

**Memorandum**

Date . . . . . OCT 4 1995

From June Gibbs Brown  
Inspector General *June G Brown*

Subject Coordination of Specialized Transportation Services  
(A-05-95-00023)

To Fernando M. Torres-Gil  
Assistant Secretary for Aging

The attached final report summarizes the results of our recent audits of Specialized Transportation Services in Ohio and Illinois and recommends actions that the Administration on Aging (AoA) can take to increase coordinated transportation services nationwide. The objectives of these audits were to identify "best practices" and opportunities for the States to increase specialized transportation services for the elderly, disabled and others without a corresponding increase in Federal expenditures.

Our audits disclosed that while "best practices" exist in Ohio and Illinois, only a few communities in each of the two States have developed comprehensive coordinated transportation systems. The communities having such systems are able to provide more services and in a more economical manner. The AoA agreed that the results of our audit work in the two States indicate that there are opportunities to increase transportation services nationwide.

We believe that AoA needs to actively promote transportation consortiums and provide the assistance needed by State agencies and local transit providers to promote improvements in coordinated transit systems. In addition, AoA should continue its work with other Department of Health and Human Services (HHS) agencies and Federal Departments to promote further development of coordinated systems. These efforts will help ensure that Federal funds for specialized transportation services are more effectively and efficiently used to provide services to the elderly, persons with disabilities, and others in need of transportation services.

The AoA responded to our report on August 24, 1995. They generally concurred with the Office of Inspector General recommended actions to increase implementation of coordinated transportation services nationwide. The AoA will work with the Joint Department of Transportation/HHS Coordinating Council on Human Services Transportation to develop a strategic plan for improving coordinated transportation services.

Page 2 - Fernando M. Torres-Gil

Please advise us, within 60 days, on any further actions taken or planned on our recommendations. If you have need for further information, please contact me or have your staff contact John A. Ferris, Assistant Inspector General for Administrations of Children, Family, and Aging Audits, at (202) 619-1175. To facilitate identification, please refer to Common Identification Number A-05-95-00023 in all correspondence relating to this report.

Attachment

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**COORDINATION OF SPECIALIZED  
TRANSPORTATION SERVICES**



**JUNE GIBBS BROWN**  
**Inspector General**

**SEPTEMBER 1995**  
**A-05-95-00023**

**Memorandum**

OCT 4 1995  
Date *June Gibbs Brown*  
From June Gibbs Brown  
Inspector General

Subject Coordination of Specialized Transportation Services  
(A-05-95-00023)

To Fernando M. Torres-Gil  
Assistant Secretary for Aging

This final report summarizes the results of our recent audits of Specialized Transportation Services in Ohio and Illinois and recommends actions that the Administration on Aging (AoA) can take to increase implementation of coordinated transportation services nationwide. Specialized transportation services include door-to-door transportation for persons who are unable to use public transit systems and lack family-provided transportation for medical appointments or to participate in nutrition programs, adult day care or other essential community services. These specialized services are typically provided by lift-equipped minibuses, vans, and other types of paratransit vehicles. Paratransit vehicles accommodate passengers unable to access a regular transit system because of a physical or mental impairment. To many elderly and persons with disabilities, these transportation services are a lifeline for continued independence and mobility, enabling them to gain access to essential community-based services.

We found that there are opportunities for States to provide specialized transportation services in an efficient and economical manner by actively promoting local coordinated transportation systems. There are many benefits to a coordinated transportation system. These benefits include: increased capacity; better quality of service; improved effectiveness of primary services; cost savings; and upgraded preventive maintenance programs which could result in greater safety. However, only a few communities in Ohio and Illinois have developed comprehensive coordinated transportation systems. In our audit reports issued to the Ohio and Illinois State agencies, we recommended that steps be taken to actively promote coordinated transit systems; that more support and guidance be provided to local agencies; and that the States consider requiring local transit providers who receive specialized transportation funds to participate in coordinated systems. Both States generally concurred with our conclusions and recommendations. The AoA agreed that the results of our audit work in the two States indicate that there are opportunities to increase transportation services nationwide and indicated that they will take action to promote more coordinated transportation systems.

To successfully expand coordinated transportation services, we believe that, at the Federal level, AoA needs to actively promote transportation consortiums and provide the assistance needed by State agencies and local transit providers to promote improvements in coordinated transit systems. In addition, AoA should continue its work with other Department of Health and Human Services' (HHS) agencies and Federal Departments to promote further development of coordinated systems. These efforts will help ensure that Federal funds for specialized transportation services are more effectively and efficiently used to provide services to the elderly, persons with disabilities, and others in need of transportation services.

## **INTRODUCTION**

### **Background**

The AoA is responsible for carrying out the transportation provisions of the Older Americans Act of 1965. In October 1986, HHS and the Department of Transportation (DOT) established the Joint DOT/HHS Coordinating Council on Human Services Transportation (Council) to encourage the coordination of transportation services among Federal programs. The AoA has been an active member of this Council since 1987. As a member, it has worked to improve the efficiency and effectiveness of transportation services offered to clients and to eliminate barriers to coordination of services.

In that regard, AoA and the Council have encouraged cooperative arrangements between transportation providers and organizations needing transportation services to enable them to achieve common goals. This coordination can range in scope from agreements to share facilities, equipment, training or maintenance to consolidation of programs to provide transportation services. Coordinated transit systems can increase services and efficiency by clustering passengers, scheduling fewer one-way trips, and reducing costs through shared use of personnel, equipment, and facilities.

Our audits disclosed that while "best practices" (examples of demonstrated success) exist in Ohio and Illinois, only a few communities in each of the two States have developed comprehensive coordinated transportation systems. The communities having such systems are able to provide more services and in a more economical manner. In Ohio, coordinated systems have been implemented in only 9 of 88 counties. In Illinois, State officials were only able to identify 18 of the 102 counties with coordinated systems. We found that only 6 of the 18 counties had developed coordinated transportation systems. Our review included visits to 6 of the 88 counties in Ohio and 18 of the 102 counties in Illinois.

### ***Scope of Review***

Our audits were conducted in accordance with generally accepted government auditing standards. The objectives of our reviews were to identify "best practices" and opportunities for the States to increase specialized transportation services for the elderly, persons with disabilities, and others who need transportation services without a corresponding increase in Federal expenditures. To accomplish these objectives, we selected the States of Ohio and Illinois based on their significant levels of specialized transportation funding. Expenditures for the 2 States represented about 12 percent (\$8.1 million) of the \$64.7 million in Title III-B transit funds spent nationally in Fiscal Year 1993. The AoA officials indicated that these two States, which were judgmentally selected, are representative of the remaining States and that their "best practices" warrant consideration by AoA and others involved in coordinating transportation services. Because of the limited scope of our review in the two States, we are not able to project the amount of increased services and savings that coordinated transit systems can generate.

We interviewed State and local officials in Ohio and Illinois, reviewed applicable administrative and financial accounting records, and performed such other auditing procedures as were considered necessary in the circumstances. We met with transportation and aging department officials in Ohio and Illinois to obtain information on the types and extent of coordinated transit systems. We also met with Federal aging officials. For our detailed review, we judgmentally selected 2 of 12 Planning and Service Areas (PSAs) in Ohio and 4 of 13 PSAs in Illinois. The Ohio PSAs visited account for approximately 15 percent of the State's Title III-B expenditures. The Illinois PSAs visited account for approximately 28 percent of the State's Title III-B transportation expenditures.

### ***RESULTS OF REVIEW***

We found that opportunities exist for increasing specialized transportation services for the elderly and persons with disabilities without a corresponding increase in expenditures. This could be accomplished nationwide by promoting and establishing more coordinated transportation services for persons who are unable to use public transit systems.

To accomplish this objective, AoA needs to more actively promote the establishment of local coordinated transportation systems, disseminate "best practices" information, work with local government entities to plan programs that address local needs and encourage voluntary provider participation. The AoA has the expertise to help the States by providing technical assistance, better dissemination of information, and by promoting active communications between

State agencies, Area Agencies on Aging (AAA), and local service providers to establish more coordinated transportation systems. The AoA should step-up efforts to promote, collaborate, and coordinate transportation services with the various HHS agencies and other Federal Departments that provide funding for transportation services.

Most providers consider coordination as the process of scheduling and routing vehicles to serve the maximum number of their passengers with the fewest number of trips, rather than the process of establishing cooperative arrangements with other providers and sharing resources across programs to meet common goals. We believe that specialized transportation systems should be effectively designed to make services available to all individuals that have specialized transportation needs. This can be accomplished at the local level through better planning and more provider participation in coordinated systems. At the State level, States need to actively promote the establishment of coordinated transit systems, disseminate "best practices" information to providers, and encourage the participation of local transit providers. We are recommending that AoA take an active role by providing more assistance and encouragement to State agencies, AAA, and mass transit providers.

### *Why Coordinate Systems?*

We found that the coordinated transportation systems in the two States visited clearly showed that coordinated systems can accomplish more effective use of transportation funds. Prior studies have shown that guidance and technical assistance is readily available to help establish and implement comprehensive coordinated systems. However, many of the counties we visited have not taken advantage of this expertise because the State has not disseminated the available information to them. Coordinated transportation systems increase efficiency by: clustering passengers; utilizing fewer one-way trips; providing more needed services; and reducing costs through shared use of personnel, equipment and facilities.

Although States and AAAs are to assure that transportation services are coordinated, more can be done. The Older Americans Act (the Act) was enacted to provide community-based services to older individuals. Title III of the Act provides funding for transportation services to facilitate their access to social and nutrition services, adult day care, and other supportive services. To discharge its responsibilities under the Act, the States are generally divided into multi-county regions, called PSAs. For each PSA, an AAA is designated to plan and coordinate programs within a geographic area. The AAAs are responsible for determining needs and resources and for coordinating transportation services in the counties and communities. Section 1321.65, Title 45 of the Code of Federal Regulations states, in part:

...As a condition for receipt of funds under this part, each area agency on aging shall assure that providers of services shall:  
....Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources...

In addition, the provisions of the Intermodal Surface Transportation Efficiency Act (ISTEA) mandate that States assure maximum feasible coordination among all federally-funded transportation programs administered within the State. The transit provisions of the ISTEA, which is a major source of funding for public transportation, are administered by the DOT.

Beginning in 1997, transportation service operators must fully comply with the requirements of the 1990 Americans with Disabilities Act (ADA). The ADA requires that people with disabilities be offered the same level of accessible transportation services as is available to all riders. State officials indicated that the ADA-required transportation services will demand additional resources and capital outlays. We were told that because transit operators may not have sufficient resources to provide paratransit to both ADA-eligible and non ADA-eligible individuals, they may have to displace or refuse specialized transportation services to a significant number of recipients in the future. The additional ADA-required specialized transportation will demand more efficient use of resources and/or additional capital outlays in order to minimize the need to cut existing programs. We believe that implementation of fully coordinated transit systems would result in savings which could potentially offset a reduction in transit services. Also, more efficient and effective transportation services can be provided to all individuals in need of these services.

### ***Best Practices***

Although Ohio and Illinois have been supportive of coordinated transit systems, they have had only limited success in establishing fully coordinated systems on a statewide basis. Success has been limited because agencies that provide these services often operate in isolation from each other, rather than realize the efficiencies and benefits that could result by coordinating their efforts. In both States, we identified coordinated systems that were successful in providing efficient transit services to individuals with specialized transportation needs. Where coordinated systems have been implemented, the quality and level of transit services has been maintained or increased, while program costs have been reduced. The following examples of "best practices" warrant consideration by AoA and others involved in coordinating transportation services.

A coordinated transportation system located in Medina County began operations in 1993. The system has successfully combined the transportation services of 18



### **Ohio**

public agencies and nonprofit organizations into a consortium which serves the aged and persons with disabilities. The Medina system is supported by agency service contracts, various grants, subsidies, and passenger fares. Because of the larger base of clients and expanded scheduling resulting from its coordination efforts, the system has acquired larger vehicles. It utilizes 14 vehicles ranging in size from 6-passenger vans to 28-passenger buses. The Medina system provides transportation to dining sites, work sites, human services offices, grocery stores, medical, and recreational facilities. It provides an average of 160 to 220 one-way trips per day and attempts to schedule services so that the routes maximize ridership.

The Medina system is operated by the county under the authority of the County Board of Commissioners. According to Medina County officials, the support of the County Commissioners was instrumental in ensuring that the coordination effort was successful.

Medina's transportation coordinator indicated that this coordinated system has led to an increase in services while reducing the costs to the participating agencies. This was supported by our review of the accounting records for the Medina County Office of Older Adults which showed that transportation costs declined from \$98,542 in program year 1992 to \$69,490 in program year 1993, a reduction of \$29,052 (29 percent). During this period, the office maintained the same level of service (number of people) and increased the quality of service (destinations, departure times). All vehicles operating for the Medina County system are serviced under a strict maintenance program which has reduced operating costs and virtually eliminated on-the-road vehicle failures and could result in greater safety.

The Executive Director of another participant in the Medina County consortium stated that insurance premiums declined from \$1,400 to \$500 per year because they are now covered under the county's insurance policy. He said that through membership in the consortium, more services are being provided to individuals, access within the county has improved, and the transportation system has become more flexible.

### **Illinois**

We identified an inter-county system that utilizes some of the best practices of a coordinated system. The CEFS Economic Opportunity Corporation is the transportation provider for six counties. In 1985, the CEFS established a rural transportation system, called the Central Illinois Public Transit (CIPT) system. The CEFS operates CIPT much like a mass transit district. Riders may travel anywhere within their county for any purpose. Vehicles are available for grocery shopping, medical and dental trips, visiting, attending dining sites or just going for a ride. The CIPT is the only public transportation provider (except for school bus services) in the six

counties. Their fleet consists of lift-equipped and standard vehicles, making the system accessible to everyone.

The CEFS has coordination agreements with over 100 service providers including dining sites, medical providers, State agencies, and nursing homes. These agreements allow CEFS to cluster people and move them in one direction, to effectively serve more clients with fewer trips.

Under the CIPT model, each county has a single autonomous transportation system, with its own coordinator. The provider is allowed to schedule services within the county in a manner that will provide the best possible service. The CIPT providers operate countywide and provide transportation services to all area residents. The CIPT allocates the transportation costs to the appropriate programs. For example, if a rider is a senior citizen, the rider's trip is charged to the Title III program. Non-program individuals ride program vehicles for a cash fee. Although availability is prioritized based upon medical needs, all individuals in the community have equal access to the services.

The CIPT officials cited several benefits of coordinated single provider transit systems. A single provider system allows for economies of scale such as reduced administrative, overhead, and other costs. The CIPT possesses the expertise and resources to absorb additional service areas and the ability to negotiate more favorable business agreements. System access is improved because all community residents can utilize its services. Consolidation has allowed CIPT to establish a coordinated preventive maintenance system that had reduced disruptive vehicle breakdowns and increased vehicle lives. It also has been able to offer a fringe benefit package that attracts and retains reliable transit drivers.

Consolidation into a single provider has facilitated more efficient vehicle routing and passenger scheduling with a reduction in the number of one-way trips, overhead costs, and duplicative support duties. Although records were not readily available to compare other years, CIPT stated the coordinated systems increased efficiency and economy. A comparison of 1993 and 1994 records showed that the CIPT:

- Increased ridership by 222 passengers (from 1,464 to 1,686)
- Collected additional fares of \$7,629 (from \$20,832 to \$28,461)
- Reduced one-way trips by 4,797 (from 63,435 to 58,638)
- Reduced administrative costs by \$6,550 (from \$105,476 to \$98,926)

### ***Participation of Major Programs***

Even with the extensive resources that are dedicated to client transportation and public paratransit services, the needs of many individuals still remain unmet. State and local human service agencies continue to identify transportation as one of their highest priority needs. We found that some major HHS programs, such as Head Start, do not participate in local coordinated transit systems. For example, Illinois does not participate because State statutes impose strict vehicle use restrictions on the use of Head Start buses to transport adults in a coordinated system. Conversely, schools are prohibited from transporting children in vehicles other than school buses. Because of these restrictions, Head Start children presently cannot be transported in vehicles such as vans that are normally used for adults in a coordinated transportation system.

Although Federal, State, and local agencies provide considerable funding for programs that include transportation services, many do not identify the amount of funds available or spent for coordinated transportation systems. There are over 100 separate government programs that provide transportation as a support service. Many of these programs could support an expansion of coordinated transportation systems. A listing showing major HHS, DOT, and other government programs which include funds that may be used for transportation services are shown in Appendix I to this report.

## ***SUMMARY AND CONCLUSIONS***

The potential exists for increasing specialized transportation services without a corresponding increase in Federal expenditures. Coordinated transit systems encourage efficiency by clustering passengers, utilizing fewer one-way trips, and by reducing costs through shared use of personnel, equipment, and facilities. Coordination can range in scope from shared use of facilities, equipment, training, or maintenance to consolidation of various programs that provide transportation services. The benefits derived from successful coordination include:

- ◆ **Increased Capacity** - Better use of existing equipment will allow for an increase in the number of scheduled trips without an increase in cost.

- ◆ **Improved Quality of Service** - Better service can usually be provided from a coordinated system than from staff-operated, volunteer or purchased services.
- ◆ **Improved Effectiveness of Primary Services** - Increased primary services such as counseling, nutrition programs, and training when reliable transportation is available.
- ◆ **Cost Savings** - Fixed cost of providing services can be shared under a coordinated system, thereby reducing operating and administrative costs by grouping trips and combining functions. Additionally, coordinated systems have allowed the establishment of coordinated preventive maintenance systems that has reduced breakdowns, and could result in greater safety.

We recommended, in our Ohio and Illinois reports, that the State agencies cooperate to actively promote coordinated transit systems, provide support and guidance to local agencies, and consider requiring local transit providers who receive specialized transportation funds to participate in coordinated systems. In connection with its Federal oversight responsibilities, the AoA should promote more coordinated systems that can provide specialized transit services in an efficient and effective manner.

### ***Recommendations***

We recommend that the AoA:

1. Step-up efforts to collaborate and coordinate transportation services with other HHS Agencies and Federal Departments.
2. Take a more active role in promoting transportation consortiums of agencies which serve all individuals who are in need of specialized transportation services.
3. Provide more encouragement and policy guidance to State agencies and AAAs to increase cooperation with other transportation programs in the area to establish coordinated transportation systems.
4. Encourage the Aging Network to stimulate local citizens' participation in the planning process to ensure that their transportation needs are met.

5. Work with other Federal agencies to change or obtain waivers, where feasible and without jeopardizing safety, for program regulations (such as those that apply to school buses) which may impede the progress of establishing coordinated specialized transportation systems.

### *AoA Response*

By letter dated August 24, 1995, the AoA generally concurred with the OIG recommended actions to increase implementation of coordinated transportation services nationwide. The AoA will work with the Joint DOT/HHS Coordinating Council on Human Services Transportation to develop a strategic plan for improving coordinated transportation services.

**FEDERAL FUNDING FOR TRANSPORTATION SERVICES**

Department of Health and Human Services Programs:

Program	Program Description
Title III, Grants for State and Community Programs	Provide for a wide range of community-based systems of supportive and nutrition services, including transportation, and in-home services for elders.
Title VI, Grants for Native Americans	Provide nutrition (congregate and home delivered meals), information and referral, transportation, and other community-based supportive services to Native Americans.
Community Services Block Grants	Assist service providers that meet variety of needs, including transportation, of low-income persons.
Title XX, Social Services Block Grant	Enables States to provide needed social services, including transportation, with goal of reducing dependency on social programs.
Developmental Disabilities Basic Support Grants	Provide medical and support services to enable persons with developmental disabilities become independent and productive members of their communities.
Head Start	Provide comprehensive services, including transportation, to economically disadvantaged preschool children.
Job Opportunities and Basic Skills (JOBS)	Assure education, training, and employment to avoid long-term welfare dependency for needy families. States required to provide payment or reimbursement for necessary transportation.
Native American Programs	Plan and implement economic and social development activities that promote the self-sufficiency of Native American communities.
Community Health Centers	Operate centers which provide primary and supplemental health services, including transportation and mobile health units, to medically underserved populations.
HIV Care Grants	Assist community health providers and local HIV care consortia in providing home and community-based health care and supportive services, including transportation, for individuals with HIV.
Migrant Health Centers	Provide primary, environmental and supplemental health services, including transportation and mobile health units, to migrant and seasonal agricultural workers.

**FEDERAL FUNDING FOR TRANSPORTATION SERVICES**

Rural Health Services Outreach Grants	Enable health care services be provided in rural areas, including providing transportation to areas with health care facilities.
Medicaid	Enable states to provide health care services to medically needy low-income individuals. States are required to assure transportation to medical care for Medicaid beneficiaries.

**Federal Transit Administration Programs:**

Program	Program Description
Section 18, Federal Transit Grants for Non-Urban Areas	Provide operating capital and administrative assistance to transit providers in non-urban areas.
Section 16, Federal Transit Capitol Grants for Transporting Elderly Persons and Persons with Disabilities	Provide capital assistance to eligible providers of transportation for elders and persons with disabilities in both urban and non-urban areas.
Section 9, Federal Transit Capital and Operating Grants for Urban Areas	Provide operating and capital assistance to transit providers in urban areas.
Section 3, Federal Transit Capital Grants for Buses and Bus Facilities	Provide for the acquisition, construction, or improvement of buses and bus facilities.
Section 26, Federal Transit Planning and Research	Support national and state-level research, transit planning, training, and demonstration projects.

**Other Agencies' Programs:**

Program	Program Description
Rural Development Grants	Facilitate the development of private enterprises, including facility and infrastructure development or the provision of services, such as transportation, that facilitate the economic development of rural areas.
Rural Development Loan Fund	Funds are available to lend for business facilities or community development projects in rural areas.
Economic Development Grants	Available for public works and development facilities to support economic development of areas experiencing economic distress.

## FEDERAL FUNDING FOR TRANSPORTATION SERVICES

Centers for Independent Living	Provide full range of independent living services, including transportation, to persons with disabilities.
Vocational Rehabilitation Services Program	Assist states in providing vocational rehabilitation, including transportation, for persons with disabilities.
Community Development Block Grant	Available for broad range of community development activities benefiting low and moderate income persons.
Congregate Housing Services Program	Provide meals and non-medical support services, including transportation, to allow frail elderly or persons with disabilities maintain maximum independence in a home environment.
Job Training Partnership Act	Provide employment training and related services, including transportation, to training programs for people facing serious barriers to employment.
Senior Community Service Employment Program	Create and support part-time community service jobs held by low-income elders.
Foster Grandparent Program	Provide stipends, transportation, and other supportive services for low-income elders volunteering in programs serving infants, children, or youth with special needs.
Retired Senior Volunteer Program	Provide transportation and other supportive services for elders to work as volunteers in community service activities.
Senior Companion Program	Provide transportation and other support services for low-income elders volunteering in community service activities serving elders with physical/mental/emotional impairments.





AUG 24 1995

RECEIVED  
Washington, D.C. 20201

AS	_____
SAC	_____
PDG	_____
DEG-AS	_____
DEG-EI	_____
DEG-OI	_____
DEG-MP	_____
ASG-CFAA	_____
OGC/IG	_____
EXSEC	_____
DATE SENT	8/24

AUG 24 P 3:43  
OFFICE OF INSPECTOR  
GENERAL

TO: June Gibbs Brown  
Inspector General

FROM: Deputy Assistant Secretary  
for Aging

SUBJECT: AoA Comments on OIG Report on Coordination of  
Specialized Transportation Services (A-05-95-00023)

Thank you for the opportunity to review and comment on your draft report on coordination of specialized transportation services, which summarizes the results of recent reviews in Ohio and Illinois.

The Administration on Aging (AoA) has worked to increase coordination of human service transportation for a long time, and we support the general tenor of the report. Factors that may increase the need for coordination include the limited financial resources of the aging network, recent reductions in Federal funding for transit and the mandates of the Americans with Disabilities Act for complementary paratransit services.

AoA generally concurs with the recommendations, and would like to address each in turn.

**Recommendation 1:** AoA should step up efforts to collaborate and coordinate transportation services with other HHS agencies and Federal departments.

**Response:** Our major vehicle for collaboration is our participation with other HHS agencies and the Department of Transportation in the Joint DoT/DHHS Coordinating Council on Human Services Transportation. AoA is working with the Coordinating Council to develop a strategic plan for coordinated transportation.

As an example, one proposed activity for AoA concerns the prohibition in the Older Americans Act on charging elderly persons for services, a longstanding barrier to coordination since other human service transportation programs allow cost sharing. We have addressed this concern by including, in the Administration's proposal for reauthorization of the Act, provisions that allow, at State option, greater cost sharing.

Page 2 - June Gibbs Brown

**Recommendation 2:** AoA should take a more active role in promoting transportation consortiums of agencies which serve all individuals who are in need of specialized transportation services.

**Response:** AoA will take an active role in promoting transportation consortiums which serve all individuals who are in need of specialized transportation services through participation at pertinent transportation meetings and by promoting the value of coordination in speeches.

**Recommendation 3:** AoA should provide more encouragement and policy guidance to State agencies and AAAs to increase cooperation with other transportation programs in their local area to establish coordinated transportation systems.

**Response:** AoA has underway five demonstration projects in Colorado, Florida, Kansas, Missouri and Ohio. Each project concerns some aspect of human service transportation; after the projects are completed in December, we will disseminate the results to the aging network so others may replicate them.

**Recommendation 4:** Encourage the aging network to stimulate local citizens' participation in the planning process to ensure that their transportation needs are met.

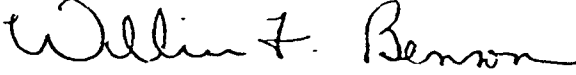
**Response:** The demonstration project underway by the Florida Department of Aging Affairs has, as one of its components, the development of techniques to increase the participation of older citizens in the transportation planning process. We look forward to the results of this project.

**Recommendation 5:** Work with other Federal agencies to change or obtain waivers, where feasible and without jeopardizing safety, for program regulations (such as those that apply to school buses) which may impede the progress of establishing coordinated specialized transportation systems.

**Response:** As part of AoA's ongoing role with the Coordinating Council, we will advocate for changes, waivers or program regulations to address barriers to coordinated specialized transportation systems and promote coordination. We will also take advantage of opportunities for coordination and advocacy through other avenues -- such as the Reinventing Government initiative or the Department strategic planning process.

Page 3 - June Gibbs Brown

We are pleased that your report presents such a strong case for coordination. If you should have any questions, please contact me or have your staff contact David Bunoski at 260-0669.

  
William F. Benson