Hamilton
Office of the City Auditor

Accessible Transportation Services (ATS) Eligibility Audit

December 7, 2020

Contents

Executive Summary

In November 2019, the Public Works Committee requested the City Auditor to complete an accessible transportation services eligibility audit. The City Auditor completed this audit as fulfillment of its planned DARTS-related audit already included on the 2019-2022 Office of the City Auditor Workplan.

As a result, the Office of the City Auditor conducted the audit during which independent third-party expertise was obtained, benchmarking with other municipalities conducted and data analyses performed to assess the accuracy of current eligibility decisions and identify opportunities for process improvement and cost containment. The City Auditor has brought forward 14 recommendations to strengthen controls, increase process efficiencies and explore cost saving opportunities. Management in Accessible Transit Services agreed with all 14 recommendations. Action plan completion dates range from Q4 2020 to Q2 2022.

Introduction and Background

Municipal governments are responsible for providing local public transportation services. The *Ontario Human Rights Code* mandates that every person has a right to equal treatment with respect to services provided by municipal governments, including public transit, without discrimination because of disability. In addition, the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) provides municipalities with specific accessibility standards that must be adopted in the provision of transportation services.

The City of Hamilton provides both conventional and specialized public transportation services. The City's conventional bus service is operated by the Hamilton Street Railway (HSR), the Transit Division within the Public Works department. HSR buses are compliant with AODA standards. There are customers who are unable to use HSR service due to functional limitations stemming from their disabilities. In response, the City provides specialized paratransit service for persons with disabilities.

The City's specialized paratransit service is overseen by Accessible Transportation Services (ATS), a group within the Customer Experience & Innovation section within the Transit Division. ATS is responsible for assessing eligibility for paratransit services and managing providers contracted to perform specific services.

Introduction and Background

ATS provides the following services:

DARTS

The Disabled and Aged Regional Transportation System (DARTS), a nonprofit charitable organization, is contracted by the City to provide assisted accessible door-to-door shared-ride transportation. DARTS fares are the same as those for HSR, which is required by the AODA standards.

Taxi Scrip

The Taxi Scrip Program is available to City residents who are eligible for DARTS service. This program provides subsidized taxi fares allowing passengers to receive a 40% discount when travelling with two local taxi companies. Passengers buy a Taxi Scrip booklet for $24 which contains $40 worth of coupons used to pay their taxi fares. Up to three Taxi Scrip coupon booklets may be purchased each month.

Travel Training

The City has provided permanent funding to an outside agency for a Travel Training Program. This program teaches those with cognitive disabilities who are using developmental services in Hamilton to ride the HSR independently. The program consists of both classroom instruction and one-on-one on-bus training to teach skills required to plan a route and use HSR safely. The agency reaches out to student and community partners to recruit candidates for this program.

Eligibility for paratransit services is considered on a case-by-case basis and depends on an applicant's functional ability to use HSR rather than the person's disability, medical diagnosis or income level. The eligibility categories outlined in the AODA (which had to be implemented by January 1, 2017) include:

Eligibility	Description
Unconditional	An applicant is unable to use HSR; eligible for all trips on DARTS.
Conditional	An applicant is able to use HSR under certain conditions; eligible for some trips on DARTS as follows: • Seasonal – Travel during winter only (November 1 to April 30). • Trip by Trip – Travel to approved locations only.
Temporary	An applicant is unable to use HSR due to a temporary condition; eligible for all trips on DARTS for a specific time period.
Not Eligible	An applicant is able to use HSR; not eligible for any trips with DARTS.

Introduction and Background

These eligibility categories were adopted early by the City of Hamilton on November 1, 2012. Prior to this date, applicants who used a mobility device, received dialysis treatment or were diagnosed with Alzheimer's disease were provided unlimited use of DARTS. The City grandfathered all existing DARTS clients as of November 1, 2012, meaning these clients were automatically given unconditional eligibility without being reassessed under the new eligibility criteria.

An application form must be completed by an applicant and their health care provider to be considered for specialized transit. Applicants may be required to attend a third-party functional assessment in order to determine eligibility. Applicants who are unsatisfied with their eligibility decision may submit an appeal form to ATS. An appeal panel provides a final decision regarding the applicant's paratransit eligibility.

On November 18, 2019, as a result of rising trip counts and costs, the Public Works Committee requested the City Auditor to complete an eligibility audit. This report contains the results of this work.
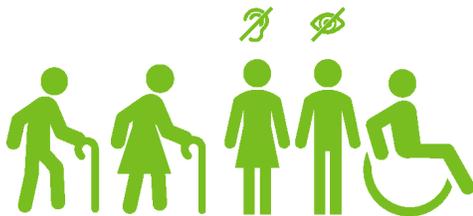
The City of Hamilton, in accordance with its obligation to ensure that it is providing efficient and fair delivery of City services, has appointed an Auditor General, known as the City Auditor, who is the leader of the Office of the City Auditor (OCA). The City Auditor receives direction from Committee and Council from time to time to perform audits of specific processes. Council requested the City Auditor in 2017 to conduct an annual audit of DARTS, with no specified topic, which was included in the 2019-2022 Office of the City Auditor Workplan. This eligibility audit was carried out to fulfil that request and is intended to provide Council with the OCA's findings and conclusions regarding potential weaknesses in City processes and opportunities for improvement.

Overview of ATS in 2019

$22.5M
2019 ATS Actual Net Operating Cost

This includes DARTS,
Taxi Scrips, and Travel Training

Result of Applications Received and Assessed by ATS

Unconditional	2,647
Conditional	38
Temporary	827
Not Eligible	3

17,000 Registered Clients
~9,000 active clients who take one or more trips per year

844,007 Passenger Trips Completed by DARTS
City cost $26.71/trip

26,314 Taxi Scrip Booklets Sold
City cost $16/booklet
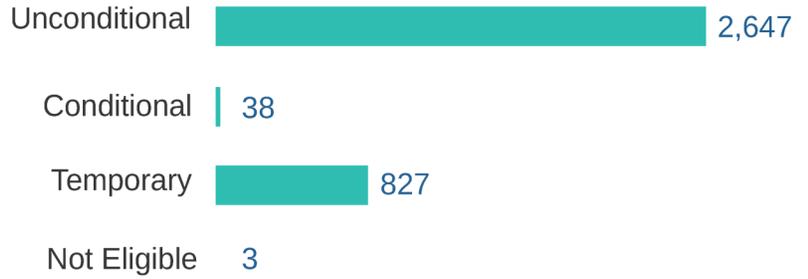
34 Third party functional assessments performed City cost $125/assessment

1 Eligibility decision appeal received

$38 and $144 Cost to assess an application in-house plus additional cost if applicant undergoes a functional assessment

3,515 Applications received and assessed by ATS

94 Average number of trips taken by active clients

47 Travel Training Recruits
City cost $175 K

Key Terms

Accessible Transportation Services (ATS): Group within the Transit Division responsible for assessing eligibility for paratransit services and managing providers contracted to perform specific services. Three service options offered by ATS include DARTS, Taxi Scrip and Travel Training.

***Accessibility for Ontarians with Disabilities Act, 2005* (AODA):** Provincial law that requires municipalities to adopt specific accessibility standards, including those related to public transportation services.

Conditional Eligibility: An applicant can use HSR under certain conditions and is therefore eligible for some trips on DARTS. Seasonal eligibility allows travel during winter only (November 1 to April 30). Trip by trip eligibility allows travel to approved locations only.

Conventional Transportation Service: Scheduled transit service performed by HSR where buses serve identified transit stops at established times along established routes.

Developmental Services: Services provided by agencies which are funded by the Ministry of Children, Community and Social Services. Services include supports to help people take part in their community, person-directed planning, housing supports, respite for caregivers, etc.

Disability: An impairment that makes it more difficult for an individual to do certain activities. This may include either short-term or long-term visual, sensory, cognitive, mental health and physical conditions.

Disabled and Aged Regional Transportation System (DARTS): Nonprofit charitable organization contracted by the City to provide assisted accessible door-to-door shared-ride transportation.

Functional Ability: Individuals need a minimum level of physical, cognitive and social skills to safely access public transportation. Functional ability measures an individual's capacity to apply these skills to perform certain tasks. Some tasks associated with public transit include being able to get to the stop, boarding and exiting the bus, paying fare, navigating through various environmental conditions, handling unexpected situations, and traveling safely in the community.

Key Terms

Grandfathered Clients: Pre-existing DARTS clients who were automatically provided unconditional eligibility on November 1, 2012 when the City implemented the new AODA eligibility categories.

Specialized Transportation Service or Paratransit: Transit service performed by DARTS where vehicles provide individualized rides without fixed routes or timetables.

Taxi Scrip: Subsidized program where passengers receive a 40% discount when travelling by taxi. Passengers buy a Taxi Scrip booklet for $24 which contains $40 worth of coupons to pay their fares.

Temporary Eligibility: An applicant is unable to use HSR due to a temporary condition and is therefore eligible for all trips on DARTS for a specific time period.

Trapeze: System used by ATS to record applicant information and the outcome of eligibility assessments.

Travel Training: Program that teaches those with cognitive disabilities who are using developmental services in Hamilton to ride the HSR independently.

Unconditional Eligibility: An applicant is unable to use HSR and is therefore eligible for all trips on DARTS.

Audit Objective

The overall objective of this audit was to assess current accessible transit eligibility processes and services with an aim to identify opportunities for efficiency, effectiveness and cost containment.

Audit Scope

The scope of work included processes related to the evaluation of accessible transit application forms received from January 1, 2019 to December 31, 2019. As required, more current or historical information was used to carry out specific audit procedures.

What We Did

1. Gained an appreciation of the challenges and needs of persons with disabilities.

2. Gained an understanding of the operational processes, assessment methods, and judgement involved with assessing accessible transit application forms.

3. Assessed the accuracy of current eligibility determinations.

4. Compared ATS' application form, assessment methods and specialized transit service options to those in other Ontario municipalities.

5. Calculated the cost and amount of time taken to evaluate application forms.

6. Determined how eligibility was assessed before AODA's eligibility categories existed and the impact of pre-existing clients on current service demands.

7. Gained an understanding of how improvements to the accessibility of conventional transit and changes in clients' functional abilities impact current service demands.

8. Obtained insights from the Canadian Urban Transit Association (CUTA) 2013 research study *Canadian Code of Practice for Determining Eligibility for Specialized Transit*, and the Nelson Nygaard Consulting Associates 2009 report *Implementation of New Eligibility Policy at Accessible Transportation Services*.

Audit Scope

How We Did It

- Reviewed applicable legislation, reports, agreements and research papers.

- Attended internal training sessions.

- Interviewed various personnel and other City employees.

- Documented pertinent processes in a narrative.

- Examined electronic and paper documents, reports and transactions.

- Performed data analyses.

- Compared operations with other Ontario municipalities.

- Hired an independent third-party expert to re-assess a sample of applications.

Findings

Eligibility Outcomes Drive Service Level and Costs

ATS' eligibility decision is a critical driver of specialized transportation service levels and costs. Since ATS does not reassess existing clients, those with unconditional or conditional eligibility may remain as such forever (unless a client voluntarily submits another application and triggers a new assessment). If ATS makes a mistake or is too lenient in their assessment, there is a risk that an applicant is provided more eligibility than what is required, creating inequity within the paratransit system and placing a larger burden on the City's financial resources. From 2017 to 2019, we found there were only seven applications denied out of 8,598 applications received and assessed.

A small number of applicants given eligibility in error has a significant impact. In 2019, DARTS provided about 844,000 trips to 9,000 active clients at a cost of $26.71 per trip. If only 1% of active clients were incorrectly assessed as eligible for DARTS, this could potentially translate to approximately $225,000 in average savings each year. We caution that this is a simplified version of a complex calculation to illustrate the extent to which eligibility outcomes drive cost and does not represent guaranteed savings. ATS must carry out more analysis to determine the true financial impact of clients whose service eligibility may be different now as compared to the original assessment.
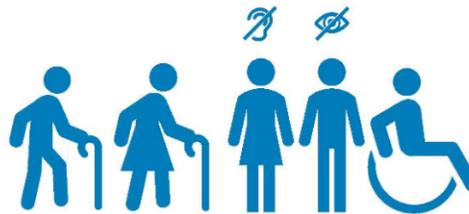
Findings

Eligibility Outcomes Drive Service Level and Costs

To gain confidence over how well ATS evaluates applications and makes eligibility decisions, the OCA hired Lifemark, an independent third-party with technical expertise and experience evaluating accessible transit applications, to re-evaluate 150 applications assessed by ATS from January 1, 2019 to February 29, 2020.

Lifemark is the rehabilitation division of Lifemark Health Group with over 300 locations across Canada. Lifemark offers a wide range of services including physiotherapy, massage therapy, occupational therapy, kinesiology, chiropractic treatments, acupuncture and sport therapy. The City of Ottawa contracts their determination of accessible transit eligibility to Lifemark. ATS' applications were re-evaluated by qualified healthcare professionals that possess an understanding of the different types of disabilities and the expertise to review and assess applications to determine an applicant's functional ability to use conventional transit. The OCA ensured all personal identifying information about the applicant, as well as ATS' eligibility decision, was redacted from documentation sent to Lifemark to minimize bias and maximize the validity of the results. In addition, Lifemark carried out an internal quality control review to ensure decisions were balanced, consistent, objective and fair before results were provided to the OCA.

150

ATS Applications Assessed
January 1, 2019 to February 29, 2020

Findings

Variation Exists in Eligibility Decisions

A significant difference exists between how ATS and Lifemark evaluated applications. The following chart compares the eligibility decisions of Lifemark to ATS:
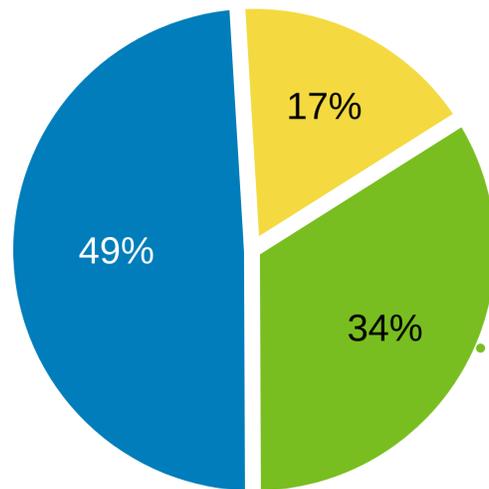
Comparison of ATS and Lifemark Eligibility Decisions

ATS

150

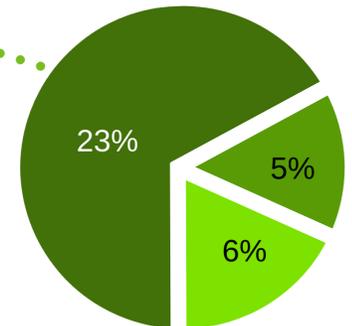ATS Applications Assessed
January 1, 2019 to February 29, 2020

Lifemark

49%

17%

34%

Different Result Breakdown

23%

5%

6%

- Same Result 49%
- More Information Needed 17%
- Different Result 34%

- Access to Less Service 23%
- Access to More Service 5%
- Not Eligible 6%

Lifemark reached the same eligibility decision for only 49% of the applications. This included applications assessed directly by ATS and those sent to third-party for functional assessment.

Lifemark indicated that they needed more information to assess 17% of the applications. Lifemark wanted more details about the applicant's functional abilities, diagnosis and/or behaviours on public transit. Questions within the application form were answered vaguely or there were inconsistencies between the applicant's responses and those from their health care provider.

Findings

Variation Exists in Eligibility Decisions

Lifemark reached a different eligibility decision for the remaining 34% of the applications. The majority of Lifemark's eligibility decisions would have resulted in the applicant receiving access to less paratransit service (e.g. ATS provided unconditional eligibility whereas Lifemark assessed as conditional or temporary eligibility). Smaller percentages of Lifemark's decisions resulted in the applicant receiving more service (e.g. Lifemark decided unconditional eligibility while ATS provided temporary eligibility) or no service at all. As calculated previously, if 1% of active clients use an average of $225,000 worth of DARTS trips per year, the 6% of applicants Lifemark found to be ineligible may translate to approximately $1.35 million in average annual savings. We caution that this is an estimate and does not represent guaranteed savings. ATS must carry out more analysis, including reevaluation, to determine the true financial impact of clients whose service eligibility may be different now as compared to the original assessment.

Due to time constraints, the OCA was unable to take a deeper dive into the applications to understand exactly why differences existed between ATS and Lifemark. Instead, the OCA used Lifemark's comments and knowledge of ATS to identify opportunities related to the application form, processes and people. These are the three main inputs into the assessment and eligibility outcome.

Findings

Variation Exists in Safety Considerations

In addition to the eligibility outcome, the OCA asked Lifemark to provide their opinion on whether an applicant should have a personal care attendant or be classified as "do not leave unattended" at their location. A personal care attendant (PCA) accompanies a passenger who would otherwise be unable to travel on a vehicle by themselves. A PCA provides the passenger with care and assistance beyond what the vehicle operator is required to provide. The requirement "do not leave unattended" (DNLU) describes someone who cannot be left alone safely at their destination. In these cases, the vehicle operator hands off the passenger to another person at their destination.

Some differences exist between how ATS and Lifemark evaluated the need for a PCA and the DNLU requirement.

The following charts compare the outcomes reached by Lifemark as compared to ATS:

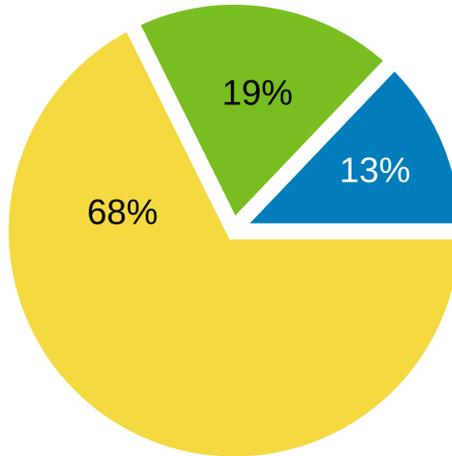# Comparison of ATS and Lifemark Personal Care Attendant Decisions

ATS

Lifemark

150

ATS Applications Assessed
January 1, 2019 to February 29, 2020

19%

13%

68%

Different Result Breakdown

1%

5%

7%

- Same Result 68%
- More Information Needed 19%
- Different Result 13%
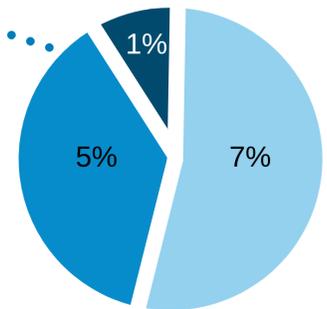
- Result in Less PCA Care 1%
- Result in More PCA Care 5%
- No PCA Care Required 7%

Comparison of ATS and Lifemark Do Not Leave Unattended Decisions

ATS

Lifemark

150

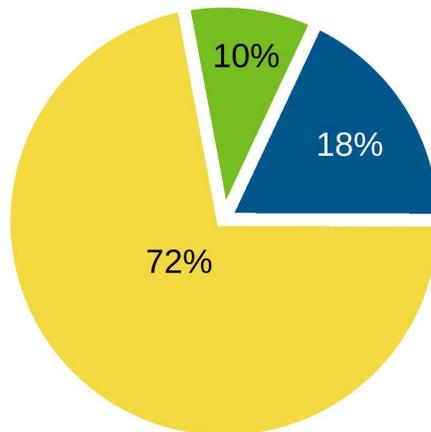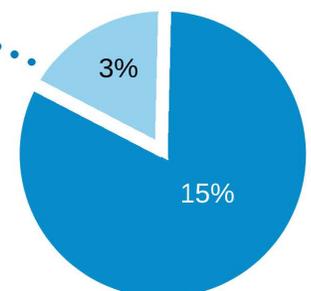ATS Applications Assessed
January 1, 2019 to February 29, 2020

10%

18%

72%

Different Result Breakdown

3%

15%

- Same Result 72%
- More Information Needed 10%
- Different Result 18%

- Result in More DNLU Care 15%
- No DNLU Care Required 3%

Findings

Variation Exists in Safety Considerations

Lifemark reached a different decision for 32% of PCA related and 28% of DNLU related applications with a higher level of care being required for 5% of the PCA decisions and 15% of the DNLU decisions. The OCA is concerned about the potential impact to these clients' safety.

Lifemark also indicated that 7% of the applications currently with a PCA do not require a PCA. This has a financial impact because the City pays for the PCA's trip on accessible transit while accompanying the passenger.

Due to time constraints, the OCA was unable to take a deeper dive into the applications to understand exactly why differences existed between ATS and Lifemark. Such factors may include not having clear definitions and guidelines outlining the functional limitations where a PCA or DNLU would be recommended.

Findings

Opportunities Exist to Improve the Application Form

The application form is the primary tool used by ATS in the evaluation process. Information collected from the applicant and their health care provider must be appropriate and sufficient to make a well-informed decision. Please refer to Appendix "C" to Report AUD20009 for a copy of the current application form.

The OCA compared ATS' application form to those used by other municipalities and identified the following opportunities for improvement:

Guiding Principles
Several municipalities have published guiding principles that outline what will not be considered when deciding an applicant's eligibility for specialized transit. Examples include:

- Eligibility is not based on your age, income level, disability, use of an assistive device or the inability to drive.

- Eligibility is not based on how familiar you are with conventional transit or the availability or convenience of conventional transit where you live.

- Not for those who are reluctant or unwilling to use conventional transit.

This is a proactive measure to ensure applicants, and their health care providers, understand and are applying for specialized transit for the right reasons.

Findings

Opportunities Exist to Improve the Application Form

Functional Ability
Several municipalities require the applicant and/or their health care provider to describe the disabilities generated by their condition or diagnosis and how it affects their functional ability to use conventional transit. This is more detailed as compared to ATS' application. Obtaining more information from either the applicant or their health care provider about functional abilities will help in making more informed eligibility decisions.

Conventional Transit Accessibility Features
Several municipalities describe the accessibility features of their regular buses and bus stops and highlight how these features make traveling easier for those with disabilities. If an applicant or their health care provider is unfamiliar with conventional transit and its accessibility features, they may not realize when the applicant may be capable of using regular transit.

Test Results
Some municipalities ask if the applicant underwent a functional assessment, test or other evaluation related to their disability in the last 24 months that measured their ability to travel independently. Where an evaluation was performed, the application asks for the test date, name, purpose, result and impact. Obtaining previous evaluations provides valuable insight without the added expense for ATS to conduct their own third-party functional assessment.

Travel Distance
ATS asks both the applicant and their health care provider the furthest distance the applicant can travel on the sidewalk in good weather. Other municipalities combine their distance question with reference to the applicant's assistive device (where applicable), which provides a clearer picture of the distance they can travel.

Personal Care Attendant
ATS asks the health care provider whether the applicant requires a PCA. However, unlike other municipalities, ATS does not define the role of a PCA or describe the functional limitations where a PCA would be recommended. Providing guidelines would help ensure all applicants are held to the same standard, resulting in more consistent and informed responses.

Findings

Opportunities Exist to Improve the Application Form

Health Care Provider's Eligibility Opinion
ATS asks the heath care provider to indicate if the applicant's medical diagnosis or condition requires permanent, temporary or seasonal transportation. CUTA warns that health care providers should not be asked whether the applicant is eligible for specialized transit, as this can create problems if ATS has a different opinion. Rather, information requested from the health care provider should focus on the diagnosis and onset of disability, and how this affects the applicant's ability to ride regular transit.

Health Care Provider's Review of the Applicant's Responses
Some municipalities require the health care provider to read the applicant's responses and indicate whether they agree with the information provided by the applicant. The health care provider is asked to explain why they do not agree. This may provide ATS with some perspective when differences or inconsistencies exist between the two sets of responses.

Findings

Opportunities Exist to Improve Processes

There is a fair amount of judgement involved in assessing ATS applications. It is not as simple as seeing which box is checked off and matching it to an eligibility category. It is very easy for personal biases to creep into the decision making. Processes and controls should be in place to ensure staff remain objective and exercise reasonable judgment to arrive at balanced, consistent, fair and objective eligibility decisions.

The OCA identified the following process control improvements:

Guidelines
There are no policies, procedures, instructions or decision trees for staff to reference during the evaluation process, which increases the risk for inconsistent decision making.

Quality Control
There are no peer review or management review processes in place to ensure all factors are considered and that the decision outcome is balanced and objective.

Findings

Opportunities Exist to Improve Processes

Strategies

ATS has developed some strategies, or consistent practices, as to the type of eligibility assigned to applicants with certain medical conditions. For example, applicants unable to mobilize as a result of a knee replacement surgery are given temporary eligibility because their condition is expected to improve within a few months.

However, ATS must take care these practices do not violate AODA requirements, especially those where decisions may not be assessed on a case-by-case basis. For example, staff told the OCA that all dialysis patients are automatically given unconditional eligibility. The OCA validated that 96% of applications received and assessed in 2019 involving dialysis patients received unconditional eligibility. Based on research, it is the OCA's understanding that not all dialysis patients are similar. There are variations in the lengths of time between treatments and how long it takes a patient to recover and start feeling better after their treatments. As a result, some patients may only need specialized transit on a trip-by-trip basis, after their dialysis treatment.

There are other cases where an evaluation strategy would be helpful. For example, applicants with autism spectrum disorder exhibit a wide variety of skills and abilities. Unless enough information is provided in the application form, ATS should be sending applicants with autism for a functional assessment to gain a better understanding of their functional ability to take conventional transit.

In-Person Contact

Research performed by the OCA suggests that in-person contact, either through an interview, telephone conversation or functional assessment, results in more accurate eligibility outcomes than reviewing a paper application alone. CUTA found that paper applications can provide useful baseline information; however, they are very limited in their ability to make accurate eligibility decisions. Although in-person contact with applicants occurs during functional assessments and when staff call applicants about their application form, the OCA estimates that this is a small proportion of the applicant group. This increases the risk of inaccurate eligibility decisions and higher long-term costs.

Findings

Opportunities Exist to Improve Staff Training and Oversight

ATS applications are evaluated either by staff or an outside party who performs functional assessments. ATS relied on its staff to make eligibility decisions for 99% of applications received in 2019. Therefore, it is important to make sure that staff have the right skills, experience, knowledge and time to make these decisions.

Lifemark always used qualified healthcare professionals (e.g. Occupational Therapists) to both re-evaluate application forms for the OCA and make eligibility determinations for the City of Ottawa. ATS has a mix of short- and long-term staff with various backgrounds whose qualifications matched those for the position when hired, either through a competitive process or successful work accommodation placement.

It is **not** a requirement for ATS staff to have a medical or healthcare qualification to carry out this work. The OCA verified from the job description that staff are responsible for making service eligibility decisions. The two qualifications that related most to this job duty were:

- Experience in and/or knowledge of accessibility and transit is an asset; and

- Strong empathy for, and understanding of the needs of, persons with disabilities and older adults.

It is the OCA's opinion that these two qualifications do not encompass the technical or medical/healthcare expertise that one would expect for medical-related eligibility determinations. A lack of technical knowledge is normally compensated for by a formal training program and quality review process to build skills over time and provide feedback to staff. Apart from staff supporting each other, and a few short technical presentations during monthly staff meetings in early 2020, little training or direct oversight is provided.

From a timing perspective, staff assess applications and come to eligibility conclusions quickly. The AODA outlines that the City has 14 calendar days to make an eligibility decision once they have received a completed application. If more time is needed, the applicant is provided temporary eligibility until a decision is made. As seen in the following chart, ATS evaluates 47% of applications within one day.

Findings

Time to Assess ATS Applications and Reach an Eligibility Determination 2019

47% of applications are assessed within one day

96% of applications are assessed within AODA's 14-day window
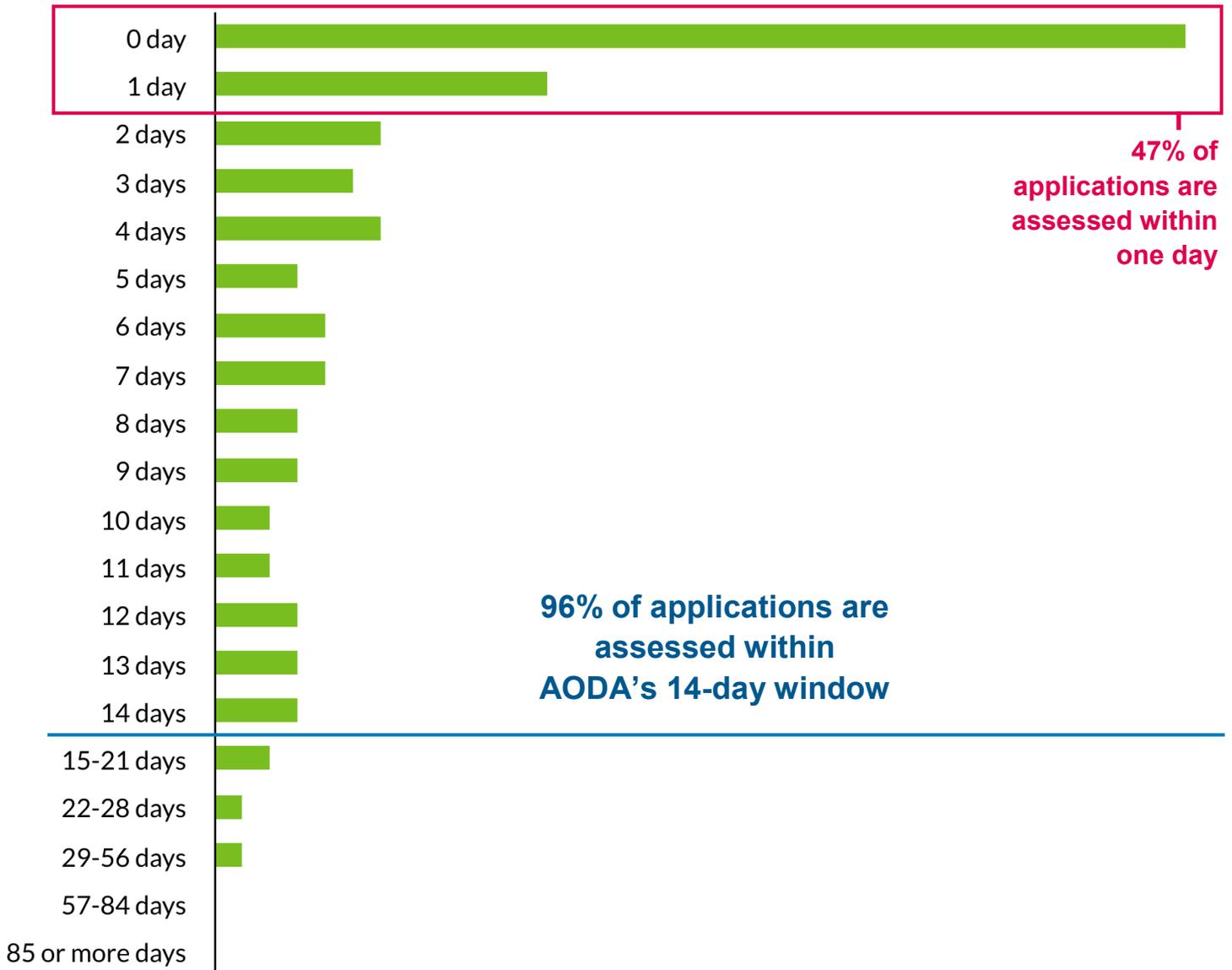
Due to time constraints, the OCA was unable to take a deeper dive into these timelines to determine the extent to which applications arrive at ATS with missing information, or if other factors may have pressured staff to process applications quickly. Such factors may include the volume of applications received and those awaiting assessment, the number of available staff and the demand on staff for other non-assessment duties.

Findings

Eligibility Reassessments are Recommended

Opportunities exist to improve the accessible transit application form, processes and staff training and oversight, which all contribute to making the eligibility decision more balanced, consistent, objective and equitable. Over time, changes to the conventional transit system and/or a client's functional abilities may necessitate a review or reassessment of the client's eligibility status.

Significant changes have occurred, and continue to occur, with the conventional transit fleet and related infrastructure that makes HSR more accessible to everyone. The HSR fleet became 100% accessible in June 2009. Some accessibility features include a ramp, ability to kneel (lower) the bus, priority seating, dedicated spaces for passengers with assistive devices and voice and visual announcements for all stops. Approximately 64% of HSR bus stops are accessible (e.g. shelter, benches and larger platform areas and entrance openings) and plans are in place to achieve 100% AODA compliance by 2025.

ATS has approximately 3,800 grandfathered clients who used DARTS and/or Taxi Scrip last year who accounted for approximately 25% of DARTS trips and Taxi Scrip booklets sold. All of these clients were provided unconditional eligibility in November 2012, without considering that the HSR fleet became fully accessible in June 2009.

In addition to changes in the conventional transit system, there is a possibility that existing clients' functional abilities may improve over time with changes in the built environment, new assistive technologies and medical advancements.

Therefore, it is possible that some clients who currently use accessible transit services (both grandfathered clients and those who applied under the current eligibility criteria), may be functionally able to take conventional transit.

The AODA requires that clients with temporary eligibility be reassessed at regular intervals. Clients with temporary eligibility resubmit another application form at the end of their eligibility period if they feel they continue to need specialized transit. The AODA neither requires nor prohibits municipalities from reassessing their entire client population at a reasonable interval.

Findings

Eligibility Reassessments are Recommended

Other municipalities have implemented eligibility renewal or reassessment processes in order to ensure that the people using paratransit services are the ones who need it. In the municipalities we benchmarked, a client's eligibility is reviewed on a periodic basis in order to capture changes in a timely manner and control administrative costs. This continues to foster equity within the paratransit system and frees up financial resources to provide service to those who are eligible or to continue enhancing the accessibility of the conventional transit system. The cost of reassessment can be significant, so some municipalities have opted to review a certain portion of their client population every year.

Findings

Different Service Options Should be Explored

Services offered by ATS include DARTS, Taxi Scrip and Travel Training. The OCA compared ATS' services to those provided in other municipalities to identify different service options that may make ATS more financially sustainable. The merits of the following options should be explored further:

Expanded Taxi Scrip Program
(for clients who choose to use this service)
Of those who used ATS services last year, 70% of clients used DARTS only. The remaining 30% of clients used Taxi Scrip either alone or in combination with DARTS. The OCA estimates that, on average, it costs the City about 82% less per trip when clients use Taxi Scrip as compared to DARTS in large part due to the cost-sharing nature of the Taxi Scrip Program. ATS may want to explore more ways to expand the Taxi Scrip Program to take advantage of the lower cost Taxi Scrip option for clients who choose to use it. Expansion options may include increasing the number of booklets clients may purchase each month, increasing the portion subsidized by the City, or increasing awareness and promotional activities.

Findings

Different Service Options Should be Explored

Integrated Service Model

The AODA outlines that the City must provide origin to destination services to eligible people with disabilities. Origin to destination refers to a package of transportation services, which may include a combination of specialized and conventional transit, where the specialized service acts as a "feeder" into the accessible conventional system. This recognizes that some people with disabilities can use HSR but may require DARTS for portions of their trip.

Durham, York and Toronto have adopted this integrated service model or family of services approach. In these municipalities, door-to-door service is not necessarily a direct ride. Trips are delivered using more than one accessible vehicle. A portion of the client's trip may be taken using conventional transit, with specialized service normally at the beginning or end of the trip (as required).

Recognizing that not all clients or trips would benefit from a family of services approach, conditions are factored into the eligibility assessment and trip booking process to help guide when these trips would be appropriate. For example, integrated trips may be scheduled when:

- The destination is more than three kilometres from the trip origin;

- The number of vehicle transfers is within the client's abilities; and

- Accessible transfer locations are available to provide shelter, seating and/or adequate concrete pad.

ATS may want to explore whether an integrated service model may reduce costs. The more people streamed to conventional public transit, even for part of their trip, reduces the overall cost of transit for the City. This model may work well in areas without HSR service, or within the HSR service area where a client's most limiting factor is the distance they must travel to the nearest bus stop.

Findings

Different Service Options Should be Explored

Expanded Travel Training

The City's Travel Training Program teaches those with cognitive disabilities who are using developmental services in Hamilton to ride the HSR independently. There may be an opportunity to provide a different level of training to others within the community who may be unfamiliar with the conventional transit system.

Several municipalities have more inclusive travel training programs for a variety of transit users. Grand River Transit (whose service area includes Kitchener, Waterloo and Cambridge) offers training to people with disabilities (not only cognitive disabilities), older adults and local people new to transit services on how to travel confidently and safely. People can learn how to plan a trip, read and understand route maps and schedules, how to board a bus, how to purchase and pay fare, etc. Different training methods and content are used depending on the needs of the trainee. These activities are meant to support customers, improve travel skills, increase confidence and reduce anxiety or fear of the unknown. A more inclusive training program may be beneficial if ATS implements an eligibility renewal program or adopts an integrated service model.

Shuttles

London has implemented a shuttle service which provides dedicated trips for passengers that require a higher level of service. A vehicle picks up clients from a location, such as a dialysis clinic, drops them off at their destinations, and then returns to the dialysis clinic to pick up more passengers. ATS may explore whether dedicated vehicle use at key locations would provide another service option for clients at a lower cost for the City.

Community Buses

London, Toronto and Ottawa have accessible fixed route community buses that connect clients to various popular destinations along a unique neighborhood route. The bus stops at the front door of various buildings and landmarks (e.g. senior's homes, community centres, medical centres, shopping malls) according to a schedule. Community buses bring more personalized assistance and the routes minimize walking distance rather than fast, direct travel which is attractive to clients with limited mobility.

Findings

Opportunities Exist to Improve Data Management

In order to further explore different service options, or why Lifemark's eligibility decisions differ, ATS will need to improve client documentation and data entry into Trapeze to run reports and carry out various analyses. The OCA identified the following data management challenges throughout the audit which provide improvement opportunities:

Electronic Client Files
ATS began saving client documents electronically last year. Staff are supposed to scan and save documents to the client's electronic folder on ATS' local drive when their application is closed. The OCA was unable to find documents in the electronic client files. Although paper documents are retained and staff double check to make sure they are scanned electronically before destroying the paper, this happens months afterward. This process is inefficient and increases the risk of maintaining incomplete client records.

Inconsistent Data Input
Application data is not entered into Trapeze consistently by all staff, especially when there is a history of applications and eligibility updates for a client. Without knowing what information must be captured in Trapeze and setting a standard as to how this information is entered, data analysis becomes difficult, time consuming and inaccurate.

Limiting Factor
ATS currently records an applicant's medical diagnoses or conditions in Trapeze. An applicant's medical diagnosis does not always reflect the disability or functional ability that limits the applicant from taking conventional transit. By not capturing the applicant's most limiting factor, which contributed most to their eligibility status, it makes it difficult to identify clients who may benefit from different service options or improvements to conventional transit accessibility that are being considered.

Reports
The Trapeze report wizard contains hundreds, if not thousands, of reports organized in various folders. Commonly used reports are not identified and segregated into a separate folder for use by all staff. This increases the risk that incorrect data will be generated and used for analyses and reporting.

Findings

Waste Identified with the Travel Training Program

The City provides $175,000 each year to an outside agency to train 100 people with cognitive disabilities how to ride HSR independently. For a four-year period from 2016 to 2019, ATS confirmed that the City paid $700,000 to this agency to train 400 people. Although the agency only recruited 233 people to the Training Program, they received the full $700,000. Therefore, ATS effectively overpaid the agency $292,250 for services not provided.

Control Weaknesses Identified with Functional Assessment Payments

Applicants may be required to attend a third-party functional assessment in order to determine their eligibility. ATS contracted an outside agency to perform these functional assessments. ATS does not track which applicants are sent for functional assessments. When ATS receives an invoice, staff uses the spreadsheet prepared by the vendor to validate that the functional assessment was performed. No steps are taken to verify with staff that the functional assessment was completed or that a report was received before payment occurs. This creates a risk of the agency invoicing ATS for functional assessments that were not performed. The OCA discovered a few discrepancies in the agencies' spreadsheet as well as the invoicing which should be further investigated by ATS and resolved with the agency (this agency is no longer performing functional assessments for ATS).

Inadequate Performance Measures

ATS tracks one performance measure – the percentage of applications assessed with AODA's 14-day window. This is measured each month and included in the Public Works quality assurance dashboard. Although this is an important item to track for AODA compliance purposes, ATS does not have performance measures to track how well their processes are operating or how well their services are impacting the community.

Findings

Other Administrative Items

During the audit, the OCA identified the following administrative issues:

Discrepancy in Eligibility Decision
From the sample of applications sent for third-party re-evaluation, the OCA discovered three clients where the eligibility determination reached by the third-party functional assessment provider was different than the final eligibility outcome for the client. Since ATS normally accepts the functional assessment provider's determination with no question, the OCA is unsure why these differences exist. The OCA was unable to locate documentation to reconcile the difference.

Status of Pending Applications
The OCA observed applicants in Trapeze with the following status codes as at February 29, 2020:

Status	Application Received In		
	2019	2018	2017
Pending Functional Assessment	3	1	1
Pending Orientation	1	1	-
Received	5	19	4
Blank	3	5	14

With the amount of time that has passed, especially with the 2017 and 2018 applications, the OCA is concerned whether these applications were forgotten or misplaced.

Findings

Other Administrative Items

Old Application Forms Submitted

While selecting sample applications for Lifemark to evaluate, the OCA observed that many applicants submitted old versions of the application form which were accepted by staff. If ATS changes the content of its application form significantly, it will be important that staff only accept the most current version of the application form.

Shortened Application Form

The OCA observed that it is common practice for long term care and nursing home applicants to only submit pages 1, 5 and 6 of the application form. Since there are different questions in the applicant and health care provider sections, it is important that the entire form is completed.

More Timely Taxi Scrip Sales Information

Staff selling Taxi Scrip booklets at Municipal Service Centres, Mountain Transit Centre, etc. manually record the sale on a sheet, which is manually entered into the Taxi Scrip database later. As sales are recorded manually at various locations, there is an opportunity for clients to purchase booklets at different locations during the month, thus being able to go over the 3-booklet limit without staff knowing at the time of the sale.

Appeal Process

Staff told the OCA that one appeal was received in 2019. This appeal was not captured on the appeal tracking sheet. Although the application form indicates that appeals are forwarded to the Eligibility Appeal Panel, this appeal was resolved by sending the applicant for a functional assessment. If ATS changes its process and there is an increase in appeals, there should be a clear and consistent process on how appeals are tracked and managed.

Recommendations

Please refer to Appendix "B" to Report AUD20009 for a list of Recommendations and the related Management Responses that will strengthen controls, increase process efficiencies and explore cost saving opportunities.

Conclusion

The OCA has brought forward several observations and recommendations to help identify opportunities for cost savings, strengthen controls and increase process efficiencies in order to ensure eligible residents who need accessible transportation services receive it. Transit and Accessible Transportation Services have an opportunity to undertake transformative change in this area. The OCA is confident that the passion, motivation and dedication shown by staff throughout this audit can be harnessed to undertake courageous change.

The OCA would like to thank Accessible Transportation Services and other participants for their openness, enthusiasm and contributions throughout this project. We look forward to following up with management in the future to see the progress of their action plans and their impact on maintaining equitable and cost sustainable services.

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