



Memorandum

Subject: **ACTION**: State DOT Targets for Non-
Interstate NHS Pavement Measures

Date: September 27, 2018

From: Peter J. Stephanos /s/
Director, Office of Stewardship and
Oversight

In Reply Refer To:
HISM-1

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To: Division Administrators
Directors of Field Services
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Purpose

The purpose of this Memorandum is to provide clarification to State Departments of Transportation (DOT) and Metropolitan Planning Organizations (MPO) on reporting 1st performance period targets as well as explain FHWA's approach to determine significant progress towards achieving State DOT targets for the non-Interstate National Highway System (NHS) pavement condition measures. The FHWA will accommodate those State DOTs that established targets based on full-distress plus International Roughness Index (IRI) data for the non-Interstate NHS pavement measures for this 1st performance period.

Background

Each State DOT is required to report their 2-year and 4-year performance targets for assessing pavement conditions in their Baseline Performance Period Report by electronically entering them into the [Performance Management Form](#) (PMF) by October 1, 2018.¹ The FHWA will determine if a State DOT has made "significant progress" toward the achievement of each 2-year target in 2020 or 4-year applicable target in 2022 if either the actual condition level is better than the baseline condition or equal to or better than the established target.²

The national pavement condition measures require IRI, Cracking Percent, Rutting, and Faulting data to assess the pavement condition as Good, Fair or Poor for each pavement section on the non-Interstate NHS.³ The State DOTs are required to report on the full-

¹ [23 CFR 490.107](#)(b)(1)

² [23 CFR 490.109](#)(e)(2)

³ 23 CFR Part 490, Subpart C

extent⁴, full-distress data for the non-Interstate NHS to the Highway Performance Monitoring System (HPMS) beginning in 2022⁵; however, until then, State DOTs are required to report only the full-extent IRI data. Accordingly, 23 CFR 490.313(e) requires non-Interstate NHS pavement measures to be based only on IRI data for the 1st performance period. To make the measures and targets comparable, State DOTs are expected to establish their targets reflecting the condition based only on IRI. However, FHWA has learned that some State DOTs have set targets based on the full-distress plus IRI data⁶ and not solely on the IRI component.

Clarification

The FHWA will make significant progress determination for the 1st performance period as follows:

Targets based solely on IRI: FHWA will determine that a State DOT has made “significant progress” toward the achievement of each 2-year or 4-year target for non-Interstate NHS pavement measure if either:

- The actual condition level (based only on IRI data reported to HPMS in 2020 or 2022) is better than the baseline condition (based only on IRI data reported to HPMS in 2018); or
- The actual condition (based only on IRI data reported to HPMS in 2020 or 2022) is equal to or better than the established target (established based only on IRI).⁷

Targets based on full-distress plus IRI data: FHWA will determine that a that a State DOT has made “significant progress” toward the achievement of each 2-year or 4-year target for non-Interstate NHS pavement measure if either:

- The actual condition level (based only on IRI data reported to HPMS in 2020 or 2022) is better than the baseline condition (based only on IRI data reported to HPMS in 2018); or
- The actual condition level (based on “full-distress distress plus IRI data” reported to HPMS in 2020 or 2022) is equal to or better than the established target (established based on “full-distress plus IRI data”).

If a State DOT adjusts their IRI-based 4-year targets in their Mid Performance Period Progress Report⁸ to reflect “full-distress plus IRI data,” then FHWA will determine that a State DOT has made “significant progress” if either:

- The actual condition level (based only on IRI data reported to HPMS in 2022) is better than the baseline condition (based only on IRI data reported to HPMS in 2018); or

⁴ Full Extent Data is data reported for an entire roadway system or systems (page 1-3 HPMS Field Manual, Dec 2016)

⁵ Data collected in 2020 and 2021 to be reported to HPMS in 2022 (23 CFR 490.309(a), 23 CFR 490.311(c) and (d))

⁶ For purposes of this Memorandum, the term “Full-distress plus IRI data” refers to full-extent Cracking Percent and IRI for all pavement sections; full-extent Rutting for all pavement sections with asphalt pavement Surface Types; full-extent Faulting for all pavement sections with jointed concrete pavement Surface Types; and full-extent inventory data in accordance with in [23 CFR 490.309](#) and [23 CFR 490.311](#).

⁷ [23 CFR 490.313](#)(e), [23 CFR 490.109](#)(e)(2)

⁸ 23 CFR 490.105(e)(6)

- The actual condition level (based on “full-distress distress plus IRI data” reported to HPMS in 2022) is equal to or better than the adjusted 4-year target (based on “full-distress distress plus IRI data”).

If a State DOT reports targets based on “full-distress plus IRI data” in the Baseline Performance Period Report, the 2019⁹ non-Interstate NHS data entered into HPMS must comply with 23 CFR 490.309 and State DOT must clearly indicate in PMF fields P9 and P13 fields that both 2-year or 4- year targets for non-Interstate NHS measures are based on “full-distress plus IRI data.”

If you have any questions, please contact Susanna Hughes Reck at 202-366-1548 or susanna.reck@dot.gov or Chris Chang at 202-366-4657 or christopher.chang@dot.gov.

⁹ Data collected in 2018 and 2019 to be reported to HPMS in 2020.