a project totaling \$1,877,250, the Iowa DOT will be able to survey groups providing transportation services to veterans and, in working with IME, IDA, and the IDVA on the No Wrong Door project, compile that information into a master information, referral, and assistance (IR and A) database of transportation services with data from Iowa COMPASS (University of Iowa's Center for Disabilities and Development) and Iowa Family Caregiver (Iowa Association of Area Agencies on Aging). The database will be used by a one-call center of linked sites to answer questions and provide "warm" transfers to the appropriate resources and feed a searchable website and mobile telephone application where persons can locate transportation and social services available in their area. Also included in the grant is statewide ride matching software, where veterans and the general public can locate others with similar origins and destinations in order to share transportation costs.

The IDA, by Iowa Code section 231.64, must coordinate any state-level IR and A system. Because of this statute, the IDA is working with the Iowa DOT, IDVA, and IME on this project and the IDA's LifeLong Links toll-free telephone number and website will be used statewide. This coordination across state agencies and with private non-profit groups will serve veterans and the general public well in their searches for health, human, and transportation services and information.

TransitCares

In early 2012, the Iowa DOT became aware of transportation issues with people enrolled in the IowaCare health insurance program. The IowaCare program underwent several changes effective January 1, 2012, utilizing several federally qualified health clinics in regions around the state. Previously, most patients went to the University of Iowa Hospitals and Clinics, unless they lived in Polk County where Broadlawns was their medical home. The University of Iowa Hospitals and Clinics had a fleet of 10 vans traveling throughout Iowa that would pick up, free of charge, persons without transportation and take them to their appointments in Iowa City. With regional clinics now as the first stop for treatments, medical services are closer to home for most, but the free or affordable transportation is no longer available because transportation is not an eligible expense under this program.

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

The Iowa DOT contacted the Iowa Department of Human Services about this issue to see how public transit could be helpful and provide the needed transportation services for medical appointments. In April 2012, the Iowa DOT made State Transit Assistance funding available to Iowa's transit

systems to help cover operating costs to transport IowaCare clients to their medical appointments. The fare charged to the IowaCare client was minimal. The TransitCares program ran from April 2012 through December 2013 with 5,257 rides provided.

The resulting cost of not having a transportation benefit under the IowaCare program was clients not going to the doctor for routine checkups or when medical issues were relatively minor; instead waiting until symptoms were intolerable and requiring an ambulance ride and hospital stay.

The Iowa DOT Office of Public Transit ended funding for the TransitCares program in December 2013 as State Transit Assistance funding needed to be made available to other projects and it was expected the Iowa Health and Wellness Plan would include a transportation component for assisting qualified persons in getting to medical appointments. However, a transportation benefit was not included in the Iowa Health and Wellness Plan. While persons on the Iowa Health and Wellness Plan are able to use any doctor accepting Medicaid, making more options available close to home, if one is low-income and unable to afford a vehicle, even a distance of several miles is too far to walk or too costly to use a taxi or public transit and may result in skipped appointments.

Recommendations

1. In order to increase transportation coordination and improve efficiency, the Iowa DOT recommends consideration of legislation that allows transportation costs to be eligible expenses for all state human service programs. If a person requires assistance from a human service-type program, it is likely they have difficulty securing transportation to access the benefits afforded to them. For instance, the TransitCares example shows that transportation to medical appointments is a need and would likely increase wellness of those enrolled in the Iowa Health and Wellness Plan. Iowa DOT and the ITCC will encourage, and continue to identify actions to assure, agencies providing those services for state human service programs coordinate the transportation needs with the local public transit provider.
2. Another barrier to coordination are state and federal rules surrounding funding of transportation. Efficiency of the passenger transportation system could be improved by allowing a cross-section of the population to ride a publicly-funded transportation service, whether those funds are originally intended for veterans, aging Iowans, various human service agencies, or the general public. Iowa DOT will evaluate the viability of estimating the cost savings that could be realized if rides could be shared between the various agencies providing and funding transportation.
3. At the city and county level, transportation access – public transit, in addition to roads – should be considered when new services are being started and when new developments are being proposed. Businesses will only survive if their employees and customers can get to work. The Iowa DOT recommends developers and community planners to consider public transit availability early in the approval process when considering new commercial developments.

4. The most impressive work of coordination occurring right now is the Iowa DOT/IDA/IME/IDVA No Wrong Door project explained earlier in this report. These four state agencies cooperating and coordinating their respective projects to make one easy to use system for the consumer with a central toll-free telephone number and website is a huge undertaking. All of these agencies have funding sources for the building of the system. However, a funding source for the sustainability of the system must be found.
5. Iowa has one of the oldest transit fleets in the nation. A funding mechanism for replacing and expanding public transit vehicle fleets needs to be identified. The federal government through the transportation reauthorization bill, MAP-21, significantly reduced funding of capital items such as buses in Iowa, providing only minimal dollar amounts for the duration of the bill. Public transit services are only as good as the vehicles providing them. Iowa's public transit systems work hard to keep vehicles in a state of good repair well beyond their useful lives, but eventually vehicles wear out and must be replaced. A reliable funding stream for this purpose is needed and options should be explored at the federal, state and local level.
6. Federal charter rules (49 CFR Part 604) are stifling some coordination efforts in the state of Iowa. Since its adoption in 2008, the federal charter rule has put an end to many community group trips which had been provided by public transit. Efforts to change these rules are ongoing and support from legislators and other parties to work with Iowa's congressional delegation would show the importance of this issue to Iowa and enhance the likelihood of change.

Conclusion

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