



Minnesota Regional Transit
Board: Records.

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AFFIDAVIT OF PUBLICATION

STATE OF MINNESOTA

COUNTY OF RAMSEY

REGIONAL TRANSIT BOARD
 PUBLIC HEARING ON ADA PARATRANSIT PLAN
 The Regional Transit Board will hold a public hearing on Monday, January 13, 1992 at 5:00 p.m. in Board Chambers on the 1st floor of Mears Park Centre, 230 E. 5th Street, St. Paul, MN, 55101 on its Americans with Disabilities (ADA) Paratransit Plan as mandated by the ADA. The plan was developed in accordance with the U.S. Department of Transportation's final rules on implementing the transportation provision of the ADA. The RTB is holding this hearing pursuant to 37.137b3 of the DOT's final rules to accept comment on the plan. Interested persons are encouraged to attend this hearing and offer public comment. Interpreters will be provided. Please call Mary Fitzgerald, board secretary at 229-2700 if you wish to speak at the public hearing. Hearing impaired individuals can call 229-2715/TDD if they wish to sign up to speak. People may also sign up at the hearing. The ADA Paratransit Plan may be obtained or examined at the Regional Transit Board offices, after January 1, 1992, 7th floor, Mears Park Centre, 230 E. 5th Street, St. Paul, MN 55101, telephone: 292-8789
 Michael J. Ehrlichmann
 Chair
 Pioneer Press Dec 29 no. 429

ROSEMARY J FRANK, being duly sworn on oath, says: that he is, and during all times herein stated has been, Clerk of Northwest Publications, Inc., publisher of the newspaper known as the Saint Paul Pioneer Press, a newspaper of general circulation within the City of St. Paul and the County of Ramsey.

That the Notice hereto attached was cut from the columns of said newspaper and was printed and published therein on the following dates:

29th day of December, 19 91

_____ day of _____, 19 _____

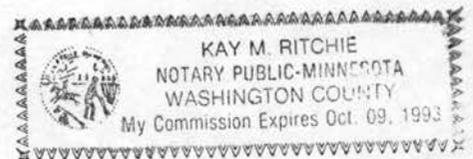
Rosemary J Frank

Subscribed and sworn to before me this 02nd day of January, 19 92

Kay M Ritchie
Notary Public

Washington County, Minnesota

My commission expires October 9, 19 93



165

RECEIVED

DEC 3-1992

R.T.B.

Regional Transit Board
230 E. 5th - 7th Floor
St. Paul, MN 55101
Att: Susan Hanson

RECEIVED
DEC 7 - 1992
R.T.B.

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Class 203
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STAR TRIBUNE
a division of Cowles Media Company

**STATE OF MINNESOTA } ss.
COUNTY OF HENNEPIN }**

AFFIDAVIT OF PUBLICATION

Wilma Finn being duly sworn, on oath says he/she is and during all times herein stated has been an employee of the Star Tribune, publisher and printer of the newspaper, published 7 days a week, known as Star Tribune and has full knowledge of the facts herein stated as follows:

(1) Said Newspaper is printed in the English language in newspaper format and in column and sheet form equivalent in printed space to at least 1200 square inches. (2) Said newspaper is printed daily and is distributed at least five days each week. (3) Said newspaper has 25 per cent of its news columns devoted to news of local interest to the community which it purports to serve and does not wholly duplicate any other publication. (4) Said newspaper is circulated in and near the municipality which it purports to serve, has at least 500 copies regularly delivered to paying subscribers and has entry as second-class matter in its local post office. (5) Said Newspaper purports to serve the city of Minneapolis and vicinity in the County of Hennepin and has its know office of issue in the City of Minneapolis, in said county. (6) Said newspaper files a copy of each issue immediately with the State Historical Society. (7) Said newspaper is made available at single or subscription prices to any person, partnership or other unincorporated association requesting the newspaper and making the applicable payment. (8) Said newspaper has complied with all foregoing conditions for at least one year.

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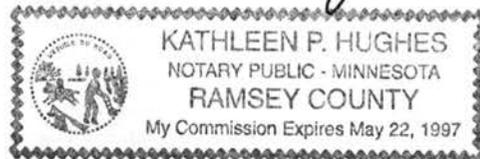
abcdefghijklmnopqrstuvwxyz

Wilma Finn

Wilma Finn

subscribed and sworn to before me this 6 day of January, 1992

Kathleen P. Hughes



PUBLIC HEARING
REGIONAL TRANSIT BOARD
PUBLIC HEARING ON
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Michael J. Ehrlichmann
Chair

ORIGINAL

REGIONAL TRANSIT BOARD

PUBLIC HEARING

Monday, January 13, 1992

5:13 p.m.

TERRI R. HANSON
4242 Thomas Avenue North
Minneapolis, MN 55412
(612) 522-6212

BOARD MEMBERS:

Michael Ehrlichmann, Chairman
 Mary Fitzgerald
 Val Higgins
 Sharon Feess
 Doris Caranicas
 Gregory Andrews
 Don Scheel
 Sandra Hilary
 Ruth Franklyn
 Maryann Campo

SPEAKERS:

	Page
Ed Kovneski	3
Donald Chapdelaine, Dakota County Commissioner	5
Thomas Heiml	8
Valerie Brown	10
Jonathan Hanft, rep. Transportation Access Project for People with HIV/AIDS	12
Jerry Hayes, Senior Federation	20
Lolly Lijewski	23
Sharron Hardy	26
Rebecca Anderson, Edina	27
Juliette Silvers, rep. self; member of American Council of the Blind of Minnesota and Blind Advocates for Metro Mobility	30
Max Swanson, Metro Mobility User	31
C. Milo Gilliland, self	33
Roger Wolfe	36
Ron Woelfel	40
Reed Risk, by Barton H. Cedergren	41
Tom Lijewski	43
Margaret Haig	46
Kyle Bauer	48
Mark Hughes	49

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1 Regional Transit Board public hearing, taken before
2 Terri R. Hanson, a Notary Public in the County of
3 Hennepin, State of Minnesota, at 230 East Fifth Street,
4 St. Paul, Minnesota.

5

6 WHEREUPON, the following proceedings were duly had:

7

8 CHAIRMAN EHRLICHMANN: Are all the Board
9 members present? I would, first of all, call the
10 public hearing to order on the Americans With
11 Disabilities Act proposal and call on Mr. Ed
12 Kovneski, our director of programs to explain the
13 purpose of today's hearing.

14 MR. KOVNESKI: Tonight's public is being
15 held in pursuance with the Americans With
16 Disabilities Act regulations regarding complementary
17 paratransit service. And tonight we're going to
18 hear your comments on the plan, the draft plan that
19 was prepared by the RTB, and that plan contains our
20 metropolitan area's proposals on how to come into
21 full compliance with ADA.

22 All of your comments today will be transmitted
23 to the federal agency that is responsible for
24 reviewing that plan, and that federal agency is now
25 called the Federal Transit Administration. So the

1 plan, before it goes to the Federal Transportation
2 Administration, will address each of your comments.

3 And the next -- actually at the next Board
4 meeting which is on January the 21st, the final plan
5 taking into account all the input we received
6 tonight, will be approved and then, as I said,
7 transmitted to the federal agency by January 26.

8 CHAIRMAN EHRLICHMANN: Thank you Mr.
9 Kovneski. I will also offer that any specific
10 changes relative to program elements of Metro
11 Mobility would come, of course, back to this Board
12 prior to any implementation. At this point our
13 obligation to the federal government is to get
14 something back to them by January 26th. Any changes
15 to the program would come back to this Board for
16 specific review and hearing and through our
17 processes.

18 With that, I would presume, is there a list
19 here of names that we've distributed? Here it is.
20 I've asked that people who wanted to speak sign up.
21 I presume they have signed up, and I would ask you
22 to try and keep your remarks as specific and direct
23 as possible. And when you get up, would you please
24 give your name and address; and if you represent an
25 organization, would you please state the name of the

1 organization. Those are all things we need for the
2 transcript.

3 With that, I would call on Commissioner Don
4 Chapdelaine, Chair of Dakota County Board of
5 Commissioners.

6 MR. CHAPDELAINE: Thank you, Mr. Chairman.
7 My name is Donald Chapdelaine, and I serve as Chair
8 of the Dakota County Board of Commissioners.

9 Chair and members of the Regional Transit
10 Board, I want to thank you for the opportunity to
11 give input to the ADA paratransit plan for the Twin
12 Cities metropolitan area.

13 Dakota County would like to express concerns in
14 seven issues.

15 First issue, number one, is the reduction in
16 the funding for certain areas.

17 Issue two, there appears to be no provision
18 recognizing the major population growth including
19 people with handicaps in Dakota County. Limiting
20 service to certain core areas acts to get rides for
21 people with handicaps in those areas or leave them
22 with no transit service.

23 Issue three, by creating a separate and
24 apparently lower funding priority to sururban areas,
25 the proposed recommendation supports lesser funding

1 in the highest growth area in the region. It
2 appears that funds would be directed first to the
3 mandated program in core urban areas, and sururban
4 areas would be funded with whatever is then
5 available.

6 Issue four, the RTB proposes a \$5 cap for
7 suburban handicapped trips. The current cap is
8 \$9.50 per trip. There appears to be no rationale
9 that the transit needs of the sururban handicaps
10 will be met at this rate. Why would 80 percent of
11 the sururban area transit be capped at the \$9.50
12 rate? What difference in service is envisioned by
13 RTB?

14 Issue five, there appears to be no option for
15 capital funding for new suburban services to replace
16 Metro Mobility. A new sururban service based on the
17 lower \$5 rate per trip would likely need special
18 provisions for capital funding.

19 Issue number six, the recommended service area
20 map does not include the hub at Burnsville Center.
21 This does not reflect RTB's other documents
22 proposing transit hubs throughout the Twin Cities
23 including at the Burnsville Center. The need for a
24 hub in Burnsville is as important to elderly and
25 people with handicaps as it is to the regular route

1 transit riders.

2 Issue number seven, the final one, it appears
3 that the additional financial burden would fall on
4 suburban counties. Dakota County as a provider
5 already receives matching dollars from the county
6 under RTB rules. As demand for their services
7 increases, reimbursement costs are reduced by the
8 RTB. Request for additional support from counties
9 isn't very likely.

10 In summary Dakota County would like to
11 recommend that, number one, the Regional Transit
12 Board provide at least the current level of support
13 for Metro Mobility, approximately \$350,000 in
14 suburban areas of Dakota County.

15 Number two, the rapid population increase in
16 Dakota County, the growth in demand for transit
17 services should be considered in designing any new
18 service for people with handicaps.

19 Number three, provision should be made for
20 adequately funding of capital costs necessary to
21 meeting transit needs in suburban service areas.

22 Number four, any new system should be designed
23 to take advantage of cost savings by linking up with
24 other providers and designing trip schedules to meet
25 the greatest number of ridership needs.

1 Fifth and final, these assessments for suburban
2 areas proposed by the Regional Transit Board should
3 be a cooperative effort and include significant
4 participation in planning and administering the
5 costs of the process by county stamp providers,
6 transit service clients including businesses and
7 social service agencies.

8 Mr. Chairman, we appreciate your Board's
9 consideration of these recommendations and look
10 forward to working with you. I appreciate the
11 challenge that you face.

12 CHAIRMAN EHRLICHMANN: Thank you,
13 Commissioner. Mr. Tom Heimpl.

14 MR. THOMAS HEIML: My name is Thomas
15 Heimpl. I live at 456 Blair Avenue, St. Paul.

16 It's my opinion that this proposed plan is
17 nothing more than a way for you to use ADA as a
18 smoke screen to cover up your real intention, and
19 that is to reduce Metro Mobility's budget. The plan
20 states that you are generally in compliance with ADA
21 regs. Therefore, why do you insist upon
22 establishing new criteria? It is obvious your
23 intent is, by this recertification process, to use
24 it as a tool to systematically reduce costs at the
25 expense of the disabled community.

1 You state in your plan that you are going to
2 reduce ridership by 10 percent, yet you don't state
3 who that 10 percent is going to be. The 10 percent,
4 however, you know takes 22 percent of the rides
5 pursuant to your plan. I would like to suggest that
6 the very people you're trying to eliminate under the
7 disguise of ADA but, in fact, is a budgetary
8 consideration, may be the very people that need
9 Metro Mobility the most.

10 It's ironic that you call your plan a Vision
11 for Transit, and yet you are blinded to the
12 transportation needs of disabled persons. I think
13 this plan is a hoax, and I hope we all expose it as
14 such.

15 In closing, I would like to make one more
16 point. This recertification issue now has come up
17 four or five times in the last 10 years. As a
18 gentleman I know who is 87 years old said, "Why
19 don't they make up their minds before I die?"

20 When this certification came up again, I
21 thought, can I participate in society as fully
22 without Metro? And how did I participate in society
23 prior to Metro's inception? In both cases the
24 answer is, I didn't.

25 If you approve this plan, you again are going

1 to be denying me the ability to participate in life
2 to its fullest. Thank you. [Applause].

3 CHAIRMAN EHRLICHMANN: Thank you, Mr.
4 Heimpl. Valerie Brown. Would you please give your
5 name and address and the organization that you're
6 with, please.

7 MS. VALERIE BROWN: My name is Valerie
8 Brown, and I live in Minneapolis. I have several
9 concerns about the plan too. I'm sure that they
10 will be shared by many other people here. And I
11 have read the plan.

12 First of all, the plan makes no mention of
13 weather or architectural barriers in determining
14 eligibility for services. I really fail to
15 understand why that was not included in the plan.

16 Secondly, the plan will severely restrict the
17 access to transportation for people with
18 disabilities. The fact of the matter is that some
19 focused route transportation will not meet all the
20 transportation needs of people with disabilities.

21 One example is, what if I want to go out
22 somewhere in the evening? I would not feel
23 comfortable walking alone in the evening to a bus
24 stop. And I know that you might argue that other
25 women without disabilities are faced with that same

1 situation and have to ask for someone to accompany
2 them. But my response to that would be that if I
3 were a nondisabled woman, I could call a taxi to
4 take me home or I could ride with someone in their
5 car. I don't have either of those options as a
6 disabled woman. There are not wheelchair accessible
7 taxis, and none of my friends have lift-equipped
8 vans. So what are my options? I do not have
9 physical ability to drive. I am transit dependent
10 as the Regional Transit Board uses that term.

11 I would just like to repeat what I said at the
12 last RTB hearing, and what Tom Heiml just said; the
13 ADA must not be used as an excuse to cut back on
14 paratransit. That was not the intent of the
15 legislation, and it should not be used to do that.

16 The current level of transit must be
17 maintained. Riders must continue to have a choice
18 in whether they use paratransit or whether they use
19 the fixed-route system.

20 I would urge the Regional Transit Board to look
21 at other ways to solve the budget problem with Metro
22 Mobility. I think that the program can be
23 restructured to make it more efficient to better
24 coordinate services among providers. I think that
25 there are other choices that you have other than

1 what you're doing to save money, and I think that
2 that is what you should do. [Applause].

3 CHAIRMAN EHRLICHMANN: Thank you.

4 Jonathan Hanft.

5 MR. JONATHAN HANFT: My name is Jonathan
6 Hanft, and I live in Minneapolis. This past October
7 I received a grant from the Minnesota AIDS Funding
8 Consortium to help them through transportation
9 services for people with HIV and AIDS.

10 Although I can't say that I represent people
11 with HIV/AIDS, as an informal care giver of
12 HIV/AIDS, educated and as coordinator of the
13 Transportation Access Project for people with
14 HIV/AIDS, I'm familiar with some of their
15 transportation needs.

16 I would like to begin by giving you some
17 background then get into some general comments
18 and specific areas.

19 As of January 1st this year, the Minnesota
20 Department of Health showed a cumulative total of
21 1,117 AIDS cases in the state, 344 of these people
22 are still living. The cumulative total of 1,889
23 HIV-positive people classified as nonAIDS have been
24 reported to the Minnesota Department of Health.
25 There are an estimated 4,400 to 1,700 people living

1 with HIV in Minnesota. The majority of these people
2 live in the metro area.

3 Within the next decade almost half of those
4 living with HIV who are asymptomatic may eventually
5 receive an AIDS diagnosis. And these people, many
6 of them, will be eligible for paratransit services.
7 About a third of the people with AIDS need some help
8 with transportation. Because of the exorbitant cost
9 of medical care for people with HIV/AIDS, financial
10 limitation is a major reason for people needing
11 rides. Fourteen percent of those needing help with
12 transportation as people with AIDS cannot even
13 afford bus fare. Many people with HIV/AIDS are
14 challenged by debilitating symptoms such as chronic
15 fatigue, neuropathy, depression and dementia. Many
16 of those needing transportation assistance receive
17 rides from informal care givers including partners,
18 family members, friends and buddies and from staff
19 of volunteers of AIDS service organizations. Rides
20 from service organizations are generally restricted
21 to appointments relating to health care. Over half
22 of those needing help with transportation need rides
23 to shop for groceries and do laundry. To my
24 knowledge only 29 people with AIDS today are
25 certified for Metro Mobility.

1 When the Americans With Disabilities Act was
2 passed by the Congress, I think you could almost
3 hear a sigh of relief, a collective sigh of relief
4 around the country from people with HIV and AIDS.
5 Do you know that there is now civil rights
6 protection on the national level for people with
7 HIV/AIDS?

8 This evening my comments on your plan come from
9 the acute awareness of the additional barriers
10 people with HIV/AIDS face because of the stigma that
11 society has spent so much time and energy attaching
12 to this condition.

13 In this day of budget cuts and program cuts I
14 hope that the Regional Transit Board will not be
15 tempted, as has been already said, to use the ADA as
16 a maximum requirement for providing transportation
17 services for the physically and mentally challenged.

18 Already you're planning cuts by tying
19 eligibility requirements to match ADA criteria, it
20 is my hope that you will continue on the progressive
21 tradition of our state and use this legislation as a
22 guide for providing the most meaningful and
23 sensitive possible services for the disabled.

24 My comments will be quite focused on four
25 areas. The first is accessibility of fixed-route

1 service and the capacity of Metro Mobility to
2 provide adequate service as more routes become
3 accessible; the certification process for Metro
4 Mobility; the lack of HIV/AIDS training of the
5 Regional Transit Board, Metropolitan Transit
6 Commission and Metro Mobility, administrative staff
7 and drivers; and inclusion of members of the
8 HIV/AIDS affected community in the paratransit
9 decision-making process.

10 I'm very concerned about the capacity of Metro
11 Mobility to provide service for the disabled during
12 the winter months. I think we've all seen it this
13 year. After this year's blizzard, the accessible
14 route service now available became almost 100
15 percent inaccessible. Even today, six weeks after
16 this last storm, I'm hard pressed to find a full
17 block of sidewalk that's negotiable by anyone who's
18 not an olympic hurdler or an ice skater.

19 Your plan states, and I quote, "It is expected
20 that transit services for persons with disabilities
21 will largely be provided by accessible fixed-route
22 services." Surely you don't believe this to be true
23 during the winter. Will Metro Mobility continue to
24 have the capacity to provide paratransit service
25 during the winter to those who meet the ADA

1 eligibility requirements? This would mean that
2 during an average of six months of the year Metro
3 Mobility must be able to provide service as if the
4 accessible fixed-route service never existed.

5 According your eligibility estimates, Metro
6 Mobility and suburban paratransit complementary
7 services would have to be able to accommodate at
8 least 8,500 new riders within 24 hours of a snow
9 storm. These riders would include all those who
10 meet the second two of your three eligibility
11 categories. Many of the people living with AIDS and
12 HIV who normally rely on fixed-route service would
13 become eligible during much of the winter.

14 So the option you have chosen for restructuring
15 Metro Mobility in respect to budget cuts remain
16 feasible during the winter months especially with
17 the increased reliance on the transit level that you
18 propose.

19 Certainly an alternative would be for the
20 Regional Transit Board and MTC to work with metro
21 area public works departments to guarantee that
22 sidewalk shoveling ordinances are strictly enforced,
23 cars not in driveways do not block the sidewalk,
24 that all corner curbs and curb cuts are thoroughly
25 cleared after plowing. For this alternative to

1 work, compliance must be close to 100 percent, and
2 this means not just clearing out MTC stops.

3 A person living at AIDS or HIV could
4 conceivably meet any of the three eligibility
5 categories established by the American With
6 Disabilities Act. Many the symptoms related to
7 diseases and infection as well as symptoms directly
8 caused by HIV infection challenge both the physical
9 and mental abilities for people with HIV and AIDS.

10 The primary concern for people with HIV/AIDS is
11 the confidentiality of medical information. Because
12 of the stigma associated with HIV/AIDS, a potential
13 for discrimination based on disclosure of HIV/AIDS
14 status is heightened. And I quote, "ADA paratransit
15 eligibility is based on a functional rather than a
16 medical model." To respect the need to maintain
17 confidentiality for people with AIDS, including the
18 medical and diagnostic documentation for
19 certification, should be avoided. Because the test
20 for eligibility is based upon the person's
21 functional ability, documentation from sources such
22 as a person with AIDS, case manager or care giver
23 will be adequate to prove eligibility. There is no
24 scientific basis for a need to know by any personal
25 involvement in revieweing a person with AIDS

1 eligibility for complementary service or by those
2 involved in service provision including dispatchers
3 and drivers.

4 In revising the Metro Mobility certification
5 process, I recommend that you include
6 representatives from the community of people
7 affected by HIV/AIDS on the Eligibility
8 Certification Task Force and the Transit
9 Accessibility Advisory Committee. These
10 representatives should be sensitive to the unique
11 needs of people with HIV and AIDS.

12 I also recommend that before you hold your
13 public meeting to solicit comments on the new
14 certification process, that you advertise the
15 meeting schedule in the lesbian and gay press and
16 notify all AIDS service organizations.

17 Training for paratransit providers needs to
18 include basic HIV and AIDS information. Potential
19 for discrimination and insensitive treatment of
20 riders because of presumed HIV/AIDS status can be
21 greatly reduced by comprehensive training programs.
22 I recommend that you include an HIV/AIDS unit in
23 your annual training activities for all MMAC
24 personnel, the MTC and RTB staff and board members.
25 Audience members would include drivers, managers,

1 supervisors, mechanics, maintenance employees and
2 transit information representatives. Training needs
3 to include the following topics: basic HIV/AIDS
4 epidemiology, HIV transmission, risk reduction
5 including the use of universal precautions for
6 infection control, the importance of maintaining
7 confidentiality and privacy and sensitive care of
8 people with HIV and AIDS.

9 I also encourage the RTB members and the staff
10 to work with the Minnesota Department of
11 Transportation to mandate similar HIV/AIDS training
12 programs for Metro Mobility and suburban
13 complementary and paratransit providers. I hope
14 that you will include these training provisions in
15 your revised version of the ADA paratransit plan.

16 If paratransit programs are to adequately
17 service people with HIV/AIDS in the future,
18 representatives from the community of those affected
19 by HIV and AIDS need to be included in all stages of
20 program planning and decision making. These
21 representatives are people living with HIV/AIDS,
22 case managers, care givers and AIDS service
23 organization administrators familiar with the
24 transportation needs of people with AIDS.

25 I recommend that you as a Board appoint members

1 of the HIV/AIDS community to the Transit
2 Accessibility Advisory Committee including the Metro
3 Mobility and regular route subcommittees and to the
4 appeals board.

5 The RTB should also plan to review the current
6 paratransit plan and all future plans with AIDS
7 service organizations and HIV/AIDS activist groups
8 like Act of Minnesota.

9 Notices of the availability of future plans and
10 public hearing and informational documents relating
11 to paratransit services needs to be sent to media
12 access by people living with AIDS and HIV. These
13 include newspapers serving the lesbian and gay
14 communities and newsletters published by AIDS
15 service organizations. Thank you. [Applause].

16 CHAIRMAN EHRLICHMANN: Thank you.

17 Mr. Jerry Hayes.

18 MR. JERRY HAYES: Thank you very much, Mr.
19 Chairman, Board members. My name is Jerry Hayes
20 from Shoreview, Minnesota, which would be western
21 Hennepin County. The comments I'm about to make are
22 my own. However, I am associated with the Minnesota
23 Senior Federation, the member of your TAC Committee
24 and other disability groups.

25 I would like to bring your attention to page 35

1 of your ADA plan, figure 17 in center of the second
2 bullet. It reads, "Contract and physical
3 rehabilitation clinic to administer functional
4 assessment." That refers to the recertification of
5 the need of Metro Mobility riders.

6 The first concern that I have is the word
7 clinic. Certainly one clinic for the entire seven
8 county area would be most inconvenient and probably
9 a real hardship for most of the riders. I could
10 imagine being from eastern Washington County and
11 having to come to a clinic in downtown Minneapolis.
12 So I would hope that you would, if you are going to
13 plan on running through a clinic, that you would
14 have more than one, especially in that many of the
15 paratransit riders are of different disabilities,
16 and I don't believe there's one clinic that probably
17 is expert in all of them.

18 The second thing is, I made an estimate which I
19 placed in front of the Board members, and I'll run
20 through it. And I use the figure of 10,000 Metro
21 Mobility eligibility riders, which is about half of
22 the ridership, to have a clinic evaluate them. I
23 had a figure from a clinic which spoke of an
24 evaluation for an individual being approximately
25 \$100. So I'm taking half of that, \$50 times 10,000

1 certified riders, you would have a cost of a half a
2 million dollars. The Metro Mobility subsidy for a
3 round trip, and I used a low rate of round trip of
4 \$14 times 10,000, is \$140,000. And then the fare
5 paid by the rider round trip, and I'm going to use a
6 round number of \$2 each way, would be in additional
7 \$40,000, total of \$680,000.

8 This financial burden, I don't know who would
9 take it. The RTB certainly doesn't have the money
10 for it. The riders, if they had to pay it out of
11 pocket would be a terrible hardship and I think
12 really a human rights violation. Riders going down
13 the main line bus line certainly would not have to
14 be put through this financial burden to ride on the
15 main line buses. I suspect that most of the riders
16 currently pay very little out of pocket to be
17 certified. Medical or personal medical advisors
18 sign them off on the certification simply because
19 they know what their disabilities are. So it could
20 be a terrible hardship financially.

21 Now, the human side of it, as I pointed out,
22 taking an elderly mother or father out of their home
23 or a nursing home to a clinic or clinics to have a
24 test given would certainly be very traumatic for a
25 great number of them, or to have a son or daughter

1 who is mentally retarded, taking them to a strange
2 environment, putting them through some sort of a
3 test or evaluation or however you want to call it, I
4 think it would very traumatic.

5 I think this recertification needs a lot of
6 brainstorm. I think that my own idea would be to
7 make the medical examiners that are currently
8 certifying our riders be held very accountable, even
9 to the point of false certification being a very
10 serious matter.

11 I think also that a panel could review
12 applications to sort out some that were of
13 questionable validity. And I think perhaps as the
14 last resort putting a certified rider or person
15 applying for certification through a clinic.
16 Because I think it's going to be a very expensive
17 process not only in dollars, but also in
18 inconvenience and disruption of the riders. Thank
19 you very much. [Applause].

20 CHAIRMAN EHRLICHMANN: The next person we
21 have on the list is Lolly Lijewski.

22 MS. LOLLY LIJEWSKI: Thank you for the
23 opportunity to speak to you tonight, Board members.
24 I'm here tonight to speak on behalf of Minneapolis
25 and St. Paul Societies of the Blind. And some of my

1 comments have already been spoken by others.
2 However, since this is a hearing of record, I will
3 proceed and be brief.

4 The title of the report, first of all, we find
5 some irony in as agencies who serve the blind. The
6 Vision for Transit for the future. For those of us
7 who are visually impaired or blind, the thought of
8 being recertified is a very bleak vision indeed.

9 The report implied, if not directly states,
10 that this project plan, and in specific the
11 redefinition of eligibility criteria, is being
12 undertaken to bring your system into compliance with
13 the ADA. The ADA was originally mandated and is a
14 law that is to increase opportunities for people
15 with disabilities. And, in fact, if this plan goes
16 into effect and the eligibility criteria in specific
17 are changed as the plan states, opportunities for
18 people with disabilities will be decreasing, not
19 increasing.

20 The RTB appears to be using the ADA as an
21 excuse to re-examine eligibility criteria, and it
22 has been stated already that that's been done. It
23 seems to come up every couple of years. And I
24 recall the last time we were told this time it would
25 last for five years.

1 In fact, the only area where our paratransit
2 system is not in compliance, or it wasn't -- I think
3 this has been changed since this report was put
4 together -- were service hours. In every other area
5 we complied with the ADA standards or are above ADA
6 standards. Nowhere within the Americans With
7 Disabilities Act does it state that if a state
8 exceeds ADA standards it must bring its existing
9 systems down to ADA standards.

10 If the goal, as the report does state, is to
11 eliminate 10 percent of ridership, who are those
12 riders? And it says that 22 percent of rides will
13 be eliminated by decertifying 10 percent of riders.

14 Before Metro Mobility, those of us with
15 disabilities, what did we do? A lot of us stayed
16 home. We weren't active in church, as volunteers or
17 as employed taxpayers.

18 The transit vision of the future is bleak. It
19 means that many of us will be returning to our
20 previous status. It means that more of us will not
21 be taxpayers and employed and instead will end up on
22 entitlement programs. This is not the way to
23 balance the budget.

24 I will be in contact with my legislators, both
25 Senator Bill Luther and Representative Bill

1 Curruthers, in regard to this particular issue. And
2 I believe that at this point it's time for the RTB
3 board, staff and consumers to start working together
4 as opposed to working at cross purposes, which it
5 appears we have been doing. Thank you. [Applause].

6 CHAIRMAN EHRLICHMANN: Thank you. Sharron
7 Hardy.

8 MS. SHARRON HARDY: My name is Sharron
9 Hardy. I'm a resident of Brooklyn Park. And Mr.
10 Chairman and Board members, I thank you for the
11 opportunity to speak to you.

12 Much of what has been already said is what I
13 was going to say, what but I would like to reiterate
14 a few things that I am concerned about.

15 Again, let us underline that the ADA was meant
16 to be the minimum in providing transportation for
17 persons with disabilities. Transportation that is
18 accessible and affordable is a right of everyone
19 with a disability. [Applause].

20 This right has allowed many of us to be
21 employed taxpayers, myself included for the last 21
22 years. Without it, I would virtually be back where
23 Lolly just got through telling us about. I would be
24 back stuck in my home as many of us will be. I
25 strongly urge you not to go through with many of the

1 things you are suggesting.

2 I strongly support option one, which is no
3 changes in the current service area, no changes in
4 the current service hours except possibly to expand
5 them, no changes in certification, no changes in who
6 would be allowed to use the system.

7 I realize that this could be more expensive,
8 but so is helping out Northwest Airlines to obtain
9 their jobs. [Applause]. It's also very expensive
10 to afford our statewide primary, which it looks like
11 we're going to do. We need to keep our jobs as much
12 as the employees of Northwest Airlines, and we have
13 the right to do that, or you will see us on
14 entitlement programs, and we will cost the state
15 more than we do at this point. Thank you.

16 [Applause].

17 CHAIRMAN EHRLICHMANN: Thank you. Rebecca
18 Anderson.

19 MS. REBECCA ANDERSON: My name is Rebecca
20 Anderson. I am a resident of Edina. I'm also a
21 blind person, and I have not always been blind. I
22 was a, quote, unquote, "able-bodied person" for 29
23 years of my life until I was in an accident which
24 blinded me. So I'm acutely aware of what life is
25 like on both sides of the fence.

1 And it has been a shock to me to see the
2 realities of being a disabled person and the
3 misperceptions that many able-bodied people have
4 about what that life is like for many disabled
5 people. And I hope that we're coming to a point in
6 time where we are going to start communicating more
7 and get a greater understanding of those that are at
8 issues, and I'm hoping that the able-bodied
9 community will unite with us in trying to get the
10 disabled community into more and more social
11 activities, employment, to where their lives are
12 more greatly enhanced.

13 And I'm a member of the Governor's Advisory
14 Council on Technology for persons with disabilities,
15 and we have had a couple of hearings talking about
16 technology for persons with disabilities.
17 Specifically I'm talking about computers and things
18 that are very updated and have offered a lot of
19 opportunity recently for people with disabilities.

20 But it is always a sad note for me to hear
21 people who come those hearings and say, What about
22 Metro Mobility? And I feel it is difficult for me
23 to put a lot of energy into looking at all the
24 different technologies when we haven't even got our
25 basic needs met for people of disabilities, that of

1 the basic need of being able to get out into life
2 and get groceries and go to the doctor and get those
3 primary needs met.

4 If the able-bodied community had their
5 electricity or water or their transportation
6 threatened, they would be very upset. And so I'm
7 hoping that able-bodied people can start to see why
8 the frustration, why people come and are angry. We
9 don't want to be angry. We want to work together
10 and live together and create a better community.

11 And one thing about Minnesota, it has always
12 been on the vanguard when it comes to disability
13 issues. And I'm hoping that it will stay that way
14 and not take a plunge back. And by approving this
15 plan, we definitely will be going backwards. I
16 think we can set an example for other states rather
17 than going backwards in order to meet budget needs.
18 I think there has to be some more creative ideas as
19 to how we can meet that budget. I realize it's a
20 problem, and I realize that you've got your work cut
21 out for you. And I think that everyone within the
22 disabled community wants to work with you on that.
23 And I thank you for letting me talk. [Applause].

24 CHAIRMAN EHRLICHMANN: Thank you.
25 Juliette Silvers.

1 MS. JULIETTE SILVERS: I'm Juliette
2 Silvers. I live in Minneapolis, my brothers and
3 myself, and I'm also a member of the American
4 Council of the Blind of Minnesota and Blind
5 Advocates for Metro Mobility.

6 I use Metro Mobility going home. If I'm out
7 late by myself and have to go to places where the
8 main line bus leaves me in the middle of nowhere,
9 there is no sidewalk or other inaccessible areas, it
10 is inconvenient. For example, I need to tell you
11 that making a return ride tonight means that I will
12 probably miss some of this meeting. And also that
13 we have to make the rides a day in advance, but this
14 is the price one pays for freedom.

15 However, Metro Mobility affords people who are
16 blind and have other disabilities many choices and
17 opportunities that they would not have had
18 otherwise, jobs in places that were once
19 inaccessible and the right to live other than in the
20 inner city if they so desire.

21 We live in a society that essentially is
22 democratic and gives everyone the right of choice.
23 The eligibility criteria as written meets ADA
24 standards. \$350,000 needn't be spent to change what
25 is correct. This long overdue service needs to be

1 increased, not decreased, so that people with
2 disabilities have the same opportunity as
3 able-bodied people. Thank you. [Applause].

4 CHAIRMAN EHRLICHMANN: Thank you. Max
5 Swanson.

6 MR. MAX SWANSON: My name is Max Swanson,
7 and I live on Harriet Avenue in Minneapolis. I
8 would like to thank the RTB Chair and members of the
9 Board for this chance to give my views I believe
10 they share. And I'm here as my own.

11 A friend and I a year or so ago bought a pair
12 of cheap appliances, humidifiers to be exact. We
13 finally got them back to Fridley Best Buy, and it
14 was a terrible hassle. After it was all said and
15 done, we got one pretty good one instead of two that
16 didn't work out the box. The salesperson said, "You
17 know, you folks are very lucky that there isn't a
18 basic warranty on these here or we wouldn't have
19 been able to do a thing for you."

20 The position that the Americans With
21 Disabilities Act occupies in these discussions
22 reminds very much of that basic warranty. I would
23 not presume that someone who came to this -- I would
24 say three ways, Mr. Heiml has counted four ways, of
25 recertification. And by late I wouldn't begin to

1 know why the fast track of this report other than
2 the January 26 deadline for the ADA implementation.

3 However, the certain expression appears the
4 case where haste makes waste. We've seen this today
5 where individuals, chairpeople of county boards,
6 members of organizations, all saying that this is
7 going too fast and that, in fact, costs will be
8 incurred in areas other than that of transportation.
9 Transit, after all, is certainly not in this Board's
10 name for nothing.

11 I hope that we can look at the ADA guidelines
12 as a basic warranty for the nation and not as
13 something that will be a straight jacket which our
14 programs will affect, or God forbid, a justification
15 for a cut in services if things have to be cut in
16 the current climate. If it is, as another
17 participant has said, we have to favor air
18 transportation at the cost of ground transportation,
19 let's at least know what it would be like to do so
20 across the board in the paratransit area, and I'm
21 not advocating that. But let us at least look at
22 that.

23 Finally in the late '70s, early '80s, I did a
24 little work on noncommercial station. I had the
25 opportunity to interview John Little, a former

1 director of Metro Mobility. He brought along with
2 him a new public service announcement that he had
3 been producing and very proud of it and rightly so.
4 It was a great jingle. If I may quote from that,
5 the opening lines were, "Open the door to a world
6 that is waiting." I just wonder what kind of a
7 world is waiting in the '90s with this program.

8 It ended with a great tag line asking people to
9 sign up for Metro and making them aware of it, which
10 is certainly all right. "Take a freedom ride
11 today." The freedom riders of old, of course, are
12 doing their best to redress some very serious
13 grievances, many of which were cloaked in legalese.
14 And so I hope that we will all have the opportunity
15 to take many freedom rides in the future. And thank
16 you for your time. [Applause].

17 CHAIRMAN EHRLICHMANN: Thank you. C. Milo
18 Gilliland.

19 MR. C. MILO GILLILAND: My name is Milo
20 Gilliland. I have around 10 years of experience
21 mainly with visually impaired.

22 CHAIRMAN EHRLICHMANN: Excuse me. Can you
23 give us your residence?

24 MR. C. MILO GILLILAND: I'm sorry. I live
25 in Edina.

1 My wife and I are certified. We use it only
2 when it's absolutely essential, and that is usually
3 when we have difficulty in getting from point A to
4 point B because of limited vision.

5 I guess what I would say has been said much
6 more eloquently than I could say it, typically
7 people like Lolly and some others.

8 However, I would like to make a suggestion. I
9 think if that plan is carried out in the spirit that
10 looks as though the federal legislation that was
11 designed to protect the rights of disabled people is
12 being used to set back the lifestyle of people in
13 Minnesota, you're going to create so much anger that
14 the plan will obviously have to be looked at much
15 more carefully.

16 A few years ago the issue of criteria for
17 eligibility came up, and at that time instead of the
18 concept of functional disability, which is sound I
19 think, the matter of the specific disability was
20 being considered. And I regret to say that the
21 people who were working on the subject of blindness
22 as an eligibility criteria were basically
23 uninformed, misinformed and also did a very poor job
24 in selecting the people who would serve as judges of
25 eligibility, and to some extent I believe that is

1 still true.

2 So I'm really a little bit frightened because
3 with all the statistical work that has been done,
4 and I must give you credit for the enormous amount
5 of work going through that's available. There are a
6 lot of assumptions in this plan that are untried.
7 We don't know what is going to happen when they are.
8 So we're going to be throwing it away.

9 But one recommendation I would certainly want
10 to make, and that is that you take option one.
11 Because if you don't, we're in for trouble. Because
12 there is another problem we all recognize, and that
13 was stated many years ago by Walter Pitchend [ph],
14 the guy who wrote Life Begins at 40. He said to
15 realize the American dream, which he defined as the
16 need for widespread comfortable freedom, we all have
17 to learn to live better on less. And at no time
18 have we have been more aware of this.

19 I do know there's a funding problem, but we
20 need to separate that from the ADA problem or we're
21 in for trouble. So there should be enough time lag
22 between the time we consider this particular problem
23 and the one in which we decide how are we going to
24 allocate our resources. I think that it's quite
25 possible if we really know our priorities that we

1 can maintain the transit lifestyle for all of us in
2 Minnesota that we all want. Thank you very much.
3 [Applause].

4 CHAIRMAN EHRLICHMANN: Thank you. Mr.
5 Roger Wolfe.

6 MR. ROGER WOLFE: Mr. Chair, members of
7 the Regional Transit Board, I think most of the
8 statements that are made here by people who use
9 Metro Mobility have been very eloquent. They have
10 hit the nail right on the head. I would like to on
11 behalf of the United Handicap Federation -- I chair
12 the Transit Task Board -- reiterate some of the
13 things they said and review just quickly in a few
14 moments how we feel.

15 The recertification program is recertification,
16 recertification, recertification; a quarter of a
17 million dollars that could go to help riders get
18 more rides and the fact as people have said, when
19 you get into the certification it gets pretty hairy
20 as far as what is right and what is wrong and what
21 effect it's going to have on suburban riders to get
22 into certain situations.

23 I think that it is time for the Regional
24 Transit Board, Mr. Chair, and your employees to work
25 very closely with the disabled community or if you

1 want to call it the users of Metro Mobility. They
2 certainly know what's going on out there.

3 It has been brought to my attention that
4 there's been some comments as to, there are people
5 that are certified who shouldn't be certified.
6 Well, I'm going to tell you something. I think most
7 of these people would agree with them. If you have
8 to wait for an hour, an hour and a half and two
9 hours for a van to pick you up in the cold, in the
10 heat, whatever it may be, if that's a thrill and
11 people want to certify themselves to do it, they
12 have a mental problem.

13 I would like to tell you that as far as I'm
14 concerned, and I think Senator Durenburg put it last
15 year, ADA is a civil rights regulation. It is not
16 transportation, it's not accessibility. It's civil
17 rights for those people who cannot get around as
18 they should, who have problems in our society with
19 whatever it may be, barriers to transportation or
20 otherwise. And I don't believe that we have the
21 right or you have the right to do too much with my
22 own and other's civil rights. We're a democracy.
23 We have some rights, and I can just tell you one
24 thing. We're going to contest them as far as I'm
25 concerned. [Applause].

1 When we talk accessible buses, one of things
2 you better keep in mind; in the summertime there's
3 going to be more use of them. That's a foregone
4 conclusion. In the wintertime, there's not going to
5 be as much use because right now after -- what is it
6 -- six weeks since the last snow storm, there are
7 still places that you can't get on a bus because
8 they haven't been shoveled. The cities of
9 Minneapolis and St. Paul say, Hey, we haven't got
10 the money.

11 Well, I'll tell you, if you've got to use this
12 wheelchair with power to get out there and do the
13 shoveling, you've got a real problem on your hands.

14 So the providers are not going to be using as
15 many of their vans in the summertime are going to be
16 asked to supplement the buses for those people who
17 can't get to the buses. And I would say to you, you
18 better be very careful. Because if I have 25 vans
19 and I don't need them in the summertime, I guarantee
20 you one thing, I'm not going to have them in the
21 wintertime because I would have sold them off.

22 So now we come back to a very complex problem
23 and that is, how do these people get around? We've
24 got the different systems, different insurance and
25 things like that. Many of the providers who I know

1 and work with in the past are loaded down. If you
2 put a whole system where you lose some vans, then
3 you've never seen a problem that you're going to
4 see.

5 I think that we have to look at the system
6 accessible buses because what ADA has said and the
7 president said very eloquently, Let us give these
8 people, the blind, the mentally disabled, the
9 physically disabled, and the impaired -- not
10 seniors, but impaired seniors, a chance to get
11 around, a chance to live.

12 You know, not long ago, the state legislature
13 promoted some money for an airline. They gave some
14 money to a brewery. We're talking now some possible
15 money to a turkey plant. What's wrong with us?
16 Shouldn't we get something? We like jobs. We've
17 got people out here that have jobs. If they can't
18 get to work, they don't have a job. As one person
19 said, they go on welfare. I don't know if that's
20 going to be any cheaper. That's something I can't
21 tell you.

22 But the thing I want to close with is this:
23 ADA is a minimum suggestion for states. It did not
24 have any kind of paratransit or accessible buses.
25 It was not set to take a system that's an example to

1 the nation and has been used by many cities in
2 setting their paratransit systems and destroy it.
3 Thank you. [Applause].

4 CHAIRMAN EHRLICHMANN: Mr. Ron Woelfel.

5 MR. RON WOELFEL: I'm Ron Woelfel from
6 from St. Paul, and I am a Metro Mobility rider. I'm
7 legally blind, and I support criteria number one, no
8 changes.

9 I believe we have better than the ADA standards
10 in Minnesota. Why cut them down to lower them?

11 And I feel, why don't you let the blind
12 population, the handicapped population, help you
13 decide on this instead of going into it on your own?

14 Now, I've been a taxpayer for a number of
15 years. I'm not right now. I'm unemployed. But I
16 have been a taxpayer for a number of years. And I
17 want to say that the feds -- the State of Minnesota
18 and the feds, they don't ask me every so often if
19 I'm recertifying to become a checkoff for tax
20 credits. They never do that. They never have done
21 that, and I don't believe they should recertify
22 Metro. It's totally inadequate to do. Thank you
23 very much. [Applause].

24 CHAIRMAN EHRLICHMANN: Thank you. LeRoy
25 Marshall. [No response]. Mr. Reed Risk.

1 BART CEDERGREN for REED RISK: Mr.
2 Chairman, my name is Bart Cedergren. I have been
3 asked to read a statement for Reed Risk who is at my
4 right.

5 My name is Reed Risk. I work as an access
6 council consultant at the office for students with
7 with disabilities at the University of Minnesota and
8 used the MTC route 17 until my route was eliminated
9 in December.

10 My concern is that the ADA and the RTB's
11 proposed plan does not take into account the climate
12 considerations applicable to Minnesota. There are a
13 number of people who can't be out in the subzero
14 weather waiting for a bus. Even when the bus
15 arrives, it may be full or drivers may not want to
16 bother with the lift because of schedule and
17 concerns.

18 In 1984 I lived in Denver, and the drivers
19 there didn't like to pick up people in wheelchairs
20 and would lie about the lift being broken and would
21 pass me up without stopping. The climate there is a
22 lot milder. But if that were to happen here, some
23 people could be get hypothermia very quickly while
24 waiting for the MTC.

25 Also, how can we assure the cities are going to

1 shovel sidewalks to allow adequate access to bus
2 stops? I have been working with the City of
3 Minneapolis to get areas shoveled around the
4 University campus, and it has not happened due to
5 budget shortages. While Metro Mobility is costly,
6 sidewalks also cost money, and it is impossible to
7 assure that it will be done quickly after a
8 snowfall.

9 The final area I would like to address is that
10 of employment. While a large number of people may
11 not be affected by cuts in the paratransit service
12 in suburban areas, it may mean that some people will
13 lose their jobs. People with mobility impairments,
14 particularly wheelchair users, do not have the
15 option of parking like other people do. I can't hop
16 a ride with a friend or co-worker since they don't
17 have a lift-equipped van. These people may have to
18 give up a job and live off public assistance,
19 programs which again are much costlier to society in
20 the long run than providing paratransit service.

21 Cutting Metro Mobility service could impact
22 students who rely upon it to attend University
23 classes. The 52 commuter route is not accessible,
24 so paratransit may be their only option.

25 As a public entity, you must represent the

1 individuals that live in your areas. The ADA is
2 meant to be a minimal standard and not meant to be
3 used as a tool to cut or lower existing standards.
4 This is stated clearly in the ADA. Thank you.

5 CHAIRMAN EHRLICHMANN: That's all the
6 people who have signed up to speak. However, there
7 is one gentleman who did ask to make a closing
8 announcement. We have two other people who have
9 asked to speak.

10 MR. TOM LIJEWSKI: I do come here with
11 quite a lot of anger to be quite blunt about it.
12 Recertification is something that we seem to never
13 ultimately achieve or never achieve in a lasting
14 manner as several people have pointed out. I just
15 think that it was a serious waste of your time, the
16 taxpayers' money, our time and energy when we could
17 be directing that in so many other ways.

18 And then to claim that this plan is an effort
19 to comply with the Americans With Disabilities Act
20 is a mockery of everything the Americans With
21 Disabilities Act stands for and all of the people
22 who have worked so hard to gain civil rights
23 protection for Americans with disabilities. What
24 this really represents, as has been pointed out so
25 many times, is budget cutting at the expense of

1 those who need services most. And to call it
2 anything else is a cruel hoax and a fraud.
3 [Applause]. I think they need to express their
4 anger with that applause. [Applause].

5 And if that's not enough, the insensitive irony
6 in the name that you have given to this new overall
7 report on transit, Visions for Transit. And it's
8 especially cruel when you consider the fact that
9 among those groups targeted -- and I am losing my
10 notes here so bear with me one second. It is
11 especially cruel when you consider that the blind
12 and visually impaired are high on the list of groups
13 targeted to be dumped off the Metro Mobility system.
14 Somebody wasn't reading or thinking or both. But
15 this kind of insensitivity doesn't come as a
16 surprise to those of us who have been watching this
17 Board over the past years. Not all of you, but some
18 of you, your poor attendance at these hearings and
19 your rejection of most consumer input have already
20 formed a pretty clear picture of your callous
21 indifference.

22 One thing you don't seem understand is that
23 Metro Mobility users are not like main line users.
24 Main line users often ride as a matter of economics
25 or simple convenience. Metro Mobility riders use

1 the system because we have no other alternative.
2 We're not talking about a group that can simply
3 choose to leave the car in the garage this morning.
4 For us it's a matter of access or no access, access
5 to work and play and education and health care and
6 everything else people do and you do in your daily
7 lives. Indeed, what this is for us is access to
8 life.

9 You know, as we look at recertification for the
10 umpteenth time, it just gnaws at me that those of us
11 who are close to the system and use the system can
12 see so many areas where efficiency is an area that
13 could be a cost saver. Has the Board ever
14 considered hiring a bona fide -- and I mean bona
15 fide -- business consultant to look at the
16 efficiency of Metro Mobility? There's a lot of
17 money dedicated to consulting in this study.

18 Perhaps one of problems is that you don't
19 really know or maybe you've forgotten who uses Metro
20 Mobility. Sure, you see some of us here. But who
21 are we? Well, in closing, let me remind you of just
22 who we really are. Americans with disabilities are
23 40 million in number. That's 700,000 plus in
24 Minnesota. That's probably 350,000 in
25 Minneapolis/St. Paul. We're your brothers and

1 sisters, your spouses and your neighbors, your
2 co-workers and, yes, even your friends in some
3 cases. And we deserve a much better fate than what
4 you're offering in this plan. Those who worked so
5 hard to make the Americans With Disabilities Act a
6 reality didn't envision it as being something to use
7 as an excuse to become mediocre. They sought
8 equality and excellence. We suggest you go back to
9 the drawing board with those ideals in mind. Thank
10 you. [Applause].

11 CHAIRMAN EHRLICHMANN: The woman in the
12 front.

13 MS. MARGARET HAIG: My name is Margaret
14 Haig, and I live in Minneapolis. And I'm nowhere
15 near as eloquent as the gentleman that spoke before
16 me, but you'll have to live with me.

17 You have entitled your proposal, ADA
18 Paratransit Plan for the Twin Cities. The ADA is
19 being used as an excuse to make drastic cuts in the
20 transportation system. The ADA is a guideline for
21 developing minimum standards. It does not mean that
22 services have to be cut in order to comply with the
23 ADA.

24 Severe changes have been made in the rates we
25 must pay for Metro Mobility. You are proposing to

1 make further severe cuts in the services.

2 I have a bunch of questions. We live in
3 Minnesota. What that means is that 6 out of 12
4 months, all people with disabilities require
5 paratransit. Do you not realize that wheelchairs do
6 not move when on ice? And when one gets to a corner
7 and it's stacked with snow, people with disabilities
8 cannot climb over it.

9 You would be making a serious error if you cut
10 anyone from Metro Mobility before accessible taxis
11 are readily available. I have a friend who relies
12 on the bus, but they never take a bus home at night.
13 They always take a cab.

14 I have a friend who was mugged two weeks ago on
15 her way to work one morning. She now rides with one
16 of her neighbors to work. People with disabilities,
17 specifically in power wheelchairs, cannot do that.
18 What option would I have if I were mugged or raped
19 on the way to work one morning and I had to take the
20 bus every day, I had to go out in the dark?

21 I was puzzled that in one place it was stated
22 that there are 42,800 people eligible for
23 paratransit in the Twin Cities but 20,000 currently
24 participate, and you want to cut that to 17,000.
25 The service area for MTC during peak hours is larger

1 than midday, but these areas are not being
2 considered to be covered at all. Your new ideas of
3 transit hubs is as my great aunt would say, "For the
4 bird, for the birds." My impression of this system
5 is it would be a nightmare. [Applause].

6 The current Metro Mobility system can change
7 the rides up to an hour either way and then be an
8 hour late. To coordinate this with another system
9 would be horrible. And I would like an explanation
10 of how this would work.

11 And I have one other question. You say that
12 there would be no trip restrictions, but then go on
13 to say that efforts are underway to determine who is
14 eligible and for what trips. And so I also have a
15 question about that. Thank you.

16 CHAIRMAN EHRLICHMANN: Now, I believe
17 there is one other gentleman.

18 MR. KYLE BAUER: Kyle Bauer. I have just
19 three quick questions. Do you want them one at a
20 time or all three?

21 CHAIRMAN EHRLICHMANN: Are they rhetorical
22 in nature?

23 MR. KYLE BAUER: No. I would like to know
24 what board members are here.

25 CHAIRMAN EHRLICHMANN: Currently we have

1 Board Member Franklyn, Board Member Hilary, Board
2 Member Higgins, Board Member Feess, Board Member
3 Ehrlichman.

4 MR. KYLE BAUER: My second question is, We
5 can still submit written statements until the 17th,
6 correct?

7 CHAIRMAN EHRLICHMANN: Certainly.

8 MR. KYLE BAUER: As well as tonight.

9 My third question is, How did the RTB arrive at
10 the 10 percent cut? What are the targeted groups?
11 Was the number picked out of the air?

12 CHAIRMAN EHRLICHMANN: There is no
13 targeted group, and it strictly was estimates on the
14 part of the staff, and they really have no
15 substantive value at this point. We haven't even
16 received any recommended changes in certification at
17 this point. That will all be subject to future
18 hearings as well.

19 MR. KYLE BAUER: Thank you.

20 CHAIRMAN EHRLICHMANN: Now, I believe this
21 gentleman has a statement.

22 MR. MARK HUGHES: My name is Mark Hughes,
23 and I'm from Shoreview, and I would like to cover a
24 couple things quickly if I could.

25 I owe an apology to the Board for not getting

1 my name in, but the reason is that we're doing a
2 special on Channel 5 this weekend, the 18th and 19,
3 and I've kind of co-produced a story on Metro
4 Mobility, which I hope you will all watch. My spots
5 are on at 9:20 on Sunday morning and 3:20 in the
6 afternoon on Channel 5.

7 I just want to say that I use National School
8 Bus as my main provider, and my service has been
9 just excellent. So I want to thank you guys for all
10 that you do. I hope there are no major cuts because
11 I am employed and I don't intend to leave my
12 employer because of transportation or anything of
13 that nature. So I hope you keep up the good work.
14 Thank you.

15 CHAIRMAN EHRLICHMANN: Thank you.

16 With that then, we are adjourned.

17 (Concluded at approximately 6:27 p.m.,
18 Monday, January 13, 1992.)

19 * * * * *

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21

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23

24

25



DAKOTA COUNTY

Ex A
presented by D. Chapdelaine
Chair, Dakota County Comm.
Telephone: (612) 450-2611
Fax (612) 450-2948

COMMUNITY SERVICES DIVISION

33 EAST WENTWORTH, WEST ST. PAUL, MINNESOTA 55118

DEPARTMENTS:

- Community Services Director (612) 450-2742
- Planning (612) 450-2742
- Community Corrections
 - Hastings (612) 438-8288
 - Apple Valley (612) 891-7200
 - So. St. Paul (612) 552-0276
- Employment & Economic Assistance (612) 450-2611
- Extension (612) 463-3302
- Public Health
 - West St. Paul (612) 450-2614
 - Apple Valley (612) 891-7536
- Social Services
 - West St. Paul (612) 450-2677
 - Apple Valley (612) 891-7400

DAKOTA COUNTY TESTIMONY FOR PRESENTATION AT THE REGIONAL TRANSIT PUBLIC HEARING ON ADA PARATRANSIT PLAN FOR THE TWIN CITIES METROPOLITAN AREA - MONDAY JANUARY 13, 1992 - BOARD CHAMBERS, MEARS PARK CENTRE, 230 EAST FIFTH STREET, ST. PAUL

Chair, and members of the Regional Transit Board. Thank you for this opportunity to give input to the ADA Paratransit Plan for the Twin Cities Metropolitan Area.

Dakota County would like to express concerns on 7 issues:

ISSUE #1 - The reduction in funding for the suburban areas.

ISSUE #2 - There appears to be no provision recognizing the major population growth, including people with handicaps, in Dakota County. Limiting service to certain "core" areas acts to "ghetto-ize" people with handicaps into those areas or leave them with no transit service.

ISSUE #3 - By creating a separate, and apparently lower funding priority in suburban areas, the proposed recommendation supports lesser funding in the highest growth area of the region. It appears that funds would be directed first to the mandated program in the core urban area and the suburban areas would be funded with whatever is then available.

ISSUE #4 - The RTB proposes a \$5.00 cap for suburban handicapped trips. The current cap is \$9.50 per trip. There appears to be no rationale that the transit needs of the suburban handicapped can be met at this rate. Why would 80% of the urban area trips be capped at the \$9.50 rate? What difference in service is envisioned by the RTB?

ISSUE #5 - There appears to be no option for capital funding for the new suburban service to replace Metro Mobility. A new suburban service based on the lower \$5.00 rate per trip would likely need special provisions for capital funding.

ISSUE #6 - The recommended service area map does not include a hub at the Burnsville Center. This does not reflect RTB's other documents proposing transit hubs throughout the Twin Cities, including at Burnsville Center. the need for a hub

in Burnsville is as important to elderly and people with handicaps as it is for the regular route transit riders.

ISSUE #7 - It appears that an additional financial burden would fall on suburban counties. In Dakota County the provider already receives matching dollars from the county under RTB rules. As demand for their services increases and reimbursement costs are reduced by the RTB, requests for additional support from the county is likely.

Dakota County would like to recommend that:

1. The Regional Transit Board provide at least the current level of support for Metro Mobility, approximately \$350,000 in the suburban areas of Dakota County.
2. The rapid population increase in Dakota county and growth in demand for transit services should be considered in designing any new service for people with handicaps.
3. Provision should be made for adequately funding capital costs necessary to meeting transit needs in suburban service areas.
4. Any new system should be designed to take advantage of cost-savings by linking up with other providers and designing trip schedules to meet the greatest number of ridership needs.
5. The needs assessment for suburban areas proposed by the Regional Transit Board should be a cooperative effort and include significant participation in planning and administering the process by County staff, providers, and transit service clients including businesses and social service agencies.

Thank you for your consideration of our recommendations.

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certified have remain so. I believe ADA was a minimum standard for the disable. Attempting to reduce our right of transportation is unconscionable.

I understand That a fiscal crisis exists. It is a sad commentary when disability rights are tied to finances. I view the RTB plan as a political maneuver to reduce funding while saying it is complying with ADA. Why must the disable community tolerate a reduce service so that the budget can be balanced?

The procedures followed to establish a committee for the review of the Sister Kenny report is a travesty. Solicitations to all concerned groups and individuals were not performed. To my knowledge there are no individual consumers on the panel. The blind do not have any representation by an advocacy group or an individual. The State Services for the Blind does have a representative. This representation, I believe, is a conflict of interest. The disabled community has the talents to know what they need. They have to live with their disability every day of their life. It is not prudent to have non-disabled persons making decisions for the disabled.

In closing I would ask that you search for the real reason you have adopted this plan. I would ask that you insure that all present users of Metro-Mobility remain so. That you would adopt a program that complies with the present Minnesota Human Rights Act.

Thank you for reading these comments. I hope they will give you more insight into the issues involved and be a basis for a sound decision.

Sincerely,

Thomas J. Heint
456 Blair Ave.
St. Paul, MN 55103

Home Phone 612-489-8609
Work Phone 612-298-4401

*Exhibit B Public Hearing
on ADA Paratransit Plan.*

TO: The Regional Transit Board
FROM: Thomas J. Heintz
SUBJECT: Comments on the Metro-Mobility Plan

January 6, 1992

Option 3 will be a logistical nightmare. The word "hub" has replaced "Transfer Point" but the concept is the same and has failed before.

This idea was tried Early in the Metro-Mobility program when there was one provider (MTC) and two or three Transfer Points (Hubs). Consumers spent untold hours waiting for their rides if they showed up at all. This concept caused consternation for both the provider and the consumers. The poor track record of this concept caused its doom.

Logic dictates that with ten to fifteen more providers and many more Hubs this system cannot perform properly. I fail to understand why RTB wants to again invent a wheel that has proved defective in the past.

Option 3 has the same basic flaw as all past RTB Metro-Mobility concepts. To guaranty performance standards there must be monetary penalties imposed for contract violations. Without this enforcement tool there cannot be timely transfer of passengers at the Hub locations. Metro-Mobility customers have the right to a trip as efficient as those provided others using public transportation. This concept has an inherit weakness that will not allow for such a trip.

The capitol investment required for this option will not meet the test of cost-benefit analyses. The time wasted by both the providers and the passengers will be an immense burden. These two factors alone will escalate the cost of service provision to a level well above the current projections.

Environmental factors must be consider in eligibility criteria. It is easy to say that it is the Cities responsibility to shovel the curb cuts and bus stops. That statement alone does not make it happen. If the responsible parties choose not to perform these functions there are no legal remedies. Officials cannot control rain or wind. These conditions could easily cause a person in a wheelchair severe problems. Blind persons hearing may be impaired causing grave safety concerns.

The present criterion meets all ADA standards and should not be change. We have undergone several certifications using different criteria over the past years. Most who have been



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in Burnsville is as important to elderly and people with handicaps as it is for the regular route transit riders.

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3. Provision should be made for adequately funding capital costs necessary to meeting transit needs in suburban service areas.

4. Any new system should be designed to take advantage of cost-savings by linking up with other providers and designing trip schedules to meet the greatest number of ridership needs.

5. The needs assessment for suburban areas proposed by the Regional Transit Board should be a cooperative effort and include significant participation in planning and administering the process by County staff, providers, and transit service clients including businesses and social service agencies.

Thank you for your consideration of our recommendations.

ADAPLAN.DOC

Ex. C

Transportation Access Project for People with HIV/AIDS
c/o Jonathan M. Hanft
608 Ridgewood Ave. #5
Minneapolis, MN 55403-3548
(612) 871-3210

**COMMENTS ON THE ADA PARATRANSIT PLAN FOR THE
TWIN CITIES METROPOLITAN AREA**

January 13, 1992

Background

My name is Jonathan Hanft. In October I received a grant from the Minnesota AIDS Funding Consortium to help improve transportation services for People living with HIV/AIDS (PWHIV/AIDS). Although I can't say that I represent PWHIV/AIDS, as an informal caregiver, HIV/AIDS educator, and as coordinator of the Transportation Access Project for PWHIV/AIDS I am familiar with some of their transportation needs.

As of January 1, 1992, the Minnesota Department of Health (MDH) showed a cumulative total of 1117 AIDS cases in the state; 344 of these people are still living. A cumulative total of 1889 HIV positive people (non-AIDS) have been reported to the MDH. There are an estimated 4400 to 17,000 people in Minnesota living with HIV. The majority live in the metro area. Within the next decade, almost half of those living with HIV, who are today asymptomatic, may eventually receive an AIDS diagnosis.

About a third of PWAIDS need some help with transportation¹. Because of the exorbitant cost of medical care for PWHIV/AIDS, financial limitation is a major reason for needing rides. Fourteen percent of those needing help with transportation can no longer afford the bus. Many PWHIV/AIDS are challenged by debilitating symptoms such as chronic fatigue, neuropathy, depression, and dementia.

Many of those needing transportation assistance receive rides from informal caregivers including partners, family, friends and buddies, and from staff and volunteers at AIDS Service Organiza-

tions (ASOs). Rides from ASOs are generally restricted to appointments related to health care needs. Over half of those needing help with transportation need rides to shop for groceries and to do laundry. Only 29 PWAIDS are currently certified for Metro Mobility.

When the American with Disabilities Act was passed by Congress, you could almost hear a collective sigh of relief from all the people affected by HIV/AIDS across the country. To know that there is now civil rights protection on a national level for PWHIV/AIDS, who have spent the last decade facing the dual oppression of ableism and homophobia, gives this community hope. This evening, my comments on your paratransit plan come from an acute awareness of the additional barriers PWHIV/AIDS face because of the stigma our society has spent so much needless time and energy attaching to this condition.

General Comments

In this day of budget cuts and program reductions I hope the RTB will not be tempted to use the ADA as a maximum requirement for providing transportation services for the physically and mentally challenged. Already, you are planning to cut costs by tightening the eligibility requirements to match ADA criteria (Figure A-22). It is my hope that you will continue in the progressive tradition of our state and use this legislation as a guide for providing the most meaningful and sensitive possible services for the disabled.

My comments on your plan focus on four areas: 1) accessibility of fixed-route service and the capacity of Metro Mobility to provide adequate service as more routes become accessible, 2) the certification process for Metro Mobility, 3) the lack of HIV/AIDS training of RTB, MTC, and Metro Mobility administrative staff and drivers, and 4) inclusion of members of the HIV/AIDS affected community in the paratransit decision making process.

Accessibility of Fixed-Route Service/Metro Mobility Capacity

I am very concerned about the capacity of Metro Mobility to provide service for the disabled during the winter months. After this year's Halloween blizzard the accessible route service now available became almost 100% inaccessible. Even today, six weeks after the last storm, I am hard pressed to find a full block of side walk that is negotiable by anyone who is not an olympic hurdler and ice skater.

Your plan states that "it is expected that transit services for persons with disabilities will largely be provided by accessible fixed-route services" (p. 36). Surely you don't believe this to be true during the winter. Will Metro Mobility continue to have the capacity to provide paratransit service during the winter to those who meet the ADA eligibility requirements? This means that during an average of six months of the year, Metro Mobility must be able to provide service as if the accessible fixed-route service never existed. According to your eligibility estimates, Metro Mobility and suburban paratransit complementary services would have to be able to accommodate at least 8500 new riders (p. 28- 29) within 24 hours of a snow storm. These riders would include all those who meet the second two of your three eligibility categories (p.37). Many of the PWHIV/AIDS who normally rely on fixed-route service would become eligible during much of the winter. Will the option you have chosen for restructuring Metro Mobility (p. 31-32) in response to budget cuts remain feasible during the winter months, especially with the increased reliance on transit hubs?

The alternative would be for the RTB and MTC to work with the metro area public works departments to guarantee that sidewalk shoveling ordinances are strictly enforced, cars in alleys and driveways do not block sidewalks, and that all corner curbs and curb-cuts are thoroughly cleared after plowing. For this alternative to work, compliance must be close to 100%. *This means*

not just clearing MTC stops.

Certification Process

A PWHIV/AIDS could conceivably meet any of the three eligibility categories established by the ADA (p. 37). Many of the symptoms related to opportunistic diseases and infections as well as symptoms directly caused by HIV infection challenge both the physical and mental abilities of PWHIV/AIDS.

A primary concern for PWHIV/AIDS is confidentiality of medical information. Because of the stigma associated with HIV/AIDS, the potential for discrimination based on disclosure of HIV/AIDS status is heightened.

"ADA paratransit eligibility is based on a functional, rather than a medical, model"². To respect the need to maintain confidentiality for PWHIV/AIDS, the inclusion of medical or diagnostic documentation for certification should be avoided. Because the test for eligibility is based on the person's functional ability, documentation from sources such as the PWHIV/AIDS' case manager or caregiver will be adequate to prove eligibility. There is no scientific basis for "a need to know" by any of the personnel involved in reviewing a PWHIV/AIDS' eligibility for complementary service, or by those involved in service provision including dispatchers and drivers.

In revising the Metro Mobility certification process, I recommend that you include representatives from the community of people affected by HIV/AIDS on the eligibility/certification task force (p. 37) and the Transit Accessibility Advisory Committee. These representatives should be sensitive to the unique needs of PWHIV/AIDS. I also recommend that before you hold your public meeting to solicit comments on the new certification process that you advertise the meeting schedule in the lesbian/gay press and notify AIDS Service Organizations.

HIV/AIDS Training

Training for paratransit providers needs to include basic HIV/AIDS information. The potential for discrimination and

insensitive treatment of riders because of presumed HIV/AIDS status can be greatly reduced by comprehensive training programs.

I recommend that you include an HIV/AIDS unit in your annual training activities for all MMAC personnel, and MTC and RTB staff and board members. Audience members would include drivers, managers, supervisors, mechanics, maintenance employees, and Transit Information Representatives. Training needs to include the following topics: basic HIV/AIDS epidemiology, HIV transmission, risk reduction including the use of universal precautions for infection control, homophobia and HIV/AIDS, the importance of maintaining confidentiality and privacy, and sensitive care of PWHIV/AIDS.

I also encourage RTB board members and staff to work with the Minnesota Department of Transportation to mandate similar HIV/AIDS training programs for Metro Mobility and suburban complementary paratransit providers. I hope you will include these training provisions in your revised version of the ADA Paratransit Plan.

Inclusion of HIV/AIDS Community Representatives in Planning Process

If paratransit programs are to adequately serve PWHIV/AIDS in the future, representatives from the community of those affected by HIV/AIDS need to be included in all stages of program planning and decision making. These representatives are PWHIV/AIDS, case managers, caregivers, and ASO administrators familiar with the transportation needs of PWHIV/AIDS.

I recommend that the RTB appoint members of the HIV/AIDS community to the Transit Accessibility Advisory Committee including the Metro Mobility and Regular Route Subcommittees, and the Appeals Board. The RTB should also plan to review the current draft paratransit plan and all future plans and revisions with ASOs and HIV/AIDS activist groups like ACT/UP Minnesota.

Notices of the availability of future plans and public hearings, and informational documents relating to paratransit

services, need to be sent to the media accessed by PWHIV/AIDS. These include newspapers serving the lesbian and gay community and communities of color, and newsletters published by ASOs.

References

1. Meeting the Needs of Minnesotans with HIV disease. The Report from the HIV Services Planning Project. Minnesota Department of Health, Minneapolis, MN. 1991. 117 pp.
2. ADA Paratransit Handbook. 4. Determining ADA Paratransit Eligibility. U.S. Dept. of Transportation, Urban Mass Transit Administration. Washington, D.C. 1991. pp.4-1 to 4-16.

ESTIMATE

12/09/91

The cost of recertifying 10,000 Metro Mobility riders (half of the riders), by having a clinic evaluate them.

Occupational therapist rate for evaluation: \$100.00. Half of the rate: \$50.00 x 10,000	\$500,000.00
Metro Mobility subsidy round trip \$14.00 x 10,000	140,000.00
Fare paid by rider round trip: \$4.00	<u>40,000.00</u>
TOTAL	\$680,000.00

\$680,000.00 ÷ 10,000 riders = \$68.00 each

Respectfully estimated,

T.G. Jerry Hayes



Testimony
Regarding the 1992 ADA Paratransit Plan
presented to the
Regional Transit Board
January 13, 1992

I appreciate the opportunity to add our testimony to the comments regarding the ADA Paratransit Plan. An overall concern is that the Plan is too general in many ways. This is understandable in that the effort is just beginning; yet, the ultimate implementation is vague. We trust that you, as members of the Regional Transit Board, will place an appropriate level of importance on a variety of solutions to address the transit needs of persons with disabilities.

The Metropolitan Center for Independent Living has long held the position that paratransit eligibility should be based on the functional ability of the individual rider. We are pleased to see that approach used.

This Paratransit Plan must be viewed in the context of the Vision for Transit recently announced to the public. The integration and interrelationship between paratransit operations and the future changes in the fixed route system and the community transit services should be stressed even more. I also see nothing in the Plan which states that the fare a person pays will not be increased when a transfer is made from one mode of transit to another. If the paratransit component is part of the larger transit system, then RTB policy that encourages the transfer from one transit component to another should be established.

I also applaud the commitment I see in the Plan for the requirement that the suburban service area have adequate paratransit capability before Metro Mobility is removed from that area. I believe the net result of that approach is an increase in the area of coverage of paratransit options. This specific issue requires a strong commitment by the RTB to ensure implementation. The evaluation of an area must demonstrate a flexible, quality and useable service.

A heavy emphasis was placed on the administration of a survey of transit providers. I believe no valid conclusions can be drawn from the survey results. Many of the potential respondents have vehicles supplied through the UMTA 16(b)(2) program, administered by the Minnesota Department of Transportation (MnDOT). At this point, it is far from realistic to consider those organizations as viable providers of paratransit. MnDOT has not yet required that applicants for these vehicles comply with the criterion that the use of these vehicles will be coordinated with other transit services. This is not now a priority for organizations. It will not be a priority in the future unless there is strict adherence to application requirements. In 1986 MCIL identified this as a problem. These organizations should be approached as transit planning and new services are developed.

The success of the Plan requires adequate accessible transit service in the suburban areas. We believe that the transit services must follow the same requirement for lift-equipped vehicles applied to larger systems. If this issue, illustrated in Figure 11 on page 22, is not addressed, the level of access will be diminished. True implementation of access cannot be attained.

The climate in Minnesota necessitates that different options be available for persons who are affected by the weather or when snow adversely affects the level of access. The RTB should be recognized for its role in ensuring that environment be considered in the ADA regulations and for efforts up to this point of arranging for bus stops to be cleared of snow. Allowances should also be made for persons adversely affected by the summer heat and humidity. The only way that accessible transit services will be used is to have a dependable and reliable system.

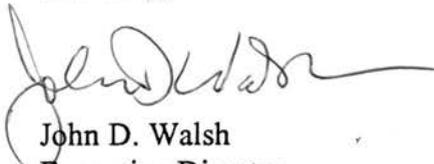
While the Plan briefly addresses the certification process, I encourage the Board to keep the process as simple as possible and recognize that persons are not misusing or abusing the system. They need adequate and reliable transit services.

Persons will use the option which works the best, is useable and reliable. Your challenge is to have those characteristics apply to all parts of the transit system.

MCIL supports ongoing educational efforts for both riders and providers regarding of the options and changes in public transit during this transition period. We support the ADA Paratransit Plan for its flexibility and the role it plays in moving the metropolitan area towards an integrated and functional public transit system.

Thank you for the opportunity to contribute our thoughts and comments.

Sincerely,



John D. Walsh
Executive Director

To Whom It May Concern:

Ex. F.

I'm looking thru this plan, I see no references made to our severe Mn weather. I define severe weather as all conditions that could be physically harmful or dangerous ~~to~~ either a person or a wheelchair.

I know the ADA minimum requirements do not take into account climate, but I don't believe any plan for this area could have the level of success desired by the RTB, MTC or the system users unless such provisions are made.

To back up my point I refer you to Appendix Figure A-7, 1991 Accessible Bus. Note the dramatic jump in ridership between March & April, when the weather warms up. Also note the dramatic decline in ridership between October & November, when cold, snow and ice become factors again.

Even during the summer months the weather can cause problems. A rainstorm may keep people in ~~a~~ wheelchairs from getting to work on any given day. A series of rainy or cold days may cost some people their jobs, if there is no alternative transportation method in such cases.

The System cannot be expected to cover all exception situations, but we must remember and take into account that for extended periods of time the weather exceptions are the norm in Mn.

David Breifladt, 1/13/92 public hearing on ADA Paratransit Plan
(927-6127) Elina, Mn

Ex H.
rec'd 1/16/92

**Governor's Planning Council
on Developmental Disabilities**

Minnesota Department of Administration

300 Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155
(612) 296-4018 voice
(612) 296-9962 TDD
(612) 297-7200 fax

January 15, 1992

Members

Regional Transit Board
230 East 5th Street
St. Paul, Minnesota 55101

Dear RTB Members:

The Council staff have reviewed the draft ADA Paratransit Plan for the Twin Cities Metropolitan Area. Their comments are outlined below.

CHAPTER III

Under the new eligibility process, can it be assumed that Metropolitan Transit Commission (MTC) drivers will continue to assist passengers in the current manner on accessible fixed routes? In some cities where accessible fixed route transit and paratransit are available, the drivers of the accessible fixed route service do little more than operate the lifts. The level of assistance provided by MTC drivers of accessible fixed route service should not be decreased. This allows for more spontaneous travel and could result in more people trying and using the accessible fixed route service over time.

B. Accessible Regular Transit

This section implies that some persons would be required to use regular accessible transportation or Metro Mobility depending on the origin and destination of the trip. On the surface, this sounds like a good idea; but who makes this decision? Is there sufficient information available to accurately make this decision for each destination and individual making the trip? For example, a destination may be on an accessible bus route; but the passenger may need to travel a block or more to reach an accessible entrance with the route to same being of varying difficulty depending on such things as sloping terrain, embankments, limited sidewalks, curb cuts, and large parking lots.

Members, Regional Transit Board
Page 2
January 15, 1992

It seems that the magnitude of such decision making will be financially exorbitant even with the most powerful computers available.

Will seasonal certification for Metro Mobility still be available?

Functional Assessments

If functional assessments are required for an individual to retain or secure eligibility for Metro Mobility, who will pay for the assessment?

The document notes that the composition of the appeals panel will be modified by adding a physician, physical therapist, or an expert on cognitive, hearing, or visual disability. Persons with similar backgrounds should also be involved in the functional assessments. Persons knowledgeable about the impact of multiple disabilities should be involved in assessments and the appeals process as well.

What steps can be taken to ensure that persons conducting functional assessments will have real life experience, not just a guest trip using Metro Mobility or accessible fixed route bus service? The same question is relevant for those persons serving on any appeals panel.

CHAPTER IV

Availability of Paratransit Plan in Accessible Formats

If the intent was to supply this document in large print, New Century School Book 12 Point Print is not considered large print. Print which is 14 point or larger is considered large print.

Your careful consideration of these comments is appreciated.

Cordially,

A handwritten signature in cursive script that reads "Duane Shimpach as RT".

Duane Shimpach
Chair

DS/rf

Ex I

rec'd 1/16/92

January 14, 1992

Regional Transit Board,
230 E 5th St.,
St. Paul, Mn. 55101.

Re: RTB-ADA COMPLIANCE PLAN.

From the information we have received so far, it seems that the ADA rules were targeted to communities that do not have para transit service at the present.

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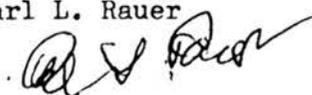
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In order to travel independently, it requires both orientation and mobility. Wheel chair users may have orientation, but lack mobility. Blind riders may have mobility, but lack orientation.

Please, go slow in adopting new criteria. Listen to our testimony, and have a representative of the users on the committee that drafts the new criteria.

Carl L. Rauer



CARL RAUER
1085 FLANDRAU ST
SAINT PAUL MN 55106

HSI HUMAN SERVICES, INC., IN WASHINGTON COUNTY, MINNESOTA

January 16, 1991

Michael J. Erlichmann
Chair
Regional Transit Board
230 East Fifth Street
St. Paul, Minnesota 55101

Dear Mr. Erlichmann:

Thank you for the opportunity to submit written comments on the Draft ADA Paratransit Plan for the Twin Cities Metropolitan Area. After careful review of the plan Human Services, Inc. in Washington County would like to convey some concerns.

First, is the calculation method based on the financial assumptions that 10% of the trips will cost \$3.00 each and another 10% will cost \$5.00 each realistic?

From the 1990 Program Operating Data provided in the plan it appears that at 1990 costs only two of the County/Rural Programs listed were under \$5.00 per trip. Most of these programs currently operate in parts of the suburban service area identified. The range of costs in 1990 for County/Rural Programs was from \$3.39 per ride to \$10.73 per ride. Does not the lower cost (\$4.32) Carver County program depend heavily on volunteers using their own cars? It should also be pointed out that the average number of service miles per trip for the Westonka Program (whose per trip cost was \$3.39) was 1.5.

In 1990 two out of the nine Small Urban and Opt-out Paratransit Programs costs per trip were between \$3.00 and \$5.00 and two were under \$3.00. I assume the two taxi programs which cost less than \$3.00 were not wheelchair accessible because only 2 out of 31 vehicles in all the Small Urban and Opt-out programs were lift equipped. Again it should be pointed out that the average number of service miles per trip for the two programs was 1.1 and 1.25. The range was from \$2.22 to \$10.40 cost per trip.

In 1990 two out of the nine Regular Route Transit Services costs per trip was under \$3.00. The MTC was at \$1.61 and the University Service was \$2.28. One of the Regular Route Services was over \$5.00 per ride.

AN EQUAL OPPORTUNITY EMPLOYER

First off, taking into consideration; two years of inflation, trips in the suburban areas likely not being under two miles in length, the necessity of more lift equipped vehicles, and a currently higher cost per trip for service in many of the suburban areas, are the financial assumptions realistic? What type of service is available or can be purchased at the assumed rates?

Second, there is concern about the potential impact of the proposed overall reduction of the current level of funding of Transit Services for persons with disabilities in the suburban areas of Washington County.

Third, the plan does not seem to address how the potential increase in demand for services in the suburban high growth areas will be met. In the ADA core service area it appears there can be no limitations set on the levels of service provided and the funding will have to follow. How will the RTB insure the needs in the suburban service areas are met as the needs continue to grow? If suburban areas continue the current growth patterns, their needs for services such as transit will become as great as the core service areas. If the level of services does not grow as much as the need, people who are transit dependent will be forced to live only in the core service area. How successful has the Anoka County Traveler model been in responding to increased needs in the Anoka County? Is the RTB able to meet the necessary increased financial commitment or will it fall onto the local governmental entities.

Fourth, as the RTB begins the needs assessment in the suburban service areas it should coordinate the planning process to insure participation of current providers, County staff, City staff, and agencies and businesses whose clients are transit dependent. The more visible impact the local community people have on the planning process and end result, the more likely there will be continued support and long term success. We recommend that the RTB continue to provide a "family of services" which allows for meeting a variety of transit needs with different services.

Finally, the concept of transit hubs appears workable as long as there is some provision for the transit dependent who cannot travel independently as a result of a mental or physical limitation. Currently there are many vulnerable Metro Mobility riders who ride from "protected" site to "protected" site. While their home is in the suburban service area their place of employment or needed service location is in the core service area. A physical transfer may not be possible without some limited physical supervision at the transfer hub. Each ride request may need to be considered on a case by case basis to address these issues of vulnerability.

Thanks again for the opportunity to comment on this plan.

Sincerely,

A handwritten signature in cursive script that reads "Dennis Johnson". The signature is written in dark ink and is positioned to the right of the typed name.

Dennis Johnson
Division Director
Transportation Services

cc: ✓ Greg Andrews, Executive Director, RTB
Robert Butler, COO, HSI
Jim Babcock, Program Supervisor, HSI

PRE-REGISTERED SPEAKERS AT PUBLIC HEARING
RE: ADA PARATRANSIT PLAN, 1/13/92

- ✓ 1. ~~Tom Heiml~~
- ✓ 2. Valerie Brown
3. Jonathan Manft, rep. Transportation Access Project for People with HIV/AIDS
- ✓ 4. Jerry Hayes, Senior Federation
5. ~~Sally Moran, rep. Dakota County~~
- ✓ 6. Lolly Lijewski, rep. Minneapolis and St. Paul Society for the Blind
- ✓ 7. Sharron Hardy
8. Rebecca Anderson, Edina
9. Juliette Silvers, rep. self; member of American Council of the Blind of Minnesota and Blind Advocates for Metro Mobility
10. Max Swanson, Metro Mobility User
11. C. Milo Gilliland, self

Jerry Hayes,
SENIOR
FEDERATION

✓ ~~Don Chapdelaine, Chair~~ ✓ Roger Blohm
Ron Noelfel 278 E. Wyoming St. Paul
✓ LeRoy Marshall 800 3rd Ave NE



Ex H.
rec'd 1/16/92

**Governor's Planning Council
on Developmental Disabilities**

Minnesota Department of Administration

300 Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155
(612) 296-4018 voice
(612) 296-9962 TDD
(612) 297-7200 fax

January 15, 1992

Members
Regional Transit Board
230 East 5th Street
St. Paul, Minnesota 55101

Dear RTB Members:

The Council staff have reviewed the draft ADA Paratransit Plan for the Twin Cities Metropolitan Area. Their comments are outlined below.

CHAPTER III

Under the new eligibility process, can it be assumed that Metropolitan Transit Commission (MTC) drivers will continue to assist passengers in the current manner on accessible fixed routes? In some cities where accessible fixed route transit and paratransit are available, the drivers of the accessible fixed route service do little more than operate the lifts. The level of assistance provided by MTC drivers of accessible fixed route service should not be decreased. This allows for more spontaneous travel and could result in more people trying and using the accessible fixed route service over time.

B. Accessible Regular Transit

This section implies that some persons would be required to use regular accessible transportation or Metro Mobility depending on the origin and destination of the trip. On the surface, this sounds like a good idea; but who makes this decision? Is there sufficient information available to accurately make this decision for each destination and individual making the trip? For example, a destination may be on an accessible bus route; but the passenger may need to travel a block or more to reach an accessible entrance with the route to same being of varying difficulty depending on such things as sloping terrain, embankments, limited sidewalks, curb cuts, and large parking lots.

Members, Regional Transit Board
Page 2
January 15, 1992

It seems that the magnitude of such decision making will be financially exorbitant even with the most powerful computers available.

Will seasonal certification for Metro Mobility still be available?

Functional Assessments

If functional assessments are required for an individual to retain or secure eligibility for Metro Mobility, who will pay for the assessment?

The document notes that the composition of the appeals panel will be modified by adding a physician, physical therapist, or an expert on cognitive, hearing, or visual disability. Persons with similar backgrounds should also be involved in the functional assessments. Persons knowledgeable about the impact of multiple disabilities should be involved in assessments and the appeals process as well.

What steps can be taken to ensure that persons conducting functional assessments will have real life experience, not just a guest trip using Metro Mobility or accessible fixed route bus service? The same question is relevant for those persons serving on any appeals panel.

CHAPTER IV

Availability of Paratransit Plan in Accessible Formats

If the intent was to supply this document in large print, New Century School Book 12 Point Print is not considered large print. Print which is 14 point or larger is considered large print.

Your careful consideration of these comments is appreciated.

Cordially,



Duane Shimpach
Chair

DS/rf

Ex I

rec'd 1/16/92

January 14, 1992

Regional Transit Board,
230 E 5th St.,
St. Paul, Mn. 55101.

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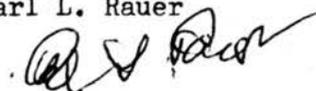
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13. Reed Risk

REGIONAL TRANSIT BOARD

ROLL CALL AND ATTENDANCE SHEET

DATE: 4/13/92

BOARD OR COMMITTEE: Public Hearing

Member Name Present Vote Vote Vote Vote Vote Vote Vote Vote

ISSUE

Mike Ehrlichmann ✓

Maryann Campo ✓

Doris Caranicas ✓

Sharon Feess ✓

~~John Finley~~

Ruth Franklin ✓

Val M. Higgins ✓

Sandra Hilary ✓

Don Scheel ✓

~~Richard Wedell~~

~~Tom Workman~~

Visitors

Staff

ga eho
mf, sh
if



REGIONAL TRANSIT BOARD

Mears Park Centre
230 East 5th Street
St. Paul, Minnesota 55101
612/292-8789

PUBLIC HEARING TO ACCEPT COMMENTS ON THE DRAFT ADA PARATRANSIT PLAN

Please sign in if you wish to testify.

Name

Address

Roger Blohm

UHF

HSI HUMAN SERVICES, INC., IN WASHINGTON COUNTY, MINNESOTA

January 16, 1991

Michael J. Erlichmann
Chair
Regional Transit Board
230 East Fifth Street
St. Paul, Minnesota 55101

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Thanks again for the opportunity to comment on this plan.

Sincerely,



Dennis Johnson
Division Director
Transportation Services

cc: ✓ Greg Andrews, Executive Director, RTB
Robert Butler, COO, HSI
Jim Babcock, Program Supervisor, HSI

DRAFT

**ADA PARATRANSIT PLAN
FOR THE
TWIN CITIES
METROPOLITAN AREA**

Prepared by the
Regional Transit Board
and
Metropolitan Transit Commission

December 19, 1991

TABLE OF CONTENTS

	<u>Page</u>
LIST OF FIGURES	i
CHAPTER I. INTRODUCTION	1
A. Plan Overview	1
B. Entities Submitting Plan	2
C. Overview of the Regional Transit System	3
CHAPTER II. EXISTING SERVICE	5
A. Existing Regular Route	5
B. Regional Paratransit Service: The Existing Metro Mobility Program	16
C. Small Urban and County/Rural Transportation Services	19
CHAPTER III. PROPOSED SERVICE	25
A. Vision for Transit	25
B. Accessible Regular Route Transit	26
C. Description of Proposed Complementary Service	26
D. Description of the Proposed Eligibility Determination Process	36
CHAPTER IV. PUBLIC PARTICIPATION PROCESS USED TO DEVELOP THE PLAN	40
A. Public Participation Process	40
B. Summary of Significant Issues Raised in the Public Comment Period and RTB/MTC Responses	42
APPENDIX	

CHAPTER I. INTRODUCTION

A. PLAN OVERVIEW

Specialized paratransit services for persons with disabilities have been provided in the Minneapolis-St. Paul metropolitan area since 1976. At that time, the Metropolitan Transit Commission initiated a specialized transit program, known as Metro Mobility, for those who were not able to use regular route transit service. The Metro Mobility program has grown significantly over the past 15 years and now carries more than 1,500,000 passengers each year. In addition to Metro Mobility, several supplemental transportation programs serve those with disabilities. Accessible regular route transit service has also been initiated in the region during the past two years. It is within this context that this ADA paratransit plan for the Twin Cities metropolitan area has been developed for submittal to the Urban Mass Transportation Administration.

This plan describes how and when the complementary paratransit requirements of the Americans with Disabilities Act (ADA) will be met in the Minneapolis-St. Paul metropolitan area. The plan includes a discussion of how regular route transit and paratransit services are presently provided and how they will be modified to enhance service throughout the region, and will meet the requirements established of the ADA.

By federal law, it is required that each public agency that operates a fixed route public transit service develop and submit a paratransit plan by January 26, 1992. This plan has been developed in accordance with the specific requirements of rules and regulations published in the September 6, 1991, **Federal Register**. Accordingly, the document has been organized in the manner specified in these regulations:

Chapter I. Introduction: This chapter provides an overview of the plan, information about the entities submitting the plan, and a discussion about the regional transit system in the Twin Cities metropolitan area.

Chapter II. Description of Existing Services: This chapter of the plan includes a description of regular route transit and paratransit services provided in the Twin Cities metropolitan area.

Chapter III. Description of Proposed Services: In this chapter, a description of the proposed complementary paratransit service and the proposed eligibility determination process is presented. A discussion of how the region will provide accessible regular route transit over the next five years is also included.

List of Figures in ADA Paratransit Plan

- Figure 1. 1990 Operating Data for Regular Route Transit Service in the Twin Cities Metropolitan Area
- Figure 2. Regular Route Service Coverage: Weekday Peak
- Figure 3. Regular Route Service Coverage: Weekday Midday
- Figure 4. Regular Route Service Coverage: Weeknight and Saturday Night
- Figure 5. Regular Route Service Coverage: Saturday
- Figure 6. Regular Route Service Coverage: Sunday
- Figure 7. Patronage by Service Type for Regular Route Bus Service
- Figure 8. Regular Route Fares
- Figure 9. Metro Mobility Patronage 1987--1991
- Figure 10. Metro Mobility Service Area
- Figure 11. 1990 Operating Data for Paratransit Programs in the Twin Cities Metropolitan Area
- Figure 12. County/Rural, Small Urban, and Opt Out Paratransit Patronage
- Figure 13. Small Urban, County/Rural, and Opt-out Paratransit Services
- Figure 14. Implmentation Schedule for Accessible Buses
- Figure 15. Projected Metro Mobility Ridership Demand in ADA Core Area
- Figure 16. Five-Year Metro Mobility Budget
- Figure 17. ADA Paratransit Plan Implementation Milestones

Chapter IV. Public Participation Process: A discussion of the public participation process for developing the plan is presented in this chapter. Public comments made on the proposed plan have also been included.

Appendix: Supporting documentation for the text of the plan, as well as required certifications and resolutions, have been included in this section.

The plan must be updated annually.

B. ENTITIES SUBMITTING PLAN

The ADA Paratransit Plan for the Minneapolis-St. Paul Metropolitan Area has been jointly developed and submitted by the Regional Transit Board (RTB) and the Metropolitan Transit Commission (MTC). By federal rule, the plan is to be submitted by the public agency that operates a fixed route public transit service; i.e., the MTC in this metropolitan area. However, the RTB, because of its unique responsibilities granted by Minnesota legislation for providing paratransit service in the Minneapolis-St. Paul Metropolitan area, has taken a major role in the development of the plan, and, therefore, the plan is being submitted jointly by the two agencies.

Regional Transit Board

The Minnesota Legislature created the RTB in 1984 to plan, coordinate and administer transit systems in the seven-county metropolitan area. The RTB is composed of ten board members and a full-time chair.

By state law, the RTB has been specifically mandated to implement special transportation within the Twin Cities metropolitan area, including the establishment of management policies, contracting with providers and establishing an advisory committee. Furthermore, the RTB is required to annually approve transit operators' budgets, including the MTC's capital and operating budgets.

The address and contact person at the RTB is:

Gregory L. Andrews, Executive Director
Regional Transit Board
230 E. Fifth Street
St. Paul, Minnesota 55101
612/292-8789
612/227-2739 (FAX)

Metropolitan Transit Commission

The MTC is the primary provider of regular route transit services in the region. The MTC is also under contract to the RTB to operate the Metro Mobility Administrative Center which conducts certification, responds to customer inquiries and monitors the provision of services for the Metro Mobility program.

The address and contact person at the MTC is:

Michael D. Christensen, Chief Administrator
Metropolitan Transit Commission
560 Sixth Avenue North
Minneapolis, Minnesota 55411-4398
612/349-7510
612/349-7612 (FAX)

C. OVERVIEW OF THE REGIONAL TRANSIT SYSTEM

Transit services in the Twin Cities metropolitan area are provided through a variety of service types and by a number of different public and private operators. Although regular route transit service represents about 90 percent of the total transit service provided, many residents in the metropolitan area also depend upon community-based or other specialized transit services.

For many years, the Twin Cities metropolitan area has been committed to the provision of transit services through a "family of services" approach. This approach recognizes that not all transit needs can be satisfied in the same manner. Therefore, in addition to regular route transit services, community-based dial-a-ride and circulator services, special services for the elderly and those with disabilities, and rideshare and travel demand management strategies are also provided. Additionally, the region is proposing to implement light rail transit in the next 5 to 10 years. In order to understand how the various transit components complement one another and meet the variety of transit needs throughout the region, reference to the entire regional transit system is frequently made throughout the document.

The RTB, in conjunction with the region's Metropolitan Planning Organization (MPO)--Metropolitan Council and the MTC, has recently developed a "Vision for Transit" which identifies a plan for restructuring the entire regional transit system, which will result in service and facility improvements that will benefit all metropolitan residents. Later in 1992, building upon the ADA paratransit plan and the direction established in the "Vision for Transit," the RTB, will publish a Regional Transit Accessibility Plan which will specifically identify accessibility goals and requirements for all types of services and providers.

These planning efforts will result in significant changes in the Twin Cities regional transit system. This document focuses specifically on complementary paratransit service, which will be one essential element of a comprehensive transit system that offers many additional services for all Twin Cities residents, including persons with disabilities.

CHAPTER II. EXISTING SERVICE

A. EXISTING REGULAR ROUTE

The Twin Cities regular route transit system consists of 145 routes, utilizing 903 peak and 277 midday buses. In 1990, a total of 30.2 million miles of service were provided and 71,850,000 rides were taken. Total operating expenses in 1990 were \$120 million.* The regular route system is structured in a radial orientation focused predominantly on the two downtown areas of Minneapolis and St. Paul. A lesser but still significant focus of bus service is the Minneapolis campus of the University of Minnesota. The service area of regular route transit includes the cities of Minneapolis and St. Paul and 78 other municipalities with a total land area of 1,105 square miles. The 1990 population of the 80 communities totaled 2,028,416.

Service Providers

One public transit operator and four private operators provide nine regular route transit programs in the Twin Cities metropolitan area. The operators include the MTC, the largest provider and the only publicly owned provider of regular route transit, and four privately owned providers--North Suburban Lines, Valley Transit, Medicine Lake Bus Company and National School Bus Company. Figure 1 presents the 1990 annual operating data for each program.*

Regular Route Service

There are four types of regular route transit services operated in the Twin Cities: local radial, local crosstown, commuter express, and all-day express. A brief description of each route type is presented below. Figures 2 through 3 graphically depict regular route service coverage according to day of week, and time of day.

Local Radial Routes - There are 42 local radial routes that provide the core of regular route transit service in the Twin Cities metropolitan area. These routes radiate outward from the two downtowns of Minneapolis and St. Paul. Often, these routes have three to five "branches" that provide more neighborhood coverage in suburban areas, but at the same time diminish service frequency beyond the trunk of the route. An average of 190,000 daily riders use the local radial system. The MTC is the predominant provider of local radial route service and North Suburban Lines is the only privately owned provider of this type of service. Radial regular route transit service is operated seven days a week during the following times: weekdays and Saturdays, 5:00 a.m. to 1:00 a.m.; Sundays, 6:00 a.m. to midnight. Service frequencies range from five to 15

* Audited 1991 ridership and expenditures will be available in May, 1992. The number of routes and vehicles will remain essentially the same in 1992, with the addition of service to the Mall of America and new I-394 service.

Figure 1
1990 Operating Data for Regular Route Transit Service
in the Twin Cities Metropolitan Area

	Total Operating Expenses	Total Passengers	Total Service Miles	Total Service Hours	<u>Number of Buses</u>	
					Peak	Midday
Metropolitan Transit Commission	\$111,550,000	69,494,000	28,268,000	1,996,600	765	266
North Suburban Lines	1,170,199	265,825	396,641	16,976	16	4
Valley Transit	123,247	36,500	45,700	3,000	1	1
University of Minnesota Rt. 52 Commuter Express	1,475,892	647,427	342,116	22,073	38	0
Minnesota Valley Transit Authority	3,150,445	824,445	423,404	18,100	40	0
Southwest Metro Transit Commission	834,972	199,972	199,680	8,958	10	0
Maple Grove	416,701	80,541	59,700	2,578	12	0
Plymouth	668,346	144,088	126,303	7,208	15	0
Roseville Area <u>Circulator</u>	592,145	160,372	377,576	25,238	6	6
System Total	\$119,981,947	71,853,170	30,239,120	2,100,731	903	277

minutes during peak hours, 10 to 30 minutes in midday, and 20 to 60 minutes during evenings and weekends.

Local Crosstown Routes - There are 17 local crosstown routes that operate in the central cities and some first-ring suburbs. Approximately 10,000 daily riders use local crosstown service. These routes, coupled with the local radial routes, form a "grid" pattern of regular route transit service in the more densely populated areas of the Twin Cities. Some crosstown routes operate in more sparsely populated areas and provide community-oriented circulator services. In most instances, crosstown routes are scheduled to connect with well-patronized local radial routes at a major activity center such as one of the several major regional shopping centers located in the Twin Cities metropolitan area. Some of the local crosstown routes are operated by private bus operators using smaller buses (24-30 foot range). The private providers are National School Bus and Valley Transit. Local crosstown routes operate weekdays 7:00 a.m. to 6:00 p.m. and Saturdays 8:00 a.m. to 6:00 p.m. Service frequencies are 30 to 60 minutes on weekdays and Saturdays.

Commuter Express Routes - Eighty-two commuter express routes operate in the Twin Cities carrying close to 30,000 peak-hour commuters on a daily basis. The primary orientation of commuter service is to downtown Minneapolis where 60 percent of all commuter routes are focused to the peak daytime work shifts of the downtown employees. Downtown St. Paul is served by 25 percent of the commuter route system, and the University of Minnesota is served by the remaining 13 percent of the commuter express service. Commuter service is oriented to the downtown areas in the morning and outward to the suburban areas in the evening. There is virtually no midday, night or weekend service provided on any of the commuter routes. The MTC is the primary provider of commuter express service to the two downtown areas and is currently under contract as the provider of express bus service for all of the five "opt-out" programs. Medicine Lake Lines is the primary provider of the University of Minnesota commuter system. Service is available between 6:00 a.m. to 8:30 a.m. and 3:30 p.m. to 5:30 p.m. weekdays.

All-Day Express Routes - Four all-day express routes operate in high volume corridors in the Twin Cities. All of the all-day express routes are radial oriented and have connections with local radial routes. Approximately 9,000 daily riders are carried on all-day express routes. The MTC is the only provider of all-day express service. Days, hours and frequencies of service vary widely on this service.

A summary of transit services and daily patronage for all routes are presented in Figure 7.

Fares

The fare structure for regular route transit service is based upon service type--local, express; time of day: peak or base; and distance traveled: zone 1 or zone 2. Figure 8 presents a complete listing of all regular route fares.

Figure 4

SERVICE COVERAGE: Weeknight / Saturday Night (8:00pm - 1:00am)

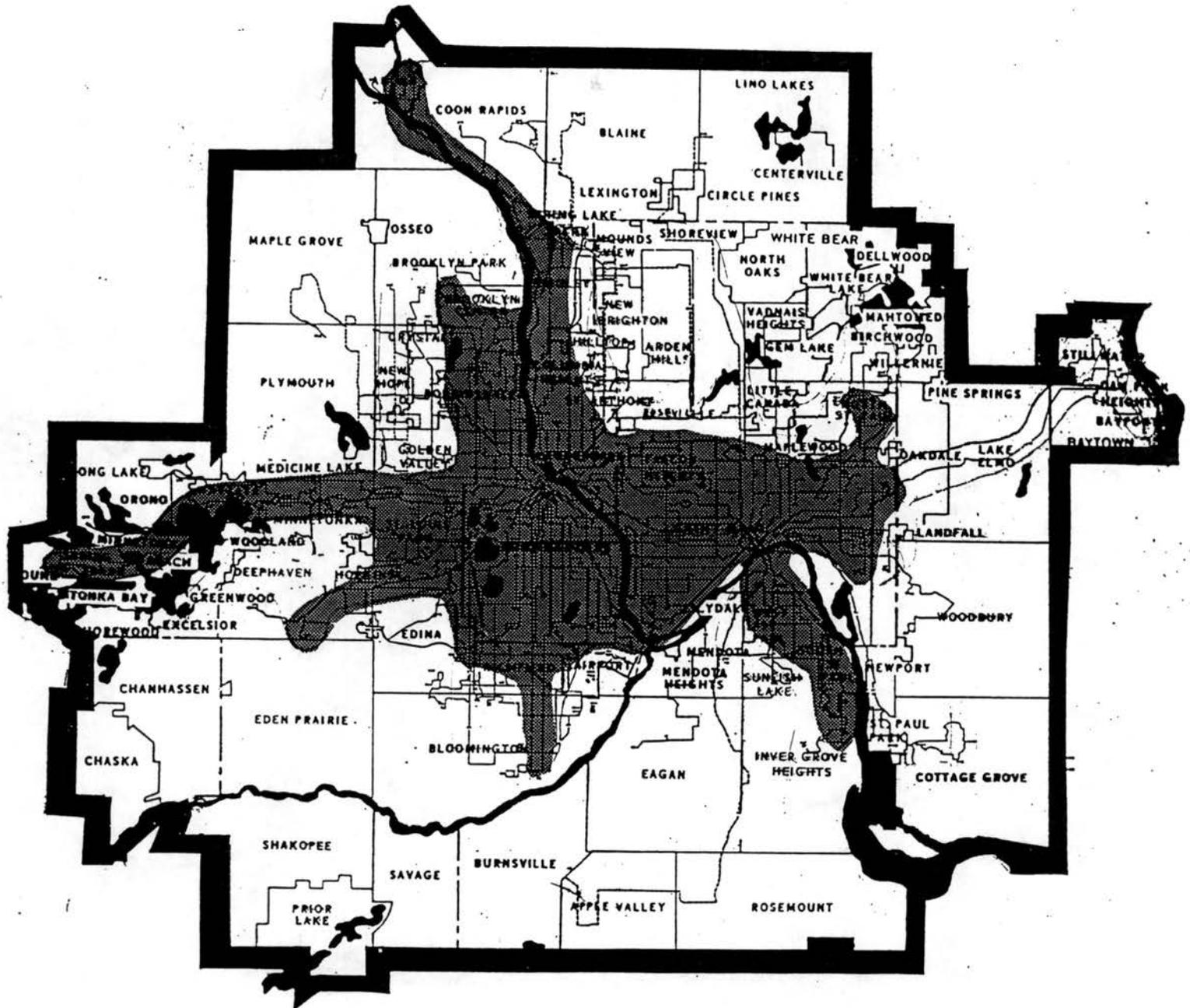
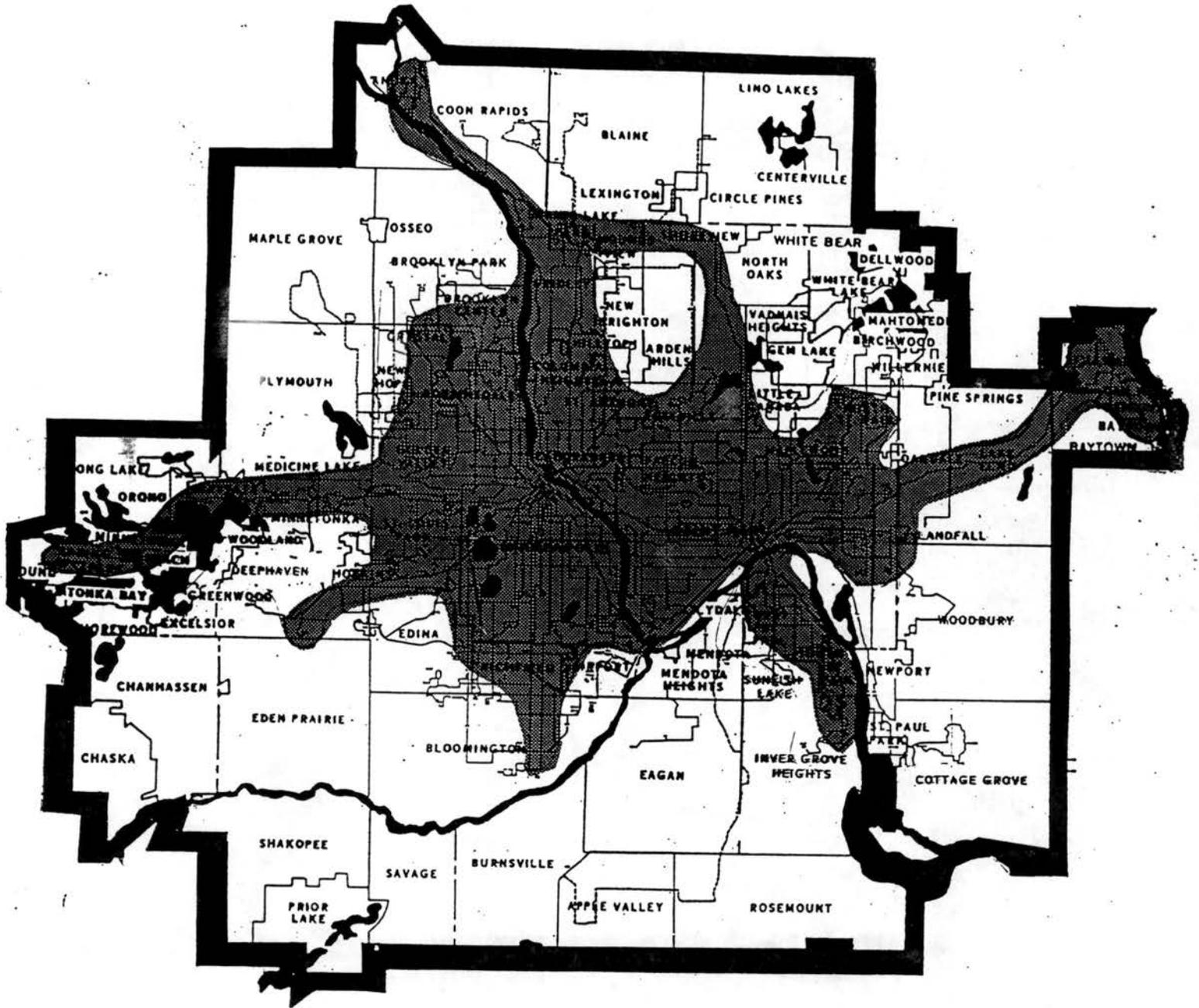


Figure 5

SERVICE COVERAGE: Saturday (7:00am - 8:00pm)



**Figure 7
Patronage by Service Type for
Regular Route Bus Service**

Route Type	No. of Routes	Daily Riders	Daily Service Miles	Bus Requirement	
				Peak	Middays
Local Radial	42	192,000	70,000	616	237
Local Crosstown	27	10,000	6,000	45	29
Commuter Express	82	32,000	20,000	199	0
All-Day Express	4	9,000	6,000	43	11
Total	145	243,000	102,000	903	277

**Figure 8
Regular Route Fares**

	Peak Hours*		Off-Peak Hours	
	<u>Cash</u>	<u>SuperSaver</u>	<u>Cash</u>	<u>SuperSaver</u>
Local Service	\$1.10	\$.80	\$.85	\$.55
Express Service	\$1.35	\$1.05	\$1.10	\$.80
Zone Crossing	\$1.35	\$1.05	\$1.10	\$.80
Express and Zone Crossing	\$1.60	\$1.30	\$1.35	\$1.05

* Peak Hours: 6 a.m. to 9 a.m. and 3:30 p.m. to 6:30 p.m. weekdays.

SuperSaver fares are based upon pre-paid fares using five-ride pack of tokens, ten-ride commuter tickets, or monthly passes.

Accessible Regular Route Transit Service

In December 1990, the RTB adopted the Accessible Regular Route Implementation Plan, which places priority on deploying lift-equipped buses on the local radial routes first. The justification for emphasis on local radial route service is to make the core of the Twin Cities regular route system accessible. These routes cover the fully developed areas of the Twin Cities having the highest concentrations of population, employment and traffic congestion. About 80% of the transit system ridership uses local radial routes.

Two independent evaluation criteria were used to select specific local radial routes for deployment of lift-equipped buses. The first criterion involves service to consumers; e.g., popular destinations, time of day, response time, and trip purpose. The second criterion was operational feasibility, e.g., availability of lift-equipped buses, bus requirement per route, destinations served by route, frequency of service, hours of service and garage deployment per route. Under the current bus fleet replacement plan and current levels of midday local radial route service, it will take approximately five to seven years for implementation of 100 percent midday accessible bus service. Figures A-1 through A-6, in the Appendix, illustrate accessible route coverage now in place and planned through 1996.

The MTC now operates 70 lift-equipped buses on seven bus routes. Five of the accessible routes are 100 percent accessible during off-peak hours on weekdays and all-day on Saturday and Sunday, and operate at service intervals of 12 to 30 minutes on an all-day basis. Presently, more than 20 percent of the existing midday regular route service is accessible.

The introduction of accessible regular route service in the Twin Cities metropolitan area has prompted the MTC to undertake various operational activities in order to ensure successful implementation.

Operational Commitment. The MTC provides accessible fixed route service on seven routes. Five of the routes are 100% accessible during the off-peak hours and 50-80% accessible during peak hours. One route employs lift-equipped, articulated buses for express rush-hour service. On weekends, when frequency of service is reduced, all buses on the seven routes are accessible. The MTC provides this service with 78 1990 Gillig buses equipped with Lift-U lifts, and 25 1991 New Flyer Articulated buses with Lift-U lifts. In keeping with consumer input, the MTC provides high frequency service on relatively few routes rather than less frequent service on more routes. On the seven accessible routes now in service, the average midday headway is approximately 15 minutes. The MTC will continue to implement accessible service in keeping with consumer needs and operational requirements, which are reflected in the joint RTB/MTC plan.

Transit Stop Signs (T-signs). All existing bus stops on the MTC's seven designated accessible routes have been evaluated as to their accessibility. All T-signs at the accessible stops have been marked with the blue and white international symbol for accessibility.

Bus Stop Snow Removal. Meetings have been held with the heads of the departments of public works of 11 cities through which MTC accessible service operates to encourage them to keep bus stops clear of snow. Ongoing efforts exist to promote accessible bus stops and to provide clear, unencumbered pathways.

Transit Supervisor Lift-Equipped Vans. The MTC has purchased two vans to equip with lifts. The vans will be used by on-street transit supervisors who will be able to respond to accessible service problems and, if necessary, pick up and transport disabled passengers stranded due to lift failures.

Back-up Plan. Procedures have been developed to assist transit supervisors in addressing on-line emergencies and service problems on accessible buses. This back-up plan is used by supervisors on the street and in the MTC's Transit Control Center.

Marketing Accessible Service. A number of joint RTB/MTC activities were implemented to market the start of the MTC's fixed route accessible service in April 1991. These included several bus lift and securement demonstrations throughout the Twin Cities and a free-ride Ambassador Program to encourage persons with disabilities to try the system. Schedules indicate the trips to which lift buses are assigned. An accessible bus brochure with information about how to ride the accessible service has been published.

Performance Data Collection. Ongoing data collection regarding accessible regular route service provides information for monthly performance reports. Information reported includes ridership, time lost boarding/alighting, number of in-service lift failures, lift-related accidents, and customer complaints. Ridership on the accessible regular route transit service is presented in Figure A-7.

Safety. MTC's safety department has been involved in the development of lift bus operating procedures. Safety has assisted MTC trainers in delivering lift and securement device training. The safety department has also worked with the MTC and Mn/DOT's Department of Public Safety to develop a securement system that meets state law.

Training. The MTC has provided training about accessible regular route bus service for drivers as well as maintenance, administrative and management personnel during 1991. Driver training is ongoing and is conducted by the MTC's training staff. Figure A-8, in the Appendix, lists the various training activities conducted by the MTC, in conjunction with disability consultants. Sensitivity and awareness training has been emphasized by the MTC as the key to the successful implementation of the accessible regular route service.

Fares. Persons with disabilities ride for 25 cents during off-peak hours on regular route transit service. Seniors, with proper identification, can also ride for 25 cents. A transfer is available free, so customers can change buses (if necessary) to complete his or her one-way trip. To be eligible for the reduced fare, persons with disabilities must show the drivers a Metro Mobility card or a Limited Mobility card.

B. REGIONAL PARATRANSIT SERVICE: THE EXISTING METRO MOBILITY PROGRAM

The Metro Mobility program is the regional demand-responsive, door-through-door service for persons who cannot use regular route transit because of a disability. Ridership has grown annually at an average annual rate of 14 percent, providing more than 1.5 million rides to more than 19,000 certified riders (see Figure 9). The Metro Mobility program is funded through a state appropriation. Over the years, Metro Mobility's tremendous growth has required increasing amounts of funding at the state level. In 1990, the RTB subsidy for Metro Mobility was \$14.7 million.

Service Area

Metro Mobility trips are provided by 13 providers including three taxi and 10 van companies. The providers serve 90 communities within a 1105 square mile service area (see Figure 10). The Metro Mobility service area has been expanded during the last five years to include the entire Metropolitan Transit Taxing District. When a rider wants to request a trip using Metro Mobility, a call is made a day in advance directly to one of the transit providers in his or her community. Most areas, except for sparsely populated communities, are served by three or more providers, and the rider may choose among them.

Eligibility/Certification

To be eligible for Metro Mobility at the present time, a person must meet at least one of the six Metro Mobility eligibility criteria. The six eligibility criteria are listed in the Medical Verification section of the Metro Mobility application (see Appendix, Figure A-9, for a copy of the application). A medical professional, familiar with the person's disability, indicates whether or not the person is eligible for Metro Mobility by completing the Medical Verification section. The form is then returned to the Metro Mobility Administrative Center (MMAC) with a \$10 certification fee. The MMAC processes the application within two to four weeks. If certified, the person receives: an identification card, a Rider's Guide, a list of transportation providers for that individual's location, and instructions for arranging rides (see Appendix, Figure A-10). Persons certified to travel with an escort are identified by certification numbers beginning with an even-numbered prefix. A Metro Mobility application can be sent through the mail or picked up at

the MMAC. In 1990, new riders were certified at an average of 522 a month. This was an 38 percent increase over 1989.

An appeals process has been established for individuals who would like to appeal a decision involving eligibility for the Metro Mobility service (see Appendix, Figure A-11, for a description of the appeals process). The appeal is reviewed by the Metro Mobility Certification Appeals board consisting of members of the Transit Accessibility Advisory Committee and RTB staff.

Service Hours, Days of Service and Response Time

Metro Mobility service is provided Monday through Friday from 6 a.m. to 11 p.m., and on Saturday, Sunday and holidays from 8 a.m. to 11 p.m. Trip requests must be made with the transit provider the day before service is required, between the following hours: Monday through Friday 6 a.m.-2:30 p.m. and Saturday, Sunday and holidays 8 a.m.-2:30 p.m.

Vehicles may arrive 15 minutes prior to the scheduled pick-up time and the driver is required to wait five minutes for the rider. The MMAC has a "No Show" policy. If a rider does not show up for scheduled rides three times within a 30-day period, the rider is advised that if s/he "no-shows" again during the next 30 days, s/he will be suspended from using the Metro Mobility services for 30 days.

Fares

The base fare for Metro Mobility is \$1.70 for a one-way trip. A 50 cent zone-crossing surcharge is applied when the trip origin and destination are in different zones. The same two zones as are used for regular route transit service are used to determine the surcharge. A 50-cent peak surcharge is applied when the scheduled pick-up time is during peak hours. Peak service hours are from 6 a.m.-9 a.m. and from 3:30 -6:30 p.m. One guest may accompany each passenger. Guests pay the same fares as the passenger. Escorts, however, pay no fare when accompanying a certified Metro Mobility rider.

Capacity Constraints

The trip assurance program, designed to eliminate trip denials, began July 1, 1990. The program was modified on July 22, 1991, to guarantee only those orders placed by 10:00 a.m. the day before service is needed. When a Metro Mobility provider receives a request that is difficult to provide, they can enter the trip into the MMAC computer. Other providers can view these trips and select those that fit into their work load. Trips not chosen are assigned to a provider on a rotating basis. The assigned provider is required to provide the trip. Metro Mobility riders are informed if their trip is placed into the trip assurance program. The assigned provider will call the rider before 7:30 p.m. to confirm the trip and the pickup time

for the next day. The assigned provider may change the time of the pickup to one hour before or after the requested time for trip assurance rides.

Restriction on Trip Purpose

There is no restriction on trip purpose for Metro Mobility service.

Service Types

The Metro Mobility program offers two basic types of service: (1) rides provided on a demand-responsive basis, and (2) rides provided as a standing order. Demand-responsive requests for service must be made with transit providers between 6 a.m. and 2:30 p.m. the day before the service is required. If a rider travels from the same address to the same destination three or more times a week, the rider can request a standing order for transportation. An initial standing order fee of \$10 is required. An application form requesting a standing order is submitted to the MMAC. The rider indicates on the form the preferred provider, as well as the days, time and pickup/drop-off locations. Changes to the standing order are made directly with the provider. Standing orders are automatically cancelled on certain holidays. Currently, standing orders represent 54 percent of total trips.

Subscription trips are provided by the Metro Mobility program through contractual arrangements with several Day Training and Habilitation centers. Under Minnesota state law, these centers are responsible for transportation to and from the center locations. Therefore, the subscription service provided by the Metro Mobility program to these centers is fully reimbursed.

Vehicles

Each of the 13 providers is responsible for the purchase and maintenance of its fleet (see Appendix, Figure A-12 for a sample provider contract). There are 555 vehicles used to provide Metro Mobility service. Out of the 555 vehicles, 165 are taxis and 390 are lift-equipped vans.

Training

Metro Mobility providers are required to meet the driver recruitment, selection, and training guidelines established under administrative rules for paratransit services issued by the Minnesota Department of Transportation. The rules specify standards for visual acuity, medical condition, vehicle safety inspections, driving performance, first aid and emergency care, passenger sensitivity training, boarding assistance techniques, refresher training, and other relevant items. This training must be completed by drivers prior to active service. State law requires that providers maintain personnel files to document completion of the various elements of training. The files are periodically reviewed by state

inspectors. Currently, a new, more extensive version of the administrative rules is being prepared.

Ridership

The demand for the Metro Mobility service has grown significantly over the last five years. The average annual growth has been 14 percent; 70 percent of the trips are provided to those who are ambulatory and 30 percent are provided to those who use wheelchairs.

Below are the ridership figures for the Metro Mobility program from 1987 to 1991.

**Figure 9
Metro Mobility Patronage, 1987--1991**

<u>Year</u>	<u>Total Rides</u>	<u>Percent Change</u>
1987	952,945	---
1988	1,260,099	30%
1989	1,421,139	10%
1990	1,636,500	20%
1991 (estimated)	1,547,400	(10%)

C. SMALL URBAN AND COUNTY/RURAL TRANSPORTATION SERVICES

In addition to Metro Mobility, there are a variety of other specialized paratransit programs funded by the RTB in the metropolitan area. These programs are described below. Figure 12 shows the location of these programs.

County/Rural Paratransit Programs

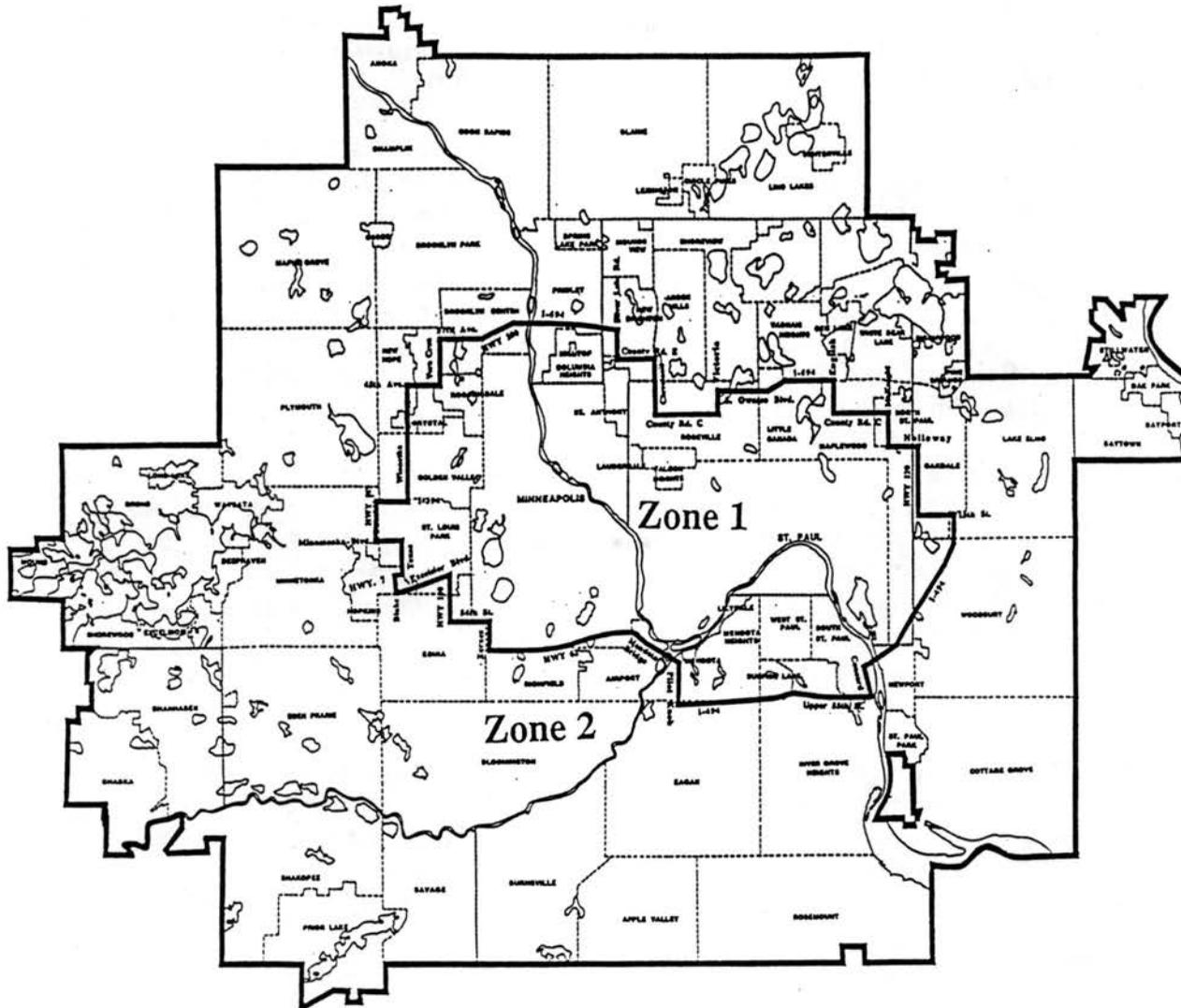
There are five county-based transportation programs in Anoka, Carver, Dakota, Scott, and Washington counties. There are also six rural transportation programs: Dakota Volunteer, Lakeville, Linwood Volunteer, Senior Community Services Senior Transportation, and Westonka Rides.

Community/Based and Opt-Out Paratransit Programs

The six community-based transportation programs are: Columbia Heights, Hastings, Hopkins, Northeast Suburban Transit, St. Louis Park Emergency Program, and White Bear Area Transit. In addition, three "opt-out" programs provide paratransit service: Southwest Metro, Shakopee and Plymouth Metrolink.

Figure 10
Service Area

Metro Mobility Zone Map



BASE FARE

Within one zone \$1.70
Crossing zone boundary \$2.20

PEAK* FARE

Within one zone \$2.20
Crossing zone boundary \$2.70

*peak service is from 6:00-9:00 a.m. and 3:30-6:30 p.m.

Service Characteristics of Other Paratransit Providers

The types of service provided within each city, county and community are different, but many of these programs primarily serve the elderly and persons with disabilities. Figure 11 shows the 1990 operating data for the small urban, county/rural and opt-out specialized transit programs.

Service provision varies among the county/rural services and the small urban services in terms of hours, days of service, and fare structure. Both small urban and county/rural programs provide service through advance reservation. County/rural programs primarily serve a senior population 55 and older or senior disabled whose primary trip purposes are medical, shopping and congregate dining. Trips are not denied due to purpose. However, where the existing transportation service may be unable to provide the trip because of geographic restriction of the service, the programs are encouraged by the RTB to coordinate with the Metro Mobility program or adjacent programs.

Trips are provided by the county/rural programs on Monday through Friday from 8:00 a.m. to 5:00 p.m. and because of funding restrictions, many programs cannot collect fares but ask for donations. Small urban services serve the general population including seniors and disabled seniors. Primary trip purposes are work, medical, and shopping. Service is provided Monday through Friday from 6:00 a.m. to 6:00 p.m. Saturday, Sunday and holiday hours vary by program. Fares are collected based on a fare structure with discounted fares offered to eligible riders.

Overall, these programs carry a significant number of passengers and are an integral part of the metropolitan approach to the provision of specialized transportation services. Ridership levels on the programs since 1987 are summarized in Figure 12.

Funding

Funding for these programs is provided through various sources including the Minnesota Department of Transportation, communities and counties, fare donations, Federal Section 18, and the Federal Title III Aging program. Some programs have also received funding for vehicles through the Federal 16(b)(2) program.

Figure 11
1990 Operating Data for Paratransit Programs
in the Twin Cities Metropolitan Area

County/Rural Special Transportation Service

	Total Operating Expenses	Total Passengers	Total Service Miles	Total Service Hours	Number of Buses
Anoka Co. Traveler	\$552,336	54,528	395,280	19,056	9
Anoka Volunteer	55,102	8,628	104,949	8,496	N/A
Carver County	245,274	56,732	480,289	25,019	8
Dakota County					
Volunteer	39,204	6,914	148,533	6,314	N/A
DARTS (Dakota Co.)	634,172	72,000	347,000	24,000	23
Human Services, Inc. (Washington Co.)	287,083	41,084	187,500	11,120	19
Linwood Volunteer (Anoka)	27,933	2,814	30,700	1,432	1
Scott County	199,447	22,000	142,606	11,660	8
Senior Community Services	87,966	8,200	36,350	3,260	2
Senior Transportation Program	69,676	8,582	57,200	3,252	2
Westonka Rides	38,362	11,300	17,500	2,210	2
	<u>\$2,236,555</u>	<u>292,782</u>	<u>1,947,907</u>	<u>115,819</u>	<u>74*</u>

*56 of 74 vehicles are lift-equipped

Small Urban and Opt-out Paratransit Programs

City of Columbia Heights	\$40,544	18,227	19,944	1,170	(taxi)
City of Hastings	154,347	30,538	74,206	6,710	4
City of Hopkins	63,431	27,431	34,289	3,750	(taxi)
Northeast Suburban Transit (NEST)	178,186	31,571	154,304	7,805	3
Plymouth Dial-a-ride	218,665	24,503	191,330	9,833	4
Shakopee	259,591	59,739	242,720	13,488	10
Southwest Metro	438,973	42,142	303,804	15,652	7
St. Louis Park Emergency Program (STEP)	16,200	3,477	25,992	2,577	N/A
White Bear Area Transit	176,782	31,571	154,304	7,805	2
	<u>\$1,546,719</u>	<u>269,199</u>	<u>1,200,893</u>	<u>68,790</u>	<u>31*</u>

* 2 of 31 vehicles are lift-equipped

Figure 12
County/Rural, Small Urban and Opt-Out
Paratransit Patronage

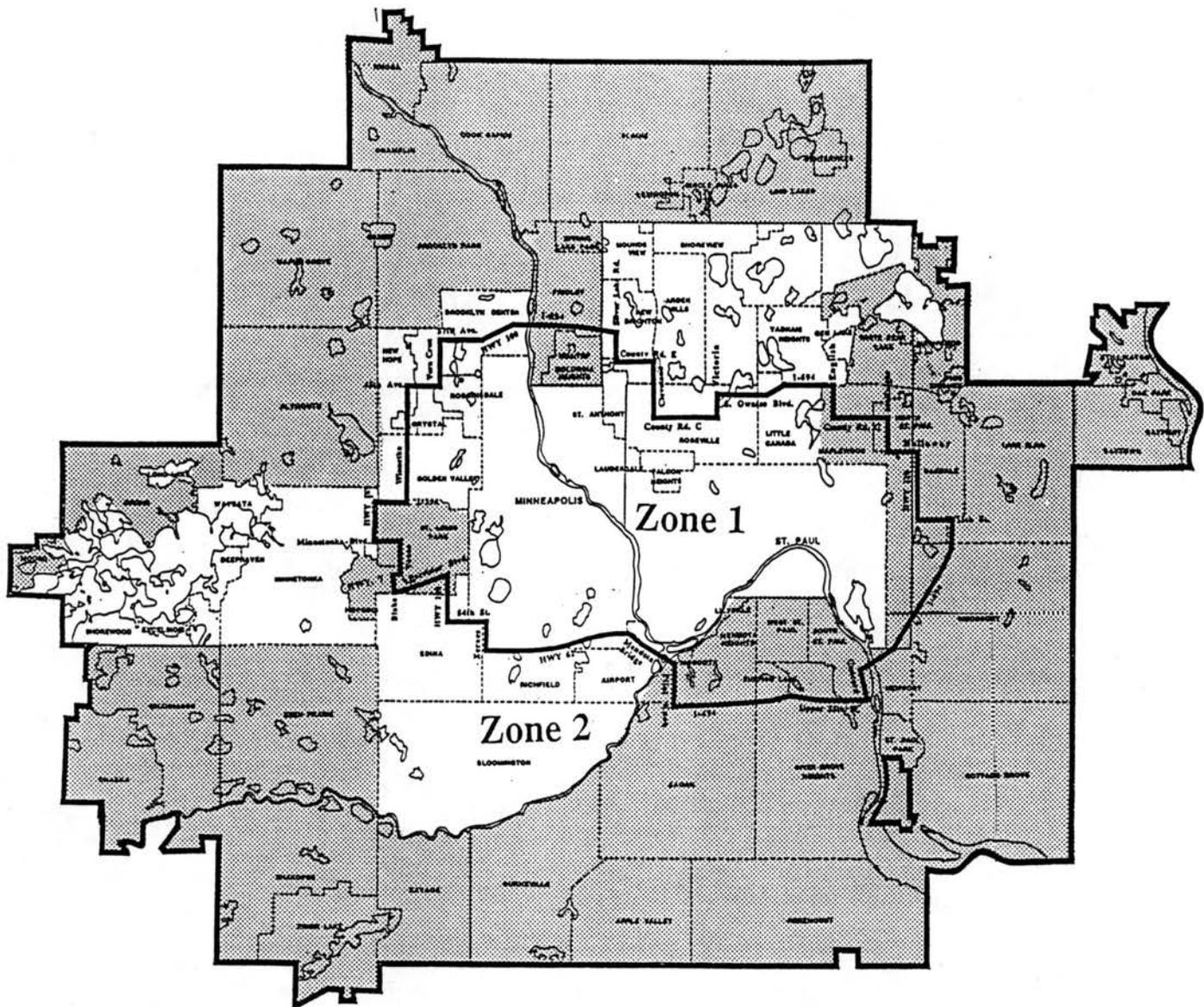
Year	County/ Rural Programs	Small Urban Programs	Opt-Out
1987	238,352	103,980	35,410
1988	232,889	116,864	51,292
1989	239,807	142,501	82,067
1990	254,704	141,744	111,630
1991	292,782	142,815	124,257

Paratransit Survey

In addition to the paratransit programs, receiving RTB funding described above, there are still other paratransit services within the metropolitan area that also provide specialized services. The providers of these services have been surveyed as required by ADA regulations. A copy of the survey and a list of providers sent the survey is included in the Appendix, Figure A-13 and A-14. Results of the survey are presented in the Appendix, Figure A-15.

As needs assessments are conducted throughout the metropolitan area and other Metro Mobility service options are considered, this data will be used to identify potential service provision and coordination.

Figure 13



SMALL URBAN, COUNTY/RURAL, AND OPT-OUT
PARATRANSIT SERVICES



CHAPTER III. PROPOSED SERVICE

In July 1991, the RTB adopted its overall strategy for providing accessible transit services throughout the Twin Cities metropolitan area, based on these principles:

- maximize utilization of the accessible regular route system;
- mandate that all community-based and county systems are accessible;
- redefine Metro Mobility to serve those without other transit options; and
- anticipate that transit needs may demand additional, innovative service options.

It is within this framework that the ADA Paratransit Plan for providing complementary paratransit service has been developed.

In order to understand how the proposed complementary paratransit service, as described in this chapter, will meet the ADA requirements, a brief description of the RTB's Vision for Transit and specific plans for implementing accessible regular route transit are provided first. A detailed description of the proposed complementary paratransit service then follows.

A. VISION FOR TRANSIT

The RTB's Vision for Transit program is an outline for how the public transit system will be developed in the future. The system will be a multi-modal approach to meeting the diverse needs throughout the metropolitan area. Community circulators, dial-a-rides, regular route buses and connectors, transit hubs, park and ride lots, bike and ride lots, high occupancy vehicle lanes, light rail transit, and car and vanpools all play a role in implementing the vision.

Efforts are underway to restructure existing transit and paratransit services and to make a number of facility improvements throughout the metropolitan area. It is anticipated that accessible, general-public paratransit services will circulate throughout suburban areas and connect with accessible regular route transit service at one of 12 transit hubs located at major activity centers. A multi-year improvement program, including annual service and facility improvements, is currently being developed.

The concepts being promoted as part of the Vision for Transit will result in substantial benefits for persons with disabilities. Suburban paratransit services will be expanded and enhanced. Regular route transit improvements will be implemented and provide more direct service and increased frequency of service to locations outside of the two downtowns. Transit hubs will provide a convenient means by which transit riders can connect to accessible regular route, Metro Mobility or other paratransit services.

B. ACCESSIBLE REGULAR ROUTE TRANSIT

As indicated in Chapter II, the MTC now operates 70 lift-equipped buses on seven bus routes. Five of the accessible routes are 100 percent accessible during middays, Saturdays and Sundays, and operate at service intervals of 12 to 30 minutes. Presently, more than 20 percent of the existing midday regular route service is accessible.

Plans are underway to make the entire regular route bus fleet accessible over the next 10 years. Figure 14 shows the MTC fleet replacement schedule between 1991 and 2002, and also indicates how many additional accessible buses and routes will be implemented over this time period. It should be noted that 100 percent of the midday regular route service is expected to be accessible by the year 1997, and that the entire fleet will be fully accessible by the year 2002.

The process for determining how accessible vehicles and routes are phased-in, as previously described in Chapter II, was jointly developed by the RTB's Transit Accessibility Advisory Committee and RTB and MTC staff and adopted by the RTB. It is anticipated that this process will continue to be used to determine how accessible regular route service is phased in.

When and where accessible regular route transit is implemented is critical to the determining of how Metro Mobility services must be provided between now and the year 2002. In areas where accessible regular route transit service is available, there is the opportunity to direct eligible riders to accessible regular route transit for all or some of their trips rather than to Metro Mobility.

It is anticipated that as accessible regular route transit service is introduced in a certain geographical areas and/or during certain times of the day, total Metro Mobility needs will decrease. Some riders, depending upon their trip origin and destination, may use accessible regular route transit service exclusively; others may be eligible for Metro Mobility for only some trips; and yet others will always require Metro Mobility service.

C. DESCRIPTION OF PROPOSED COMPLEMENTARY SERVICE

Service Concept

The RTB envisions that Metro Mobility will become part of a coordinated, accessible, regional transit system and will meet all ADA requirements in the mandated ADA core service area. Supplementing Metro Mobility service in the region will be accessible, local suburban circulator, and dial-a-ride services. Coordination will be arranged through a hub and feeder system which connects the suburban and Metro Mobility services to each other and to accessible buses operating on fixed routes.

Thus, Metro Mobility will remain as the complementary paratransit service in the Twin Cities metropolitan area. This means that Metro Mobility will be

**FIGURE 14 - IMPLEMENTATION SCHEDULE FOR
ACCESSIBLE REGULAR ROUTE TRANSIT SERVICE**

Year	Total Lift-equipped Buses In Fleet	^{1,3} Buses Deleted due to Operational Constraints	² +25% Spare Ratio	Lift Equipped Buses In Active Fleet	% of Midday Service that is accessible	% of Entire Regular Route System that is Accessible	Transit Hub Served by Accessible Regular Route Service
1991	123	-20 Scantias -12 Artics	23	70	25%	8 %	Mpls/St. Paul Rosedale Southdale Highland Village
1992	160	-20 Scantias -12 Artics -20 Alt Fuel	28	82	29%	9 %	Knollwood Apache Plaza Southtown
1993	180 ³	-20 Scantias -12 Artics -20 Alt Fuel	33	97	35%	10%	Northtown
1994	277	-20 Scantias -12 Artics -20 Alt Fuel	56	169	61%	20%	Brookdale Mall of America Uptown
1995	408	-20 Scantias -72 Artics	79	237	86%	24%	Maplewood Mall Signal Hills Sunray Ridgedale Louisiana
1996	506	-72 Artics -20 Scantias	103	311	100%	32%	All Transit Hubs
1997	580	-20 Scantias	140	420	100%	41%	
1998	590	-20 Scantias	142	428	100%	42%	
1999	680		170	510	100%	49%	
2000	776		194	582	100%	56%	
2001	896		224	672	100%	64%	
2002	984		246	738	100%	70%	

^{1,2}Reflects 1991 actual operating experience

RTB-12/91

³Accounts for lift-equipped buses that due to operational constraints are not available for operation

provided in the same geographic area, during the same service hours, and available at comparable fares as regular route service for persons who have been defined by ADA rules as eligible for the service. It is generally expected that Metro Mobility, within the ADA core area will be provided in the same manner as it is today. Efforts are underway to explore other service options that would also meet all ADA requirements.

A map depicting the ADA core area is presented in the Appendix as Figure A-13. This core area was determined following the criteria established in the federal rules. Generally, the core area represents that part of the Twin Cities within 3/4 mile of all-day regular route bus service.

Outside of the mandated ADA core area, a variety of other services will be made available to the general public, including persons with disabilities. As indicated above, it is anticipated that local circulator systems would be available in suburban areas and connect with Metro Mobility and accessible regular route services within the ADA core area. A phased approach will be used to implement this system, which promises to improve regional service productivity and efficiency. The phases, generally, are as follows:

- Phase I: Metro Mobility serves both ADA core and suburban service area until suburban needs are assessed.
- Phase II: Service needs are systematically analyzed in suburban service areas for new service options.
- Phase III: Metro Mobility is gradually removed from suburban service areas as needs assessments are completed and new accessible services are developed.

Demand Estimates and Methodology

Population estimates for persons with disabilities in the Twin Cities metropolitan area have been developed on 1990 census data using the guidelines proposed in the ADA Paratransit Handbook. The method for segmenting this population by ADA eligibility category is shown below:

- The 1990 census population of the 90 Twin Cities communities located within the metropolitan transit taxing district, the RTB's service area, is 2,028,400 persons.
- *ADA Eligibility Category Number 1.* Persons unable to board, ride, or disembark from an accessible bus comprise .07% of the total, or 14,200 persons.
- *ADA Eligibility Category Number 2.* Persons unable to navigate the system because of the nature of their disabilities comprise .99% of the total, or 20,000 persons.

- *ADA Eligibility Category Number 3.* Persons unable to reach boarding locations or destinations due to specific impairment related conditions, comprise .42 percent of the total, or 8,500 persons.
- The cumulative total number of persons eligible for paratransit service is 42,800 persons.

Category numbers 1 and 3 above include persons who will remain eligible for the paratransit service after the fixed route bus system becomes fully accessible. The number of persons in these categories is 22,700. These estimates are based on national average rates and thus provide a general idea of the number of persons who may be eligible for complementary paratransit services.

Currently, there are about 20,000 certified Metro Mobility riders. In estimating demand for Metro Mobility, local existing ridership experience was used as a base. Also, only those trips in the ADA core service area were considered. Other key assumptions were (1) 15 percent of the current certified riders travel outside of the core; (2) 10 percent of the current certified riders will no longer be eligible for paratransit under the ADA criteria; and (3) the trip making rate, based on actual ridership, is 1.5 times a week. Based on these assumptions, the number of eligible persons in the ADA core area in 1992 is estimated to be 15,000, for which 1,170,000 annual one-way trips will be provided.

The RTB's Five-Year Plan assumes a 5 percent growth in Metro Mobility ridership per year. Assuming similar growth in the ADA core service areas, ridership then is projected as shown in Figure 15:

Figure 15
Projected Metro Mobility Ridership Demand in the ADA Core Area

Year	Annual Trips
1992	1,170,000
1993	1,228,500
1994	1,289,929
1995	1,354,421
1996	1,422,142

Estimated operating and capital costs for the provision of Metro Mobility service in the ADA core service area, given these assumptions in presented in Figure 16.

Throughout the five-year period, Metro Mobility service will change gradually as individuals are recertified, additional services are developed, and new service analyses are completed. This approach will require additional funding from the

state Legislature to maintain Metro Mobility service until all riders are recertified and service evaluations have been completed.

Figure 16
Five-Year Metro Mobility Budget

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
Operating Budget* (millions)	\$12.6	\$13.9	\$15.3	\$16.8	\$18.4
Capital Budget	N/A	N/A	N/A	N/A	N/A

* Does not include administrative expenses or any additional recertification costs.

Analysis of Current vs. Required Services

Once the ADA rules were published, the RTB conducted an analysis of the existing Metro Mobility program to determine if the program was in accordance with the requirements. It was generally determined that the program, as it exists today, meets or exceeds all of the ADA requirements. It was concluded that:

- The geographic area currently served by Metro Mobility includes most of the seven-county metropolitan area, which exceeds the area required by ADA to be served.
- Currently, Metro Mobility requires that trips are requested a day in advance. This policy is allowed under the ADA requirements. Presently, however, individuals are not allowed to schedule trips prior to that time except for standing orders, which can be prearranged. In accordance with ADA, a 14-day advance reservation option will be provided to riders.
- Metro Mobility fares, double those of regular route, are in accordance with ADA regulations.
- Metro Mobility service is generally available during the same hours as regular route transit service, with a few exceptions. Hours must be adjusted to be in accordance with ADA.
- No trip purpose restrictions are allowed for existing Metro Mobility service and thus complies with ADA.

- Metro Mobility has a trip assurance program in place, throughout the entire service area, to ensure that there are no capacity constraints. This means that the Metro Mobility program is generally in compliance with federal requirements. Minor modifications in the rules for the trip assurance program will be made to ensure that Metro Mobility is in full compliance.

Accordingly, only minor modifications need to be made to Metro Mobility to ensure full compliance with ADA requirements. However, because of current funding shortages for the program, the RTB analyzed several options for how Metro Mobility could be restructured in a less costly manner and yet continue to meet the ADA requirements.

It is currently estimated that there is an existing funding deficit for the Metro Mobility program of about \$4.5 million. Looking toward the future, it is clear that if service is operated in the same manner as it is today, that the deficit would continue to grow, unless significant additional funding was provided. The chances of obtaining increased funding of this magnitude may not be likely, given that the State of Minnesota is facing a large budget deficit and steps are being taken to reduce expenditures at all levels of state government.

Therefore, the RTB analyzed three options for restructuring Metro Mobility in accordance with ADA rules. Briefly, the options included:

Option I

- Continue the current Metro Mobility program and service area, with administrative changes, new eligibility criteria and certification, and other coordination efforts.
- Maintain current accessible regular route implementation schedule.

Option II

- Provide Metro Mobility service only in the ADA-mandated area (roughly the two central cities and first-ring suburbs).
- Current county, small urban, or other providers would provide all rides outside ADA-mandated service area.
- Maintain current accessible regular route implementation schedule.

Option III

- Establish a regionally coordinated system that concentrates Metro Mobility in the ADA-mandated service area and creates suburban paratransit service in outlying areas.
- Evaluate existing suburban paratransit services and conduct an evaluation of ridership, trip requirements, and level of service required.
- Utilize transit hubs as points to board accessible regular route and the Metro Mobility system.
- Change accessible regular route implementation schedule to reflect a higher priority on serving transit hubs.

The results of this analysis are presented in a memorandum dated November 13, 1991, entitled, "Options for Metro Mobility Service." This memorandum is included in the Appendix as Figure A-17. Generally, it was concluded that to continue to provide Metro Mobility service, as it currently exists, i.e., Option I, would be the most expensive option to provide. On the other hand, Option II, although the least expensive option to provide, significantly reduces and/or eliminates suburban service. Option III, therefore, was selected as the preferred option because it is the most comprehensive, and yet promises to significantly reduce the cost of providing Metro Mobility service over the long-term. The benefits to be realized by implementing this option and some of the issues that remain to be resolved are noted below.

Benefits of Implementation

- Alternative Metro Mobility transportation service delivery options will result in cost savings and more cost-effective service.
- ADA service criteria, including fares, capacity constraints, and days and hours of service, would be imposed only in the ADA-mandated core service area, thus reducing total program costs.
- Unlike Option II, this option takes a phased approach and continues Metro Mobility service in suburban areas until needs assessments are completed.
- Evaluates existing Metro Mobility service in suburban areas and investigates most cost-effective way to meet needs of residents.
- Approach ties into Vision for Transit planning efforts.
- Will result in a cost-effective, accessible regional transit service in the long term.

Issues to Resolve

- Requires funding of Metro Mobility in both ADA-core area and suburban service area until needs assessments can be completed and replacement services implemented.
- Community and county-based providers will face reassessments of their services in conjunction with needs assessments in their service area.
- ADA-certified riders residing in suburban service areas will have to transfer to use Metro Mobility or accessible regular route in the core area.
- Identification of cost-effective service options may result in reduced or altered service areas for providers.
- Will result in higher costs to region in short term as capital improvements and suburban service improvements are implemented.

Modifications Planned to Existing Paratransit and Fixed Route Services

Paratransit Service

In an effort to fully comply with the ADA regulations and to implement Option III, a variety of modifications are planned to restructure Metro Mobility service. As noted, changes in service hours, the trip assurance program and advance

reservation guidelines will be implemented. Revised eligibility standards and a new certification process will also be put into place.

It is planned that current Metro Mobility service, with the modifications, described above will continue to be provided in the short-term throughout the existing service area. Efforts will begin immediately to determine if Metro Mobility service, within the mandated ADA core area, can be restructured to better meet needs and reduce costs for persons who can use transportation other than the standard Metro Mobility service. Options that will be explored include a feeder bus system to bring people to accessible fixed routes, a call-a-bus system that involved advance scheduling of accessible regular route service, or shared-ride taxi service.

Planning efforts will also be initiated in 1992 to determine how the needs of current Metro Mobility riders can be more cost-effectively served in suburban areas. As in the case of the Anoka County Traveler service, one of the county services described earlier, it is anticipated that general public dial-a-ride services will be implemented in suburban areas and will serve those who previously had used Metro Mobility. Once a general public dial-a-ride service is implemented in a given area, Metro Mobility service, as currently provided as a separate, specialized service, will cease.

Fixed Route Service

Seven accessible routes are now operating in Minneapolis and St. Paul. As additional routes become accessible, it is anticipated that some individuals now relying on Metro Mobility will use accessible regular route for some or all of their trips. Metro Mobility riders who live near these accessible routes will be targeted first in the certification process.

The RTB's transit hub program will be important in redefining service. The RTB plans to continue to develop transit hubs as destinations for accessible fixed routes, and potential locations where suburban riders can easily board the accessible fixed route system.

Compliance with Service Criteria and Operating Standards

Federal law only requires that paratransit services for persons with disabilities be provided in a comparable manner with regular route transit service. Currently, the Metro Mobility program, with only a few exceptions, meets and generally exceeds the ADA requirements. The proposed, modified service, as described above, will be developed to ensure that all ADA requirements are met. With minor modifications, the ADA requirements will be fully met by 1993.

Service Area

As proposed, Metro Mobility will serve eligible individuals within the mandated ADA core area (see Appendix, Figure A-16). The determination of core area boundaries is discussed above.

Response Time

Metro Mobility riders will be able to arrange calls a day in advance by calling between the hours of 6:30 a.m. and 2:30 p.m. In some cases, rides may be booked further in advance. To comply with the ADA regulations, the RTB will institute a policy in 1992 that sets a 14-day advance reservation period.

Fares

Currently, Metro Mobility fares are exactly double the applicable fixed route fares. Any future Metro Mobility fare changes will be implemented in concert with planned fixed route fare changes. It is expected that fares will remain exactly double the applicable fixed route fares.

Days and Hours of Service

Currently, Metro Mobility service is provided seven days a week, from 6:30 a.m. to 11:00 p.m. on weekdays and from 8:00 a.m. to 11:00 p.m. on Saturday, Sunday, and holidays.

To be in compliance with the ADA standard, service in the central cities will need to be adjusted to correspond to the fixed route schedules. The RTB proposes to extend the Metro Mobility service hours in 1993 for Minneapolis and St. Paul to span from 5:00 a.m. to 1:00 a.m. weekdays, 6:30 a.m. to 1:00 a.m. Saturday, and 6:30 a.m. to 12 midnight Sunday. Service hours in suburban areas within the mandated ADA core area will also be adjusted to be comparable to that of regular route transit service.

Trip Purpose

There will be no restrictions on trip purpose for Metro Mobility service.

Capacity Constraints

The Metro Mobility program has operated without capacity constraints since implementation of a Trip Assurance Program (TAP) in July 1990. No capacity constraints will be imposed for the proposed Metro Mobility service in the future. Currently, riders who call before 10:00 a.m. the day before are guaranteed a ride.

In 1992, the RTB proposes to apply the TAP in only the ADA mandated core service area. It is also expected that the requirements for calling in by 10:00 a.m. the day before will be eliminated.

Implementation Timetable and Milestones

The RTB's overall plans for regional service improvement are summarized in Figure 17. This schedule indicates how changes in Metro Mobility, changes in other paratransit services and the phase-in of accessible regular route route will be accomplished in order to be full compliance with ADA regulations.

Figure 17 ADA Paratransit Plan Milestones

- 1992
- Complete development and adopt revised eligibility criteria and certification process (first quarter).
 - Contract with physical rehabilitation clinic to administer functional assessments.
 - Begin recertification in corridors along seven existing accessible regular route services during the second quarter of 1992. Begin recertification in remaining mandated ADA core area in the third quarter of 1992. During the fourth quarter of 1992, conduct recertification in the non-ADA mandated core area.
 - Expand Metro Mobility service hours in central cities to be consistent with those of fixed route to comply fully with ADA regulations.
 - Make changes in trip assurance program: provide program only in mandated ADA core area; eliminate 10:00 a.m. call-in requirement.
 - Begin to identify other service options for persons who can use transportation other than standard Metro Mobility service (ADA eligibility criteria numbers 2 and 3, as defined in next section). Service options may include feeders to accessible fixed routes, call-a-bus service, and shared-ride taxi services within the accessible bus route corridors.
 - Begin to conduct suburban service needs assessments.

- 1993-94
 - Implement new service options that respond to travel needs of persons who meet eligibility criteria numbers 2 and 3 in the accessible bus route corridors and to the entire ADA eligible area as soon as feasible.
 - Continue to conduct needs assessment of community-based and county programs to determine service needs, trip origins and destinations, and service demand.
 - Continue transit hub development to provide connections among Metro Mobility, local suburban, and accessible regional fixed route services.
- 1995-96
 - Based on the results of the needs assessments, identify and implement new service options for areas currently served by community-based and county providers

D. DESCRIPTION OF THE PROPOSED ELIGIBILITY DETERMINATION PROCESS

Determining ADA Paratransit Eligibility

ADA establishes categories of persons who are eligible to receive complementary paratransit services. As stated in the ADA Paratransit Handbook, "these persons are functionally defined, based upon their inability to use existing fixed route service. Eligibility of an individual must then be applied to each trip request. The regulations also establish standards for the process of determining eligibility and require that an appeal process be established..."

It is expected that transit services for persons with disabilities will largely be provided by accessible fixed-route services. However, because it will take some time to implement fully accessible services, complementary paratransit services must be provided in the interim and, over the long term, for those who are not able to use accessible fixed route service. It is within this context that the ADA eligibility requirements were written.

The Metro Mobility program currently has an established certification standard and an eligibility process in place. Generally intended for those who are unable to use regular route transit as it exists today, eligibility is determined by meeting one of six criteria. However, efforts are underway, as required by ADA regulations, to revise this standard and process of determining who is eligible for ADA paratransit service, as specifically defined by ADA, and for what trips.

It is expected that a revised Metro Mobility certification process will be adopted by the RTB during the first quarter of 1992. Recertification of eligible Metro Mobility riders will then begin in mid-1992 and continue into 1993.

Eventually, it is intended that only those who are determined to be ADA eligible will be certified for Metro Mobility service. Over time, as the regular route services become increasingly accessible, it is expected that use of fixed route services will increase whereas use of Metro Mobility will decrease. The eligibility standards will assist in determining who is eligible for Metro Mobility at any given time and for any given trip.

Eligibility for the complementary paratransit services also is to be applied, in most cases, on a trip-by-trip basis. As stated in the ADA Paratransit Handbook, "The application of a person's eligibility will be determined by both the needs of that individual, as established by the eligibility certification process, and by the operation of the system along a specific route." Determining eligibility on this basis will be extremely challenging although efforts are underway to structure the recertification process in such a manner that this can be done.

Description of the determination process

To determine ADA eligibility and categories, a person must meet one of the three categories established by ADA. The categories are listed below:

1. Any individual who, because of the nature of their disabilities, cannot independently board, ride and/or disembark from an accessible vehicle; and
2. Any person with a disability who can use an accessible vehicle, but for whom any desired trip cannot be made because the fixed route service they need to use is not yet accessible;
3. Any individual who has impairment-related conditions that prevent them from getting to or from a boarding or disembarking location.

Two additional groups are defined by the regulation. They include:

1. Any individual who has been certified by another transit provider will be considered eligible by another system. This also includes companion or personal care attendants will be consider eligible; and
2. Any individual whose disability is temporary.

In August 1991, the RTB staff developed a Metro Mobility eligibility and certification work plan. The goal of the work plan was to establish a process that would identify ADA paratransit eligible persons and determine the certification procedures, implementation schedule, timeframe, and an estimated cost of recertification. The plan also called for an eligibility/certification task force to include representatives from the transit and medical professions and the disabled community to participate in the planning process.

In conjunction with the work plan tasks, the RTB is working with Sister Kenny Institute to develop a functional assessment to be administered to individuals who

want to become certified for Metro Mobility service. The functional assessment will be designed to provide information to determine if an individual meets criteria established by ADA and, if so, how appropriately to classify their eligibility. The functional assessment tool is expected to be completed by January 1992. The eligibility/certification task force will review and comment on the functional assessment.

Recommendations from the eligibility/certification work plan, including an implementation timetable, will be developed by March 1992. In early April 1992, the plan and recommendations will be reviewed by the Transit Accessibility Advisory Committee and a public hearing will be held on the eligibility and certification procedures and process.

Once the proposal for the certification process is developed, the RTB will hold a special public meeting to solicit comments from affected persons. It is then anticipated that the recertification effort would begin in mid-1992.

Method of Notification

Regardless of the particular certification process adopted, all eligible individuals requesting certification for Metro Mobility service will receive a written letter within 21 days. The written letter will explain the person's identification number and information about the service. This notification process is an existing procedure handled by the MMAC.

Copies of the ADA paratransit eligibility certification process and rider's guide that will provide information about the service will be available in Braille and on tape by calling the State Services for the Blind at 642-0502, upon request.

New information regarding certification and service will be available when recertification process and new services begin in 1992.

Persons that are determined to be ADA paratransit eligible will also receive an identification card that will indicate the person's name and address, the name and phone number of the transit provider, an identification number that will indicate the person's classification by transportation need, eligibility conditions and an indication if the person is certified for a personal care attendant. The identification cards will indicate the person's classification (i.e., temporary eligible, ADA eligible category 1, 2, or 3).

System and Timetable for Processing Applications

The recertification process will begin during mid-1992 for individuals who reside along existing accessible regular routes which are located in the Minneapolis/St Paul and first ring suburbs and are within the ADA mandated core area. Existing certified Metro Mobility riders that live along these routes will be notified that the recertification process has begun and will be notified how the procedure

will be implemented and the timeframe involved. During the third quarter of 1992, recertification will begin in the remaining ADA mandated core area. During the last quarter of 1992, recertification will begin in the non-ADA service areas. Individuals who want to use Metro Mobility must be certified even if they live outside the ADA core area.

Presumptive and Reciprocal Eligibility

According to ADA rules, eligibility must be presumed and reciprocally provided if an individual presents certification from another system. The Metro Mobility program will comply with this requirement. If an individual plans to use the system for more than twenty-one days, it will be required that the individual make a request for ADA paratransit eligibility through Metro Mobility.

A detailed visitors policy will be developed in 1992.

Description of the Administrative Appeals Process

The existing appeals process will continue to be available for those denied certification (see Appendix, Figure A-10). The composition of the Appeals Board will be modified to include a physician, physical therapist or an expert on cognitive, hearing or visual disability for those classified in the third eligibility classification. Based on the person's request for an appeal, an Appeals Board member will be included that is familiar with the person's type of disability.

CHAPTER IV. PUBLIC PARTICIPATION PROCESS USED TO DEVELOP THE PLAN

The RTB typically involves its advisory committees, other transportation agencies, local communities, and other affected organizations and individuals in the development of its plans and programs. This chapter specifically describes how other organizations and individuals were involved in the development of the paratransit plan, and presents the views and concerns of organizations and individuals on the proposed plan.

A schedule outlining the presentation of the ADA paratransit plan to various groups is also included in this chapter.

A. PUBLIC PARTICIPATION PROCESS

Transit Accessibility Advisory Committee

The Transit Accessibility Advisory Committee (TAAC) advises the RTB on management policies, implementation and planning issues related to transit services for the elderly, persons with disabilities and others with special transportation needs in the seven-county metropolitan area. The committee is composed of consumers and representatives of organizations that serve seniors and people with disabilities. TAAC has been involved in developing RTB plans and programs on an ongoing basis.

TAAC meets monthly. ADA requirements and planning activities have been reviewed at several of their meetings. Additionally, the committee has two subcommittees focusing on different topical areas:

- The Metro Mobility Subcommittee focuses on issues related to the Metro Mobility program.
- The Regular Route Subcommittee focuses on issues related to enhancing accessibility on regular route transit service.

Public Hearing

The Regional Transit Board and the Metropolitan Transit Commission held a public hearing on January 13, 1992, specifically to solicit comments on the proposed ADA paratransit plan. At that time, ___ persons testified as individuals or on behalf of organizations. Additionally, written comments were received from ___ individuals.

Transportation Planning Process

As a key participant in the metropolitan transit planning process, the RTB/MTC made an effort to involve other agency participants in the development of the ADA paratransit plan. Presentations were made to the Metropolitan Council and their advisory committees--the Transportation Advisory Board (TAB) and the the Technical Advisory Committee (TAC). TAB is a 30-member organization, composed of seven county commissioners, 10 city elected officials, and a citizen representative from each of the Metropolitan Council's 8 districts, that advises the Metropolitan Council and the RTB on transportation issues. The TAC, composed of county municipal staff and regional agency members, provides technical advise to the RTB.

Providers

RTB staff made a presentation on the ADA paratransit plan to its Provider Advisory Committee, a group representing more than 40 transit providers under contract to the RTB. Additionally, the plan was presented to Metro Mobility providers at their meetings.

Communities

Because local jurisdictions have such a key role to play in ensuring that their residents can access transit services, the RTB and MTC have made special efforts to involve them in the planning for accessible transit services. All municipalities, in which accessible regular route transit service is provided were invited to a workshop sponsored by the RTB and MTC, to discuss accessibility needs and the importance of keeping bus stops clear of snow.

Outreach Efforts

In addition to the public hearing and solicitation of review and comment by the general public, the RTB is planning to review the draft plan with individual organizations representing different disability groups.

Availability of Paratransit Plan in Accessible Formats

The ADA Paratransit Plan was printed in New Century Schoolbook, 12 point print, in order to ensure easy readability. Additionally, the plan was made available in braille and on tape.

Notice of availability of the plan and the hearing was made in the Star Tribune, the St. Paul Pioneer Press and Access Press. Notices also went to more than 100 local newspapers, radio stations and TV stations.

B. SUMMARY OF SIGNIFICANT ISSUES RAISED IN THE PUBLIC COMMENT PERIOD AND RTB/MTC RESPONSES

To be written following public hearing/public comment period

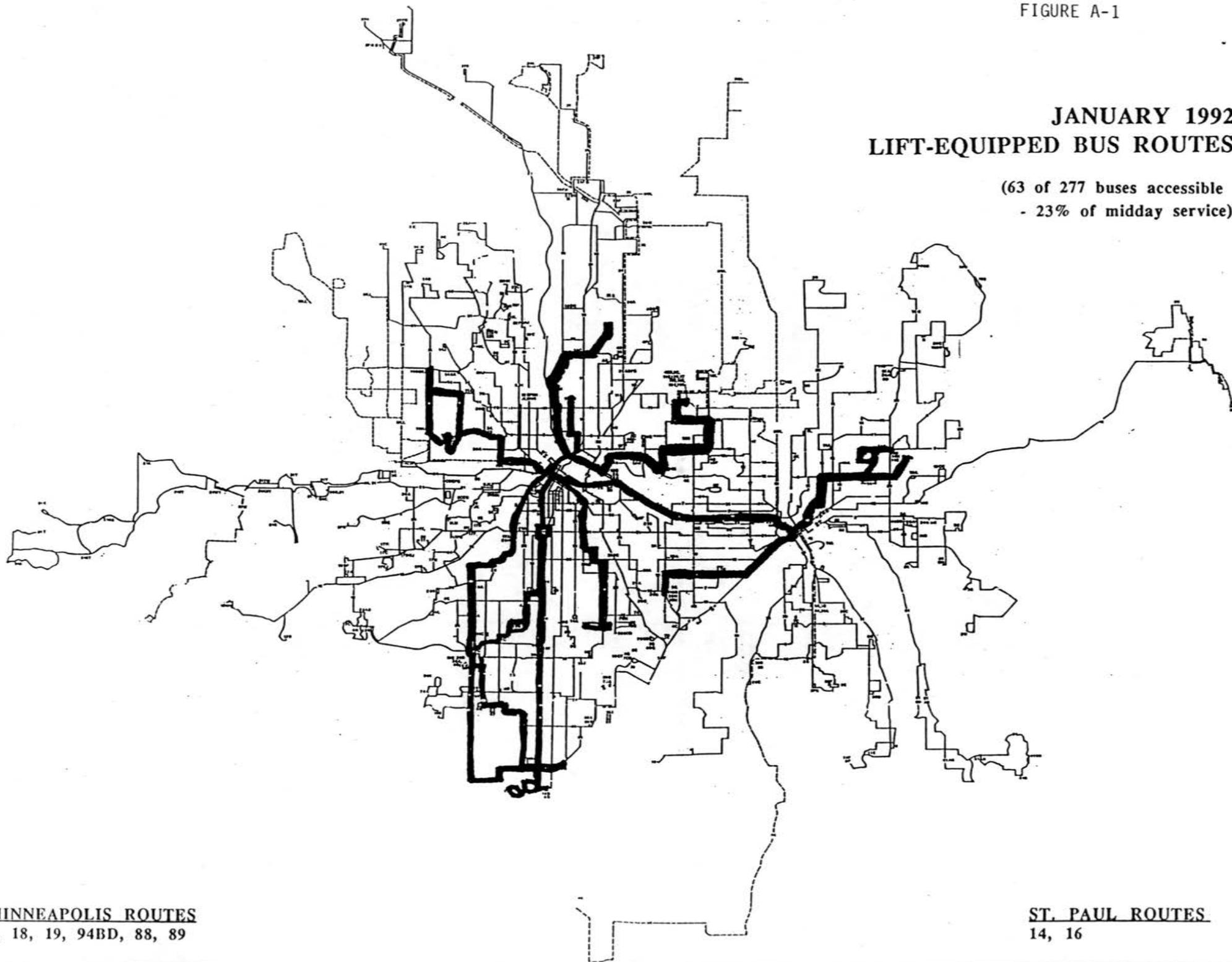
APPENDIX

Figure A-1	Lift-Equipped Regular Route Buses-1992
Figure A-2	Lift-Equipped Regular Route Buses-1993
Figure A-3	Lift-Equipped Regular Route Buses-1994
Figure A-4	Lift-Equipped Regular Route Buses-1995
Figure A-5	Lift-Equipped Regular Route Buses-1996
Figure A-6	Lift-Equipped Regular Route Buses-1997
Figure A-7	Accessible Regular Route Ridership
Figure A-8	Accessible Regular Route Training Activities
Figure A-9	Existing Metro Mobility Certification Application
Figure A-10	Description of Metro Mobility Certification Appeals Process
Figure A-11	Metro Mobility Information Sheet
Figure A-12	Sample--Existing Metro Mobility Provider Contract
Figure A-13	Paratransit Survey
Figure A-14	List of Providers Sent Paratransit Survey
Figure A-15	Paratransit Survey Results
Figure A-16	Map: Mandated ADA Core Area
Figure A-17	Memorandum entitled "Options for Metro Mobility Service," dated November 13, 1991
Figure A-18	Resolution Authorizing the ADA Paratransit Plan for the Minneapolis-St. Paul Metropolitan Area by the Regional Transit Board
Figure A-19	Resolution Authorizing the ADA Paratransit Plan for the Minneapolis-St. Paul Metropolitan Area by the Metropolitan Transit Commission
Figure A-20	MPO Certification of Paratransit Plan
Figure A-21	Certification of Paratransit Service Survey
Figure A-22	Demand Estimation Methodology

FIGURE A-1

**JANUARY 1992
LIFT-EQUIPPED BUS ROUTES**

(63 of 277 buses accessible
- 23% of midday service)



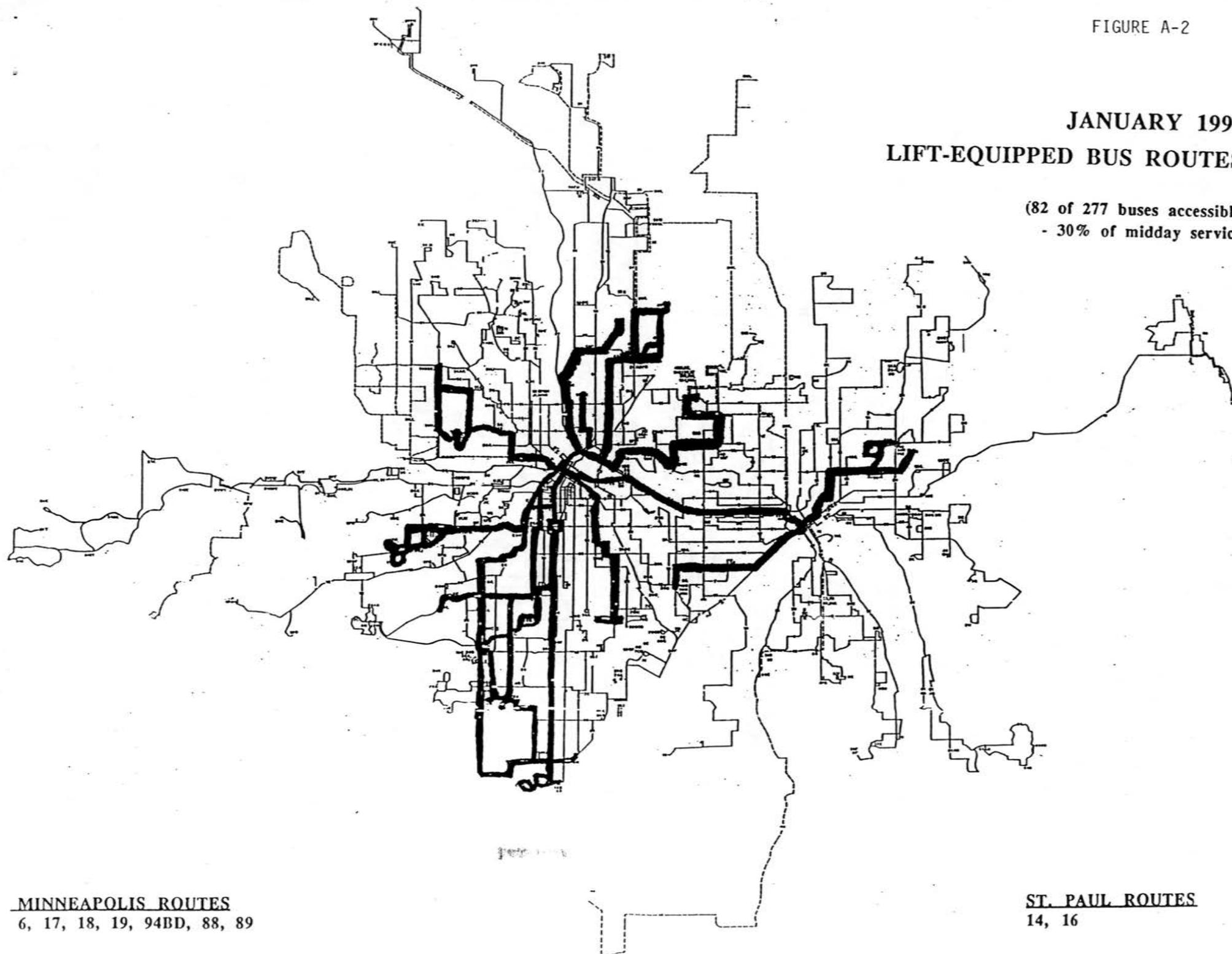
MINNEAPOLIS ROUTES
6, 18, 19, 94BD, 88, 89

ST. PAUL ROUTES
14, 16

FIGURE A-2

**JANUARY 1993
LIFT-EQUIPPED BUS ROUTES**

(82 of 277 buses accessible
- 30% of midday service)

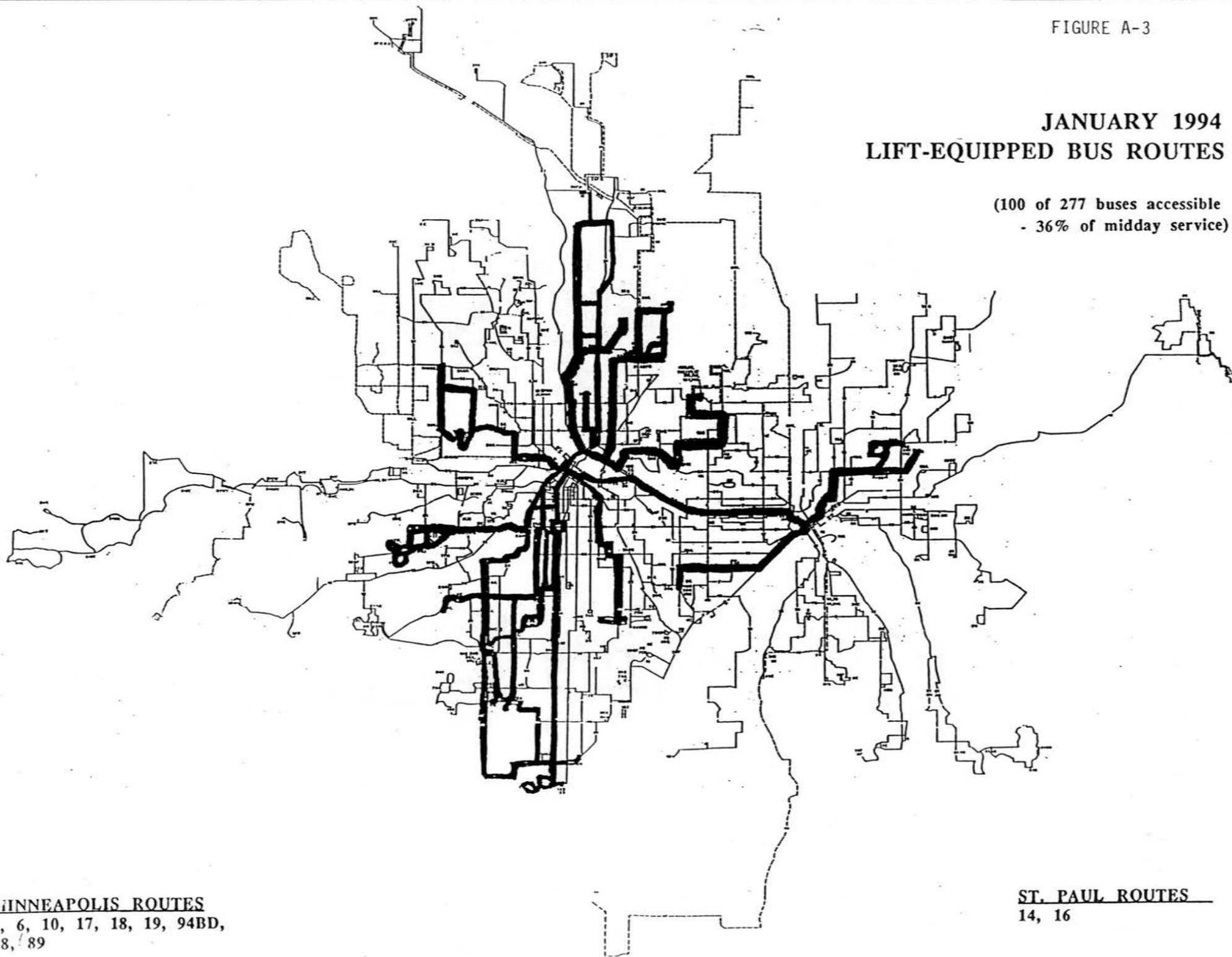


MINNEAPOLIS ROUTES
6, 17, 18, 19, 94BD, 88, 89

ST. PAUL ROUTES
14, 16

**JANUARY 1994
LIFT-EQUIPPED BUS ROUTES**

(100 of 277 buses accessible
- 36% of midday service)



MINNEAPOLIS ROUTES

4, 6, 10, 17, 18, 19, 94BD,
88, 89

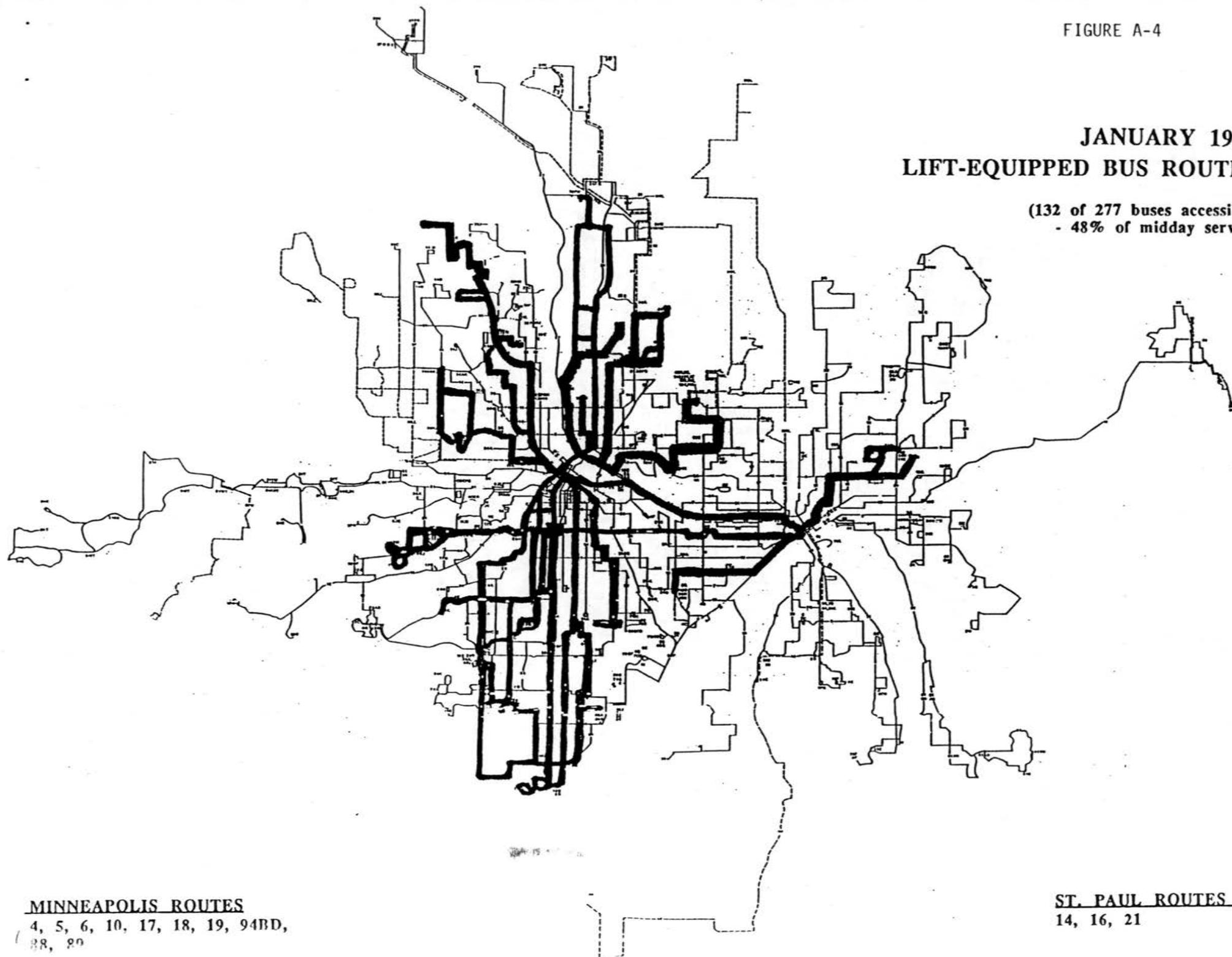
ST. PAUL ROUTES

14, 16

FIGURE A-4

**JANUARY 1995
LIFT-EQUIPPED BUS ROUTES**

(132 of 277 buses accessible
- 48% of midday service)



MINNEAPOLIS ROUTES

4, 5, 6, 10, 17, 18, 19, 94BD,
88, 89

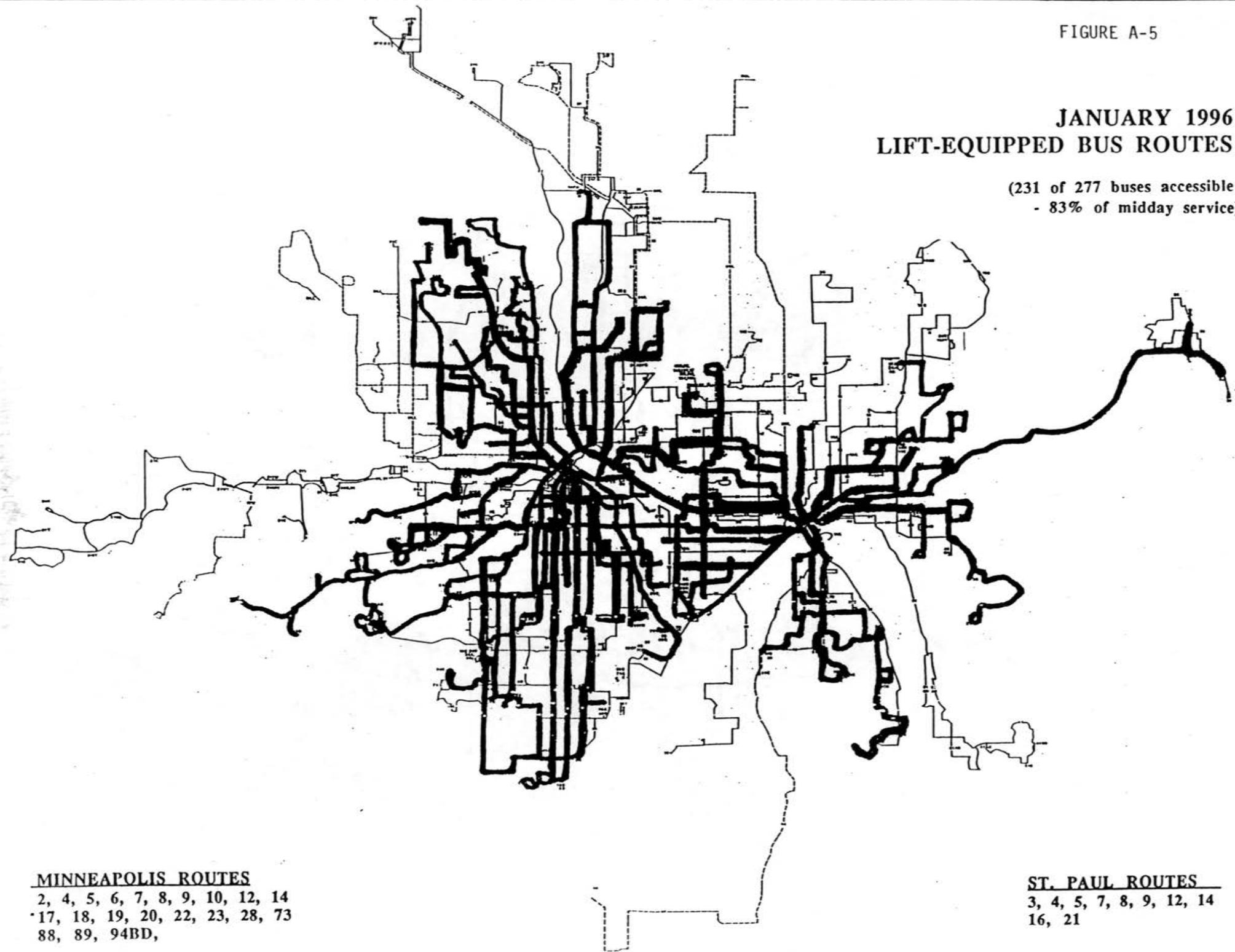
ST. PAUL ROUTES

14, 16, 21

FIGURE A-5

**JANUARY 1996
LIFT-EQUIPPED BUS ROUTES**

(231 of 277 buses accessible
- 83% of midday service)



MINNEAPOLIS ROUTES

2, 4, 5, 6, 7, 8, 9, 10, 12, 14
17, 18, 19, 20, 22, 23, 28, 73
88, 89, 94BD,

ST. PAUL ROUTES

3, 4, 5, 7, 8, 9, 12, 14
16, 21

FIGURE A-6

**JANUARY 1997
LIFT-EQUIPPED BUS ROUTES**

(277 buses accessible
- 100% of midday service)

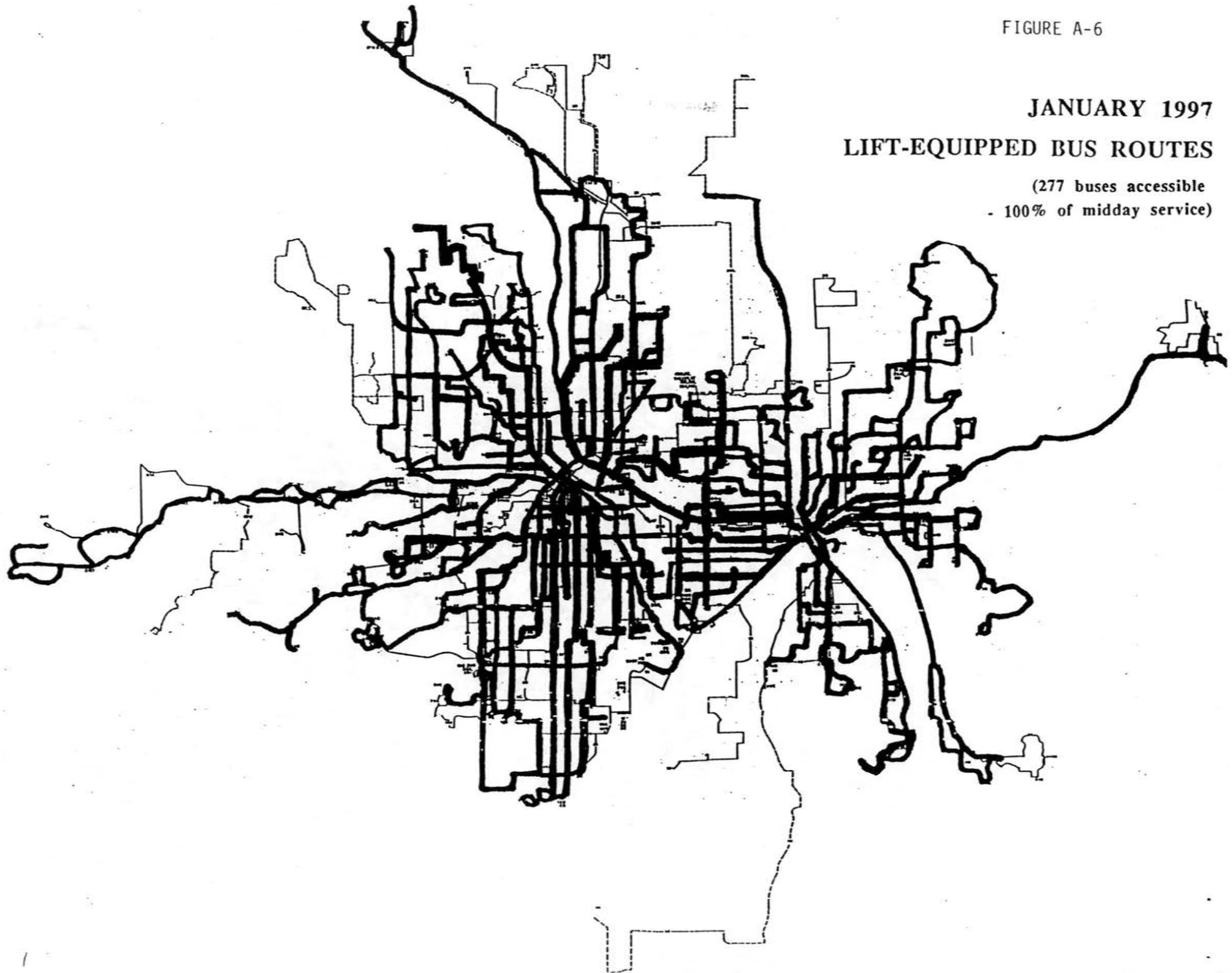


FIGURE A-7

1991 ACCESSIBLE BUS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Lift Ridership	60	89	96	410	501	601	766	844	575	625	129	
Total Wheelchair	59	84	94	381	478	568	735	822	558	598	116	
Total Ambulatory	1	5	2	29	23	33	31	22	17	27	13	
Daily Average	1.9	3.2	3.1	13.7	16.2	20.0	24.7	27.2	19.1	20.2	4.3	
By Route: Mpls Route 6			2	37	52	54	51	58	36	40	4	
Mpls Route 17			0	27	14	27	33	42	34	42	9	
Mpls Route 18			6	78	97	70	80	70	71	67	24	
Mpls Route 19	23	30	38	96	107	125	154	171	133	109	16	
Mpls/St. Paul Route 16	37	59	49	116	164	278	356	413	194	252	54	
St. Paul/Mpls Route 94B			0	15	16	22	34	10	25	30	4	
St. Paul/Mpls Route 94H										0	0	
St. Paul Route 14			1	14	13	9	41	65	37	69	6	
Other Routes				27	38	16	17	15	18	16	12	
Average Time Lost (Minutes)												
Boarding + Unloading	7.7	6.1	7.8	5.9	5.4	5.5	5.6	5.1	5.9	5.1	5.9	
No. Of Times Over 6 Minutes Lost	29	32	39	111	137	167	238	211	160	117	36	
No. of In-service Lift Failures			10	19	7	16	26	25	22	12	8	
No. Times of Disabled Transported by Van					1	0	1	1	0	0	0	
Lift Related Accidents/Incidents			0	0	0	1	0	0	0	0	1	
Customer Relations Complaints	2	1	7	15	15	9	17	6	7	12	4	
ICC Contacts (from samples taken)				83.7	52.3	63.0	31.3	63.0	73.0	42.0	*	

*Statistics not available

FIGURE A-8
Accessible Regular Route
Training Activities

MTC DRIVERS

Technical Training - Three hours.

Target Audience

All drivers who pick accessible runs plus all extraboard drivers.

Content

Lift operation, securing wheelchairs and other mobility devices, rules and procedures regarding accessible service delivery.

When

Ongoing.

Feature

Employ persons with disabilities to assist in training in order to increase driver understanding and sensitivity in providing bus service to people with disabilities.

Provided by

MTC driver training staff.

Making Time to Care (MTC) - Three hours

Target Audience

All MTC drivers.

Content

Sensitivity and awareness training so that drivers do a better job relating to and meeting the needs of our customers with disabilities.

When

Ongoing.

Provided by

Program developed by Rob Chalmers and MTC staff trained to replicate course.

TRANSPORTATION MANAGEMENT

Target Audience

All Transportation Division managers and supervisors and other key MTC and RTB staff.

Content

Understanding ADA plus policies, procedures, attitudes, guidelines needed to implement successful fixed-route accessible bus service.

When

February 18-21, 1991

Provided by

The Office of Statewide Transportation Systems - The University of Wisconsin-Milwaukee in conjunction with MTC Training and Development.

MTC MECHANICS TECHNICAL TRAINING

Target Audience

Mechanics at MTC service garages that operate lifts.

Content

Lift maintenance and repair.

When

On three occasions since MTC took delivery of accessible buses.

Provided by

Representatives from Lift-U Corporation.

MTC MAINTENANCE AND TIC STAFF

Target Audience

MTC Maintenance employees and Transit Information Center representatives.

Content

Information about persons with disabilities--emphasizing their similarities to able-bodied people. Discussion about why it is right for the MTC to provide fixed route accessibility. Brief review of ADA and other legislation affecting persons with disabilities--and how they impact our jobs at the MTC.

When

Ten sessions provided during August and September 1991.

Provided by

Patrick Communications, Inc., and jqp, Inc. in cooperation with MTC Training and Development.

MTC ADMINISTRATIVE STAFF

Target Audience

Open to any MTC staff.

Content

ADA--what it means to the MTC, awareness and sensitivity issues regarding persons with disabilities, how the MTC is providing accessible service.

When

Two sessions presented in August 1991.

Provided by

Two three-hour sessions provided by Patrick Communications, Inc., and jqp, Inc., in cooperation with MTC Training and Development.

FIGURE A-9
Existing Metro Mobility Certification Application



*Administrative Center
560-6th Avenue North
Minneapolis, Minnesota 55411-4398
612-349-7480*

TO THE METRO MOBILITY APPLICANT:

Metro Mobility is a subsidized door-through-door transportation service for eligible persons with disabilities. Persons must be certified by the Metro Mobility Administrative Center in order to use Metro Mobility service.

To be eligible for Metro Mobility, a person must meet at least one of the six Metro Mobility eligibility criteria. The six eligibility criteria are listed in the Medical Verification section (page 4) of this form. A medical professional, familiar with the person's disability, indicates whether or not the person is eligible for Metro Mobility by completing the Medical Verification section.

Please note that eligibility is based upon disability. The availability of regular route bus service is not a consideration in determining eligibility for Metro Mobility.

To apply for Metro Mobility certification, please fill out the enclosed Certification Form and have the Medical Verification section on page 4 completed and signed by your medical professional. Mail the completed Certification Form with a \$10 certification fee (check or money order payable to Metro Mobility) to:

**Metro Mobility Administrative Center
560 - 6th Avenue North
Minneapolis, MN 55411-4398**

It will take approximately 2 to 4 weeks to process your application. Once you are certified, you will receive an identification card, a Rider's Guide, and a list of transportation providers for your area with instructions for arranging rides.

If you have any questions regarding the completion of this form, please call the Metro Mobility Administrative Center at 349-7480.

**FAILURE TO ANSWER ALL QUESTIONS WILL DELAY PROCESSING YOUR APPLICATION.
PHOTOCOPIED FORMS WILL NOT BE ACCEPTED.**

TO THE MEDICAL PROFESSIONAL:

Please complete the Medical Verification section on page 4 in its entirety. This information will be used to determine the applicant's (named on page 2) eligibility for Metro Mobility. Failure to provide this information may prohibit the applicant from becoming certified for Metro Mobility services.

Thank you for your cooperation.

Metro Mobility Administrative Center

METRO MOBILITY CERTIFICATION FORM

Remember to include your check or money order for \$10,
payable to Metro Mobility. Return to: Metro Mobility Administrative Center,
560-6th Avenue North, Minneapolis, MN 55411-4398

Office Use Only

Certification # _____
Disability Code _____
Zone _____

PLEASE TYPE OR PRINT CLEARLY

1. Name _____
first middle last

2. Address _____
street number street name city/suburb state

3. _____ 4. _____ 5. _____ 6. Telephone _____ / _____
zip code apt. no. medical assistance no. home work

7. Does your weight, size or wheelchair pose any special considerations? Yes _____ No _____

If yes please explain: _____

8. Sex: Female _____ Male _____ 9. Date of Birth: _____
month day year

10. In case of emergency, please notify (name): _____

Emergency contact home phone: _____ work phone: _____

11. Is this the first time applying for Metro Mobility? Yes _____ No _____

12. Please explain how your disability prohibits you from use of regular route bus service:

13. Are you in need of an escort/attendant when traveling? (You may bring one guest even if you do not need an escort.)

Yes _____ No _____ If yes, please explain: _____

Some persons may be issued certification that requires them to be accompanied by an escort when traveling on Metro Mobility. Escorts are not provided by Metro Mobility.

Office Use Only

Code _____ Post _____ Label _____ Check Number _____
 Number _____ Zone _____ Card _____ Standing Order _____
 Book _____ Enter _____ File _____

14. Do you use a wheelchair when you travel? Yes _____ No _____ If yes, are you able to propel your own wheelchair independently? Yes _____ No _____ transfer to an auto? Yes _____ No _____

15. Are you able to enter a van or bus without the use of a ramp or lift? Yes _____ No _____

16. Do you require a raised/high door van? Yes _____ No _____

17. I use the following equipment when I travel outdoors:

_____ None	_____ Crutch(es)	_____ Walker
_____ Wheelchair, Manual	_____ Artificial Limb	_____ Guide Dog
_____ Wheelchair, Powered	_____ Portable Oxygen Tank	_____ Other (describe) _____
_____ Brace(s)	_____ Orthopedic Cane	_____
_____ 3-wheeled Power Mobility Device (Amigo, Lark)	_____ Hearing aids	_____
	_____ White Cane	

(Metro Mobility does not provide wheelchairs or any other mobility aids)

Please describe any special considerations (walk slowly, wide wheelchair): _____

18. What means of transportation do you currently use, other than Metro Mobility? _____

I certify that all information on this application form is accurate. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my application. I also understand that the Metro Mobility Administrative Center may contact my medical professional to clarify or obtain additional information required to determine my eligibility or unique service needs.

Is applicant able to sign Metro Mobility vouchers? Yes _____ No _____

Signature of Applicant (Signature required if applicant is able to sign)

Date

Signature of Preparer (If other than applicant)

Relationship to applicant

Date

The information contained on this form is private data and is used by the Metro Mobility Administrative Center (MMAC) to determine program eligibility and by the MMAC and contract carriers to provide you with appropriate Metro Mobility service. The MMAC's ability to supply you with program service will be restricted if all information requested on this form is not provided.

MEDICAL VERIFICATION

This section is to be completed by a physician, licensed psychologist, certified physical therapist, licensed chiropractor, or orientation and mobility specialist. All requested information must be provided. Your prompt response will allow an expedient determination of the applicant's eligibility for Metro Mobility service.

A. Please indicate whether or not the following conditions apply to the applicant:
(respond to as many of the six criteria as you can verify.)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. A permanent physical functional mobility limitation that prevents a person from walking independently for a distance of 1,000 feet without the aid of an assistive device such as a walker, cane, crutches, braces, a prosthetic device, or a wheelchair, or from negotiating the steps of a standard transit device. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A medically demonstrable condition that seriously impedes or prevents a person from walking a distance of 1,000 feet; or that affects coordination and stability to the extent that it presents a risk of falling. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. An arterial oxygen tension ($P_{A}O_2$) of less than 60 mm/hg in room air at rest. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A cardiac condition that is therapeutically classified according to standards set by the American Heart Association in one of the following areas: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Class D: Persons with cardiac disease whose ordinary physical activity should be markedly restricted. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Class E: Persons with cardiac disease who should be at complete rest, confined to bed or chair. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. A sensory impairment(s) that prevents the applicant from independently using regular route bus service. That is, the impairment prevents the applicant from using regular route service for all his/her travel needs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. A mental functional limitation that prevents the applicant from independently using regular route bus service. That is, the impairment prevents the applicant from using regular route service for all his/her travel needs. |

B. Please describe the applicant's disability as indicated above and how the disability affects the applicant's ability to use regular route bus service:

C. Is applicant: Vision Impaired _____ Hearing Impaired _____ Mentally Disabled _____

D. If any of the criteria in Section A (above) apply to the applicant **only** during typical winter weather, please identify the specific criterion: _____

E. What is the expected duration of the applicant's condition(s) that is identified in Section A? (Be as specific as you can; this information is used to establish length of eligibility). _____

F. The applicant is able to:

- | | Yes | No | |
|---|-------|-------|---|
| 1. Travel from a protected setting to a protected setting without an escort/attendant | _____ | _____ | NOTE TO THE MEDICAL PROFESSIONAL:
A NO response to item F.1 means that the applicant will require an individual (other than the driver) to escort the applicant when using Metro Mobility. |
| 2. Comprehend and follow instructions | _____ | _____ | |
| 3. Communicate travel needs | _____ | _____ | |
| 4. Comprehend time of day for travel purposes | _____ | _____ | |

G. Please describe any behavioral problems which prevents the applicant's ability to travel independently:

H. Date that applicant was last examined by you: _____

I certify that I have medical information to document the above statements and will provide such documentation at the request of the Metro Mobility Administrative Center.

Signature of Medical Professional

Print or Type Name of Medical Professional

Profession

MN License No.

Office Address

Date

Telephone Number

City

State

Zip Code



Administrative Center
 570-6th Avenue North
 Minneapolis, Minnesota 55411
 612-349-7480

METRO MOBILITY

Metro Mobility is a door-through-first door transportation service for eligible persons who are permanently disabled. Persons must be certified by the Metro Mobility Administrative Center prior to using Metro Mobility.

How Do I Become Certified?

You must fill out the enclosed Certification Form and have your medical professional complete the Medical Verification section of the form. Mail the form with a \$10 certification fee to:

Metro Mobility Administrative Center
560 6th Avenue North
Minneapolis, MN 55411-4398

If you are eligible, you will receive an ID card, a Rider's Guide and a list of transportation carriers in about three weeks.

How Much Does it Cost?

There is an annual registration fee of \$10.00 to use Metro Mobility. The \$10.00 you send with your application form is the fee for the first year of service. You will receive a registration form each year, just before your birth month.

Metro Mobility fares are:

Base fare	\$1.70
Peak-hour surcharge (6-9am and 3:30-6:30pm)	.50
Zone-crossing surcharge (ride crosses zones)	.50
Highest Possible one-way fare	\$2.70

Payment must be made at the time of the ride with either cash or fare tickets. You must have the exact fare; drivers do not make change. If you require an escort to use Metro Mobility, the escort does not pay a fare. Guests pay the same fare you do.

METRO MOBILITY IS NOT AN EMERGENCY TRANSPORTATION SERVICE.

Who Provides Service?

Riders are served by a variety of transportation carriers, ranging from taxi companies to carriers using lift or ramp equipped vehicles. With your certification materials you will receive a list of carriers from which to choose. You may choose any carrier which serves your community. You do not need to use the same carrier for every ride.

How Do I Schedule a Ride?

After you are certified, you may schedule a Metro Mobility ride by calling the carrier you choose. You select a carrier from your list and call the order taker between 6:00 AM and 2:30 PM the day before you want service (8:00 AM weekends, holidays).

There may be occasions when your carrier finds it necessary to change your requested pickup times. Times may be changed up to an hour earlier or later than your original request. You will be notified of any time changes by 7:30 AM.

You may travel with Metro Mobility for any purpose.

Must I Call Each Day?

Standing orders eliminate the need to call daily for trips which are taken on a routine basis. If you travel from the same address to the same destination three or more times a week, you may request that a standing order be established. There is a \$10.00 charge for this service, with an annual \$10.00 renewal fee. There is a \$5.00 charge to change a standing order carrier. Call the Metro Mobility Administrative Center to request forms.

When and Where is Service Available?

Metro Mobility operates every day of the year in the entire Minneapolis - St. Paul Metropolitan Area. Service is available from 6am to 11pm, Monday through Friday and 8am to 11pm, weekends and holidays.

Need More Information?

If you would like more information now, please call the Metro Mobility Administrative Center 349-7480 (341-3322 TDD).



FIGURE A-11
Description of Metro Mobility Certification
Appeals Process

Administrative Center
570-6th Avenue North
Minneapolis, Minnesota 55411
612-349-7480

APPEAL PROCESS

The following steps must be followed to appeal the decision involving your eligibility for Metro Mobility service:

1. You must submit a written request for appeal of the decision, along with any additional information which you feel should be considered in review of this decision. This written request and additional information should be mailed to:

Manager
Metro Mobility Administrative Center
570 Sixth Avenue North
Minneapolis, MN 55411

This information must be sent within thirty (30) calendar days from when you receive this letter.

2. The manager shall review the additional documentation. You will receive a written statement of the manager's decision and the reasons for the decision within thirty (30) calendar days from receiving your appeal.
3. If you are not satisfied with the manager's decision, you may appeal the decision to the Metro Mobility Certification Appeals Board. Your letter requesting a review by this board must be sent to:

Regional Transit Board
Mears Park Centre Building
230 East 5th Street
St. Paul, MN 55101

The Appeals Board shall make its determination within thirty (30) calendar days upon receipt of your request. The Appeals Board decision is final and binding.

NOTE: If the Metro Mobility Manager or the Metro Mobility Certification Appeals Board fails to make a decision by the deadlines outlined in this letter, you shall be automatically certified. If you fail to meet these deadlines, the finding of ineligibility will stand.

If you have any questions about the appeals process, please contact the manager of the Metro Mobility Administrative Center at 349-7480.

crf/3470
4/11/89

FIGURE A-12
Sample Existing Metro Mobility
Provider Contract

Contract No. _____>

REGIONAL TRANSIT BOARD
AGREEMENT WITH

FOR FUNDING METRO MOBILITY
SPECIAL TRANSPORTATION SERVICE

THIS AGREEMENT, executed this ____ day of _____, 19__,
is made and entered into by and between the REGIONAL TRANSIT
BOARD (hereinafter referred to as "RTB") and
_____ (hereinafter referred to as
"Contractor").

WHEREAS, the RTB is required by Minnesota Statutes,
Section 473.386, subdivision 1 to implement a project to
coordinate special transportation service in the metropolitan
area; and

WHEREAS, the RTB is required by Minnesota Statutes,
Section 473.386, subdivision 2 to provide by contract for the
services necessary using a contract which thus specifies the
service to be provided and the rates for providing the service;
and

WHEREAS, the RTB is authorized in accordance with Minnesota
Statutes, Section 473.384 to enter into and administer
contracts for financial assistance to transit providers in the
metropolitan area; and

WHEREAS, the RTB has authorized the executive director to
enter into agreement with the Contractor; and

WHEREAS, the Contractor has represented that it has the
necessary expertise and personnel, and is qualified to perform
such services.

NOW, THEREFORE, IT IS AGREED BY THE PARTIES:

I. DEFINITIONS

For purposes of this Agreement the following terms shall
have the meanings stated:

A. SPECIAL TRANSPORTATION SERVICE

"Special Transportation Service" shall mean motor
vehicle transportation provided under the Metro
Mobility Program on a regular basis by a public or

private person designed to serve handicapped persons, elderly persons, and others with special transportation needs who are unable to use mainline bus service. Special Transportation Services shall be as authorized by Minnesota Statutes, Section 174.30, Minnesota Statutes, Section 473.386, and Minnesota Rules, Parts 8840.0100 to 8840.6300.

B. METRO MOBILITY ADMINISTRATIVE CENTER

"The Metro Mobility Administrative Center" (MMAC) shall mean the organizational unit staffed and operated by the Metropolitan Transit Commission (MTC) pursuant to a contract with the RTB. The MMAC administers, supervises, and manages the daily operation of the provision of Special Transportation Services by Contractor and other contractors.

C. RIDER

"Rider" shall mean any person or persons eligible to receive Special Transportation Services under the rules of the RTB or the MMAC and who receive or request Special Transportation Service.

II. STATEMENT OF WORK

A. RESPONSIBILITY OF CONTRACTOR

The Contractor shall coordinate, manage, provide, and control all necessary activities to operate the Special Transportation Service as described in this Agreement. Contractor's responsibilities shall include: providing, operating, and scheduling vehicles and personnel; maintaining equipment; collecting and accounting for fares; developing administrative procedures; compiling performance statistics and financial reports; and developing methods to maximize service quality and Rider safety; and such other activities as are necessary to provide Special Transportation Service.

The Contractor shall provide competent technical services to handle and correct any and all problems that arise associated with the Contractor's services under this Agreement.

B. DESCRIPTION OF TRANSPORTATION SERVICE

Contractor shall provide Special Transportation Services pursuant to Rider requests or standing orders and as described in Contractor's approved Management Plan on file at the offices of the RTB, and any subsequent amendments thereto which Management Plan is

incorporated herein by this reference, and as described below:

1. Service District. Contractor shall provide Riders with Special Transportation Service originating in the Metropolitan Transit Services Taxing District, as described in the Management Plan. Only trips having a Rider's final destination terminating within the Metropolitan Transit Service Taxing District shall be provided under the Special Transportation Service program. Contractor shall not receive subsidy under this Agreement for trips provided in the area served by the Anoka Traveller Service.
2. Door-Through-Door Service. Contractor shall assist riders from the entrance of the building at the pickup location to the vehicle and from the vehicle through the first door at the rider's destination. Provider assistance shall include support when walking, assistance in getting wheelchairs up and down steps, and pushing wheelchairs to and from the building entrance.
3. Wheelchair Lifts. Where applicable, Contractor shall properly position riders wheelchair on any vehicle lift or ramp, operate the vehicle's lift, and properly secure the wheelchair in the vehicle.
4. Hours of Operation. Contractor shall provide Special Transportation Services on the days specified in the Management Plan, and shall be available and provide scheduled service between 6:00 a.m. and 11:00 p.m. on weekdays. On weekends and holidays the first pickup time available shall not be later than 8:00 a.m., and service shall be available until 11:00 p.m.
5. Special Communication Equipment. Provider shall install equipment and train operators to receive service requests using a Telecommunications Device for the Deaf (TDD), unless an alternative arrangement is approved by the MMAC.
6. Guest and Escort Trips. Contractor shall provide Special Transportation Service for one scheduled guest of a Rider in the company of a transported Rider (if requested at the time of the trip request) and a Rider's escorts. Escorts are persons required to travel with Riders having certification codes, 22, 24, 34, 36, 40, and 42. Additional guests may be transported at the option of the provider.

7. Timely Service. Contractor shall pick up all Riders to be transported within fifteen (15) minutes of the scheduled pickup time and provide for all scheduled return trips.
8. Daily Funding Limits. The MMAC with prior RTB approval may from time to time determine that available daily funding allocation for Special Transportation Service has been exhausted and may notify Contractor of that situation by telephone or otherwise. MMAC shall notify Contractor when 90% of the available daily funding allocation has been reached. After notice that daily funding allocations have been exhausted, Contractor shall accept no further requests by Riders for Special Transportation Service for that day. Contractor shall not be paid for any services performed for requests that were received after notice funding allocation limits were exhausted.
9. Toured or Shared Trips. Contractor is encouraged to share or set up toured trips provided, such toured or shared Special Transportation Service shall be arranged so that no rider trip exceeds 90 minutes.
10. Radio and Telephone Communication. Contractor shall provide and maintain equipment in vehicles used for Special Transportation Services so that drivers are able to maintain two-way radio communication with Contractor at all times vehicles are in service. Contractor shall also provide telephone service for Riders during all periods when its vehicles are in service under this Agreement.
11. Trip Assurance Program. Contractor shall provide all requested transportation service unless it has been previously notified by MMAC or RTB the daily funding allocations have been exhausted. In the case of initial unavailability of service, Contractor shall advise MMAC requesting Riders Service request be assigned under the Trip Assurance Program described in Section IV(B)(6)-(8) of this Agreement, whereby certain Special Transportation Service providers may receive additional increased subsidy by agreeing to accept and provide rider trips initially unaccepted by other providers.
12. Legal Requirements. Services provided hereunder by Contractor shall conform with all applicable local, state, and federal laws, rules, and

regulations, including without limitation the following: Minnesota Statutes, Section 473.386, subdivision 6; Minnesota Rules, Parts 8840.5100 through 8840.6300 as may be amended from time to time; Minnesota Statutes, Section 299A.11 through 299A.18; municipal regulations and ordinances, federal and state laws relating to child restraint devices.

13. Certificate of Compliance. At all times when providing Special Transportation Service, Contractor shall have and maintain in good standing the Certificate of Compliance as required by Minnesota Rules Part 8840 issued pursuant to Minnesota Statutes, Section 174.30, subdivision 4. A Contractor who is unable to obtain a Certificate of Compliance because of the exemption of Minn. Rules Part 8840.5300, subp. 3 shall prove compliance with the standards set forth in Minn. Rules Part 8840.5400-8840.6300 in a method acceptable to MMAC. Contractor shall immediately advise MMAC if, at any time, Contractor is notified of any revocation, suspension, expiration without renewal, or limitation of the Certificate of Compliance or proceedings where the revocation, suspension, nonrenewal, or limitation of said certificate is sought.
14. Scheduling of Trips. Contractor shall schedule special transportation service trips as follows:
 - a. All standing order trips provided under this Agreement shall be registered with the MMAC. Any trip shall be considered to be a standing order if the Rider is transported between the same locations at approximately the same time on three or more days per week. Contractor shall request MMAC to cause registration of all standing orders known to it before service under that order.
 - b. Demand order trips shall be immediately confirmed if possible; in all cases the confirmation decision shall be made by 2:30 p.m. on the day of the request.
 - c. Trips to be provided on the same day of request shall only be assigned by MMAC. Contractor seeking same day trips may request assignments from MMAC.
 - d. Contractor shall confirm all trips assigned under the Trip Assurance Program at its

first opportunity, but not later than 7:30 p.m. the day of the request.

15. Contractor Meeting. RTB or MMAC may from time to time request the attendance of a representative of Contractor at Contractor meetings upon reasonable notice. Contractor shall provide an authorized representative who shall attend Contractor meetings on behalf of Contractor.
16. Marketing. Contractor shall undertake no marketing activities referring to the provision of Special Transportation Services as part of the Metro Mobility program without first receiving approval by MMAC of those marketing activities. MMAC shall approve all marketing activities which do not in MMAC's judgment result in an unfair competitive advantage for any provider.
17. Management Plan Amendments. Service shall be provided as described in the Management Plan and any amendments thereto. No amendment to the Management Plan shall be effective until the RTB shall have consented thereto.
18. MMAC Computer. Contractor shall use the MMAC computer database to timely compile all Special Transportation Service data. Any computer equipment owned by MMAC and used by Contractor shall be repaired by Contractor if damaged by Contractor's abuse or negligence. At the end of the Term all computer equipment owned by MMAC shall be returned undamaged to MMAC. Contractor shall timely post all information required by MMAC or this Agreement into the MMAC computer system.
19. MMAC Policy and Procedures. Contractor shall become familiar with and comply with the policy and procedure requirements stated in the MMAC Policy and Procedure manual for the Metro Mobility program.
20. DHS Transportation Regulations. For any service provided to Riders who receive funding for use of Special Transportation Service from a program subject to regulations of the Department of Human Services (DHS), Contractor shall comply with all regulatory requirements of Minnesota Rules part 9525.1690.
21. Seat Belts. Drivers and Riders shall use seat belts at all times. Drivers shall instruct Riders to use the seat belt. Before pulling away

from a stop, drivers shall make sure that passengers are seated with seat belts properly secured.

III. TERM

This Agreement shall be in effect for transportation services rendered from July 1, 1991 through December 31, 1991.

IV. FUNDING OF SERVICES

A. FARES

As partial payment for the Special Transportation Services provided hereunder, the Contractor shall earn and collect the following passenger fares:

1. Passenger Fares. Contractor shall, except for Medical Assistance funded trips, collect the fare of \$2.00 per one-way trip of less than eight (8) miles from each and every transported Rider. For trips of eight miles or longer distance the fare shall be \$3.50. For Medical Assistance funded trips, any compensation provided under the Medical Assistance program shall be Contractor's exclusive compensation.
2. Guest and Escort Fares. Contractor shall charge and retain a fare for guests and escorts at the same rates as established by RTB for passenger fares in paragraph 1 of this section. This fare shall be Contractor's only compensation for transporting the guest or escort.
3. Contractor shall accept cash or Metro Mobility commuter tickets in payment of fares. All Metro Mobility commuter tickets received as payment for providing Special Transportation Services shall be redeemable from the MMAC when submitted as part of an invoice as provided in this Agreement.
4. Contractor shall not collect any fare for Special Transportation Services for which Medical Assistance is received and shall be entitled to any compensation provided by Medical Assistance for that trip as Contractor's exclusive compensation.

B. OPERATING SUBSIDY

1. Compensated Trips. As additional consideration for the provision of Special Transportation Service, RTB shall pay Contractor for each one-

way trip (whether outgoing or returning) made by Contractor transporting a Rider. Operating subsidy shall only be paid for each Rider trip. No operating subsidy shall be paid for:

- a. Transportation of Rider's guest or escort;
 - b. Any trip provided contrary to any provision of this Agreement relating to the method of providing services, qualification of drivers, vehicle requirements, or reporting requirements;
 - c. Special Transportation Service originating outside Contractor's service area exclusive of return trips (unless with prior MMAC approval or at MMAC direction);
 - d. Trips originating outside the Metropolitan Transit Taxing District;
 - e. Trips, any portion thereof where the Rider's ultimate destination is outside the Metropolitan Transit Taxing District;
 - f. Special Transportation Services for which Medical Assistance compensation is received;
 - g. Trips taken over 30 days before the submittal of the invoice;
2. Amount. The subsidy is based upon the Rider's certification code, and the number of passengers transported to the destination. The subsidy amounts for each one-way ambulatory or wheelchair trip are as follows:

Individual Ambulatory	\$ 6.00
Individual Wheelchair	16.75
Volume Ambulatory	3.75
Volume Wheelchair	8.50

3. Ambulatory and Wheelchair Trips. Determination of the applicability of the ambulatory or wheelchair subsidy rate shall be based on the two-number prefix of each Rider's certification code.
- a. Certification codes with the following prefixes shall be defined as ambulatory trips: 33, 34, 35, 36, 37, 38, 39, 42 and 53.

- b. Certification codes with the following prefixes shall be defined as wheelchair trips: 21, 22, 23, 24, 40 and 50.
4. Volume Trips. MMAC will use its best efforts to identify volume locations monthly. All trips to identified volume locations are volume trips. The volume trip rates apply to trips in any of the following categories:
 - a. Common Destination Volume Trips. One provider transporting five (5) or more Riders (not necessarily the same Riders each day or in the same vehicle) to the same address at least five (5) times per week and either dropoff or pickup is between either 6:00 a.m. and 10:00 a.m. or between 2:00 p.m. and 6:00 p.m.
 - b. Common Origin Volume Trips. One provider transporting five (5) or more Riders (not necessarily the same Riders each day or in the same vehicle) from the same address at least five (5) times per week and either drop off or pick up is between either 6:00 a.m. and 10:00 a.m. or between 2:00 p.m. and 6:00 p.m.
 - c. Common Destination and Origin Volume Trips. One provider transporting three (3) or more Riders together in the same vehicle between one destination and one origin.
5. Trip Assurance Program. Contractor shall participate in the Trip Assurance Program and shall accept and provide trips remaining unaccepted at the cut-off time set by MMAC. MMAC shall assign trips to contractors. The assignment shall be done before 2:30 p.m. on the day preceding the trip. Contractor shall be paid a daily participation fee of 1% of the Contractor's average daily total subsidy for the month for which the participation fee is earned as its additional compensation for each day it provides all of the trips as assigned by MMAC.
6. Undelivered Trips. In the event Contractor does not provide a trip assigned by MMAC, Contractor's compensation for the month shall be reduced by the greater of \$20.00 or an amount equal to 1% of the Contractor's average daily total subsidy for the month in which the undelivered trip occurs, for each day an assigned trip is not delivered.

7. Service Quality Fee. Contractor shall also be paid an additional Service Quality Fee of 1% of the subsidy for each month if, during each day of the month, Contractor meets all requirements of this Contract relating to timely service, performance, service delivery, personnel, and equipment.
 8. Trip Assurance Program Evaluation. Contractor and RTB agree to co-operate in making appropriate modifications to improve the effectiveness of the Trip Assurance Program.
- C. Payments shall be made by RTB to Contractor based on the invoice reporting forms and trip vouchers processed by MMAC. No payment shall be made for trips unless the voucher is 100% complete and accurate. MMAC shall process all vouchers submitted to date as of the first and the fifteenth (15th) day of each month. Payment of trips will be made only for those trips taken within thirty (30) days from the date of submittal to the MMAC.
- D. RTB may, in its discretion, change the passenger fares and/or subsidy to be paid during this Agreement or any extension of this Agreement, by giving Contractor 120 days advance notice thereof.
- E. Trip vouchers and invoice reporting forms shall be sent to:
- Metro Mobility Administrative Center
570 Sixth Avenue North
Minneapolis, Minnesota 55411-4398
- Contractor's payment request shall be prepared in a form acceptable to the MMAC and shall be supported by such copies of invoices, payrolls, driver trip sheets, dispatch logs, and other documents as may be required. All payment requests shall be processed within 30 days.
- F. A total of 12 percent of the last two payments to Contractor shall be withheld from the Contractor's payments until completion of an audit by the RTB.
- G. All invoices and related records are subject to audit by the MMAC or the RTB. If, at the end of the Term, as a result of final audit, it is determined that RTB has overpaid the Contractor, the Contractor shall immediately refund to RTB the amount of the overpayment. RTB may retain the amount of any overpayment arising out of a previous funding agreement, Special Transportation Services provided by

Contractor in a previous year or under funds otherwise payable under this Agreement. Upon completion of the final audit, RTB shall make a final payment to the Contractor of the amount of any unpaid balance in accordance with the provisions of this contract.

- H. The compensation authorized in this section IV shall constitute Contractor's exclusive compensation for the services provided under this Agreement. Contractor shall not charge or accept any payment for the services provided under this agreement other than as provided herein.

V. SCOPE OF CONTRACTOR'S RESPONSIBILITIES

A. SUBCONTRACTING BY CONTRACTOR

Contractor shall not assign or subcontract its obligations under this contract to any third parties unless RTB shall have first approved the subcontractor and terms of any subcontracts. The RTB retains the right to disapprove any such third party contracts. Consent to any subcontract or assignment shall not relieve Contractor of its primary responsibility for performance hereunder.

B. INDEPENDENT CONTRACTOR

Under the terms of this contract, Contractor is an independent contractor and has and retains full control and supervision of the services and full control over the employment and direct compensation and discharge of all persons assisting in the performance of its services hereunder. Contractor agrees to be solely responsible for all matters relating to payment of employees, including compliance with social security, all payroll taxes and withholdings, unemployment compensation, and all other regulations governing such matters. Contractor agrees to be responsible for its own acts and those of its subordinates, employees, and any and all approved subcontractors during the Term.

C. MMAC MANAGEMENT FEE

Contractor shall pay to MMAC a management fee of \$160 per month for computer-related services plus \$95.00 per each additional modem line connection.

VI. MANAGEMENT OPERATIONS

The Contractor shall provide project management according to this Agreement and RTB policies for Special Transportation Service. The RTB may establish or modify

rules which are reasonable for operation of this service after consultation with the Contractor.

A. PERSONNEL

All personnel providing transit Special Transportation Service shall know and understand the system. Contractor's personnel shall maintain a courteous attitude, answering to the best of their ability any passenger questions regarding the provision of service. Personnel shall record all passenger complaints and/or operational problems. The Contractor shall be solely responsible for the satisfactory work performance of all personnel and drivers pursuant to reasonable performance standards established by the RTB. Contractor shall remove from the project any personnel, including drivers, that do not meet these standards.

1. Project Manager. The Contractor shall at all times have designated a Project Manager who shall have responsibility for the operation of the project. The Project Manager shall provide supervision and management of the project's accounts including all revenues collected, operating records, and personnel. Delegation of management responsibilities may be distributed to personnel as deemed qualified by the Project Manager.

The Project Manager shall be available at all reasonable times to report to and consult with MMAC or RTB. Contractor shall promptly notify MMAC of the identity of the Project Manager and any changes of Project Manager.

2. Dispatcher. Contractor shall provide dispatch services including dispatching and communication with drivers at all times a vehicle is in service, to facilitate changes in services or emergency response.
3. Driver Requirements. The Contractor shall furnish all trained, qualified, and licensed drivers necessary for the safe operation of vehicles used in providing the service and substitute drivers. All drivers providing services hereunder shall possess all licenses, permits, and medical certificates required by law and be fully trained in all operational procedures, including emergency medical procedures. Without limitation, all drivers of vehicles (including taxicabs) when providing Special Transportation Services, shall meet the following requirements:

- a. No driver shall operate a vehicle used for providing Metro Mobility service unless that driver:
 - (1) has visual acuity of 20/40 in each eye corrected and a field of vision of at least 70 degrees in the horizontal meridian of each eye;
 - (2) does not have a hearing loss greater than 30 db in the better ear with or without a hearing aid; and
 - (3) has no current medical condition which interferes with the ability to drive safely.
- b. Every two years each driver shall obtain, on a form prescribed by the Commissioner of Transportation, a physician's statement that the driver has no current medical condition which interferes with his or her ability to drive safely. This shall be obtained prior to employment as a driver of a Metro Mobility vehicle. School bus drivers or employees of facilities which are licensed by the Department of Health or the Department of Human Services, who are required to provide a physician's statement of health on a regular basis, may substitute that form or statement for the form required in this section.
- c. Each driver shall be able to perform a vehicle safety inspection and each driver and attendant, in the case of a vehicle which is staffed by a driver and an attendant, shall be able to assist a passenger into the vehicle and operate a wheelchair lift or ramp if the vehicle is equipped with it.
- d. Each driver shall also meet the following criteria:
 - (1) Possess such a driver's license, valid in Minnesota as is required by law to operate the Special Transportation Vehicle provided;
 - (2) be at least 18 years of age and have not less than one year of experience as a licensed driver; and

- (3) have a driving record clear of revocations, suspensions, and cancellations for the past three years. Contractor shall submit proof of compliance with the requirements of this part (d) by July 1 each year.
- e. Each driver and attendant shall successfully complete a first aid or emergency care course of sufficient time to adequately include instruction in the following elements:
- (1) treatment of shock;
 - (2) control of bleeding;
 - (3) airway management;
 - (4) prevention and treatment of frostbite and exposure to cold;
 - (5) prevention and treatment of heat exhaustion and heat stroke;
 - (6) identification of sudden illness such as stroke, heart attack, convulsions, fainting, and seizures; and
 - (7) appropriate use of emergency medical assistance services.
- f. Each driver and attendant who transports Riders shall complete a minimum of eight (8) hours training in the techniques of transporting and assisting elderly and physically handicapped riders which shall be approved by Minnesota Department of Transportation and shall include instruction in the areas of instruction required by Minn. Rules Part 8840.5900 and include the following elements:
- (1) discussion of characteristics of the aging process and major disabling conditions;
 - (2) discussion of common assistive devices used by elderly and handicapped persons;
 - (3) discussion of attitudes toward elderly and handicapped persons which includes the participation and handicapped and elderly persons;

- (4) instruction in methods of handling wheelchairs;
 - (5) instruction in moving, lifting, and transferring passengers;
 - (6) guidelines for transporting handicapped persons; and
 - (7) instruction and experience in the operation of the lifts, ramps, and wheelchair securement devices of any vehicle to be operated by the driver.
- g. Each driver and attendant shall receive instruction in the use of the fire extinguisher.
 - h. Each driver or attendant shall successfully complete the training requirements of this Agreement prior to the effective date of this Agreement. Copies of certificates indicating successful completion of courses shall be maintained in the Contractor's files.
 - i. Each driver and attendant shall successfully complete a refresher first aid or emergency care course every three years. The refresher course shall include instructions in the elements listed in item (e).
 - j. Contractor shall provide all Special Transportation Service drivers with such identification as is specified by RTB. Drivers shall display such identification as required by RTB.
 - k. Contractor shall provide all drivers with orientation to state law relating to sexual abuse and vulnerable adult abuse within three (3) days of beginning employment and annually thereafter.
 - l. Each driver shall attend and participate in all scheduled safety and informational meetings held by Contractor. Contractor shall establish an information and safety meeting policy providing a means of instructing drivers on safety issues and updating drivers on administrative procedures relating to services provided under this Agreement.

- m. Contractor shall provide each driver with a copy of Metro Mobility trainee manual "Vehicle Operator Training Manual and Resource Guide." RTB shall provide one camera-ready copy of the manual and an initial copy for each driver designated in paragraph VI A 3. Contractor shall submit to the MMAC a plan for using the training units from this manual to complement Contractor's driver training program.
 - n. Contractor's driver selection procedures shall include a background reference check including criminal history for all driver applicants before hiring.
- 4. Complaint Administration - Contractor shall designate on or more individuals to handle complaints as described in Section VI(B)(3) of this Agreement, who shall be adequately trained in complaint procedures and who shall be responsible for administration of contractor's complaint procedures.
 - 5. Other Personnel. The Contractor shall supply and furnish all other personnel and services as are necessary for the safe, sound, and efficient delivery, operation, supervision, and maintenance of the transit service and the vehicles and equipment used therein.
 - 6. Drug and Alcohol Abuse Policy. Contractor shall administer a drug and alcohol abuse policy applicable to all employees in safety sensitive positions. This policy shall, at a minimum provide a mechanism to attain compliance with RTB Regional Transit Policy concerning establishment of a drug free transit system. By October 15, 1991, Contractor shall submit its policy to RTB for approval.

B. CUSTOMER SERVICE

- 1. Telephone Information Service - Contractor shall maintain a telephone information service for contract operations.
- 2. Lost and Found - Contractor shall maintain a "lost and found" service for items left on the vehicles.
- 3. Complaint Procedures - Contractor shall maintain a complaint procedure through which riders may make complaints concerning any matter related to

the Metro Mobility service. This complaint procedure shall include the following components:

- a. Riders shall be informed of the existence of the complaint procedure, how to make a complaint, and who to contact to make a complaint;
- b. Contractor shall report complaints to MMAC the next business day following receipt;
- c. Within one week after receipt of the complaint, Contractor shall respond to rider in writing, resolving the complaint, and report the resolution of the complaint to MMAC;
- d. Any rider not satisfied with contractor's resolution of the complaint shall be referred to MMAC for review of the complaint by MMAC.

VII. VEHICLES

All designated vehicles and equipment shall meet the standards of this Section VII. The RTB shall be provided with current vehicle inventory forms to be included as part of the Management Plan covering each vehicle used for Special Transportation Service.

A. VEHICLE REQUIREMENTS

1. Repair or Replacement. In the event of any breakdown or malfunction of a regularly assigned vehicle, such vehicle shall be immediately removed from service and repaired or replaced within a period of seven (7) calendar days from the date of breakdown. Any replacement vehicle shall be of equal or better general condition as the vehicle which it replaces.
2. Markings. All vehicles providing Special Transportation Service shall display a clearly visible company name and service identity marking provided by the RTB.

B. GENERAL VEHICLE SPECIFICATIONS

All vehicles operated in Metro Mobility service shall meet the following specifications. In addition, all vehicles must comply with the State Operating Standards for Special Transportation Service (Minnesota Statutes, Section 174.30) and all other application federal and state regulations.

1. Whether new or used, all vehicles purchased and put into service during the term of this Agreement shall meet rollover standards contained in Federal Motor Vehicle Standard Number 220.
2. In all vehicles, doors and windows shall open and close as intended by the manufacturer.
3. There shall be no holes in the vehicle that admit exhaust gases.
4. The interior and exterior of the vehicle shall be free of jagged edges.
5. Vehicles shall be equipped with heating, maintained in working order.
6. The following minimum safety equipment shall be provided and secured within each vehicle:
 - a. Warning Devices. Six (6) 30-minute road flares and/or three (3) portable warning reflectors mountable on stands (provided) shall be furnished.
 - b. Fire Extinguisher. One dry chemical fire extinguisher of at least 5B:C capacity shall be furnished and shall be bracket mounted and easily accessible to the driver.
 - c. First Aid Kit. An adequate first aid kit shall be furnished and mounted in a location easily accessible to the driver.
7. In all vehicles, seats shall be securely fastened to the floor or frame of the vehicle. Seat covering shall be of fully padded construction. Seat covering and padding material shall be fire resistant and shall not support combustion.
8. In all vehicles (except those certified as school buses), each ambulatory passenger seat shall be equipped with a quick-release seat belt. Seat belts shall be securely attached to structural members of the vehicle at two points. Attachment to the vehicle floor is acceptable when a 2 1/2" or 3" washer is used.
9. Vehicles shall have available upon advance notice by Rider a federally approved child restraint device.

10. An extension seat belt shall be available for use as needed.

C. SPECIFICATIONS FOR WHEELCHAIR TRANSPORT VEHICLES

In addition to the general vehicle specifications, vehicles used to transport persons in wheelchairs, with the exception of taxicabs, shall meet the requirements of Minnesota Rules parts 7450.0100 to 7450.0900 following specifications:

1. Structural.

- a. Emergency Exits. Each wheelchair transport vehicle shall have a front passenger entrance door in addition to the wheelchair accessible door. The location of all exits must be clearly marked on the interior of the vehicle. Vehicles shall also be constructed with at least one of the following:
 - (1) windows which open to provide a clear opening;
 - (2) at least one roof hatch; or
 - (3) a rear exit door that can be opened from both the inside and outside of the vehicle.
- b. All wheelchair transport vehicles purchased and put into service during the term of this Agreement shall have a wheelchair service door with a minimum clear opening of 36" x 54".

2. Interior.

- a. Head Room. All wheelchair transport vehicles purchased and put into service during the term of this Agreement shall have a minimum of 57 inches of head room at the aisle.
- b. Flooring. All wheelchair transport vehicles purchased and put into service during the term of this Agreement shall have heavy-duty transit flooring.
- c. Air Conditioning. All wheelchair transport vehicles purchased and put into service during the term of this Agreement shall be equipped with air conditioning. A variance

may be granted by RTB for vehicles exceeding 12,000 lb. gross vehicle weight.

3. Seating.

- a. Flip Seating. Flip seating shall include a locking mechanism which secures the seat in an upright position when not in use. Flip seats, when in an upright position, shall not interfere with proper securement and restraint of wheelchair passengers.

4. Wheelchair and Passenger Restraints.

- a. Wheelchair Restraints. The wheelchair restraint system shall be securely attached to structural members of the vehicle and shall attach to the wheelchair at three or four separate positions. The restraint system shall attach to the wheelchair frame, rather than the wheels at each of the three or four points. Wheelchair restraints shall be adjustable so as to secure the various sizes and types of wheelchairs, with the exceptions of "Amigo" brand or similar types.

- b. Wheelchair Passenger Restraints. A Type 1 or Type 2 state-approved seat belt certified to meet the standard of Minn. Rules Part 7450.0600 shall be provided for each wheelchair. This belt must be secured to the vehicle floor or be secured to a combination of floor (lap portion of belt) and roof/sidewall (chest portion of belt). The wheelchair restraint and wheelchair passenger restraint shall be independent systems; i.e., passenger restraint shall not be used as a wheelchair restraint. Wheelchair passenger restraints shall be quick-release, automotive-type and be designed and installed in such a manner that the restraint belts transfer crash forces to the hips and upper torso portions of the passenger and shall not transfer these forces to the abdomen portion of the passenger.

5. Wheelchair Lifts and Ramps.

- a. Ramps. Wheelchair ramps shall have a non-skid surface. One end of the ramp shall be secured to the floor of the vehicle when in use. Each side of the ramp shall have an

edge barrier at least 1 1/2" high. A wheelchair shall not be moved on a ramp unless all wheels fit securely within the edge guard.

b. General Wheelchair Lift Requirements.

Automatic and semi-automatic lifts shall meet the following requirements:

- (1) In addition to these specifications, lifts shall be designed, built, attached, and operated in accordance with applicable safety codes and design standards.
- (2) In addition to normal operating power, lifts shall be designed to allow a manual method of unloading passengers and returning the lift to the stowed position in the event of power failure.
- (3) The design load, defined as the heaviest static load that can be applied to the lift when evenly distributed, shall be not less than 600 pounds.
- (4) Placement of the lift or the method of attachment shall not significantly diminish the structural integrity of the vehicle or cause a hazardous unbalancing of the vehicle by its weight when the vehicle is moving or by its weight and load when the vehicle is stopped.
- (5) All exposed edges or hazardous protrusions on lifts which are stowed inside the passenger compartment shall be equipped with padding of a thickness to the manufacturer's recommendation. Padding shall be of an energy absorption material capable of minimizing injury-producing forces and shall extend to within 3" of the vehicle floor.
- (6) Lift door shall have a minimum clear opening of 36" x 54".
- (7) Interior padding shall be provided above the door opening for the lift to avoid injury to wheelchair passengers and attendants during loading and

unloading. Padding shall extend the entire width above the door opening and shall also be provided along the interior roof-ceiling mating edge, and at all other locations where sharp or potentially hazardous edges occur.

- (8) Lifts shall be capable of being raised and lowered with no sudden acceleration, deceleration, or jerking motion.

c. Lift Platforms. Lift platforms shall meet or exceed the following requirements:

- (1) Platform size shall be a minimum of 30" x 42".
- (2) Platform shall have a non-skid surface.
- (3) Platforms shall be equipped with an automatically actuated rolloff barrier across the full length of the end of the platform. Each barrier shall be not less than 3" higher than the platform surface and shall be of sufficient thickness and strength to prevent the wheels of the wheelchair from rolling over or through the barrier. Platforms shall also be equipped with permanent vertical side rims at least 2" higher than the surface of the platform.
- (4) Platforms shall have a transition plate mounted as an integral part of the lift to provide transfer from the platform to the interior of the vehicle.

d. Auxiliary Steps. Any item or device used as an aid to entry into vehicles shall be of a design approved by MMAC. All auxiliary steps shall be adequately secured when not in use.

D. VEHICLE OPERATION, MAINTENANCE, AND HOUSING

Vehicles shall be operated in conformance with RTB policies, MMAC operating standards and procedures and all lawful orders, rules, statutes, or regulations of any federal, state, or local agency having jurisdiction over Contractor, and with due regard for the safety, comfort, and convenience of passengers and the general public. Drivers shall be responsible for

assuring passenger use of all provided safety equipment.

The Contractor shall provide and maintain appropriate fixed vehicle storage and maintenance facilities for the garaging and servicing of the vehicles.

Contractor shall submit all vehicles used to provide service hereunder to an inspection program approved by RTB which shall include a pre-trip inspection by the driver each day prior to being placed in service and shall be supplemented with periodic road testing by a mechanic to ensure the vehicle's proper operating condition. A record of all such inspections shall be kept by the Contractor and made available to the MMAC upon request. MMAC may direct, and Contractor shall remove any vehicle not in proper operating condition.

The Contractor shall also be responsible for ensuring the vehicle's high quality appearance. Vehicles shall be kept in a clean condition. Exterior washing shall be performed at least weekly, and vehicle interiors shall be swept or vacuumed daily to remove all dirt and debris.

VIII. DOCUMENTATION OF SERVICE DELIVERY

A. RECORDS

Contractor agrees to keep and maintain all records required by RTB or MMAC under this contract for a period of three (3) years from the date of final payment and to allow RTB or MMAC to copy and inspect all of the required records at any time during regular business hours. Authorization for disposal of records before three (3) years may be obtained from the RTB at Contractor's request, if RTB's purpose for retaining the records is otherwise satisfied.

Upon request, the Contractor shall furnish to MMAC copies of all reports required by law or regulation to be furnished to the RTB or any other governmental body or authority having legal jurisdiction over operational matters of the Contractor.

The Contractor shall, at the end of the term of this Agreement, turn over in a timely fashion any and all records that are reasonably requested by the RTB.

B. PROJECT OPERATIONAL RECORDS

Contractor agrees to maintain operational records documenting the performance of the special transportation service. Operational records shall include, but are not limited to, the following:

1. Monthly Summaries. The Contractor, in accordance with the reporting schedule and requirements established by the MMAC, shall prepare and submit to MMAC a monthly summary report. This summary shall include:
 - a. Contractor requests for payment submitted on the Metro Mobility daily invoice reporting forms supplied by the MMAC. Contractor shall list, by rider's certification number, each ambulatory trip provided, each wheelchair trip provided, each no-show, and each cancellation. Additionally, the Contractor shall provide a listing of each trip denied due to the Contractor's inadequate capacity in the form required by the MMAC.
 - b. Documentation of operational problems, significant variations in ridership, service timeliness, missed trips, trip denials, and basis for denials, passenger complaints and commendations, along with descriptions of actions taken.
 - c. Drivers' trip sheets, the content, and form of which shall be mutually agreed upon by the MMAC and Contractor.
2. Financial Records. The Contractor shall separately account for all project expenditures and keep any other relevant financial records or documents. The Contractor and its subcontractors shall keep full and complete books of account following generally accepted accounting principles reflecting its operations pursuant to this Agreement.
3. Incidents and Accidents. As soon as known, all occurrences involving injury, property damage, and/or vulnerable adult abuse during provision of Special Transportation Services (including vehicle accidents) shall be reported to MMAC riders liaison or administration as soon as possible but not later than within 24 hours after the event. Within 48 hours contractor shall cause a written report of the event to be received by MMAC.

C. AUDITS

As required by Minn. Stat. Section 15.17, the records, books, documents, and accounting procedures and practices of the Contractor and of any subcontractor

relating to work performed pursuant to this Agreement shall be subject to audit and examination by RTB and the legislative auditor or state auditor.

The Contractor and any subcontractor shall permit the RTB or its designee to inspect, copy and audit its accounts, records and business documents at any time during regular business hours, as they may relate to the performance under this Agreement.

D. INSPECTIONS

The RTB and MMAC shall have the right in its discretion to monitor, examine, and investigate, all elements of the contractors Special Transportation Service delivery system under this Agreement. The Contractor shall cooperate with the RTB and assist with inspections as requested by RTB and as authorized by Minn. Stat. § 473.375, subd. 6.

E. SURVEYS

On board passenger surveys may be required by RTB for the purpose of project evaluation; if so, the Contractor agrees to distribute passenger surveys in the manner and at the times specified by RTB. The results of the surveys required under this contract shall be provided to RTB.

IX. INDEMNITY AND INSURANCE

A. INDEMNIFICATION

Contractor undertakes and agrees to defend, indemnify, and hold harmless the RTB and all of the RTB's board members, agents, and employees from and against all suits and causes of action, claims, losses, demands, and expenses, including, but not limited to, attorney's fees and cost of litigation, damage, or liability of any nature whatsoever, for death or injury to any person, including Contractor's employees and agents, or damage to or destruction of any property of either party hereto or of third parties, arising in any manner by reason of or incident to the performance of the contract on the part of Contractor or a subcontractor; except that indemnification shall not be required hereunder for the share of any liability apportioned to RTB because of RTB negligence.

B. INSURANCE

The Contractor shall provide, keep in force, and furnish evidence of, a contract or contracts of

insurance with reliable companies authorized to do business in the state of Minnesota by which contracts the Contractor and the RTB are insured against any claim, demand or loss for injury to persons or damage to property resulting from, growing out of or connected with the management, supervision, and operation of the transit service provided under this Agreement or its appurtenant facilities or any act or omission to act by Contractor or any of Contractor's personnel.

The required minimum limits of coverage for insurance are \$200,000 per claimant for injury, death, or property damage by wrongful act or omission, and \$600,000 for any number of claims arising out of a single occurrence. A variance to this requirement may be granted if the above coverage limits are not available.

The Contractor shall provide a Certificate of Insurance in acceptable form as verification of compliance with these provisions at least ten (10) days before the commencement of service hereunder and ten (10) days before any contemplated renewal or change in coverage.

With respect to the interests of the RTB, such insurance shall provide that it may not be cancelled, reduced in coverage or limits, or non-renewed except after thirty (30) days' written notice has first been given to the RTB.

No compensation for services provided shall be paid for any period during which required insurance is not in force. Any payment for services shall be withheld until an approved certificate of insurance is on file.

C. WORKER'S COMPENSATION

The Contractor shall at all times keep fully insured at its own expense all persons employed in connection with performance of the contract as required by the laws of the State of Minnesota relating to Worker's Compensation Insurance and shall hold the RTB harmless from any liability, damages, claims, costs, and expenses of any nature arising from any allegation of violations of personnel practices or from any allegation of an injury to an employee of the Contractor performing work or labor necessary to carry out the provisions of the contract. Such policy shall provide for fifteen (15) days' prior notice to the RTB of any change, cancellation, or lapse of such policy. Prior to the effective date of the contract, the Contractor shall file a copy of such policy with the RTB.

D. MODIFICATION OF COVERAGE

The RTB reserves the right at any time during the Term to change the amounts and types of insurance required hereunder by giving Contractor ninety (90) days' written notice.

E. UNDERLYING INSURANCE

Contractor shall require indemnification and insurance as it deems appropriate from its employees receiving mileage allowance, agents, and subcontractors, if any, to protect the Contractor's and the RTB's interests, and shall ensure that such persons comply with any applicable insurance policy requirements to maintain coverage.

X. GENERAL PROVISIONS

A. DEFAULT

1. Defined. The Contractor shall be in default hereunder if it shall abandon or delay unnecessarily, the performance of services hereunder or in any manner shall refuse or fail to comply with this Agreement or the specifications or instructions of the RTB or MMAC relative to this Agreement, including but not limited to failure to maintain proper certification of drivers, vehicles, and Contractor; failure to procure insurance; failure to maintain or produce records required hereunder. A default may also be declared because of failure of the service to operate within agreed performance standards as evidenced by RTB or MMAC inspection, through surveys or monthly operating reports, or by repetitive communications by riders of the service.
2. Notice and Opportunity to Cure. The Contractor shall have three (3) days after receiving written notice from MMAC of default, to cure the default or show good cause for such delay, abandonment, refusal, or neglect to comply with this Agreement or the specifications or instructions of the RTB or MMAC, after which time if the default continues the Contractor shall be in default.

B. TERMINATION

Upon Default by the Contractor and failure to cure, the RTB may immediately terminate contract service and related payments to the Contractor. Termination may be ordered by RTB after consultation with MMAC. Upon

Default by Contractor and failure to cure, the MMAC may order the suspension of the contract service and related payments for a period not to exceed thirty (30) days. Notwithstanding suspension or termination of services and payment, all other obligations of Contractor under this Agreement shall remain in effect. In the event of termination due to default by the Contractor, the RTB shall not be precluded from recovering actual damages to which it may be entitled and may exercise any other rights it has to secure performance of this Agreement. Contractor may, upon thirty (30) days notice, terminate its provision of services hereunder at any time if contractor is not otherwise in default.

C. PENALTIES

In addition to its other rights upon default and failure to cure, the MMAC may assess financial penalties against Contractor for any violations of this Agreement in amounts that are reasonable but not to exceed \$500.00 per occurrence. Violations for which penalties may be expected include, without limitation; untimely service, or failure to meet performance standards or regulations relating to service delivery, personnel, or equipment.

D. ENFORCEMENT

The MMAC shall establish and administer an enforcement mechanism and procedure for assuring the compliance of Contractor and Contractors with the obligations under contracts to deliver Special Transportation Services with the RTB. The enforcement procedures will, at a minimum, include:

1. Identify events of noncompliance or breach of contract.
2. Confirm events of noncompliance and initiate appropriate disciplinary measures.
3. Determine appropriate sanctions to be imposed.

E. NOTICE

Notice for purposes of this Agreement shall be sufficient if given by certified mail to the addresses listed below, and shall be deemed to have been given the day of mailing.

RTB:

CONTRACTOR:

Regional Transit Board
Attn: Programs Section
270 Metro Square Building
St. Paul, Minnesota 55101

F. UNAVOIDABLE OCCURRENCES

Service shall be provided as scheduled. The service shall maintain on-time performance, except that the Contractor shall not be held responsible for failure to provide on-time service due to weather or traffic conditions, unavoidable vehicle malfunctions, or naturally occurring disasters if reported within 48 hours.

Should RTB budget appropriation and tax levy be insufficient to meet current requirements or should appropriations for RTB be reduced resulting in the lack of funds sufficient to meet all of its needs, RTB may upon sixty (60) days' notice to Contractor terminate this Agreement.

G. LICENSES AND TAXES

The Contractor and its subcontractors shall procure and keep current any and all licenses, permits, or certificates which are or may be required by properly constituted authorities for the performance of the service. Furthermore, the Contractor and its subcontractors shall pay when due all taxes assessed on property owned by it, to be used in connection with the furnishing of the service including storage facilities and vehicles.

H. EQUAL EMPLOYMENT OPPORTUNITY

In conjunction with the execution of its obligations hereunder, Contractor agrees that it and any subcontractors hereunder shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, age, political affiliation, or sexual preference, and shall take affirmative actions to ensure applicants are employed and employees are treated during employment without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, age, political affiliation, or sexual preference in all matters, including employment, upgrading, demoting, or transfer, recruitment or recruitment advertising;

layoff, return from layoff or termination; rates of pay or other forms of compensation; and selection for training or apprenticeship.

Contractor shall obtain and keep in force a certificate of compliance with the equal employment opportunity/affirmative action obligations of Minn. Stat. § 363.073.

I. DISADVANTAGED/WOMEN BUSINESS ENTERPRISES

Pursuant to RTB policy, Contractor shall establish minimum goals of ten percent (10%) Disadvantaged Business Enterprises and three percent (3%) Women Business Enterprises participation for all contracting opportunities related to the performance under this Agreement. These opportunities include but are not limited to: insurance, office supplies, and equipment, building maintenance, vehicle maintenance, bus parts, fuel, printing, consultant services, and advertising. Contractor shall establish and comply with Disadvantaged Business Enterprises and Women Business Enterprises plans and, upon request, shall submit proof to the RTB of Contractor's compliance with these standards.

J. TITLE VI--CIVIL RIGHTS ACT OF 1964

The Contractor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the U.S. Department of Transportation, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, sex, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Contractor receives federal financial assistance from the Department under federal urban mass transportation programs; and hereby gives assurance that it will immediately take any measures necessary to effectuate this Agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Contractor by the Department under federal urban mass transportation programs, this assurance shall obligate the Contractor, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal

property is so provided this assurance shall obligate the Contractor for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Contractor for the period during which the federal financial assistance is extended to it by the Department under federal urban mass transportation programs.

This assurance is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the Contractor by the Department under federal urban mass transportation programs. The Contractor recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Contractor, its successors, transferees, and assignees.

K. NONWAIVER

The failure of RTB at any time to insist upon the strict performance of any or all of the terms, conditions, and covenants herein shall not be deemed a waiver of any subsequent breach or default in the terms, conditions, and covenants herein contained.

L. CONFLICT OF INTEREST

The Contractor represents that it presently has no interest and agrees that it shall acquire no interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Contractor further agrees that in the performance of the agreement, no person having any such interest shall be employed.

The Contractor shall disclose to the RTB any contract, agreement, or understanding that the Contractor has as of the date of submission of the agreement, or in the future may have, with any entity or individual which may represent a conflict of interest in the performance of the Contractor's duties hereunder, and if the RTB determines that there is in fact a conflict, then the Contractor shall forthwith resign from such conflicting contract, agreement, or understanding, in which event the agreement shall remain in full force and effect. In the event the Contractor does not so resign, then the RTB shall have the option of terminating this Agreement forthwith.

XI. ARBITRATION

Any dispute under this Agreement which the parties agree to arbitrate shall be settled in accordance with the rules and procedures of the American Arbitration Association, except that only one arbitrator shall be used to settle any dispute.

IN WITNESS WHEREOF, the parties signed below have caused this Agreement to be executed.

CONTRACTOR

REGIONAL TRANSIT BOARD

By: _____
Its: _____

Gregory L. Andrews
Its: Executive Director

The provisions of this Agreement have been reviewed and are approved by the Metro Mobility Administrative Center.

METRO MOBILITY ADMINISTRATIVE CENTER

Christopher Gran
Its: Manager

Mears Park Center
230 East Fifth Street
St. Paul, Minnesota 55101

Approved as to form:

Dale Ulrich, Controller

Judith Hollander,
Director of Planning & Programs
Regional Transit Board

7

**1ST AMENDMENT TO AGREEMENT FOR FUNDING
METRO MOBILITY SPECIAL TRANSPORTATION SERVICE**

This Agreement made this _____ day of July 1991, is made and entered into by and between the Regional Transit Board (hereinafter referred to as "RTB") and _____ (hereinafter referred to as "Contractor") and constitutes an amendment to that certain agreement between the parties dated _____, 1991.

It is agreed by the RTB and the Contractor as follows:

1.) The previous agreement between the parties entitled Regional Transit Board Agreement With _____ For Funding Metro Mobility Special Transportation Service and dated _____, 1991 (the Contract) is amended as provided in this agreement. Except as provided in this agreement, the Contract shall remain in full force and effect. If any apparent inconsistencies arise between this agreement and the Contract, this agreement shall supersede.

2.) Trip Assurance. For purposes of administering the trip assurance program as described in article IV d. 5. of the Contract, trip assurance trips shall be assigned by the Metro Mobility Administrative Center by 11:00 a.m. for all requests received by 10:00 a.m. on the day preceding the trip.

3.) As described herein, an Area II Subsidy Rate is established. The area II subsidy rate shall be \$7.25 for ambulatory trips and \$18.50 for wheelchair trips. The Area II Subsidy shall be paid for trips that begin and terminate in area II and Area II resident's trips that are either outgoing from or returning to Area II. Area II is comprised of the following communities:

4.) During the Term of the Contract, volume rates will apply only to the following trips:

a. Identified origin or destination. All trips to or from approved volume locations with either drop off or pick up between 6:00 a.m. and 10:00 a.m. or between 2:00 p.m. and 6:00 p.m.

b. Common destination and origin. Transporting three or more riders together in the same vehicle between one destination and one origin.

In Witness whereof, the parties signed below have caused this agreement to be executed.

CONTRACTOR

REGIONAL TRANSIT BOARD

By _____
Its

By _____
Gregory L. Andrews
Its Executive Director

The provisions of this agreement have been reviewed and are approved by the Metro Mobility Administrative Center.

METRO MOBILITY ADMINISTRATIVE CENTER

By _____
Christopher Gran
Its Manager

Approved as to form:

Dale Ulrich, Controller

Judith Hollander, Director of Planning and Programs

6. Type of Vehicle:	# of vehicles:	Lift-equipped?
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No
Total annual vehicle miles:		_____

7. If possible, please describe your ridership composition:

___% Senior citizens

___% Disabled

___% Children

___% Students

___% Other

Annual Ridership: _____

8. Eligibility

a. Please describe, in detail, who is eligible for the service:

b. How were the eligibility criteria developed and by whom?

9. Please describe your program's primary trip purpose (for example, work, medical, shopping, etc.):

10. Please describe what sort of advance notice requirements exist, if any:

11. What percentage of trips are missed (not including passenger "no-shows")?
- | | | | | | |
|--------------|-------|--------|--------|--------|----------|
| Less than 5% | 5-15% | 15-25% | 25-35% | 35-45% | Over 45% |
|--------------|-------|--------|--------|--------|----------|
12. What percentage of trips run more than 15 minutes late?
- | | | | | | |
|--------------|-------|--------|--------|--------|----------|
| Less than 5% | 5-15% | 15-25% | 25-35% | 35-45% | Over 45% |
|--------------|-------|--------|--------|--------|----------|
13. Does the service accept standing orders? Yes No
14. Does service set priorities by trip purpose? Yes No
15. If you answered yes, please describe priorities/restrictions: _____

16. Do you limit the availability of your service in any of the following ways?
 (please check any that apply)

	<u>Yes</u>	<u>No</u>	<u>If yes, explain-</u>
a. Limits on the number of trips an individual may take in a fixed period of time?	_____	_____	_____
b. Limits on the number of people who are eligible?	_____	_____	_____
d. a trip request conflicts with regularly scheduled trips such as congregate dining?	_____	_____	_____
e. Trip denials because service is at capacity?	_____	_____	_____

Coordination

1. Does service coordination exist with other programs or providers? Yes No

 If yes, please identify participating services (MTC, Metro Mobility, etc.):

2. Please describe the type and level of coordination or reciprocity:

FIGURE A-14

List of Providers Sent Paratransit Survey

11/12/91 1

Yonas Araya
2342 Harding Street Northeast
Minneapolis MN 55418

Paula Garafalo
2046 Wilson, #2
St. Paul MN 55119

Marty Krzywicki
940 Albermarle
St. Paul MN 55117

James Morgan
965 Carmel Court
Shoreview MN 55126

Jared P. Stein
7500 Imperial Drive
Brooklyn Park MN 55443

Lawrence Williams
3401 Park Avenue South
Minneapolis MN 55407

A-Plus Cab
1670 South Robert St. #117
St. Paul MN 55118

Shannon Larson
Abbott Northwestern
Minneapolis Age + Opportunity Transportation
1801 Nicollet Avenue
Minneapolis MN 55403

Access Minnesota
2900 Pleasant Avenue South
Minneapolis MN 55408

Dale Vanryswyk
Access to Employment DAC
2344 Nicollet Avenue South, Suite 300
Minneapolis MN 55404

Bonnie Hammel
Accessibility, Inc.
3730 Toledo Avenue North, Suite 128
Robbinsdale MN 55422

Accessible Space, Inc.
2550 University Avenue West, #301N
St. Paul MN 55114

Adaptive Transportation
1176 North Dale Street
St. Paul MN 55103

Airport Express
3920 Nicollet Avenue South
Minneapolis MN 55409

Airport Taxi Company
Box 11754, Twin City Airport
St. Paul MN 55111

Bonnie Jernberg
American Cancer Society
2265 Como Avenue
St. Paul MN 55108

Jan Winter
American Cancer Society
3816 West 66th Street
Edina MN 55435

American Limousine Service
1056 Ninth Avenue South
South St. Paul MN 55075

Bette Undis
American Red Cross
100 South Robert Street
St. Paul MN 55107

American Red Cross (St. Paul)
100 South Robert Street
St. Paul MN 55107

Amherst Wilder Foundation
221 South Exchange
St. Paul MN 55102

Richard Bro
Anoka County DAC
1141 - 89th Avenue N.E.
Blaine MN 55434

John Gillmore
Anoka-Metro Regional Treatment Center
Auxiliary
3300 4th Avenue North
Anoka MN 55303

Apple Valley Cab Company
189 Garden View Drive
Apple Valley MN 55124

Arrow Transport - C/O Santiago
14700 Hightower
Minnetonka MN 55345

Association Transport Service
2423 Delaware Street S.E.
Minneapolis MN 55414

Tim Burkett
Averyon Center
633 Hoover Street
Minneapolis MN 55413

Awakening, Inc.
Health Care Cabs
2253 Radatz Avenue
Maplewood MN 55109

Black Knight Enterprises Inc.
8508 13th Avenue South
Bloomington MN 55425

Charles Cummins
C.H.O.I.C.E.
St. Boniface School
St. Bonifacius MN 55375

Care Van Transportation Cooperative
2619 Coon Rapids Boulevard, Suite 201
Coon Rapids-MN 55433

T.J. McCloskey
CareVan
2619 Coon Rapids Boulevard N.W.
Suite 201
Coon Rapids MN 55433

Augustine Dominguez
Centro Cultural Chicano
1704 Dupont Avenue North
Minneapolis MN 55411

Linda Moore
Chrestomathy Center
310 East 38th Street, Suite 311
Minneapolis MN 55409

City Wide Cab
18E Acker Street
St. Paul MN 55117

CLUES
220 South Robert, #103
St. Paul MN 55107

Better Care Lines, Inc.
2226 Dupont Avenue North
Minneapolis MN 55411

Craig Luedke
Borton Limousine
1621 East 79th Street #131
Minneapolis MN 55425-1147

Camden Neighborhood Center
Pillsbury United Neighborhood Services, Inc.
5034 Oliver Avenue North
Minneapolis MN 55430

Care-E-All, Inc.
5901 - 46th Avenue North
Crystal MN 55422

CareVan Door-to-Door Transportation, Inc.
1802 7th Avenue
Anoka MN 55303

James Roads
Centro Cultural Chicano
1800 Olson Memorial Highway
Minneapolis MN 55411

City of Anoka
City Hall, 2015 1st Avenue
Anoka MN 55303

Clare Mobility
200 92nd Avenue Northeast
Blaine MN 55434

Comfort Bus
3101 Spruce Street
Little Canada MN 55117

Robert Houck
Better Care Lines, Inc.
2226 Dupont Avenue North
Minneapolis MN 55411

Terry Voorhees, President
Brooklyn Park Community Organization
for the Senior Transportation Program
5800 85th Avenue North
Brooklyn Park MN 55443

Capitol Care Mobility
P.O. Box 76136
St. Paul MN 55175

CareBus, Inc.
7912 Main Street
Fridley MN 55432

Carver County
Community Social Service
#7 Court House
Chaska MN 55318

Chartered Leasing, Inc.
1885 West Wayzata Boulevard
Long Lake MN 55356

City of Bloomington
2215 West Old Shakopee Road
Bloomington MN 55431

Clemons Bus Lines, Inc.
Highway #13 North
Waseca MN 56093

Community Action Council
14451 County Road 11
Burnsville MN 55337

Carol Dale
Community Emergency Assistance Program
7231 Brooklyn Boulevard
Brooklyn Center MN 55429

Glenn Anderson
Community Involvement Programs
2217 Nicollet Avenue South
Minneapolis MN 55404

Patrick Regan
Commuter Express
425 - 160th Street
Hastings MN 55033

Commuter Express, Inc.
2866 White Bear Avenue
St. Paul MN 55109

Dale Paulson
Consolidated Coaches
2111 University Avenue
St. Paul MN 55114

Contemporary Transportation
7526 Lyndale South
Richfield MN 55423

Cooperative Older Adult Ministry
3751 17th Avenue South
Minneapolis MN 55407

Courage Center
(Rehab. Dept.)
3915 Golden Valley Road
Golden Valley MN 55422

Courage Center Residence
3915 Golden Valley Road
Golden Valley MN 55422

Karen Schmieding
Creekside Community Center
9801 Penn Avenue South
Bloomington MN 55431

Mike Sakafolean
Custom Contracts & Services
417 North Robert Street
St. Paul MN 55101

D.A.R.T.S. Inc.
60 East Marie, Suite 210
P.O. Box 18072
West St. Paul MN 55118

Dakota, Inc.
680 O'Neill Drive
Eagan MN 55121

Jim McColl
Dakota, Inc.
680 O'Neil Drive
Eagan MN 55121

Sheila White Eagle
Department of Indian Work
1671 Summit Avenue
St. Paul MN 55105

Department of Indian Works
1671 Summit Avenue
St. Paul MN 55105

Diamond Metro Mobility
2000 Benson Avenue
St. Paul MN 55116

Joann Hutchinson
District Service Center, #634
2399 Cedar Avenue
White Bear Lake MN 55110

East Side Neighborhood Service Inc.
1929 2nd Street Northeast
Minneapolis MN 55418

East Suburban Resources
445 Broadway Avenue
St. Paul Park MN 55071

Bob Niemic
East Suburban Resources
445 Broadway Avenue
St. Paul Park MN 55071-1515

Ebenezer Society
2626 Park Avenue South
Minneapolis MN 55407

Sandy Werts
Eden Prairie Senior Center
Eden Prairie City Hall, Park & Rec. Dept.
7600 Executive Drive
Eden Prairie MN 55344

Sue Wiegler
Edina Senior Center
5701 Normandale Road
Edina MN 55424

ELR Transportation Corp.
1350 Energy Lane, Suite 112
St. Paul MN 55108

Al Stewart
Empire Executive Coaches
713 Fairmont Avenue
St. Paul MN 55105

Judy Severson
Fairview Southdale Hospital Senior
Transportation Service
6401 France Avenue South
Edina MN 55435

Rita Debruyn
Five Cities Senior Transportation Program
4221 Lake Road
Robbinsdale MN 55422

Four Seasons Medical Transportation
5624 136th Street
Savage MN 55378

Four Star Bus Lines
8740 - 62nd Avenue North
Minneapolis MN 55404

Jon Crull
Fridley Bus Service, Inc.
6750 N. E. Main
Fridley MN 55432

Fridley Cab Company
5740 University Avenue N.E.
Fridley MN 55432

Grace Transportation
2342 Harding Street Northeast
Minneapolis MN 55418

Gray Lines of Minneapolis/St. Paul
835 Decatur Avenue North
Golden Valley MN 55427

Greyhound Charter Service
29 North Ninth Street
Minneapolis MN 55403

Hallie Q. Brown Community Center
270 North Kent Street
St. Paul MN 55102

Handicabs, Inc.
1068 North 6th Street
Minneapolis MN 55411

Handicapped Transport System
P.O. Box 281
South St. Paul MN 55075

Hanus Bus Lines
4500 Tonkawood Road
Minnetonka MN 55343

Sharon Johnson
Health Finder
Mercy Medical Center
4050 Coon Rapids Boulevard
Coon Rapids MN 55433

Health Kare Kabs
808 West 28th Street, Box 50693
Minneapolis MN 55405

David Miller
Health One Transportation
167 Grand Avenue
St. Paul MN 55102

Health One Transportation Services
2810 - 57th Avenue North
Brooklyn Center MN 55430

Health One Transportation Services
167 Grand Avenue
St. Paul MN 55102

HealthEast Transportation
2900 Pleasant Avenue South
Minneapolis MN 55408

HealthOne Transportation
167 Grand Avenue
St. Paul MN 55102

Hennepin County Community Services
Suite 13-A Hennepin County
Government Center
Minneapolis MN 55487

Hennepin County Office of Volunteer St
Health Services Building, 9th Floor
525 Portland Avenue South
Minneapolis MN 55415

Hiway Taxi
189 Garden View Drive
Apple Valley Mn 55124

Adrienne S. Baker
Home of Good Shepard
5100 Hodgson Road
Worth Oaks MN 55126

Nancy Anderson
Hop-A-Ride
1010 1st Street South
Hopkins MN 55343

Hunt's Bus Company
650 South Street
Anoka MN 55303

Linda Burton
Illusions Limousine Service
P.O. Box 6816
St. Paul MN 55106

Lisa Raduenz
Independent Transportation Mgmt. Ser
4500 Park Glen Road, Suite 180
St. Louis Park MN 55416

Indian Family Services
2344 Nicollet Avenue South
Minneapolis MN 55404

Linda Bloomgren
Interagency Elderride I
9th Floor Health Services Building
525 Portland Avenue
Minneapolis MN 55415

Interfaith Outreach
110 Grand Avenue South
Wayzata MN 55391

Mary Kay Vondelinde
Johanna Shores
3220 Lake Johanna Boulevard
St. Paul MN 55112

Kaposia Developmental Learning Center, Inc.
179 East Robie Street
St. Paul MN 55107

Kare Kabs, Inc.
1090 North Snelling
St. Paul MN 55108

Lao Family Community of Minnesota, Inc.
976 West Minnehaha
St. Paul MN 55104

Susan Makela
Little Brothers
Friends of the Elderly
1845 East Lake Street
Minneapolis MN 55407

Martin Luther Manor
1401 East 100th Street
Bloomington MN 55420

Jeff Jaskolka
Indian Family Services, Inc.
1305 East 24th Street
Minneapolis MN 55404

Linda Bloomgren
Interagency Elderride II
9th Floor Health Services Building
525 Portland Avenue
Minneapolis MN 55415

Dale Kivimaki
Jefferson Bus Lines
1206 Currie Avenue
Minneapolis MN 55403

Johansen Bus Service
11911 Cavell Avenue North
Champlin MN 55316

Jackie Mlynarczyk
Kaposia, Inc.
380 East Lafayette Freeway South
St. Paul MN 55107-1216

Beverly Aaron
Kibbitz & Ride
Jewish Family & Childrens Service
1500 South Lilac Drive
Golden Valley MN 55416

Glen Larson
Larson Bus Service
7585 Orchard Lane
Maple Grove MN 55369

Luxtran, Inc.
7008 River Road
Inver Grove MN 55076

Cindy Borup
Mayflower Van Lines
1255 East Highway #36
St. Paul MN 55119

Rose Coulthart
Interaegncy Elderride III-North
Northside Senior Center
1711 West Broadway Avenue
Minneapolis MN 55411

Florence Bogle
Interchurch Community Association (IC)
211 Burwell Community Center
13120 East McGinty Road
Minnetonka MN 55343

Jewish Community Center
1375 St. Paul Avenue
St. Paul MN 55116

KAL Bus Lines
3404 West Highway 13
Burnsville MN 55337

Mike Williams
Kare Kabs
1090 North Snelling Avenue
St. Paul MN 55108

Kids Aboard Corporation
3120 Raleigh Avenue South, #204
St. Louis Park MN 55416

Life Link III
336 Chester Street
St. Paul MN 55107

Shirley Desmond
Magic Ride Limousine Service
3018 Devon Lane
Mound MN 55364

Med-Tran
2806 West 130th Street
Rosemount MN 55068

Medibus-Helpmobile Inc.
2900 Clinton Avenue South
Minneapolis MN 55408

Jeanne Leifeld
Merriam Park Community Center
2000 St. Anthony
St. Paul MN 55104

Kevin Martineau
Merrick DAC
1728 Gervais Avenue
Maplewood MN 55109

Al Pierson
Metro Ride, Inc.
357 Ulysses Street N.E.
Minneapolis MN 55413

Dave Dreier
Metropolitan Area Transportation
2739 - 16th Avenue South
Minneapolis MN 55407

Barbara Kale
Midway Training Services
1549 University Avenue
St. Paul MN 55104

Miller Medi-Van
7532 Lyndale Avenue South
Richfield MN 55423

Minneapolis Age & Opportunity Center
1801 Nicollet Avenue South
Minneapolis MN 55403

Minneapolis Urban League
411 East 38th Street
Minneapolis MN 55409

Keith Hoof
Medical Transportation Services
3300 Oakdale North
Robbinsdale MN 55422

Merrick Community Services
2169 Stillwater Avenue
St. Paul MN 55119

Peg Thomas
Metro Deaf Senior Citizens
1298 North Pascal
St. Paul MN 55108

Metro Ride of Minnesota, Inc.
357 Ulysses Street Northeast
Minneapolis MN 55413-2602

Metropolitan Community Mental Health Center
2201 Blaisdell Avenue South
Minneapolis MN 55404

Lythe Hartz
Midwest Special Services
900 Ocean Street
St. Paul MN 55106

Minneapolis American Indian Center
1530 East Franklin Avenue
Minneapolis MN 55404

Dorothy Marsette
Minneapolis American Indian Center
1530 East Franklin Avenue
Minneapolis MN 55404

Deb Leavitt
Minnesota Aids Project (MAP)
2025 Nicollet Avenue South
Minneapolis MN 55404

Medicine Lake Lines
835 Decatur Avenue North
Golden Valley MN 55427

Collen Timbers
Merrick Companies
1728 Gervais Avenue
Maplewood MN 55109

Metro Medical Transportation
418 Mission Street
Bloomington MN 55420

Dianna Krogstad
Metro Work Center, Inc.
2730 East 31st Street
Minneapolis MN 55406

MidAmerica Healthcare Corp.
195 Edmund
Suite 105
St. Paul MN 55103

Mary Radunz
Midwest Special Services
2825 Fairview Avenue
Roseville MN 55113

Minneapolis Age and Opportunity
1801 Nicollet Avenue South
Minneapolis MN 55403

Mitchel J. Lazarus
Minneapolis Federation for Jewish Serv
811 LaSalle Avenue
Minneapolis MN 55402

Robert Regan
Minnesota Coaches
200 Second Avenue N.W.
Osseo MN 55369

Pat Regan
Minnesota Coaches, Inc.
2866 White Bear Avenue
Maplewood MN 55109

Mobility of Disabled & Elderly, Inc.
7693 Babcock Trail East
Inver Grove MN 55075

Morley Bus Company
407 Southwest 15th Street
Forest Lake MN 55025

Michael Welton
Moving On, Inc.
8621 Wyoming Avenue North
Minneapolis MN 55445-1824

Carol Berg
National Kidney Foundation of the
Upper Midwest
620 South 10th Avenue
Minneapolis MN 55415

Bill Lyons
North Metro DAC
7400 Laurel Avenue North
Golden Valley MN 55426

North Suburban Senior Council, Inc.
1910 West County Road B
Roseville MN 55113

Maxine Almen
Northeast Senior Citizen Resource Center
697 13th Avenue Northeast
Minneapolis MN 55413

Osseo-Brooklyn School Bus Company
200 2nd Avenue Northwest
Osseo MN 55369

Jim Deveau
Minnesota School Bus Company
14915 Margaret Place
Minnetonka MN 55345

Mobilizers Inc.
3333 Vera Cruz Avenue North
Crystal MN 55422

Nick Tamali
Moundsview School District, #621
500 Northwest 10th Street
New Brighton MN 55112

N.E.T. Inc.
629 3rd Avenue Southeast
Minneapolis MN 55414

Orville Kraus
New Brighton Eagles
583 8th Avenue Northwest
New Brighton MN 55112

North Ridge Care Center
5430 Boone Avenue North
New Hope MN 55428

Gail Dieltz
Northeast Learning Center
255 Roselawn Avenue, Suite 45
Maplewood MN 55117

Larry Benjamin
Northfield Bus Lines, Inc.
Route 2, Box 16
Northfield MN 55057

Scott Regan
Osseo-Brooklyn School Bus Company
200 Second Avenue N.W.
Osseo MN 55369

Minnetonka Senior Services
14600 Minnetonka Boulevard
Minnetonka MN 55345

Beverly Hawkins
Model Cities Health Center, Inc.
430 North Dale Street
St. Paul MN 55103

Movin' On, Inc.
7109 Hartkopf Lane
Brooklyn Park MN 55428

Peggy McGrew
National Kidney Foundation
620 South 10th Avenue
Minneapolis MN 55415

North Memorial Medical Center
3300 Oakdale Center
Robbinsdale MN 55422

Jim Lorenz
North Suburban Lines
8600 Xylite Street N.E.
Minneapolis MN 55434

Becky Smith
Northeast Learning Center
Frost and Manton
Maplewood MN 55109

Jerry Biese
Opportunity Workshop, Inc.
5500 Opportunity Court
Minnetonka MN 55343

Dorothy Drake
Outbound Travel & Tours, Inc.
1702 Lexington Avenue North
St. Paul MN 55113

People, Incorporated
379 University Avenue, #204
St. Paul MN

Kay Amoth
Partnership Resources, Inc.
4720 Park Glen Road
St. Louis Park MN 55416

Pillsbury United Neighborhood Service
3501 Chicago Avenue South
Minneapolis MN 55407

Moraine Byrne
Presbyterian Homes of Minnesota, Inc.
3220 Lake Johanna Boulevard
St. Paul MN 55112-7992

Richard W. Wiessner
Rakhma, Inc.
(Services for the Elderly)
4253 Lyndale Avenue South
Minneapolis MN 55409

Emiline Fairchild, Trnsp. Coord.
Ramsey County Human Services
160 East Kellogg Boulevard
St. Paul MN 55101

George Holter
Richfield Bus Company
6424 Emerson Avenue South
Richfield MN 55423

John Barrett
Rise Community Integration Program
8406 Sunset Road N.E.
Spring Lake Park MN 55432

Lynnae Le Barron
Roseville Senior Program
1910 West County Road B
Roseville MN 55113

Geraldine Beckman
People Reaching Out to Other People (PROP)
8100 School Road
Eden Prairie MN 55344

Lynn B. Sprafka
Phoenix Residence
135 Colorado Street East
St. Paul MN 55107

Pillsbury United Neighborhood Service
5034 Oliver Avenue North
Minneapolis MN 55430

Priebe Bus Company, Inc.
7655 Concord Boulevard
Inver Grove MN 55075

Ramsey Action Programs
509 Sibley Street
St. Paul MN 55101

Lyle White
Red and White Cab Company
928 East Franklin Avenue
Minneapolis MN 55404

Richfield Community Center
7000 Nicollet Avenue South
Richfield MN 55423

Rise, Inc.
8406 Sunset Road Northeast
Spring Lake Park MN 55432

Royston Transportation Service
13025 Girard Avenue
Burnsville MN 55337

Melody Kavalasuskas
People Responding in Social Ministry
PRISM/Elder Express
3730 Toledo Avenue, Room 902
Robbinsdale MN 55422

Susan Warweg
Phoenix Residence
135 East Colorado Street
St. Paul MN 55107

Mabel Brewer
Pilot City Regional Center
1315 Penn Avenue North
Minneapolis MN 55411

Rainbow Taxi Corporation
1647 Hartford Avenue
St. Paul MN 55116

Ramsey Action Programs, Inc.
509 Sibley
St. Paul MN 55101

Rehbein Transit, Inc.
6298 Hodgson Road
Circle Pines MN 55014

Lillian Hipp
Richfield Lions Club
City of Richfield
6700 Portland Avenue South
Richfield MN 55423

Rita Debruyne
Robbinsdale Van Program
4221 Lake Road
Robbinsdale MN 55422

Bruce Dischinger
Ryder Coaches
1102 North Snelling Avenue
St. Paul MN 55108

Mr. Styles
Safeway Bus Company
6030 Carmen Avenue East
Inver Grove MN 55075

Gigi Ellingswood
Senior Citizens Program
1945 Manton
Maplewood MN 55109

Elaine Evan
Senior to Senior Skills Bank Hotline
Minnetonka Community Services
261 School Avenue
Excelsior MN 55331

Carole Sogla
Septran
4153 Minnehaha Avenue
Minneapolis MN 55406

Jean Gregg
Sholom Home
1554 Midway Parkway
St. Paul MN 55108

South Hennepin Human Services Council
9801 Penn Avenue South
Bloomington MN 55431

Roberto Avina
Spanish Speaking Seniors
220 Robert Street South
St. Paul MN 55107

Spirit Coaches, Inc.
3164 Ryan Lane
St. Paul MN 55117

Dodie Kostishack
St. Paul Society for Blind
216 South Wabasha Street
St. Paul MN 55107

School District 621 Senior Program
4665 North Victoria
Shoreview MN 55126

Senior Community Service
Senior Outreach Program-Hopkins Office
33 14th Avenue North
Hopkins MN 55343

Senior Transportation Program
12450 Gettysburg Avenue
Champlin MN 55316

Septran, Inc.
6012 Timberglade Circle
Bloomington MN 55437

Marion Gepner
Sholom Home Incorporated
1554 Midway Parkway
St. Paul MN 55108

Southshore Senior Center
1600 2nd Street South
Hopkins MN 55343

Specht Erwin & Sons, Inc.
16330 Highway 10
Elk River MN 55330

Sprinkel Brothers
17315 Highway 101
Wayzata MN 55391

St. Paul Yellow Taxi
P.O. Box 14784
Minneapolis MN 55414

Barb Lathem
Scott-Carver Economic Council Inc.
6th and Oak
Carver MN 55315

JoAnn Kvern
Senior Community Services
Southshore Senior Center
441 Oak Street, Box 2
Excelsior MN 55331

Senior Transportation program
12001 Jefferson Highway
Champlin MN 55316

Stuart Dittbrenner
Septran, Inc.
2000 West 96th Street
Bloomington MN 55431

Kent Canine
Sister Kenny Institute
800 East 28th Street at Chicago Avenue
Minneapolis MN 55407

Jean Winje
Southside Family Nurturing Center
2448 18th Avenue South
Minneapolis MN 55404

Specialized Transportation Services
4242 Basswood Road
Minneapolis MN 55416

St. Croix Valley Transit
P.O. Box 138
Stillwater MN 55082

Clara Kuennen-Jordan
Strategic Work Activities
4350 Fremont Avenue
Minneapolis MN 55412

Suburban Community Services
1001 Highway 7
Hopkins MN 55343

Suburban Paratransit Inc.
5701 Normandale Road
Edina MN 55424

Suburban Taxi Corporation
9614 Humboldt Avenue
Minneapolis MN 55431

TC Enterprises
7008 East Doane Trail
Inver Grove MN 55075

Robert Hallquist
The Salvation Army
2300 Freeway Boulevard
Brooklyn Center MN 55430-1793

Betty Cooper
The Shepherd Center
48th & Ewing Avenue South
Minneapolis MN 55410

TLC Med. Trans.
12833 Pheasant Run
Burnsville MN 55337

Tourco Motorcoach Consultants
1702 North Lexington Avenue
Roseville MN 55113

Bonnie Blommer
Town and Country Bus Company
8015 N.E. Radisson Road
Blaine MN 55434

Bob Janecek
Town Taxi
1665 Lexington Avenue South
St. Paul MN 55118-3607

Sid Strong
Town Taxi
1665 Lexington Avenue South
Minneapolis MN 55118-3607

Henry Brown
Trinity Foundation
981 Marshall Avenue
St. Paul MN 55104

Stan Hustad
Trinity Lutheran Church of Minnehaha Falls
5212 41st Avenue South
Minneapolis MN 55417

Phillip Saari
TSE, Inc.
2940 North Rice Street
St. Paul MN 55113

Twin City Medical Transport
101 West 93rd Street
Bloomington MN 55420

Twin City Mobility
Box 4621
St. Paul MN 55104

Gregg Delno
Van Pool Services, Inc.
333 Sibley, Suite 445
St. Paul MN 55101

Chi Lu
Vietnamese Social Services
1821 University, #5210
St. Paul MN 55104

Mary Anderson
Vocational Transition Satellite
2344 Nicollet Avenue South, Suite 170
Minneapolis MN 55404

Sally Carl
Volunteers Enlisted to Assist People (VEAP)
7868 12th Avenue South
Bloomington MN 55425

Kelly Simon
WAHL
1544 Timberlake Road
St. Paul MN 55117

Walker Health Service Inc.
3737 Bryant Avenue South
Minneapolis MN 55409

Walker Health Service Inc.
3737 Bryant Avenue South
Minneapolis MN 55409

Washington County
Human Services, Inc.
1066 Stillwater Boulevard North
Oakdale MN 55119

West Seventh Community Center
265 Oneida Street
St. Paul MN 55102

West Wind Medical Transportation, Inc.
5092 Sunnyside Road
Mounds View MN 55112

Westonka Rides
5600 Lynwood Boulevard
Mound MN 55364

11/12/91 11

Wheelchair Express, Inc.
5729 36th Avenue South
Minneapolis MN 55406

Wheels for Wheels Inc.
P.O. Box 16194
St. Paul MN 55116

White Bear Lake Senior Citizens Progra
2399 Cedar Avenue
White Bear Lake MN 55110

Willows-Greater than Fifty
1622 Park Avenue South
Minneapolis MN 55404

Women's Association of Hmong and Lao
7544 Timberland Road
St. Paul MN 55117

World of Leisure Travel
1681 Cope Avenue
Maplewood MN 55109

Yellow Taxi Service Corp.
DBA Metro Yellow
3555 5th Avenue South
Minneapolis MN 55408

FIGURE A-15 Paratransit Survey Results

On November 18, 1991, 277 surveys were sent to transit providers within the transit taxing district. The deadline to return the surveys was December 13, 1991. The survey information was only requested of transportation programs that do not receive funding from the RTB with a purpose to better understand their programs, in accordance with ADA requirements. Sixty-three surveys were returned; resulting in a 22 percent rate of return.

A summary of the collected information defines the type of service as 20% fixed route, 23% as demand responsive, 22% as volunteer driver, 12% as demand responsive/volunteer driver, 11% to be a service other than those listed, 9% as fixed route/demand responsive, 1.5% as subscription, and 1.5% as subscription/other.

Of the 938 vehicles reported in the surveys, 357 (38%) are lift-equipped. The remaining 581 vehicles, which include taxis, are not.

The responding transit providers were primarily senior citizen transportation programs (31%), programs designed for medical transportation (26%), and programs for the disabled community (16%). The remaining service was provided by taxi service, business commuters, limousine service, and bus service for children/young adults.

Senior citizens and people with disabilities composed 80% of the known ridership. Children and students compose 5% of the ridership. The remaining 15% are listed as clients unknown.

More than half, 34 of the service providers, reported less than 5% of all trips were more than 15 minutes late, 15 providers reported 5 to 15% of all trips were more than 15 minutes late. Three service providers indicated 15 to 35% of all trips were more than 15 minutes late. There were 11 unknown or unanswered responses.

Twenty-four service providers reported setting priorities by trip purpose while 26 did not.

The fares that were reported vary significantly; ranging from a flat \$1.25 fee per round-trip to a base fee of \$21.00 and \$2.60 for each mile.

Fifty-six survey reports indicated service hours with a minimum of Monday through Friday service from 9 a.m. to 3 p.m.; the remaining seven surveys indicated fewer service hours.

Capacity constraints were indicated by 33 service providers who denied trips because service was at capacity; 14 programs limited the number of eligible people, and 4 programs restricted the number of trips taken by an individual.

Finally, service coordination with other transit programs was reported to exist in 26 of the programs and did not exist for 29 of the programs. Of those 26 providers, 13 cited a coordination effort with Metro Mobility and the Metropolitan Transit Commission.

The following is a brief summary of how the surveyed programs compare to the six ADA service criteria.

Service Area-- Responses indicated by a 2:1 ratio that the service area of these providers is primarily a locally defined area rather than the seven-county metropolitan area.

Response Time-- More than half, 34 of the service providers, reported less than 5% of all trips were more than 15 minutes late. Fifteen providers reported five to 15% of all trips were more than 15 minutes late. Three service providers indicated 15 to 35% of all trips were more than 15 minutes late. There were 11 unknown or unanswered responses.

Trip Purpose-- Twenty-four service providers reported setting priorities by trip purpose while 26 did not.

Fares-- The fares reported vary significantly, ranging from a flat \$1.25 fee per round-trip to a base of \$21.00 and \$2.60 for each mile.

Hours and Days of Service-- Fifty-six survey reports indicated service hours with a minimum of Monday through Friday service from 9 a.m. to 3 p.m.; the remaining seven surveys indicated fewer service hours.

Capacity Constraints-- Capacity constraints consisted of 33 survey reports that service providers denied trips because service was at capacity;; 14 programs that limited the number of eligible people, and four programs that restricted the number of trips of an individual.

REGIONAL TRANSIT BOARD

Mears Park Centre
230 East Fifth Street, St. Paul, Minnesota 55101
612/292-8789

DATE: November 13, 1991

TO: Chair and Members of the Policy Committee

FROM: Judith Hollander, Director of Planning and Programs
Ed Kouneski, Manager of Programs
Howard Blin, Planning Manager
Cynthia Curry, Senior Project Manager
Randy Rosvold, Senior Planner
Garneth Peterson, Planner

SUBJECT: Options for Metro Mobility Service

SUMMARY

Staff has proposed three options for structuring Metro Mobility in accordance with current funding limitations and Americans with Disabilities Act (ADA) rules. Staff requests RTB approval of one option for more detailed analysis and for inclusion in the ADA paratransit plan.

BACKGROUND

In July, the Regional Transit Board approved a work program for the Accessible Transit Implementation Plan. The program established a vision for accessible transit in the Twin Cities, based on these principles:

- maximize utilization of the accessible regular route system;
- mandate that all community-based and county systems are accessible;
- redefine Metro Mobility to serve those without other transit options; and
- anticipate that transit needs may demand additional, innovative service options.

In September, the publication of Federal rules detailing the final service criteria and eligibility categories established under the Americans with Disabilities Act (ADA) provided additional focus for this planning effort. The Urban Mass Transportation Administration (UMTA) also requires that transit entities submit plans indicating methods of compliance with these rules.

DISCUSSION

A primary work effort in this plan is the examination of Metro Mobility and the need to manage the program so that it meets legislatively-imposed funding levels, while also meeting eligibility and service criteria defined by the ADA rules.

Metro Mobility Options
November 13, 1991
Page 2

This memo includes three scenarios for structuring the Metro Mobility program. Briefly, the options include:

- OPTION I-- Option I maintains the existing Metro Mobility system for the entire 960-square mile service area. The eligibility, service criteria and fares established under the ADA will be carried out throughout the service area.
- OPTION II--Under Option II, Metro Mobility becomes the "comparable paratransit" required by ADA, and operates only in a core service area where fixed route service runs. Metro Mobility service will be provided by various means, depending on eligibility categories. Residents in some suburban service areas will lose Metro Mobility service.
- OPTION III--Option III envisions a coordinated, accessible, regional transit system which utilizes Metro Mobility in the core service area, and establishes accessible, cost-effective transit in the suburban service area. This option utilizes a hub and feeder system which bridges gaps between the core and suburban areas and provides efficient connections to accessible regular route and Metro Mobility. A phased approach will be used to implement this service option.

The following pages show a map of each option, list advantages and disadvantages and indicate how various eligibility and service criteria mandated under ADA would be applied under each option.

Each option also contains an estimated annual cost of service under the option. These costs were based on three factors:

- eligibility changes
- trip frequencies
- cost of service

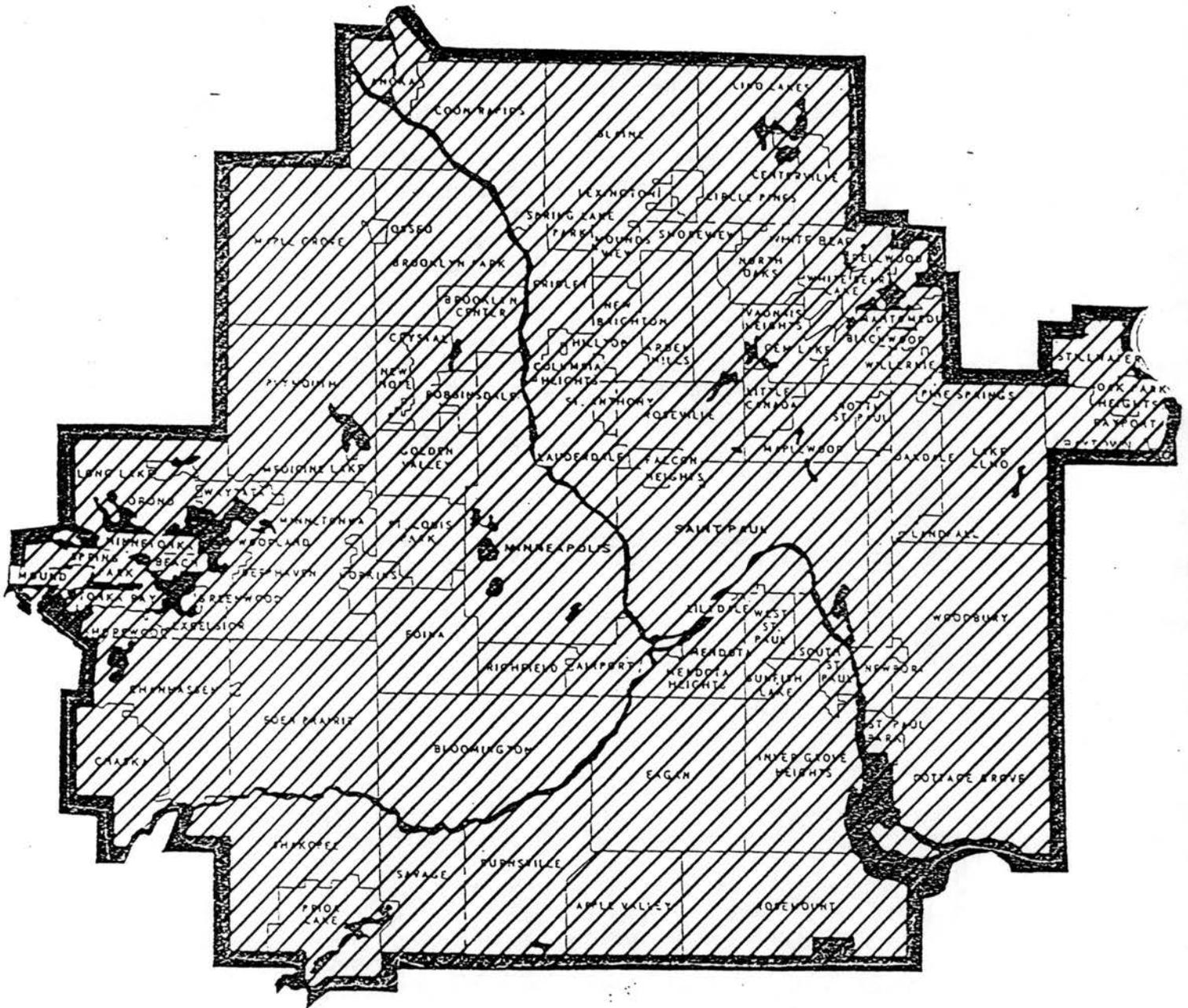
While all numbers in estimating these proposed changes to the system will change as the planning process continues, these estimates reflect our best information at this time.

It is very important to note that these estimates are focused only on the Metro Mobility program, not the cost of other programs which may have increased ridership because of Metro Mobility changes, or which could be restructured in the long term. These estimates were carried out with the intention of determining the direction of the future Metro Mobility program, whether it operates as it does today, or is focused on the core service area only.

RECOMMENDATION

That the Regional Transit Board approve Option III for more detailed analysis and for inclusion in the ADA paratransit plan.

OPTION I



Metro Mobilty Service Area



OPTION I

Option I maintains the existing Metro Mobility system for the entire 960-square-mile service area. The guidelines for eligibility, service criteria and fares established under the Americans with Disabilities Act (ADA) will be carried out throughout the service area.

ADVANTAGES

- All persons who are certified under ADA will receive Metro Mobility service.
- System would be easy to comprehend, with same fares and eligibility criteria throughout the service area.
- No change in current service levels or communities served.
- Little disruption to users, with the exception of recertification.

DISADVANTAGES

- System is costly, and projected to cost 5 percent (\$633,000) higher than the annual appropriation to operate the system at current levels.
- All ADA criteria, including fares, capacity constraints, days and hours of service, would be imposed throughout the entire area, which will result in greater operational costs.
- There would be some duplication of services, particularly in communities which have both Metro Mobility and community or county-based services.

Summary of ADA criteria under Option IEligibility/Certification

- Ten percent of the current certified Metro Mobility riders will become non-ADA-eligible.

Accessible Regular Route

- Maintain existing implementation schedule and criteria for selecting routes.

Service Area

- No change to geographic area served.

Mode of Service

- No change to Metro Mobility.

Fares

- Same fare charged throughout service area.

Service/Operational Issues

- No restrictions on trip purpose.
- Same days and hours as MTC service.
- 24-hour reservation required.
- No capacity constraints.
- Trip Assurance Program remains throughout entire service area.

Projected Cost for Option I Annual Metro Mobility Operations **\$13,338,000**

COST ANALYSIS OF METRO MOBILITY SERVICE

OPTION I

Assumptions

- 10 percent certified rider decline due to tightened eligibility
- Average 1.5 trips per week
- Subsidy of \$9.00 per trip

20,000	estimated certified riders
<u>- 2,000</u>	(10% certified riders decline)
18,000	
18,000	
<u>X 1.5</u>	trips per week
27,000	trips per week
27,000	
<u>X 52</u>	weeks per year
1,404,000	trips per year
1,404,000	trips per year
<u>X \$9.50</u>	subsidy per trip
\$13,338,000	cost based primarily on eligibility changes

OPTION II

Under Option II, Metro Mobility becomes the "comparable paratransit" required by ADA. "Comparable paratransit" is required only in areas where a fixed route system operates. Under ADA definitions, the service is required only in MTC's core service area. Under this option, it is envisioned that Metro Mobility service would be provided by various means (e.g., call-a-bus, feeder system, shared taxis), depending on eligibility categories within the ADA core service area.

ADVANTAGES

- Persons residing in ADA-mandated core service area (approximately 80 percent of all currently certified riders) who are ADA-eligible will have service based on transportation services according to eligibility categories.
- Metro Mobility transportation options will result in cost savings and more cost-effective service.
- Metro Mobility service area is greatly reduced, with reduced cost of operations.
- ADA service criteria, including fares, capacity constraints, and days and hours of service, would be imposed only in the ADA-mandated core service area, thus reducing costs of complying with these regulations.
- Community or county-based providers outside ADA-mandated core service area would not have to meet ADA service requirements.
- Eliminates duplication of services in areas where residents have both Metro Mobility and community/county-based providers.

DISADVANTAGES

- An estimated fifteen percent of the current Metro Mobility riders will have to find other travel options.
- City- and county-based providers will have greater demand for their services and increase costs.
- Some persons outside ADA-mandated core area and outside city- or county-based coverage (estimated at less than 5% of currently certified riders) will not have transit service.
- ADA-eligible persons residing outside the ADA-mandated core service area can only utilize Metro Mobility for trips within the core service area, and will not receive door-through-door service.
- Reduction or altered service areas for Metro Mobility providers.

Summary of ADA Criteria under Option II

Eligibility/Certification

- Ten percent of the current certified Metro Mobility riders will become non-ADA-eligible; service remains the same for ADA eligible in core area.
- Eligible persons in suburban service areas can use Metro Mobility only when they come into the core area.

Accessible Regular Route

- Maintain existing implementation schedule and criteria for selecting routes.

Service Area

- Metro Mobility service only to origins and destinations within the ADA-mandated core area.

Mode of Service

- New Metro Mobility service concepts such as call-a-bus, feeder system, shared-ride taxis, or other services, examined and implemented within the ADA-mandated area. Service type would be determined by eligibility category.

Fares

- Existing fare, reflecting ADA and Human Rights review in ADA-mandated core area.
- Suburban service areas have no restrictions on fares based on ADA.

Service/Operational Issues

- Trip Assurance Program applies only in ADA-mandated area.
- All other service criteria are required only in the ADA-mandated area.
- Suburban service areas do not have to meet ADA service criteria.

Projected Cost for Option II Annual Metro Mobility Operations **\$9,828,000**

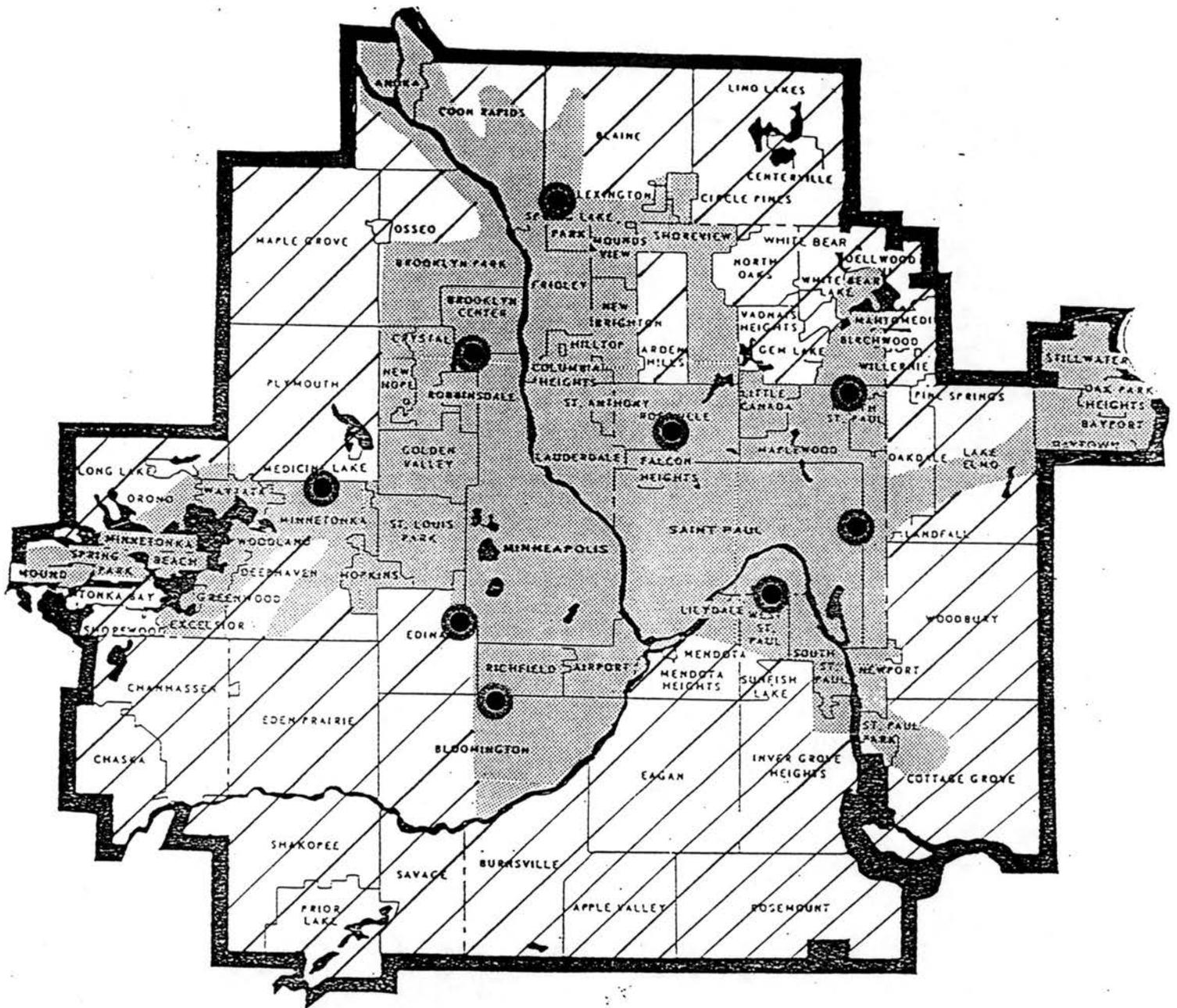
OPTION II

Assumptions:

- 10 percent certified riders decline due to eligibility changes
- 15 percent riders no longer served due to service reduction in suburban service area
- Average 1.5 trips per week
- Subsidies are based on new complementary paratransit services determined by ADA eligibility categories and mode split:
 - 80% of riders at \$9.00 per ride with existing service
 - 10% of riders at \$5.00 per ride on new service
 - 10% of riders at \$3.00 per ride on new service

20,000	certified riders		
-2,000	(10% certified riders decline)		
18,000			
18,000			
-3,000	(15% riders no longer served in suburban area)		
15,000			
15,000			
X 1.5	trips per week		
22,500	trips per week		
22,500			
X 52	weeks per year		
1,170,000	trips per year		
80%	=	936,000	
		X \$9.50	
			= \$8,892,000
10%	=	117,000	
		X \$5.00	
			= \$ 585,000
10%	=	117,000	
		X \$3.00	
			= \$ 351,000
			\$9,828,000 = Cost based on service provided only in ADA core service area

OPTION III



ADA - Mandated Core Area 

Suburban Service Area 

Transit Hubs 

OPTION III

Option III envisions a coordinated, accessible, regional transit system which utilizes Metro Mobility as the "comparable paratransit" required in the ADA-mandated core area, and establishes accessible, cost-effective transit in the suburban service area. This option establishes a hub and feeder system which bridges gaps between the core and suburban services, and provides efficient connections to regular route accessible buses and Metro Mobility. A phased approach will be used to implement this service option.

ADVANTAGES

- Persons residing in ADA-mandated core service area who are ADA-eligible will have service based on various modes according to eligibility categories.
- Metro Mobility transportation options will result in cost savings and more cost-effective service.
- ADA service criteria, including fares, capacity constraints, and days and hours of service, would be imposed only in the ADA-mandated core service area, thus reducing costs of complying with these regulations.
- Unlike Option II, this option takes a phased approach and continues Metro Mobility service in suburban area until needs assessments are completed.
- Evaluates existing Metro Mobility service in suburban areas and investigates most cost-effective way to provide service .
- Phased approach ties into on-going planning and Five-Year Transit Plan in re-evaluating services.
- Will result in a cost-effective, accessible regional transit service in the long term.

DISADVANTAGES

- Requires funding of Metro Mobility in both ADA-core area and suburban service area until needs assessments can be completed and replacement services developed.
- Community and county-based providers will face reassessments of their services in conjunction with needs assessments in their service area.
- ADA-certified riders residing in suburban service areas will have to transfer to use Metro Mobility or accessible regular route in the core area.
- Identification of cost-effective service options may result in reduction or altered service areas for providers.
- Will result in higher costs to region in short term as capital and suburban service are implemented.

Summary of ADA Criteria under Option III

Eligibility/Certification

- Ten percent of the current certified Metro Mobility riders will become non-ADA-eligible.
- Persons in suburban service area need certification only if they want to use Metro Mobility within the ADA core area; otherwise they do not need certification for suburban service.

Accessible Regular Route

- Develop transit hub system to provide connections for suburban riders to board Metro Mobility, or accessible regular route system.
- Adjust implementation schedule to include transit hubs as criteria in determining placement of future accessible bus routes.

Service Area

- **Phase I:** Metro Mobility serves both ADA core and suburban service area until suburban needs assessments are completed.
- **Phase II:** Service needs are systematically analyzed in suburban service areas for new service options.
- **Phase III:** Metro Mobility is gradually removed from suburban service areas as needs assessments are completed and new accessible services developed.

Summary of ADA Criteria under Option III - Continued

Mode of Service

- New service concepts examined within ADA-mandated area, including call-a-bus, feeder system, shared-ride taxis.
- New service concepts examined in suburban service areas, based on needs assessments, most likely to be general public dial-a-rides.

Fares

- Existing fare, reflecting ADA and Human Rights review, in ADA-mandated core area.
- Suburban service areas have no fare restrictions based on ADA.

Service/Operational Issues

- Trip Assurance Program applies only in ADA-mandated area.
- Suburban service areas would serve general population.

Projected Cost for Option III annual Metro Mobility Operations **\$10,462,140**

$$\begin{array}{r}
 10\% = 112,710 \\
 \quad \times \underline{\$3.00} \\
 \hline
 = \$ 338,130 \\
 - \\
 \hline
 \$9,467,640
 \end{array}$$

Trips in Suburban Service Area

$$\begin{array}{r}
 198,900 \\
 \times \underline{\$5.00} \\
 \hline
 = \underline{\$994,500}
 \end{array}$$

Total ADA core and Suburban Trips

$$\begin{array}{r}
 \$9,467,640 \\
 \underline{\$ 994,500} \\
 \hline
 \$10,462,140
 \end{array}$$

Cost of Metro Mobility in ADA core area and
trips shifted to suburban services

FIGURE A-18

RESOLUTION AUTHORIZING THE ADA PARATRANSIT
PLAN FOR THE MINNEAPOLIS-ST. PAUL
METROPOLITAN AREA

This is to certify that the board of directors of the Regional
Transit Board approved and adopted the ADA paratransit
plan which is attached at a meeting on date of board vote.

Signature

Gregory L. Andrews
Executive Director

Date

FIGURE A-19

RESOLUTION AUTHORIZING THE ADA PARATRANSIT
PLAN FOR THE MINNEAPOLIS-ST. PAUL
METROPOLITAN AREA

This is to certify that the board of directors of the
Metropolitan Transit Commission approved and adopted the
ADA paratransit plan which is attached at a meeting on
date of board vote.

Signature

Michael J. Christensen
Chief Administrator

Date

FIGURE A-20

MPO Certification of Paratransit Plan

The Metropolitan Council hereby certifies that it has reviewed the ADA paratransit plan prepared by the Regional Transit Board and the Metropolitan Transit Commission as required under 49 CFR 37.139(h) and finds it to be in conformance with the transportation plan developed under 49 CFR part 613 and 23 CFR part 450 (the UMTA/FHWA joint planning regulation). This certification is valid for one year.

Signature

Sharon Klumpp (??)
Executive Director

Date

FIGURE A-21

Certification of Paratransit Service Survey

This is to certify that the Regional Transit Board and the Metropolitan Transit Commission has conducted a survey of existing paratransit services as required by 49 CFR 37.173 (a).

Signature

Gregory L. Andrews
Executive Director
Regional Transit Board

Date

Signature

Michael J. Christensen
Chief Administrator
Metropolitan Transit
Commission

Date

FIGURE A-22 Demand Estimation Methodology

Outlined below is the documentation of the method for estimating ridership and costs for the planned complementary paratransit service. These estimates, which are subject to change as the planning process continues, are based on three factors:

- eligibility changes
- trip frequencies
- cost of service

Assumptions:

Financial

- 10% certified riders decline due to tightened eligibility applying the ADA criteria
- 5% riders decline due to limited service hours provided in suburban area
- Average 1.5 trips per week
- Division of trips into ADA-mandated core area (85%) and suburban service area (15%)
- Subsidies are based on new complementary paratransit services determined by ADA eligibility categories and mode split:
 - ADA-mandated core area (85%)
 - 80% of riders at \$9.00 per ride with existing service
 - 10% of riders at \$5.00 per ride on new service
 - 10% of riders at \$3.00 per ride on new service
 - Suburban service area (15%)
 - Shift of some current riders to suburban services at \$5.00 per ride

Operations

- Transit hub system developed to provide connections among Metro Mobility, local suburban service, and regional accessible bus routes.
- Accessible fixed route bus service implementation schedule adjusted to include transit hubs as criteria in determining placement of future accessible bus routes.
- New service concepts examined within ADA-mandated area, including call-a-bus, feeder system, shared-ride taxis.
- New service concepts examined in suburban service areas, based on needs assessments, most likely to be general public dial-a-rides, all accessible.
- Metro Mobility fares are double comparable fixed route fares
- Trip Assurance Program applies only in ADA-mandated area.

Calculation Procedure

20,000 certified riders
- 2,000 (10% certified riders decline)
18,000

18,000
- 1,000 (5% riders decline due to suburban service changes)
17,000

17,000
x 1.5 trips per week
25,500 trips per week

25,500
x 52 weeks per year
1,326,000 trips per year

1,326,000
x .85 percent of trips in ADA core area
1,127,000

1,326,000
x .15 percent of trips in suburban service area
198,900

Trips in ADA Core Area

80% = 901,680
x \$9.50 = \$8,565,960

10% = 112,710
x \$5.00 = \$ 563,550

10% = 112,710
x \$3.00 = \$ 338,130
\$9,467,640

Trips in Suburban Service Area

198,900
x \$5.00
= \$994,500

Total ADA core and Suburban Trips

\$9,467,640

\$ 994,500

\$10,462,140 Estimated cost of Metro

Mobility in ADA core area including trips shifted to suburban services. Assumes completion of all planned implementation phases. Cost is estimated in current dollars.