



NCMM ADA Workshop Q&A by Will Rodman

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How can I incorporate ADA in transportation planning?

Under the ADA, there are two very important sets of requirements which need to be woven into transportation planning: (1) Service equivalency, which under the ADA, must pertain to all demand-responsive services; and (2) ADA complementary paratransit. Both of these requirements are described below.

1. Considerations Regarding Service Equivalence

Under the ADA, one of the key requirements for ANY demand-responsive transportation (DRT) service is service equivalence. The ADA says that a DRT service, when viewed in its entirety, must provide equivalent service, and that such services are deemed equivalent when persons with disabilities, including wheelchair users, are provided the same level of service according to the following seven criteria.¹

1. Response time
2. Fares
3. Geographic area of service
4. Hours and days of service
5. Restrictions or priorities based on trip purpose
6. Availability of information and reservations capability
7. Any constraints on capacity or service availability

These seven criteria apply to all modes of DRT service provided by a transit agency, including DRT services operated by the transit agency or that are operated by a contractor, but also other types of service sponsored or subsidized by a transit agency such as a user-side subsidy programs.

It's okay to have some of your service use some vehicles that are not wheelchair accessible as long as people with disabilities can't feel the impact. Having such a fleet mix is okay as long as service is equivalent based on these seven criteria. Moreover, you can have a fleet 100% made up of wheelchair accessible vehicles ("WAV"s), but not be compliant if some of the other criteria are not met

Response time:

Response time is the elapsed time between a request for service and the provision of service. And the requirement is that response time must be the same for all riders, including those with and without disabilities. It obviously applies to on-demand services such as microtransit and alternative services, but

¹ FTA Circular 4710.1 ADA Guidance. Section 7.4 (Nov. 4, 2015)

also to responses to will-call returns and re-emerging no-showed riders. So, for this reason, a transit agency is obligated to track the request time and the vehicle arrival separately for persons needing a WAV and persons who don't. There are transit agencies who can't guarantee a WAV within an hour or two (e.g., because of the limited number of WAV providers); their solution to meet service equivalence has been to require an hour or two advance notification, which on the one hand meets the requirement, but on the other hand, makes it less attractive. It is also important to note that you'll want an on-demand technology that not only captures this data but also reports it.

Fares:

For a given trip and for a distinct type of service, the fare must be the same for all riders. So, for example, if you have route deviation service with a fare surcharge for deviating from the route, the same charge has to apply to all such riders.

Geographic area of service and hours and days of service:

Riders with disabilities must be able to request trips in the same area and on the same days and during the same hours as other riders. Pretty simple for most services but here too, you have to be careful with certain types of on-demand services.

Restrictions or priorities based on trip purpose:

DRT services with restriction or priorities based on trip purposes are okay as long as the restrictions or priorities must apply to all riders.

Availability of information and reservations capability:

Riders with disabilities must have access to the same information and reservation system as other riders. So, the days and hours when a customer may request service must be the same for persons with and without disabilities. And, under the ADA, information about the service must be provided in alternative formats, usable to the individual and appropriate to the intended use. This means, for example, providing individuals with hearing or speech disabilities equal access to trip reservations systems in order to request service. For some riders, this may mean providing a reasonable accommodation, such as providing deafblind persons with the ability to request service by e-mail. With the new app-driven on-demand services, transit agencies must require that apps are fully accessible. Transit agencies must also meet Title VI requirements for those customers who don't have access to a smart phone or wireless service or access to the internet. For such folks, transit agencies either directly provide a call-in option or require the on-demand contractor(s) to provide a call-in option.

Any constraints on capacity or service availability:

While this last criterion isn't applicable to ADA paratransit services, because by definition, ADA paratransit services can't be capacity constrained, this criterion does apply to other DRT services that are available on a first come first served basis and that are inherently capacity constrained. So what this requirements says is that if there are capacity constraints that they must be applied equally to all riders.

To evidence this, for example, a transit agency must provide evidence that the denial rate for riders with disabilities is essentially the same as the riders without disabilities. The guidance also says -- and here again we are excluding ADA paratransit from this discussion -- that the use of waiting lists or trip caps is okay as long as riders with disabilities are not waitlisted more often or do not have more trip cap limitations than other riders. The guidance also says that capacity constraints can't lead to riders with disabilities experiencing poorer OTP or longer ride times as compared to other riders. This is typically measured in terms of percentages. And in the case of on-time performance, we're specifically talking about trips requested in advance or on a subscription basis, because on-demand trips -- and their response time -- are covered under the first criterion.

2. ADA Complementary Paratransit

ADA complementary paratransit is to be provided to individuals who because of their disability cannot access or use a transit agency's fixed route transit service. In other words, the service complements the fixed route service by providing service to those that are functionally unable to utilize the fixed route service because of a disability. ADA paratransit must be provided by the transit agency where and when those services are provided.

There are six criteria that serves as requirements for ADA paratransit:²

1. Days/hours of service the same as fixed-route service
2. Service area the same as fixed-route service
3. (At least) next-day reservations during business hours; allowed to employ trip negotiations
4. Fares – no more than 2x fixed route service fare
5. No restrictions/prioritization based on trip purpose
6. Absence of capacity constraints

Service Area, Days and Hours:

Under the first two criteria, transit agencies operating fixed route service are obligated, at a minimum, to provide ADA paratransit service to individuals deemed ADA paratransit eligible when and where fixed-route service is provided. For days and service hours, they must match -- at a minimum -- the service days and hours of the fixed routes in question, noting that ADA paratransit service can have different service days and hours in different areas of your service hours if the FRT service days and hours differ among those areas.

² FTA Circular 4710.1 ADA Guidance, Chapter 8 (Nov. 4, 2015)

The minimum required service area is described by the $\frac{3}{4}$ mile corridors about each fixed route plus smaller donut holes. Can you provide a trip to somebody living outside the service area? Yes, but the origin and destination of the trip have to be within the prescribed service. So, they would have to get into the service area independently.

An additional requirement to keep in mind is that if the $\frac{3}{4}$ mile corridor crosses a jurisdictional boundary, in most cases the agency must nonetheless provide service. For instance, the $\frac{3}{4}$ mile corridor may cross county lines and the agency would be required to provide service in order to comply with complementary paratransit requirements. The exception where this would not be case is where a “legal bar” exists to crossing the jurisdictional boundary, however these are incredibly rare and unlikely to be applicable.

Some transit agencies do provide service beyond what’s minimally required under the ADA, providing service to origins and/or destinations that are beyond the $\frac{3}{4}$ mile corridors and/or at times when the FRT has stopped operating. An example of this is where the FRT service hours differ but where the transit agency establishes one end time for the entire region just to make it simple for customers to understand. Technically, these trips served in this fashion are one form of premium service and are not ADA paratransit trips. There’s no federal obligation for a transit agency to serve them, and they do so at their own discretion. And technically, this premium service does not have to abide by these other criteria above. But some transit agencies do serve them in the exact same way as their ADA paratransit trips and they do so again because they want to and not because they are required to.

Next-day reservations, trip negotiations and subscription service:

A transit agency must provide for next-day reservations. What this means is that an ADA paratransit customer must be able to make a reservation the day before the trip date (up until the reservations line closes on that day.) If ADA paratransit service is provided daily, a customer must be able to make a reservation on Sunday for Monday service. If the agency does not have a reservation agent working on Sunday, it must provide a mechanism for the customer to make the reservation on Sunday. Some systems I have seen allow for after-hours requests via emails and/or phone messages.

Is a transit agency obligated to allow customers to make advance reservation reservations (beyond next day reservations)? No. But most do, and because there is no obligation, transit agencies may establish the advance-reservation policies, so 14-days in advance (or more), or 7 days in advance, or even 3-5 days in advance. What’s the benefit of a long period? Customer convenience in locking in a trip to the doctor’s for example. But what’s the downside? Customers may make place-holder trips that result in higher level of late cancellations and no-shows, which in turn have a negative impact on productivity and on-time performance. In contrast, shorter advance reservation policies counteract that because customers are surer of their travel plans in general. And some systems have only next-day reservations for this reason.

If a transit agency employs real-time scheduling immediately after a customer’s reservation is booked, and there is no solution based on the customer’s requested time, the transit agency may employ trip negotiation, which means that reservation staff may provide the customer with an alternative time plus

or minus 1 hour from the original requested pick-up time. Note that there is a reasonable test to this: if a person gets out of work at 5:00 pm, an alternative pick-up time prior to 5:00 cannot be suggested. If there are reasonable alternative times suggested, and the customer refuses them, the status of the trips request should be deemed a refusal. If there are no solutions within the negotiation period, the request should be deemed a denial. And if a pickup time beyond the trip negotiation period is offered and accepted, the transit agency is still obligated to record it as a denial, because it is an important data point in establishing whether or not there may be a pattern of denial suggesting a capacity constraint. And speaking of denials, it is not non-compliant to deny a trip, it is not compliant if there is a pattern of denials. (See below.) A transit agency can have a no-denial policy, but this is not an obligation.

How about subscription trip requests? Any obligation? None. But many transit do offer subscription service because it reduces the call volume and if they are scheduled well, they can actually increase both productivity and on-time performance. Some transit agencies put a limit on subscription trips, and at one point in time, the guidance was to limit subscriptions to no more than 50% of the available capacity at any given point, but this guidance is effectively superseded by the 6th criteria above – no capacity constraints. So, you can have subscription trips taking up more than 50% of the capacity IF there are no capacity constraints. Also, a transit agency, since there is no obligation, can define a subscription trip in different ways – a minimum of 3x per week, for example.

Fares:

ADA paratransit fares must be no more than twice the fare of the fixed route service to which it is complementary. For a similar trip, at a similar time of day. What if there are two fixed routes that fit this criteria but they have different fares? Then the ADA paratransit fare must be no more than twice the lower of the two. The fare includes transfer fees if applicable on the fixed route equivalent trip. Also, while transit agencies may charge the same fare to a rider's companion(s), personal care attendants or PCAs ride free, noting that companions must have the identical origin and destination of the paratransit eligible rider.

What if the FRT is fare free or perhaps the system has a free fare zone? What would the fare for the ADA paratransit fare be? Zero.³ Now, over the years, several transit agencies have offered free fares on transit for ADA paratransit customers. On one hand, this may seem like an oxymoron because ADA paratransit customers have been deemed paratransit eligible because their disability prohibits or limits their use of the fixed route service. And for this reason, some transit agencies only extend this program to conditionally-eligible customers. But nevertheless, a free fare on transit can be an enticing thing, and if the transit agency can entice a customer to use the FRT service instead of making a paratransit trip, it can save the agency a bundle, and the rider gains some independence from not having to request a trip in advance and gets to travel at no cost. But if you do this, you had better have a very stringent eligibility

³ Note that during the Covid 19 Public Health Emergency, some agencies went fare free for public safety reasons. Keep in mind that if the agency ever goes fare free, even temporarily or on an emergency basis, it must also go fare free on complementary paratransit. 2x of a \$0 fare = \$0.

process in place because you're going to get a lot of applicants who just want a free transit ride and have no real intention of using the paratransit service.

One last note on fares, transit agencies can negotiate sponsorship rates with sponsoring human service agencies that are higher than its ADA paratransit fares (and indeed whatever the market will bear) for their clients who are dually-eligible. This applies for billing arrangements or for the purchase of tickets or monthly passes.

No restrictions/prioritization based on trip purpose:

There can be no restrictions or priorities based on trip purpose, and the guidance is that a transit agency should not even ask. Now, can a transit agency limit subscription trips and will-call returns by trip purpose? Yep! Why? Because they are both beyond what is minimally required. So, for example, a transit agency could only allow a will-call return from a medical appointment.

Absence of capacity constraints:

This is the big one with lots of ramifications. First, a transit agency may not limit the number of trips a person may make. Second, a transit agency may not place a caller's name on a waiting list (saying they will be called if space opens up or suggesting they call later) because there is no more capacity. By contrast, a transit agency can try trip negotiation (see above) or accept a trip without assigning it to a run as long as the transit agency provides the customer with a confirmed pick-up window on the day before the trip date. But, in general, a transit agency must accept or deny the trip. But the big requirement is that you can't have a pattern of capacity constraints that effectively limits a customer's access to the service.

The five metrics that transit agencies and FTA reviewers use that could point to a capacity constraint include patterns of denials, late trips, missed trips, excessively long-trips and average and maximum telephone hold times. Transit agencies should have practices in place to: (1) report on these metrics and (2) analyze the data to see if patterns that suggest capacity constraints exist. And patterns can exist even if overall, a transit agency is meeting its standards. For example, if a transit agency is meeting its 90% on time performance goal, but it has a pattern of late trips at a certain time and/or emanating from a certain portion of your service area, then a pattern of late trips (and a capacity constraint) exists. Or if a transit agency has an average hold time for the month that is below its 2-minute threshold, but the average on Mondays at 8:00 to 9:00 is at 5:00 minutes, a capacity constraint exists. And any capacity constraints are not permitted.

And also remember, that in the case of excessively long trips, it's not to be measured against a transit agency's (arbitrary) one hour threshold that may be set within its scheduling system as a parameter violation not to exceed, it's the FTA's definition that compares the on-board travel for a particular paratransit trip to the time it would take to make that exact same trip using fixed route transit, including the time it takes to get to/from bus stops, transfer wait time etc. Many systems use the trip planner to get this information (if there is one) and noting that the analysis should include a statistically relevant sample of trips of all lengths and times but should also focus its attention on suspected possible

patterns. Because, in the end, a transit agency wants to know what trips being served are excessively long not only to make the system better, but to ensure compliance.

Lastly, proper tracking of denials and missed trips is a must!

Is paratransit service required to be door-to-door?

Transit in the region only does curb-to-curb which leaves out people who cannot get to the curb without help. How can I increase/create door-to-door operations in the area?

ADA paratransit is an “origin-to-destination” service. Many ADA paratransit services have a default policy of door-to-door service. Others have a default policy of curb-to-curb. For the latter group, there must be a policy in place that allows any rider to request door-to-door for specific trips or for all of their trips for whatever reason. Such a request is usually noted in their customer profile or trip notes, with the request appearing on a driver manifest so that the driver knows that door-to-door service is to be provided to that customers. Such requests must be granted because of the origin-to-destination requirement, but also can be thought of as reasonable modification requests to the agency’s policies and procedures if their normal described mode is curb-to-curb.

For other kinds of DRT service, it is really up to the transit agency to determine what level of service is provided. Most general rural dial-a-ride services for example have a default curb-to-curb level of service, while others make an exception and provide door-to-door service for riders with disabilities.

Microtransit services generally have three options for stops: the first is curb-to-curb, meaning that the vehicle stops in from a specific address, much like curb-to-curb in the context of ADA paratransit. The second is a virtual stop; in this case, the dispatching software assigns a stop (usually at a nearby intersection) that a rider must get to access the service/ The third is a physical stop, much like a stop at transit center or at a Walmart. A microtransit service can have one or more of these kinds of stops. I know of one microtransit service with curb-to-curb service for persons with disabilities and virtual stops for other riders, while another microtransit service has virtual stops for all riders.

How do I get funding for private companies to get money for an ADA vehicle?

Transit agencies may use federal funding (e.g., FTA 5307, 5310, 5311) for capital expenditures such as vehicles, and then provide the vehicle to its contractor, even if the provider is providing service to the transit agency on a non-dedicated basis. For example, under the former FTA 5317 program, the Connecticut DOT used federal funding to buy accessible vehicles that were given to taxi companies participating in a transit agency-sponsored subsidy program. Some transit agencies have been known to

lease such a vehicle to a provider for \$1. Many transit agencies also have been known to give or sell vehicles reaching their retirement age to service providers. In Portland, OR, TriMet recently sold their retired MV-1's to a local car company (that also is one of their overflow service providers.)

In a case or where the transit agency gives the vehicle to a service provider (or leases the vehicle to the operator for \$1), the capital cost of the vehicle is not included in the rates paid by the transit agency to the provider for service rendered. If vehicles are leased to an operator, keep in mind that FTA's regional office must approve the leases.

Do working animals have a certificate? How many are allowed on a trip? Must working animals be leashed?

A transit agency cannot limit the number of working (or service) animals, which are trained to perform specific tasks to assist a person with a disability), or emotional support animals that accompany a rider. I have seen some policies that state that service or emotional support animals must be "harnessed, leashed, or tethered." That said, an FTA ADA paratransit reviewer I know stated that it's okay not to be leashed as long as the dog is under the control of its owner, e.g., via verbal commands. I think a fair policy would be to lead with the latter, and if the verbal commands in the eyes of the driver are ineffective, to require leashing, etc. Service or emotional support animals are not required to be certified.

We have two wheelchair users that require a 36" lift, but the transit buses lifts are only 33 inch wide. It is also very difficult to restrain some motorized wheelchairs with strap holders.

The ADA stipulates that lifts must be 30" wide by 48" long and able to accommodate a combined weight of 600 lbs. Lifts that are wider/larger, while not required, can obviously accommodate a wider variety of wheelchairs. The example of the above falls into the realm of reasonable accommodations. Some transit agencies have responded to this request by obtaining vehicles that can accommodate over-sized wheelchairs. Other transit agencies have responded to such requests by retaining a private provider (such as an NEMT provider) with a vehicle that can serve trips that involve oversized wheelchairs. Note that an agency should attempt to accommodate any wheelchair which its vehicles can physically accommodate, consistent with legitimate safety concerns. For instance, if a wheelchair is of a size that it would interfere with the safe evacuation of a vehicle in an emergency situation, it would be appropriate to decline transport of the particular mobility device.

I understand the [regulations/guidance] protects and assists with client rights but why can't they protect transportation drivers?

For most transit agencies, the safety of their riders and their drivers is equally paramount. While there is no law that specifically address the civil rights of vehicle operators while in that role, practices that maximize the safety of the drivers are the province of the transit agency and/or their contractors, and often included in labor agreements and service provider contracts. One important concept to keep in mind is that the ADA is a piece of civil rights legislation, meaning that its objective is to ensure the equal treatment of people with and without disabilities. It is not a safety regulation. There are thus aspects of the ADA that may seem counterintuitive or unsafe, but the purpose is, again, equal treatment rather than safety.

How do we respond to a parent with a child who uses a mobility device and who wants their child to sit in their own seat? But what if they fall? Then we are liable/responsible for that client

FTA guidance states that transit agencies can require an individual using a mobility device, other than a wheelchair, to transfer to seat. Transit agencies cannot require a person using a wheelchair to transfer to a seat. Otherwise, a driver cannot direct a customer to sit in a particular seat.

Some riders with disabilities have very bad body odor and/or their mobility aids are filthy. How do you address this without imposing on their ADA rights?

Under the ADA, a person with a disability can be refused service if the individual engages in violent, seriously disruptive, or illegal conduct, or is a safety threat. "Seriously disruptive" is a very high bar, and effectively means conduct so disruptive as to disrupt operations. Poor hygiene does not meet this bar and a rider cannot be refused service because of poor hygiene. Behaviors that merely offend or annoy do not meet this standard.

What should I do when a caller tells me that a transportation provider is refusing to serve them?

While access to a public and private transportation is a civil right for customers with disabilities under the ADA, there are circumstances where a particular trip cannot be accommodated by a transit agency or its service provider contractor, as discussed above under Service Equivalence and ADA Paratransit.

What if an NEMT provider refuses to transport an individual because the new driver said her mobility device is too hard to secure, or because they have drivers who are allergic to dogs?

If the NEMT provider is under contract to the transit agency, the provider may be in violation of the contract. In this case, the transit agency must insist that the provider properly train its drivers to secure mobility devices and have drivers who are not allergic to dogs to provide service or be in default of the contract. If the transit agency has no connection to the NEMT provider, I would suggest the individual contact the Office of Civil Rights as both would appear to be violations of the ADA.

What is a good way to help people in the community find options besides transit?

In this era where many transit agencies have become mobility managers, transit agencies and/or their partners have provided a call line and in some cases Mobility as a Service (MaaS) software that utilize a database of public and private transportation resources in the area and that can be consulted to provide alternative solutions for a particular trip made by a particular person. In many cases these services/systems are hosted by transit agency staff, regional planning staff or 211 contractor staff (in many regions, the United Way). The various ways that this can be accomplished – from very low-tech approaches to one call/one-click systems is documented in NCHRP Report 832, *State DOTs Connecting Specialized Transportation Users and Rides*, Volume 1 and 2. (Volume 2 provides a Toolkit on how to implement a MaaS service/system.) Don't let the title fool you, the report is for counties and regions too, and not just State DOTs.

What is good complaint process for when a person with a disability is denied? We have been holding focus groups at Metropolitan Housing and learned the struggles related to individuals being denied by our own transit system.

For ADA paratransit eligibility, transit agencies must have an appeals process where a person or committee (not involving the person making the initial decision) is provided a chance to review the decision. This usually involves the initial decision to outright deny ADA paratransit eligibility or the conditions associated with the granting of conditional eligibility. This also applies to any suspensions that were issued because of disruptive behavior or a significant number of no-shows/late cancellations.

With respect to a complaint about an eligibility denial, the individual appealing must submit an intent to appeal in writing, and it must be filed within 60 days of the notification of the eligibility determination.

There is no established time frame for appeals related to conduct or no-show suspensions - those can be established at the discretion of the agency. If the appeal committee upholds the initial decision, the individual can always appeal to FTA Office of Civil Rights as well as a local Center for Independent Living or even submit a lawsuit.⁴ Note that the Office of Civil Rights' website specifies that complaints must be filed within 180 days of the alleged discrimination.

In other words, a complainant can always go over the agency's head and complain directly to FTA for this period of time (either for an original complaint if outside of the agency's complaint window or relating to a complaint determination appeal. TCRP Synthesis 133, Administration of ADA Paratransit Eligibility Appeal Programs 2018,⁵ is also a good resource.

For individual trip denials, it is important that all denials should be tracked, as discussed above, and that complaints regarding denials also be tracked – and correlated to the denials being tracked – as experience has shown that all denials are not tracked well. For example, a best practice is to have the intake of denials and complaints not be the responsibility of the department or contractor who provides the service because there is an inherent conflict of interest. All ADA complaints (including complaints regarding denials) must be retained for one year and a summary of all ADA complaints must be retained for five years.

As mentioned above, the importance of tracking ADA paratransit denials is linked to the existence of capacity constraints; transit agencies should be vigilant about this possibility and the easiest way to point to a possible capacity constraint is to properly collect denials as previously discussed, so that transit agency or contractor can shift resources to areas or at times where the problem exists.

Is WCAG 2.1 AA equivalent to the ADA accessibility standard. What is compliance? And how do we ensure that our website can really be used by people with disability? What are the expectations around user testing? How do you certify compliance?

The most common standards for website accessibility are (1) WCAG ([Web Content Accessibility Guidelines](#)) which is a compilation of accessibility guidelines for websites, (2) Section 508, which is a federal law, and (3) the [ADA](#) requirements based on civil rights law. The key difference between WCAG, Section 508, and ADA lies in how they prioritize different aspects of web operations vis-à-vis compliance toward a more accessible digital space. In some cases, the WCAG has more stringent standards, in some others, it could be Section 508 or the ADA. Broad differences that set them apart are discussed below:⁶

- WCAG is a set of formal guidelines for developing accessible digital content. The primary focus of these guidelines is on [HTML accessibility](#). Although the outlook of these guidelines is nearly

⁴ <https://dredf.org/wp-content/uploads/2018/01/paratransit-elig.pdf>

⁵ <https://www.trb.org/Publications/Blurbs/177398.aspx>

⁶ itaboo.com/wcag-section-508-ada-accessibility-difference/

identical to the standards set forth in Section 508, WCAG represents a universal approach towards inclusiveness and a higher degree of access.

- Section 508 is a part of the Rehabilitation Act, and hence, a federal law. Section 508 of the Act mandates that federal agencies acquire, develop, use and maintain electronics, communications, and information technology, which can be easily accessed by people with disabilities. As per the law, any technology is considered to be accessible if people with disabilities can use it with the same effectiveness and ease as people without. The purview of Section 508 revolves around incorporating digital accessibility in government websites, online activities, or information and communication technology in any form so that uniform access can be granted to all federal employees and the general public.
- The ADA focuses on ensuring the same level of access to the disabled as their able-bodied counterparts, and to that effect, it has guidelines in place for state governments, local governments, non-profit organizations, businesses, ICT, digital media and websites.

WCAG comprises a set of standards curated by the [World Wide Web Consortium](#) to give website owners as well as companies actionable guidelines for creating a digital world accessible to people with disabilities. My experience has been that most transit agencies are now using WCAG 2.1 Level AA guidelines as a reasonable standard for the development or refinement of their website and apps. See also [WCAG 2.1 Compliance](#). Its three tiers of compliance:

- **Level A:** This covers the most basic accessibility features for the web. The inclusion of these features is a must to accord accessibility to people with different types of disabilities.
- **Level AA:** This is an extension of the basic accessibility features that deal with identifying the most common and biggest hurdles in accessibility for the disabled. Compliance with checkpoints can help remove a significant number of barriers in accessing the information on the web.
- **Level AAA:** This is the top-most tier of web accessibility that seeks to remove all hurdles in web accessibility for the disabled. Websites can choose whether or not to implement this checkpoint.

A more detailed description of the three levels is found [here](#).

Since the WCAG is not a regulatory or statutory body, there is no need to have a compliance plan for it. However, its guidelines for different tiers can serve as a cornerstone for compliance with Section 508 or the ADA. Besides, anyone committed to ensuring digital accessibility on their platforms must adhere to these guidelines.

There is no one organization that issues a universally-accepted certification that would be accepted by the courts, for example. Adherence to the guidelines is generally accomplished by retaining an agency or auditor's services (with WCAG specialists) to thoroughly test your website or app against the WCAG standards. Once audited, you would need to remediate your website or app based on the agency/auditor's recommendations, followed by a "re-audit". If the modifications meet the

agency/auditor's approval, the agency/auditor would then issue a statement of conformance. You can also issue a statement that your website has been deemed to be WCAG compliant and to what level.

Otherwise, it's a good idea to have one or more customers with a visual impairments test driver the site or app to see if it is accessible for them and if the information is organized well.

We recently signed on a senior, blind client. She called me last week angrily stating that she was discriminated against by my organization. All of our clients when scheduling a ride can either call our main line, following the prompts to get to our scheduling department, or they can email in their request for a ride. These were her options as well. She stated that the prompts went too quickly and she couldn't follow them fast enough. When I offered the email option, she stated that because she uses talk-to-text and speaks quickly with a French accent that the translations are often faulty. I then offered her the direct line to both schedulers, but because they were "always" busy with other customers, that she would need to leave a message and they would call back, adding that she was unhappy that she would need to leave a message in such incidences. What else can we do to accommodate this client?

I think you did all the right things. Perhaps a solution might involve a feature on your direct line where (1) the customer wouldn't automatically be directed to leave a message and instead could choose to wait in the queue, and where (2) the hold time was estimated. However, long hold times might be a symptom of being understaffed in your scheduling department (and a possible capacity constraint as discussed previously). Another reasonable-accommodation solution might be to offer a French to English relay service to help with an email request.

What do you do when an individual with a walker doesn't want to move from a fold down seat in order to load and secure a wheelchair?

A good policy for when the individual (with the walker) first boards is to suggest that the individual sit in another (permanent) seat because the wheelchair position will be needed for another passenger. Otherwise, the rider on the wheelchair will not be able to get where he/she needs to go. My recommendation would be appeal to the individual on the grounds of common courtesy. If the individual does choose not to be cooperative, this behavior could be construed as disruptive and may be subject to suspension. Also, if such language is not already in your rider guide, you may want to add something like "At the direction of the driver and in consideration that ADA paratransit is a shared-ride service, riders may be required to not sit in certain fold-down seats to permit the transportation of other riders (yet to board) requiring wheelchair (or mobility device) securement."

I'm a Mobility Manager, getting people where they want/need to go. The struggle is with how to focus our local government and local agency decision makers on filling the ADA access gaps (i.e., holes in complete accessibility after they have completed their various compliance reports, Any strategies for this?

Yes! First, if you are referring to the unserved areas or times (not served by fixed route service and hence ADA paratransit as well, there is likely an unmet demand for public transportation in these areas and times when the demand density is lower. Many transit agencies have accommodated that unmet demand by implementing (1) flex transit (either route deviation or checkpoint deviation) where the demand density isn't quite what it needs to be for traditional fixed-route service and where the demand is dispersed; or (2) rural dial-a-ride – often requiring an advance reservation -- where the demand density is even lower.

Where it is particularly dispersed in very large regions, demand can be funneled (to make the service more productive) by serving certain areas on certain days. A variation of rural dial-a-ride that would impact your ADA paratransit customers is to extend the service area of your ADA paratransit service to a broader area and perhaps a broader service span, i.e., beyond what is minimally required by the ADA. Both are examples of “premium” service and remembering that the six criteria pertinent to ADA paratransit (see above) do not apply.

And speaking of gaps, you can also introduce same-day if not on-demand service for your ADA paratransit customers by introducing an “alternative service” (if there are taxis, TNCs, or other non-dedicated service providers in the area willing to participate – noting that in some areas, the municipal regulations require them to participate in such programs). Note that many transit agencies allow same-day reservations for their ADA paratransit services but only on a space available basis. i.e., it cannot be guaranteed. [A very few have tried providing same-day ADA paratransit service as a premium service but found that the overwhelming demand skyrocketed beyond the budget available and these were discontinued or scaled back to a “space-available” policy .

Other transit agencies have implemented microtransit as an on-demand shared-ride service available to the general public including persons with disabilities, and remembering that microtransit, as a DRT service, must meet service equivalence requirements under the ADA as discussed previously. Indeed, some transit agencies have combined their ADA paratransit service with their microtransit (using the same set of vehicles/drivers and technology), such as in Summit County, UT (outside of Park City) where High Valley Transit found that many ADA customers made same-day if not on-demand trips as members of the general public, and made ADA paratransit requests when they really needed to ensure that a particular trip would be served at a particular time and where the reservation could be made in advance.

Another take on this, which the RTD in Denver did for years, was utilizing its microtransit vehicles as a resource for its ADA paratransit service's dispatchers. Unlike High Valley Transit, the RTD uses two separate software packages to support its ADA paratransit service and its microtransit services (implemented in several zones throughout the region). By building a bridge between the two

technologies, ADA paratransit dispatchers could see whether it was possible to re-assign an ADA paratransit trip to a microtransit vehicle.

Key to both strategies is that the microtransit service be operated by drivers who are “ADA-paratransit certified”, a short-hand term I often use meaning that drivers have to be trained to proficiency and drug and alcohol tested.

Lastly, and harkening back to ADA paratransit and really denials of any DRT service, as well as times when a MaaS service (discussed previously) cannot come up with a solution for a particular trip. This is really valuable data! This is because this data can evidence (to the local decision makers) the extent of the unmet demand. So, yes, the no-solution events represent a “failure” to meet a customer’s mobility need in general, or even more importantly, his/her need to access a particular destination at a particular day and time, but the data also provides hard evidence that can justify and lead to an expansion of service.

Here's what I'd like the Federal legislators to know/learn. It may be time for an ADA reboot. Technology is never available or anticipated (outside of Buck Rodgers) or doesn't exist. If congress doesn't allow for expanded service alternatives (while still providing paratransit) as the 'safety net' and insists on all services be accessible to all customers, all the time, fewer customers will continue to have limited access to the services offered in the marketplace. Solution: Either insist that all transit services in the marketplace be fully accessible to all customers all the time or be more open to services which expand access to most people (such as TNCs) where paratransit alternatives exist. Using TNCs (through the taxi exception) to provide service increases the speed of access to transit. Optional service programs should require same employee pre-screening, drug testing, etc. as the public transit employee, even when just a part of an optional marketplace solution.

Thanks for your thoughts! I'm not sure there is question there, but here are some related thoughts. First, you mention the FTA's **Taxi Exception**. For those of you who do not know what that is, FTA requirements for drug and alcohol testing apply to most services but there's a notable exception, and it applies to on-demand services (general public or a more specialized group, such as with alternative services) where the rider is contacting taxis or TNCs directly for their subsidized trips (or even whether there is a "middleman" such as in cases where a ride calls the transit agency call center and the transit agency forwards the request onto the customer-preferred service provider. If there's only one service provider to call or choose, then there is no choice. And in this case, FTA drug and alcohol testing requirements do apply, But if riders do in fact have a choice for every trip, then the transit agency does not need to require drug and alcohol testing of the service provider's drivers. This policy is called The Taxi Exception, noting that it also applies to TNCs. Not also that FTA has specifically said that Taxi Exception does not apply to services where a rider gets to choose one provider over another for a period of time, i.e. the choice has to be available for each trip. Interesting the survey that was conducted for TCRP Report 239, The provision of Alternative Services by Transit Agencies⁷ unveiled some interesting findings:

- Half of the survey respondents reported that alternative service drivers met federal D&A testing requirements
- Many of the survey respondents were unsure about FTA's Taxi Exception
- Many participating taxi companies already met D&A testing requirement as a result of municipal regulations
- Most TNCs do not provide specialized training to their drivers; nor do they D&A test their drivers
- Some "adaptive" TNCs (such as UZURV) do have drivers who are trained to proficiency and drug and alcohol tested (and hence can be used to provided ADA paratransit trips

⁷ <https://www.trb.org/Publications/Blurbs/182904.aspx>

So, back to your general point, other than ADA paratransit (where/when fixed route service is provided) there are no regulations that dictate to a transit agency how much and what kind of service(s) a transit agency provides. So, in a way, these decisions are left up to the transit agencies themselves and local decision makers, and I personally believe this make sense. Now, the good news is that, with the new technologies available, many transit agencies are now offering on-demand service of the general public (which include shared-ride microtransit and other on-demand services that are designed to accommodate exclusive rides, as well as alternative services, referred to above, which offer an on-demand alternative to ADA paratransit customers. In addition, several transit agencies have user-side subsidy programs for selected subsets of the population such as seniors and persons with disabilities, where eligible riders are sold vouchers at a discount or are given reloadable fare (account) cards to which the transit agency contributes and then arrange their rides with the participating service provider of choice using the vouchers or fare cards to pay the going fare.

Many of these programs use taxis and/or TNCs, with the transit agencies invoking the Taxi Exception. And some of these programs are available to 24/7.

What are some innovative ADA solutions that I can write about for the NCMM blog. Any places/programs/collaborations that I should highlight that are exhibiting best practices that others can learn from?

Other than the consolidation/coordination of ADA paratransit and microtransit services (discussed above), a few other come to mind:

1. Opt-in Programs - Speaking of TNCs, and this pertains primarily to locations where TNCs are already embedded in the community, a handful of transit agencies have implemented “**opt-in**” programs to expand the overflow resources available for ADA paratransit schedulers and dispatchers. The use of non-dedicated overflow providers has long been a proven strategy for paratransit operators as a productive way to serve (1) trips that cannot be served by the dedicated paratransit fleet (for example, at peak times), as well as (2) trips that adversely impact the productivity of the dedicated fleet such will-call trips, re-emerging no-show trips, long/out-of-the-way trips, and (3) future trips on a late-running vehicle that can be re-assigned to an overflow provider to get the dedicated vehicle back on schedule. Now, up until recently, requests coming in to a transit agency for ADA paratransit service needed to be served by an operator whose drivers are “ADA paratransit certified,” as discussed above. With these opt-in programs, an ADA paratransit customer, by signing the opt-in agreement, is allowing the transit agency to , in effect, convert the ADA paratransit trip request to a non-ADA paratransit request and assign it to a TNC, taxi or other non-dedicated service provider (under contract to the transit agency) whose drivers are not “ADA-paratransit certified.” Hence, the decision to schedule the trip onto the ADA paratransit dedicated fleet or assign it to TNC (for example) is up to the transit agency’s (or paratransit contractor’s) schedulers and dispatchers. For most of these programs, the customer pays the same ADA paratransit fare, noting that in some cases, it’s a free fare. And for any given trip, a customer may opt-out, by basically telling the reservation agent that the customers wants this trip to be served on the ADA

paratransit service. This innovative strategy is a win for the customer who may get a direct trip in a (more) comfortable vehicle, while the transit agency is able to serve the trip for less. Moreover, such a program can also mean an improvement to on-time performance for the dedicated fleet.

2. Twin Cities' Metro Move - Many of you will remember the presentation that Sheila Holbrook-White made at the Mobility Management Forum, where she talked about launching Metro Move in the Twin Cities area that involves "waiver transportation." Under the Metropolitan Council (Met Council), the Metropolitan Transportation Services provides an ADA paratransit service, called Metro Mobility, through two contractors operating in different zones. This service covers Minneapolis and St. Paul, parts of the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, and Washington. Metro Mobility staff, in recognition that approximately 16% of its ADA paratransit trips were taken by customers with intellectual and developmental disabilities (I/DD) to day programs and competitive employment, have explored different ways to provide service to these ADA paratransit customers, as some trips taken on Metro Mobility can be late, which can adversely impact an individual's day program experience or being able to hold a job. At the same time, these trips were consuming a significant amount of the service's capacity at key times.

In 2013, the Met Council, initiated a new premium service using the Metro Mobility service platform. The idea behind the service was to highly tailor the subscription trips that waiver recipients were taking to day programs on Metro Mobility. The tailoring involved scheduling the subscription trips so that an individual would be served by the same driver for each day of the week that the trip was being taken and that the scheduling would be done to ensure an on-time arrival at the program, and an on-time departure from the day program in the afternoon. A key partner in the scheduling was the Metro Mobility service provider contractors. At its height (pre-COVID), approximately 600,000 waiver trips were being served in this fashion.

In 2019, Metropolitan Transportation Services launched a pilot program with a day program provider, Lifeworks, which operated none of the largest day program facilities within Metro Mobility's service area. Under this contract, the Council subsidized the expenses of three buses with Lifeworks scheduling the trips and operating and maintaining the vehicles. Specifically, Lifeworks was reimbursed for expenses based on the number of Metro Mobility ADA certified riders transported each month, noting that they could use the vehicles for transporting other day program participants as well, i.e., who were not ADA paratransit certified. The fare paid by the riders was equivalent to the Metro Mobility fare (\$4.50 during peak hours and \$3.50 during non-peak hours), noting that most of the trips taken were during non-peak hours.

One of the benefits of this program was to "transfer" the growing need for drivers and vehicles from Metro Mobility to Lifeworks. In addition, it was perceived that Lifeworks could be more agile in meeting the changing needs of clients that have been integrated into community employment and backfill any day program rides that Metro Mobility would not be able to accommodate because they were outside the ADA paratransit service area. However, at the same time, the metro area covered by the Met Council included 61 additional day program providers located outside of Metro Mobility's service area. This pilot had mixed success however because the Lifeworks also was experiencing driver and DSP shortages and so the enticement of getting a vehicle was limited.

In 2023, Metropolitan Transportation Services decided to not continue the pilot, and instead has created a new program called **Metro Move**, designed to provide high quality, predictable connections to covered service for waiver participants. In short, the new program’s mission was to connect the targeted population to the lives they desire in the communities they call home. The Met Council is viewing Metro Move as the successor to the premium subscription service program described above.

The concept of this new program is to shift the waiver-eligible trips from the Metro Mobility service platform to a service that is operated by a separate service provider contractor, noting the RFP to procure such a contractor is about to be released. The County DHS agency (lead agency) will serve as the intake entity who will be responsible for pre-authorizing the waiver client and trips, based on the individual’s support plan and where the waiver services rate do not include transportation. That authorization is then forwarded to the Met Council’s Metro Move staff who will then work with the service provider contractor to schedule the trip. Subsequent minor changes to a person’s schedule (such as a cancellation on a day when the trip will not be taken) will be called into to the operations contractor. More major changes must go through Metro Move to ensure that the changes are consistent with the individual’s support plan.

Under the Metro Move program, eligible trips include non-medical waiver trips to/from (1) day programs, (2) competitive employment (noting that Minnesota has embraced an “Employment First” policy as a preferred alternative to day programs where possible, and (3) community resources and service, such as volunteerism or places where social competency can be enhanced. Also, these waiver trips can be taken within the entire Transit Taxi district, and so trips can be taken to beyond the federally-required ADA paratransit service area, therein tying in trips to/from the other “unserved” 61 day programs in the area.

In the first year of the program, Metro Move is going to limit trips to subscription trips/standing orders, In the second year, the plan is to migrate to an on-demand service that would also accommodate non-subscription trips.

Another important distinction in comparing the preceding program and Metro Move is that the trips taken on Metro Move are not considered to be ADA paratransit trips, and the riders do not pay a fare. Another major distinction is that the Met Council enrolled as a fee-for-service provider for Minnesota Health Care Programs (MHCP) which is under the Minnesota Department of Human Services) and which oversee the Medical Assistance program. MHCP has been instrumental in helping the Met Council develop the Metro Move program. Hence, MTS, as an enrolled provider, will bill MCHP for each eligible trip provided to a waiver participant to/from a covered service.

MCHP will use both state funds and federal funds to pay for these services. From the Met Council’s perspective, this provides access to federal (Medicaid) funds that were previously unattainable. Under this program, the estimated to cost an average of \$28/trip, by funding source is as follows:

State sources:

State General Fund Contribution \$4

Department of Human Service (State share) \$10

Federal Sources:

Department of Human Services (Federal Share) \$10

FTA Section 5307 urban transportation funding \$4

Total \$28

Sheila reported that enrolling as a fee-for-service provider was key to this strategy. She also mentioned that the Met Council may in the future look into the possibility of becoming an MCO provider.

3. Las Vegas' RTC as an NEMT Provider – Many of you may already be an NEMT provider under contract to a state or MCO NEMT broker. The Regional Transportation Commission of Southern Nevada (RTC/NV or RTC), the public transit agency that serves the Las Vegas metro area, has entered into a unique arrangement with the Nevada Department of Health and Human Services (DHHS) that oversees Medicaid. In this arrangement, the RTC allows MTM, DHHS' sole statewide transportation broker, to enter and schedule dually-eligible (ADA/NEMT) trips directly into the RTC's paratransit scheduling/dispatching system (Trapeze Pass). All scheduling is done within the normal paratransit parameters. MTM is not allowed to leave trips unscheduled. If Trapeze does not provide a suitable solution for MTM, MTM must use an alternate service provider. A unique wrinkle about these trips: RTCNV invoices DHHS directly for these trips and not MTM. The negotiated per-trip reimbursement rate can range roughly between 40% and 60% of the RTC per-trip cost of a paratransit trip; hence, DHHS and RTC are essentially splitting the cost. In 2022, RTC provided more than 270,000 such trips, down from almost double this ridership level pre-COVID.

What are the shortcomings or potential pitfalls to watch out for in merging ADA paratransit and microtransit?

A great and timely question! I can tell you that the TCRP program has recently decided to fund that very topic, so as an industry, we will know much more about this when the research actually gets done and published, which should be in the fall of 2024. In the meantime, here are some excerpts for the problem statement that was submitted to the TCRP program on the topic.

Can on-demand microtransit service successfully accommodate Americans with Disabilities Act (ADA) and human service paratransit rides while achieving productivity and service quality performance targets? Microtransit offers another premium option for ADA paratransit riders beyond the DOT requirements. Many ADA paratransit services divert rides that don't fit into vehicle itineraries to taxis and on-demand services and allow riders, at a higher fare, to book their rides same-day with participating on-demand providers.

On-demand microtransit services are becoming prominent across the U.S. Several transit agencies are exploring the potential of integrating/consolidating ADA paratransit rides and sometimes human service rides with microtransit service. They are motivated by potential cost and service efficiencies derived from that integration, as well as the potential for better performance outcomes for riders (e.g., on-time performance, on-demand reservation options, service to a wider swath of the population, etc.). Different passenger groups have been commingled in the same demand response vehicles prior to the arrival of transportation network companies (TNCs) and microtransit technologies. However, commingling on microtransit is still relatively new. The quantitative and qualitative results of using microtransit to accommodate ADA clients are as yet unknown.

Several factors from an operations perspective are relevant to commingling ADA paratransit and microtransit services. Typical microtransit service designs will group trips to calculate the most efficient routing in real time, as new trips are requested and paired with vehicles, whereas typically ADA paratransit rides are reserved and scheduled in advance. Some microtransit services also require customers to walk from their current location to meet the vehicle at a nearby point. Most ADA customers require curb-to-curb or door-to-door service, making microtransit difficult or impossible for some individuals to ride. Dwell times will differ for ADA versus general public/other trips as people with disabilities tend to take longer to board and alight and require assistance while doing so. Some ADA riders are clients of human service agencies and tend to ride with fellow clients to/from congregate sites such as senior centers in established groups, whereas microtransit services may not accommodate group bookings. The microtransit database would have to include data for ADA customers regarding emergency contacts, whether a personal care attendant or companion will ride with the person, and whether extra notification time is required of the vehicle arrival as compared to general public riders.

While transit agencies can educate/train ADA paratransit customers with travel training and customer education efforts, microtransit service designs must be nimble enough to help customers that need additional assistance to use the service. Some ADA paratransit riders can transfer at transit hubs, while others need a one-seat ride. For those who can't transfer, microtransit would suffice only if the destination is within the microtransit service zone. While some microtransit systems only serve one destination (usually a transit hub) and shorter distances, ADA customers also need to travel to/from grocery stores, pharmacies, medical centers, government offices, senior centers, adult day health centers, dialysis treatment sites, and other destinations. As over a fifth of ADA rides are taken by wheelchair/scooter users, the microtransit system may require a higher proportion of wheelchair accessible vehicles (WAVs) to avoid discriminatory wait times. Some microtransit operations are provided under contract without uniformly wheelchair-accessible fleets. Compliance with ADA complementary paratransit requirements may come into question for these service integrations; for example, microtransit service areas may differ from the minimum three-quarters of a mile around a fixed route that ADA paratransit serves. Finally, microtransit offers booking when the ride is needed (on demand) via smartphone, though services usually have a call-center backup for the rider, as some customers need that call-in option. However, some ADA riders rely on regularly-scheduled standing order rides, which entail advanced reservations that microtransit normally doesn't accommodate.

Several microtransit operations and technology platforms efficiently integrate general public, ADA, and/or human service riders—especially Non-Emergency Medical Transportation (NEMT) riders. Shared resources including vehicles, cross-trained dispatchers, drivers, and schedulers are deployed to provide all these rides; this strategy has reduced the cost of each provided ride. High Valley Transit in Summit County, UT, Golden Empire Transit District in Bakersfield CA, StarTrans in Lincoln NE, and Citibus in Lubbock TX are examples of transit agencies that are commingling riders with microtransit technology platforms. Other microtransit sites share resources without having ADA paratransit, general public, and NEMT riders on the same vehicle simultaneously.

A funded synthesis on this topic would help transit agencies understand the impacts of commingling for ADA paratransit customers, including effectiveness of customer incentives, net fare and cost differences, comparative trip lengths, changes in vehicle and labor resources, and need for additional training and policies regarding special accommodations including passenger assistance and notifications. Some ADA riders can meet their mobility needs, at least for some of their trips, on microtransit. Defining which ADA trips are appropriate for microtransit is key to successful integration. Research is also needed on the relationship between paratransit regulations and microtransit, including when complementary paratransit is federally required and using microtransit in lieu of ADA paratransit service. As commingling and other integrations into on-demand microtransit become more prevalent in the transit industry, an understanding of the state of the practice is critical. The transit industry needs an objective resource when considering these service designs. This synthesis would create a road map for transit systems considering this strategy of commingling microtransit and ADA paratransit.

What do you recommend for an ADA Paratransit Certification Program?

A good resource is FTA Circular 4710.1, ADA Guidance, Chapter 9, ADA Paratransit Eligibility. Sections in this chapter include:

- Eligibility Standards
- Types of Eligibility
- Eligibility Determination Process
- Eligibility Decisions
- Recertification
- Appeals Process
- Persona Care Attendants and Companions
- Service for Visitors
- Access to Information
- Other Process Considerations

Also, while TCRP Synthesis 30, ADA Paratransit Eligibility Certification Practices, was published way back in 1998⁸, it is still an excellent resource for the different ways that transit agencies undertake ADA paratransit certification.

I'm curious about the commuter bus exclusion. Can you speak to the history of that? Why is there no complementary paratransit requirement and has there ever been any efforts to change that?

I actually consulted Richard DeRock, about to retire as GM of Wenatchee Transit this month, and the former Executive Director of Access Services (the multi-jurisdictional ADA paratransit service in Los Angeles County), as he was part of the original working group that helped develop the ADA paratransit regs. Here's how it happened. The ¾-mile bus route came first, as the focus of the working group was to make the local/regional transit systems -- as systems -- more accessible, and remembering that in 1991, there were only around 200 accessible buses in the US. Once the ¾ mile route corridor requirement was agreed upon, there was push back about transit agencies providing commuter rail; the consensus of the

⁸ <https://www.trb.org/Publications/Blurbs/153665.aspx>

working group was that an organization like BART in the San Francisco Bay should have some ADA paratransit obligation as well, and that led to the ¼ mile circle requirement around the rail stations. Interestingly, it was then suggested that it would be more consistent to go with ¾ mile circles around local bus stops, instead of the ¾-mile route corridors, but this suggestion was rejected by the working group who did not want to budge from the ¾-mile route corridor obligation. But after the rail station obligation, there was discussion on whether or not to obligate transit agencies (and other entities) that were providing commuter bus service. In the discussion, Richard brought up the example of Antelope Valley Transit Authority, which was running a two-hour, 80-mile long commuter bus route into downtown LA and to LAX. The group thought it unfair to obligate AVTA to operate (or fund) ADA paratransit in downtown Los Angeles and around LAX, (and to making 80-mile long paratransit trips) and worse, that that obligation would likely lead to AVTA discontinuing that commuter bus route. So, basically, it was the long-distance characteristics of the commuter bus routes, not to mention the sporadic stops and peak-hour characteristics which made an ADA paratransit obligation impractical. To my knowledge, and because of this logic, there has been no discussions to reverse the exclusion.

Where is the funding to increase accessibility to fixed route bus stops?

On the federal end, FTA §5339, Grants for buses and bus facilities, can be used to make bus stops more accessible, as can FTA §5307 (urban transit) and FTA §5311 (rural transit) funding.

We experience a high amount of requests for residential wheelchair ramps. We are able to secure funding for materials but experience difficulty for install/labor cost. Our public transit system is demand-response, curb-to-curb, so we are at the front door of these locations. Resolutions from others?

For home modifications, such as installing wheelchair ramps, funds may be available through vocational rehabilitation agencies, local independent living centers, and local volunteer organizations that offer labor or materials for construction. To find contact information for your local center for independent living visit <https://www.ilru.org/>.

Here in Texas, The Texas Ramp Project is a 501(c)(3) nonprofit has been providing free wheelchair ramps to low-income older adults and people with disabilities identified by local health care providers since 2001. Ramps are built exclusively with volunteer labor, keeping costs to a minimum. Ramps are built without regard to race, religion, ethnicity, age or gender. To date, the Texas Ramp project has built – with all volunteer labor – over 24,000 residential wheelchair ramps

Veterans with disabilities may receive assistance for improvements necessary to make a home more accessible under the Home Improvements and Structural Alterations (HISA) program. A HISA grant from the U.S. Department of Veterans Affairs is available to Veterans who have received a medical

determination indicating that improvements and structural alterations are necessary or appropriate for the effective treatment of his/her disability. The HISA program is available for both service-connected Veterans and non-service-connected Veterans. Home improvement benefits up to \$6,800 may be provided for a (1) service-connected condition; and (2) a non-service-connected condition of a Veteran rated 50 percent or more service-connected. Home improvement benefits up to \$2,000 may be provided to all other Veterans registered in the VA health care system. The prosthetics department of the VA may also donate lifting equipment such as chairlifts or vertical porch lifts. To learn more about the program, visit <http://www.prosthetics.va.gov/HISA2.asp>.

Nadtc website has library of people with disabilities photos put one on front page

