Minutes - Executive Policy Committee – April 19, 2006

Minute No. 374
Report - Standing Policy Committee on Infrastructure Renewal and Public Works – April 11, 2006

Item No. 1 Changes to the Handi-Transit Eligibility Criteria and Registration Process
File TT-1.3

EXECUTIVE POLICY COMMITTEE RECOMMENDATION:

The Executive Policy Committee concurred in the recommendation of the Standing Policy Committee on Infrastructure Renewal and Public Works and submits the following to Council:

1. That effective June 1, 2006, the eligibility criteria for Handi-Transit be as follows:

   A. Requires the use of a wheelchair or scooter:
      i. on an ongoing basis - unlimited eligibility, or
      ii. until a specific date - eligibility only until the date specified, or
      iii. as a result of dialysis treatment - eligibility only for trips to and from dialysis treatment.

   B. Unable to walk 175 metres (575 feet) outside unassisted:
      i. at all times - unlimited eligibility, or
      ii. during winter months only - eligibility restricted to the period from October 1 to March 31, or
      iii. until a specific date - eligibility only until the date specified, or
      iv. as a result of dialysis treatment - eligibility only for trips to and from dialysis treatment.

   C. Has 20/200 vision or less, or a visual field of less than 20 degrees (legally blind) - unlimited eligibility.

2. That effective June 1, 2006, the application process for Handi-Transit be as follows:

   A. Applications under eligibility criteria 1.A. (wheelchairs and scooters - except for dialysis) and 1.B. (unable to walk 175 metres - except for dialysis), be authorized by a medical doctor, occupational therapist, physiotherapist, nurse, or chiropractor, and

Report - Standing Policy Committee on Infrastructure Renewal and Public Works – April 11, 2006

B. Applications under criteria 1.A.iii. (wheelchairs and scooters - dialysis) or 1.B.iv. (unable to walk 175 metres - dialysis) be authorized by a medical practitioner from the dialysis unit, and

C. Applications under eligibility criteria 1.C. (legally blind) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and

D. That all applications for Handi-Transit be submitted directly to Handi-Transit's medical consultant for purposes of determining if the applicant meets the eligibility criteria, and recommending approval or rejection to the Handi-Transit administration, and

E. That Council designate a hearing body to hear appeals from applicants determined to be ineligible for Handi-Transit services, and

F. That the hearing body be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit.

3. That ambulatory Handi-Transit registrants approved for eligibility prior to June 1, 2006, be required to re-register according to a schedule developed by Handi-Transit (notified by letter and given eight weeks to have application authorized and returned to the medical consultant) between June 1, 2006, and September 30, 2008. Handi-Transit registrants originally approved under the previous wheelchair or blind criteria will not have to re-register.

4. That Handi-Transit registrants be required to re-register for Handi-Transit service every three years on the anniversary month of their original registration (notified by letter and given eight weeks to have application authorized and returned to the medical consultant). Handi-Transit registrants approved under criteria 1.C. (legally blind), 1.A.i. (wheelchair/ scooter) or under criteria 2.A.i. (unable to walk 175 meters) with "unlimited eligibility" whose disability is "permanent, progressive and non-reversible" in their new registration will not have to re-register every three years.

5. That any Handi-Transit registrants who do not use the service for 18 consecutive months will automatically have their registration cancelled and will have to re-register if they require Handi-Transit service in the future.

Report - Standing Policy Committee on Infrastructure Renewal and Public Works – April 11, 2006

6. That June 1, 2006 all Handi-Transit registrants with "unlimited eligibility" approved under criteria 1.A.i., 1.B.i. and 1.C. showing a valid CNIB photo ID card or a Handi-Transit photo ID pass (available to new registrants and current registrants once re-registered as described in Recommendation 3) be entitled to use regular transit service without payment of a fare. Attendants or companions will be required to pay their regular transit fare. Regular fares for Handi-Transit service continue to apply.

7. That any Handi-Transit registrant with "unlimited eligibility" under criteria 1.A.i., 1.B.i. and 1.C. choosing to obtain a Handi-Transit photo ID pass to use regular transit service without payment of a fare is required to pay for the photo ID pass an amount equal to the amount charged to other regular transit users requiring photo ID for adjusted fares. The Handi-Transit photo ID pass will be valid up to the registration expiry date or three years for registrants not required to re-register.

8. That the Proper Officers of the City be authorized to do all things necessary to implement the intent of the foregoing.

Minutes - Executive Policy Committee – April 19, 2006

Report - Standing Policy Committee on Infrastructure Renewal and Public Works – April 11, 2006

DECISION MAKING HISTORY:

Moved by Councillor Clement,

That the recommendation of the Standing Policy Committee on Infrastructure Renewal and Public Works be concurred in and forwarded to Council.

Carried

STANDING COMMITTEE RECOMMENDATION:

On April 11, 2006, the Standing Policy Committee on Infrastructure Renewal and Public Works concurred in the administrative recommendation, with the following amendment, namely:

- Delete Recommendation 8 in its entirety and renumber the remaining Recommendation accordingly,

and submitted the matter to the Executive Policy Committee and Council.

STANDING COMMITTEE RECOMMENDATION:

On November 9, 2004, the Standing Policy Committee on Public Works recommended that the Administration be requested to consult with stakeholders with respect to changes to the Handi-Transit Eligibility Criteria and Registration Process and report back. Further, the Administration was requested to meet with the Manitoba Taxi Cab board with respect to changes to the Handi-Transit Eligibility Criteria and Registration Process for their input and consideration.

Further on November 9, 2004, the Standing Policy Committee on Public Works considered the following submissions, namely:

- Dr. Cornelia Van Ineveld, Alzheimer Society of Manitoba, submitted a communication dated September 13, 2004, with respect to Handi-Transit Service for people with Alzheimer Disease and Related Disorders.

- Sharon Segal, Social Action Coordinator, Multiple Sclerosis Society of Manitoba, submitted a communication dated September 29, 2004, with respect to the Handi-Transit Eligibility Criteria and Registration Process.

Report - Standing Policy Committee on Infrastructure Renewal and Public Works – April 11, 2006

DECISION MAKING HISTORY: (continued)

STANDING COMMITTEE RECOMMENDATION:

- Carol Polson, Provincial Coordinator, Manitoba League of Persons with Disabilities, submitted a communication dated November 8, 2004**,** with respect to the Handi-Transit Eligibility Criteria and Registration Process.

On June 8, 2004, the Standing Policy Committee on Public Works concurred in the request of the Director, Transit Department, namely, that the Transit Department be granted an extension of time to submit its report on the review of the Handi-Transit eligibility criteria and registration process to the meeting of the Standing Policy Committee on Public Works scheduled for October 12, 2004.

On February 10, 2004, the Standing Policy Committee on Public Works moved the following motion:

1. The Standing Policy Committee on Public Works received the submission and petition from Theresa Ducharme, on behalf of People in Equal Participation Inc., as information.

2. The Standing Policy Committee on Public Works requested the Administration to undertake an initial review of the eligibility criteria and the registration process for users of Handi-Transit and report back to the Standing Policy Committee on Public Works meeting scheduled for March 9, 2004. Further that the administration consult with People in Equal Participation Inc., and other users of Handi-Transit in reviewing Handi-Transit eligibility criteria.

3. The Standing Policy Committee on Public Works requested the Administration to enter into discussions with the Province of Manitoba with respect to additional funding for Handi-Transit.

ADMINISTRATIVE REPORT

RE: **Changes to the Handi-Transit Eligibility Criteria and Registration Process**

FOR SUBMISSION TO: **The Standing Policy Committee on Infrastructure Renewal and Public Works**

ORIGINAL REPORT SIGNED BY: **Dave Wardrop, Director of Transit**

REPORT DATE: **February 3, 2006**

RECOMMENDATION(S):

1. **That effective June 1, 2006, the eligibility criteria for Handi-Transit be as follows:**

   a. **Requires the use of a wheelchair or scooter:**
      (i) **on an ongoing basis – unlimited eligibility, or**
      (ii) **until a specific date – eligibility only until the date specified, or**
      (iii) **as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.**

   b. **Unable to walk 175 metres (575 feet) outside unassisted:**
      (i) **at all times – unlimited eligibility, or**
      (ii) **during winter months only – eligibility restricted to the period from October 1st to March 31st, or**
      (iii) **until a specific date – eligibility only until the date specified, or**
      (iv) **as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.**

   c. **Has 20/200 vision or less, or a visual field of less than 20 degrees (legally blind) – unlimited eligibility.**

2. **That effective June 1, 2006, the application process for Handi-Transit be as follows:**

   a. **Applications under eligibility criteria 1a (wheelchairs and scooters – except for dialysis) and 1b (unable to walk 175 metres – except for dialysis), be authorized by a medical doctor, occupational therapist, physiotherapist, nurse, or chiropractor, and**
   b. **Applications under criteria 1a(iii) (wheelchairs and scooters – dialysis) or 1b(iv) (unable to walk 175 metres – dialysis) be authorized by a medical practitioner from the dialysis unit, and**

c. **Applications under eligibility criteria 1c (legally blind) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and**
d. **That all applications for Handi-Transit be submitted directly to Handi-Transit's medical consultant for purposes of determining if the applicant meets the eligibility criteria, and recommending approval or rejection to the Handi-Transit administration, and**
e. **That Council designate a hearing body to hear appeals from applicants determined to be ineligible for Handi-Transit services, and**
f. **That the hearing body be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit.**

3. **That ambulatory Handi-Transit registrants approved for eligibility prior to June 1, 2006 be required to re-register according to a schedule developed by Handi-Transit (notified by letter and given eight weeks to have application authorized and returned to the medical consultant) between June 1, 2006 and September 30, 2008. Handi-Transit registrants originally approved under the previous wheelchair or blind criteria will not have to re-register.**

4. **That Handi-Transit registrants be required to re-register for Handi-Transit service every three years on the anniversary month of their original registration (notified by letter and given eight weeks to have application authorized and returned to the medical consultant). Handi-Transit registrants approved under criteria 1c (legally blind), 1a(i) (wheelchair/scooter) or under criteria 2a(i) (unable to walk 175 meters) with "unlimited eligibility" whose disability is "permanent, progressive and non-reversible" in their new registration will not have to re-register every three years.**

5. **That any Handi-Transit registrants who do not use the service for 18 consecutive months will automatically have their registration cancelled and will have to re-register if they require Handi-Transit service in the future.**

6. **That June 1, 2006 all Handi-Transit registrants with "unlimited eligibility" approved under criteria 1a(i), 1b(i) and 1c showing a valid CNIB photo ID card or a Handi-Transit photo ID pass (available to new registrants and current registrants once re-registered as described in recommendation #3) be entitled to use regular transit service without payment of a fare. Attendants or companions will be required to pay their regular transit fare. Regular fares for Handi-Transit service continue to apply.**

7. **That any Handi-Transit registrant with "unlimited eligibility" under criteria 1a(i), 1b(i) and 1c choosing to obtain a Handi-Transit photo ID pass to use regular transit service without payment of a fare is required to pay for the photo ID pass an amount equal to the amount charged to other regular transit**

users requiring photo ID for adjusted fares. The Handi-Transit photo ID pass will be valid up to the registration expiry date or three years for registrants not required to re-register.

8. **That the Current Budget impact identified in the Financial Impact Statement contained herein be referred to the 2006 Current Budget review process.**

REPORT SUMMARY

Key Issues:

- Of the 85 routes in the regular transit system, 45 are designated "easy access" routes on weekdays and ALL routes are "easy access" on weekends. On weekday "easy access" routes, low-floor buses operate on all off-peak service and most of peak period (rush hour) service. The 45 weekday routes account for a high proportion of total weekday regular transit service. The combination of most weekday service and all weekend service operated by low-floor buses provides the opportunity for some Handi-Transit registrants to use the regular transit service.

- The current eligibility criteria, relates to the inability of a person with a physical disability to use non-accessible high floor buses. Because the regular transit system is now “effectively accessible”, it is an appropriate time to modify the eligibility criteria for Handi-Transit to reflect the fact that access to the regular transit fleet will generally no longer require a person with a physical disability to climb a number of stairs.

- It is important to update the Handi-Transit registration process to provide a greater degree of consistency in determining eligibility. There is a perception that some individuals being registered do not fully meet the eligibility criteria. Several factors contribute to this:

    - a variety of health care professionals authorizing applications who may or may not fully understand the purpose of the program
    - no objective test exists to determine eligibility
    - lack of health care professionals screening applications on the Handi-Transit side to confirm compliance with the criteria.

- To address this perception and ensure the evaluation process is fair and consistent, it is proposed the services of a Handi-Transit medical consultant be retained to review applications and follow-up with any action required to determine the applicant’s eligibility, i.e., clarification from the health care professional completing the application and/or applicant’s doctor, interview with the applicant, mobility assessment, etc. This process ensures a more accurate evaluation of the applicant’s mobility impairment in relation to use of both regular and specialized

transit services. The medical consultant will then recommend to the Handi-Transit administration acceptance or rejection of the application.

- It is also proposed that Council designate a hearing body to hear appeals from applicants determined to be ineligible for Handi-Transit services.

- It is also proposed that the hearing body be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit.

- Because the majority of current Handi-Transit users registered with Handi-Transit some number of years ago and the eligibility criteria proposed eliminates the 35 cm/14-inch step criteria, it is proposed all current ambulatory registrants be required to re-register in order to ensure that all registrations are valid. In order to minimize the impact on current registrants, those who qualify because they regularly require the use of a wheelchair/ scooter, or are legally blind, will not have to re-register.

- It is also proposed that all registrants be required to re-register every three years in order to ensure that client information regarding degree of mobility remains accurate. Handi-Transit registrants approved under the wheelchair/scooter or blind criteria with "unlimited eligibility" or whose disability is "permanent, progressive and non-reversible" in their new registration will not have to re-register every three years.

- It is also proposed that any registrants who do not use the service for 18 consecutive months have their registration automatically cancelled. This will ensure the Handi-Transit database is up to date. Accurate data concerning number of registrants and their mobility aids is important for service delivery planning as well as communication with active registrants.

- It is also proposed that beginning June 1, 2006 all Handi-Transit registrants with "unlimited eligibility" approved under criteria 1a(i), 1b(i) and 1c showing a valid CNIB photo ID card or a Handi-Transit photo ID pass (available to new registrants and current registrants once re-registered as described in recommendation #3) be entitled to use regular transit service without payment of a fare. This will encourage Handi-Transit registrants to utilize regular transit when they can – an option that is increasingly available as high floor buses are replaced with low-floor, easy access buses.

Implications of the Recommendation(s):

General Implications:

	None
	For the organization overall and/or for other departments
X	For the community and/or organizations external to the City of Winnipeg
	Involves a multi-year contract

Comment: The recommendations incorporate significant changes to the eligibility criteria and registration process for Handi-Transit, as well as a significant fare policy change for regular transit.
The objectives of the recommendations are to reflect the "effective accessibility" of the regular transit system as of June 2005, to provide a more objective and consistent assessment of applications for Handi-Transit registration and to encourage the use of regular transit as an alternative to Handi-Transit whenever possible.

Policy implications:

	No
X	Yes

Comment: The recommendations incorporate significant changes to the eligibility criteria and registration process for Handi-Transit, as well as a significant fare policy change for regular transit.

Environmental Implications:

X	No
	Yes

Comment:

Human Resources Implications:

	No
X	Yes

Comment: The recommendations require a 1.5 FTE increase in staffing for Handi-Transit. This includes administrative support to coordinate re-registration, ensure Public Health Information Act requirements are adhered to, and medical personnel to assess applications for Handi-Transit to determine eligibility.

Financial Implications:

	Within approved current and/or capital budget
X	Current and/or capital budget adjustment required

Comment: The recommendations contained in this report will result in increased cost of administering the registration process for Handi-Transit. The demographics of the aging Winnipeg population will inherently result in increased Handi-Transit costs.

The recommendation for free use of regular transit for Handi-Transit registrants showing a valid Handi-Transit photo ID pass, will result in some loss of revenue for regular transit, which will be more than offset by savings in Handi-Transit costs. Due to increasing demand for Handi-Transit service, it is expected any

trips saved due to the eligibility changes and free regular service provisions will be redirected to help meet the increasing Handi-Transit demand. It is not the intent of these recommendations to reduce the Handi-Transit budget otherwise.

Summary of Current Policy and Recommendations

Current Policy	Recommendations
Eligibility Criteria Requires the use of a wheelchair or scooter. Unable to step up or down a 35 cm/14 inch step unassisted. Unable to walk 175 m/575 feet outdoors. Has 20/200 vision or less (legally blind). In addition the following questions are asked: 1.) Is this condition permanent or temporary (and if temporary until what date)? 2.) Does the applicant require Handi-Transit service only during winter months (yes or no)?	1. Requires the use of a wheelchair or scooter: a. on an ongoing basis – unlimited eligibility, or b. until a specific date – eligibility only until the date specified, or c. as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment. 2. Unable to walk 175 metres (575 feet) outside unassisted: a. at all times – unlimited eligibility, or b. during winter months only – eligibility restricted to the period from October 1st to March 31st, or c. until a specific date – eligibility only until the date specified, or d. as a result of dialysis treatment– eligibility only for trips to and from dialysis treatment. 3. Has 20/200 vision or less, or a visual field of less than 20 degrees (legally blind) – unlimited eligibility.
Registration Process Applications may be authorized by any one of the following health care professionals: medical doctor, occupational therapist, physiotherapist, nurse, or chiropractor, and are submitted directly to the Handi-Transit administration for processing.	Applications under criteria 1a and b and criteria 2a, b and c be authorized by any one of the following health care professionals: medical doctor, occupational therapist, physiotherapist, nurse, or chiropractor. Applications under criteria 1c (wheelchairs and scooters – dialysis) or 2d (unable to walk 175 metres – dialysis) be authorized by a medical practitioner from the dialysis unit, and Applications under eligibility criteria 3 (legally blind) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and That all applications for Handi-Transit registration be submitted directly to Handi-Transit's medical consultant for purposes of reviewing all applications and recommending approval or rejection to the Handi-Transit administration, and That any appeals to the decision of the Handi-Transit administration regarding registrations be made to a hearing body designated by Council to hear appeals from applicants determined to be ineligible for Handi-Transit services, and That the hearing body be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit.
Re-registration No requirement for re-registration.	That ambulatory Handi-Transit registrants approved for eligibility prior to June 1, 2006 be required to re-register according to a schedule developed by Handi-Transit between June 1, 2006 and September 30, 2008. Handi-Transit registrants, originally approved under the previous wheelchair or blind criteria, will not be required to re-register. That Handi-Transit registrants be required to re-register for Handi-Transit service every three years on the anniversary month of their original registration. Handi-Transit registrants approved under criteria 3 (legally blind), 1a (wheelchair/scooter) with "unlimited eligibility" or under criteria 2a (unable to walk 175 meters) with "unlimited eligibility" whose disability is "permanent, progressive and non-reversible" in their new registration will not have to re-register every three years.
Use of Regular Transit A regular transit fare applies.	That June 1, 2006 all Handi-Transit registrants with "unlimited eligibility" approved under criteria 1a, 2a, and 3 showing a valid CNIB photo ID card or a Handi-Transit photo ID pass (available to new registrants and current registrants once re-registered as described in recommendation #3) be entitled to use regular transit service without payment of a fare. Regular fares for Handi-Transit service continue to apply. Attendants or companions will be required to pay their regular transit fare.

REPORT

REASON FOR THE REPORT:

At its meeting of February 10, 2004, as a result of a presentation by a delegation expressing concern that some individuals approved for Handi-Transit service do not fully meet the eligibility criteria, the Standing Policy Committee on Public Works directed the Transit Department to undertake a review of the Handi-Transit eligibility criteria and registration process.

The Transit Department submitted a report to the Standing Policy Committee on Public Works on October 19, 2004 outlining significant changes to the eligibility and registration process. Presentations by delegation made at the November 9, 2004 meeting by individuals and groups representing persons with disabilities expressed concern from the community and health care field about some of the recommendations. Therefore, the Standing Policy Committee on Public Works instructed the Transit Department to consult further with community representatives and the Taxicab Board to come closer to a consensus on the recommendations.

Specifically, concerns were expressed about the following:

- restricting authorization to medical doctors (accessibility of doctors, increased costs to applicants)
- implementing a registration fee of $25.00 every three years to offset some of the costs of the Transit Department hiring or contracting medical consulting services to review applications and recommend acceptance or rejection to the Transit administration (financial burden on persons with limited income and no expectation that regular transit users pay an additional fee on top of fares)
- lack of recommendation to expand eligibility to include persons with cognitive disabilities (apart from mobility impairment).

This report recommends some significant policy changes, which require the approval of Council.

HISTORY:

In 1977, the City of Winnipeg began to operate Handi-Transit on a trial basis utilizing Winnipeg Transit bus operators and Handi-Transit vans owned by the City. In 1979, the operation was made a permanent part of the Winnipeg Transit operation.

In 1988, Handi-Transit began an ambitious service expansion program by contracting out service delivery expansion to private industry.

In September 1994 City Council approved the recommendations of the "Art Braid" report, which defined the components of a "reasonably equivalent" transportation service for persons with physical disabilities. The components of a "reasonably equivalent" service, in general terms, consisted of an accessible regular transit system, and an upgraded and adequately funded Handi-Transit service.

In 1996/97 Handi-Transit completed the total contracting out of service delivery under the brokerage concept. Currently Handi-Transit has 11 service delivery contracts with private industry for the delivery of Handi-Transit service utilizing sedan type vehicles, accessible vans, and paratransit buses. Ten of the contracts are on an hourly service basis, while one is on a flat rate (per trip) basis.

On October 18, 2000, Council adopted a series of Handi-Transit Policies and Guidelines recommended by the Handi-Transit Policy Advisory Committee.

DISCUSSION:

Survey of Other Systems

Phase 1 of this study, undertaken in response to Standing Policy Committee on Public Work's directive February 10, 2004, was to survey other Canadian operations of roughly equivalent size to determine their eligibility criteria and to obtain detail regarding their registration process. The Cities surveyed were Vancouver, Edmonton, Calgary, Hamilton, Peel Region, York Region, and Ottawa. This study was undertaken through a combination of e-mail/phone communication and a review of information on their web sites in those cases where it was not possible to obtain a response by e-mail or phone.

The survey results indicated that Winnipeg's eligibility criteria and registration process are reasonably similar to most other systems.

In the case of eligibility, Peel, York, and Ottawa were very similar to Winnipeg; namely, eligibility was contingent upon the physical inability to use regular transit. Vancouver, Edmonton, and Calgary all accept a cognitive disability, as additional eligibility criteria, for specialized transit services.

In the case of the registration process, Vancouver, Edmonton, Hamilton, and Ottawa accept the certification of a medical practitioner selected by the applicant, similar to the process currently in place in Winnipeg. Calgary, Peel, and York, require an assessment by an independent individual or panel appointed by the City/Region/or Operator to confirm eligibility for service.

Eligibility

When Council adopted the current eligibility criteria for Handi-Transit, the regular transit fleet consisted totally of non-accessible "high floor" buses. The Handi-Transit eligibility criterion was directly related to the inability to use the regular transit system of the day.

All regular transit buses purchased by the City since 1994 have been easy access low floor designs. As of June 2005, over 50% of the bus fleet is made up of low floor buses. Of the 85 routes in the regular transit system, 45 are designated "easy access" routes on weekdays and ALL routes are "easy access" on weekends. On weekday "easy access" routes, low-floor buses operate on all off-peak service and most of peak period (rush hour) service. Some additional buses used for the peak period only will still be high floor buses until these older buses are replaced over the next ten years.

The 45 weekday routes account for a high proportion of total weekday regular transit service. The combination of most weekday service and all weekend service operated by low-floor buses provides the opportunity for some Handi-Transit registrants to use the regular transit service. The number of passengers riding regular transit using a wheelchair or scooter as a mobility aid was just over 7,000 in 2004 and just over 8,000 in 2005.

The current eligibility criteria allows for an applicant to qualify for Handi-Transit service if they cannot step up or down a 35 cm (14 inch) step unassisted (the height of the first step up from the ground to a regular “high floor” transit bus). Because the fleet is now “effectively accessible”, it is no longer necessary for a regular transit user to be able to step up the 35 cm/14 inches to the first step of a “high floor” transit bus in order to use regular transit service. Instead, it will be necessary only for the individual to walk or “wheel” to the bus stop and up the low floor bus ramp. Therefore, it is recommended that the eligibility criteria of being unable to step up a 35cm or 14 inch step unassisted, be discontinued.

Some individuals are registered for Handi-Transit solely because of their inability to use regular transit after dialysis treatment; currently their registration does not preclude their using the service at other times. It is proposed to make their access to Handi-Transit, in this circumstance, limited to trips to and from dialysis treatments.

There are also circumstances where a person may qualify for Handi-Transit service for a finite period (for example due to an injury or temporary condition). It is proposed to make their eligibility for Handi-Transit explicitly limited to the period of time that the injury or temporary condition is expected to exist.

A considerable number of ambulant registrants require Handi-Transit service only during “winter months.” It is proposed to limit their access to Handi-Transit to the period between October 1 and March 31. It is recognized that “winter conditions” can occur in some years well beyond the end of March. Therefore, it is proposed that the Handi-Transit administration have authority to accommodate these Handi-Transit registrants beyond March 31 on these occasions until such time as conditions warrant.

It is also proposed to expand the definition of legally blind contained in the eligibility criteria of 20/200 vision or less, to also include a visual field of less than 20 degrees. This will be consistent with the current widely accepted definition of legally blind.

Therefore, it is recommended as follows:

That effective June 1, 2006, the eligibility criteria for Handi-Transit be as follows:

a) Requires the use of a wheelchair or scooter:

- **(i) on an ongoing basis – unlimited eligibility, or**
- **(ii) until a specific date – eligibility only until the date specified, or**
- **(iii) as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.**

b) Unable to walk 175 metres (575 feet) outside unassisted:

- **(i) at all times – unlimited eligibility, or**
- **(ii) during winter months only – eligibility restricted to the period from October 1st to March 31st, or**
- **(iii) until a specific date – eligibility only until the date specified, or**
- **(iv) as a result of dialysis treatment – eligibility only for trips to and from dialysis treatment.**

c) Has 20/200 vision or less, or a visual field of less than 20 degrees (legally blind) – unlimited eligibility.

Registration Process

The current Handi-Transit registration process allows the application form to be authorized by a "health care professional," defined as a medical doctor, an occupational therapist, a physiotherapist, a nurse, or a chiropractor. In the case of ambulatory applicants, the current application process relies solely on the judgement of the medical practitioner filling out the form to subjectively determine if the applicant can walk 175 metres or step up a 35 cm step. No medical information is provided on the current form regarding the applicant's condition to explain their inability to walk or step up. The completed application form is sent directly to the Handi-Transit administration, reviewed for reasonableness, and either accepted or rejected (very few are rejected).

There is considerable variation across Canada in who is authorized to "sign off" on a Handi-Transit application. The system in Edmonton, Ottawa, and Hamilton is somewhat similar to Winnipeg's, although Ottawa's is a bit more restrictive.

Calgary, Peel Region, and York Region, all require the applicant to be assessed by an appointed eligibility committee or equivalent.

Currently, with the variety of health care professionals authorizing Handi-Transit registrations and the lack of an objective test to determine compliance, there is a perception in the community that some individuals are being registered who do not fully meet the eligibility criteria. These health care professionals can know the patient intimately (e.g. the family physician), or alternatively, only marginally (e.g. a nurse or physician at a walk-in clinic). Each of these two extremes can cause problems in the current registration process.

In the case of the family physician, the physician often plays an advocate role for his/her patient, which combined with a lack of an objective test to measure degree of disability, can cause inappropriate registrations to occur. In the case where the healthcare professional's knowledge of the patient is only marginal, inconsistency in applying the eligibility criteria can occur.

With the recommended change in eligibility criteria, and the recommendation to allow Handi-Transit registrants free access to regular transit, it is particularly important to have an evaluation process in place that is fair and consistently applied to ensure that Handi-Transit registrants fully meet the eligibility criteria.

In its report to the Standing Policy Committee on Public Works October 19, 2004, Transit administration recommended restricting the authorization of Handi-Transit applications to medical doctors (except in the case of applicants who are legally blind or only need service to and from dialysis) as a means of gathering objective medical information to determine eligibility for specialized transit services. This raised concern among the Winnipeg Regional Health Authority and organizations representing persons with disabilities. The specific concerns were:

- Many individuals applying for Handi-Transit services do not have a family physician. They get medical services from clinics or specialists. Therefore, requiring a medical doctor complete the application may create difficultly for many applicants because getting an appointment with a medical doctor for this purpose may not be easy to obtain.
- Medical doctors charge fees to their patients for such services. This may create a financial burden for many Handi-Transit registrants given many persons with disabilities have limited incomes and this requirement could make it difficult for some to access a service they need.
- Other health care professionals such as Occupational Therapists and Physiotherapists are often more familiar with the applicant's mobility restrictions than a patient's doctor because they focus on assessing and improving the mobility restrictions that interfere with daily living/quality of life.

As a result of further consultation, Transit administration agrees that the concerns raised are valid and may create obstacles for applicants as well as administrative complexity for the health care system. However, a fair and consistent application process is necessary to ensure those who most need specialized transit can access the service. This is especially important given Winnipeg's aging population (increase in applications) and the high costs associated with specialized transit.

To address these concerns, it is proposed the services of a Handi-Transit medical consultant be retained to review applications and follow-up with any action required to determine the applicant's eligibility, i.e., clarification from the health care professional completing the application and/or applicant's doctor, interview with the applicant, mobility assessment. This process ensures a more accurate evaluation of the applicant's disability and mobility impairment in relation to use of both regular and specialized transit services. An application process that does not rely solely on health

care professionals within the community to apply eligibility criteria in a consistent manner will guarantee the increased accessibility of the regular transit system is considered as applicants' needs are evaluated.

From a financial perspective, a process that achieves this is crucial. Although it is difficult to assess the immediate and overall impact of an improved application process, even small numbers of registrants identified who can now use the regular transit system during summer months will have a favourable financial impact. For example, if 5% of ambulatory registrants were identified as able to use regular transit during the summer months, and they use Handi-Transit for two return trips a week, the cost savings would be $430,000 annually. At three return trips a week, the savings would be $640,000 annually.

In the case of an applicant who is applying under the legally blind criteria, it is best left to an optometrist, ophthalmologist, or the CNIB to advise Handi-Transit on this matter. In the case of an application under the dialysis criteria, recommendation 1a (iii) or 2b (iv), the applicant will have the option of having their application authorized by a medical practitioner from the dialysis unit.

It is also proposed that any appeals to the decision of the Handi-Transit administration regarding registrations be made to a hearing body designated by Council to hear appeals from applicants determined to be ineligible for Handi-Transit services. The hearing body should be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit. Therefore, it is recommended as follows:

That effective June 1, 2006, the application process for Handi-Transit is as follows:

a. **Applications under eligibility criteria 1a (wheelchairs and scooters – except for dialysis) and 1b (unable to walk 175 metres – except for dialysis), be authorized by a medical doctor, occupational therapist, physiotherapist, nurse, or chiropractor, and**
b. **Applications under criteria 1a(iii) (wheelchairs and scooters – dialysis) or 1b(iv) (unable to walk 175 metres – dialysis) be authorized by a medical practitioner from the dialysis unit, and**
c. **Applications under eligibility criteria 1c (legally blind) be authorized by way of a CNIB registration number, or by an optometrist or ophthalmologist, and**
d. **That all applications for Handi-Transit be submitted directly to Handi-Transit's medical consultant for purposes of determining if the applicant meets the eligibility criteria, and recommending approval or rejection to the Handi-Transit administration, and**
e. **That Council designate a hearing body to hear appeals from applicants determined to be ineligible for Handi-Transit services.**

f. **That the hearing body be comprised of a medical doctor retained by the City, the Manager of Handi-Transit (or designate) and a third person designated by the Director of Transit.**

Re-registration and Registration Update Requirements

Handi-Transit receives over 3,000 new registrations each year. Many of these new registrants use Handi-Transit infrequently, if ever, while some registrants use the service daily. There is no system currently in place to cull inactive registrations from the system. As a result, when Handi-Transit sends out communications to all registrants, it is a very expensive and wasteful undertaking, since many individuals on the mailing list are not active Handi-Transit users. To illustrate this point, there are approximately 23,000 individuals registered with Handi-Transit and approximately 9,500 of these registrants have used the service in the past year.

The lack of a process to maintain up to date client information also creates the issue of inaccuracies recorded on client files regarding status of mobility and types of mobility devices used. Operational issues and a waste of valuable resources can result if an inappropriate vehicle is dispatched as a result. A regular process for updating the Handi-Transit registration file for registrants most likely to experience changes in their mobility and devices used is required to address these issues.

The new eligibility criteria contained in recommendation #1 requires that all current registrants who might be affected by the change (removal of unable to step 35 cm/14 inches criteria) be re-registered. These will be ambulatory registrants. It is proposed that registrants who are legally blind or regularly use a wheelchair or scooter not be required to re-register.

To ensure a continued current database of registrants and their mobility aids, it is proposed that all registrants other than those who are legally blind or regularly use a wheelchair or scooter be required to re-register every three years unless their disability is identified as **"**permanent, progressive and non-reversible" in their new registration**.**

Likewise, it is proposed that any Handi-Transit registrants who do not use the service for 18 consecutive months have their registration cancelled and be required to reapply for service if they require specialized transit service in the future. Therefore, the following is recommended:

a. **That ambulatory Handi-Transit registrants approved for eligibility prior to June 1, 2006 be required to re-register according to a schedule developed by Handi-Transit (notified by letter and given eight weeks to have application authorized and returned to the medical consultant) between June 1, 2006 and September 30, 2008. Handi-Transit registrants originally approved under the previous wheelchair or blind criteria will not have to re-register.**

b. **That Handi-Transit registrants be required to re-register for Handi-Transit service every three years on the anniversary month of their original registration (notified by letter and given eight weeks to have application authorized and returned to the medical consultant). Handi-Transit registrants approved under criteria 1c (legally blind), 1a (i) (wheelchair/scooter) or under criteria 2a(i) (unable to walk 175 meters) with "unlimited eligibility" whose disability is "permanent, progressive and non-reversible" in their new registration will not have to re-register every three years.**

c. **That any Handi-Transit registrants who do not use the service for 18 consecutive months will automatically have their registration cancelled and will have to re-register if they require Handi-Transit service in the future.**

Registration Fee

In its report to the Standing Policy Committee on Public Works on October 19, 2004, Transit administration recommended the implementation of a $25.00 registration fee for all Handi-Transit registrants to offset some of the costs related to an improved registration process. This was not supported by organizations representing persons with disabilities citing that regular transit users are not required to pay additional fees other than the standard fare.

During a customer survey of Handi-Transit registrants that Transit conducted in April 2005, respondents were asked if they were willing to pay a $25.00 registration fee to cover a portion of the costs incurred to improve the application process by hiring a medical consultant to screen applications. Half of all respondents said they would be in favour of paying the fee. Of the frequent users of Handi-Transit surveyed, 60% were willing to pay a registration fee.

However, further jurisdictional inquiry revealed the cities of Toronto and Hamilton previously required a registration fee for their paratransit services. Because of complaints to the Ontario Human Rights Commission, both municipalities agreed to remove the registration fee requirement.

A *Discussion Paper on Accessible Transit Services in Ontario,* approved by the Ontario Human Rights Commission, January 16, 2001, cites registration fees for paratransit services (and no other part of the transit system) are *prima facie* discriminatory and justified only if it can be shown that the cost to the transit service provider constitutes undue hardship. The cost considered must be for the entire program, not a particular program, and fares should be structured so all transit users pay to reflect the cost of a trip or a flat fee for all users of the system.

Given this interpretation, the reaction of this proposal from organizations representing persons with disabilities in Winnipeg, and the removal of registration fees in Toronto and Hamilton, Transit administration is not recommending a registration fee for Handi-Transit service.

Use of Regular Transit by Handi-Transit Registrants

Although Handi-Transit registrants, by definition, meet the eligibility criteria for Handi-Transit, there may be circumstances when the use of regular transit for specific trips is an option – for example during certain times of the year. From a cost perspective, it is very much to the City's advantage to encourage Handi-Transit registrants to utilize regular transit whenever possible now that over 50% of the regular transit fleet is comprised of accessible low floor buses.

Regular transit, in many cases, can be a very attractive option for Handi-Transit registrants because of the flexibility provided by regular transit in comparison with Handi-Transit, which requires pre-booking of trip requests, and little, if any, flexibility to change travel times, once committed.

Therefore, to make it more attractive for Handi-Transit users to consider utilizing regular transit whenever possible, the following is recommended:

a. **That June 1, 2006, all Handi-Transit registrants with "unlimited eligibility" approved under criteria 1a(i), 1b(i) and 1c showing a valid CNIB photo ID card or a Handi-Transit photo ID pass (available to new registrants and current registrants once re-registered as described in recommendation #3) be entitled to use regular transit service without payment of a fare. Attendants or companions will be required to pay their regular transit fare (regular fares for Handi-Transit service continue to apply).**

b. **That any Handi-Transit registrant with "unlimited eligibility" under criteria 1a(i), 1b(i) and 1c choosing to obtain a Handi-Transit photo ID pass to use regular transit service without payment of a fare is required to pay for the photo ID pass an amount equal to the amount charged to other regular transit users requiring photo ID for adjusted fares. The Handi-Transit photo ID pass will be valid up to the registration expiry date or three years for registrants not required to re-register.**

Concurrent with the above noted change to Council's fare policy to allow Handi-Transit registrants with "unlimited eligibility" possessing a valid photo ID pass to use regular transit without paying a fare, Handi-Transit will undertake a marketing effort to make registrants aware of the regular transit option. Articles in the *Handi-News*, will inform Handi-Transit registrants about low floor buses (kneeling features, ramps, securement of wheelchairs/scooters) and the information tools, such as *Navigo,* which are available to make regular transit more accessible for those persons with a physical disability.

In addition, Transit's public relations staff person will continue meeting with key organizations, seniors groups, etc. to provide information about low floor buses, "easy access" schedules, etc. These sessions will include an opportunity to ride on a low floor bus and operate the wheelchair/scooter securement devices.

It will also be necessary to provide a mechanism to enable bus operators to determine who is eligible to utilize regular transit without payment of a fare. A photo ID pass is the only effective way of doing this and is consistent with Transit's approach of identifying

other passengers who qualify for reduced fares (such as the Post Secondary Pass, Go Card photo ID for high school students, and Senior's Photo ID.). Such a photo ID pass would be made available to Handi-Transit registrants, but would not be mandatory, since, it would not be required for use on Handi-Transit, only for regular transit (unless service issues warrant it on a case by case basis).

Consultation and Further Study

The Handi-Transit Policy Advisory Committee (PAC) and the Manitoba League for Persons with Disabilities (MLPD) Transportation Coalition were consulted extensively over the past few months and fully support all the recommended changes.

However, it should be noted that the PAC, MLPD, Alzheimer Society of Manitoba, and the City of Winnipeg's Access Advisory Committee have concluded that the Handi-Transit eligibility criteria should be expanded to include persons with cognitive disability (apart from mobility impairment) and that eligibility should be assessed based on need rather than any particular disability.

Handi-Transit administration met with the Secretary and Chief Inspector of the Taxicab Board and they do not have any concerns with transporting persons with cognitive disabilities as long as drivers are given clear instructions to ensure safe transport of passengers.

Several jurisdictions in Canada include cognitive disability (apart from mobility impairment) as part of their eligibility criteria for specialized transit service. However, many jurisdictions in Ontario use eligibility criteria similar to Winnipeg. A recent court challenge against a municipality in Ontario using eligibility criteria much like Winnipeg's was unsuccessful.

The City of Hamilton is considering an expansion to their eligibility criteria to include cognitive disabilities (apart from mobility impairment). They are expecting a 30% increase in service level demand. A 30% increase in service level demand in Winnipeg would increase yearly operating costs by 2.8 million dollars.

Given the long-term implications of expanding eligibility, it is important to research the current practices of municipalities, analyze long-term costs, and determine policy, service standards and best practices for service delivery.

FINANCIAL IMPACT STATEMENT:

Project Name: Changes to the Handi-Transit Eligibility Criteria and Registration Process

First Year of Program: **2006**

	2006	2007	2008	2009	2010
Capital					
Capital Expenditures Required					
Less: Existing Budgeted Costs					
Additional Capital Budget Required	$ -	$ -	$ -	$ -	$ -
Funding Sources:					
Debt - Internal					
Debt - External					
Grants (Ienter Description Here)					
Reserves, Equity, Surplus					
Other - Enter Description Here					
Total Funding	$ -	$ -	$ -	$ -	$ -
Total Additional Capital Budget Required	$ -				
Total Additional Debt Required	$ -				
Current Expenditures/Revenues					
Direct Costs	$ 140,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000
Less: Incremental Revenue/Recovery					
Net Cost/(Benefit)	$ 140,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000
Less: Existing Budget Amounts	75,000	75,000	N/A	N/A	N/A
Net Budget Adjustment Required	$ 65,000	$ 75,000	$ 150,000	$ 150,000	$ 150,000

Additional Comments: The direct costs disclosed are those costs necessary to carry out and administer eligibility assessments and the registration process. The budget amount was based on preliminary estimates from the original proposal made in 2004. Any trips saved as a result of the recommendations made in this report would be redirected to meet otherwise increasing service demand. The 2006 and 2007 budgets have not yet been approved by Council. The budget adjustment required noted for 2008 through 2010 is because no operating budgets have been prepared beyond 2007.

Original Signed by Paul D. Olafson

Manager of Finance & Administration

N PREPARING THIS REPORT THERE WAS CONSULTATION WITH, AND CONCURRENCE BY:

Handi-Transit Policy Advisory Committee
Manitoba League for Persons with Disabilities Transportation Coalition Committee – (involved representatives of the following: MLPD, Independent Living Resource Centre, Winnipeg Seniors Transportation Group, Multiple Sclerosis Society, Arthritis Self Help Group, SCE Lifeworks, Canadian Diabetes Association, Ten Ten Sinclair Housing, Resource Centre for Manitobans Who are Deaf-Blind, CNIB, and the City of Winnipeg Access Advisory Committee)
Alzheimer Society of Manitoba
Taxicab Board
Winnipeg Regional Health Authority

THIS REPORT SUBMITTED BY:

Department: Transit
Division: Handi-Transit
Prepared by: Catherine Caldwell
File No.