

White Paper – Specialized Transportation in Wisconsin (State Statute 85.21)

History

Transportation is essential to the health and well-being of older adults and people with disabilities. Transportation is among the most requested support service for seniors; it allows individuals to remain in a community setting and out of expensive institutional care. According to the WI Transportation Finance & Policy Commission Jan. 2013 Final Report, there are over 130 DOT-funded specialized transit services operated by counties and non-profits. Specialized transit projects are found in all 72 WI counties and provide a vital link for those who do not drive.ⁱ

What is specialized transportation?

Specialized transportation is a form of demand-response service and often falls under the umbrella term paratransit – a term that describes any service along the transportation continuum between private automobile and fixed-route bus services. Specialized transportation services are usually targeted at people with mobility limitations caused by age, disability or income. Many individuals rely on several modes of specialized transportation to meet their needs which makes coordination of these services critical.

Specialized transportation should be distinguished from Americans with Disabilities Act (ADA) paratransit, which is a more restrictive demand-response service mandated by the 1990 ADA for persons formally identified as functionally unable to use fixed-route service.ⁱⁱ

Specialized transportation programs are designed locally to meet the needs of the community, taking into consideration geography and demographics among other factors. Services available vary throughout the state. Specialized transportation services can include: volunteer driver programs, voucher programs, fare subsidy, carpool/vanpools, vehicle loans, travel training, one-call centers, shared ride taxis, intercity buses and employment or aging program vehicles/buses.

Transportation services can look very different outside major metropolitan areas and depend on many things including demographics, geography, and leadership in that area.

How is specialized transportation funded?

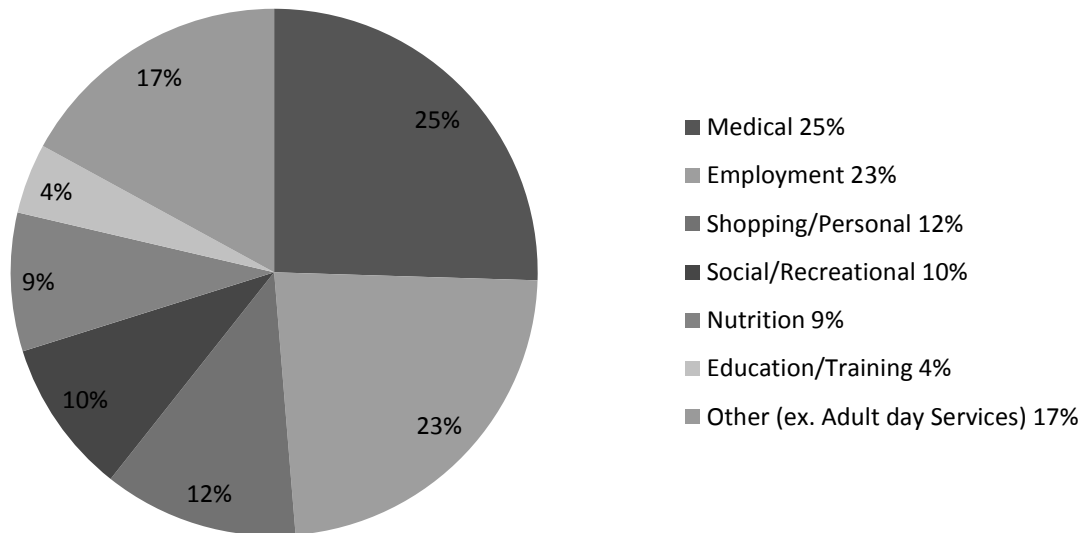
The primary funding for specialized transportation in Wisconsin is the **Specialized Transportation Assistance Program for Counties Program** formed by state statute **85.21** (hereafter referred to as the 85.21 program). The 85.21 program was developed in 1978 to promote the health and welfare of disabled and elderly adults by increasing access to affordable transportation options. This transportation program is designed to improve and

maintain dignity and self-sufficiency among those who would not otherwise have accessible transportation available.

Under the 85.21 program, counties may fund, operate, or purchase transportation services including capital expenditures and planning studies. Not only can these funds be used to directly provide service, but in many counties, this money also leverages thousands of additional federal transportation dollars that contribute to improvements to elderly, disabled and tribal transportation, as well as transportation for the general public. Transportation services vary by geography, need, demographics, local support, and coordination with other services. The 85.21 program

- is funded from the segregated transportation fund as part of the multi-modal approach to transportation by WisDOT. This fund receives revenues primarily from the motor fuel tax and vehicle registration fees and remains separate from other state revenues; funding state transportation and highway projects.
- funding is set by a formula based on the proportion of the state's elderly and disabled population in each county. No county can receive less than ½% of the total annual appropriation.
- provided the minimum funding allocation of \$68,117 to 23 counties in 2013.
- allocations remain at \$13,623,400 for 2014 and have not changed since 2011 even though WI DOT reported a statewide increase of +285,668 total *estimated* elderly and disabled individuals throughout all 72 counties in 2013 alone.
- funding has been flat, despite the fact that the population of older adults continues to increase rapidly. Despite the fact that almost all counties are serving more older adults and individuals with disabilities, 32 counties actually lost funds in 2013 due to the reallocation of funding based on each county's share of the total population of older adults and people with disabilities using data from the 2010 U.S. Census Bureau.
- requires a local cash match of 20% from county tax levy.
- funds can be used as local match for federally funded transportation grants thereby increasing the amount of transportation funding a community receives.
- helped fund over 2.8 million rides in FFY 2010-2011.

Ride Purpose - 85.21 Program 2010-2011



Other funding sources:

- State 85.21 funding is often combined with other sources from block grants, community foundations, United Way, Medicaid, Family Care, additional county support, Federal Transit Administration, FTA funding, fees/contracted services, and private contributions to provide services. These services vary from community to community and are not always stable/consistent or large enough to support additional service.
- Medicaid also provides substantial funding for specialized transportation. Statewide brokering of non-emergency medical transportation (NEMT) for individuals enrolled in the Medicaid program has complicated coordination of specialized transportation. For some individuals with very low income, Medicaid pays for their specialized transportation, but only to qualifying Medicaid services, leaving all other needs to be met by other systems and funded by other programs such as the 85.21 program.
- Federally recognized tribes in WI can use Tribal Elderly Assistance Program, s.85.215 funding allocated from Indian gaming revenues that are part of the general purpose fund. This small amount of funding, \$247,550 is split equally among the 11 tribes (\$22,500 each) and does not require a local cash match.

The failure to maintain a stable, dedicated funding source for specialized transportation will undermine Wisconsin's nationally recognized commitment to home and community based supports. Lack of transportation options will make it more difficult for people to continue living at home, leading to premature institutionalization, resulting in a significant loss of

independence and substantial fiscal impact and tax burden. This will leave older adults and people with disabilities isolated, unable to remain contributing members of their community.

Reliable, predictable and adequate funding of the 85.21 program is critical for transportation programs to meet the mobility needs of older citizens and individuals with disabilities who rely on these options to maintain their independence and quality of life.

Need/Problem

Why is specialized transportation important?

Older Americans are the fastest-growing demographic group of the population. This trend is expected to continue, expanding the older population in WI to more than 1.3 million by 2030. The far northern and most rural areas of the state are among those aging the fastest. The 2010 U.S. census identified 777,314 people living in Wisconsin who are age 65 and older, nearly 14% of the state's total population. This number is expected to rise to over 20% by 2030. Most of these individuals are between the ages of 65-74 (400,496), but a significant number of those are also age 75-84 (258,313) and 85+ (118,505). Of these individuals who are over 65, 30% live alone and 1 in 5 is living at or below the poverty level. Every county in the state will experience growth in the elderly share of their population.

Transportation provides access to life saving medical services, enables people to continue working, and to stay active and civically involved and contribute to the economic vitality of the community. Overwhelmingly, people want to age in place. They want to stay in their homes and in their communities, but driving expectancy is significantly less than life expectancy.

- On average, men outlive their driving ability by 6 years and women by 10 years. That is a significant period of time to rely on transportation alternatives that may not even exist. ⁱⁱⁱ

Wisconsin is recognized for cutting edge home and community based services as an alternative to institutionalized care. Without transportation programs to support these services, people become trapped in their homes. As people age in their homes, personal assistance to access transportation services becomes increasingly important. Additional door-to-door and door-through-door services will be needed to provide the level of assistance appropriate for these individuals. While this additional assistance often comes at additional expense, these much needed services make it possible for people to remain living in their own homes and communities at a far less cost than institutional care.

No matter what programming is offered or how strong one's desire to remain at home, lack of transportation options can severely affect access to needed services.

- Adults with disabilities are twice as likely as those without disabilities to have inadequate transportation (31% vs. 13%). Nationally, of the 2 million people with disabilities who never leave their house, over 560,000 do not leave because of transportation difficulties.^{iv}
- One in five Wisconsin residents aged 65 and older does not drive and will be seeking transportation options. In Wisconsin, 53% of non-drivers over the age of 65 stay isolated in their homes.ⁱⁱⁱ

When someone can no longer drive and has no way to get around, medical appointment visits decrease dramatically and food insecurity increases. These individuals are at higher risk of poor health, isolation, institutionalization and loneliness and quality of life suffers.

- Reports indicate that people without transportation options have 15% fewer doctor visits, 59% less trips for shopping or going out to restaurants, and 65% fewer trips for social, family and religious purposes.ⁱⁱⁱ
- Transportation alternatives in Wisconsin help elderly and disabled adults avoid costly institutionalizations and hospitalizations, increase access to employment and volunteer opportunities, and assist with helping individuals to age in their own homes by ensuring basic needs such as errands, nutrition, and doctor appointments are being met.
 - According to the Corporation for National and Community Service, over 35% of the population between the ages of 55 and 74 and over 24% of those over 75, volunteer. As community agencies and governments rely on volunteers to help provide a variety of services, the need to get people to volunteer opportunities is important not only for the volunteer, but also the agency they serve.

As the population ages, the prevalence of chronic conditions also increases. Of these, Alzheimer's disease and other dementias are among the most rapidly increasing.

- In the 2012 facts and figures report released by the Alzheimer's Association, Wisconsin had over 110,000 residents over 65 diagnosed with Alzheimer's disease. As the baby boom generation ages, it is estimated that an additional 10 million people will develop Alzheimer's disease nationwide creating new challenges for transportation systems.

In addition, a July 2012 National Center for Health Statistics brief from the Center for Disease Control indicates the number of people 65 and older dealing with two or more chronic conditions, especially the conditions of hypertension, heart disease, diabetes and cancer, has also increased.

Also evident is the increasing need for dialysis treatments for the growing number of people with End Stage Renal Disease, ESRD.

- In 1980, 60,000 patients nationwide received dialysis treatment. By 2009, over 571,000 receive the same treatment. This is a 900% increase.
- An increasing number of resources are going towards transportation to dialysis due to the life and death nature of the treatments. Community transportation programs are often overwhelmed with these trips and have difficulty providing the amount of transportation needed for dialysis patients as well as other community members.
- These trips often require a higher level of service on the trip home due to the impact of treatment on the body. Trips occur on a regular basis, usually 3 times per week. Dialysis appointments often occur outside of regular transportation hours, requiring trips on weekends or before or after regular “business hours”.
- Long distances in rural areas and the need to go at least 3 times a week make this transportation expensive. For those in rural areas, trips for dialysis can also require nearly a full day commitment of time due to long distances traveled and length of appointments.^v

The needs of the aging population vary as do the transportation services provided throughout the state. People with special needs often require specialized services. It should be recognized that the demand for assistance and services will continue to grow as the population in Wisconsin ages rapidly.

Solution

The need continues to grow for specialized transportation services. There are many examples throughout the state of innovative ways to increase services. Coordination is a key component to the success of these programs.

Involvement of regional and local transportation committees, implementation of coordinated transportation plans, and the use of livable communities policies and practices makes investments in transportation systems more effective and efficient and part of the overall community strategic plan. Increased awareness and education of transportation needs and gaps, increased involvement by stakeholders, legislators, and community leaders has improved the efficiency of services, added new ones and coordinated existing ones. More is still needed.

With the population aging quickly, especially those over 85 who are more likely to need transportation alternatives, funding for specialized transportation programs must be increased to keep up with the aging of Wisconsin.

Funding specialized transportation makes good fiscal sense. Transportation provides access to preventive and routine medical care, reducing the number of missed appointments for physician’s offices, clinics and hospitals, thereby reducing the costs of providing care for these health care providers and reducing the need for more expensive emergent care and ambulance

trips. Specialized transportation also increases the ability of seniors and individuals with disabilities to remain active in the community through employment and/or volunteerism and prevents premature institutionalization, thereby reducing costs to Medicaid/Medicare and allowing family caregivers and others to gain and retain employment outside the home. The use of livable communities policies and practices makes investments in transportation systems more effective and efficient and part of the overall community plan.

Without specialized transportation funding, options in non-urban areas of the state would be even more limited. Rural areas are disproportionately concentrated with older adults, our nation's veterans, tribal members and low income individuals. Options provided need to be affordable and accessible. What's at stake is the freedom and quality of life for a growing number of our friends and neighbors. For taxpayers, it holds the promise of decreasing reliance on expensive care facilities to provide services and increased numbers of people with disabilities paying taxes rather than subsisting off of public benefits. With the ridership increasing on all modes of transportation and funding less certain than ever, now is the time for Wisconsin to push for additional specialized transportation funding and coordination of existing transportation services. Without a comprehensive and integrated system that emphasizes specialized transportation, many are left stranded without options.

ⁱ Wisconsin Transportation Finance & Policy Commission, "Keep WI Moving: Smart Investments Measurable Results." Jan. 2013. *Wisconsin Department of Transportation*. Jan. 2014. <<http://www.dot.wisconsin.gov/about/tfp/docs/keep-wi-moving-report.pdf>>

ⁱⁱ Ellis, Elizabeth, Jana Lynott, and Wendy Fox-Grage. "Policy Options to Improve Specialized Transportation." *Insight on the Issues*. 39 (2010): AARP Public Policy Institute. Jan. 2014. <<http://assets.aarp.org/rgcenter/ppi/liv-com/i39-specialized-transportation.pdf>>

ⁱⁱⁱ Bailey, Linda. "Aging Americans: Stranded Without Options." April 2004. *Surface Transportation Policy Partnership*. Jan. 2014 <<http://www.transact.org/report.asp?id=232>>

^{iv} American Association of People with Disabilities, "Equity in Transportation for People with Disabilities." *The Leadership Conference Education Fund*. Jan. 2014. <<http://www.aapd.com/resources/publications/transportation-disabilities.pdf>>

^v Bogren, Scott. "The Dialysis Report: Transportation Demand Outstrips Supply." 2010. *Community Transportation Association of America*. Jan. 2014. <http://web1.ctaa.org/webmodules/webarticles/articlefiles/Fall_Winter_11_The_Dialysis_Report.pdf>