

Research Results Digest 99

IMPROVING MOBILITY FOR VETERANS

This digest presents the results of TCRP Project J-6 Task 74, which was conducted by Westat, Rockville, Maryland in association with J.M. Rubino Consulting, St. Augustine, Florida. The digest was prepared by Jon E. Burkhardt, Joseph M. Rubino, and Joohee Yum.

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Summary

There are approximately 23 million veterans of military service in the United States today. The U.S. Department of Veterans Affairs (VA) provides a comprehensive system of services to our veterans, about 40 percent of whom are currently 65 years of age and older. At this time, more than 8 million veterans are enrolled in services involving various kinds of medical care provided by the Veterans Health Administration (VHA), one of three administrations within the VA. Substantial growth is projected in the number of veterans requesting medical care.

VA offers assistance to eligible veterans who are traveling for medical care. VHA administers the Beneficiary Travel program, under which certain transportation expenses can be allowed if those expenses are part of VHA-provided or VHA-authorized outpatient and inpatient medical services provided to eligible individuals. VHA reports FY 2010 expenses for the Beneficiary Travel program of \$750 million. The Veterans Benefits Administration administers the program entitled Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces, which had an estimated budget of \$65.8 million in FY 2010. Thus, the combined value of VA's Beneficiary Travel and Automobile and Special Adaptive Equipment Grants programs is about \$820 million per year in transportation assistance to veterans for FY 2010.

Despite this level of support, there are numerous reports of veterans having difficulties accessing VA health care or other destinations that offer resources which are critical for life sustaining and life enriching activities. This Summary highlights mobility issues facing our veterans and illustrates some potential strategies for community transportation providers who are interested in enhancing mobility options for our veterans; details are provided in the full digest.

ELIGIBILITY FOR VA TRANSPORTATION ASSISTANCE

The VA, through VHA, provides health care benefits to eligible veterans; certain transportation costs can be considered as part of VHA-provided or VHA-authorized outpatient and inpatient medical services. VA's policies describe the kinds of persons and kinds of trips that are eligible under VHA's Beneficiary Travel program for reimbursement of travel expenses. Some of the persons and trips eligible for travel reimbursements include the following. More complete details are provided later in the digest.

- Veterans who travel to or from a VA facility or VA-authorized health care facility in connection with treatment or care for a Service Connected (SC) disability (regardless of percent of disability).
- Veterans with a SC disability rated at 30 percent or more who travel to or from a VA facility or VA-authorized health care facility for examination, treatment, or care for any condition.
- Veterans receiving a VA pension traveling to or from an authorized health care facility for examination, treatment, or care.
- An attendant who is accompanying and assisting a veteran or beneficiary eligible for beneficiary travel payments because of the veteran's physical or mental condition.
- Other persons (for example, a member of a veteran's immediate family or a veteran's legal guardian), if they are traveling for consultation or other specified services concerning a veteran who is receiving care for a SC disability; or a member of a veteran's immediate family traveling for bereavement counseling relating to the death of the veteran in the active military service in the line of duty.
- Trips by veterans to authorized health care facility for scheduled compensation and pension (C&P) examinations.
- Trips for emergency situations or other specified situations.

More complete descriptions of eligibility requirements are found in VHA Handbook 1601.05 and in Chapter 2 of this digest.

Veterans qualify for Special Mode Transportation (ambulance, wheelchair van, “and other modes which are specifically designed to transport certain disabled individuals”) if their medical condition requires an ambulance or a specially equipped van, and they meet certain eligibility criteria (including some of those listed above), and the travel is preauthorized (preauthorization is not required for emergencies if a delay would be hazardous to life or health).

TRANSPORTATION OPTIONS FOR VETERANS

While there are numerous ways that veterans could travel to VA Medical Centers (VAMCs), veterans in many localities often experience quite limited transportation options available for their medical trips. The most common transportation options for veterans traveling to VAMCs are as follows:

- Veterans drive themselves to VAMCs.
- Veterans receive transportation services via nonprofit veterans’ service organizations, including the Disabled Americans Veterans (DAV) and other veterans’ organizations.
- VAMCs use their own staff to operate vehicles to transport veterans.
- VAMCs contract with local transportation vendors to provide trips to veterans.
- Veterans use transportation services operated by public transit agencies, local governments, or community-based organizations.
- Some VAMCs provide information about local transportation options for veterans.

MOBILITY CHALLENGES FACING VETERANS

This report and other reports have identified problems, concerns, and challenges with transportation services now provided to veterans. The kinds of problems that have been observed include the following:

- Veterans report problems accessing VA medical services.

- The need for veterans' transportation is growing rapidly due to an increase in injuries. Currently, for every fatality in Iraq, there are 16 wounded or injured soldiers, which is an injury rate five times greater than in the Vietnam War.
- With annual VHA medical transportation expenses increasing rapidly—\$750 million was spent in FY 2010 on Beneficiary Travel—cost-effectiveness of transportation services is a growing concern.
- Rural areas offer special transportation challenges for transportation services serving veterans.
 - Forty percent of veterans live in rural areas. The younger veterans who served in Iraq and Afghanistan are more likely than other veterans to live in rural areas.
 - Veterans living in rural areas may need to travel extremely long distances to receive medical care and the other services to which they are entitled.
 - Veterans living in rural areas are reported to be in poorer health than veterans living in urban areas.
- Veterans who miss medical appointments exhibit higher rates of depression, poor health care access, socialization problems, and suicide.
- There is a huge and growing need for transporting aging and younger veterans with traumatic brain injuries.
- According to some sources, veterans' transportation services are frequently not coordinated with existing community and public transportation services at this time, with the result that neither the veterans' transportation services nor existing community transportation services operate as cost-effectively as they might.
- Some volunteer-based services (such as those provided by DAV) are struggling to obtain or maintain a sufficient number of volunteer drivers to meet the mobility needs of veterans. Most volunteer services do not now operate vehicles accessible to veterans in wheelchairs.
- Some of the current transportation services are characterized by excessive wait times for trips or for appointments for trips.
- As veterans' transportation services tend to be administered locally, local administrators may not be aware of other travel options or best practices in veterans' transportation services.
- With decentralized decisionmaking for transportation services for veterans, these services exhibit a lack of uniformity and consistency.

APPROACHES FOR PROVIDING MOBILITY TO VETERANS

There are exemplary approaches to serving the mobility needs of veterans all across this country. One problem is that there has not been a well-developed method of sharing the results of successful programs and other learning experiences among communities interested in applying innovative approaches. Table S-1 lists of few noteworthy examples of different approaches to improving the mobility of veterans.

Table S-1:
APPROACHES TO IMPROVING THE MOBILITY OF VETERANS

<i>Location</i>	<i>Innovations</i>
Ocean County, NJ	Transit offers advance-scheduled out-of-county trips to VA health care
Indianapolis, IN	Taxi-provided transportation for veterans
Western Colorado	Transit dispatches DAV vans
Des Moines, IA	Transit and paratransit serve the local VA hospital
Washington State	S. 5311 system provides feeder service to DAV vans
Little Rock, AR	Taxis transport veteran passengers and make deliveries
Minnesota	Free travel for disabled veterans on all of the state's fixed route transit services
San Francisco, CA	Reduced fares for disabled veterans, free BART rides for active duty soldiers, and accessible taxis
Orlando, FL	Unlimited-use transit passes for veterans, vanpool vehicle assigned to VA clinic, and veterans involved in transportation planning
Angelina County, TX	Foundation funds purchased over-the-road coach for long-distance travel to the Houston VAMC
Martinsburg, WV	VA contracts with public transit to take veterans to rehab clinic which is not at the VAMC

COORDINATION STRATEGIES FOR COMMUNITY TRANSPORTATION PROVIDERS

Besides the innovative approaches listed in Table S-1, community transportation providers will need to apply a variety of coordination strategies if they are interested in more coordination with agencies that are now offering transportation services to veterans. These coordination strategies include:

- **Be proactive:** Get to know the Veterans Service Organizations (VSOs) and transportation providers in your community. Gather information and research the operations of these organizations.
- **See where you can assist:** If you offer to help solve problems rather than take over services, your efforts are likely to be more successful. Focus on several key issues:
 - Veterans with disabilities: Current veterans' transportation services tend to focus on ambulatory riders; nonambulatory veterans can benefit from public transportation services.
 - Long-distance trips: Particularly in rural areas, long-distance trips can be a challenge for any transportation provider. The coordination of long-distance trips could serve the public and veterans at the same time, greatly enhancing the cost-effectiveness of both operations.
 - Scheduling trips: Most VSOs are unfamiliar with current paratransit dispatching and scheduling software and could benefit from assistance with these tasks.
- **Help train, maintain, and facilitate:** This includes training drivers and dispatchers, maintaining vehicles, and facilitating scheduling and transportation information dissemination.
- **Coordinate transportation with medical appointment schedulers:** Medical staff who schedule medical appointments often do not consider transportation problems when they set up appointments. Work with medical schedulers to ensure that resources are used cost-effectively.
- **Develop plans that include all modes and providers, including volunteer services:** The efforts received from volunteer drivers are a significant strength of current veterans' transportation services. These volunteers are crucial to maintaining cost-effective transportation services. Work closely with them; they may be able to help you too.
- **Include veterans in the planning process for future transportation services:** Veterans and their service organizations have significant transportation needs and can offer substantial inputs into future plans.

SUMMARY

Presently (in late 2010), mobility for our veterans is characterized by a large number of veterans with numerous and diverse needs, substantial expenses, and considerable opportunities for improvements. The Department of Veterans Affairs offers trips for medical purposes to veterans who meet certain qualifications; veterans need additional means of transportation for other types of trips and sometimes for medical care as well. VHA's costs for medical transportation have quintupled since FY 2001 due to increased mileage reimbursement rates and increased utilization of medical services. VHA's current expenditures on its Beneficiary Travel make this program the third-largest federal program for persons with special travel needs; adding VA's Automobile Assistance Program increases the estimated FY 2010 expenditures to about \$820 million. Projected growth in these programs could push VA's annual transportation expenditures beyond \$1 billion in the near future.

This report describes innovative local examples of mobility improvement strategies that could result in large mobility gains elsewhere. Community transportation providers will need to be proactive in reaching out to veterans' organizations if significant improvements in coordination with veterans' transportation programs are to be achieved.

To improve the mobility of veterans, broad scale, long-term efforts will be needed from key stakeholders at all levels of government. The continued involvement of relevant federal agencies is suggested. The new attention of the Coordinating Council on Access and Mobility to improving mobility for veterans is beneficial. States and localities can assist by supporting and expanding the kinds of innovative programs already under way.

More immediate improvements can be initiated and implemented by local transportation providers. Instances of coordinated transportation services involving community transportation providers and VA or VSOs are inspiring but extremely limited at this time. There are significant opportunities for community transportation providers to serve a market segment—veterans—that they now seldom serve; there are significant opportunities for the VA and other groups serving veterans to increase the cost-effectiveness of their services and substantially increase the mobility of veterans by working with other community transportation providers.

Reliable transportation is a key to maintaining personal independence. Without adequate, reliable, and affordable transportation, individuals are isolated and separated from society.

Chapter 1

VETERANS AND THEIR MOBILITY ISSUES: AN OVERVIEW

A ROADMAP FOR THIS REPORT

This report is intended to provide information for community transportation providers who wish to offer better transportation services to veterans of U.S. military services who live in communities served by these transportation providers. The stated objective of this research project was to help develop resources for improving mobility for veterans traveling to medical services and quality-of-life activities. This project’s instructions included “. . . develop[ing] strategies for improving transportation for veterans to health care and other services that affect quality of life . . . [that] recognize the diverse needs of veterans throughout the country and . . . address the various opportunities and constraints to providing better transportation to veterans and their caregivers, aides, and attendants.”

The Department of Veterans Affairs (VA) offers substantial support to veterans needing assistance in accessing medical care, primarily through its Veterans Health Administration (VHA).¹

Community transportation providers need to have a clear understanding of the kinds of support provided by VA in order to tailor their own programs to best serve the mobility needs of veterans.

This report provides the information needed by community transportation providers to develop that greater level of understanding. This report provides (a) an overview of veterans and the transportation issues that they face, (b) the transportation services now offered by VA, (c) transportation options currently available for veterans, (d) programs now in place in various communities that offer transportation services to veterans, (e) strategies that could be adopted by community transportation providers who wish to enhance their services for veterans, and (f) suggestions for additional areas of research into the transportation needs of veterans. In coming years, veterans should be able to look forward to improved mobility if the issues and options identified in this report are addressed in a meaningful way.

KEY FACTS CONCERNING VETERANS

Overall Statistics

There are about 23.1 million veterans of military service in the United States today.² About 40 percent of them are 65 years of age and older. Health care services are provided to veterans by the Veterans Health Administration (VHA), an office within the U.S. Department of Veterans Affairs (VA). In FY 09, there were 8.1 million veterans enrolled in the VA Health Care System and 5.7 million unique patients were treated that year. More than 3.1 million veterans were receiving VA Disability Compensation as of December 31, 2009. The number of veterans rated as 100 percent disabled as of that date was 280,830; the number of veterans receiving a VA pension was 312,206. FY 2010 appropriations for VHA were \$45.1 billion.

¹ VHA is authorized to make payments for travel expenses incurred to help veterans and other persons obtain care or services from VHA. Payment procedures are specified in United States Code (USC), Payments or Allowances for Beneficiary Travel – 38 U.S.C. § 111. See Appendix A for VHA's Frequently Asked Questions concerning its Beneficiary Travel Program and Appendix B for a list of acronyms.

² VA Benefits & Health Care Utilization, Department of Veterans Affairs, Office of Policy and Planning, National Center for Veterans Analysis and Statistics, February 1, 2010, http://www1.va.gov/vetdata/docs/4X6_winter10_sharepoint.pdf, accessed March 2, 2010.

Important Considerations Concerning Transportation Services for Veterans

Veterans Are Now More Highly Concentrate in Rural Communities

In 2004, the National Rural Health Association (NHRA) reported³ that many rural and non-metropolitan counties had the highest concentration of veterans in the civilian population aged 18 and over from 1990 to 2000 according to the 2000 US Census.⁴ NRHA quoted figures showing that “Roughly 14.4 percent of the residents of West Virginia, the second most rural state in the country as indicated by percentage of the state population living in rural areas, are veterans and for Vermont, the most rural state, this figure is 13.6 percent. Among the veteran populations in these rural states, 35.9 percent are Vietnam veterans in West Virginia, and 34.6 percent in Vermont.”⁵

For the United States, as a whole, the national average of veterans living in rural areas was 12.7 percent.⁶ NHRA concluded that “The disproportionate representation among rural Americans serving in the military has created disproportionate care^{7 8} for our nation’s veterans. The dispersed nature of the populations in rural and frontier areas should be a significant concern for rural health advocates. . .”⁹ The 2000 Census showed the proportion of veterans living in rural areas is highest in Montana (16.2 percent), Nevada (16.1 percent), Wyoming (16 percent), and Maine (15.9 percent).

The Census Bureau has updated its definitions of urban and rural populations, but the figures are still based on 2000 data. The 2006– 2008 American Community Surveys (ACS) collect information on the percent of “civilian veterans” in each state. Nonetheless, of the 10 states in which ACS reports a higher-than-average proportion of the population is comprised of veterans—Alaska, Montana, Maine, Wyoming, Virginia, Washington, Nevada, South Dakota, Idaho, and New Hampshire—8 of these states have a significantly higher-than-average proportion of their

³ Rural Veterans: A Special Concern for Rural Health Advocates, National Rural Health Association, Kansas City, Missouri, July 2004.

⁴ Richardson, C. and Waldrop, J. (2003) Veterans 2000, Census 2000 Brief <http://www.census.gov/prod/2003pubs/c2kbr-22.pdf> accessed on May 21, 2010.

⁵ “Veterans: 2000 Census Brief.” US Census Bureau, US Department of Commerce, Economics and Statistics Adm., May 2003: 5.

⁶ Ibid.

⁷ Veterans Health Administration, April 2000, A Report by The Planning Systems Support Group, A Field Unit of the Veterans Health Administration Office of Policy and Planning-Geographic Access to Veterans Health Administration (VHA) Services in Fiscal Year 2000: A National and Network Perspective.

⁸ Miller, L. J., June 2001, “Improving Access to Care in the VA Health System: A Progress Report,” *Forum*, A publication of the Veterans Administration Office of Research & Development.

⁹ NHRA, op cit.

population living in rural areas. This number supports the conclusion that veterans are now more highly concentrated in rural areas, where transportation services may be limited and health care opportunities only available at long distances away.

Rates of Physical and Mental Injuries Appear to Be Rising

For every fatality in Iraq, there are 16 wounded or injured soldiers; in Vietnam the ratio was 2.6 injuries for every fatality. Nearly 2,000 Iraq and Afghanistan veterans have returned with traumatic brain injuries (TBI). The suicide rate among veterans is now the highest since the U.S. Army began keeping records in 1980. Records indicate more than 1,000 veterans attempt suicide every month.¹⁰

Although most service members return from Iraq and Afghanistan without physical injuries, many return with symptoms of post traumatic stress disorder (PTSD) or depression. Recent data from a 2008 RAND study estimated that 18.5 percent of returned troops (about 300,000 of Operation Iraqi Freedom [OIF] and Operation Enduring Freedom [OEF] veterans) met criteria on a structured survey assessing probable PTSD or depression.¹¹ Another study reported that 25 percent of OIF and OEF veterans were diagnosed with significant mental health problems.¹² These statistics suggest an increased need for medical services and the travel associated with receiving those services.

MOBILITY CHALLENGES FACING VETERANS

This report and other reports have identified problems and concerns with transportation services now provided to veterans. The kinds of problems that have been observed include the following:

- Veterans report problems accessing VA medical services and other necessary destinations.

¹⁰ Veterans Transportation: How It Works and How You Can Help, CTAA presentation quoting 2008 VA statistics.

¹¹ T. Tanielian and L. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, 2008, http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf (accessed January 18, 2010).

¹² K.H. Seal, et al., "Bringing the War Back Home: Mental Health Disorders Among 103,788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities," *Archives of Internal Medicine*, Vol. 167, No. 5, March 12, 2007: 476-482.

- The need for veterans' transportation is growing rapidly due to an increase in injuries.
- With annual VHA Beneficiary Travel expenses in excess of \$750 million in FY 2010 and increasing rapidly, cost-effectiveness of transportation services is a growing concern.
- Rural areas offer special transportation challenges for transportation services serving veterans.
- 40 percent of veterans live in rural areas. The younger veterans who served in Iraq and Afghanistan are more likely than other veterans to live in rural areas.
 - Some veterans living in rural areas may need to travel extremely long distances to receive medical care and the other services for which they are eligible. Some states have extremely limited numbers of major VA facilities, meaning that veterans in some communities need to travel long distances for their care. VA does have the authority to contract for non-VA care when VA facilities (a) are not capable of furnishing economical care or services because of geographical inaccessibility or (b) are not capable of providing the required care or services. Limited public resources in some communities or eligibility issues with some veterans are factors that may also add to the need for long-distance travel.
 - Some kinds of specialized medical care are offered at very few of the 153 VA Medical Centers around the country; receiving such care may require extremely long trips. (For example, Kansas has major VA medical facilities only in Wichita, Topeka, and Leavenworth, meaning that a veteran in far western Kansas would need to travel long distances—more than 250 miles one way—for his or her specialized health care. The trip from Williston in the northwest corner of North Dakota to the one VA hospital in the state in Fargo requires a one-way journey of 395 miles.)
 - Veterans living in rural areas are reported to be in poorer health than veterans living in urban areas.¹³
- Veterans who miss medical appointments exhibit higher rates of depression, poor healthcare access, socialization problems, and suicide.
- There is a huge and growing need for transporting aging and younger traumatic brain injured veterans.
- According to some sources, veterans' transportation services are frequently not coordinated with existing community and public transportation services at this time, with the result that neither the veterans' transportation services nor existing community transportation services operate as cost-effectively as they might.

¹³ *Community Transportation*, Summer/Fall 2009, 27:4, p. 11.

- Some of the volunteer-based services (such as those provided by Disabled American Veterans (DAV)) are struggling to obtain or maintain a sufficient number of volunteers.
- Most transportation services for veterans operated by volunteer drivers do not operate vehicles accessible to veterans in wheelchairs.
- Some of the current transportation services are characterized by excessive wait times for trips or for appointments for trips.
- As veterans' transportation services tend to be administered locally, local administrators may not be aware of other travel options or best practices in veterans' transportation services.
- With decentralized decisionmaking for transportation services for veterans, these services exhibit a lack of uniformity and consistency.

While there are no comprehensive statistics concerning how many veterans experience the specific kinds of transportation challenges listed above, the 2001 National Survey of Veterans does state that the fourth most prevalent reason for not using VA health care services, reported by 18.0 percent of 19,978,000 veterans who had not used VA health care in the past year (about 3,596,000 veterans), was that "VA care is not convenient." Of the 16,396,700 veterans who reported never using VA health care, the fifth most prevalent reason, cited by 13.3 percent (about 2,180,800 veterans), was that "VA care is not convenient."¹⁴

The 2009 National Survey of Veterans asked why veterans did not use VA health care *ever* and *in the past 6 months*, respectively. Response categories included "VA health care is difficult to access (parking, distance, appointment availability)." Results from the 2009 survey were not available when this report was written but, when available, these data should help illuminate the dimensions of access problems to medical care.

A VA study on veterans with traumatic brain injury (TBI) reported that 48 percent of the patients indicated that there were few resources in their communities for brain injury treatments and that 38 percent reported that transportation was a major problem. This figure is more than twice as large as the 17 percent who reported that not having enough money to pay for medical, rehabilitation, and injury-related services was a major problem.¹⁵

¹⁴ 2001 National Survey of Veterans (NSV), Department of Veterans Affairs, Washington, DC. Tables 6-16 and 6-17 (no date) <http://www1.va.gov/vetdata/docs/NSV%20Final%20Report.pdf>, accessed February 23, 2010.

¹⁵ *Community Transportation*, Summer/Fall 2009, 27:4, p. 11.

Chapter 2

NATIONAL TRANSPORTATION POLICIES AND SERVICES FOR VETERANS

To establish a context for understanding the mobility challenges facing veterans, one needs to examine some key policies and procedures. This chapter reviews the veterans' health care system (which is the major provider of transportation services to veterans), current transportation services for veterans, and recent legislative actions that may influence veterans' transportation.

VETERANS HEALTH CARE

The major transportation program for veterans in the Department of Veterans Affairs is the Beneficiary Travel program, which is administered by the Veterans Health Administration (VHA). Therefore, to understand the Department's transportation services, it is first necessary to understand the overall VHA health care program.

Eligibility

Eligibility for VA health care is generally determined by a combination of factors including, among others, veteran's discharge from military service (e.g., honorable, other than honorable, dishonorable), length of service, VA-adjudicated disabilities (commonly referred to as service-connected disabilities), income level, and available VA resources.¹⁶ Benefits to veterans range from disability compensation and pensions to hospital and medical care. The VA provides these benefits through three major operating units: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA).

The VHA, often referred to as “the nation's largest integrated health care system,” is primarily a direct service provider of primary care, specialized care, and related medical and social support services to veterans. Except for certain veterans with service-related conditions or special disability, individuals must enroll in the VA health care system to receive medical care, service, or treatment. VA provides cost-free inpatient and outpatient medical care and medications to veterans for service-related conditions and to certain low-income veterans. VHA recorded 73 million medical visits and 662,000 hospital admissions in FY 2009.

Distribution of Health Care Facilities

According to VA's Office of the Assistant Under Secretary for Health Policy and Planning, there were currently more than 1,600 VHA facilities in 2010. The types of medical facilities or sites that may affect veterans' quality of life are Veterans Administration Medical Centers (VAMCs), community-based outpatient clinics (CBOCs), regional benefits offices, Veterans Integrated Service Networks (VISN) offices, veterans' centers, and cemeteries. Key destinations for the purposes of this study include:

- 153 VA Medical Centers;
- 784 VA Community-Based Outpatient Clinics;
- 264 Veterans Centers; and
- 57 VBA Regional Offices.

¹⁶ See <http://www4.va.gov/healtheligibility/eligibility/> accessed November 11, 2010.

Veterans may need to visit some or all of these facilities; some trips will need to be frequent.

The VHA divides the United States into 21 health service regions known as Veterans Integrated Service Networks, or VISNs. Each of these networks is responsible for administering the health care services provided in their region; most regions include multiple states. The VISNs operate independently of each other and are not necessarily aware of the transportation practices employed in other regions. As seen in Table 1 and Figure 1, VISN headquarters are widely spread throughout the country and are not located in every state.

Funds for VA Health Care

Funding for health care for veterans has increased substantially in recent years. Appropriations for VA medical care increased from \$29 billion in FY 2006 to \$45.1 billion in FY 2010, an increase of 55.5 percent.

According to the House Committee on Veterans' Affairs,

“Currently, resource allocations are based on the number of veterans seen in the region in the previous years. Members were concerned that this process did not offer adequate flexibility to the changing demographics of today’s veterans or sufficient responsiveness to the wide range of health care needs. Because funding levels are dictated by those veterans that seek care rather than veterans that are eligible for care, veterans that are unable to access the system are not a part of the VA’s decision making process. *Members raised concerns that some rural veterans are prevented from accessing VA health care because of the long distances they must travel, often in poor health.* Additionally, low-income veterans may not have the means to access their entitled health care benefits and thus, are not counted.”¹⁷

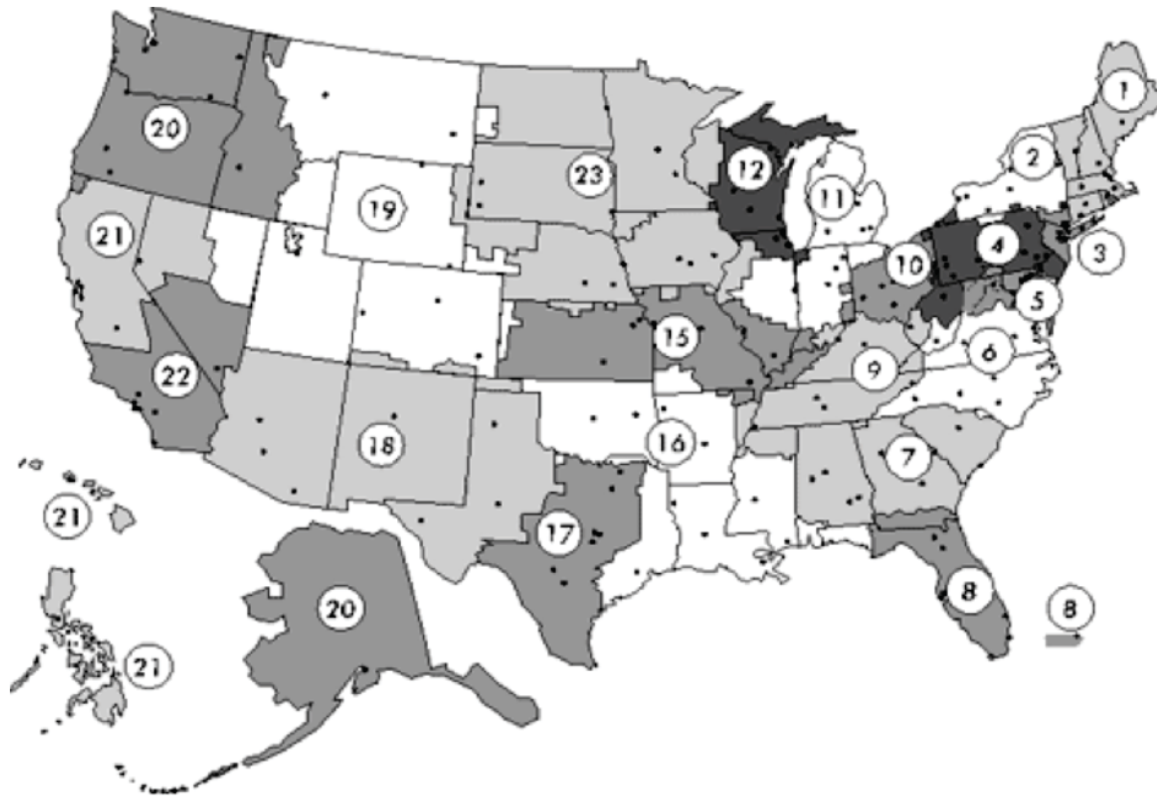
¹⁷ “House Committee Examines How Federal Dollars Get to Local Veterans for Health Care,” House Committee on Veterans' Affairs, December 7, 2009, <http://veterans.house.gov/news/PRArticle.aspx?NewsID=510> accessed January 7, 2010.

**Table 1:
VETERANS INTEGRATED SERVICE NETWORKS¹⁸**

<i>VISN</i>	<i>Name</i>	<i>Location</i>
1	VA New England Healthcare System	Bedford, MA
2	VA Healthcare Network Upstate New York	Albany, NY
3	VA NY/NJ Veterans Healthcare Network	Bronx, NY
4	VA Stars & Stripes Healthcare Network	Pittsburgh, PA
5	VA Capitol Health Care Network	Linthicum, MD
6	VA Mid-Atlantic Health Care Network	Durham, NC
7	VA Southeast Network	Duluth, GA
8	VA Sunshine Healthcare Network	Bay Pines, FL
9	VA Mid South Healthcare Network	Nashville, TN
10	VA Healthcare System of Ohio	Cincinnati, OH
11	Veterans In Partnership	Ann Arbor, MI
12	The Great Lakes Health Care System	Hines, IL
15	VA Heartland Network	Kansas City, MO
16	South Central VA Health Care Network	Jackson, MS
17	VA Heart of Texas Health Care Network	Arlington, TX
18	VA Southwest Health Care Network	Mesa, AZ
19	Rocky Mountain Network	Glendale, CO
20	Northwest Network	Portland, OR
21	Sierra Pacific Network	Mare Island, CA
22	Desert Pacific Healthcare Network	Long Beach, CA
23	VA Midwest Health Care Network	Minneapolis, MN Lincoln, NE

¹⁸ Department of Veterans Affairs. (no dates). "Veterans Health Administration"
http://www2.va.gov/directory/guide/division_flash.asp?dnum=1. On January 23, 2002, the Department of Veterans Affairs (VA) announced the merger of VISN 13 and 14 into new VISN 23. This decision merged two health care networks that provided services to veterans in Iowa, Nebraska, Minnesota, South Dakota, North Dakota, and portions of western Illinois, western Wisconsin, and eastern Wyoming.

Figure 1: VETERANS INTEGRATED SERVICE NETWORKS



[Source: Department of Veterans Affairs]

The VA Medical Centers are independent operations administered by local directors who have great leeway over all operations, and especially over the transportation services available to veterans in that VAMC service area. Local directors may or may not be aware of other travel options or best practices in veterans’ transportation services or in the broader field of coordinated community transportation.

VA TRANSPORTATION: A BRIEF HISTORICAL OVERVIEW

Congress enacted travel benefits in relation to VA health care for certain veterans in 1958. Since that time, VA has provided mileage reimbursement, special mode transport (ambulance, wheelchair van, etc.) and certain other modes of transport such as air travel to qualifying veterans and non-veterans: eligible veterans are those with VA-rated service-related conditions or low income. (See next

section). Understanding that some veterans are not eligible for VA travel, and that travel is often noted as a barrier to care, the Disabled American Veterans (DAV) reports that they “then began organizing a national transportation network to find volunteer drivers to drive disabled veterans to their medical appointments because of the medical problems that this lack of access was creating.”¹⁹ DAV’s transportation efforts began in 1987. Since then, DAV has donated 2,519 vehicles, transported more than 13 million veterans almost 500 million miles, and devoted more than 27 million volunteer hours in transporting veterans to VA medical facilities. The DAV Volunteer Transportation Network remains a key component of transportation services to veterans.

TRANSPORTATION SERVICES THAT VHA PROVIDES FOR VETERANS

The Beneficiary Travel Program

Conditions for Eligibility

The VA, through its Veterans Health Administration (VHA), provides health care benefits to eligible veterans that include outpatient medical services, hospital care, medicine, and supplies.

Transportation costs can be considered part of outpatient and inpatient medical services. VHA’s Beneficiary Travel Office can authorize reimbursements to eligible beneficiaries for mileage costs, costs for special transportation modes, or, in certain circumstances, the costs of taxis or hired cars. These payments are specified in United States Code (USC), Payments or Allowances for Beneficiary Travel – 38 U.S.C. § 111 . (Appendix A, VHA’s Frequently Asked Questions concerning its Beneficiary Travel Program, includes other references regarding payment procedures and conditions for eligibility.)

Veterans Eligible for Beneficiary Travel Payments

Veterans who are eligible for payments under VA’s Beneficiary Travel Program include:

- A veteran who travels to or from a VA facility or VA-authorized health care facility in connection with treatment or care for a Service Connected (SC) disability (regardless of percent of disability).

¹⁹ Ibid.

- A veteran with a SC disability rated at 30 percent or more who travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care for any condition.
- A veteran who travels to a VA facility or VA-authorized health care facility for a scheduled compensation and pension (C&P) examination.
- A veteran receiving pension under 38 U.S.C. § 1521, who travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care.
- A veteran whose annual income (as determined under 38 U.S.C. § 1503) does not exceed the maximum annual rate of pension that the veteran would receive under 38 U.S.C. § 1521 as adjusted under 38 U.S.C. § 5312) if the veteran was eligible for pension and travels to or from a VA facility or VA authorized health care facility for examination, treatment, or care.

In addition, certain veterans are eligible for certain kinds of emergency trips.

Non-Veterans Eligible for Beneficiary Travel

Non-veterans who are eligible for payments under VA's Beneficiary Travel Program include:

- **Allied Beneficiaries.** For Allied Beneficiaries, as defined by 38 U.S.C. § 109, travel is subject to a reimbursement agreement by the government concerned. For information on the beneficiary travel eligibility of Allied Beneficiaries, see VHA Handbook 1601D.02.
- **Attendants.** Someone other than a VA employee, who is accompanying and assisting a veteran or beneficiary eligible for beneficiary travel payments, when such beneficiary is medically determined to require the presence of the attendant because of a physical or mental condition.
- **Beneficiaries of Other Federal Agencies.** Travel for beneficiaries of other federal agencies may be authorized travel incident to medical services rendered upon requests of those agencies, subject to a reimbursement agreement by those agencies.
- **Other Persons.** A member of a veteran's immediate family, a veteran's legal guardian, or a person in whose household the veteran certifies an intention to live, if such person is traveling for consultation, professional counseling, training, or mental health services concerning a veteran who is receiving care for a SC disability; or a member of a veteran's immediate family, if the person is traveling for bereavement counseling

relating to the death of the veteran in the active military, naval, or air service in the line of duty and under circumstances not due to the Veteran's own misconduct.²⁰

Special Mode Transportation

Veterans qualify for Special Mode Transportation (ambulance, wheelchair van, “and other modes which are specifically designed to transport certain disabled individuals”²¹) when:

1. VA determines that their medical condition requires an ambulance or a specially equipped van, and
2. They meet one of the eligibility criteria for veterans described above, and
3. The travel is preauthorized (authorization is not required for emergencies if a delay would be hazardous to life or health).²²

Veterans must meet all three of these criteria unless they are OIF or OEF veterans, and then they need only meet one of the criteria to be administratively eligible for transport at VA expense. This includes meeting the basic criteria, as well as being “unable to defray the expenses of travel” as defined in 38 CFR 70.10 (c). . . Once administrative eligibility is established, a VA clinician must then determine that a special mode of transportation is medically required to transport the veteran for VA health care. Unless one of the forms of special mode of transportation is required and documented as such, this method of transportation is inappropriate.”²³

Means of Transportation

The VA will, under certain circumstances, reimburse individual veterans for their medical travel under regulations for the Beneficiary Travel program. In addition, travel offices at VAMCs may provide their own transportation services, may contract directly with transportation providers for trips to VAMCs, or may work with volunteer networks to provide transportation for veterans

²⁰ July 21, 2010 VHA HANDBOOK 1601B.05,
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2275 accessed November 9, 2010.

²¹ Department of Veterans Affairs. (no dates). “Beneficiary Travel Frequently Asked Questions” <http://www4.va.gov/healtheligibility/Library/FAQs/BeneTravelFAQ.asp> , accessed December 9, 2009.

²² Department of Veterans Affairs. (no dates). “VA Health Care Eligibility Enrollment: Special and Limited Benefits” <http://www4.va.gov/healtheligibility/coveredservices/SpecialBenefits.asp#Auto> , accessed May 5, 2010.

²³ Department of Veterans Affairs. (no dates). “Beneficiary Travel Frequently Asked Questions” <http://www4.va.gov/healtheligibility/Library/FAQs/BeneTravelFAQ.asp> , accessed December 9, 2009.

seeking health care. The ways that VA is involved in assisting a veteran with his or her trips for medical care are as follows:

- Individual veterans provide their own travel and are reimbursed.
 - The current rate is 41.5 cents per mile.
 - The Beneficiary Travel deductible amounts are:
 - \$3.00 per one-way trip
 - \$6.00 per round trip, or
 - \$18.00 per calendar month or six one-way trips (three round trips), whichever occurs first, for travel to all VA facilities.
 - Some trips are exempt from the deductible amount, including trips made by veterans who require a special mode of transportation and travel in relation to a VA compensation and pension examination.
- Transportation services are provided directly by VA Medical Centers.
- Transportation services are provided by contractors to VA Medical Centers.
- Transportation is provided by volunteer organizations working with VA Medical Centers.

Title 38 United States Code (U.S.C.) 111 and 38 Code of Federal Regulations (C.F.R.) 70.1 – 70.50 are the authorities for Beneficiary Travel. Regulations that currently apply to VHA beneficiary travel were published in the Federal Register on July 29, 2008. The Regulations are currently under revision due to several recent legislative and policy changes; these revised are expected to be published in 2011.

Trips to access to medical care are the only travel needs supported by VHA Beneficiary Travel funding. (Travel for compensation and pension examinations is considered to be allowable under the Beneficiary Travel program.) Trip purposes such as shopping, recreation, personal business, and other nonmedical or noneducational trips are not supported by VA, even though such trips may have a profound impact on an individual veteran's quality of life.

The Automobile Assistance Program

The Veterans Benefits Administration administers the Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces program,²⁴ which offers a one-time payment of not more than \$11,000 toward the purchase of an automobile or other vehicle. VA pays for adaptive equipment and for repair, replacement, or reinstallation required because of disability. A veteran may qualify for automobile assistance for this VA benefit if he or she has:

- A service connected loss or permanent loss of use of one or both hands or feet; or
- A permanent impairment of vision of both eyes to a certain degree; or
- Entitlement to compensation for ankylosis (immobility) of one or both knees or one of both hips.²⁵

VA TRANSPORTATION EXPENDITURES

In 2003, the Government Accountability Office (GAO; then known as the General Accounting Office) reported FY 2001 expenditures for transportation of disadvantaged persons by the VA of \$126,594,591 through the Veterans Medical Care Benefits program and \$33,639,000 through the Autos and Adaptive Equipment for Certain Disabled Veterans Program.²⁶ According to an unpublished report from CTAA, the Department of Veterans Affairs spent \$170 million in FY 2004 to reimburse veterans for travel to and from VA facilities to receive medical care.²⁷

“ . . . the VA is committed to providing services to veterans meeting certain eligibility criteria. This service, called “Beneficiary Travel”, is funded through the Veterans Health Administration (VHA) as part of the medical care budget and is contained in the budget line item “Miscellaneous Benefits and Services”. The funding is separate from the Veteran’s Benefits Administration (VBA) that funds disability compensation and pension benefits.

²⁴ The authorization for this program is found in Title 38 United States Code Chapter 39; implementing regulations are found in Title 38 CFR 17.155 – 17.159.

²⁵ Department of Veterans Affairs. (no dates). “VA Health Care Eligibility and Enrollment: Special and Limited Benefits” <http://www4.va.gov/healtheligibility/coveredservices/SpecialBenefits.asp#Auto>, accessed May 5, 2010.

²⁶ United States General Accounting Office, *Transportation Disadvantaged Populations: Some Coordination Efforts Among Programs Providing Transportation Services, but Obstacles Persist*, Washington, DC, June 2003, GAO-03-697.

²⁷ John Lasfargues, “Evaluation of Existing Capacity and Unmet Need for Medical Transportation with the Veteran Population,” draft report prepared for the Community Transportation Association of America, Washington, DC, March 2005, p. 1.

However, eligibility for medical care benefits is determined by a complex rating system that is administered by VBA.”²⁸

VA provides funds for travel to approved medical services related to health conditions and travel for compensation and pension eligibility examinations. (The next section provides more precise details concerning eligibility for these services.) “The transportation that is provided for veterans is either provided through a contract with an outside source or left to the veteran to arrange and then be reimbursed. The program is administered at the local level and left to the individual hospital network to determine how this service will be provided. In all cases except in cases of medical emergency, the veteran must receive authorization from his attending physician stating that the treatment or service is medically necessary.”²⁹

From 2005 to 2010, VHA’s transportation expenses increased dramatically. VHA Beneficiary Travel expenses for FY 2009 were \$629 million, which was a 69 percent increase over the FY 2008 figure of \$373 million. In FY 2010, costs increased to \$745 million. (Note that these figures do not include expenses for VBA’s Automobile Assistance program.) This rapid cost increase stems from an increased number of veterans claiming travel reimbursement, increased numbers of claims per veteran, and the congressionally mandated changes in travel reimbursement costs and decreased deductible requirements. For many years, the beneficiary travel mileage reimbursement rate that veterans could claim for eligible trips for medical and other approved trips was 11 cents per mile. That rate was changed to 28.5 cents per mile effective February 1, 2008; VA’s Secretary raised the beneficiary travel reimbursement rate to 41.5 cents per mile on November 17, 2008. VA’s December 2009 report to Congress reported that “Since the November 2008 rate change, VA has experienced [an] approximate increase of 76 percent in the number of mileage claims, and [a] 30 percent increase in the number of veterans claiming travel reimbursements.”³⁰

This new level of expenditure makes VHA’s Beneficiary Travel program one of the most highly funded transportation programs for persons with special needs. As shown in Table 2, VHA’s expenses exceed all but the two largest transportation programs for individuals with special travel needs: Medicaid and Head Start.

²⁸ Ibid.

²⁹ Ibid, p. 3.

³⁰ Department of Veterans Affairs, “Report to Congress: PL 110-387, Section 401: Veterans Beneficiary Travel Program,” December, 2009.

Table 2:
ESTIMATED EXPENSES FOR KEY FEDERAL TRANSPORTATION PROGRAMS

<i>Program, Agency, and Department</i>	<i>FY 2001 Transportation Expenses</i>	<i>Estimated FY 2010 Transportation Expenses</i>
Medicaid (CMS/DHHS)	\$976,200,000	\$2,044,000,000
Head Start (ACF/DHHS)	\$514,500,000	\$1,000,000,000
Nonurbanized Area Program, S. 5311 (FTA/DOT)	\$203,200,000	\$438,159,210*
Elderly and Disabled Program, S. 5310 (FTA/DOT)	\$174,982,628	\$133,825,717*
Temp. Assistance for Needy Families (ACF, DHHS)	\$160,462,214	\$200,000,000
Veterans Medical Care Benefits (VA/VHA)	\$126,594,591	\$750,000,000†
Autos/Adaptive Equipment for Veterans (VA/VBA)	\$33,639,000	\$65,800,000†

Sources: GAO 2003 report; 2010 estimates by Westat from total agency FY 2010 budgets.

*Revised FY 2010 FTA Appropriations for grant programs.

†Data provided by VA, Department of Veterans Affairs, 2010.

RECENT LEGISLATION AND ACTIVITIES

The Veterans Health Care Budget Reform and Transparency Act of 2009

The Veterans Health Care Budget Reform and Transparency Act of 2009 became Public Law No: 111-81 in October 2009. That law amended Title 38 of the United States Code to provide advance appropriations authority for certain accounts of the Department of Veterans Affairs.

The law directs the President to include estimates of appropriations for the following accounts:

1. Medical services;
2. Medical support and compliance; and
3. Medical facilities.

The law requires, beginning with FY 2011, discretionary new budget authority to: (1) be made available for that fiscal year and (2) include, for each such account, advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year. Other provisions include (a) the requirement that the Secretary of the Veterans Affairs report annually to Congress on the sufficiency of VA resources for the forthcoming fiscal year with respect to the provision of medical care and (b) the requirement that the Comptroller General study the adequacy

and accuracy of VA baseline model projections for health care expenditures for that fiscal year, and report study results, during 2011 through 2013, to the congressional veterans, appropriations, and budget committees. Because of these provisions, VA is now making regular reports to Congress on the costs of the Beneficiary Travel program.³¹ The full text of this legislation is available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ081.111.

Rural Veterans Health Care Improvement Act of 2009

In 2009, members of both the U.S. Senate and the House of Representatives introduced legislation (Senate Bill 658 H.R. 2879) for several purposes, including that of improving health care for veterans who live in rural areas.³² Also introduced in previous sessions of Congress, but not passed in either the Senate or the House, the bill proposed payment of travel expenses for veterans receiving treatment at Department of Veterans Affairs (VA) facilities at the rate provided to federal employees in connection with the performance of official duties. The bills also included provisions that VA “(1) establish and operate at least one and up to five centers of excellence for rural health research, education, and clinical activities; (2) establish a grant program to provide innovative transportation options to veterans in remote rural areas; (3) carry out demonstration projects to examine alternatives for expanding care for veterans in rural areas; and (4) report annually to Congress on matters related to VA care for veterans residing in rural areas.”³³

Caregivers and Veterans Omnibus Health Services Act of 2010

The Caregivers and Veterans Omnibus Health Services Act of 2010 became Public Law No: 111-163 on May 5, 2010. Among other items, this bill is intended to improve health care for veterans living in rural areas. Sec. 307 of the legislation is titled “Grants for Veterans Service Organizations for Transportation of Highly Rural Veterans.” This section requires VA to create innovative grant programs for state veterans’ agencies or veterans’ service organizations (VSOs) to provide mobility

³¹ For example, see Department of Veterans Affairs, “Report to Congress: PL 110-387, Section 401: Veterans Beneficiary Travel Program,” December, 2009.

³² GovTrack (2010) “S. 658: Rural Veterans Health Care Improvement Act of 2009” <http://www.govtrack.us/congress/bill.xpd?bill=s111-658>, accessed May 18, 2010.

³³ GovTrack (2010) “S. 1146: Rural Veterans Health Care Improvement Act of 2007” <http://www.govtrack.us/congress/bill.xpd?bill=s110-1146&tab=summary>, accessed January 19, 2010.

options for veteran residents in highly rural areas, which are defined as areas consisting of a county or counties having a population of less than seven persons per square mile. Funding appropriated for each of fiscal years 2010 through 2014 is set at \$3 million; the funding cap per innovative program is \$50,000.

Veterans Transportation Service

In 2010, the VA initiated a series of initiatives designed to improve Veteran care and the functioning of VA as a whole. This effort, known as T21, stands for 23 (originally 21) initiatives designed to transform VA's system of delivering services to veterans. For VHA, T21's impact will involve a transition to what is being called Universal Health Care Services. One of the major areas under this program is access to services.

The newly created Veterans Transportation Service (VTS) is one of the T21 initiatives. With more than \$16 million in VA funding, VTS seeks to implement pilot projects that will demonstrate innovations in overcoming barriers to VHA access, especially for veterans who are visually impaired, elderly, or immobilized due to disease or disability, as well as those living in rural and highly rural areas. VTS will increase VHA transportation resources at the facility level, but will also focus on improving the efficiency of existing transportation resources through use of 21st Century technology, including ridesharing software and GPS units.

On September 17, 2010, VTS offered its first official ride to a Veteran. The first ride occurred in Central Texas Veterans Health Care System (CTVHCS) at the Temple Texas site.³⁴ CTVHCS is one of four initial pilot sites for the program; the other three sites are Ann Arbor, Michigan; Muskogee, Oklahoma; and Salt Lake City, Utah.

VTS plans to expand the four pilot sites funded in FY 2010 with an additional 22 new sites in the first half of the 2011 Fiscal Year, and then fund up to 20 additional sites by the end of the year. The new sites are expected to benefit from lessons learned by the original four sites as well as work done by the national program office. These efforts are planned to include a streamlined approach to vehicle acquisition, the development of a VTS specific customer service video, and the acquisition of rideshare software and systems.

³⁴ For further details of activities at this site, see "Central Texas Veterans Health Care System: Veterans Transportation Services," http://www.centraltexas.va.gov/news/veterans_transportation_Services.asp, accessed November 16, 2010.

The rideshare software and systems are comprised of ride routing/scheduling software and other integrated technologies intended to enhance operational efficiency and ensure positive experiences for veterans. The other technologies include GPS device integration, automated vehicle routing, electronic manifest updating, dispatch/driver communications, an interface for transportation coordinators and stations, automated passenger notifications, information storage and updating, and reporting.

Coordinating Council Attention

At the end of May 2010, the FTA announced that the Coordinating Council on Access and Mobility had adopted improving the mobility of veterans as one of its four major priorities for the forthcoming year. This action is intended to focus the attention of the Departments of Transportation and Health and Human Services, as well as the Department of Veterans Affairs and other federal departments, on improvements to the mobility of veterans.

Chapter 3

TYPICAL TRANSPORTATION OPTIONS FOR VETERANS

There are eight major types of transportation services typically available for veterans; the first four listed below are offered through the VA. Despite these potential options, individual communities may have only a few of these choices available. Each mode of transportation service that veterans use to travel is described in this chapter with examples if applicable.

The eight major veteran transportation options are:

1. Veterans drive to VA Medical Centers.
2. Veterans receive transportation from nonprofit veterans' service organizations, including the DAV and other veterans' organizations.
3. VAMCs directly operate vehicles.
4. VAMCs contract with transportation vendors.
5. Veterans use county-provided services.

6. Veterans receive transportation services via community-based organizations.
7. Transit agencies offer transportation to veterans.
8. VAMCs provide transportation information for veterans.

VETERANS DRIVE TO VA MEDICAL FACILITIES

If they are physically and financially able to do so, many veterans drive to VAMCs. A major issue is that the vast majority of health care services for veterans are provided only at VHA facilities like Medical Centers and community-based outpatient clinics (CBOCs). There are 153 VAMCs and 731 CBOCs throughout the United States, but veterans requiring specialized medical care cannot find that care at every VAMC or CBOC. In some rural areas, round trips to the nearest relevant VHA facility cannot be completed in one day. Multiple trips to these far away medical facilities can be burdensome. To offset the travel costs associated with obtaining medical services, qualified veterans may seek beneficiary travel mileage reimbursement (as described in Chapter 3). The number of veterans accessing their medical care by driving was 586,000 in FY 2009, a 30 percent increase from FY 2008 (VA, December 2009). The average amount per mileage reimbursement claim in FY 2009 was \$75.66 (VA, December 2009), which suggests that the average round-trip mileage exceeded 185 miles. (An exact figure cannot be calculated because the current reimbursement of 41.5 cents per mile was not in effect for the entire 2009 Fiscal Year.)

VETERANS RECEIVE SERVICES VIA NONPROFIT VETERANS' SERVICE ORGANIZATIONS

Veterans receive extensive services from nonprofit veterans' service organizations. There is an extremely strong culture of "veterans taking care of veterans" that extends to transportation as well as many other kinds of needs. The voluntary services are an important resource that needs to be incorporated into any successful effort to improve the mobility of veterans. At the same time, it is crucial that one also understand the limitations of these services.

Veterans Use Disabled American Veterans (DAV) Transportation Services

Description of DAV Transportation Services

The Disabled American Veterans organization (DAV), a nonprofit veterans' service organization, has been offering various transportation services to veterans for many years. DAV serves veterans using DAV's pool of volunteer drivers, and the local DAV chapters also work with VAMCs and other community organizations to secure vehicles. "The Volunteer Transportation Network (VTN) is designed to provide transportation services to veterans seeking benefits at VA facilities, including Veterans Benefits Administration (VBA) offices, and who have no other means of transportation."³⁵ VTN services are not to be used for any other trip purposes.

In fiscal year 2008, DAV transported 25,483 veterans and drove 28 million miles.³⁶ On an annual basis, these figures equate to an average of 1,098 miles per year per veteran transported by DAV to medical services. (That figure is nearly equal to the estimated number of miles traveled per year by a veteran who drives to their VHA medical appointments.) For the 2009 calendar year, the figures are similar: DAV volunteers drove 28.3 million miles and provided 743,701 trips to veterans. The average trip length in 2008 and 2009 was 38 miles. The total cost of DAV national transportation network grants in 2009 (to support Hospital Service Coordinators and to purchase vans) was \$4 million.³⁷ The proportion of veterans needing transportation who used DAV transportation in a particular year is currently unknown.

DAV operates the largest program in the Veterans Transportation Network (VTN). DAV offers services for most (but not all) locations in the VA healthcare system. Their program provides free transportation for veterans for health care trips. DAV employs Hospital Service Coordinators (HSCs) at major VA medical facilities to operate the transportation program at those facilities. A typical situation is that the local DAV chapter raises contributions that are used to buy vans; the vans are donated to the VA, which then provides insurance, fuel, and maintenance. DAV does not purchase vehicles accessible to veterans in wheelchairs, and DAV's volunteer drivers are not authorized to lift or provide medical services to any rider.

³⁵ VHA Handbook 1620.02, Volunteer Transportation Network, May 24, 2007.
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1572, accessed November 19, 2010.

³⁶ Interview with Michael J. Walsh, National Director of Voluntary Services, December 2009.

³⁷ Michael J. Walsh, DAV Annual Report, <http://www.dav.org/volunteers/documents/AnnualReport.pdf>, accessed November 22, 2010.

Example of DAV Transportation Services

Program: DAV Transportation Services

Location: Lebanon, Pennsylvania

Key Features:

- Volunteer driver-based transportation
- Door-to-door, shared-ride program
- No accessible vehicles available
- DAV-supplied vehicle and volunteers; the VAMC is responsible for fuel, maintenance, and insurance.

The DAV transportation program associated with the Lebanon VAMC uses 13 vans and has 70 volunteer drivers. The program transports 30 to 35 passengers daily. The service covers 13 counties and is available for longer trips throughout the state on an as-needed basis.

On any given day, volunteer drivers start driving at 6 a.m. to pick up the first veteran rider; they then continue their assigned route in their region. By 8:30 a.m. they arrive at the VAMC with their passengers. The HSC and scheduling staff at the VAMC, as well as the patients themselves, attempt to ensure that all medical appointments are completed by 12:30 p.m. The DAV vans depart the hospital no later than 1 p.m. The volunteer drivers may have spent a total of 10 hours or more that day (driving, waiting, and driving) by the time all passengers are dropped off at their respective homes.

Two key factors are needed to successfully operate DAV transportation program: qualified volunteers and collaboration with VAMC. Volunteers are crucial to this program. All drivers, as well as the HSC, volunteer their time to help veterans. They all believe in veterans serving other veterans and work hard to make the program work. Another important factor is partnership with VAMC. The DAV hospital service coordinator needs to work with various VAMC employees, such as travel office staff, scheduling office staff, and clinical staff. The HSC assists veterans to decide appropriate level of transportation services by referring them to VA travel office. The DAV hospital coordinator also reminds the medical scheduling office of the DAV van schedules; this helps ensure that veterans who need transportation get medical appointments when transportation service is available. In addition, it is often the hospital coordinator who makes sure that group riders' appointments are

not delayed so that they can get a ride home. If veterans driven by DAV are not able to get a return ride, the HSC may need to find ways to arrange alternative transportation.

Veterans Receive Services via Nonprofit Veterans' Service Organizations

Description of VSO Transportation Services

Veterans' service organizations (VSOs) may be better informed about veterans' needs than other human service agencies. VSOs have unique characteristics that can be beneficial to veterans. Many volunteers and staff working for VSOs are veterans themselves or have strong ties to veterans. They are committed to their work and often go above and beyond their prescribed duties to help veterans.

Example of Nathan Hale Foundation Transportation Services

Program: The Troops in Transit Program, Nathan Hale Foundation

Location: Plymouth, Massachusetts

Key Features:

- Includes both paid and volunteer drivers
- Provides door-to-door service, shared ride program
- Offers prescheduled trips and some flexible trips.

The Nathan Hale Foundation offers pre-established schedules Monday through Thursday so veterans know when to make their appointments. For example, a veteran traveling to the West Roxbury VA Hospital knows that the van goes to that location on Mondays. On Fridays, the Foundation provides trips for local appointments such as dentist, dialysis center, blood work, or grocery shopping. It is unique that this organization covers non-VA sites as well. The vans are driven either by volunteer drivers or staff drivers. Most volunteers come to the rider's door. Their volunteer drivers are highly qualified (police officer, fire fighter, combat veterans, and transit drivers with Commercial Driver's Licenses [CDLs]) and are committed to work with veterans. To be eligible for the rides, one needs to be a veteran. As long as the rider is a veteran, disability status or income level is not considered.

VAMCs DIRECTLY OPERATE VEHICLES

In some instances, VAMCs have their own transportation programs. They utilize employee-drivers and VAMC-owned vehicles.

- **VAMCs directly operate transportation programs.** Some VAMCs have transportation programs whereby their vehicles are operated by the VAMC employees. Typically they use station wagons and minivans. The majority of the patients are transported from home to the hospital with these vehicles, with pick-ups starting as early as 5 a.m. This was the case for VAMC in Miami, Florida until 2009. More recently, the VAMC in Miami has discontinued its in-house transportation service and now has agreements with local vendors to provide transportation to veterans.
- **VA facilities operate shuttle services between two VA-affiliated locations.** It is not uncommon that some veterans travel to another nearby VAMC or VA-affiliated facility for medical treatments. For instance, veterans who have their initial appointments at their local VA clinic may need to be transferred to a larger VA facility for a specialized procedure. In the Brick VA clinic in Ocean County, New Jersey, such a program is available. Some veterans may only have scheduled round-trip rides from their home to specified VA sites. Shuttle services operated by a VA clinic allow veterans to get to another facility in time for the procedure.

VAMCs CONTRACT WITH TRANSPORTATION VENDORS

Description of Contracted Transportation Services

Many VAMCs across the nation contract with private transportation vendors to provide rides to veterans. These vendors include taxicab companies, companies with wheelchair accessible vehicles, ambulance vendors, ambulette services, or Medi-van services. Contracted services from vendors such as taxicab companies may be used for overflow trips or have more significant roles in transporting veterans.

Examples of Contracted Transportation Services

For more than 20 years, Yellow Cab of Tallahassee, Florida has been working with VAMCs. Veterans contact the local VA Medical Center travel office and the travel office contacts Yellow Cab, which provides demand responsive, prescheduled, and subscription trips to veterans. Yellow Cab delivers veterans to VA facilities in Tallahassee, Lake City, Gainesville, and Marianna and picks

them up there for return trips. Many of the trips that veterans take run into several hundreds of dollars and the trips are for individual veterans only (there are no shared rides).

The VAMC serving the Washington, DC area works with a local vendor called Battle's Transportation, Inc. to transport veterans with disabilities. Battle's Transportation is a private company categorized under Local and Suburban Transit and located in Washington, DC. Travel office employees at the VAMC arrange rides for veterans who need accessible vehicles or other type of special medical transport vehicles.

VETERANS USE COUNTY-PROVIDED SERVICES

Description of County-Provided Transportation Services

In some areas, county-provided transportation services are available where no other type of veterans' transportation services exists in the region. One model is to have veterans provide their own travel to a centralized pick-up location; group rides are then provided from the centralized location to VAMCs. Some vehicles may be operated by volunteer drivers and others by county employees.

Example of County-Provided Transportation Services

Program: Transportation Program for Clinton County Veterans' Service Commission

Location: Clinton County, Ohio

Key Features:

- Centralized pick-up, shared-ride program
- Accessible vehicles available
- Driven by county employees.

This program serves rural areas in Clinton County, Ohio. While it mostly uses centralized pick-ups, drivers pick up veterans at their home if they require accessible vehicles. To be eligible for the program, riders have to be veterans, reside in Clinton County, and should have standing

appointments at a VAMC. This service, which is provided only to a VAMC and to no other destinations, is free of charge.

VETERANS RECEIVE SERVICES VIA COMMUNITY-BASED ORGANIZATIONS

Description of Community-Based Transportation Services

In some regions, community-based organizations develop veterans' transportation programs. In New Jersey and Pennsylvania, local Red Cross chapters are involved in transporting veterans. In Michigan, Volunteers of America operates transportation services for homeless veterans. These organizations are nonprofit organizations serving specific geographic areas and their programs are designed to meet the local needs.

Example of Community-Based Transportation Services

Program: American Red Cross Northern NJ, Veterans Transportation Program

Location: Morris County, New Jersey

Key Features:

- Door-to-door service, shared-ride program
- No accessible vehicles available
- Driven by volunteer drivers.

While it is not common to find veterans' transportation programs within Red Cross chapters throughout the country, this particular program serves the critical unmet needs of veterans in Morris County. All VAMCs in the region are located outside of Morris County and the county-provided paratransit program does not transport riders to destinations outside of county boundaries. The Red Cross transportation program is the only service for many veterans to access VAMCs. To be eligible for the program, one has to be a veteran, ambulatory, and reside in Morris County. There is no DAV volunteer driver program in this region, but a local DAV chapter assisted the Red Cross by donating a vehicle.

TRANSIT AGENCIES OFFER TRANSPORTATION TO VETERANS

Description of Transportation Services Offered by Transit Agencies

Many local public transit agencies do not keep records of the trips that they provide to their local veteran population. Some local transit agencies do record trips that they provide to non-ambulatory veterans through the paratransit programs that they offer.

Example of Transportation Services Offered by Transit Agencies

In Lufkin, Texas, Brazos Transit contracts with Coach America and provides veterans' transportation services. The program began in 2007 with financial support from a foundation. A passenger coach provides daily services from Lufkin to the VAMC in Houston. The over-the-road coach can transport 51 veterans per trip and can also accommodate two wheelchair users. Brazos Transit oversees the program while the service is operated by Coach America. Medical reservations are handled by the local VA clinic.

See Chapter 5 for additional examples of transportation services offered by transit agencies to veterans.

VAMCs PROVIDE TRANSPORTATION INFORMATION FOR VETERANS

A number of VAMCs provide transportation information to help veterans make their own travel choices. For example, the VA Pittsburgh Healthcare System provides the following information about transportation services in their region on their web page:

“Many modes of transportation are available to enable our patients and their families to travel to the VA Pittsburgh Healthcare System. Several transportation methods are listed below.

- [DAV Vans](#) - complete van schedule from all of our spoke hospitals.
- [VAPHS Shuttles](#) - for transportation between the three Pittsburgh facilities (University Drive, Highland Drive, and H.J. Heinz).

Other Forms of Local Public Transportation

- Mass Transit - Port Authority of Allegheny County and ACCESS Transportation.
- p.r.n. Para Transit Service - (412) 824-2181 or 1-800-860-8222
- Yellow Cab - (412) 321-8100/8112
- Transcare Ambulance - (412) 373-0200.”

Veterans have a wider choice of travel options when they have this type of information.

Chapter 4

CURRENT INNOVATIVE OR EXEMPLARY PRACTICES

This chapter (a) presents information about innovative or exemplary community transportation programs for veterans and (b) summarizes some overall lessons from these examples.

KEY SPECIFIC CASES

All Points Transit, Montrose, Colorado

Description

All Points Transit (APT) provides public transportation services in rural western Colorado using funds from FTA (Sections 5310, 5311, and 5316); several HHS programs (Medicaid and aging); local municipalities; grants; and donations. APT is the only local source of transportation for veterans in their two-county service area who are unable to transport themselves. The mission of APT “is to provide safe, reliable transportation for older adults, individuals with disabilities, and low-income

workers and job seekers in Montrose and Delta Counties. Our goal is to facilitate independence and promote a high quality of life and productivity in our communities.”³⁸

APT has been providing transportation services to veterans since May 2009. From May through December, they scheduled 1,399 trips for 318 veterans; 1,042 trips were actually taken (the remainder were mostly cancellations with some no-shows). This is equivalent to about 2,100 trips scheduled on a 12-month basis. About 70 percent of those trips are destined for the VAMC in Grand Junction, Colorado, a one-way distance of about 60 miles. Most of the long-distance trips for veterans are billed directly to the Grand Junction VAMC. For local trips, veterans less than 60 years of age pay \$20 per trip and veterans 60 years and older are asked for donations for their trips. In these counties, APT is the only local source of transportation for veterans who are unable to transport themselves.

As a professional transportation agency, they are experts in scheduling, routing, coordinating with other human service agencies as well as providing rides. A Memorandum of Understanding has been executed between APT, the Grand Junction Veterans Administration Medical Center, and the Disabled American Veterans Transportation Program to describe the responsibilities of all parties in scheduling medical trips for veterans. If a veteran needs a ride to the VAMC in Grand Junction or to the Community-Based Outpatient Clinic in Montrose, they call APT, not the DAV Transportation Network. DAV Transportation Network, a volunteer driver-based program, has drivers and vehicles but the program does not have advanced scheduling software that can create optimal routes for each vehicle and driver. APT, on the other hand, has access to paratransit scheduling software because the software is used for everyday operations of its vehicles. As laid out in the MOU, APT receives calls and schedules trips for the DAV’s vans.

To ensure quality of the service, APT and VAMC staff communicate on a daily basis via fax to confirm schedules and service delivery. In addition to the scheduling and call center, APT is also in direct contact with riders. In cases of emergencies when DAV vans cannot operate (inclement weather or vehicle breakdowns), APT contacts veterans and informs them of the changes.

The Grand Junction VAMC reports many advantages to this arrangement. Of those, having access to a full-time staff member who can handle the ride request calls from veterans is noteworthy. Previously, volunteers were responsible for taking calls from veterans, and volunteers were not

³⁸ Mission statement formerly posted on APT’s web site at <http://www.allpointstransit.org/index.html>.

always available. The Grand Junction VAMC no longer worries whether veterans cannot get to their appointments because their requests for rides are now handled by professional staff.

According to DAV Chapter 17, APT was involved in one-third of total veterans' trips to medical centers in the region, either through dispatching or directly providing rides. Even without providing rides to veterans, APT is able to serve veterans' mobility needs through dispatching and call center services.

Key Features

This human service private nonprofit organization:

- Receives calls and schedules trips for DAV's long-distance and local volunteer transportation services using paratransit scheduling software
- Provides coordinated local transportation for veterans, seniors, and persons with disabilities living in their rural service area

Ocean Ride, Ocean County, New Jersey

Description

The Ocean County (New Jersey) Department of Transportation Services sponsors Ocean Ride, a county transportation program. Ocean Ride utilizes 75 accessible buses, each capable of carrying between 12 and 14 passengers, to provide 17 general public, fixed-route services and door-to-door, nonemergency medical transportation service to seniors (age 60 and older) and persons with disabilities.

Ocean Ride also provides regularly scheduled transportation service for Ocean County veterans to access the major, out-of-county VA medical clinics. Different VA medical clinics are served on different days. Veterans must call at least 2 weeks in advance of their appointments to schedule rides. Most of the trips to medical clinics are from centralized pick-up sites.

As part of Specialized Transportation Services, Ocean Ride provides nonemergency medical transportation to veterans. It transports veterans, free of charge, to VA clinics and VAMCs regardless of county boundaries. With the help of veterans' advocates and other veterans' service

organizations, Ocean Ride developed prearranged schedules to transport veterans to medical facilities at the East Orange VAMC in NJ; the Lyons VAMC in NJ; the Philadelphia VAMC in PA; and the Fort Dix VA clinic in NJ and the Brick VA Clinic, which is the only veterans medical facility in Ocean County. With the exception of the Brick VA clinic, Ocean Ride goes to one out-of-county VA site each weekday on a fixed schedule. The service routes and service hours of the veterans' transportation are determined based on inputs from other agencies. These coordination efforts allow the transportation program to avoid duplication.

While Ocean Ride handles client eligibility screening for its other Specialized Transportation Services, eligibility screening for its veterans' transportation program is determined by the Ocean County Veterans Service Bureau, which is a separate office within the county government. Once eligibility requirements are met, veterans contact the Ocean County Veterans Service Bureau to request trips. Staff members at the County Veterans Service Bureau are familiar with veterans' needs, documentation required for veteran status, and up-to-date changes in VA medical facilities. Given their expertise, it makes sense for the Ocean County Veterans Service Bureau employees to handle eligibility screening and reservation request. With administrative support from the County Veterans Service Bureau, Ocean Ride can focus on its expertise: transporting passengers reliably.

The success of this system is in part due to the local transit agency's commitment to the veterans who reside in the county. As a county agency, Ocean Ride could have limited its service to destinations solely within county boundaries. Instead, different units within the Ocean County Government worked together to serve the transportation needs of county residents who are veterans. As the county with the largest veteran population in the State of New Jersey, Ocean Ride's veterans' transportation program receives funding from the county, the state, and the federal government as well as funds from New Jersey Department of Military and Veterans Affairs. Ocean Ride's veterans transportation program is much appreciated by veterans who have to travel outside of the county, sometimes even outside of the state to receive medical treatments.

Key Features

Ocean Ride, a public transportation agency, offers out-of-county trips for veterans to VAMCs on a prescheduled basis. These trips are free of charge to veterans; the service is funded by the county, state and federal government as well as funds from the New Jersey Department of Military and Veterans Affairs. Several county agencies collaborate to ensure smooth operations for this transportation service.

Price County Human Services Commission on Aging Office, Wisconsin

Description

Price County is a rural county in northern Wisconsin without public transportation services. The Price County Veterans Service Office (VSO) serves the transportation needs of veterans by coordinating with the Price County Human Service Commission on Aging Office (COA), which has a pool of volunteer drivers that was established for its senior transportation program. The COA will provide rides for both younger and older veterans.

The most frequently visited VAMC is in Madison, 4 hours away. Veterans who are unable to travel to VAMCs on their own may contact the Veterans Service Office, whose employees determine eligibility for benefits. VSO then submits ride requests to the Commission on Aging office, which locates a volunteer driver among their volunteer pool. The volunteer drivers are reimbursed at a rate of 50 cents per mile, the state mileage rate. Volunteer drivers often work more than 8 hours a day to transport veterans. In Fiscal Year 2009, about 50 round trips were completed for the purpose of transporting veterans to VA medical facilities.

Collaboration between Veterans Service Office and Human Service Commission on Aging allows veterans to travel with little expense to their medical appointments. Veterans (regardless of age) can get rides through the Commission on Aging Office. The volunteer drivers are paid for their mileage. Typically, veterans are billed for a portion of the mileage and the VSO pays the rest of the cost. Some veterans get beneficiary travel benefits from VAMC and use these funds to pay for their rides.

- If veterans less than 65 years old need to travel for their medical appointments, they can get rides through the Aging Office's volunteer program by paying a reduced fee of 30 cents per mile; the Commission on Aging will pay another 20 cents per mile to ensure that volunteer drivers are paid 50 cents per mile.
- All veterans who need transportation within the county can use the Aging Office's transportation program for group shopping excursions (veterans 50 years and older or disabled) or other scheduled trips. The program is available without charge or at only a nominal fee.
- When veterans need to travel to VAMCs outside of Price County using the Aging Office's volunteer driver program, veterans may submit claims to VA's beneficiary travel program and receive reimbursement of 41.5 cents per mile. Veterans are billed monthly by the VSO for trips provided by COA's volunteer driver at a rate of 20 cents per mile. The Veterans Service Office pays an additional 30 cents per mile and reimburses the COA's volunteer drivers at the total rate of 50 cents per mile.

- Young or old veterans who are below the federal poverty level and do not receive beneficiary travel benefits are exempt from paying for their rides; the VSO pays the entire 50 cents per mile for them to the COA.

This volunteer-based program has advantages and disadvantages. Unlike scheduled group rides or fixed route schedule services, some volunteers are flexible with their hours and willing to drive on weekends and holidays if a trip is required. On the other hand, this service operates on a first-come first-served basis, meaning that some requests cannot be filled if all volunteers are busy at that time. Also, veterans who need accessible vehicles cannot be transported in volunteer drivers' vehicles.

Currently, 6 percent of the Aging Office's rides are for veterans. Transportation program staff indicate that open communication and coordination are essential. Communication among drivers, agencies, consumers, medical facilities, and even the police department is said to be vital in order to serve veterans with the trips that they need. The Price County transportation program acknowledges that their transportation program does more than transport people: transportation helps the veterans feel confident that they can get to their medical appointments.

Key Features

There is no public transportation in Price County and major destinations are several hours away. Too few veterans live in the county to sustain an independent transportation program. Through coordination and volunteer drivers, the Veterans Service Office and the Human Service Commission on Aging are collectively meeting the medical transportation needs of their rural veterans.

Des Moines Area Regional Transit (DART)

Description

DART is Des Moines, Iowa's transit service. DART provides more than 425,000 trips per year. DART's ADA complementary paratransit service, Bus Plus, transports about 20,000 passengers with disabilities annually. Iowa's veteran population accounts for almost 9 percent of Iowa's population and a large number of veterans in the Des Moines area depend on DART and Bus Plus to fulfill their local travel needs.

In 2005, the Veterans Administration announced that it would begin a 4-year phasing out of its services offered at its community-based outpatient clinic (CBOC) in Knoxville, Iowa, which is 32 miles southeast of Des Moines. DART officials realized that closing this facility might create serious hardships for some veterans who lived in the southeastern section of DART's service area and who depended on the services provided by the Knoxville medical facility.

To accommodate those veterans, DART provided enhanced transportation services to the VA Hospital in Des Moines for those veterans who had used the closed CBOC in Knoxville, providing continuity of care to those veterans. According to DART's Director of Paratransit Services, both DART and Bus Plus now transport large numbers of veterans on a daily basis. The Veterans Hospital is a major stop on both the DART and Bus Plus daily routes: in the past 12 months, there were 774 trips in and out of the VA Hospital in Des Moines using the Bus Plus paratransit service and an estimated 16,584 boardings and alightings at the hospital. (The latter figure may include non-veteran visitors to the hospital.)³⁹ This case should be seen as an example of a local transit authority ensuring that its services meet the needs of all of its citizens, including veterans, according to its official mission statement: "The Des Moines Area Regional Transit Authority (DART) will be a leader in improving Central Iowa citizens' quality of life by placing the customer first while providing safe, innovative, and efficient public transportation to the region."⁴⁰

Key Features

The urban-area public transit system enhanced their services to the VA hospital in Des Moines for veterans who had previously depended upon a medical facility that closed, ensuring that veterans could continue to access the health care treatments that they needed.

Iowa's Information Services for Veterans

Description

Iowa makes many attempts to reach out to veterans and provide them with information about services available to them. IOWA Workforce Development created a compressive guidebook titled

³⁹ Personal communication from DART's Director of Paratransit Services, November 23, 2010.

⁴⁰ Information from DART's web site. See <http://www.ridedart.com/overview-mission-statement.cfm>, accessed November 23, 2010.

“Iowa Veterans Benefits & Services: A Guide to Federal, State, and Local Veterans Programs.” This guidebook includes transportation information under supportive services. A recent event was the “All The Way Home Conference” for veterans, held in Dubuque, Iowa in April 2010. The All the Way Home organization, a Tri-State effort in the Midwest operating on behalf of the area’s veterans, was the sponsor of this regional conference. The event was designed to:

- Provide a forum for veterans and their families to access services available in Dubuque and the surrounding areas.
- Make information regarding these services available in one place.
- Provide an appropriate forum for the Dubuque community to thank veterans for their service.
- Offer information on these services and information in a casual atmosphere, reaching those veterans who normally would not seek services due to fear of stigma, as well as those who do not know where to get this information.

Though most veterans are aware of the medical benefits available to them, many are not aware of their transportation benefit and how to access this service. Iowa also offers vets rehabilitation and vocational training, and those services can be accessed via transportation. Outreach events like this conference make access to these services easier for our growing veteran population.

Key Features

Providing information about existing transportation benefits and services helps veterans continue to access their medical services and other important destinations.

The Olympic Peninsula, Washington

Description

The scenic Olympic Peninsula of Washington State is home to a growing population, including a large number of veterans who have chosen to retire in the area. In addition, there are many military bases throughout this geographically strategic location.

According to the Veterans Administration, approximately one⁴¹ out of every ten people⁴² who live in the state of Washington is a veteran. The total number of veterans in the state is approaching 700,000 and that number is sure to increase as members of the military who are currently residing in the Greater Seattle region decide to follow their predecessors and remain locally after completing their active duty. These Seattle-area veterans will require health care services and the region is certainly set up to offer those services, with a huge VA medical facility in Tacoma, smaller ones in the Seattle area, an affiliation with the University of Washington to provide specialty training to job-seeking veterans, and a variety of other outreach programs.

The Seattle region is famous for its bridges, and these structures play a critical role in connecting many parts of the region. The anticipated temporary closing of the bridge that is the primary link for travel between the Olympic Peninsula and the rest of the metropolitan area was expected to create serious traffic delays for mainland vehicles driving out to the Peninsula to pick up passengers, to deliver those passengers back to mainland destinations, and then to take the passengers back to the Peninsula. Vehicles operated by the DAV fit this description extremely well.

Sensing a looming problem for local veterans seeking medical care, Washington State DOT staff came up with a solution: let veterans heading to mainland services access the existing DOT-funded rural public transportation routes, which would then connect on the mainland with DAV vehicles which would supply the last link to VA medical facilities. In other words, existing public transit services provide feeder route to transport veterans living on the peninsula. A voucher-based subsidy was used to fund the transaction.

A win-win situation was created where a problem might have occurred. The state-funded vehicles did not have to change their operations to accommodate the veterans and the DAV vehicles were made more effective by eliminating a major part of their typical mileage and hours. Veterans seeking mainland health care services were not adversely impacted by the bridge closing; in many cases, veterans' transportation options actually improved. This effort to coordinate public transit and volunteer services could be duplicated in regions all across the country.

⁴¹ Department of Veterans Affairs.(2006). State Summary: Washington and the U.S. Department of Veterans Affairs. Available at <http://www.dva.wa.gov/PDF%20files/USDVAwastatesummary.pdf>, accessed on May 14, 2010.

⁴² U.S. Census Bureau (no dates) State and County Quick Facts available at <http://quickfacts.census.gov/qfd/states/53000.html>, accessed on May 5, 2010.

After the bridge repairs were completed, veteran ridership on the service started to decline. Some of the decline is thought to be attributable to the end of special assistance veterans received as part of the efforts to mitigate construction impacts. According to the feedback from veterans who used the coordinated transportation services, they appreciated additional help they received: for example, the coordination team assisted veterans who applied for voucher programs through the VA. When the construction mitigation program ceased, a group of stakeholders created a plan to use the local Non-Emergency Medical Transportation Broker as a Regional Mobility Manager for veterans' transportation and to add veterans to existing Medicaid trips.

Key Features

State DOT staff acted to provide public transportation services for veterans living at some distance from Seattle whose access to medical care was about to be compromised by bridge closures for repairs. Transportation services from locations on the Olympic Peninsula were provided to the mainland by rural public transit operators who link to DAV volunteer services on the mainland. This solution shortened the ride for veterans and relieved the DAV services of significant mileage requirements. Based on this short-term project, the regional leaders have begun working on broader transportation issues for veterans.

Houston and San Francisco

Description

Houston, Texas is the third-largest U.S. city in terms of population and has a service area of 1,285 square mile. The local transit system (METRO) has a daily ridership that exceeds 600,000 passengers. METRO's complementary ADA paratransit service, METROLift, has annual ridership of about 1.3 million. METROLift has innovative services in that, in addition to deploying a traditional paratransit service with large lift-equipped vehicles, they contract out a large portion of the METROLift service to a taxicab company, which, in turn, deploys a fleet of 160 wheelchair-accessible vehicles dedicated to this service.

The **San Francisco, California** Metropolitan Transit Authority (SFMTA) provides a variety of transportation services including municipal bus routes, known as the "MUNI," along with shuttles, vans, light rail, trolleys, and even cable cars. MUNI is one of America's oldest public transit agencies

(founded in 1912) and transports over 200 million riders per year. Like Houston, the local MTA offers complementary paratransit, known as ADA Access (for ambulatory persons) and Lift-Van (for persons who use wheelchairs). All are prescheduled, ADA-compliant van services providing door-to-door transportation. San Francisco's service area is much smaller than Houston's.

Key Features

An important element here is that public transit providers are offering discounted fares to veterans. While these cities are quite different geographically, they have many similarities in that they cater to veterans, and also to disabled passengers, including disabled veterans.

- Every transit vehicle in each city is wheelchair accessible. A wheelchair-bound passenger is able to access every vehicle provided by public transit in both cities. This access includes vans, shuttles, bus, and rail.
- In both cities, disabled veterans can apply to the transit system for reduced fares on the transit or paratransit services the veteran uses. After certification by the VA, the veterans receive ID cards designating them as eligible for these discounts.
- Both cities offer deep fare discounts to veterans who are more than 50 percent disabled (as certified by the VA). For example, according to transportation program staff, instead of paying a \$2.00 fare each way, a veteran might only pay \$0.75.
- Both cities provide service to all local VA medical facilities, including the local VA hospitals.
- Each city places a very large emphasis on wheelchair-accessible taxicabs. Houston, with close to 200 rear-entry minivan taxicabs, has the nation's largest supply of accessible cabs. San Francisco, with approximately 100 such vehicles, is second only to Houston.
- In each city, the paratransit services can be used by disabled veterans to travel to any location, VA related or not.

El Paso, Little Rock, and Indianapolis: Quality Economical Service through Contracting

Descriptions

El Paso, Texas. The VA Medical Center in El Paso, Texas receives quality transportation service for its patients at a fraction of the price being paid in other cities. A local transportation company provides transportation to the local VA with reliable service and at an economical price.

A number of factors should be considered to understand the success of this case. The first factor is that the City of El Paso regulates the local taxicab industry, but takes a broad view of the services taxicab companies can provide. While local cab companies are involved in paratransit and other forms of government contracting, El Paso does not mandate that all taxicab trips be conveyed at the metered rate. This means that agencies seeking nonemergency passenger transportation may accept proposals from taxicab companies to transport passengers at mileage rates; that is, fares are based upon a certain flat rate times the mileage for each trip.

El Paso's transit system has contracted for such services for years. The local ADA paratransit service, known as The Lift, regularly uses taxicabs in its service and pays a flat mileage rate to the contracted taxi company. Other El Paso contracting agencies use the same method, and the result is that most El Paso cab drivers are accustomed to being paid these flat rates. In most major cities in the United States, flat rating by taxicabs is not permitted by local regulators. This precludes the practice of accepting less than the metered fare by taxi cabs.

The second factor is that the core of Fort Bliss, the nation's second-largest Army post, is part of Greater El Paso in Texas. The base has a population of more than 8,000 people and is expanding its infrastructure. The base's population is expected to double or triple within just a few years. Fort Bliss has contracted with Sun City Cab of El Paso to transport passengers on request and serve the needs of the entire base for several years. Sun City Cab's contract includes transporting patients to and from the VA hospital and other VA medical locations. Many local government services are provided on the base or nearby: the local VA Hospital is located a short distance west of the entrance to Fort Bliss.

As is the case with El Paso's ADA paratransit contract, this Fort Bliss contract is established on a mileage basis. When transporting any Fort Bliss passenger, including those going to and from the VA Hospital, Sun City's taxicab drivers do not charge the metered fare (which would be much

higher) but rather calculate the trip fee based on a flat rate of \$1.50 per mile times the number of miles driven.

Taxicab customers in most American cities are used to paying several dollars per mile when the three components of the fare—initial meter drop charge, mileage, and waiting time—are factored in. The entire transaction is calculated automatically by the taximeter at the tariff set by the local taxicab regulators. Because, under Sun City’s contract there is no initial meter drop, no waiting time, and a discounted mileage fee, El Paso VA Hospital passengers are currently being transported at a rate that might be 50 percent less than a normal taxi fare would be in El Paso (or in most other American cities).

This combination of factors has resulted in a very good level of service and considerable passenger satisfaction. Because Fort Bliss as a whole is one of Sun City Cab’s largest accounts, and because its primarily catchment area is contiguous to El Paso’s business district, Sun City’s drivers are well positioned throughout the base and service to all base locations, including the VA Hospital, is usually quite prompt. Sun City Cab regularly dispatches demand-response calls to pick up veteran clients since a good percentage of the taxi fleet is on or near the base throughout the entire business day. Quality of service is important, and when combined with the above-stated cost savings, the El Paso example is a win-win situation for the VA and Sun City Cab.

Little Rock, Arkansas. The Central Arkansas Veterans Healthcare System (CAVHS) in Little Rock has established some transportation practices worthy of note. CAVHS contracts with Greater Little Rock Transportation Services, LLC (operator of Little Rock Yellow Cab and other services) to transport eligible patients as well as lab specimens and other items. Transportation services are generally provided between the Little Rock and North Little Rock VA campuses, to local shelters, and to homes when internal VA transportation resources are not available. Transportation services are available for patients who are ambulatory or who have folding wheelchairs and the patient can easily transfer to the seat of a vehicle. The longstanding relationship between the VA and the transportation company has created some excellent cost-savings practices. First, all local packages and specimens are conveyed at the same flat rate, regardless of the time or distance needed to complete the delivery. Second, the contract allows for standard rates for frequent destinations, such as shelters, bus stations, between VA campuses, and other specified destinations. Third, the cab service may be used for long-distance patient transport when VA transportation vans are not available. Costs are controlled on the occasional out-of-town trip by the transportation vendor pre-establishing the fare after calculating distance and rate via the company’s GPS-based computer dispatch program.

Indianapolis, Indiana. The Indianapolis VAMC contracts passenger transportation services to the Yellow Cab Company, which operates the largest private transportation fleet in the State of Indiana. Yellow Cab responds to all VA requests for both ambulatory and wheelchair accessible transportation. The VA benefits by Yellow Cab's experience, knowledge, expertise, and technological resources. Yellow Cab is a decades-old Indianapolis corporation with approximately 200 vehicles regularly dispersed through the metropolitan area. Yellow Cab's management team includes one manager dedicated to oversee the VA account on a daily basis. Their vehicles are all equipped with mobile computer dispatching and GPS-based vehicle locators. Yellow Cab has both pre-routing capabilities and also the ability to dispatch the closest vehicle to any VA demand response trip request. Furthermore, Yellow Cab has the ability to assign regular vehicles to regular geographic areas, which results in great familiarity between the VA's passengers and Yellow Cab's driver. This familiarity yields the desired result of providing the VA's riders with a high level of both customer service and overall satisfaction.

Key Features

El Paso, Little Rock, and Indianapolis each provide examples of how service contracts can be used to generate high-quality, cost-effective transportation services for veterans. All three cases involve contracts with local taxi operators that have devised special rate structures not based on taxi meter rates for the trips involving veterans. As professional transportation operators, these companies can offer trained dispatchers and drivers to fulfill trip requests; the companies also own and maintain their own vehicle fleets and have the experience needed to accommodate special mobility needs when such accommodations are necessary.

Coachella Valley, California

Description

The **Coachella Valley** is in the rural southeastern portion of Riverside County in Southern California. This area includes many retirees, and many of them are veterans.

The town of Palm Desert has a VA Medical Clinic, but the nearest VA hospital is nearly 60 miles away in the more urbanized portion of Riverside County. Despite this issue of distance, concerned

parties have always found a way to provide needed transportation services for veterans living in the Valley.

For many years, the SunLine Transit Agency of the Coachella Valley provided a shuttle bus which traveled to an urban MetroLink transit depot. Veterans riding that route would disembark at the VA Hospital. When SunLine cut back services and suspended that bus route 6 years ago, AMVETS Post 66 of San Bernardino initiated their own shuttle to replace the discontinued transit vehicle. This service is now operated through DAV vehicles and volunteer drivers.

In the Coachella Valley itself, disabled veterans can access the local paratransit program called Sun Dial and be transported to the VA Medical Clinic in Palm Desert. So whether the need is a local ride or a long-distance trip, the medical transportation needs of veterans living in Southern California's rural Coachella valley are being met.

Key Features

Local medical trips and other trips for disabled veterans are provided through the local public transit service. When the public transit agency suspended services for long-distance medical trips, AMVETS and DAV stepped up to continue that service. Sharing the responsibility for transporting veterans has allowed these veterans to maintain a relatively high level of mobility.

OVERALL OBSERVATIONS

Open Communication Between VAMCs and Transportation Providers Expands Options and Reduces Problems

Some of the examples of the positive results from open communication include the following:

- Clinical staff can do their best to minimize delays for treatment when they are informed which veterans use shared ride services to access their medical services.
- When county transportation providers let VAMC travel office employees know who their passengers are, VA travel office employees know which riders are eligible for VA's Beneficiary Travel reimbursement program.

- VAMC employees who arrange appointments for medical services can pay attention to the schedules offered by the transportation provider (for example, a once-a-week van ride from a particular community).

High Levels of Coordination Increase the Overall Level of Services

There are numerous examples of agencies serving veterans working with local transportation programs. In one community, a nonprofit VSO and a county-sponsored transportation program cover different VAMC locations, offer alternate ride schedules, or cover overflows. Their mutual agreement allows these agencies to assist each other's peak demands by offering resources and technical support to each other. In another state, the Department of Transportation integrated rural public transit services with DAV volunteer services. A local small-community transportation service helps the local DAV schedule their volunteer rides. In yet another instance, the local DAV chapter stepped in to provide services that the public transit agency could no longer provide because of funding cuts. Applying multiple coordination strategies to the same community can be even more cost-effective.

Qualified Volunteers Are Widely Used and Greatly Appreciated

Many veterans are serving other veterans by volunteering their time and support in positions such as volunteer drivers and hospital service coordinators at the VAMCs, both of which are critical roles in providing transportation for veterans to medical facilities. Veterans (who may or may not be retired) offer key support as volunteers for many tasks (but note that volunteer responsibilities may be limited by regulations or practices; one such limitation is that of not allowing volunteers to operate lift-equipped vehicles). The support and empathy that veterans give to other veterans should be understood as a great resource for improving the mobility of veterans.

Chapter 5

IMPROVING VETERANS’ MOBILITY: STRATEGIES FOR TRANSPORTATION PROVIDERS

This chapter provides strategies that transportation providers can use to improve veterans’ mobility, assessment tools for transportation providers and planners, and a travel options survey. Public transportation agencies, human service transportation program managers, and community transportation providers will find this information useful in understanding the mobility needs of veterans.

This chapter starts with a list of misconceptions concerning veterans’ mobility. If not understood, these misconceptions can stand in the way of implementing best practices. The next section of this chapter discusses strategies for transportation providers of different sizes and service types. This section is created for community transportation providers so that they can pick and choose strategies that are right for their programs and their communities. By answering questions in the needs assessment tool, transportation providers can evaluate veterans’ mobility needs in their areas

and review veterans' mobility issues as an opportunity for serving future markets. In addition to the worksheets in the form of tables, the report is also includes a self-assessment tool for transportation providers and program managers.

MISCONCEPTIONS CONCERNING VETERANS' MOBILITY AND THEIR TRANSPORTATION SERVICES

There are five key misconceptions about veterans' mobility and their transportation services.

1. Transportation programs offered through the Department of Veterans Affairs meet all the transportation needs of veterans.
2. Volunteer driver programs meet most of the mobility needs of veterans.
3. Community transportation providers reach out to the veterans' community to collaborate on transportation programs much like they work with groups representing older adults, individuals with disabilities, and low- income families.
4. Veterans must always be transported to medical facilities in small (or large) vehicles.
5. Veterans who cannot be treated in one VAMC must be transported to another VAMC and cannot be treated at a local non-VA site.

These misconceptions are discussed and clarified below.

Misconception # 1: Transportation Programs Offered Through the Department of Veterans Affairs Meet All the Transportation Needs of Veterans

Transportation programs affiliated with the Department of Veterans Affairs can only serve veterans with specific trip purposes and destinations. They primarily transport veterans to VAMCs or other veteran-related facilities but not to other destinations. There is a growing need for community transportation providers and professionals to work with veterans and to provide necessary trips to private doctors, social and recreational engagement, health and nutrition sites, and volunteer activities.

Misconception # 2: Volunteer Driver Programs Meet Most of the Mobility Needs of Veterans

Volunteer drivers affiliated with Veterans Service Organizations (VSOs) have been heavily involved in medical transportation. Voluntary Service Office within the Veterans Affairs reported that 10,000 volunteer drivers transported veterans to VAMCs nationwide. However, nearly all volunteer-based programs exclude accessible vehicles from their operations, meaning that veterans with high-level mobility needs may not be able to receive services through these programs. Veterans who require accessible vehicles for local trips and nonmedical trips could benefit from community transportation programs such as those provided by human service transportation agencies or local public paratransit services.

Misconception # 3: Community Transportation Providers Reach Out to the Veterans' Community to Collaborate on Transportation Programs Much Like They Work with Groups Representing Older Adults, Individuals with Disabilities, and Low-Income Families

Levels of collaboration and coordination between human service agencies and community transportation providers have increased substantially over the years. Different models have developed to make coordination cost-efficient and to avoid service duplication. Unlike other transportation-disadvantaged populations, veterans do not seem to be a primary service market for community transportation. Veterans, however, are very likely to experience mobility barriers similar to those of other high-need groups due to disability status, old age, or low income. Both community transportation programs and VSOs need to work together to devise transportation programs that are mutually beneficial to all parties. Community transportation programs can increase their volume of trips by serving veterans, thus increasing revenues, and VSOs can purchase professional transportation services, often with reduced fees due to economies of scale.

Misconception # 4: Veterans Must Always Be Transported to Medical Facilities in Small (or Large) Vehicles

Some persons may automatically associate medical transport with vans. That is a common practice. However, that might not be the most efficient way, especially if large numbers of veterans are traveling long distances together. On the other hand, larger vehicles are more expensive to acquire

and to maintain. If there is no compelling need for larger vehicles, one may consider using smaller vehicles. For instance, one VSO used a 15-passenger van and a 17-passenger bus when the average number of passengers per vehicle was 5. Other regions have hired taxicab companies to transport veterans individually. In some instances, they were able to reduce costs per trip and provide veterans with quality service; in other situations, transporting only one passenger at a time proved to be extremely expensive. There is no “one size fits all” solution to improving the mobility of veterans; each community should find the program that works best for them given existing needs, resources, and constraints.

Misconception # 5: Veterans Who Cannot Be Treated in One VAMC Must Be Transported to Another VAMC and Cannot Be Treated at a Local Non-VA Site

Veterans often have to travel long distances to get to the nearest VAMC from their homes, but the nearest VAMC may not offer the kinds of service veterans need. When veterans cannot get treatments from a nearby VAMC or other government facility, VHA may work with a non-VHA facility to treat veterans. One permissible occasion for such arrangement is when a VHA facility is not within reasonable geographic proximity. While it is unknown how frequently this practice occurs, it definitely saves transportation costs, especially for long-distance travel. The VA Medical Center in Indianapolis has developed a computer program that lists the kinds of care offered at VAMCs, CBOCs, and local community facilities. When scheduling medical trips, the VAMC will advise veterans of the closest facility that offers the medical care needed. If appropriate, the VAMC will coordinate with medical staff to arrange transportation associated with non-VA care or VA care that is close to the patient’s residence.

STRATEGIES FOR IMPROVING VETERANS’ MOBILITY

This section on strategies for improving mobility for veterans is intended for transportation professionals, including public or private providers, who currently work with veterans or who wish to establish a business relationship with the veterans’ community. Some strategies may only apply to certain types of transportation providers. Others, however, may be broadly applied to many providers. VSOs should also be aware of all of these strategies. The following pages discuss operational strategies and coordination strategies for community transportation providers.

Operational Strategies

Offer Reduced Fares for Veterans and Other Service Members

Some transit agencies offer free or reduced fares to veterans who ride fixed route services. The Bay Area Rapid Transit (BART) system in California allows active duty military personnel to ride free on BART, which helps veterans and creates good will.

Offer Flat-rate Rides for Veterans

Some transportation providers have established contracts with the local VAMCs. As part of their contractual work, transportation providers receive regular trip requests and are able to increase their overall volume of business. This enables them to offer flat-rate rides to veterans. For VAMCs, this kind of arrangement eliminates the unpredictability of billing for rides by other methods, and veterans continue to receive quality service. For example, Indianapolis Yellow Cab has a contract with its local VAMC under which the taxi drivers serve veterans with flat-rate fares.

Institute Competitive Contracting

VAMCs and VSOs that purchase transportation services from transportation providers may benefit from competitively bidding transportation services for veterans. Agencies serving veterans can decide what contractual mechanisms would work better for them—mileage-based, trip-based, hourly-based, or fixed rate are pricing options that trip purchasing agencies can adopt—and find vendor(s) that can work with the agency. Alternatively, instead of asking the vendors to bid on one particular payment method, veterans' agencies can be flexible about finding the best options for them by crafting requests for services that allow the vendor to propose different pricing mechanisms. In addition to pricing, trip purchasers may work with multiple vendors to create a competitive environment to ensure high-quality customer service.

Provide Dispatching Services for a Veterans Service Agency

Transit agencies or transportation vendors have professional dispatching capability. Other transportation providers may be able to offer rides but cannot keep up with in-house technology.

These small agencies could develop working relationships with transit agencies so that dispatching can be done by the experts. In a similar fashion, call center responsibilities could be fulfilled by an agency that has full-time staff devoted to that purpose.

VSOs Should Work with Other Agencies with Transportation Programs

Veterans' service organizations often provide many services other than transportation. Sometimes their organizational structure or scope of activities may not allow them to provide transportation for their veterans. However, they can work with other entities that have transportation components, which may include other VSOs, non-profits, and public or private transportation providers.

Provide Trips to Local VAMCs

Local transit and paratransit services can actively work with veteran communities. Significant numbers of paratransit riders might also be veterans; transit and paratransit services could provide trips to local VAMCs for veterans within the scope of their current services. In Iowa, a rural veterans' clinic was closed and veterans formerly using that clinic then needed to travel to Des Moines instead. Des Moines Area Regional Transit (DART) established a bus link directly from the closed medical clinic to the VAMC in Des Moines, providing rural veterans with continuity of care in the services they received. (See page 46 for more information.)

Provide Feeder Service to DAV Vans

Sometimes existing services need a little help in maintaining or improving services. In 2009, a Washington state bridge closure would have adversely affect DAV transportation programs accessing services in Seattle. The state DOT, working with local VAMC and DAV offices, devised a plan for veterans to access mainland services using existing DOT rural public transit routes which would link on the mainland with DAV vehicles which would transport veterans to the VAMC. A voucher-based subsidy was used to fund the transaction. The rural public transit services did not have to change their operation to accommodate veterans and the DAV vehicles were made more effective by eliminating a major part of their typical mileage. (See page 48 for more information.)

Offer Advance Scheduled Out-of-County Trips to VAMCs

Transit agencies are in a position to add one more service line as long as there are enough customers. The Ocean Ride transit service operates an advance scheduled service for veterans. Each day of the week, veterans can travel to specific out-of-county destinations on a specific schedule. This type of advanced scheduling allows the transit agency to offer trips beyond county lines and has been a great resource for veterans whose nearest VA medical care is outside of their county. (See page 43 for more information.)

Offer Assistance in Vehicle Acquisition

Public transit and other transportation agencies may be in a position to include VSOs in capital acquisition plans or to transfer older vehicles to VSOs. These actions could take a large responsibility from the VSOs and enable them to focus resources on other activities. Community transportation providers could assist VSOs by referring them to the National Rural Transit Assistance Program (National RTAP) and other transportation industry resources. One of National RTAP's recent publications is *How to Buy a Vehicle*; it contains a wealth of information about vehicles, relevant funding programs, and possible procurement programs.⁴³ Both VSOs and VAMCs should be seen as contact points for the distribution of such information.

Share Resources for Driver Training

Transit agencies can offer their driver training programs to other drivers from smaller agencies. Volunteer driver programs can exchange information on driver training and share training responsibility among them. VAMCs can send their drivers to one of the transit agencies or to medical transportation providers to get professional training for the drivers. This will save management's time spent on developing the training materials and actually training the drivers.

⁴³ See <http://www.nationalrtap.org/FeatureDetails.aspx.aspx?id=262&org=a2GSpnDbruI=>.

Target Marketing Efforts to Veterans

Sometimes veterans do not know what services are available to them, or they may be only aware of one service but not others. In order for veterans to learn about the existing transportation programs, transportation providers are encouraged to reach out to veterans' communities, to veterans' national/local events, and to work with veterans' organizations to get the words out.

Inform VSOs About FTA's Section 5310 Program

Veterans' organizations need to know about Federal Transit Administration's (FTA's) various programs, including the Section 5310 program that provides assistance for vehicle and other capital purchases for agencies (primarily nonprofit agencies) that serve seniors and persons with disabilities. This could serve as an additional source of capital funds for VSOs that are providing trips for veterans. One important proviso is that FTA funds are intended for the use of all riders, so that it would not be possible for the VSOs to restrict the use of the vehicles to veterans alone. (See also the Vehicle Acquisition section above.)

Coordination Strategies for Community Transportation Providers

Besides the operational strategies listed above, community transportation providers may need to adopt a variety of coordination strategies if they are interested in greater levels of coordination with agencies that are now offering transportation services to veterans. The following strategies are suggested for improving coordination:

- **Be proactive:** Get to know the veterans' agencies and providers in your community. Gather information and research the operations of these organizations.
- **See where you can assist:** If you offer to help solve problems rather than take over services, your efforts are likely to be more successful. Focus on several key issues:
 - Veterans with mobility disabilities: Current veterans' transportation services tend to focus on ambulatory riders; veterans with special travel needs can benefit from public transportation services.
 - Long-distance trips: Particularly in rural areas, long-distance trips can be a challenge for any transportation provider. The coordination of long-distance trips could serve the public and veterans at the same time, greatly enhancing the cost-effectiveness of both operations.

- Scheduling trips: Most VSOs are unfamiliar with current paratransit dispatching and scheduling software and could benefit from assistance with these tasks.
- **Help train, maintain, and facilitate:** This assistance includes training drivers and dispatchers, maintaining vehicles, and facilitating scheduling and transportation information dissemination.
- **Coordinate transportation with medical schedulers and Hospital Service Coordinators:** Persons who schedule medical appointments do not necessarily perceive transportation problems when they set up appointments. Especially if transportation resources are limited, work with medical schedulers to ensure that all resources are used cost-effectively.
- **Develop plans that include all transportation modes and providers, including volunteer services:** A large current strength of veterans' transportation services are the efforts they receive from volunteer drivers. These volunteers are crucial to maintaining cost-effective transportation services. Work closely with them; they may be able to help you too.
- **Include veterans in the planning process for future transportation services:** Veterans and their service organizations have significant transportation needs and can offer substantial inputs into future plans.

ASSESSMENT TOOLS FOR TRANSPORTATION PROVIDERS AND PLANNERS

Local transportation providers and planners need to be able to assess their status and options with respect to improving the mobility of veterans. The classic planning process is one of assembling stakeholders, establishing mutual goals and objectives, gathering data, assessing needs, designing options, choosing and implementing the most attractive options, and then evaluating the results of those actions that were implemented in terms of the stated goals and objectives. Each of these steps should be conducted in a rigorous and in-depth fashion.

This section presents some of the tools needed for gathering information to develop a coordinated transportation services plan focused on improving the mobility of veterans: a Needs Assessment Tool and a Travel Options Inventory. These tools are both intended to (a) identify current strengths and weaknesses in local transportation services for veterans and (b) suggest options for improved services and enhanced mobility. While these tools are directed at local transportation providers and human service agencies, these organizations will certainly need to contact individual veterans to obtain some if not all of the information required. In fact, a local veterans' organization could be responsible for obtaining this information to improve response rates from veterans. To ensure that

transportation services plans are responsive to the needs of local veterans, a separate needs assessment should be conducted among the local veterans themselves.

It should be recognized that the tools shown here, in their current form, represent just the beginning of a serious effort to engage a wide range of community stakeholders—all typical transportation stakeholders plus veterans and their representatives—in serious professional efforts to improve the mobility of veterans within a given locality. Much more work will be needed to develop a truly comprehensive transportation planning process for meeting veterans’ transportation needs. The work needed for developing a comprehensive transportation planning process involving veterans is described in the following chapter.

Needs Assessment Tool

The Needs Assessment Tool is a short questionnaire that asks for information about local transportation services for veterans and also asks how the agency completing the survey interacts with veterans’ mobility efforts. The short exercise of completing this information lays the groundwork for the next steps, those that involve potential community partners acting to identify collaborative strategies that they might jointly implement to improve services to their veterans.

The questionnaire shown in Table 3 was created for community transportation providers, human service transportation program managers, or others who would like to expand their transportation services to the veterans’ community. The questions and statements below allow transportation professionals to assess where they stand in terms of involvement with veterans’ transportation. Based on the self-assessment results, transportation professionals can become aware of the strengths and weaknesses of their programs and may come up with strategies on how to more effectively market their services to veterans.

Target Users: Transportation providers and human service agency program managers

Purpose: To begin an assessment of veterans’ mobility need in the region

Expected Outcome: Estimation of new market segment and key contacts identified

Instructions: This assessment is to be completed by agency personnel who are experienced in program management and planning. Information may come from agency records or public records. The questionnaire may also require inquiries directed to other community leaders. Each assessment item includes sources for information.

Table 3:

VETERANS' MOBILITY NEEDS ASSESSMENT TOOL

**What Are the Mobility Needs of Veterans in Your Area?
How Can You Be Involved in Veterans' Transportation?**

1) _____ (percent) of our registered riders are veterans.

[Look up this information from the agency database. If your agency does not track veteran status, please consider adding this item to your client database]

Where do they reside geographically? _____
[Names of neighborhoods, cities or counties]

2) _____ (percent) of residents in our service area are veterans.

Where do they reside geographically? _____
[Names of neighborhoods, cities or counties]

[You may contact your local Veterans Service Organizations or Veterans Service Commissions for the above information. U.S. Census data may also be available.]

3) _____, _____, and _____ (types of destinations) are the places to which veterans frequently request rides and we provide these rides to them.

4) _____, _____, and _____ (types of destinations) are the places to which veterans frequently request rides but we do not currently provide these rides to them.

5) Serving veterans' trip requests are different from other riders' requests because:

a) _____

b) _____

c) _____

6) Serving veterans' trip requests are similar to riders from other groups because:

a) _____

b) _____

c) _____

Table 3 (continued)

-
- 7) Name the agencies, advocacy groups, or facilities that work with veterans in your region.
 - a) _____ (Names)
 - b) We receive referrals from _____
 - c) We refer veterans to _____
 - d) We would like to establish relationships with _____
 - 8) What additional requirements do you have to meet to earn business with the veterans' community?
 - 9) What kind of help do you need to establish a working relationship with veterans' community?
 - 10) What types of new funding are you likely to get as a result of working with the veterans community?
 - 11) By how much are you likely to increase revenue or save costs by working with veterans' community?
 - 12) By how much are you likely to decrease revenue or increase costs by working with veterans' community?
 - 13) How do you plan to reach out to the veterans' community?
 - 14) What are your agency's goals in terms of serving the mobility needs of veterans? Short-term goals? Long-term goals?
-

The Travel Options Inventory

The Travel Options Inventory is presented in Tables 4 and 5. They have been created to enable transportation providers and planners to first record, in a bit more detail, what is currently being done to improve the mobility of veterans. The second step would be to look at the empty cells that represent what is not being done at this time but what could also be considered for further action based on strategies successfully applied in other communities.

The worksheets in Tables 4 and 5 list nine different types of transportation providers, ranging from large-city transit agencies to nonprofits and other agencies. These tables also list strategies (described above) that transportation providers and VSOs can adopt to improve the mobility of veterans. Table 4 identifies the kinds of strategies that can be used to improve the mobility of individual veterans. This table is probably best filled out on a community-wide basis with entries for all transportation providers in the community.

Table 5 illustrates some options for expanding transportation services to veterans. These ideas suggest how transportation providers might reach out to veterans and build a larger customer base. Transportation providers should find the types of agencies they represent from one of the nine columns and then review each row to see if they are doing all that they could be doing for veterans. This table is probably best filled out on a provider by provider basis.

Note that, in order to ensure that transportation services plans are responsive to the needs of local veterans, a separate needs assessment should be conducted among the local veterans themselves.

SUMMARY

Community transportation providers who are interested in enhancing the mobility of veterans should use the information in this chapter. In order to enhance veterans' mobility, transportation providers need to understand which current perceptions concerning veterans' transportation are valid and which are not. After that step, the strategies that have been shown to be effective at other sites should be closely examined. To constructively apply strategies that have been effective elsewhere, it is important to have a full understanding of local resources and programs. Tables 3 through 5 describe how to collect information that will help to enhance trips for veterans and build connections with organizations now serving veterans.

Chapter 6

NEXT STEPS

This research project presents a much more complete picture of veterans' mobility than had previously existed. Still, there are many issues left to be explored or explored in greater depth. This chapter discusses those issues.

AN IMPORTANT PRECURSOR

The VA has recently increased its attention to transportation services for veterans by establishing a Veterans Transportation Service (VTS) in the Chief Business Office of the Veterans Health Administration and staffing that group. VTS is implementing a transportation initiative that currently supports four pilot demonstration sites and plans to add 22 more sites in FY 2010.

These are significant steps because, as shown in the many cases in previous chapters, substantial achievements—including increases in the volume of trips and the cost-effectiveness of those trips—can be achieved when VSOs and community transportation providers coordinate their efforts. In communities where substantial coordination exists, duplicative operational, administrative, and capital expenses are unnecessary and higher-quality services to veterans are provided more promptly

and to a wider range of destinations. In many instances, transportation services for veterans need not be provided in a separate and distinct manner from those transportation services being provided to other riders, including the elderly, persons with disabilities, and members of the general public.

CONDUCT IN-DEPTH CASE STUDIES

The case studies that are included in this report should represent thumbnail sketches of sites that deserve substantially greater attention. In addition, there certainly are other sites that deserve case study attention. The new case studies should involve a much greater depth of information, focusing on specific details of costs and outcomes. In-depth visits to a dozen or more sites should be planned. A common framework for examining and reporting on programs involving mobility improvements for veterans should be established for all case studies, including:

- History: when started, by whom, including which stakeholders
- Local goals and objectives
- Current transportation operations: days, times, origins, destinations, trip purposes, wheelchair accessible transportation provided or not, funding sources (including detailed descriptions of who pays for what), and total dollar costs expressed in a common framework of detailed expense categories⁴⁴
- Outputs: numbers of trips, miles, hours of service, persons served by type and number
- Rider inputs regarding service quality
- Special features (if any): volunteers, special services, unusual funding sources
- Outcomes: impacts on veterans' lives, other community impacts
- Unmet goals and planned improvements
- Transferability of the lessons of each particular case study to other sites.

A key focal point of future efforts should be that of explaining factors that influence the relative levels of success or the factors that inhibit successes. Another focal point should be that of providing sufficiently detailed information to ensure the replicability in other communities of successful innovations that improve the mobility of veterans.

⁴⁴ The required level of cost details is shown in Burkhardt, J., et al. (2011). *TCRP Report 144: Sharing the Costs of Human Services Transportation*, Transit Cooperative Research Program, Transportation Research Board, The National Academies, Washington, DC.

DEVELOP A MODEL TRANSPORTATION PLANNING PROCESS FOR IMPROVING THE MOBILITY OF VETERANS

There is a strong need for a “how-to” toolkit describing how communities could implement improvements to the mobility of veterans. This report has described very different instances of transportation services that improve the mobility of veterans; a number of these services can be described as “home grown” operations that fulfill obvious transportation needs but might have been even more effective had they followed widely used planning tools and practices. This report has provided (in Chapter 5) some initial data collection tools that are needed to start the transportation planning process, but much more work needs to be done in the area of developing a model transportation planning process for improving the mobility of veterans.

Whenever a need to engage in new ventures presents itself, planning is critical. The toolkit would describe what steps to take, who to involve, and the results that are needed. Instructions have been developed for each of the implementation steps below for coordinated transportation planning,⁴⁵ but previous efforts have not included techniques for involving VA or VSOs. This needs to be done.

The generally recommended implementation steps⁴⁶ are as follows:

- **Step # 1—Initiate the Improvement Process.** Form a task force or steering committee and decide to move forward.
- **Step # 2—Analyze Existing Conditions.** Understand issues, needs, and circumstances, and define local conditions.
- **Step # 3—Establish Focus, Consensus, and Direction.** Agree on the problem, develop a consensus, and set a direction.
- **Step # 4—Design Alternative Courses of Action.** Develop alternative coordination strategies.
- **Step # 5—Assess Alternative Options.** Evaluate the alternatives and select the coordination option to implement.
- **Step # 6—Implement the Preferred Choice.** Formulate action plans and implement coordinated transportation services.
- **Step # 7—Evaluate and Improve the System(s) Implemented.** Review and evaluate progress.

⁴⁵ Burkhardt, J., Nelson, C.A., Murray, G., and Koffman, D. (2004). *TCRP Report 101: Toolkit for Rural Community Coordinated Transportation Services*, Transit Cooperative Research Program, Transportation Research Board, Washington, DC.

⁴⁶ Ibid.

The toolkit for expanding mobility options for veterans would describe how to bring local agencies and organizations together to develop and implement a comprehensive veterans' transportation services plan. "Comprehensive veterans' transportation services" means a network of transportation services responsive to veterans' needs, not only for transportation to medical appointments and other health care services, but also to jobs, shopping, community services, and all other transportation needed to ensure the full integration of veterans, especially those who are disabled, into their communities.

The toolkit should describe options for a lead agency or organization that will take the lead to invite potential partners (both public- and private-sector agencies and organizations) to the table, including veterans themselves, to brainstorm and negotiate about how these transportation needs can be met. The toolkit would also describe the role of the focal point agency as the convener of a dialogue among these community agencies on how to meet the transportation needs of local veterans and as the facilitator of a collaborative process in which these agencies develop a comprehensive local transportation services plan for veterans that they will jointly implement. The comprehensive transportation services plan should spell out all the resources each of the local community partners has committed to enhance transportation opportunities for veterans, as well as the specific actions each will take individually and in collaboration with other local partners to implement the plan.

ASSESS TRANSPORTATION NEEDS OF SPECIAL GROUPS OF VETERANS

Much more research needs to be done on the transportation needs of a number of special veteran groups: this work should start with women and tribal veterans. There may be some results from the 2009 National Survey of Veterans that would help point to specific concerns or communities with specific concerns but, as noted in Chapter 1, there are some serious limitations regarding the breadth of data from that survey. A national survey of transportation issues faced by veterans would be an extremely effective resource for contrasting transportation needs of veterans in general with specific travel needs of veterans who are female or tribal members. Access issues involving all types of destinations, not just those destinations involving medical care.

DEVELOP PROGRAM EVALUATION TOOLS FOR VSO TRANSPORTATION PROGRAMS

VSO transportation program managers need appropriate metrics so that they can measure their own programs in a numeric format. They need to know what questions to address, what kind of data to collect, what kinds of analyses to perform, and what kinds of reports to submit. While such procedures are well-established in the transportation community, someone from outside the transportation profession may find it difficult to obtain or understand some of these materials. A handbook of such materials should be developed especially for veterans' service organizations. For example, information presented in *TCRP Report 144*⁴⁷ on generating accurate reports of transportation costs and services, which are needed for equitable cost sharing among multiple transportation providers, could be summarized for veterans' service organizations.

SUMMARIZE LESSONS LEARNED FROM VA TRANSPORTATION DEMONSTRATION PROJECTS

A key next step would be to disseminate the findings from VTS's transportation demonstration projects to the rest of the transportation community as they become available in the next several years. To the extent that these projects demonstrate innovative approaches to meeting the mobility needs of veterans, the lessons that they describe should be widely demonstrated. It is important to remember that VTS's demonstration projects currently focus on improvements to the access to medical care by veterans; to date, they generally exclude other trip purposes.

STUDY VETERANS' TRANSPORTATION PROGRAMS IN OTHER COUNTRIES

Some people believe that transportation services for veterans in the United States could be improved by studying transportation systems for veterans in other countries. Turkey and Israel have been mentioned several times as countries that have particularly effective transportation programs for their veterans of military service.

⁴⁷ Ibid.

Chapter 7

CONCLUSION

At the time of this writing (2010), the issue of mobility for our veterans is characterized by

- A large number of veterans with substantial transportation needs,
- VA transportation expenses that are rapidly approaching \$1 billion per year, and
- Numerous opportunities for improvements.

The Department of Veterans Affairs offers some trips, primarily for medical purposes, to veterans who meet certain qualifications including degree of impairment, length of service, and financial status; veterans need other non-VA means of transportation for other (nonmedical) trips. VHA's costs for medical transportation have quintupled since FY 2001; its current costs of approximately \$750 million per year make its Beneficiary Travel program the third-largest federal program for persons with special travel needs. VBA's Automobile Assistance program currently adds about another \$66 million per year to VA's total expenses for transportation for veterans.

A number of innovative community efforts for mobility improvements offer inspiration for possible approaches for large mobility improvements elsewhere. These efforts include special fares for veterans, joint dispatching, service contracts, feeder services, sharing vehicles, training drivers, and

others. Above all, community transportation providers will need to be proactive in reaching out to veterans' organizations if significant improvements in coordination with veterans' transportation programs are to be achieved.

To improve the mobility of veterans, broad scale, long-term efforts will be needed from key stakeholders at all levels: local, state, and federal. The continued involvement of relevant federal agencies is suggested. The new attention of the Coordinating Council on Access and Mobility to the issue of improving mobility for veterans is beneficial. States and localities can assist by supporting and expanding the kinds of innovative programs already under way.

More immediate improvements can be initiated and implemented by local transportation providers. Instances of coordination of transportation services between community transportation providers and VA or VSOs are extremely limited at this time; where they do occur, they suggest the possibility of substantial benefits for all parties. There are significant opportunities for community transportation providers to increase their services to veterans, a market segment that they now seldom serve, and there are substantial opportunities for the VA and other groups serving veterans to increase the cost-effectiveness of their services. All of these improvements could substantially increase the mobility of veterans.

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Appendix A

VHA'S BENEFICIARY TRAVEL PROGRAM: FREQUENTLY ASKED QUESTIONS⁴⁸

- **Who is eligible for travel?**

Veterans rated 30 percent or more SC for travel relating to any condition

Veterans rated less than 30 percent for travel relating to their SC condition

Veterans receiving VA pension benefits for all conditions

Veterans with annual income below the maximum applicable annual rate of pension for all conditions

Veterans who can present clear evidence that they are unable to defray the cost of travel

Veterans traveling in relation to a Compensation and Pension (C&P) Examination

Certain veterans in certain emergency situations

Certain nonveterans when related to care of a veteran (attendants and donors)

Beneficiaries of other Federal agencies (when authorized by that agency)

Allied Beneficiaries (when authorized by appropriate foreign government agency)

- **Are OEF/OIF veterans, combat veterans, spinal cord injury (SCI) or any other "special" group of veterans eligible for travel based upon their inclusion in that group?**

With the exception of veterans traveling to a VA or VA authorized transplant center in relation to VA transplant care, veterans in a "special" group are not eligible for VA travel benefits based solely on their inclusion that group. "Special" group" veterans must meet travel eligibility criteria in the same manner as any other veteran.

⁴⁸ This section, reproduced from the Veterans Health Administration's web site, describes the medical transportation services and assistance provided by VHA to veterans and provides links to authorizing legislation and regulations. The title of this web page is "VA Health Care Eligibility & Enrollment: Beneficiary Travel Frequently Asked Questions (FAQs)." See <http://www4.va.gov/healtheligibility/Library/FAQs/BeneTravelFAQ.asp>, accessed December 9, 2009.

- **What travel can the Department of Veterans Affairs (VA) provide?**

VA has authority to provide eligible beneficiaries reimbursement for mileage, special mode of transportation (when medically justified by a VA health care provider), and in certain circumstances, taxi or hired car.

- **What are current mileage rates for travel? Why are rates different for veterans and VA employees?**

Effective November 17, 2008 VA reimburses 41.5 cents per mile for ALL veteran travel, including C&P exams and when VA has determined that a deficiency lab, EKG, x-ray etc. exists in relation to a C&P exam (“Convenience of the Government”).

Mileage rates for veterans and VA employees are determined under separate authorities and take different criteria under account. Title 38 United States Code (U.S.C.) 111 and 38 Code of Federal Regulations (C.F.R.) 70.1 – 70.50 are the authorities for Beneficiary Travel. 41 C.F.R. Chapter 301 provides guidance for employee travel.

- **Can mileage reimbursement or special mode transport be withheld from a travel eligible veteran?**

Travel benefits may be withheld when it is clinically determined that travel allowance would be counterproductive to care, treatment, or therapy being provided and such determination is recorded in the patient’s medical record. In addition, the chief of the service or a designee must review and approve the determination in writing in the patient’s medical record.

- **What are the deductible amounts? Is the monthly deductible cap for each facility or is it for travel to all VA facilities for health care? Who is required to pay the deductible?**

Public Law 110-387 required VA to reduce (and freeze) the deductible amounts to those originally specified in 38 U.S.C. § 111(c)(5). Therefore, effective January 9, 2009 the Beneficiary Travel deductible was reduced to \$3.00 per one way trip; \$6.00 for a round trip; with a maximum deductible of \$18.00 per calendar month. The \$18.00 is the total monthly deductible amount for travel to all VA facilities. Regardless of the deductible amount withheld per trip, deductible requirements end after 6 one-way (3 round) trips in a calendar month. Should a veteran be going to multiple VA

facilities, and the veteran notes this when applying for Travel reimbursement, it is incumbent upon the facility providing the care and travel to contact any other VA facilities to determine if the deductible has been met.

The only exemptions to the deductible are:

Veterans traveling in conjunction with a C&P examination,

Nonveteran donors,

Veterans requiring a special mode of transportation, and

When it is determined that the imposition of the deductible would cause a severe financial hardship (see “Waivers”).

All other eligible veterans, including those receiving care for service connected conditions, are required to have the deductible applied.

- **Who is eligible for a waiver? How do you determine if a veteran is eligible for the waiver?**

Waivers of the deductible can be made when the deductible causes a “severe financial hardship” to the veteran. Per 38 CFR § 70.31(c), a severe financial hardship occurs when the veteran is in receipt of a VA pension; his or her income for the year prior to application, or projected income for the year of application (current year) does not exceed the appropriate VA pension level; or in the case of an SC veteran, income is at or below the appropriate “Means Test” thresholds for the year prior to application or projected for the year of application.

- **How is it determined that a veteran requires “Special Mode” transportation? What eligibility requirements must be met?**

Special mode of transportation includes ambulance, ambulette, air ambulance, wheelchair van, and other modes which are specially designed to transport certain disabled individuals. Special mode DOES NOT include public transportation such as taxi, bus, subway, train, airplane, or privately owned conveyance with special adaptive equipment and/or capable of transporting disabled persons.

In order to be eligible for special mode of transportation, two criteria must be met. The veteran first has to be administratively eligible for transport at VA expense. This includes meeting the basic criteria, as well as being “unable to defray the expenses of travel” as defined in 38 CFR 70.10 (c). Unless these criteria are met the veteran is not eligible for special mode of transportation.

Once administrative eligibility is established, a VA clinician must then determine that a special mode of transportation is medically required to transport the veteran for VA health care. Unless one of the forms of special mode of transportation is required and documented as such, this method of transportation is inappropriate. Should it be clinically determined at one VA facility that such transportation is required, this should be accepted at all VA facilities, unless there is reason to think a veteran’s condition may have changed. Local procedures should be established to determine special mode requirements, as well as communication guidelines to other VA facilities when it is necessary to send veterans with this requirement to Tertiary Care, other VA facilities, or non-VA providers for treatment.

- **How much discretion does a facility have if a veteran does not meet eligibility standards and extenuating circumstances exist?**

There is no authority to provide transportation at VA expense for veterans who do not meet eligibility requirements, except in the case of Organ Transplants (VHA Directive 2001-027).

- **Is there anything we can do to obtain travel for ineligible beneficiaries?**

When a veteran does not meet eligibility for Beneficiary Travel, other sources, including the DAV network, family and community should be aggressively pursued.

VA Form 3068, “Reduced Rate transportation” is also available for field use. This form can be presented to transportation carriers for possible reduced rates for veterans needing to travel in relation to VA health care. It is mainly used for bus transportation; however it may be accepted by other carriers. In addition, VA facilities should be pro-active in assisting the veteran explore possible VA options that would give him/her eligibility for Beneficiary Travel.

These include:

Service Connection

- Is the veteran potentially eligible? Refer to the Directory of Veterans Service Organizations, a VBA Representative, your Regional Office, or the VA web site.

A&A/Housebound

- For veterans not receiving these benefits, is their income at or below the income thresholds for these benefits? VHA Directive 2004-026, “Income Thresholds Used in Identifying Veterans Exempt from Extended Care Service and Outpatient Medication Copayment and in Determining Eligibility for Beneficiary Travel” provides details on how veterans not receiving A&A/housebound may still be determined eligible for Beneficiary Travel.

“Hardship” review

- Is veteran unable to pay the cost of their transportation?
- Has veteran lost their job?
- Does it appear that their future income will be less?

- **Does VA have authority to provide transportation for Fee Basis or visits when an eligible veteran chooses to use private health insurance to pay for care?**

VA has authority to pay for transportation of veterans traveling to VA authorized non-VA health care when a deductible (if applicable) is met. If VA is **not** paying for the care, travel at VA expense will not be provided.

- **What if a veteran chooses to go to his “preferred” facility instead of the closest VA facility that can provide the care?**

Veterans have the choice to go to any VA facility they choose for care. However, travel can only be authorized to the nearest facility that can provide the needed care. Therefore, should a veteran choose to go to another facility than that closest to his home, they are responsible for any costs beyond that for transportation to the nearest facility. This includes mileage and special mode of transportation.

- **How do we determine mileage for reimbursement purposes?**

VA has not established use of a single reference. Mileage can be determined using authoritative guidance such as Rand McNally or MapQuest; or zip code to zip code as determined at the local VA health care facility, whichever gives the greater benefit to the veteran.

- **What if a veteran has a PO Box and physically lives elsewhere?**

Beneficiary Travel is intended to assist veterans with transportation from their place of residence to the VA health care facility that can provide the needed care. With the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) veterans now have the option of having their official mail sent to any place they choose. However, this does not imply that Travel should be paid from that point. Similarly, a veteran's home address could be in another state but he or she is currently staying in the area. Therefore, travel should not necessarily be paid from the distant address. In order to determine appropriate travel reimbursement it is necessary that a veteran establish a current place of residence. A veteran may be asked to provide documentation establishing their address. Should a veteran refuse to provide this information, they are only authorized travel to the nearest VA facility that can provide the required care, not necessarily where the veteran chooses to seek care or treatment. If another VA facility is closer to the veteran's actual residence and that VA facility can provide the care, then Travel reimbursement will only be to that point.

- **Which facility is responsible for travel when a veteran is referred to a Tertiary Care facility, or another facility that can provide the needed care on an outpatient basis? For inpatient treatment? What about veterans who do not meet eligibility criteria?**

For outpatient treatment, the VA facility that is providing the care, or in the case of non-VA care, the facility that authorizes the care is responsible for arranging and providing travel to eligible veterans. Therefore, should a VA facility refer a veteran to another VA facility for care, the second facility is responsible for providing travel, as they will be providing the care (as well as authorizing it). For non-VA (FEE Basis) care, the VA facility that authorizes and pays for the treatment is responsible for travel.

When it is necessary to transport an inpatient between VA facilities (Interfacility Travel), the releasing VA facility is responsible for travel. Therefore, the initial transportation will be the

responsibility of the first facility, and return transport is the responsibility of the second facility. The only exceptions to these rules are for transportation in relation to VA transplant care and for transportation to a VA Parkinson's Disease, Research, Education and Clinical Centers (PADRECCs). In such cases, the referring facility is responsible for round-trip transportation for either inpatient or outpatient care.

- **Who is responsible for transport of veterans in a community nursing home (CNH)?**

For veterans in a CNH at VA expense, the placing VA facility is responsible for travel. Should a CNH veteran be placed in another VA Clinic of Jurisdiction (COJ), the initial placing facility will be responsible for travel (and CNH payment) for the first 90 days. After that time, the receiving COJ will be responsible for costs incurred, including travel for VA placement of the veteran. Veterans in a CNH at private expense must meet eligibility requirements for VA payment of non-VA emergency care as well as Beneficiary Travel in order to receive transport at VA expense.

- **What authority does VA have to transport veterans in emergency situations?**

Transport from a VA facility to a community facility for emergency treatment: When a veteran develops an emergency while receiving care at a VA facility and the facility cannot provide the needed care, transport to a community provider and back to the VA facility can be authorized at VA expense in accordance with 38 U.S.C. § 1703(a)(3), regardless of the veteran's Beneficiary Travel eligibility.

Transport from any point other than a VA facility to a community facility for emergency treatment: If the emergency episode of care is approved for VA payment, then transport from the point of emergency to the non-VA facility can be authorized at VA expense. However, once medically stabilized at the community provider, the veteran must meet Beneficiary Travel and medical eligibility criteria for further transportation at VA expense.

- **Can VA pay for transport of an attendant, donor, or other non-veteran?**

VA has the authority to pay for transportation and associated incidental costs (lodging, food, etc.) at VA expense of certain non-veterans when:

It is clinically determined by a VA provider that due to the veterans mental or physical condition that an attendant is required when transporting the veteran, or

The nonveteran is the donor or potential donor of tissue, organ, or parts to a veteran receiving VA, or VA authorized non-VA health care, or

In the case of an Allied Beneficiary, travel and reimbursement has been authorized by the appropriate foreign government agency, or

Travel and reimbursement is authorized by another Federal agency when VA care is provided to a beneficiary of that agency.

- **Is VA required to pay for lodging and meals associated with VA travel?**

VA may provide reimbursement for the actual cost up to 50 percent of the government employee rate for meals and/or lodging, when appropriate. The need for such costs should be determined on a case-by-case basis and based upon the veteran's medical condition, distance required to travel, and any other extenuating circumstances. Such items should be requested and authorized in advance of travel. Reimbursement should not be provided solely because the veteran chooses to stop or take a less direct route to the VA facility.

- **Does VA have authority to pay ferry fares; bridge, road, and tunnel tolls; luggage fares; or parking in association with VA travel?**

Reimbursement for these and/or other accessories of travel may be provided upon presentation of an appropriate receipt. The beneficiary should be informed prior to their travel to save their receipts.

They should also be informed of any travel restrictions (e.g., amount of luggage authorized).

Reimbursement is based on a case-by-case basis and the individual needs and condition of the beneficiary.

- **Does VA have authority to transfer veterans to where they “grew up”, or where their family resides?**

VA has limited authority to provide travel for such requests. Such transport may be approved for travel eligible veterans if the cost to the government is less than to the originating home of record. Otherwise, only veterans receiving inpatient care at a VA facility, or non-VA facility at VA expense, in a terminal condition (estimated less than 6 months to live) can be transferred to a suitable health care facility in area other than where they lived upon entering the VA facility. In addition, such transfer can occur only from one VA facility to another, or when VA is paying for care at a non-VA facility, and future care will be at VA expense. Veterans receiving care on an outpatient basis are not eligible for such transportation.

- **How should travel be determined if a veteran changes residence while undergoing VA health care, especially if they are an inpatient?**

If the beneficiary’s residence changed while receiving care or services, payment for the return trip will be for travel to the new residence except that payment may not exceed the amount that would be allowed from the facility where the care or services could have been provided that is nearest to the new residence.

For example, if during a period of care or services in Baltimore, a beneficiary changed his or her address to Detroit, payment for the return trip would be limited to that allowed for traveling to the new residence from the nearest facility to the new residence in Detroit where the care or services could have been provided.

- **How should Beneficiary Travel at CBOCs or other outlying VA facilities be handled when there isn’t a Travel Office or agent cashier agent cashier on station?**

Each “parent” facility must develop local guidelines in order to provide Beneficiary Travel benefits to eligible veterans at remote facilities under their jurisdiction. These must include procedures to capture appropriate documents and signatures in order to meet the requirements of the program as well as those of other involved services (e.g., Fiscal).

- **How long do beneficiaries have to submit a claim for travel?**

Without a Special Mode of Transportation:

A claimant must apply either in person or in writing for payment of Beneficiary Travel within 30 calendar days after completing travel that does not include a special mode of transportation.

With a Special Mode of Transportation:

For Beneficiary Travel that includes a special mode of transportation, a claimant must apply for payment of Beneficiary Travel and obtain approval from VA prior to travel.

Emergency treatment:

If there has been an emergency treatment and the claimant applies for payment of Beneficiary Travel (without prior approval) within 30 calendar days after the travel is completed, the application will be considered timely submitted.

Eligible within 30 days of travel:

If a person becomes eligible for Beneficiary Travel after the travel takes place, payment may be made if the person applies for travel benefits within 30 days of the date when the person became eligible for travel benefits.

NOTE: The date of an application for Beneficiary Travel is the postmark date, if mailed; or the date of submission if hand delivered.

- **What are the VA authorities for Beneficiary Travel, and where can copies be obtained?**

The following are current legislative, regulatory and VHA Manual guidelines for VA Beneficiary Travel:

United States Code (USC)

- Payments or allowances for Beneficiary Travel – 38 U.S.C. § 111

Code of Federal Regulations (CFR)

- Purpose and Scope – 38 C.F.R. § 70.1
- Definitions – 38 C.F.R. § 70.2
- Determination of Secretary – 38 C.F.R. § 70.3
- Criteria for Approval – 38 C.F.R. § 70.4
- Eligible persons – 38 C.F.R. § 70.10
- Application – 38 C.F.R. § 70.20
- Where to Apply – 38 C.F.R. § 70.21
- Payment Principles – 38 C.F.R. § 70.30
- Deductibles – 38 C.F.R. § 70.31
- Reimbursement or Prior Payment – 38 C.F.R. § 70.32
- Administrative Procedures – 38 C.F.R. § 70.40
- Recovery of Payments – 38 C.F.R. § 70.41
- False Statements – 38 C.F.R. § 70.42
- Reduced fare requests – 38 C.F.R. § 70.50

- **Are veterans who work at a VA facility and receive their care there eligible for Beneficiary Travel reimbursement when they have a medical appointment? What about volunteers?**

Eligible employee veterans and Compensated Work Therapy (CWT) patients shall be provided mileage reimbursement in the same manner as other travel eligible veterans when they have a scheduled health care appointment on the same day they are working. As always, in order to qualify the veteran must meet Beneficiary Travel eligibility. In the case of an employee, sick or annual leave should be used to cover the period of the appointment if the appointment is during their tour of duty. CWT patients should have appropriate approval for absence from their CWT program. In cases of unscheduled visits, if the employee or CWT patient is seen as a veteran (vs. employee), then

they may be reimbursed for one-way travel the same as other veterans. The following must be met in order to be eligible for such reimbursement:

The purpose for which the veteran reported is one for which travel at VA expense would have been normally authorized, and

The visit is satisfactorily completed.

Volunteers are not employees and are therefore eligible for Beneficiary Travel reimbursement whether or not they volunteer on the same day as their appointment.

- **Are veterans who travel together all entitled to Beneficiary Travel reimbursement? What about those veterans who take the DAV system or other “free” transportation?**

In order to be eligible for travel benefits when transporting to VA care or treatment, a veteran must actually be incurring an expense. Should one or more veterans travel together in a private vehicle, only the owner of the vehicle is actually incurring expenses and therefore is the only person entitled to travel reimbursement. However, should multiple veterans share a vehicle where passengers must pay for their transport such as a taxi or where one veteran pays another veteran for transport, then all are entitled to travel reimbursement either at the mileage reimbursement rate or actual expense, whichever is less. Such persons must provide a receipt to indicate an incurred expense and to receive reimbursement. Veterans who take non-pay transportation such as DAV transportation, VA Network transportation systems or other no-cost city, state, or area systems are not incurring cost and therefore are not entitled to Beneficiary Travel reimbursement.

Appendix B

LIST OF ACRONYMS

APT:	All Points Transit
APTA:	American Public Transportation Association
C & P:	Compensation and Pension
CDL:	Commercial Driver's License
COBC:	Community Based Outpatient Clinic
DAV:	Disabled Americans Veterans
FTA:	Federal Transit Administration
GPS:	Global Positioning System
HSC:	Hospital Service Coordinator
OEF:	Operation Enduring Freedom
OIF:	Operation Iraqi Freedom
MOU:	Memorandum of Understanding
PTSD:	Post Traumatic Stress Disorder
SC:	Service Connected
Section 5310:	FTA's Formula Program for Elderly Persons and Persons with Disabilities
Section 5311:	FTA's Nonurbanized Area Formula Grant Program
Section 5316:	FTA's Job Access and Reverse Commute Program (JARC)
Section 5317:	FTA's New Freedom Program
T21:	Initiatives designed to transform VA's system of delivering services to veterans
TBI:	Traumatic Brain Injury
TCRP:	Transit Cooperative Research Program
TRB:	Transportation Research Board
VA:	U.S. Department of Veterans Affairs
VAMC:	VA Medical Center
VHA:	Veterans Health Administration
VSO:	Veterans Service Organization
VTN:	Veterans Transportation Network
VTS:	The Veterans Transportation Service, a VA program created in 2010



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