

**FPTA POSITION STATEMENT
ON
MEDICAID/ADA ISSUE
December 6, 2006**

The **Florida Public Transportation Association** appreciates this opportunity to provide our position on the proposals by some local CTC's to turn over Medicaid trips to local transit systems' ADA service. Our position reflects, and is indebted to, earlier correspondence on this issue from Mr. Ken Fischer of Votran and Lee County Transit. FPTA's position, like theirs, is this would be an inappropriate, counter-productive, and perhaps, unlawful action.

A CTC cannot simply make Medicaid and TD trips the responsibility of the transit system even if an individual resides within a $\frac{3}{4}$ -mile corridor of a bus route. The basic qualifications for ADA paratransit service are an individual is disabled and functionally unable to utilize the regular bus service. Curb-to-curb paratransit service is then provided within a $\frac{3}{4}$ -mile corridor of a regular bus route during the same times and days of the week as regular bus service.

However, eligibility for Medicaid is based on income and lack of available transportation. Service is to be provided 24 hours a day, 7 days a week. Refusing to provide CTC service for Medicaid recipients based solely on residency within a $\frac{3}{4}$ -mile corridor of a bus route could result in the denial of service for the following types of trips.

1. Ambulatory (no disability)
2. Disabled but functionally able to use regular bus service
3. Door through door service
4. Non-emergency stretcher
5. Out of area
6. Service after regular bus hours
7. Out of corridor
8. Same-day urgent care

Eligibility for TD is based on disability, income, elderly, and children at risk that do not have access to transportation. Service is to be provided throughout the county with hours and days of operation to be determined by the CTC. Refusing to provide CTC service for TD eligible individuals based on residency within a $\frac{3}{4}$ -mile corridor of a bus route could result in denial of service for the following types of trips.

1. Ambulatory (no disability)
2. Disabled but functionally able to use regular bus service
3. Door through door service
4. Out of corridor
5. Children at risk

In summary, ADA, Medicaid and TD, while similar in nature, have distinct eligibility requirements and levels of service. A CTC would not be compliant with the Commission agreements if it is sending all Medicaid and TD clients that live within a ¾-mile corridor to the transit system.

In addition, funding for both Medicaid and TD is predicated upon the number of eligible citizens within the entire county and not on those eligible outside the ¾-mile corridor of a bus route. While these funding formulas may not provide the necessary funding needed, the intent is clear that funding should be utilized throughout the county and not be limited to a specified portion of the county.

AHCA's policies are promoting a cost shift to the local level of government. In this case, the shift is to the ADA service funded by local governments. Should the Commission endorse/condone/allow such actions, they can expect the next cost shift to be to the TD Program. We would encourage the Commission to go on record to strongly discourage such shifts and focus on Medicaid adequately funding their non-emergency transportation program.

We would remind the Commission that the transit systems have supported the distribution of 15% of the funds designated for the public transit block grant program into the TD Trust Fund. This was done to assist with the provision of CTC services throughout the State. Medicaid to ADA shifts may cause some transit systems to revisit the support for this provision.

Should the above shift in trips take place the financial burden on our fixed route systems would be considerable. This would almost certainly necessitate our systems to consider severe cost saving measures. Among these could be:

- *Curb-to-curb instead of door-to-door service, thereby requiring agency staff and family members to have and bring clients to the curb.*
- *Provide service to agencies within the one hour before or after the requested time window (not guaranteed times)- a situation not appealing for an agency site that would need to meet its clients at the curb.*
- *Enforce reservations no more than two weeks in advance (subscription service is not required).*
- *Charge agencies for agency trips as allowed; individual clients must pay for their own fare; and impose an additional "premium" fare on top of the regular fare box for service above the minimum required ADA service.*
- *Potentially, could force transit agencies to investigate the possibility of converting selected route-to-route deviation service, under which complementary ADA service is not required under ADA. This would force Medicaid and other agency clients along these routes to find their own transportation.*

We hope that the Commission, local CTC's, and the Agency for Health Care Administration will come to understand the negative consequences that the precipitous shifting of Medicaid transportation can have for local transit systems, other than in our very successful fixed route and bus pass programs.

FPTA appreciates the opportunity to present our position on this important matter, through our CTD Representative, Mr. Jim Swisher.