DANE COUNTY

COORDINATED SPECIALIZED TRANSPORTATION PROJECT

FINAL REPORT

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16. Abstract

This project presents a collaborative effort between the Wisconsin Department of Transportation (WisDOT), The Department of Health and Family Services, and The University of Wisconsin-Milwaukee Center for Transportation Education and Development (UW-Milwaukee, CTED). The project researched and tested the feasibility and effectiveness of a brokerage model as a coordinating mechanism for meeting the transportation needs of the elderly, persons with disabilities, and clients of a variety of county programs.

The Dane County Department of Human Services implemented the project, which included: Medical Assistance recipients from income-eligibility programs, child protection, and federal SSI and SSDI; Public Health clients; seniors in nutrition programs, adult day-care, and users of the County senior group transportation services; persons with disabilities in supported employment, user-side-subsidy and other ride-to-work assistance programs; Economic Assistance and Work Services clients, and clients receiving a variety of family services. In the last phase of the project, southwestern Dane County was focused on, since it resembles many Wisconsin counties in that it is primarily rural, has several small municipalities, and low population density.

The brokerage model tested was intended to include rural-urban linkages, and to be flexible, affordable, simple, marketable, and easily customized.

Conclusion: 1. Barriers to coordination were identified; 2. The size of the brokerage limits the amount of participation by agencies and organizations; 3. Software development must occur in very close communication; 4. Not every activity, service or program can be coordinated; 5. Broad participation in the short and long range local planning process is needed; 6. Roles and responsibilities need to be specifically defined; 7. Successful brokerage depends on direct, rapid and clear communication between all parties involved.

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Table Of Contents

PROJECT DESCRIPTION

PROJECT IMPLEMENTATION

PROJECT RESULTS

APPENDICES

PROJECT DESCRIPTION

1. INTRODUCTION

1A. PURPOSE OF PROJECT

The Coordinated Specialized Transportation Demonstration Project was a collaborative effort between the Wisconsin Department of Transportation (WisDOT), the Wisconsin Department of Health and Family Services (DHFS), and the University of Wisconsin Milwaukee Center for Transportation Education and Development (UWM-CTED). Dane County Department of Human Services (DCDHS) implemented the project with Dane County Regional Planning Commission (RPC) providing support and technical expertise. Additionally, CTED provided software application development services and developed the module for other counties to use as a guide to replicate the project. Dane County was selected as the site for implementation of the demonstration project.

The intent of the project was to research the feasibility and evaluate the effectiveness of a brokerage model[1] as a coordinating mechanism for meeting the transportation needs of the elderly, persons with disabilities, and clients of a variety of programs in a way that can be replicated throughout the state. The brokerage model to be developed by the project was intended to be flexible, affordable, simple, marketable and easily customized. Since most Wisconsin counties are predominantly rural, the project focused on the rural areas of the demonstration county. However, urban linkages would also be examined because a number of counties in the state have an urban transit system within the county.

The project was to provide a process for assessing transportation needs and available resources, in order to facilitate exploration of interagency cooperation. The project was intended to bring about greater coordination between all those responsible for specialized transportation at both state and local levels. At the state level, an additional goal was to lay the foundation for future policy development in

[1] Terms which may be unfamiliar to the reader are defined in Appendix II, Specialized Project Terminology.

the areas of funding, allocation, and procedures concerning specialized transportation resources. At the local level, the project was intended to provide organizational capacity building and the network needed for coordination to work.

The project was structured to feature a brokerage model that required a broker to arrange transportation for the elderly, persons with disabilities, and clients within other human services programs. Minimum responsibilities included receiving requests, verifying eligibility, arranging transportation services, billing for the cost of the ride, record keeping, monthly reporting and providing a transportation clearinghouse.

1B. Problem Statement

The project was initiated to address a variety of specialized transit problems within counties throughout the state. The primary issues identified were:

Fragmented, inefficient use of resources. The most prominent challenge to effective elderly and disabled transportation in Wisconsin is the fragmented nature of both the funding and the service delivery systems. There is no single source of funding within the state adequate to provide the general purpose transportation service system that consumers need most. Unlike mass transit, specialized transportation is seen as an adjunct to delivery of human services, with the result that transportation services and funding are structured by targeted program areas, with significant resources allocated to some populations for some trip purposes, and very little available for the rest. For example, one of the largest sources of funding, Medicaid (MA[2]), is a demand-responsive system for very narrowly defined purposes and requires extensive preparation to establish eligibility. MA transportation resources are not coordinated with other programs, so that an elderly woman may receive a ride to her doctor, but be unable to get to the pharmacy. Consequently, local agencies are obliged to pull together small amounts of funding from a variety of sources in order to provide specialized transportation services for other riders. Complicating the problem is the tight fiscal climate at all levels of government.

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[2] Medicaid, Medical Assistance, MA, and Title XIX (19) all designate the same federal program for low-income persons. See Appendix II, Specialized Project Terminology.

Unsuccessful past specialized transportation coordination efforts within the state. A number of counties have established Transportation Coordinating Committees (TCC's). However, there is no standard model for structuring these forums; statewide, the range of activities varies from annual meetings for review of applications for elderly and disabled transportation programs to monthly consultation on a wide variety of transportation issues with the county. Coordination of specialized transportation services is a concept that has been widely discussed but rarely implemented within the state. There is no state mandate that coordination take place. Design and demonstration of a workable coordination model was therefore intended to assist counties in planning better and more efficient use of transportation resources.

Pressure to reduce costs, particularly in Medicaid transportation. The inefficient use of Medicaid transportation is a problem faced by most counties. Coordination and rideshareing among users of Special Medical Vehicles (SMVs) has been underexplored, and SMV certification is frequently prescribed when common carrier transportation (a more inexpensive form of transportation) might be more appropriate and cost-effective.

Lack of a central focal point within county government (transportation coordinators) to deal with *all* agencies' transportation issues. Transportation is often seen as an aspect of case management. Authorization for rides is usually performed by individual caseworkers, who may not be completely familiar with all transportation resources, and for whom transportation is merely a means to reach the primary goal of facilitating access to needed services. Consequently, efficiency is often sacrificed for expediency, and full use is not made of scarce transportation resources. Human service providers have many concerns to address on behalf of their clients; it simply makes better sense to have a specialized unit to coordinate and manage transportation access.

1C. Project Funding

This project was funded by the Wisconsin Department of Transportation and the Federal Highway Administration. The Request for Proposals (RFP) for the project specifically directed project funds toward coverage of administrative costs of brokerage, rather than subsidy of operations.

2. ANTICIPATED BENEFITS OF PROJECT

The project anticipated pursuing efficiencies in two areas: a) in transportation costs through ride coordination and consolidated transportation contracting, and b) administrative overhead through interagency and private/public cooperation, and streamlined, centralized ride handling. Any savings generated through these measures could be considered a source of funding for increased ridership, service availability, opportunities for discretionary travel, accessibly, and transportation options. These early objectives were frequently examined and revised as the project experience unfolded. The original conception of the project encompassed the following ideas:

Original Expected Outcomes	Definitions
Flexible Brokerage	A model that can be adapted to accommodate counties' needs as transportation conditions and demands change.
Affordable Brokerage	A model that is inexpensive to implement.
Marketable Brokerage	A model that has features that would be attractive to a variety of counties.
Transferable Brokerage	A model in which all requisite components are in the public domain.
Easily Customized Application	A software application that can be easily customized by counties to fit their needs.
Improved Services to Elderly Persons, Persons with Disabilities, and Other Human Service Clients	A model which would improve access, availability, and increase options for travel.

3. THE ORIGINAL PROJECT DESIGN

3A. SETTING

Dane County, Wisconsin, population 360,000, was the site of the brokerage demonstration (see Appendix I., Map Of Dane County). Situated in the south central portion of the state, it has a rural/urban mix. The state capital, Madison, population 190,000, is located in the center of the county. There are several smaller municipalities which are fairly evenly distributed throughout the county. The closest municipalities are included in the Madison metropolitan area, which is served by an extensive mass transit system. Only one other municipality, Stoughton, has a local public transit system. There is no regional transit system and intercity travel is primarily by automobile. Several commuter bus systems have developed, although they run only during morning and evening peak hours and therefore are not timely for many transportation needs. In addition to being a geographic hub, many services are located in Madison. While some people needing specialized transportation are able to access local medical clinics, the only hospitals in the county are located in central Madison and Stoughton, and Madison is the regional specialty medical center. Availability of providers is not an issue - there are approximately 30 private-sector transportation services in the county, including Specialized Medical Vehicle (SMV) providers, bus services, and taxi companies. In addition, many private and non-profit human service organizations own vehicles. The total number of vehicles available for transit is approximately 300-325.

Over 100,000 medical trips are provided by Specialized Medical Vehicles in Dane County annually. The Department of Human Services has a number of transportation programs, virtually all of which are provided by private contractors. The rural bus service for elderly persons serves senior centers, adult daycare, nutrition sites and group shopping; and provides approximately 25,000 rides per year. The Retired Senior and Volunteer program provides another 40,000 rides. A routed service to supported worksites for persons with disabilities provides 86,000 rides annually, and the Department funds an additional 3,600 individual trips for persons with disabilities. Medicaid transportation for low-income persons is growing extremely rapidly. In 1996, there were approximately 30,000 rides. Court-ordered and service-related transportation for a variety of programs totals approximately 25,000 rides.

3B. PROJECT PARTICIPANTS

Below, project participants and their roles are described.

Participants	Roles
Coordinated Specialized Transportation Steering Committee	Conceptualize project, release RFP for project development, select contractors, general oversight
Wisconsin Department of Transportation	General oversight, in conjunction with DHFS evaluate project impact, contract administration, reporting, document process, structure and techniques, technical assistance and broker training, supervision of applications development consultant and demonstration project effort, preparation of the final report, and project assessment
Dane County Department of Human Services	Serve as demonstration site for brokerage project, invoice for expenditures, monitor project progress, provide required reports and information, work with WisDOT to document model, work with UW-M Extension to identify operational information needs
UW-Milwaukee Extension Center for Transportation Education and Development	Training and technical assistance to broker, software applications development, documentation of project model and transferability training
Dane County Regional Planning Commission	Advisory to DCDHS in planning issues; technical assistance to project staff
Wisconsin Department of Health and Family Services	Project assessment, evaluation and technical assistance
Dane County Specialized Transportation Committee/Commission	General oversight of Dane County specialized transportation issues, controlling responsibility for the transportation efforts of the county in the context of this project.

3C. Initial Project Strategies

The original design for this project anticipated creating a centralized broker who, with the support of appropriate software applications, would coordinate rides across programs. The fundamental strategies intended to be used by the program were:

- identification of programs and clientele to be covered by the demonstration,
- identification of institutional, contractual and regulatory barriers to brokerage,
- development of software applications to allow for reporting and billing,
- development of a working model for service delivery and a timetable for implementation, and
- evaluation of the effectiveness of a brokerage approach.

The foregoing criteria formed the basis for planning. Specific issues addressed prior to the implementation of the project included:

- The brokerage structure

  The original vision for the project was a Level Three brokerage, the most comprehensive level of coordination (see Appendix II, Specialized Project Terminology). Initial planning anticipated an independent administrative brokerage in which transportation resources would be consolidated under formal contractual relationships, and rides would be arranged through a single point of entry. Modifications of this structure occurred throughout the project.

- The responsibilities of the broker

  The first configuration of the service design model called for the broker to:
  - Receive transportation requests;
  - Verify eligibility where appropriate;
  - Screen for appropriate trip purposes;
  - Arrange transportation in an appropriate, cost effective manner;

- Ensure confidentiality and security;
- Establish fare/donation collection process;
- Develop uniform policies and procedures;
- Bill appropriate agencies or programs for the cost of the ride;
- Maintain proper records and generate requested reports;
- Monitor all activities to insure effectiveness and efficiency;
- Inform potential riders concerning how the broker system works.

- The software applications needed to support the brokerage efforts

  As originally envisioned, the project was to be supported by a software application specifically designed for use throughout the state in brokerage efforts based on the demonstration project. Much of the existing commercially available software was developed for large urban systems, and is neither user-friendly nor affordable for rural transit programs. University of Wisconsin Milwaukee Center for Transportation Education contracted to design a database application, based on a commercially available database software, which would support a limited brokerage in counties with a variety of transportation settings. The advantage to a software application modified and developed by the state University Extension system would be the low cost to counties and the availability of technical support.

- The desirability of securing an 800 number and developing an information clearinghouse

  Several communities in the project area incur a toll charge when telephoning Madison, where the broker is located. An 800-number would ensure accessibility to all income levels. A transportation clearinghouse would make information availability uniform across programs, and increase access to underserved persons. However, the volume of calls anticipated, given staffing limits within the brokerage, as well as the high cost of installation and the short duration of the project, made these options infeasible. See Appendix IV, Service Design Issues.

- Whether or not urban and rural linkages should be a part of the project scope

Counties with both urban and rural areas may find that linkages with the urban bus systems merit investigation. Many rural-to-urban rides, especially medical trips, include significant mileage within the service area of the urban mass transit system. The Madison Metropolitan transit system is designed with large park-and-ride lots on the periphery of the city. Cost savings might be realized if rural riders transferred to the urban bus system upon entry to the city. However, the administrative time required to prepare riders for correct use of this system, combined with the necessity of providing the rider with a bus pass, made this infeasible for all but frequent, well-oriented subscription riders. In addition, the bus route structure centers on the downtown area as a hub, and there are not good cross-town routes. If a rider entered the city on an inbound artery which did not directly pass by the destination, the rider often needed to ride into the central city, transfer buses to a different outgoing route, and complete the ride out to the destination point . This added travel times of over an hour each way.

- Quality assurance considerations

Prior to inception of the project, monitoring of contract compliance and quality of service was not centralized. Client complaints were typically received by program staff, who, in their role as client advocates, often followed up with the transportation provider. While such individualized negotiation often produced a favorable outcome for the client, decentralized handling of complaints masked trends in poor service, and frequently resulted in dissimilar, even contradictory application of policies. To standardize treatment of clients, and to track patterns in quality of services, the broker assumed centralized oversight of complaints and grievances related to transportation services (See Appendix VI, Project Policies).

- Determination of the mobility training needs of potential service users

At the outset of the project, DCDHS employed two mobility trainers who were available to provide services to brokerage clients. As the project objectives became refined, the need for this service

was eliminated, since brokerage did not require passengers to transfer to systems which were unfamiliar to them.

- Identification of incentives which might encourage SMV users to employ common carriers

  Although SMV transportation in the urban area was not included in the brokerage due to problems with waiving federal restrictions, volume of rides and staffing constraints, the brokerage initiated and participated in planning teams including state, county, and agency participants in efforts to promote and support use of common carrier transportation.

- The degree of need for involvement of a Dane County transportation planning consultant concurrently working on a transportation management study for other, non-project purposes. The study, commissioned by the county Department of Highways and Transportation, reviewed and evaluated existing transportation resources and unmet needs, and developed a comprehensive plan for improving transportation management, policy, and funding.

A survey of transportation providers was completed prior to the inception of the project (see Appendix III, Summary of Transportation Provider Inventory). The survey included provider vehicles, funding sources, ridership eligibility requirements, computer capability and other relevant data. In addition, an analysis of programs under consideration for inclusion in the project scope was completed the first month. Regulatory and contractual barriers to coordination across programs were included in this study as well as duplicate or problem rides. A summary planning document which incorporated this research (see Appendix V, Service Design Proposals) suggested an implementation model which would proceed in phases, to allow time for software application training and modification, client and program staff orientation to the brokerage concept, contractual modification, and other preparation for full implementation.

3D. Project Services

A variety of project services were provided as indicated on the following chart.

PROJECT SERVICES

Function Description	Provider Name	Relationship to Project	Monitored by
Demonstration site management and implementation	Dane County Department of Human Services	By contract with Wisconsin Department of Transportation	Wisconsin Department of Transportation
Application software development; training and technical assistance	UW-M Extension Center for Transportation Education and Development	By contract with Wisconsin Department of Transportation	Wisconsin Department of Transportation
Training and technical assistance related to operations and policy	On the Way Resources	Subcontract with project; contracted to UW-M Extension Center for Transportation Education and Development	UW-M Extension Center for Transportation Education and Development
Wide ranging technical assistance	Dane County Regional Planning Commission	Provided as an in-kind contribution of services	Dane County Department of Human Services
Prepackaged commercial software application	Innovative Software Technologies, Inc.	Vendor	NA
Training in the use of Microsoft Access	Bill Gulley Consulting	Vendor	Purchaser: Dane County Department of Human Services

3E. Project Operations

The concept for the project originated with the collaborative effort between the Wisconsin Department of Transportation (WisDOT), the Department of Health and Family Services (DHFS, formerly DHSS), and the University of Wisconsin Center for Transportation Education and Development (UWM-CTED). A steering committee comprised of representatives from these agencies was formed. The committee developed a Request for Proposals (RFP) that was distributed to all counties and Indian Tribes within the state to develop and implement a brokerage project. The Committee translated its idea into action by letting an RFP for a provider to demonstrate a brokerage project. The Dane County Department of Human Services (DCDHS) responded to the RFP, proposing to undertake the project. WisDOT became the contract administrator for the project. Contracts were awarded to both DCDHS and to UWM-CTED. The Department of Human Services was to be the project implementation site and the UWM-CTED was responsible for developing a replicable, individualized software application including reporting and billing functions; and selecting and securing related hardware.

DCDHS was the seat of the only program staff dedicated to operation of the program (one half-time coordinator and one assistant) operation of the program and on a day to day basis most activity associated with the project emanated from DCDHS. However, software development activities central to the reporting and billing functions of the project were undertaken by a separate contractor at a separate site. In this regard, the Wisconsin Department of Transportation, as contract manager for the two contracts which comprise the body of program activity, had the functional role of general administrator of the project. Planning was a collaborative effort among all parties WisDOT, DHFS, DCDHS, and UWM-CTED, however, final decision-making authority rested with Wisconsin Department of Transportation.

3F. Support of Project Functions

At the inception of the project, there was no timely or systematic collection of transportation-related information that could be used to evaluate of the project. Information was gathered by various personnel within the county system, for differing purposes, and was frequently not usable or accessible to project personnel. For example, transportation-related data was not recorded in consistent formats or standard units of measure, client files were kept in multiple locations, and transportation providers

gathered information that met their own unique needs, which were often not consistent with the needs of the project.

While such information-related obstacles are not uncommon among county-level programs in many program areas, they proved especially problematic for this project. The original project design called for centralized scheduling, eligibility determination, program management, reporting, and billing. These are data-intensive functions that require the timely collection, maintenance, and processing of information about clients, eligibility, ride requests, and provider vehicles and schedules. Implementing these functions as originally planned depended both upon the existence of the appropriate policies and procedures needed for gathering needed information, and the availability of software with the required capabilities. Changing software application expectations and inter-site communication difficulties resulted in the project proceeding with no conclusion to the initial database application design. However, two high-capacity computers were procured on behalf of the project by the software application developer, making utilization of commercially-available software a possibility. At this point more sophisticated software was investigated to support scheduling and ride coordination functions. The subsequent failure to secure an adequate and affordable software application until virtually the end of the project, and the fact that the development of a usable application followed so many courses of inquiry (use of the consultant, purchase, leasing, and finally in-house development) caused the project's implementation efforts to proceed with virtually no electronic data-processing support.

PROJECT IMPLEMENTATION

1. OVERVIEW

Coordination activities can occur at different levels and in different areas (see also Appendix II, Specialized Project Terminology). The tables below summarize some of the options to be considered:

LEVELS OF COORDINATION

I	Cooperation	Individuals or groups work toward a common goal, for example, information exchange, referral services, cross-training, purchase-of-service agreements, cooperative resource development, etc.
II	Joint use	Participants' resources (vehicles, staff, facilities, information, etc.), are available for use by other participants.
III	Consolidation	Transportation resources are merged into a single system for the benefit of all, under either a single provider system or a brokerage.

This project was initially envisioned as a full Level III brokerage, however, this level of consolidation would have required a greater timespan for planning and full development than was available to the project. However, some of the strategies identified by the steering committee early in the development of the project were reflective of this level of coordination and were retained as areas of activity throughout the project. Consequently, the project implementation demonstrated some features of each level of coordination described above.

Areas of coordination addressed by the project included administration, policy, contracting, service delivery and transportation planning.

2. PROJECT CHRONICLE

The project changed a great deal over time. As implementation proceeded, original objectives and strategies were revised to reflect the realities of actual practice, including reappraisal of software applications development strategy, geographic scope, types of riders served, roles of the participating programs, and so forth. Additionally, a variety of strategies were employed to increase transportation efficiency, availability and ease of access. Some of these strategies followed the original model closely, such as development of a ride-to-work model which utilized deadhead runs on § 85.21-funded[3] routed service for persons with disabilities. Other strategies were creative improvements to the overall transportation system which expanded upon the original brokerage idea, such as the Medicaid point-of-service authorization system detailed in Appendix IX, Model for Medicaid Transportation.

APRIL 1995: PROJECT PLANNING. The Coordinated Specialized Transportation Project began in April of 1995, shortly after Dane County was awarded the contract to serve as the demonstration site. Members of the Coordinated Specialized Transportation Steering Committee began meeting with staff from Dane County Department of Human Services to structure the project. A staff person from DCDHS was designated to function as Project Coordinator, and a smaller Project Steering Committee consisting of staff from Wisconsin Department of Transportation, the Dane County Regional Planning Commission, and Wisconsin Department of Health and Family Services (formerly Health and Social Services) was convened to oversee the project development. A separate contract was awarded to the University of Wisconsin - Milwaukee Extension Center for Transportation Education and Development for technical assistance and development of a software application which would be customized to the needs of Wisconsin counties. Representatives from UWM-CTED joined the Project Steering Committee.

Initial planning sessions focused on project scope and budget. At this stage, the committee anticipated development of a full level-three brokerage[4], however, it was recognized that due to staffing and time

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[3] See Appendix II, Specialized Project Terminology.

[4] See Appendix II, Specialized Project Terminology.

constraints, some limitations were necessary and not all avenues of inquiry could be pursued. Consequently, the committee began focusing the vision of the project. Portions of the Dane County proposal were not pursued. In April of 1995, the committee produced a draft workplan and timeline. Throughout May and June, project staff conducted an inventory of transportation providers and programs, designed to document existing transportation system capacity, resources, and software capabilities (see Appendix III, Summary of Transportation Provider Inventory). At this stage of planning, the project was envisioned as highly software-dependent, hence, much of the information gathered in the survey related to computer system compatibility. The survey also included a comprehensive vehicle inventory and information about fare collection, billing and reporting, as well as programmatic information such as eligibility and accessibility.

Policy Development. A subcontractor to the UWM-CTED contract was retained to provide technical assistance concerning operations and policy development. The project was quite successful in developing a consistent policy base across programs. While it is true that changes in the project's design and implementation plan pre-empted testing some of the project's policies, important issues were addressed. Policies were developed on the following issues (See also Appendix VI, Project Policies):

Project Policies and Procedures

- Trip request protocol
- Eligibility determination and authorization
- Scheduling and ride coordination
- Notification requirements
- Trip purposes
- Program security, authorization codes, verification
- Fare or co-payment collection and reporting
- Accompanying passenger's fares
- Service area
- Service hours
- On-time performance standards
- Wait time
- Length of routes
- Trip verification requirements
- Complaint and grievance procedures

Safety Policies

- Driver screening requirements
- Driver training
- Periodic rescreening
- Passenger assistance requirements
- Passenger and mobility aid securement
- Vehicle communication equipment
- Vehicle safety equipment
- Vehicle preventive maintenance
- Inspection requirements
- Vehicle break-down procedures
- Accident procedures
- Temperature controls

Passenger Relations Policies

- Cancellations
- Passenger no shows
- Trip changes
- Passenger requests for trip changes on route
- Passenger requests for extra trips
- Same day/emergency trip requests
- Driver wait time
- Repeat pick-up attempts (sending back vehicle)
- Vehicle no-shows
- Signaling, calling out passengers
- Passenger assistance
- Accompanying passengers, service animals
- Payment of fares
- Number, size of packages
- Eating, drinking, smoking
- Violent/dangerous passenger behavior

Several critical decisions regarding project scope were made at this time[5].

Rural Focus. The project committee chose to focus on the rural areas of the county which are not served by the urban bus system, as well as a portion of the City of Madison which is characterized by a relatively high density of low-income and elderly residents. This decision reflected the committee's desire to maintain a focus on replicability by a majority of Wisconsin counties.

Medicaid Issues. The rapidly increasing costs of Medicaid (MA) Specialized Medical Vehicle (SMV) transportation costs were another subject under consideration. Ride coordination with this population of users was seen as having a high potential for significant cost savings. However, Medicaid regulations provide for consumer freedom of choice of provider, making brokerage of these rides infeasible. The possibility of securing a federal waiver to this provision for the duration of the project was investigated. Unfortunately, any federal exemption was determined to apply to the entire county, and could not be focused solely on the test area. Additionally, the federal exemption process is extremely lengthy, and a favorable outcome was not certain. Since the volume of MA SMV rides for the entire county is in excess of 95,000 rides annually, with 12 participating providers in 1994, the staff resources of the project were inadequate to broker these rides county-wide. Finally, upon investigation of the existing array of providers, the committee became concerned that brokering these rides could destabilize the market and result in forcing one or more of the larger providers out of business, which would have an adverse effect on coordination possibilities in other aspects of the project. As a result of these considerations, the committee focused their efforts on improving access and availability of MA common carrier transportation.

Another decision related to project scope was the degree of change in client behavior the project should mandate in order to coordinate rides. This issue had several components, including:

1. Information Clearinghouse. Initial discussion had identified the desirability of developing a central information clearinghouse for all transportation-related issues. Research on the anticipated volume of calls (over 375,000 rides are delivered annually), and the current time-per-call spent within

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[5] Documentation of committee analysis of these issues is included in Appendix IV., Service Design Issues.

programs for processing transportation requests (seven minutes duration on average) indicated the infeasibility of attempting this function within existing project resources. Further, queuing of calls would have been very problematic: the existing county telephone system would have routed calls to a voice mail system whenever an extension was in use, defeating the purpose of the hotline. Development of a call-holding system would have necessitated installation of separate telephone lines outside of the county network. In addition to staffing and equipment constraints, the advisability of dramatically altering client ride-seeking behavior for the relatively short duration of the project was questioned. Some of the programs, such as the rural group trips for seniors had protocols which had been in existence and well-understood by clients for more than two decades. Finally, many transportation needs are related to case management, and often must be approved by a social worker, nurse, income maintenance staff or other case manager. Many ride requests require significant client-specific detail, which is known to the worker, but would need to be conveyed to the broker. Repetition to the broker would be redundant for the client and could jeopardize accuracy and appropriate transmission of information. Consequently, the committee decided that it would not be advisable to mandate changes in individual client behavior unless it could be determined that such changes were likely to be sustainable beyond the end of the project. The broker would receive ride requests from program staff. Since many transportation programs are at capacity, and there is little under-utilized resource to which unserved clients could be referred, it was determined that the best direction for project efforts would be focusing methods of increasing efficient utilization of resources, rather than directing clients to waiting lists.

2. 1-800 Telephone Number. A related issue concerned the possibility of securing an 800 number to increase access for certain areas of the county for which it is a long distance call to the brokerage office. Since the direction of brokerage efforts was increasingly directed towards more effective administration of existing resources, this option was not determined to be cost-effective at this time.

Contracting Considerations. Considerable attention was given to the effect of brokerage on the county transportation purchasing arrangements. In anticipation of the possibility of coordinating individual demand rides with excess capacity in the county-managed routed systems, primarily the

§85.21[6] routes for seniors and persons with developmental disabilities, providers were requested to provide maps of these routes. Response to this request was mixed, with some providers reluctant to provide "proprietary" information. The responses did not reveal much excess capacity, however, as providers appeared to be utilizing various vehicles within their fleets to maximize efficiency. The committee decided to adopt the strategy of addressing possible ride coordination language with transportation providers for these routed systems during the next contracting period, anticipated for December 1995.

Phased Implementation. After considerable research the proposed implementation design devised for the project consisted of a gradual phase-in of eligible programs. In August of 1995, project staff released a major survey of all programs to be included in the project. Information collected included targeted population; number of rides; unduplicated number of riders and ridership patterns: estimates of frequency of average individual ridership, average length of trip and analysis of origin and destination patterns; area served; hours of operation; allowable trip purposes; cost per ride and total program budget; access protocol; and anticipated role of the broker in working with each program. The document was intended as a planning document towards the goal of phasing programs into the brokerage. The initial timeline for phase-in began with demand-responsive common carrier rides and moved toward inclusion of the routed systems. The timetable anticipated changes within the Medicaid system and a major overhaul of the state's welfare and employment programs; these programs were slated for later phase-in and allowed time for focused planning around these changes.

AUGUST-DECEMBER 1995: EARLY RESULTS Medicaid Efficiencies. An early breakthrough in improving coordination potential was accomplished in the area of efficient utilization of vehicles for Medicaid rides. The brokerage had identified as a significant priority the exploration of possible combination of common carrier rides with SMV trips. It was not known at this time whether transporting ambulatory riders at common carrier rates in SMVs was permissible by Medicaid regulations. Discussion with state officials suggested that this sort of arrangement would not be considered a multiple carry for MA billing purposes, and that the provider could charge a lower rate

[6] See Appendix II, Specialized Project Terminology.

for the ambulatory passenger, as long as rate charged for the SMV-certified rider was not subsidizing the transport of the lower-fare passenger. The opportunity to coordinate rides between these two classes of MA riders greatly enhanced the possibilities for cost efficiencies within the Medicaid program. Pending the completion of the software application, coordination of these rides was determined to be the first order of business.

At this time the project began investigation of project access to Medicaid eligibility information. The information is confidential, and hotline access is generally granted only to certified MA providers. Broker requests for independent access were denied. While the County Public Health Department has one telephone line with access to the MA hotline, this telephone was not physically proximate to the brokerage office. The possibility of utilizing microfiche lists was explored, but a preliminary time-and-motion study demonstrated this to be highly inefficient. Additionally, the microfiche lists were reprinted approximately monthly and were less current than the electronically updated hotline lists. The Human Services Department client network contains records of a significant percentage of MA-eligible clients; the best available option was eventually determined to be utilization of the county network, with the Public Health Department access phone as a backup.

Software Application Considerations. During the service planning stage of the project, work was in progress on the development of the software application. The original design was outlined for development in D-Base, but the release of Microsoft Office and Windows95 allowed the application to be based on the more easily-utilized MS Access relational database. With the increased capabilities of the software, application development explored such areas as GIS linkups; tracking and correlation of clients, trips providers, and funding sources; direct links to providers, MA eligibility information, and program waiting lists; and other features. This first delivery of project computers was to the application developer, who utilized the preinstalled Microsoft Office Suite as a platform for subsequent software application development.

Training on the use of the software application was scheduled to begin in September 1995. By this time, there were early indications that the development of the scheduling features of the software application was problematic. Project staff investigated the possibility of implementing the first phase of the model utilizing a paper-based system. This was rejected as infeasible due to the large number of subscription rides with irregular schedules, and high frequency of last-minute changes to the schedule.

Paradoxically, if the broker had been dispatching calls to a single fleet, some coordination on an ad-hoc basis may have been possible, but with the large number of independently contracted providers and the high volume of calls, a paper-based system that could keep current with the demand proved impossible. The committee decided to delay implementation of Phase 1 until electronic support was available, and to proceed with more administrative improvements to the system.

Administrative Coordination. One such administrative improvement was identified early. In the course of the investigation of access to the MA hotline, it became clear to project staff that there was a significant problem of availability of Medicaid transportation for persons who do not have a county case manager. Persons eligible for Medicaid through federal Social Security programs, for example, frequently do not have contact with county human service departments. Assistance with transportation is an entitlement under Title XIX, but recipients often do not know how to access it. In addition, the process for identifying someone who will authorize rides for them can be lengthy for a number of reasons, not the least of which is the difficulty in accessing the eligibility information detailed above. In response to these issues, project staff developed and implemented the Medicaid Point-of-Service authorization system, detailed in Appendix IX, Model for Medicaid Transportation Reimbursement. This program resulted in a 712% increase in utilization of Medicaid transportation from October 1995 through the end of the project[7].

Another administrative effort, initiated in September 1995, continued to develop throughout the project span. In early 1996 project staff facilitated initial planning for development of a shared-ride taxi system in a village without a transit system. The following year (1997), the village set aside funds for the local match and identified a transportation provider interested in bidding on the service. This planning effort laid the basis for a later redesign of the brokerage model (see Appendix V., Service Design Proposals).

The administrative/policy development focus remained an important line of inquiry throughout the project and produced some of the most dramatic results.

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[7] Recent changes in the state Medicaid HMO managed care expansion have eliminated the need for this program for AFDC/W2 families, but the system is still in place for MA recipients who are not HMO members.

OCTOBER 1995: REDEFINING THE ORIGINAL PROPOSAL. In October, the Goals Subcommittee of the Project Staff Steering Committee met to redefine the goals of the project to reflect the planning efforts detailed above, to identify evaluation criteria and data collection requirements and to revise/update timelines.

Discussions about the likelihood of successful software application support for scheduling and ride coordination continued throughout the fall. Various methods of developing these functions were discussed, but it was unclear what capabilities the software application might eventually feature. County personnel decided to delay release of an RFP for transportation contracts until more certainty could be obtained with regard to ride coordination procedures. Contracts with existing providers were renewed with minor modifications for a period of one year. In November 1995, the Project Staff Steering Committee approved a revised implementation plan based on amended projection of the software application development timeline.

Linking Rural Riders with Mass Transit. One of the identified goals of the project was to explore linkages with the urban transit system. However, Madison Metro was currently undertaking a major route restructure which would significantly modify patterns of travel for seniors and persons with disabilities. The Project Staff Steering Committee recommended deferring development of partnerships with the bus system until the effects of the route restructure could be determined.

Needs Assessment. As part of non-project transportation management planning, the county disseminated a needs assessment survey targeted to rural areas, and held a county-wide transportation forum for local officials, and transportation and human service providers. Brokerage Project staff participated in survey development and conduct of the forum; results from these efforts were useful in brokerage project design.

Funding Issues. Near the end of 1995, the Retired Senior and Volunteer Program experienced a significant revenue shortfall necessitating cutback of all trips other than medical transport in their Driver Escort Program. This was the only provider with funding for many non-medical trip purposes, such as social/recreational trips, transportation to volunteer jobs, etc. The loss of this resource severely curtailed the prospects for enhancing options for discretionary travel.

As part of a reconfiguration of funding processes for 1996, funds became available for an expansion of service in the Group Access Service which serves senior nutrition sites, adult daycare, shopping, etc. Project staff participated in a planning process involving all parties: programs staff, county managers, the transportation provider, consumer advocates, etc., to identify the priority service areas for expansion, in order to maximize the available resource. Inter-agency cooperation and some route restructuring produced enough fund availability to provide adult daycare and nutrition transportation service to a previously unserved sector of the county.

Technical Issues. The first computer for the project was delivered to the county in December of 1995. At this point, project staff became aware of possible difficulties with link-ups to the county network versus fax modem installation. County network security regulations preclude the networking of any computer containing a modem. The desirability of the fax modem for efficient communication with transportation providers made this prohibition a dilemma. A compromise decision provided for the installation of the fax in one project computer and networking of the other; the disadvantage to this system was the lack of communication between the two. The second, and larger of the two computers was connected to the county network. This computer was delivered in March of 1996, after the conclusion of the software development effort.

FEBRUARY 1996: CONCLUSION OF FIRST SOFTWARE APPLICATION DEVELOPMENT EFFORT. In early February, it was learned that the software application development had not been successful. Project staff investigated other options for data-processing support. Several avenues were presented to the committee: purchase of commercial software, in-house development by county MIS staff, or hiring a consultant to work closely with the project to develop transferable system. In the interest of timeliness and keeping costs low, the committee chose to purchase software. Staff was directed to investigate available packages for purchase.

In March, the Dane County Specialized Transportation Committee, in its oversight role, identified priority task areas for the brokerage project pending adequate data processing support: expansion of the MA point-of-service authorization system, technical support to communities for development of shared-ride taxi systems, ride coordination within and across programs consistent with data processing capabilities, and administrative improvement to the transportation delivery system, such as coordination with the urban transit system' client information system. Project staff requested resumption of the

Several critical decisions regarding project scope were made at this time[5].

Rural Focus. The project committee chose to focus on the rural areas of the county which are not served by the urban bus system, as well as a portion of the City of Madison which is characterized by a relatively high density of low-income and elderly residents. This decision reflected the committee's desire to maintain a focus on replicability by a majority of Wisconsin counties.

Medicaid Issues. The rapidly increasing costs of Medicaid (MA) Specialized Medical Vehicle (SMV) transportation costs were another subject under consideration. Ride coordination with this population of users was seen as having a high potential for significant cost savings. However, Medicaid regulations provide for consumer freedom of choice of provider, making brokerage of these rides infeasible. The possibility of securing a federal waiver to this provision for the duration of the project was investigated. Unfortunately, any federal exemption was determined to apply to the entire county, and could not be focused solely on the test area. Additionally, the federal exemption process is extremely lengthy, and a favorable outcome was not certain. Since the volume of MA SMV rides for the entire county is in excess of 95,000 rides annually, with 12 participating providers in 1994, the staff resources of the project were inadequate to broker these rides county-wide. Finally, upon investigation of the existing array of providers, the committee became concerned that brokering these rides could destabilize the market and result in forcing one or more of the larger providers out of business, which would have an adverse effect on coordination possibilities in other aspects of the project. As a result of these considerations, the committee focused their efforts on improving access and availability of MA common carrier transportation.

Another decision related to project scope was the degree of change in client behavior the project should mandate in order to coordinate rides. This issue had several components, including:

1. Information Clearinghouse. Initial discussion had identified the desirability of developing a central information clearinghouse for all transportation-related issues. Research on the anticipated volume of calls (over 375,000 rides are delivered annually), and the current time-per-call spent within

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[5] Documentation of committee analysis of these issues is included in Appendix IV., Service Design Issues.

functionality, the county purchased two copies of this program. Selection of more capable software was deferred until revised project goals and evaluation criteria would be finalized.

Project staff, utilizing documentation provided by the manufacturer and the demonstration disk, self-trained in the use of Dispatch Manager and discovered that a necessary module was not completed at this time. Subsequent investigation revealed that the developer had been purchased by another company, and the module would not be available. During May and June, staff attempted to modify the program to provide some record-keeping capability, but due to lack of flexibility in the trip records feature, could not utilize the program to keep records of coordination possibilities, client will-call rides (for example, preauthorized rides for near-term pregnant women), or other flexibly authorized rides.

In July of 1996, the project staff concluded that efforts to utilize the software package actually hindered efforts and returned to an exclusively paper-based system. However, integration of demand responsive rides and routed group transit (the original Phase II) could not be implemented without appropriate working software. Brokerage staff requested bids from software vendors and considered leasing effective software, but cost constraints and potential lack of funds to replicate leasing arrangements lead to dismissing this option. The project staff was directed to resume work with the original consultant with regards to data processing development. Discussions were held with regard to retaining an outside consultant to develop software for the project, but no consultant was identified.

Second Major Program Phased In. In June of 1996, the Children, Youth and Families (CYF) Division clients were added to the pool of riders for whom riders were being arranged. Opportunities for ride coordination were increased by the additional volume of riders, but full use of these opportunities was probably not realized since suitable rides for coordination were difficult to track without electronic support. In addition to scheduling rides, the broker received and approved invoices, and assumed some administrative functions, such as tracking and notifying providers of expiring ride authorizations for individual riders. Brokerage of these rides increased the fiscal efficiency and cost management, since one person was checking all cab bills and tracking expiration of authorization, etc. Cost savings were small (less than 1%) with regard to invoice errors, however vigilance with regard to authorization expiration reduced inappropriate use.

work of the Goals Subcommittee to identify performance standards and outcome measures. The Committee met several times, but waited to formulate standards until the capabilities of the new software could be ascertained and until it became clear how the difficulties with software acquisition might affect the scope and objectives of the project, which had already undergone significant modification since the start of the project.

MARCH 1996: PROJECT IMPLEMENTATION. On March 7, the project implementation began absent operative software support. Initial efforts focused on a much-reduced version of the proposed Phase 1; including Dane County Public Health (PH) transportation, and MA rides authorized through this system.

Access for Previously Underserved Persons. Within several weeks, the brokerage also assumed responsibility for authorization of rides for persons with Medicaid eligibility through federal programs, and other non-county clients needing access to MA transportation. Many of these persons were served by the MA Point-of-Access system (see Appendix IX, Model for Medicaid Transportation Reimbursement), but not all clients were traveling to clinics enrolled in this system. Project staff also began arranging transportation for clients requiring out-of-county medical treatment. These persons had previously arranged their own transportation and were reimbursed for their costs. Brokerage of these trips reduced costs an average of 15-25% and released ill persons from the responsibility of arranging upfront payment of expensive airfare.

Neighborhood-based Services. In April, rides for neighborhood-based multi-disciplinary teams (Joining Forces for Families) were included in the brokerage project. Many of these rides were authorized at the time of transportation need, and the project staff hypothesized that they might have some success coordinating these rides without electronic support. There was some success with this system, but often client characteristics or trip requirements precluded coordination with other riders (see Lessons Learned).

APRIL 1996: SOFTWARE PURCHASED. Investigation of several commercially available options revealed that one program, Dispatch Manager, was the lowest cost program available. Based on a demonstration disk provided by the vendor, which appeared to have a satisfactory level of

contiguous areas to maximize efficiencies. Particular interest was focused on the data processing capabilities of each bidder, in an effort of secure adequate data processing support.

In December, the county transportation vendor selection process was completed. One bidder had proposed electronic management of the entire system, and had proprietary software to broker rides across all programs. This proposal was met with significant interest, but the bidder withdrew the original bid, and the contracts were signed with no significant modification of electronic capacity. However, uniform contract language was incorporated to facilitate coordination across programs.

JULY-DECEMBER 1996: EVALUATION AND PROJECT MODIFICATION. In July the Goals Subcommittee resumed work. The state evaluator proposed a process evaluation and the group formulated a matrix of success definitions and indicators (see Appendix XI, Evaluating a Specialized Transportation Brokerage). Project staff began reviewing successes and barriers to coordination of rides across programs encountered on a day-to-day basis.

In November, the Project Staff Steering Committee convened for an evaluative retreat. A decision was reached to significantly modify the project to accommodate the reduced data-processing and reporting capabilities. Brokerage staff was directed to devise a modification which would focus on the use of §85.21-funded services, and could be conducted entirely within a paper-based management system.

By December 1996, brokerage staff completed a modified project design proposal. This proposal was based on the transportation survey conducted by the county in fall of 1995 (see above). The survey suggested that the southwestern quarter of Dane County, in addition to being the most rural sector, is somewhat underserved with regard to transportation access. There is no inter- or intra-city public transit, although there are several routes for the rural group transportation system for seniors, and the area is a hub for §85.21 transportation for persons with disabilities. Additionally, for the purpose of the pilot, a local SMV provider agreed to provide rides to ambulatory persons traveling within the selected geographic area at common carrier rates. Finally, one village in this area is in the initial stages of setting up a community shared-ride taxi service, an effort for which brokerage staff had provided information and technical support, and which would serve as a model for other communities. Effective combination of these existing resources would likely provide an enhanced transportation system for all citizens of the area. The demographics of the area, predominantly rural with several

small population centers and some transportation resources, closely mirrored conditions in most Wisconsin counties, and provided additional opportunity for replication of the project.

Subsequent feasibility studies during the month of January 1997, suggested that the modification required a larger geographic service area (not necessarily a larger population base) for adequate ride coordination possibilities, however. Although the sector is quite rural, distances to population centers are not great enough to preclude offers of rides from family and friends of persons with transportation needs, and the area is not unusually economically depressed, so that local, voluntary assistance is often available. In addition, the ridership on existing routed services is stable and consequently transportation resources are utilized quite efficiently. Meetings with service providers and a survey of transportation providers suggested that excess capacity is neither frequent nor predictable in the most rural part of the system although there is some capacity in the inter-city service for persons with disabilities[8]. The Project Coordinator considered expansion of the geographic area served by the project, but the Steering Committee decided that the remaining five months of the project was insufficient time to undertake this expansion.

JANUARY 1997: IMPLEMENTATION OF THE PROJECT MODIFICATION. In January, the project modification began. Efforts to fill seats on the routed services with riders requesting demand-responsive service did not result in any rides provided. In spite of indications from the survey that there were unmet transportation needs in the area, and despite significant outreach to programs which serve elderly, disabled and low-income clients done prior to implementation of the modification, few requests for rides were received. Of these, no funding was available for the ride purposes requested, for example, church attendance for a partially disabled under-55-year-old man (see Lessons Learned). However, persistent complaints to local officials about lack of transportation indicated that there were significant numbers of low-income persons and youth requiring rides to work from rural areas, and between small communities. No funding for these rides was currently available, nor was there any identified transportation resource.

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[8] This capacity was utilized in an innovative ride-to-work effort for low-income persons; see Appendix VIII., Coordinated Rides for Employment.

In April 1997, the Project Coordinator identified funding and developed a pilot plan for an inexpensive ride-to-work program utilizing deadhead runs on the routed bus systems for persons with disabilities in the modified project area (see Appendix VIII., Coordinated Rides for Employment). Due to the development of this model late in the life of the project, the idea was not tested during the project calendar. However, the plan continues to go forward and participants are currently being screened.

FEBRUARY-MAY 1997: SOFTWARE APPLICATION DEVELOPMENT EFFORT SUCCESSFUL. In February, a newly-hired Project Assistant attended a short-term training in Microsoft Access. She became convinced of the feasibility of designing a simple, replicable scheduling and reporting application utilizing this program. She undertook designing a software application by programming Microsoft Access, utilizing the training and a commonly-available manual[9]. This effort proved successful, and a user-friendly, easily modified software application which tracks clients, performs billing and report functions, and facilitates ride coordination became available to the program in May of 1997. This software application is available to counties, and is readily usable by anyone with a very basic understanding of databases.

3. PROJECT BARRIERS

A. INTERNAL STRUCTURAL DIFFICULTIES

This project faced a variety of barriers from the outset. Many of those concerns are chronicled in the foregoing discussion. A number of internal structural difficulties affected the ability of the project to realize its full potential:

- Necessary resources were not always available, including adequate staff time and appropriate data-processing support
- Project benefits were not shared by external players, e.g. agency staff, transportation providers, etc.; consequently project goals were not shared by these parties

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[9] Prague, Cary N., and Irwin, Michael R. PC World Microsoft Access 2 Bible, 2nd Ed. IDG Books, 1994.

- Communication among participants was not always effective
- Participants held different definitions of project components
- Participants did not agree on criteria for measuring success
- Desired outcomes fluctuated and were not clear to all participants
- Roles were frequently not sufficiently clear, and concentration of responsibility was not commensurate with decision-making authority
- There was no formal involvement of a management information specialist
- There was very little collaboration between the implementation site and the software application designer until the application structure was substantially developed
- Given the delays in successfully commencing implementation, the project would have produced more results and information if it had been able to continue for another 9-12 months

B. External Barriers

Client Barriers

When attempting to coordinate rides, many issues with regard to riders and trip purposes need to be taken into consideration. Often the most efficient strategy for a particular trip will not work for the individual who is making the trip. Many of these issues arise as a result of attempting to coordinate rides across several different client populations utilizing an array of transportation providers. These include serious safety considerations, as well as practical concerns, including:

- Care must be taken in coordinating rides for families, especially if there is a possibility of a minor traveling alone.

- The level of service must match the rider's needs, for example, a frail elderly individual who customarily receives door-through-door assistance through a senior driver escort

program must still be provided this service if her ride is coordinated with a ride-to-work service.

- Clients may have strict time limitations, such as capacity of oxygen tank, duration of controlled continence, etc.

- Many clients have particular issues which require special arrangements for transportation, for example, orientation difficulties, language barriers, behavioral problems, etc. These clients may do well with a provider who knows them, but encounter difficulties with more flexible transportation arrangements.

- The number of riders is a critical factor in ride coordination, but client needs may vary. Some clients will have accompanying passengers, such as attendants, translators, children, or service animals.

- Coordination arrangements are more complex than simple ride-ordering. If transportation providers are not on-line, ride arrangements may require call-backs to clients, which may be complicated by deafness, language barriers or cognitive difficulties, or client's lack of telephone access.

- More complex arrangements increase the potential for misunderstanding or ambiguity. Compliance may be jeopardized in mandated programs if more flexible transportation options are introduced.

- The length of time between the initial and return trip will affect the feasibility of coordinating rides across programs, for example, medical appointments are often longer than the duration of a group meal trip, and shorter than the span between employment or adult-daycare routes.

Institutional and Programmatic Barriers

- Staggering peak travel hours would increase efficient utilization of transportation resources, allowing for serial routing and more continuous use of vehicle time, however

programs are often reluctant to change hours of operation to accommodate transportation considerations.

- Program-determined transportation and transit system planning do not always share compatible goals, for example, utilizing school buses after the afternoon route to return workers home from supported worksites may intolerably lengthen the workday for clients with disabilities.

- Program planning and case management do not often include consideration of transportation issues, for example, a teen may be ideally suited to a program only offered at a location far from his/her high school, or a developmentally disabled worker may be placed in a job program at a worksite not accessible by public transit.

- In general, the same geographic and demographic considerations which challenge the provision of low-cost specialized transportation also work against coordination of transportation services. Public housing and job opportunities for unskilled or semi-skilled labor are rarely located in the same neighborhoods, nor are supported worksites for persons with developmental disabilities. However, services such as nutrition sites for seniors often are neighborhood-based, so that the routes for these services have little in common with employment transportation needs. Similarly, medical clinics are relocating to outlying areas affording more space for parking, but not located near other specialized transportation destinations.

- Many ride programs depend on volunteer drivers, who can choose the conditions under which they are able or willing to provide rides. Therefore the trips which cause the most serious strain on specialized transportation resources, such as hard-to-serve clients, or trips of long duration or distance, are frequently the least likely to be accommodated by a volunteer-based system.

- Accountability for authorization of rides often presumes familiarity with program rules and procedures, client characteristics, funding constraints, etc. In addition, fiscal accountability requires a mechanism for verifying trip purpose (for example, that an

appointment exists for a requested medical trip), and programs are often reluctant to delegate transportation management responsibility for fear of losing this accountability.

Regulatory Barriers

- Medicaid regulations mandate freedom of choice among providers for users of SMVs, thereby precluding centralized brokering of rides. Federal waivers to this provision must be uniformly administered over the entire jurisdiction of the request, and cannot be applied to a limited test area.

- Medicaid regulations also prohibit the use of a lower fare for non-MA rides; in other words, a provider cannot negotiate a lower rate for other trip purposes[10].

- In many areas, obtaining certification for SMV use is easier for the client than accessing common carrier transportation. To the extent that SMVs are improperly utilized, the scope and efficiency of brokering common carrier rides will be compromised.

- Some transportation funding, including capital investment in vehicle acquisition, is specifically designated for certain programs/client groups, for example, seniors, or youth. Rides cannot be brokered with these vehicles/programs without waivers of these restrictions on usage.

- Regulatory barriers are most stringent with regard to trip purpose. A common goal in considering transportation brokerage systems is to produce cost savings which can be utilized to subsidize previously unfunded trips. This is achievable if the efficiencies produce a lower cost per ride, and more effectively utilize program funds to serve more riders. However, if the desired trips are for purposes for which no funding exists, the

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[10] It is permissible, however, to charge a common carrier rate for ambulatory riders. See Appendix V, Service Design Proposals, for a discussion of an SMV provider using her vehicles as common carriers in a small village with no mass transit service.

savings will not produce additional rides. For example, a lower cost-per-ride for MA trips will not produce funds which can be transferred to recreational trips for seniors.

CONTRACTUAL AND FUNDING BARRIERS

- There is little incentive for providers to coordinate rides for a lower fare unless a "coordinated ride rate" is negotiated in the contracting process. See Appendix VII, Model Contracting Process for Coordinated Transportation Services[11].

- Vehicles sharing and/or transporting additional, different client populations has liability coverage implications for transportation providers.

- Cost-effectiveness of coordinated rides in demand-responsive systems disappears if one rider fails to travel. Clarity with regard to ride arrangements in a flexible, mixed-vehicle scenario are particularly important.

- Providers must be familiar with service policies and operating procedures for all programs for whom they will be transporting clients.

4. CRITICAL PROJECT DECISIONS

Certain decisions made in the course of the project were especially critical in defining project design and outcomes (for a full list of issues addressed, see Appendix IV, Service Design Issues). Among the most important in this regard were the following four issues.

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[11] However, providers are likely to be eager to explore proposals for profitably utilizing excess capacity, deadhead mileage, and down time. See Appendix VIII, Coordinated Rides for Employment for such a proposal.

1. PROJECT STRUCTURE

During initial discussions of the project, separate selection processes for the software application developer and demonstration site were initiated. WisDOT was designated to serve as project manager, to facilitate and coordinate these discrete aspects of the project. However, the decision to divorce application development from implementation, rather than allowing the demonstration site responsibility for and oversight of software design was not, in hindsight, fruitful. Since the application development effort was specific to the project and the needs of Wisconsin counties, user input and project requirements and experience should have been the driver in application design. However, project staff had minimal access to application developers, and no county or state MIS personnel were involved in decisions related to the design product. This structure had the unanticipated effect of confusing communications, diluting authority and responsibility, allowing disjunct and often conflicting goals for application capabilities, and ultimately, contributing to delaying application development at the anticipated degree of functionality until very late in the project.

2. PROJECT SCOPE

Several decisions were made with regard to the range of project activities.

An early decision was made not to include Title XIX Specialized Medical Vehicle transportation because of administrative and regulatory barriers as well as volume of calls exceeding project staffing capacity. The federal waiver to the freedom of choice provision, required to coordinate rides, was available only as a county-wide exemption and could not be tailored to a smaller service area. Excluding SMV transport was a reasonable limitation imposed to avoid failure associated with excessive demands.

An information clearinghouse operated as an 800 number service was also eliminated for reasons of volume. Deciding not to take direct calls from clients to arrange rides was also a volume-driven consideration. In addition, it seemed unwise to ask clients to substantially change ride-seeking procedures for a demonstration program of two years duration.

Finally, the decision to move toward a more administrative brokerage structure while awaiting appropriate software was a fruitful one. Several significant accomplishments resulted from this approach, for example, shared-ride taxi development, increased access to Medicaid transportation, and improved contracting for transportation services.

3. PROJECT REDESIGN

By October of 1996, the project was facing serious delays in implementing some aspects of the original design. As a result, project participants gathered for a retreat to evaluate the project accomplishments, re-examine the roles and responsibilities of work committee, re-establish project goals and assess alternative project structures for the remainder of the project period. After some consideration of a complete project redesign, a more moderate course was chosen. The redesign narrowed the project's geographic scope to reduce the overall burden, and allow some ride coordination based on a paper system.

4. SOFTWARE CONSIDERATIONS

Because of changing software expectations, the original goal of designing a transferable application that met the needs of the project was not achieved early in the process. Alternatives were investigated by project staff and presented to the project committee. These options included purchase or rental of commercial software, in-house development, hiring of a professional programmer to develop an application, and modification of the existing DCDHS database. Software decisions were revisited several times in an effort to secure a working, replicable database application. As discussed in the Project Chronicle, several courses of inquiry were not productive of appropriate and adequate data processing support for the project. The final option considered produced a successful outcome, capable of modification by other counties. The lengthy and wide-ranging search for a satisfactory solution to the data processing question profoundly affected the direction and capacity of the project.

Taken together, these critical decisions directed the course of development of project design and defined both the potentiality and outcomes of the project.

PROJECT RESULTS

1. DEGREE OF PROJECT SUCCESS

This project made substantial contributions to the understanding of organizational and practical issues, barriers, constraints, and methods involved in the development of brokerage systems. While the project was not successful in creating a long-term applied period of brokerage management, considerable discovery was accomplished with regard to the degree to which such projects rely on electronic supports, the manner in which the commissioning of software can be accomplished, and the utility of simple and easily customized commercial databases (Microsoft Access in particular) to brokerage system demands. In the area of service planning, the brokerage made significant progress in refining transportation contracting to include brokerage and ride coordination, defining policy, and promoting administrative cooperation to increase access and availability of transportation. Finally, at the level of actual practice, the project identified previously unanticipated issues such as problems associated with mingling rides for some client groups, or scheduling difficulties inherent in coordinating demand responsive rides with a routed system.

1A. AGREEMENT CONCERNING GOALS

This project benefited from a set of general goals implicit in work of the Collaborative Specialized Transportation Committee and the RFP which they ultimately released. Discussion emerged during the course of the project with regard to the specific outcome measures which would best illustrate the several approaches to brokerage advanced by the project, and most appropriately measure the degree of success that had been achieved by these strategies. For many months, a special committee met to attempt to articulate more precise goals, but this effort was hindered by the ongoing uncertainty regarding software issues and how this would affect the scope or direction of the project. The best that could be accomplished in terms of evaluation was to identify possible objectives and outcome measures that might be appropriate for a specialized transportation brokerage replicating some of the ideas piloted in this project.

The project did produce a matrix, intended as a model evaluation tool for brokerage projects. The tool represents the greatest level of agreement concerning objectives achieved during the project, however data collection which could have supported application of this tool to the project was stymied by the long period of reliance on the purchased software, which lacked sufficient report generating capability. This document is appended as Appendix XI, Evaluating a Specialized Transportation Brokerage.

1B. WHAT WORKED

The following chart summarizes project strategies and reviews their success.

PROJECT ACTIVITIES AND THEIR SUCCESS

Activity	Degree of Success	Comment
Surveying vendors; documenting existing system	Successful	A great deal of energy was invested in documenting the software of vendors to test compatibility issues; that portion of the effort was not helpful since information was never used.
Consolidating transportation contracting process	Highly successful, now in replication by other counties	Issued single RFP for $1.6 million of DCDHS contracted transportation; contractualized system of ride coordination.
Brokerage policy development	Successful	Identified issues relating to standardization of client grievance procedure, provider protocol standards, and uniform access for low income clients.
Individualized software commissioning	Unsuccessful	Consultant deemed project infeasible.
Blending rides for different client groups	Limited success	Project identified a number of cases in which client safety or compliance could be jeopardized by sharing rides. Learned that demand responsive rides are not easily coordinated with fixed route systems; program-determined transportation and transit systems do not always share compatible goals.
Developing Medicaid point of service authorization system	Highly successful	Produced 712% increase in access to Title XIX transportation as measured by billing to state Medicaid agency.
Developing an integrated transportation plan for a rural area	Somewhat successful, given limited trial period	Coordinated and expanded transportation options within existing resources.
Developing a shared ride taxi service for small village	Pending	Provided technical assistance to village in transportation-related grant development.
Developing ride to work transportation pilot utilizing deadhead runs in the transportation system for people with disabilities.	Pending	System development nearing completion; client identification in progress.
Programming a commercial database	Successful	In-house programming of Microsoft Access was far more successful than use of an outside consultant, probably because in-house staff had a clearer grasp of the actual needs of the project.

2. LESSONS LEARNED

This project contributed significantly to illustrating some of the practical challenges and opportunities that occur in attempting to coordinate transportation services for more effective resource utilization. In the process, the project uncovered many unforeseen challenges. Many of these are chronicled above. However, the project also wrestled with philosophical and policy development issues related to what it means to "improve transportation".

TRANSIT MODEL VERSUS INDIVIDUALIZED TRANSPORTATION MODEL. A key concept highlighted by the project is the fundamental difference between specialized transportation and transit. This discussion has often been characterized as a conflict between greater efficiency on the one hand, and client-sensitive service on the other. The core issue in development of brokered systems, in particular, is whether specialized transportation should be developed in a model sharing more characteristics with transit systems or individualized transportation.

Transit, in this sense, may be thought of as the whole general and public body of means of moving ordinary people with ordinary transportation needs from place to place. Specialized transportation, on the other hand, may be thought of as the whole body of systems and services designed to move people with limited mobility or with significant situational or motivational barriers to use the "transit" system to travel from place to place. In the case of specialized transportation, not only do the people transported have specific, programmatically recognized requirements themselves, their destinations may also be programmatically defined. Looking at this distinction, it should be acknowledged that the line between transit and specialized transportation is a moving target; the more accessible transit becomes, the less often is individualized transportation required. None the less, it is reasonable to assume that some of those persons needing specialized transportation will always be with us. The goals of brokerage planning are often driven by the notion that specialized transportation can become more efficient when it becomes more similar to transit systems. While this is theoretically true, the specificity of demand for those served imposes very sharp limits on the degree to which this modeling can be of generalized benefit. This project uncovered many of these limits.

For example, transit systems are characterized by an assumption of independent orientation on the part of the rider. Ride coordination schemes which require utilization of a different system or vehicle for the arriving and

return trip may be infeasible for children, persons with cognitive or memory impairments, or persons with communication or language difficulties. Similarly, the transit model assumes a desire on the part of the passenger to successfully complete the trip. Specialized transportation, however, is frequently arranged to facilitate attendance at mandated programming. To the extent that brokerage may increase the opportunity for ambiguity or miscommunication, compliance may be jeopardized. Finally, transit provides only the ride; other factors such as personal security are assumed to be the responsibility of the rider. Specialized transportation, however, takes into account special considerations, such as clients' behavioral difficulties, physical limitations, mental condition, etc. Certain combinations of riders or inappropriate rider-to-system matches undertaken in an effort to coordinate resources might prove to be problematic, for example, a rider with physical aggression problems would not be a good choice to travel with physically frail persons. A careful balance must be maintained in consolidating ridership and coordinating rides across programs.

FLEXIBILITY AND COMMUNICATION. Brokerage systems require flexible approaches by the broker, the client, the transportation provider and the human service provider. Successful brokerage depends upon direct, rapid, and clear communication between the broker and the human service system, the broker and the transportation provider, and the transportation provider and the client.

Many potential ride coordination attempts failed to occur because of communication difficulties between parties. Frequently, these occurred because the broker did not have access to, nor the data-processing capability to utilize, route and time information of vehicles, necessitating calls to several providers to determine ride availability followed by call-backs to clients to provide ride information. Frequently, this was complicated by lack of telephone access by the client, or the necessity for a third party such as a caretaker, translator, or caseworker to be involved in arranging the transportation.

Occasionally a ride coordination possibility arose which looked ideal, but upon communication with program staff or the client, turned out to be infeasible or dangerous. For example, an elderly man was tentatively scheduled to ride with a dialysis patient on a regular basis. The wait time at the hospital, however, exceeded the man's physical capabilities without the assistance of an attendant, negating the cost-effectiveness of the shared ride. As noted in the Project Chronicle section, safety is often a consideration, particularly with minors. A prospective coordinated ride would have paired a very young girl attending an incest treatment group with a young man from her neighborhood who was concurrently traveling to an outpatient treatment program for sexual perpetrators. While the taxicab ride itself posed little danger, the frequency and duration

of the trip (45 minutes twice per week), the proximity of the children's foster homes, and the lack of self-protective behaviors on the girl's part coupled with the predatory pattern of the boy's history had grave potential for harm, had the broker not verified the arrangement with the children's social workers.

The broker must be apprised of information which affects the suitability of shared rides for an individual client, including age and ability; cognitive, language or hearing difficulties; behavioral abnormalities or conduct problems; level of service required; number of attending passengers including caretakers, children and/or service animals; time limitations; etc. In spite of the volume of calls, the project clearly demonstrated the advisability of checking the arrangements for ride sharing with program staff.

SOFTWARE DEVELOPMENT. Another lesson learned here, and a lesson which has been learned in many other projects which involve the development of software, is a simple reality about project structure. In order to be successful, software development must occur in very close communication with the end user. Commercially available packages often feature run cutting, Global Positioning, mobile data terminals and real-time uplinks, magnetic rider ID cards, and other technological marvels. The needs of rural paratransit managers are much more basic - who is scheduled for pickup today, can we coordinate this ride with another, who pays for the ride, etc. However, rural transportation systems are often characterized by a network of multi-service agencies, and need more flexible reporting and billing capabilities. Small staff size and frequent turnover necessitates easy-to-learn, intuitive functioning. A flexible, easily modified database such as Microsoft Access can be programmed by a reasonably computer-literate individual to respond to the specific needs and configuration of a regional transportation network. This project has produced a model for this type of application development. Copies of this database are available from the Wisconsin Department of Transportation (see also Appendix X., Sample Database for Transportation Coordination).

WHAT CAN BE COORDINATED. Not every activity, service, or program can be, or indeed should be, coordinated. As noted in the Project Barriers section, above, attempts to coordinate strongly dissimilar programs, clients, or patterns of usage is often not successful. For example, attempting to utilize the vehicles in the neighborhood-based, highly structured and tightly scheduled routes serving adult daycare or nutrition sites in order to provide infrequent, open-ended transportation to medical sites located in non-residential areas was very staff-intensive and never even produced a likely "match".

However, analyzing patterns of usage for similarities across programs - thinking in novel and "out of the box" ways can produce surprising successes. The MA Point-of-Service access system delegated county "authorization authority" to clinic and service agency staff who had immediate access to client needs, destinations and times of travel, and produced very gratifying results in facilitating ease of access to medical care. Similarly, very inexpensive transportation to employment in suburban communities was provided for low-income residents of Section 8 housing developments utilizing the deadhead runs on buses to sheltered worksites, which passed through these neighborhoods empty, twice daily, at offpeak times for programs, but at optimal hours for retail employees. Finally, combining similar patterns of travel on vehicles previously segregated by funding source or program dedication can increase resources and create efficiencies. Utilization of SMVs to carry ambulatory passengers at common carrier rates (as long as the SMV rates charged to Medical Assistance are not subsidizing the common carrier rate), was utilized both to increase efficiency for MA riders, and to provide a transportation resource in a small village without taxi or bus service.

3. KEY INGREDIENTS FOR SUCCESSFUL COORDINATION

SHARED GOALS AND MUTUAL BENEFIT. Goals should meet the needs of clients and of individual agencies. At the same time, agencies need to recognize and respect differences in their program priorities.

ENVIRONMENT OF COOPERATION. Individuals and agencies who know and respect one another work more cooperatively. This may take time to develop.

BROAD PARTICIPATION IN THE LOCAL PLANNING PROCESS. A structured planning process is needed in order to formulate and implement improvements in coordination over time. Coordination is more substantive and long-lasting when all major actors are involved.

MANAGEMENT COMMITMENT AND AGENCY RESOURCES. Planning a successful coordination effort is time-consuming, and while returns on investment can be substantial, they are not immediate.

SHARED INFORMATION. Shared knowledge is crucial to determine which services, policies, and procedures can be coordinated, and how they might best be utilized to achieve common goals.

COORDINATION FACILITATOR. Coordination is more effective when there is a facilitator or broker who takes responsibility for and has the authority to perform primary functions and make crucial decisions.

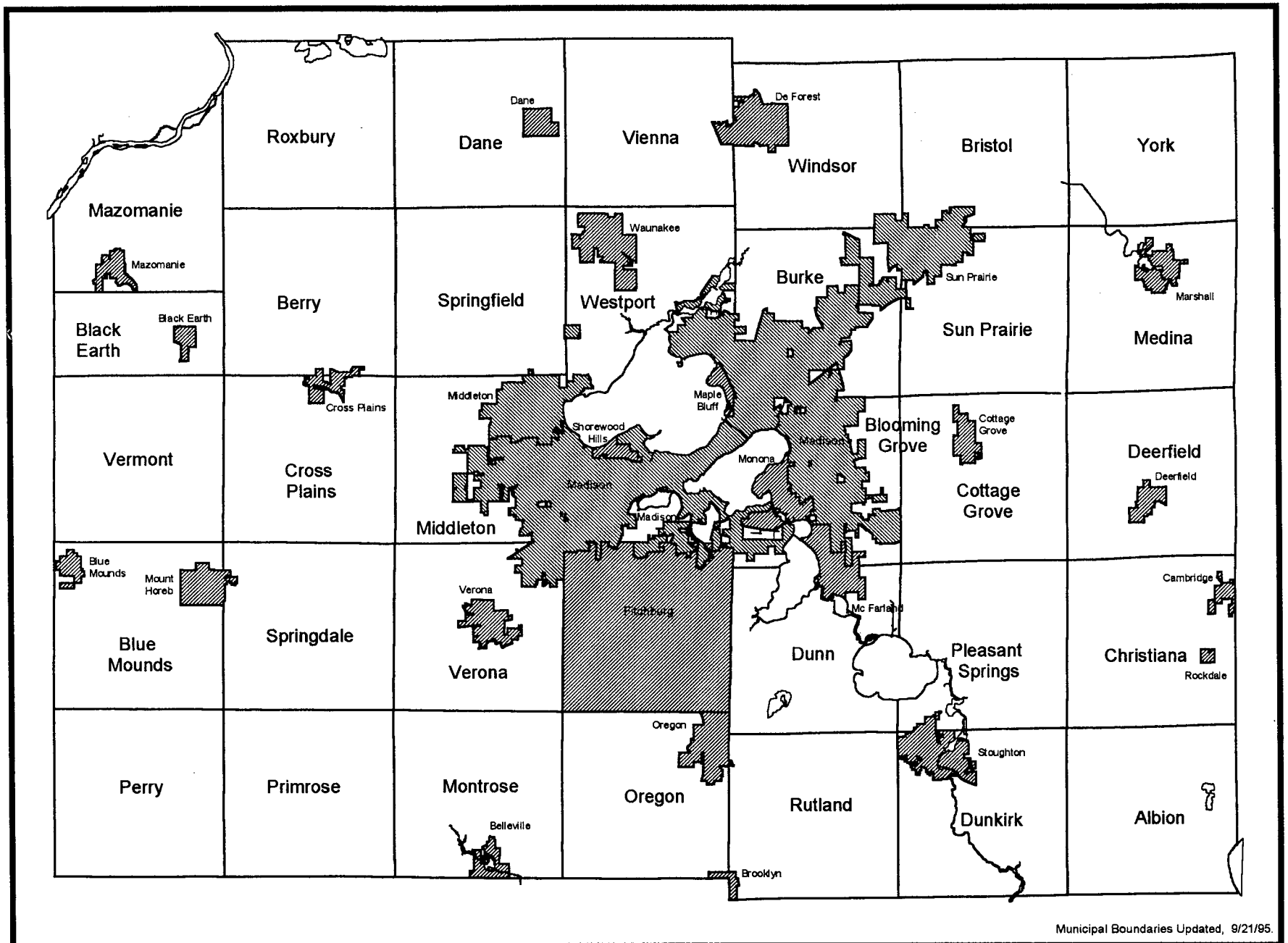
ROLES AND RESPONSIBILITIES. It is important to have mutual understanding and agreement regarding the roles, responsibilities and interrelationships among service providers, the broker, and others involved in the coordination effort. Emphasis should be on functions rather than programs.

CAREFUL NEEDS ASSESSMENT. A thoughtful and thorough examination of client, system, and community needs may help to reveal gaps or duplication in services, underserved populations, barriers to providing or receiving services and other conditions which may benefit from improved coordination of specialized transportation services.

SPECIFIC, REASONABLE GOALS FOR COORDINATION EFFORTS. Goals should be based on agreement among the major actors about what type and level of coordination is reasonable to expect. Goals should be clear and measurable in order to facilitate subsequent judgments about whether or not goals are attained.

PLAN FOR ACHIEVING COORDINATION GOALS. The plan should be clear and specific. It should include, at a minimum, the following:

- Activities to be undertaken, e.g., services to be provided, policy or procedural changes to be accomplished, etc.
- Geographic scope of coordination effort.
- Designated representation and involvement in coordination planning.
- Description of roles and responsibilities for those involved in the coordination planning and implementation.
- Expected timeframe for the overall coordination effort and any interim phases.
- Identification of resources and support functions needed to carry out the coordination effort.



Municipal Boundaries Updated, 9/21/95.

Minor Civil Divisions of Dane County, Wisconsin

APPENDIX I

Appendix II

Specialized Project Terminology

85.21 Program

State of Wisconsin financial aid available to counties as authorized by §85.21, Wisconsin Statutes, to provide specialized transportation to elderly or persons with disabilities. The county provides a local match to state funds, and the allocation is based on each county's estimated share of the state's total elderly and disabled population.

Accessibility

The ease with which a transportation system can be utilized by persons with disabilities.

Ambulatory

Capable of walking and accessing general transportation.

Broker

In a brokerage model, the entity which oversees coordination efforts. The broker may provide the transportation directly or contract with others to operate vehicles.

Brokerage

A model of transportation management in which the overall management of the system is consolidated under one agency, organization, institution, private or non-profit firm, governmental body, or a consortium of these entities, which oversees all coordination efforts. Brokerages can be designed according to a variety of models. In a Level

One[12], or Cooperative Brokerage, two or more entities work together toward enhanced efficiency and access. In a Level Two, or Joint Use Brokerage, resources belonging to individual participating entities are available to other participants according to agreed upon terms and conditions. In a Level Three, or Consolidated Brokerage, resources are centrally coordinated or even consolidated. A Level Three brokerage can be a pure brokerage in which the broker is responsible for management of a system to provide transportation for programs, but the broker does not directly operate vehicles. Alternatively, a Level Three partial brokerage features a lead agency which provides some transportation directly and contracts for the remainder of the service. The design for the present project featured a Level Three pure brokerage, with central coordination rather than consolidation of transportation resources.

COMMON CARRIER

Any means of transportation for the general public: automobiles, buses, vans, trains, airplanes, etc. The term "common carrier" distinguishes general transportation from Specialized Medical Vehicles, which provide greater accessibility. However SMVs are sometimes used to provide common carrier transportation; in other words, SMVs may be utilized to provide rides to ambulatory persons, usually when other vehicles are not available or when rides are coordinated.

COORDINATION

A cooperative arrangement between human service and transportation agencies, organizations, institutions, private or non-profit firms, and/or governmental bodies to improve service provision and utilization of transportation resources. There are several models for designing coordination agreements[13]: a lead agency model in which one agency takes the responsibility for providing transportation for several other agencies; a brokerage model (see above); and an administrative agency model, in which a public agency such as a regional transit authority assumes responsibility for coordination and provision of transportation.

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[12] More information about brokerage theory is available in A Handbook for Coordinating Transportation Services: Ohio Department of Transportation Division of Public Transportation, October 1991.

[13] More information about transportation coordination is available in Coordinating Transportation: Models of Cooperative Arrangements, U.S. Department of Health and Human Services, Community Transportation Assistance Project (CTAP).

DEADHEAD

Time or mileage during which a vehicle is operating without passengers aboard.

PROVIDER

Agencies, organizations, institutions, private or non-profit firms, and/or governmental bodies which supply vehicle operations.

SPECIALIZED MEDICAL VEHICLE (SMV)

A vehicle equipped with wheelchair lifts or ramps, or other equipment which makes the vehicle accessible to persons with disabilities.

SPECIALIZED TRANSPORTATION

Transportation for persons who would not otherwise have an available or accessible means of transportation: elderly persons, persons with disabilities, low-income persons, etc.

W2

Wisconsin Works; Wisconsin's redesign of welfare services. This program replaces Aid to Families with Dependent Children with programs which encourage employment and self-sufficiency. Many W2 participants are persons who do not have extensive work experience or have been out of the work force for a long time. There is limited money available for transportation within W2; and for many rural and/or shift workers, the cost and lack of availability of transportation remain serious issues.

Appendix III

Summary of Transportation Provider Inventory

Provider: Metro Ride

Contact Person:	Greg Morrison	**Phone:**	(608) 223-0610
Address:	4605 Pflaum Place Madison, WI 53719		
Trip Purposes:	All		
Client Eligibility:	All		
Schedule:	All		
Geographic Area:	Dane County Area		

This is the largest SMV/Common Carrier provider we met with. They deal with about 10,000 clients in a year. The types of services they provide are both fixed-route and demand response with door-to-door and door-through-door. The level of computerization is mainly to do with administrative purposes with no dispatching/scheduling except for the fixed route services.

Some of the comments from t his provider during our meeting were related to the political resistance by "mom & pop" providers to the brokerage system. There were a number of comments on what they hoped a brokerage/referral system would achieve.

The first one was in relation to the smaller "mom & pop" providers. They mentioned that being one of the larger Paratransit providers draws more scrutiny than the single van provider. They commented that a few times they had called some of them, pretending to be a client, and asked if they could get a ride to the grocery store to which the provider responded "Are you on medical assistance?" They submitted this as an example of how a brokerage system could "level the playing field" for providing Paratransit.

In general, other problems they see a centralized brokerage system addressing were to do with inefficiency. The first is the opportunity to match up trips, but the biggest obstacle to this was the numerous funding source restrictions that would have them be forced to send multiple vans for trips going to the same destination that could have been matched up. Then there was a reduction of dead-head miles (especially for rural trips).

Table A
(Metro Ride Vehicle Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Passengers		Wheelchair	
Van	45	X		X			6	270	2	90
Van	1		X	X			2	2	6	6
Mini-Bus	8		X		X	X	12	96		0
Bus	4		X	X	X		23	92		0
Total	58							460		96
Monthly	**One-Way Trips**		**Mileage**		**Riders**		**1994 Budget**			
Statistics	12,000		900,000		9,000		Not Available			

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
NOTE: Provider Capacity Ranges are averaged

Provider: Independent Living

Contact Person:	Brian Karlovich	**Phone:**	(608) 274-7900
Address:	437 South Yellowstone Dr Madison, WI 53719		
Trip Purposes:	Nutrition, Social Recreation		
Client Eligibility:	Elderly (60+)		
Schedule:	Monday-Friday		
Geographic Area:	NW Dane County		

A fixed-route/door through door service that serves 60+ elderly population. They serve the entire NW Dane County area. They work with the senior centers in the county to schedule the fixed routes. The routes are posted in the centers so those clients can take advantage of the scheduled trips. They are mostly social/nutrition rides. They use a co-payment method for their trips. The cost to the client is $0.50 for one-way trips and $1 for shopping trips. Their funding sources require them to provide tabulated daily trip logs (this includes dead-head mileage incurred.) This information is gathered and tabulated mostly by hand.

Table B
(Independent Living Vehicle/Monthly Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Passengers		Wheelchair	
Van	1		X			X	7	7	1	1
Van	1		X			X	9	9	1	1
Mini-Bus	1		X			X	10	10	1	1
Bus	1		X			X	24	24		0
Bus	1		X			X	16	16		0
Total	5							66		3

Monthly Statistics	Riders	Mileage	One-Ways	1994 Budget
	80	4,000	2,500	$83,100

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
NOTE: Most numbers are rough estimates

Provider: Badger Cab

Contact Person:	David Becker	**Phone:**	(608) 256-1363
Address:	22 North Few Street Madison, WI 53703		
Trip Purposes:	All		
Client Eligibility:	All		
Schedule:	24-hours, Every Day		
Geographic Area:	Includes all of the Dane County Area		

This is a smaller scale cab company that provides some specialized transportation. They do provide shared ride services, which splits the total trip cost evenly. In the metro area they have a zone-based system for determining cost.

Badger Cab has some computer resources available to them. Most of the system is tied up in a proprietary computerized database system that they had a consultant design. This software keeps track of clients, medical assistance and information on daily trip activity. On a different system they have separate software to keep track of vehicle maintenance. The biggest complaint with their current computer resources is that their consultant will not release information about the design of the system or even some basics of the UNIX operating system, which the DBMS (Database Management Software) runs on top of. This has resulted in their having to consistently rehire the same consultant for small changes in the way their information is stored and recorded (at the consultants high hourly rate of course). Since most of the system is designed in very uncommon DBMS environment it would be difficult to hire another consultant to take over (or this would incur high costs for the consultant having to "reverse-engineer" the software.

Table C
(Badger Cab Vehicle/Monthly Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Passengers		Wheelchair
Private Auto	36	X					4	144	0
Monthly Statistics	**Riders**		**Mileage**		**One-Ways**		**1994 Budget**		
	50		Not Available		1,300		$10,000		

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
NOTE: Most numbers are rough estimates

Provider: Union Cab/Union Transit

Contact Person:	Red Christiansen	**Phone:**	(608) 242-2010
Address:	P.O. Box 3513 Madison, WI 50704		
Trip Purposes:	All		
Client Eligibility:	All		
Schedule:	24-Hours, Every Day		
Geographic Area:	All		

The scale of this company dwarfs most other providers. They have also invested in the most technically advanced database system. They are predominantly a demand-response SMV/Common Carrier system with some fixed-route service with certain clients. The feedback they gave to us was very similar to Metro Ride with the emphasis on verifying trip-purpose, eligibility, and trip scheduling efficiency.

This has been the only provider we talked with that has a computer/technical position (Brian Hill). He was able to confirm the difficulty in having a computerized database system for doing dispatching/scheduling. This lead me to envision a more general system, the goal of which is for a best estimate of opportunity to increase efficiency among a larger number of trips as a whole and then relay that trip to the appropriate provider. The benefit of this solution (although in practice this may need some tweaking) is that the algorithms involved are much simpler. This in turn would increase the on-line speed with which a broker can help to find a best match for a client's trip. Having provider find matches half the time would increase efficiency significantly if it turns out there is significant opportunity for ride matching at the County level.

Table D
(Union Cab/Union Transit Vehicle/Monthly Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Passengers		Wheelchair	
Private Auto	45	X					4	180	1	0
Mini-Bus	15	X	X		X	X	8	120	4	60
Lift Van	18	X	X		X	X	4	72	4	72
School Bus	2		X	X			NA	0	NA	0
Total	80							372		132

Monthly Statistics	Riders	Mileage	One-Ways	1994 Budget
	800	Not Available	10,000	$4,100,000

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
NOTE: Most numbers are rough estimates

Provider: Colonial Club

Contact Person:	Jeanie Gabor	**Phone:**	(608) 837-4611
Address:	301 Blankenheim Lane Sun Prairie, WI 53590		
Trip Purposes:	Medical, Nutrition, Social Recreation		
Client Eligibility:	Elderly (55+)		
Schedule:	Monday-Friday (7:30 AM - 4:30 PM)		
Geographic Area:	Northeast Dane County		

This is another fixed-route/door through door elderly service made available through County dollars. The routes are loosely defined in order to accommodate the in-home elderly. Routes are scheduled between communities to a senior center or food shopping trip. They have flat rates calculated on an average trip distance and volume of elderly transit between rural communities. They range from $3.75 to $6.75 per person based on those calculations. The vehicles are primarily 16 (b)(2) vehicles.

Table E
(Colonial Club Vehicle/Monthly Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Capacity		Wheelchair	
Van	1		X			X	6	6	2	2
Van	1		X			X	12	12	NA	0
Mini-Bus	1		X			X	16	16	2	2
Bus	1		X			X	5	5	0	0
Total	4							39		4

Monthly Statistics	Riders	Mileage	One-Ways	1994 Budget
	1,240	Not Available	1,600	Not Available

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
NOTE: Most numbers are rough estimates

Provider: User Side Subsidy

Contact Person:	Fran Genter	**Phone:**	(608) 242-6481
Address:	1202 Northport Drive Madison, WI 53704		
Trip Purposes:	Work-Related Transportation		
Client Eligibility:	Low-Income Disabled		
Schedule:	Not Applicable		
Geographic Area:	Not Applicable		

This is a program for work-related transportation for low-income disabled persons who do not qualify for other types of assistance programs. Fran has a small client base and negotiates for individual contracts with transportation providers (including public). The assistance provided, determined on a case-by-case basis, ranges from bus passes to cab rides.

Table F
(User Side Subsidy Monthly Summary)

Monthly	Riders	Mileage	One-Ways	1994 Budget
Statistics	35	NA	1,000	$30,600

Provider: Evergreen Transport

Contact Person:	Gloria Babbit	**Phone:**	(608) 833-1005
Address:	1217 Culmen St Madison, WI 53713		
Trip Purposes:	Medical, Nutrition, Social/Recreation		
Client Eligibility:	Not Determined by the Provider		
Schedule:	All (Mostly Monday-Friday with some weekend transportation)		
Geographic Area:	All of Dane County (more emphasis on the metro area)		

A fixed route with some individual demand-response trips. They have the capacity for special long-distance group trips based on a flat rate. Right now, they are in a state of transition that made it difficult to determine what scale of service they will continue to provide. This was a result of a contract lost to Union Transit. They provide only a few rural MA trips.

Table G
(Evergreen Transport Vehicle/Monthly Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Capacity		Wheelchair	
Van	1	X					2	2	NA	0
Mini-Bus	1	X	X				13	13	NA	0
Bus	1		X				50	50	NA	0
Total	66							65		0

Monthly Statistics	Riders	Mileage	One-Ways	1994 Budget
	7*	Not Available	20	Not Available

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
* Information only on rural transport

Provider: Madison Taxi

Contact Person:	George Wales	**Phone:**	(608) 256-1363
Address:	1403 Gilson St. Madison, WI 53713		
Trip Purposes:	Trips are called in by the county		
Client Eligibility:	Same		
Schedule:	All (24-hours)		
Geographic Area:	Includes all of the Dane County Area		

A cab company that provides some Paratransit transportation. They have pre-scheduled client trips that are called in from either field workers or DHHS. They also have clients that are authorized to call in their trip pick-up time for predetermined destinations. The senior centers work with the drivers to schedule the routes.

Table H
(Madison Taxi Vehicle/Monthly Summary)

Vehicle Type	Number	DR	FR	FS	DTD	DTHD	Passengers		Wheelchair
Van	2	X			X	X	12	24	0
Autos	31	X			X	X	4	124	0
Autos	5	X			X	X	7	35	0
Total	38							183	0

Monthly Statistics	Riders	Mileage	One-Ways	1994 Budget
	38	600	50	Not Available

DR - Demand Response; FR - Fixed Route; FS - Fixed Schedule; DTD - Door-To-Door; DTHD - Door-Through-Door;
NOTE: Most numbers are rough estimates

Appendix IV

Service Design Issues

ISSUE: Which transportation programs and services should be included in brokerage project.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	ISSUE ANALYSIS DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Identify all eligible programs and services. Determine: - # of clients - # of rides - annual budget - average cost per ride - trip purposes - type of client served - eligibility requirements - frequency of trips - area of service - hours of operation Research: - current procedures - information or actions needed to include program in brokerage - broker's role - whether and how inclusion of program would address goals of project.	Collation of information facilitates evaluation of programs for possible inclusion. Process of gathering information generated ideas and issues with applicability in other areas.	Not all information available consistently across programs; some comparisons difficult.	Refined list of programs. Pros and cons of inclusion.	Yes	Submit to committee for discussion. Revisit for possible modification as appropriate.

ISSUE: How included transportation programs and services will be phased into project.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Develop service characteristics matrix. Group programs by similarity of: - client group - provider and vehicle type - services type (individual, group, assisted, etc.) - trip characteristics (individual, subscription) - current procedures (call senior center, call case worker, etc.)	Provides for gradual, orderly transitions through initial phases of project. Groups similar programs so that issues in common can be addressed at one time.	N/A	Phasing will provide most efficient, smooth start-up for project.	Yes	Submit to committee for discussion.

ISSUE: Whether inclusion of information hotline/clearinghouse and 800-line is feasible given size and scope of project.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
<u>Hotline/Clearing House</u> Research probable volume of calls. Shadow current staff who take transportation requests; document time spent per call. Bring to committee for decision.	Information availability across programs. One central number to call. Increased access to underserved citizens.	Labor and time intensive. volume of calls not supportable at current levels of staffing. Many transportation programs at capacity; little underutilized resource to which to refer clients. Eligibility and referral calls are often lengthy calls. Client must repeat details of situation which may have already been told to others - case worker, doctor, etc. Requires change in client behavior. Hotline will have to be discontinued at end of project; raises client expectations of service which may not be sustainable.	Not sufficient staff resource in project to include at this time. This function might be better performed by caseworkers familiar with the client who call the brokerage for information.	No	Eliminate from plan. Have case workers call broker for information.
<u>800-Line</u> Determine areas requiring this service. Research probable volume of calls. Bring to committee for decision.	Increased access for persons living in areas outside Madison calling areas.	High volume of calls. High cost of installation and per call charges.	Not cost efficient at this time. Actual affected area is quite small. Unneeded for most brokerage clients. Referral through case worker will eliminate problem.	No	Eliminate from plan.

ISSUE: Whether to include Medicaid-funded specialized Medical Vehicle transportation in project.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	ISSUE ANALYSIS DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Determine volume of rides per year.	SMV transportation is a very high cost service for MA. Ride coordination could bring down cost. High likelihood of successful ride coordination.	Very high volume of calls - could preclude other brokerage activities. Requires waiver of freedom of choice entitlement.	Volume of rides too high - over 90,000 per year - not supportable at current levels of staffing. Poor probability of approval of waiver.	No No	Exclude Exclude

ISSUE: Inclusion of Medicaid eligible SSDI recipients in common carrier authorization system (a previously underserved population).

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	ISSUE ANALYSIS DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Identify agencies and clinics which see large numbers of SSDI clients. Investigate expanding MA transportation authorization authority to these clinics and agencies.	Give access to MA transportation to SSDI clients who are not eligible for SMV certification.	May not reach all MA eligible SSDI clients.	Priority activity - reach as many clients as possible.	Yes	Identify and include appropriate clinics and agencies.

ISSUE: Process for identification of Medical Assistance (Medicaid) eligible clients.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Research and secure access to DCDHS client listings on county network.	In-house electronic access easier, more efficient, more current than hard-copy lists.	Incomplete listing; requires second step to check eligibility of non-DCDHS clients.	Ease of access and cost savings justifies 2-step process.	Yes	Secure network access
Explore avenues of access to state listing of MA eligible clients:	No cost.	Requires network security clearance.			
a. MA hotline	a. efficient, quick	a. fee per call; access restricted to MA providers	a. a good option if access restrictions could be waived.	a. Yes - if possible	a. research waiver of access restriction.
b. Microfiche lists	b. no fee, no access restriction to broker	b. very cumbersome; requires microfiche reader and search of 5-7 separate lists.	b. too inefficient and slow - a bottleneck.	b. No	b. eliminate option
Research waiver for MA hotline access restrictions (must be MA provider to utilize hotline).	Ability to access hotline.	Waiver likely to be granted only for duration of project; not sustainable or replicable. Waiver process is lengthy and favorable outcome is not assured.	Favorable outcome not assured.	Maybe	Reserve for last resort.
Investigate accessing MA hotline thru DCDHS Public Health or other point of access.	Ability to access hotline.	Requires working across divisional boundaries.	Cumbersome	Maybe	Reserve for last resort.
Secure direct access thru EDS.	Direct access to hotline.	Requires approval thru EA.	This is the best option	Yes	Utilize option

ISSUE: Modification of Medicaid transportation reimbursement system

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Investigate department policies, state regulations, etc., related to modification of current system.	Eliminates financial burden on clients. Currently clients carry the costs of transportation for 30-90 days until reimbursed.	Insufficient staff support to coordinate direct-billed transportation for all MA clients.	This is a priority service improvement area, but not supportable at current staffing levels.	Yes	Redesign authorization delivery system.
Investigate other systems of authorization/reimbursement.	Health Check transportation system - pre-existing system, expandable, point-of-contact based, utilizes no additional county staff, removes cash outlay requirement from clients.	Originally this was a small, mostly department-based system; will require outreach, training and service agreements.	Former Health Check transportation authorization system provides best option for expansion.	Yes	Modify former Health Check system to include MA.
Investigate authority of public health and community health agencies to authorize transportation to other clinics.	Facilitates referral process. Eliminates necessity for additional phone calls to arrange transportation.		Expand authorization authority to public health and community health agencies to include transportation to referral sites.	Yes	Expand Public Health agency's authorizing authority.

ISSUE: Succession planning - the extent to which existing structures can be modified to accommodate project without jeopardizing sustainability and continuity of service.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Apply cost/benefit analysis of experimentation vs. continuity. Determine desirability of maintaining consistent client behavior to access services. Determine desirability of not substantially increasing client expectation of service.	Minimizes confusion and disruption of services at end of project. Minimizes disruption of clients' lives when project ends.	Reduction in range of new ideas which can be tested.	Succession planning required for continuity of future operations. Required to minimize disruption aspects of experimental nature of project.	Yes Yes	Ensure maintenance of equilibrium of costs/benefits.

ISSUE: Whether to modify purchase of service contracts for existing transportation services.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Explore whether RFPs require redesign in order to address projected changes in service; e.g. pricing of rides, billing for coordinated rides, etc. Secure input from technical consultants regarding modifications to RFPs and POSs. Research model language from other areas.	Inclusion of elements related to brokerage and ride coordination. Opportunity to examine other areas of contracts in light of brokerage goals; e.g. increased accessibility.	Parameters of brokerage project not fully outlined by RFP issuance deadline. Not possible to finalize service descriptions.	Not possible to fully describe service characteristics; use general language to indicate future modifications of contract language.	No	Include general language. Reopen negotiation with providers when project parameters are finalized.

ISSUE: Whether to modify purchase of service contracts for existing transportation services.

ACTIVITY (IES)	ISSUE ANALYSIS ADVANTAGE(S)	ISSUE ANALYSIS DISADVANTAGE(S)	ANALYSIS OUTCOME	USE Y/N	ACTION
Survey existing policies in current programs and providers. Gather model policies from other transportation projects. Generate list of policies which need modification. Identify gaps in existing policies. Modify model policies where appropriate.	Uniform policies across programs are necessary for centralized brokerage. Uniformity of policy makes programs easier to access; reduced confusion and complaints. Standard policy language can be incorporated into POS contract.	May require modification of some existing procedures and contract language.	Modify existing policies to achieve uniformity. Adapt selected new policies as necessary. May need updating/revision for brokerage.	Yes	Submit policies to committee for discussion. Schedule providers meeting to get feedback on policy changes.

Appendix V

Service Design Proposals

This project changed a great deal over the course of implementation. Original objectives and strategies were frequently revised to reflect the realities of actual practice. Many decisions were based on data-handling capabilities, however, the project also devised a innovative strategies for increasing transportation efficiency, availability and ease of access. Many of these ideas which were not envisioned in the initial project design, and were instead creative improvements to the overall transportation system which expanded upon the original brokerage concept. The following charts document the changing service design which reflected the evolving understanding of brokerage in actual practice.

AUGUST 1995 - ORIGINAL SERVICE DESIGN

PHASE-IN MODEL

PHASE 1 PROGRAMS ONLINE:

- Medical Assistance Common Carrier transportation which is currently authorized through DCDHS Children, Youth and Families Division (CYF-MA), Employment and Work Services (EAWS-MA), and Public Health (PH-MA) Divisions - do no public outreach yet outreach yet
- Public Health -funded client transportation (PHT)
- Retired Senior and Volunteer Program (RSVP) - as a provider only

TASKS:

- Check contract and funder barriers to combining client populations on the routed, bus-based services
- Negotiate fares for coordinated rides with taxicab and SMV companies. SMV rates will be negotiated at common carrier rates for ambulatory passengers.

PHASE 2 PROGRAMS ONLINE:

- Specialized Transportation Service'(STS) and Rural Elderly Group (RGE) routed, bus-based services - broker empty seats only
- RideLine
- User Side Subsidy
- RSVP's hard-to-serve rides

TASKS:

- Plan outreach for MA common carrier
- Plan next phase implementation

PHASE 3 PROGRAMS:

- CYF Service-related transportation and EAWS client transportation

TASKS:

- Outreach for MA common carrier
- Plan next phase implementation

PHASE 4 PROGRAM:

- Medical Assistance Common Carrier

PHASE 5 PROGRAM:

- DCDHS Staff-provided transportation

PHASE 6 PROGRAM:

- Employment and Training transportation (EAWS client trans.)

CURRENT STATUS OF TRANSPORTATION ARRANGEMENTS (PRIOR TO BROKERAGE)

CHILDREN, YOUTH AND FAMILIES SERVICE-RELATED TRANSPORTATION (CYF)

Social worker completes authorization form, which is forwarded to the South Madison Office of DCDHS (SMO), from whence a bus pass is issued or cab ride/s is/are set up with provider. Satellite offices and service intake often authorize the ride directly with the provider, as do all after-hours coverage personnel.

EMPLOYMENT AND WORK SERVICES TRANSPORTATION (EAWS)

EA worker completes authorization form, which is forwarded to SMO, from whence a bus pass is issued or cab ride/s is/are set up with provider. Clients' transportation needs are addressed upon intake into program.

Due to budgetary constraints, bus passes are utilized almost exclusively. Occasionally for a limited time, mileage reimbursements are authorized. Cab passes are reserved for appointments at DCDHS. Jobs coaches attempt to place clients in job situations where transportation is either not an issue or can be resolved by the client (ridesharing, State vanpool, etc.). Bus passes, cab or mileage reimbursement authorization is issued at this time.

MEDICAL ASSISTANCE (MA, MEDICAID, TITLE IX) TRANSPORTATION

Unlike SMV claims which are handled by the State, common carrier transportation is arranged and paid through counties. Trips must be authorized by the County. Many recipients do not know that they are eligible for transportation, or do not have access to an authorizer (e.g. an SSI recipient without a DCDHS worker). Services like STS and RSVP have ability to differentiate billing for MA-eligible riders.

Within DCDHS, a trip is authorized in various ways. In the CYF and EAWS divisions, a worker sends a completed authorization form to the South Madison Office (SMO), from whence a bus pass is sent, or cab ride/s is/are set up with the provider. Mileage reimbursements are also handled out of SMO. In the PH division, a nurse approves the trip and calls in the authorization to the cab company. Some SSI-eligible adults are eligible for MA ride authorization through a Long-Term Support case manager or Services To Elderly Persons worker. These are not handled in a consistent manner; some are sent to SMO, some are authorized directly, and some are referred to Public Health.

PUBLIC HEALTH CASE-RELATED TRANSPORTATION (PHT)

PH nurse approves trip, calls in authorization with a code particular to this nurse, to cab company. Since the authorization is usually agreed upon prior to the client making the doctor's appointment, the client usually arranges actual time of pickup with provider. Cab company's bill to PH is coded by nurse, so that each nurse can do her own verification. They need to retain this feature. Only one provider is currently utilized.

RIDELINE (RL)

Application for service eligibility completed by prospective rider, and approved by designated staff member at DCDHS. Once approved, provider schedules rides directly with user. DCDHS maintains a waiting list, as necessary. Coordination Project A provides transportation within existing STS and RideLine service capacity when those transportation requests can be accommodated with little or no deviation from regular routes and schedules.

Rural Group Transportation Services to Older Adults (RGE)

Destinations and scheduling determined by local seniors organization and contracted between DCDHS and transportation provider. Riders call local senior center or ride service volunteer coordinator, who notifies provider of riders who wish to schedule service on a particular route. Scheduling of pickups is done by provider.

Specialized Transportation Services (STS) for Adults with Disabilities

Application for service eligibility approved by designated staff member at DCDHS. Authorization letter sent by DCDHS to provider. Persons approved to use the service usually continue to do so indefinitely, unless the written authorization notifies the provider of an end date. DCDHS maintains a waiting list, as necessary.

Retired Senior and Volunteer Program (RSVP)

The Driver Escort (DE) program staff coordinate the service through local volunteer stations, who receive ride requests, schedule trips, assign drivers and complete ride request logs. Drivers collect donations and fill out mileage reporting forms. DE staff are responsible for collection and collation of data, reporting and billing, and reimbursement of drivers.

INFORMATION REQUIRED TO BROKER

Children, Youth and Families Service-related Transportation (CYF)

- The current system works very well to eliminate unauthorized rides. How would the brokerage interface with this system?
- These rides are provided by bidded agreements and blanket purchase orders with two cab companies. How will brokerage affect these agreements? (The effective dates of these agreements have expired, but continue by mutual agreement).
- Some of these rides are subscription rides. Will they be coordinated every time? Who will do that - the broker or the provider?

Employment and Work Services Transportation (EAWS)

- How would the brokerage interface with this system? How would contract with cab company be affected by brokerage?
- How many potential clients live and/or work outside of urban mass transit system? Little funding is currently available for this trip purpose; is grant money available for such a project?

Medical Assistance (MA, Medicaid, Title IX) Transportation

- A better guess re: number of claims per eligible recipient.
- Mechanism for verifying MA eligibility.
- Some (not all) MA transportation is under contract, and several different providers hold contracts for specific pieces of MA transportation? How will the brokerage affect these?

Public Health Case-related Transportation (PHT)

- Would other providers be able/willing to code billing by nurse?
- How would contract be affected by brokerage?

RideLine (RL)

- What space is available on which of these routes? How can we get this information updated as needed?
- Which of these routes use wheelchair-accessible vehicles?
- How will brokerage affect existing contracts with providers? This contract expires at the end of this year.
- Are there funding source restrictions on accommodating different populations on this service? Are there public sentiment issues?

Rural Group Transportation Services to Older Adults (RGE)

- What space is available on which of these routes? How can we get this information updated as needed?
- Which of these routes use wheelchair-accessible vehicles?
- We will need a map or specific information about location of client pickup zones.
- How will brokerage affect existing contracts with providers?
- Are there funding source restrictions on accommodating different populations on this service? Are there public sentiment issues?

Specialized Transportation Services (STS) for Adults with Disabilities

- What space is available on which of these routes? How can we get this information updated as needed?
- Which of these routes use wheelchair-accessible vehicles?
- How will brokerage affect existing contracts with providers? This contract expires at the end of this year.
- Are there funding source restrictions on accommodating different populations on this service? Are there public sentiment issues?

RETIRED SENIOR AND VOLUNTEER PROGRAM (RSVP)

- For referral purposes, a list of volunteer coordinators and area served by each.
- RSVP has expressed willingness to discuss transporting persons other than those listed in their primary mission. We need to have further conversations on this issue.

POLICY ISSUES FOR BROKERAGE

CHILDREN, YOUTH AND FAMILIES SERVICE-RELATED TRANSPORTATION (CYF)

- This is a fiscally challenged program, with many safeguards currently in place. Who will be financial gate-keeper? The broker assumes that we will continue to refer ride requests from clients to their worker.
- Many of these rides are children traveling alone, e.g. from a temporary placement to their regular school. Currently, no child traveling without an adult is assigned to a shared-ride vehicle, for safety reasons. This saftey restriction conflicts with the general principles of brokerage.

EMPLOYMENT AND WORK SERVICES TRANSPORTATION (EAWS)

- Demand for these services far outstrips resources. Who will be financial gate-keeper?

MEDICAL ASSISTANCE (MA, MEDICAID, TITLE IX) TRANSPORTATION

- Re: bus passes - will the broker refer these cases to SMO?
- Should we require rides originating through designated outside authorizing agencies (e.g. HealthCheck clinics) to pass through broker if within the service area of the brokerage?
- Significant outreach will need to be done to reach and serve MA-eligible persons who are not county HSD clients (e.g. persons eligible through federal SSI benefits). Who is responsible for this outreach?

PUBLIC HEALTH CASE-RELATED TRANSPORTATION (PHT)

- Many of these clients do not have a phone and rides are currently arranged by the nurse during a home visit. Will we need to institute some form of client call-back system?

RIDELINE (RL)

- Currently, contractors can decline RL rides.
- This is a sum-certain service, with higher demand than resource available - who will be financial gate-keeper?
- Will broker maintain waiting list?

Rural Group Transportation Services to Older Adults (RGE)

- Will the broker direct the caller to appropriate senior center or volunteer coordinator to request ride, contact the senior center/ volunteer with the ride request information, or contact the provider directly?
- Current County Board policy ensures local control of these services. How will brokerage affect this mandate?
- This program is characterized by local personal relationships, frequently of long standing, between senior center staff and ride service volunteer coordinators, and their communities. Many clients are frail or easily confused. The brokerage project may only exist for 2 years. How will changing client ride-seeking behavior affect the stability of this program?

Specialized Transportation Services (STS) for Adults with Disabilities

- This is a sum-certain service, with higher demand than resource available - who will be financial gate-keeper?
- Will broker maintain waiting list?

Retired Senior and Volunteer Program (RSVP)

- RSVP has expressed an interest in receiving assistance from the broker in areas of the county where they do not have volunteer coordinators. The broker would function as the ride coordinator for this area until a new coordinator is located. Is this feasible/prudent? Complications similar to the RGE issues, such as client confusion about who to call, and the loss of personal, community contact among the riders, drivers and volunteer coordinator may result. On the other hand, lack of a volunteer coordinator is the limiting factor in ride availability in an area.

BROKER'S ROLE

Children, Youth and Families Service-related Transportation (CYF)

Receive requests for rides, coordinate ride, reporting, forward for billing.

Employment and Work Services Transportation (EAWS)

Receive requests for rides, coordinate ride, reporting, forward for billing.

Medical Assistance (MA, Medicaid, Title IX) Transportation

Virtually 100%. Receive ride requests, check for program eligibility and verify MA eligibility, provide information and referral if necessary, issue bus pass or set up ride either by authorizing will-call or scheduling

directly with provider. Make arrangements for subscription rides, including limits on duration of authorization. Coordinate reporting and forward for billing.

PUBLIC HEALTH CASE-RELATED TRANSPORTATION (PHT)

Receive ride request, determine actual time of ride, coordinate ride and reporting, and forward for billing.

RIDELINE (RL)

Virtually 100%. Receive ride requests, check for program eligibility and verify lack of MA eligibility (if MA eligible, refer accordingly), provide information and referral if necessary, set up ride either by authorizing as-needed rides or scheduling directly with provider. Make arrangements for subscription rides, including limit on duration. Coordinate reporting and forward for billing.

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS (RGE)

Receive calls, determine program eligibility, refer to senior center or volunteer ride coordinator with responsibility for scheduling. Receive information on available space and coordinate with ride requests from other programs included in the brokerage. Call provider and make arrangements for coordinated ride. Reporting for purposes of brokerage.

SPECIALIZED TRANSPORTATION SERVICES (STS) FOR ADULTS WITH DISABILITIES

Receive calls, determine program eligibility, refer to DCDHS staff person with responsibility for authorization. Receive information on available space on the vehicles and coordinate with requests from other programs included in the brokerage. Call provider and make arrangements for coordinated ride. Reporting for purposes of brokerage.

RETIRED SENIOR AND VOLUNTEER PROGRAM (RSVP)

Receive ride requests, determine program eligibility, refer to appropriate RSVP volunteer coordinator. Call RSVP for possible assistance with difficult-to-serve rides. Receive calls from RSVP regarding their tough cases.

ADVANTAGES AND DISADVANTAGES OF INCLUSION IN BROKERAGE SERVICE DESIGN

CHILDREN, YOUTH AND FAMILIES SERVICE-RELATED TRANSPORTATION (CYF)

Advantages:

- These are often long, expensive trips or trips within a local community for which a cab must be sent from Madison. Savings could be considerable if rides can be coordinated.
- There is an easy-to-start-up mechanism to access clients, if we have CYF staff refer the calls to the broker. This will give us some trial-run experience early in the brokerage.
- Routing these ride requests internally (through staff) will eliminate the need to change client behavior.
- Decisions by, for and about troubled families are influenced by what seems manageable in a transportation-underserved area. More transportation options will make possible less constrained decision-making.
- These are very geographically diverse services - good "raw material" for coordination.

Disadvantages:

- A mechanism for coordinating CYF's often unusual subscription rides will need to be developed (e.g. changes related to public school schedule, family vacations, etc.)

EMPLOYMENT AND WORK SERVICES TRANSPORTATION (EAWS)

Advantages:

- These ride requests will come in groups and are daily rides - possibility for route-like service.
- Affordable transportation outside the urban mass transit service area is virtually non-existent.

Disadvantages:

- Regularity and lack of flexibility will challenge existing resources.

MEDICAL ASSISTANCE (MA, MEDICAID, TITLE IX) TRANSPORTATION

Advantages:

- Would really increase ridership.
- Would increase services for clients, in a time of diminishing resources.
- Would increase transportation options and availability for rural clients.
- Would likely result in increased usage of preventive medical options, especially for children.
- Successful coordination could result in a lower cost per ride.
- A very flexible ride coordination option - could be combined with many other services.

Disadvantages:

- No data on number of potential rides.
- There is not an existing system as a backup when the brokerage is getting started
- Currently enormous variation in ride-seeking protocol we would have to do outreach and education

PUBLIC HEALTH CASE-RELATED TRANSPORTATION (PHT)

Advantages:

- This is a very expensive program and is rapidly exceeding the resource base. Savings from ride coordination may allow PH to retain more approved trip purposes.
- The transportation program has become very labor-intensive for PH nurses, taking away from other services.
- This is a service with geographical diversity - good "raw material" for coordination.

Disadvantages:

- There are procedures (call-back, coding by nurse) which fit the needs of PH but don't match the brokerage model very well.

RIDELINE (RL)

Advantages:

- This is a known quantity. A good base system is already in place.
- These are currently very expensive services - coordination could reduce costs and allow for increased service access.
- These are services with geographical diversity - good "raw material" for coordination.

Disadvantages: (none obvious)

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS (RGE)

Advantages:

- Brokering of empty space would provide economies of scale to provider and savings to County.
- Utilization of excess capacity would increase transportation availability.
- We know we have excess capacity and vehicles with downtime in rural/small town areas. Coordination of other rides within these areas would avoiding the prohibitively expensive current necessity of sending a cab from Madison to take somebody a short distance within their community.

Disadvantages:

- This service is not very geographically diverse in terms of destinations - lower potential for coordination.
- The scheduling system for this service is not centralized. Broker will need to identify and contact or refer caller to appropriate scheduler.
- Disruption of local relationships - see policy issues.

Specialized Transportation Services (STS) for Adults with Disabilities

Advantages:

- This is a known quantity. A good base system is already in place.
- Brokering of empty space provides economies of scale to provider and savings to County.
- Utilization of excess capacity will increase transportation availability.
- This is relatively inexpensive wheelchair accessible transportation.

Disadvantages:

- This service is not very geographically diverse in terms of destinations - lower potential for coordination.

Retired Senior and Volunteer Program (RSVP)

Advantages:

- This is a cost-effective transportation service. Possible assistance with hard-to-serve rides which might otherwise be very expensive to provide.
- Serves areas of the county where there is little other transportation available.
- Trip purposes are broader than most programs - more transportation opportunities for clients.
- Volume of rides increases the likelihood of successfully coordinating rides.
- Similar programs in other counties - enhances replicability of project.
- The broker is in an ideal position to assist RSVP in reassigning frequent, long-distance and/or long-duration trips to parts of the specialized transportation system which may be better equipped to handle them.

Disadvantages:

- RSVP drivers have the option of choosing to serve only other seniors.
- Care must be taken not to burn out volunteer drivers by adding too much time to trip length when coordinating rides.
- Disruption of local relationships - see policy issues.

The following document was produced when it became clear that there were problems with software application development. This revision designated which tasks were more software dependent and which could proceed with minimal data processing support.

NOVEMBER 1995 - REVISED SERVICE DESIGN

The design of the scope of the project must take into account several factors: project scale and duration, software capabilities, and the relatively large populations of eligible client populations in Dane County. Project funding is for 1.5 staff persons for FY 1995/6 and FY 1996/7. Software for the project is being developed by UW-Milwaukee Center for Transportation Education. This development has been slow, and is somewhat behind schedule. The projected capabilities of the software have evolved, but it appears at this time that the program will collect client and trip data, provide information on providers and programs, and produce reports. Capabilities to sort trip data by time and location have been looked at especially closely, with the goal of having the software support coordination of rides between proximate origins and destinations. Finally, several potential areas of exploration have had to be dropped from the project due to the large potential volume relative to the limited scale of the project; for example Medicaid transportation in Specialized Medical Vehicles averages over 90,000 rides annually in Dane County. Similarly, the information clearinghouse function has had to be modified due to potential volume of calls.

The staff steering committee has identified several task areas for the brokerage project. Some of these tasks are dependent on computer support, and are so designated. The rest can be completed without data-processing support, or within current county software capabilities.

OUTLINE OF POSSIBLE TASK AREAS

This outline details a number of possible tasks for the brokerage project. Not all of these tasks can be accomplished within the time frame and staffing limitations of the project.

I. IMPROVE SYSTEM EFFICIENCY

A. RIDE COORDINATION

This is dependent on software support. Ride orders will be sorted by date, time of day and origin/destination. Rides which can be provided efficiently in a common vehicle will be scheduled accordingly. It is hoped that some

transportation needs can be met with currently under-utilized existing capacity, such as the Elderly and Disability Transportation systems. Cost savings for coordinated rides will be negotiated with providers.

B. REDUCE ADMINISTRATIVE COSTS FOR TRANSPORTATION

This is also a software-dependent function. Centralized and streamlined reporting and contract oversight will reduce duplication of effort in each program. Given appropriate data processing support, the major effort in this area will be initial setup of reporting and monitoring functions.

C. IDENTIFY AND REDUCE PROVIDER DEAD-HEAD AND DOWN-TIME

Currently, there is under-utilized capacity in the elderly and DD systems, both in unfilled seats and waiting time. Additionally, cab rides to rural areas are often prohibitively expensive if the provider must charge for dead-head miles, and/or waiting time out in a community. Task requires information-gathering and negotiation with providers. However, initial meetings have evidenced enthusiasm for making better use of capacity.

II. ELIMINATE POLICY BARRIERS TO EFFICIENCY AND ACCESSIBILITY

A. ENCOURAGE DCDHS POLICY CHANGE RE: MA TRANSPORTATION CLIENT REIMBURSEMENT

Currently, department policy requires clients to secure authorization for rides from a case-worker prior to transport, arrange and pay for the transportation themselves, and apply for reimbursement, which can take 30-90 days. This is a burden for low-income clients, and those with frequent medical needs or lengthy travel times. The current policy exists because there is insufficient staff support to coordinate direct-billed transportation. The brokerage could provide leadership and coordination on this issue, and fulfill some of this staff function, but additional support and succession planning will need to be discussed. Coordination of MA rides will represent a significant percentage of the total volume of ridership, however, actual numbers are difficult to estimate, since this is a currently very under-utilized benefit. Additionally, the policy change will require internal review and task reassignment.

B. IDENTIFY AND ENCOURAGE ELIMINATION OF FUNDING POLICY BARRIERS TO COORDINATION

The Requests for Proposals for the Elderly and Disability transportation systems includes language about ride coordination for 1996. However, funder barriers to mixing populations on vehicles needs to be investigated in depth. For instance, it is not known if SMVs transporting a person at Medicaid rates could also carry a person at common carrier rates as a ride coordination strategy. Policy changes are subject to State DHSS approval.

III. DEVELOP PUBLIC-PRIVATE AND COUNTY-LOCAL JURISDICTIONAL PARTNERSHIPS

A. SPONSOR TRANSPORTATION PROVIDER FORUM

Many provider groups have regular meetings with the Department to strengthen planning, problem-solving, and provide information-sharing. As Department transportation contracting becomes more centralized, and changes are made in policy, provider input becomes more vital. This is envisioned as a quarterly meeting with providers, with some follow-up to each meeting.

B. ENCOURAGE MEDICAL CLINICS AND OTHER PROGRAMS TO GROUP APPOINTMENTS OF CLIENTS WITH SIGNIFICANT TRAVEL TIMES.

Currently, appointments are scheduled without regard to transportation. However, agencies and clinics might be approached with the idea of grouping clients by locale. This would involve a significant outreach and marketing effort, but the benefits and savings to the community could be significant.

C. EXPAND THE CURRENT SYSTEM OF MA POINT-OF-SERVICE AUTHORIZATION

Under State Medical Assistance regulations, the counties must authorize all MA transportation in advance, but may delegate their authority to other agencies. Currently, persons who have MA through non-county-administered programs such as SSDI may not have access to a county worker to authorize transportation for them. The broker has begun an outreach effort to agencies and clinics who serve such populations, to set up a system of authorization for these and other clients. The rides are contracted through and paid for by the agency or clinic, which is then reimbursed by the county. Logs are submitted to the broker for approval. It appears that there are enough questions and turn-overs within agencies that an annual update/review meeting might be appropriate.

D. ENCOURAGE CONSIDERATION OF TRANSPORTATION ARRANGEMENTS AND EXPENSES IN CASE-MANAGEMENT

Often, the department is approached to provide funding for transportation for a person would has been placed in a residential or employment situation at a significant distance from other aspects of the person's daily life. As transportation becomes more expensive and resources shrink, the county is able to meet less and less of this need. Transportation planning as part of case-management rather that after-the-fact could be facilitated by agreements within departments and with POS agencies.

E. ENCOURAGE DEVELOPMENT OF SHARED-RIDE TAXI SYSTEMS

Nine jurisdictions within Dane County would be eligible for a combination of state and federal funding which would cover a total of 70% of the costs of a shared-ride taxi service. Additionally, since 30% of the eligible miles covered by such a system could be out of the municipal boundaries, these services would provide inter-city transport as well. Setting up such a service would be a major planning effort on the part of the local municipality. The broker could provide technical assistance and guidance, but the decision and responsibility would rest with the local group.

IV. IMPROVE/MONITOR QUALITY OF SERVICES

A. IMPROVE SAFETY FOR CLIENTS

Currently, taxicabs are not required by law to use either seat belts or child safety seats. Department cars are equipped with both, but clients, including children traveling alone, are often transported in cabs under unsafe conditions. The Department could include as part of its RFP, a requirement that children be transported in safety seats/belts. As other safety concerns come to the attention of the Department, having a centralized broker will provide a mechanism for addressing these issues.

B. MONITOR ON-TIME PERFORMANCE OF PROVIDERS

Anecdotal reporting by clients suggests that on-time performance of some providers is not good, especially under certain circumstances, such as subscription rides to mandated services. Brokerages in other cities have successfully utilized a system of spot-checking to identify problem trends. This could involve client satisfaction surveys, or random calling of clients after transportation has been provided. The monitoring frequency and duration would be determined before implementation. Even minimal occurrence of such documentation in the study areas has been demonstrated to be an incentive for overall service improvement.

NOVEMBER 1996 -REVISED IMPLEMENTATION MODEL

PROJECT DESIGN MODIFICATION PROPOSAL

A. PROPOSAL

1. Modify existing project design to include a smaller area.
2. Collect/collate data on existing transportation service conditions in designated area, including elderly, disabled, Medical Assistance, employment-related, and service-related transportation.

3. Within this area, publicize ride programs and contact numbers for eligibility determination and ride authorization.
4. Negotiate ride coordination protocol with transportation providers within this area.
5. In coordination with private, non-profit and public sectors, identify and target hard-to-serve rides, and underserved clients. Specifically, provide information and ride authorization for SSDI MA clients, work with rural transition-to-employment and work-related transportation.
6. Accept ride referrals and broker rides. Coordinate rides within and across programs where possible.
7. Collect data on changes in ridership, cost, and service accessibility and availability.

B. PROPOSED SERVICE AREA

1. CHARACTERISTICS. DCDHS suggests southwestern Dane County (see attached map), since it resembles most Wisconsin counties in that it has several small municipalities, and is primarily rural.

2. TRANSPORTATION SERVICES. There are several transportation programs within the area: this sector is a designated service hub for both elderly and disability transportation (see attached service descriptions); the area is a RSVP service quadrant containing three local volunteer stations; and a local SMV provider is willing to do MA common carrier and service-related transportation on a local basis.

3. AVAILABLE TRIP PURPOSES (all providers). Medical, dental, mental health, pharmaceutical, WIC participation, physical an occupational therapy, nutrition sites, adult daycare, grocery shopping, visitation (court-ordered and service-related), grocery and general shopping, out-of-district school attendance, employment and employment-related activities, education, social.

4. POPULATION (Based of RPC 1995 estimates).

• Village of Belleville	1,561	Township of Montrose	1,088
• Village of Blue Mounds	591	Township of Perry	653
• Village of Mt. Horeb	4,726	Township of Primrose	622
• City of Verona	5,374	Township of Springdale	1,415
• Township of Blue Mounds	698	Township of Verona	2,228

C. PROPOSAL ANALYSIS

ADVANTAGES:

- Consistent with project planning and design of previous 17 months, facilitating evaluation and eliminating need for radical revision of project goals and objectives.
- Realistic, do-able objectives, with current project resources.
- Smaller area, possible to handle volume without data-processing capability.
- Rural demography, with several small municipalities, consistent with most of state.

- Area contains major US highway as well as small rural roads, similar to rural county.
- Full array of transportation services within this sector: senior, disability, common carrier, service-related (CYF, Public Health, employment services).
- Some transportation out of area, primarily medical and shopping trips to Madison - simulates smaller counties with regional health care and commercial hubs.
- Currently, same provider for both 85.21 services, Evergreen Transport.
- Local SMV provider willing to do common carrier transportation, interested in possible shared-ride taxi development.
- Local interest in shared-ride taxi development as evidenced by significant petition effort.

DISADVANTAGES:

- Very small geographic area - not as much volume for ride coordination.
- Broker is not located within area.

D. SERVICE DESCRIPTIONS

RETIRED AND SENIOR VOLUNTEER PROGRAM

DRIVER ESCORT SERVICE - SOUTHWEST QUADRANT

There are three local volunteer service stations in this quadrant: in Belleville, Verona/Mt. Vernon, and Mt. Horeb.

Average number of rides per quarter:	1,600
Approximate number of miles per quarter:	10,000
Approximate number of hours per quarter:	1,000
Approximate number of passengers per quarter (unduplicated):	72

STS SERVICE FOR MARC-MT. HOREB

Serving persons having work-trip destinations at MARC-Mt. Horeb. This location receives approximately 25 clients through County funded transportation services. Three non-ambulatory persons are currently served. Most of the persons attending MARC-Mt. Horeb live in the southwestern quadrant of Dane County and require approximately 10,000 County funded one-way trips per year. This service entails 71,000 service miles annually and 2,350 service hours annually.

Service hours

6:30 am - 9:15 am and 2:15 p.m. - 4:45 p.m.	Monday-Friday county-wide
11:45 am - 12:30 p.m. and 12:30 p.m. - 1:15 p.m.	Monday-Friday Madison to Verona Monday-Friday Verona to Madison

STS is provided approximately 250 days of the year.

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS

SOUTHWEST DANE

Verona and Town of Verona

Vehicles needed: 2 vehicles with a minimum of 7 ambulatory and 1 wheelchair passengers for each vehicle.

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon.-Fri. 11:30 a.m.	Nutrition site to City of Verona	5 days per week	8
Wed. Follow lunch	Grocery/gen. shop local and Madison	1 day per week	7
Thurs. 10:00 a.m.	Grocery/gen. shop to Madison	1 day per month	7
Mon., Wed., Fri. 9:00 a.m.	Adult day care centers in Madison downtown, west and east side	3 days per week	9

Villages of Mt. Horeb and Blue Mounds, and Towns of Daleyville, Perry, Primrose, Blue Mounds and Springdale

Vehicles needed: 1 vehicle with a minimum of 9 ambulatory and 1 wheelchair passenger or accessible vehicle as requested.

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon.-Fri. 11:30 am	Nutrition site in Mt. Horeb	5 days per week	6
Tues. Follow lunch	General shop to Madison	Twice per month	8
Wed 10:15 am	Grocery/gen. shop in Mt. Horeb	1 day per week	6
Fri. 9:00 am	Respite Program in Mt. Horeb	1 day per week	4

SOUTHWEST DANE COUNTY
IMPLEMENTATION TIMELINE
November 1996 - June 1997

TASK	DATE
Common Carrier Provider	
Approach provider about interest in working with project	November 22
Telephone meeting with provider to explain details of project	November 26
Secure price quotations from provider for specified example trips	December 2
Prepare and standardize eligibility criteria, coordination protocol, policies	January 10
Negotiate referral and billing procedures	January 24
Prepare Service Agreement or Memorandum of Understanding	January 31
Implement common carrier phase	February 3
Disabilities/Elderly Provider	
Secure price quotations from provider for specified example trips	October 30
Contractualize participation of provider in Coordination Project	January 1
Telephone meeting with provider to explain details of project	January 3
Prepare and standardize eligibility criteria, coordination protocol, policies	January 10
Negotiate referral and billing procedures	January 24
Prepare Service Agreement or Memorandum of Understanding	January 31
Implement E/D phase	February 3
Outreach and coordination with service agencies in SW Dane	
Meetings (2) with DC Public health re: outreach in SW Dane	January 10
Discussion with DC CYF, STEP re: outreach in SW Dane	January 17
Meeting with MH, WORC coordinators re: outreach in SW Dane	January 24
Meeting with COAs, Sr. Ctrs, etc., re: outreach in SW Dane	January 24
Coordinate outreach effort with SW Dane E/D agencies, clinics, etc.	January 31

Appendix VI

Project Policies

PROJECT POLICIES AND PROCEDURES

TRIP REQUEST PROTOCOL

Because of volume of rides generated through the Dane County Department of Human Services ("the Department"), clients will continue to request transportation from appropriate caseworker, who authorizes the ride and submits the ride request to the broker for scheduling, possible coordination, reporting and billing. Clients who are unsure of whom to contact are referred by the main switchboard operators as follows:

CHILDREN, YOUTH AND FAMILIES SERVICE-RELATED TRANSPORTATION (CYF). Client requests transportation from the social worker, who completes the ride authorization form. Ride forms are faxed or mailed to the brokerage office. Short-notice rides may be telephoned directly from the social worker to the brokerage office. In an emergency or after hours, the social worker or Service Intake may telephone the ride request directly to the transportation provider. In all of these cases, a copy of the ride authorization form must be forwarded to the broker within three working days.

EMPLOYMENT AND WORK SERVICES TRANSPORTATION (EAWS). Client requests transportation from economic assistance worker or job coach. Clients within the boundaries of the urban transit system are given bus passes, but requests for rural transportation are forwarded to the brokerage office for possible ride coordination.

MEDICAL ASSISTANCE (MA, MEDICAID, TITLE XIX) TRANSPORTATION. Client requests transportation from assigned county worker, if applicable; for example, social worker, public health nurse, income maintenance worker, etc. If the client does not have an assigned worker, the client calls the Specialized Transportation Coordinator. Ride requests are forwarded to the brokerage office. If emergency or after-hours rides are requested, a ride authorization form must be forwarded to the brokerage office within three working days.

PUBLIC HEALTH CASE-RELATED TRANSPORTATION (PHT). Client requests transportation from public health nurse, who faxes or telephones the request to the brokerage office. In an emergency, the nurse may telephone the ride

request directly to the transportation provider, but notification of the ride authorization must be forwarded to the broker within three working days.

RIDELINE (RL). Client requests an application for eligibility from the RL/STS coordinator and is notified in writing of their acceptance or rejection for RideLine services. Ride authorizations are forwarded to the brokerage office for processing.

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS (RGE)[14]. Area senior centers or organizations work cooperatively with the Department and are responsible for receiving passenger reservations and cancellations. The senior center or organization notifies the transportation provider of passenger schedules and requests for accessible vehicles. The broker monitors the scheduling of routes, but not individual passengers.

SPECIALIZED TRANSPORTATION SERVICES (STS) FOR ADULTS WITH DISABILITIES[15]. Referrals of persons who wish to use the STS service are made to the STS/RL coordinator, who arranges ride directly with the provider and forwards the authorization to the broker for processing.

ELIGIBILITY DETERMINATION AND AUTHORIZATION

CYF. Eligibility is limited to CYF client families. Rides are authorized by the case worker or Service Intake, and must be signed by a social work supervisor. Authorizations are valid for a maximum of 45 days. Extensions may be granted for a second period of 45 days, and the extension must be signed by a supervisor.

EAWS. Eligibility is limited to EAWS clients. Rides are authorized by the case worker, for a maximum of three months.

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[14] This protocol was unchanged during the brokerage project because of anticipated confusion resulting from changing long-standing relationships between local senior centers and ride service volunteers, and the populations they serve. The rides furnished by these services would continue to be provided in dedicated vehicles; the primary interaction of the project with these service is to attempt to broker the empty seats on these routes.

[15] As above, the rides furnished by these services would continue to be provided in dedicated vehicles; the primary interaction of the project with these service is to attempt to broker the empty seats on these routes.

MA. Eligibility is limited to Medicaid recipients. Rides are authorized by the case worker, public health nurse, Service Intake, or the Specialized Transportation Coordinator. Rides authorized by social workers must be signed by a supervisor. Authorizations are valid for a maximum of 45 days.

PHT. Eligibility is limited to Public Health client families. Rides are authorized by the assigned nurse or by PH Service Intake. Subscription rides are not authorized with the signature of a PH supervisor.

RL. Eligible riders are elderly persons or persons with disabilities who have mobility limitations and who reside in or are traveling to areas not served by the urban bus system, and who have no alternative source or public or private transportation. Rides are authorized by the RL/STS Coordinator. Rides are usually authorized on an "as needed" basis, with a maximum number of rides per month available to the client.

RGE. Eligible riders are adults 60 years or older who live in their own home or apartment in rural Dane County. Rides are authorized by area senior center staff or the local volunteer ride coordinator.

STS. Eligible riders are adults with a developmental disability or a chronic mental illness, who live in Dane County and attend a work or day program. Rides are authorized by the RL/STS Coordinator.

SCHEDULING AND RIDE COORDINATION[16], NOTIFICATION REQUIREMENTS

CYF, EAWS, MA, PHT. Rides are scheduled and coordinated by the broker. The broker will notify the transportation provider of authorized rides by fax. In most instances, scheduling information, including time, date, location and destination, will be included at the time the ride is authorized. Some transportation will be authorized as "will call" rides; the passenger will call the provider to arrange pick-up times for these rides. Most of these "will call" rides are the return trips from medical appointments. "Will call" rides are variable only by time; changes in pick-up location or destination, or number of passengers must be approved by the broker. Notification for demand-service rides will be 24 hours in advance in most cases; requests for rides coordinated with the routed (STS, RGE) services will include a two-day advance notice unless mutually agreed upon by the broker and the transportation provider. "Will call" rides will usually have less than 2 hours notice of actual pick-up time. However, authorization for the date and location of "will call" rides will occur at least 24 hours in advance in nearly all cases.

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[16] As the project unfolded, ride coordination in the absence of software support occurred infrequently.

RL. Written authorization is forwarded to the transportation provider for the scheduling of rides. A two-day advance notice is given for most new authorizations.

RGE. Routes are pre-scheduled by contract with the Department. Rides are scheduled by the area senior center or local volunteer ride coordinator who receive individual passenger reservations and cancellations. The senior center or coordinator notifies the transportation provider of passenger schedules and requests for accessible vehicles. The provider's office can also receive reservations and cancellations.

STS. Written authorization is forwarded to the transportation provider for the scheduling of rides. A two-day advance notice is given for most new authorizations. Persons not funded by the County but attending one of the destination workshops cannot be incorporated onto the STS routes by the provider without prior approval of the broker. The provider is not to schedule or reschedule passengers without notification of the broker.

TRIP PURPOSES

Rides are given for the following trip purposes:

CYF. Case-related transportation as approved by the social worker; includes rides to school, daycare, visitation, etc.

EAWS. As approved by case worker, transportation to work or training, appointments or interviews, etc.

MA. Transportation of an MA recipient to an MA-certified provider to receive an MA-covered service.

PHT. Transportation approved by a public health nurse for certain health-related purposes, such as trips to WIC clinic, pharmacy, etc.

RL. As approved by the RideLine coordinator. Preferences are given for the following trip purposes: employment- and volunteer-related trips; education- and training-related trips; medical trips; and as time and space permit, trips for personal business, social and recreational purposes. Medical Assistance trips are not eligible for RideLine service.

RGE. RGE trips are provided to senior centers, nutrition sites, grocery and general shopping, adult day care and selected social activities. Medical trips are not provided.

STS. STS is exclusively for adults attending a work or day program.

PROGRAM SECURITY, AUTHORIZATION CODES, VERIFICATION

CYF, MA, PHT. Ride request forms will include the social worker's 5-digit id number or PH nurse's 2-digit number, trip purpose number and program (billing) code. The broker will utilize these codes to order rides from the transportation provider; the provider will not honor requests for rides without appropriate codes. It is the provider's responsibility to check that a proper authorization code is given. These authorization codes will be given to the contracted provider(s) and updated by the broker. Authorization codes must be kept confidential. Invoices from the transportation provider will include these codes for each ride.

RL, STS. Written authorization on Department letterhead is forwarded to the transportation provider for the scheduling of rides.

FARE OR CO-PAYMENT COLLECTION AND REPORTING

CYF, EAWS, MA, PHT. No fare or co-payment.

RL. Persons using RideLine services must pay an established fare of $1.50 for each one-way trip they receive. The transportation provider's drivers collect the fare for each one-way trip unless a waiver or reduced fare has been granted to the rider by the County. Fares shall be collected by the provider and shall be submitted to the Department.

RGE. The provider is to collect a donation (currently the suggested donation is $0.50/one-way trip but this is subject to change) from each passenger. However, no passenger may be denied service because of inability to pay. For revenue collection, the provider must have a locked box for donations. The passenger donation shall be collected in a manner which allows confidentiality of donation amount for passengers. The passenger donation collected by the provider is the property of Dane County and must accompany the monthly billing voucher submitted to the Department.

STS. No passenger fares are collected by the transportation provider. Passengers qualifying for Medical Assistance may use STS; trips which are covered by MA shall be billed to Medical Assistance.

ACCOMPANYING PASSENGERS' FARES

There are no fares assessed for approved accompanying passengers for any program. Approved accompanying passengers include personal attendants, interpreters or translators, parent or guardian of persons under the age of 13 (16 years for MA), and/or service animals.

ON-TIME PERFORMANCE STANDARDS

The Provider shall have access to a sufficient number of scheduled and back-up vehicles to ensure meeting 100% of the scheduled passenger capacity, for both ambulatory and non-ambulatory (wheelchair) passengers, within 15 minutes of the scheduled pick-up and drop-off times.

CYF, EAWS, MA, PHT, RL, RGE. Trips are to be provided on a timely basis; defined as 100% of passengers picked up and dropped off within 15 minutes of the scheduled pick-up and drop-off time. Failure to adhere to schedule will be enforced based on the complaint procedure outlined below. If a decision is made to reduce the billed services, the provider's monthly payment will be reduced by 5% for each occurrence. The provider may grieve the reduction as outlined in the provider's contract. Reductions of payment will not be imposed due to these reasons: accidents, traffic jams, inclement weather, or other events beyond the provider's control.

STS. Trip schedules allow for a 15 minute "window" on either side of the scheduled pick-up or drop off time. Any schedule that exceeds that window requires the provider to notify the client, broker, work or day program, and other persons affected. Deviations from the "window" that occur at work or day program locations will result in a payment reduction by the Department of up to 15% for each affected trip.

WAIT TIME

CYF, EAWS, MA, PHT. The driver will wait for five minutes after arriving for the passenger to board the vehicle. If possible, the provider will attempt to phone the rider before leaving if the rider has not appeared. The provider will document arrival and wait times.

LENGTH OF ROUTES

RGE. The maximum amount of travel time for each passenger is 45 minutes per one-way trip. Any variation from this parameter must be approved by the Department prior to provision of the services in question.

STS. The maximum amount of travel time for each passenger is 1 hour and 15 minutes (75 minutes). Any deviation from this time limit in excess of the limit will result in a payment reduction by the Department of up to 15% for each affected trip.

TRIP VERIFICATION REQUIREMENTS

CYF, EAWS, MA, PHT. The monthly report from the provider shall contain the date, pick up and destination address for each one-way trip, the number of passengers, the authorization codes, and the fare for each trip. If the number of passengers does not affect the fare, this item may be omitted.

RL. For passenger riding on demand-response carriers, see above. For passenger riding on routed services, the monthly report from the provider shall contain the names of passengers, and the number of trips taken by each passenger per month. Ridership shall be verifiable on a day-to-day basis; i.e., provider records shall contain enough detail to document if an individual passenger rode on a specific day.

RGE, STS. The monthly report from the Provider shall contain the names of passengers, and the number of trips taken by each passenger per month. Ridership shall be verifiable on a day-to-day basis; i.e., provider records shall contain enough detail to document if an individual passenger rode on a specific day.

COMPLAINT AND GRIEVANCE PROCEDURES

In the event of any complaints, the Department will first encourage consumers to discuss their complaint with the provider. If this does not resolve the problem to the satisfaction of the consumer, the broker will receive complaints from riders on services operated under this project. Customer complaints which the Department deems appropriate for response will be forwarded to the provider. The provider is required to respond orally or in writing within five business days to all rider complaints received from the Department. Provider shall notify the broker of response, and corrective action, if applicable, within five business days of resolution of complaint.

SCHEDULE-RELATED COMPLAINTS. Consumers, clinics, senior centers, work or day programs, family or service agencies shall have three (3) working days to notify the broker of the incident; the broker shall notify the transportation Provider of the alleged failure to meet the schedule; the Provider shall respond within two (2) working days to the broker. The Provider may submit written information documenting the event in question. The broker shall notify the Provider in writing within three (3) working days in the event that a payment penalty is necessary.

SAFETY-RELATED COMPLAINTS. In the event that consumers, clinics, senior centers, work or day programs, family or service agencies notify the broker of a safety-related incident; the broker shall notify the transportation Provider of the complaint; the Provider shall respond within five (5) working days to the broker. The Provider may submit written information documenting the event in question. The broker shall notify the Provider in writing within ten (10) working days in the event that a payment penalty is necessary.

CLIENT GRIEVANCES. The transportation Provider shall have a written client grievance procedure, approved by the Department, posted in its service area at all times during the term of the contract. Clients may be entitled to an administrative hearing concerning eligibility. The Provider will cooperate with the Department in providing notice to clients.

PROVIDER GRIEVANCES. A grievance is defined as a controversy between the transportation Provider and the County involving the interpretation or application of the contents of the contract. It is understood by both the County and the Provider that grievances are governed by the intent to reach a mutually satisfactory decision. Provider and County will attempt to resolve grievances informally before utilizing the formal grievance procedure.

Step 1: In the event of a grievance the Provider's Chief Executive Officer shall present, in writing, the grievance to the County's Division Manager within fifteen (15) working days of knowledge of the occurrence of the alleged violation. The grievance filed shall be specific in citing which area of areas of the contract are in dispute and shall present whatever factual information is available to support their contention. Both parties' designated representatives shall try to reach a mutually satisfactory resolution within the fifteen (15) working days after mailing of the written notice. If after fifteen (15) working days, a mutually agreed upon decision is not reached, The County's Division Manager shall mail a written response regarding the status of the grievance. The decision of the Division Manager is binding until and unless a different decision is reached through Step 2 as outlined below.

Step 2: If the grievance is not satisfactorily resolved in Step 1, the Provider's Chief Executive Officer or the presiding officer of the Provider's Governing Board may request a review by the Human Services Director of the County. The request for a review by the Human Services Director shall be mailed within fifteen (15) working days of the receipt of the Division Manager's decision as outlined in Step 1, above. The Human Services Director will render and mail a written decision within fifteen (15) working days following mailing of the request for a review.

Step 3: If the grievance is not satisfactorily resolved in Step 2, the Provider's Chief Executive Officer of the presiding officer of the Provider's Governing Board may request an review for the County Executive. The request for the review shall be mailed within fifteen (15) working days following the mailing of the Human Services Director's decision in Step 2 above. The County Executive will render and mail a written binding decision within fifteen (15) working days following the mailing of the request for a review. The decision of the County Executive is final and binding on the parties.

SAFETY POLICIES

DRIVER SCREENING REQUIREMENTS

Operator records. The provider shall supply the Department with operator driving records upon request. The Department reserves the right to refuse to permit a particular operator to drive for services covered by the Project, if the Department determines that the operator is unacceptable to the Department for reason including, but not limited to, the following:

1. Involvement in more than two accidents in any 12 month period, whether on or off duty;
2. Operating a vehicle under the influence of, or use of a controlled substance or alcohol while on duty;
3. Conviction of any of the following:
    - more than two moving violations in any two year period;
    - permitting unauthorized persons to perform operating duties;
    - operating a motor vehicle under the influence of an intoxicant or a controlled substance or under the influence of any other drug or operating with a prohibited alcohol concentration;
    - any felony, misdemeanor, or other offense, the circumstances of which relate to vehicle operation or service provision.

Criminal Records. The provider will perform a criminal conviction records check on all new employees prior to their employment in connection with all of these contracted services. The provider shall supply the Department with these records upon request. The Department reserves the right to refuse to permit a particular operator to drive for services covered by the Project, if the Department determines that the operator is unacceptable to the Department.

DRIVER TRAINING

The provider must provide driver training for each driver that will be operating a vehicle under contract with the Department. Minimal training must include defensive driving techniques, first aid, guidelines for handling of elderly and disabled passengers, proper use of restraint systems, including wheelchair tie-downs and infant/child safety seats, and guidelines for emergency procedures (including vehicle evacuation) during the transport of passengers.

RL, RGE, STS. Driver training for these services shall include current standards of cardiopulmonary resuscitation (CPR).

PERIODIC RESCREENING

The provider agrees to comply with Wisconsin Department of Transportation drug and alcohol testing requirements applicable to any operators who drive the service pursuant to services covered by this Project.

PASSENGER ASSISTANCE REQUIREMENTS

CYF, EAWS, MA, PHT. Persons requiring assistance through these programs will be referred to SMV carriers. Applicable ADA requirements apply. Ambulatory passengers requiring minimal assistance will be referred to common carriers. Common carrier drivers may be required to accompany some children, under 12 years of age, into or out of buildings.

RL, RGE. Drivers will provide passengers with door-through-door service, assisting passengers into and out of the vehicle, as well as into and out of the door of their origin or destination. Assistance is required for curbs and stairs, to a maximum of 3 stairs at any origin or destination.

STS. Drivers will provide door-to-door service, assisting passengers into and out of the vehicle, as well as to and from the door of their origin or destination.

PASSENGER AND MOBILITY AID SECUREMENT

The transportation provider's vehicle seats must comfortably accommodate adults and each bus or van-type vehicle must have adequate aisle space to allow for passenger movements. Adequate space must be provided in each vehicle for the storage of passenger packages, walkers, canes and folding wheelchairs, if necessary. Each vehicle must have state-approved passenger safety systems - wheelchair tie-downs, mobility device securement mechanisms - appropriate to the proposed service. Seat belts and infant/child seats are required for those programs which transport children. Drivers are required to have the safety belts for each passenger fastened before transporting passengers, and children under 4 must be transported in state-approved safety seats. Proper and adequate restraints must be used at all times when a mobility device (wheelchair, scooter, etc.) is being transported.

RL, RGE, STS. Every vehicle which transports non-ambulatory passengers must have 100% operative wheelchair lift, tie-downs, including state-of-the-art tie-downs for three-wheeled, scooter-type wheelchairs, including passenger restraints. Passengers may, with their approval, be removed from three-wheeled, scooter-type wheelchairs, and seated

in an ambulatory passenger seat in the vehicle, with the wheelchair separately secured. The tie-downs must be used at all times when a wheelchair or scooter is being transported.

VEHICLE COMMUNICATION EQUIPMENT

Every vehicle must have 100% operative radio or telephone communication with a base dispatch center capable of relaying passenger and schedule information, as well as emergency and road condition information.

VEHICLE SAFETY EQUIPMENT

In addition to securement devices and communication equipment, every vehicle must be equipped with a fire extinguisher and all other safety equipment in compliance with Wisconsin Department of Transportation requirements for commercial vehicles.

VEHICLE PREVENTIVE MAINTENANCE, INSPECTIONS

All vehicles shall receive a pre-trip inspection on each day that the vehicle is utilized for services covered by the Project. The provider shall maintain accurate vehicle maintenance records and shall provide copies of these records, including pretrip inspection records to the Department upon request. The Department reserves the right to inspect vehicles utilized by the provider for services covered by this proposal, and the provider's maintenance facilities during normal working hours as the Department deems appropriate. All vehicles shall be inspected and approved by the Wisconsin Department of Transportation prior to their use in any service covered by the project, and annually thereafter. Copies of these inspections shall be forwarded to the Department of Human Services within 10 working days.

VEHICLE BREAK-DOWN, ACCIDENT PROCEDURES

In the event of an accident or breakdown, replacement vehicles must be provided within 30 minutes of the scheduled pick-up or drop-off time. The provider must have access to sufficient back-up vehicles to adequately provide for preventive and repair maintenance and to handle vehicle breakdowns and unanticipated passenger capacity.

The provider will submit to the Department quarterly reports listing all injuries and accidents involving State and County funded services.

TEMPERATURE CONTROLS

Every vehicle must have a 100% operative heating system and window ventilation. Air-conditioned vehicles are preferred.

PASSENGER RELATION POLICIES

CANCELLATIONS

Last-minute cancellations and no-shows are inconsiderate of other riders and wasteful of expensive transportation resources. Excessive late cancellations or no-shows will result in suspension of service.

DEFINITIONS.

- **On-time cancellation:** A trip cancellation made by the rider at least twenty-four (24) hours in advance, or in emergency circumstances, two (2) hours or more before the scheduled pick-up time.
- **Late cancellation:** A trip cancellation made by the rider less than twenty-four (24) hours before the scheduled pick-up time, or in emergency, two (2) hours before scheduled pick-up.
- **No-show:** Any occurrence where the rider does not show up for a scheduled ride, or declines to take the scheduled trip when the driver arrives at the pickup site.

Riders must cancel scheduled trips at least 24 hours in advance, except in emergency. Emergency cancellations will be accepted 2 hours in advance of the scheduled pick-up time. Cancellations phoned in less than 24 hours ahead of scheduled pick-up time (2 hours in emergency circumstances) will be considered late cancellations. Cancellations phoned in or given to the driver at the time that the vehicle arrives will be considered no-shows.

Riders must call the transportation provider to cancel trips. The appropriate phone number will be given to the rider at the time the trip is scheduled.

PASSENGER NO SHOWS

Passengers who have not canceled scheduled rides on time and who do not appear for the ride will be considered no-shows. Ride authorization will be suspended for passengers who are no-shows for more than 10% of the time, and who miss at least three rides. For example, Fred is scheduled for four rides per week for 10 weeks for a total of 40

rides, and misses four rides (10%); Fred will lose his ride authorization. Betty is scheduled for two rides per week for a total of 20 rides, and misses two rides (10%); Betty will lose her authorization if she misses another ride(three no-shows).

NO-SHOW PROCEDURE: Before a dispatcher considers a passenger a "no-show", the following steps should be followed:

- Verify the pickup time with the driver. The driver should wait 5 minutes **after** scheduled pick-up time before listing a passenger as a no-show.
- Verify that driver attempted to make vehicle's presence known, i.e., blew horn, rang bell, knocked on door, etc.
- Verify that driver is at the correct address.
- Dispatcher should call passenger if phone number is available.
- Document arrival and wait time.
- Cancel any other trips the passenger has scheduled for the rest of the day until provider hears from passenger or broker.

TRIP CHANGES

Requests for changes in pickup location or destination must made to the worker or nurse who approved the ride, at least 24 hours in advance. The worker will notify the broker of changes in destination or pickup.

PASSENGER REQUESTS FOR TRIP CHANGES EN ROUTE

Passengers may not request trip changes en route. However, unless the passenger is a minor, changes in destination may be made if the destination is:

- Consistent with trip purpose (for example, going to a neighbor's house instead of home on an adult daycare trip is permissible, going to a grocery store instead of a clinic on a Medicaid trip is not permissible);
- An equal or lesser distance than the original destination; and
- Along a contiguous route if the ride is coordinated with another passenger trip.

PASSENGER REQUESTS FOR EXTRA TRIPS

Passenger may not request extra trips of the driver. Additional stops will be considered extra trips.

SAME DAY/EMERGENCY TRIP REQUESTS

Except in emergencies, passengers must request trips at least 24 hours in advance. Decision regarding what constitutes an emergency will be made by the worker or nurse who approves the ride.

DRIVER WAIT TIME

The driver will wait for five (5) minutes after arriving for the passenger to board the vehicle. If possible, the transportation provider will attempt to phone the rider before leaving if the rider has not appeared.

REPEAT PICK-UP ATTEMPTS (SENDING BACK VEHICLE)

The passenger must signal the driver as soon as possible if the passenger will be delayed in reaching the vehicle. If the passenger experiences some difficulty in getting to the vehicle (for example, driver on wrong side of building, vehicle parked in an area not accessible to mobility aids, etc.), the passenger should call the provider number as soon as possible to request a repeat pick-up, and should specify any changes required to make contact with the vehicle.

VEHICLE NO-SHOWS

If possible, the transportation provider will attempt to phone the rider if the provider will be more than 15 minutes late, or if there is an difficulty in locating the passenger or the pickup location. If possible, the rider should attempt to contact the provider to verify that there is not a difficulty in locating the pick-up point. Vehicles more than thirty (30) minutes late will be considered no-shows. The passenger should call the broker or authorizing worker if possible to report vehicle no-shows.

SIGNALING, CALLING OUT PASSENGERS

The passenger should be ready to exit the building and board the vehicle when it arrives. If the passenger needs a signal such as a horn honk or telephone call in order to be aware of the arrival of the vehicle, the passenger should tell the authorizing worker at the time of ride scheduling. Drivers will provide signal if necessary at locations such as large clinics, etc.

PASSENGER ASSISTANCE

Drivers will provide passengers with assistance appropriate the service being provided:

Common Carrier passengers will receive minimal assistance. Drivers may be requested to escort accompanied children under the age of 12 years into or out of a building.

Door-to-door service passengers may request assistance into and out of the vehicle. Assistance will be provided with curbs or stairs, to a maximum of three stairs at any origin or destination.

Door-through-door passengers may request assistance into or out of the door of their origin or destination, as well as the door of the vehicle. Assistance will be provided with curbs or stairs, to a maximum of three stairs at any origin or destination.

ACCOMPANYING PASSENGERS, SERVICE ANIMALS

Please be specific as to the number and age of children who will be riding. For safety reasons, all passengers, including children and infants must be secured according to state law. This means that the number of passengers must be limited to the number of safety belts and all children under the age of four (4) years must be in child safety seats.

Passenger must let the worker authorizing the transportation know if there will be a translator, interpreter, personal attendant, or other accompanying passenger. If other companion(s), such as friend(s) or relative(s) will be riding, the authorizing worker must approve the additional passenger(s).

No animals except registered service animals will be allowed in the vehicle.

PAYMENT OF FARES

Fares: If a fare or co-payment is required for the trip, the passenger shall pay for each one-way trip they receive.

Donations: Donations will be collected in a manner which assures confidentiality of the donation amount. No passenger will be denied service because of inability to pay a donation.

NUMBER, SIZE OF PACKAGES

The number and size of packages may not exceed the capacity of vehicle storage space so that passenger pace is encroached upon. If a passenger will have more than one grocery-sack-sized package, they should inform the authorizing worker at the time of ride scheduling.

EATING, DRINKING, SMOKING

Eating, drinking, or smoking are not permitted in county-contracted vehicles.

VIOLENT/DANGEROUS PASSENGER BEHAVIOR

Violent of dangerous behavior directed at the driver or another passenger will result in termination of ride privileges, and, with the exception of minors or the STS program, may result in immediate expulsion from the vehicle.

Violent of dangerous behavior directed at the driver or another passenger will result in termination of ride privileges, and, with the exception of minors or the SSTs program, may result in immediate expulsion from the vehicle.

Appendix VII

Model Contracting Process for Coordinated Transportation Services

This is a portion of the Request for Proposals released by the project in September 1996. The method of contracting for transportation services was completely revised and consolidated to allow for brokerage and coordination of rides. The RFP divided the county into a number of sectors and allowed the proposers to bid on any single, any combination, or all of the services in any sector or combination of sectors. However, the proposer had to use the sectors defined by the RFP.

The section on Service Description and Service Requirements described aspects such as hours of service, passenger assistance requirements, fare structures, unit prices, as well as estimated usage. In the interest of conserving space, these sections are not reproduced in their entirety.

PROPOSAL OVERVIEW

Dane County Department of Human Services will accept proposals for the provision of specialized transportation services within Dane County. This solicitation allows proposals on any single, any combination, or all of the following services. Service descriptions of programs listed in boldface are defined in this request for proposals.

A. **Rural Group Transportation Services to older adults (RGE)** in the Northwest Dane area (See Addendum #1 - Map of geographic areas for Rural Group Elderly services) and **Coordination Project B** trips.
B. RGE services in the Mid-Central Dane area and Coordination Project B trips.
C. RGE services in the Southwest Dane area and Coordination Project B trips.
D. RGE services in the Southeast Dane area and Coordination Project B trips.
E. RGE services in the South Central Dane area and Coordination Project B trips.
F. RGE services in the North Central Dane area and Coordination Project B trips.
G. **RideLine Transportation Services for older adults and persons with disabilities (RideLine)** with separate prices for **Coordination Project A** trips.
H. **Specialized Transportation Services for adults with disabilities (STS)** for MARC-Mt. Horeb with a separate price for Coordination Project A and B trips.
I. STS service for MARC-Stoughton with a separate price for Coordination Project A and B trips.
J. STS Service for MARC-Forward Drive, MARC-Lien Road, Goodwill Industries, Pathways, Madison Packaging & Assembly, Chrysalis, and Yahara House with a separate price for Coordination Project A and B trips.
K. **Common-carrier transportation** (can be provided in specialized vehicles at common carrier rates), for low income persons in Northwest Dane County (See Addendum #2 - Map of geographic areas for common carrier services), with separate price list for Coordination Project B trips.
L. Common carrier transportation in Northeast Dane County with separate price list for Coordination Project B trips.
M. Common carrier transportation in Southeast Dane County with separate price list for Coordination Project B trips.
N. Common carrier transportation in Southwest Dane County with separate price list for Coordination Project B trips.
O. Common carrier transportation in the City of Madison with separate price list for Coordination Project B trips.

If multiple Providers are awarded contracts, all Providers will be required to coordinate services with each and all other Providers with DCDHS approval.

transportation needs can be met with currently under-utilized existing capacity, such as the Elderly and Disability Transportation systems. Cost savings for coordinated rides will be negotiated with providers.

B. REDUCE ADMINISTRATIVE COSTS FOR TRANSPORTATION

This is also a software-dependent function. Centralized and streamlined reporting and contract oversight will reduce duplication of effort in each program. Given appropriate data processing support, the major effort in this area will be initial setup of reporting and monitoring functions.

C. IDENTIFY AND REDUCE PROVIDER DEAD-HEAD AND DOWN-TIME

Currently, there is under-utilized capacity in the elderly and DD systems, both in unfilled seats and waiting time. Additionally, cab rides to rural areas are often prohibitively expensive if the provider must charge for dead-head miles, and/or waiting time out in a community. Task requires information-gathering and negotiation with providers. However, initial meetings have evidenced enthusiasm for making better use of capacity.

II. ELIMINATE POLICY BARRIERS TO EFFICIENCY AND ACCESSIBILITY

A. ENCOURAGE DCDHS POLICY CHANGE RE: MA TRANSPORTATION CLIENT REIMBURSEMENT

Currently, department policy requires clients to secure authorization for rides from a case-worker prior to transport, arrange and pay for the transportation themselves, and apply for reimbursement, which can take 30-90 days. This is a burden for low-income clients, and those with frequent medical needs or lengthy travel times. The current policy exists because there is insufficient staff support to coordinate direct-billed transportation. The brokerage could provide leadership and coordination on this issue, and fulfill some of this staff function, but additional support and succession planning will need to be discussed. Coordination of MA rides will represent a significant percentage of the total volume of ridership, however, actual numbers are difficult to estimate, since this is a currently very under-utilized benefit. Additionally, the policy change will require internal review and task reassignment.

B. IDENTIFY AND ENCOURAGE ELIMINATION OF FUNDING POLICY BARRIERS TO COORDINATION

The Requests for Proposals for the Elderly and Disability transportation systems includes language about ride coordination for 1996. However, funder barriers to mixing populations on vehicles needs to be investigated in depth. For instance, it is not known if SMVs transporting a person at Medicaid rates could also carry a person at common carrier rates as a ride coordination strategy. Policy changes are subject to State DHSS approval.

III. DEVELOP PUBLIC-PRIVATE AND COUNTY-LOCAL JURISDICTIONAL PARTNERSHIPS

A. SPONSOR TRANSPORTATION PROVIDER FORUM

Many provider groups have regular meetings with the Department to strengthen planning, problem-solving, and provide information-sharing. As Department transportation contracting becomes more centralized, and changes are made in policy, provider input becomes more vital. This is envisioned as a quarterly meeting with providers, with some follow-up to each meeting.

B. ENCOURAGE MEDICAL CLINICS AND OTHER PROGRAMS TO GROUP APPOINTMENTS OF CLIENTS WITH SIGNIFICANT TRAVEL TIMES.

Currently, appointments are scheduled without regard to transportation. However, agencies and clinics might be approached with the idea of grouping clients by locale. This would involve a significant outreach and marketing effort, but the benefits and savings to the community could be significant.

C. EXPAND THE CURRENT SYSTEM OF MA POINT-OF-SERVICE AUTHORIZATION

Under State Medical Assistance regulations, the counties must authorize all MA transportation in advance, but may delegate their authority to other agencies. Currently, persons who have MA through non-county-administered programs such as SSDI may not have access to a county worker to authorize transportation for them. The broker has begun an outreach effort to agencies and clinics who serve such populations, to set up a system of authorization for these and other clients. The rides are contracted through and paid for by the agency or clinic, which is then reimbursed by the county. Logs are submitted to the broker for approval. It appears that there are enough questions and turn-overs within agencies that an annual update/review meeting might be appropriate.

D. ENCOURAGE CONSIDERATION OF TRANSPORTATION ARRANGEMENTS AND EXPENSES IN CASE-MANAGEMENT

Often, the department is approached to provide funding for transportation for a person would has been placed in a residential or employment situation at a significant distance from other aspects of the person's daily life. As transportation becomes more expensive and resources shrink, the county is able to meet less and less of this need. Transportation planning as part of case-management rather that after-the-fact could be facilitated by agreements within departments and with POS agencies.

E. ENCOURAGE DEVELOPMENT OF SHARED-RIDE TAXI SYSTEMS

Nine jurisdictions within Dane County would be eligible for a combination of state and federal funding which would cover a total of 70% of the costs of a shared-ride taxi service. Additionally, since 30% of the eligible miles covered by such a system could be out of the municipal boundaries, these services would provide inter-city transport as well. Setting up such a service would be a major planning effort on the part of the local municipality. The broker could provide technical assistance and guidance, but the decision and responsibility would rest with the local group.

IV. IMPROVE/MONITOR QUALITY OF SERVICES

A. IMPROVE SAFETY FOR CLIENTS

Currently, taxicabs are not required by law to use either seat belts or child safety seats. Department cars are equipped with both, but clients, including children traveling alone, are often transported in cabs under unsafe conditions. The Department could include as part of its RFP, a requirement that children be transported in safety seats/belts. As other safety concerns come to the attention of the Department, having a centralized broker will provide a mechanism for addressing these issues.

B. MONITOR ON-TIME PERFORMANCE OF PROVIDERS

Anecdotal reporting by clients suggests that on-time performance of some providers is not good, especially under certain circumstances, such as subscription rides to mandated services. Brokerages in other cities have successfully utilized a system of spot-checking to identify problem trends. This could involve client satisfaction surveys, or random calling of clients after transportation has been provided. The monitoring frequency and duration would be determined before implementation. Even minimal occurrence of such documentation in the study areas has been demonstrated to be an incentive for overall service improvement.

NOVEMBER 1996 -REVISED IMPLEMENTATION MODEL

PROJECT DESIGN MODIFICATION PROPOSAL

A. PROPOSAL

1. Modify existing project design to include a smaller area.
2. Collect/collate data on existing transportation service conditions in designated area, including elderly, disabled, Medical Assistance, employment-related, and service-related transportation.

3. Within this area, publicize ride programs and contact numbers for eligibility determination and ride authorization.
4. Negotiate ride coordination protocol with transportation providers within this area.
5. In coordination with private, non-profit and public sectors, identify and target hard-to-serve rides, and underserved clients. Specifically, provide information and ride authorization for SSDI MA clients, work with rural transition-to-employment and work-related transportation.
6. Accept ride referrals and broker rides. Coordinate rides within and across programs where possible.
7. Collect data on changes in ridership, cost, and service accessibility and availability.

B. PROPOSED SERVICE AREA

1. CHARACTERISTICS. DCDHS suggests southwestern Dane County (see attached map), since it resembles most Wisconsin counties in that it has several small municipalities, and is primarily rural.

2. TRANSPORTATION SERVICES. There are several transportation programs within the area: this sector is a designated service hub for both elderly and disability transportation (see attached service descriptions); the area is a RSVP service quadrant containing three local volunteer stations; and a local SMV provider is willing to do MA common carrier and service-related transportation on a local basis.

3. AVAILABLE TRIP PURPOSES (all providers). Medical, dental, mental health, pharmaceutical, WIC participation, physical an occupational therapy, nutrition sites, adult daycare, grocery shopping, visitation (court-ordered and service-related), grocery and general shopping, out-of-district school attendance, employment and employment-related activities, education, social.

4. POPULATION (Based of RPC 1995 estimates).

• Village of Belleville	1,561	Township of Montrose	1,088
• Village of Blue Mounds	591	Township of Perry	653
• Village of Mt. Horeb	4,726	Township of Primrose	622
• City of Verona	5,374	Township of Springdale	1,415
• Township of Blue Mounds	698	Township of Verona	2,228

C. PROPOSAL ANALYSIS

ADVANTAGES:

- Consistent with project planning and design of previous 17 months, facilitating evaluation and eliminating need for radical revision of project goals and objectives.
- Realistic, do-able objectives, with current project resources.
- Smaller area, possible to handle volume without data-processing capability.
- Rural demography, with several small municipalities, consistent with most of state.

- Area contains major US highway as well as small rural roads, similar to rural county.
- Full array of transportation services within this sector: senior, disability, common carrier, service-related (CYF, Public Health, employment services).
- Some transportation out of area, primarily medical and shopping trips to Madison - simulates smaller counties with regional health care and commercial hubs.
- Currently, same provider for both 85.21 services, Evergreen Transport.
- Local SMV provider willing to do common carrier transportation, interested in possible shared-ride taxi development.
- Local interest in shared-ride taxi development as evidenced by significant petition effort.

DISADVANTAGES:

- Very small geographic area - not as much volume for ride coordination.
- Broker is not located within area.

D. SERVICE DESCRIPTIONS

RETIRED AND SENIOR VOLUNTEER PROGRAM

DRIVER ESCORT SERVICE - SOUTHWEST QUADRANT

There are three local volunteer service stations in this quadrant: in Belleville, Verona/Mt. Vernon, and Mt. Horeb.

Average number of rides per quarter:	1,600
Approximate number of miles per quarter:	10,000
Approximate number of hours per quarter:	1,000
Approximate number of passengers per quarter (unduplicated):	72

STS SERVICE FOR MARC-MT. HOREB

Serving persons having work-trip destinations at MARC-Mt. Horeb. This location receives approximately 25 clients through County funded transportation services. Three non-ambulatory persons are currently served. Most of the persons attending MARC-Mt. Horeb live in the southwestern quadrant of Dane County and require approximately 10,000 County funded one-way trips per year. This service entails 71,000 service miles annually and 2,350 service hours annually.

Service hours

6:30 am - 9:15 am and 2:15 p.m. - 4:45 p.m.	Monday-Friday county-wide
11:45 am - 12:30 p.m. and 12:30 p.m. - 1:15 p.m.	Monday-Friday Madison to Verona Monday-Friday Verona to Madison

STS is provided approximately 250 days of the year.

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS

SOUTHWEST DANE

Verona and Town of Verona

Vehicles needed: 2 vehicles with a minimum of 7 ambulatory and 1 wheelchair passengers for each vehicle.

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon.-Fri. 11:30 a.m.	Nutrition site to City of Verona	5 days per week	8
Wed. Follow lunch	Grocery/gen. shop local and Madison	1 day per week	7
Thurs. 10:00 a.m.	Grocery/gen. shop to Madison	1 day per month	7
Mon., Wed., Fri. 9:00 a.m.	Adult day care centers in Madison downtown, west and east side	3 days per week	9

Villages of Mt. Horeb and Blue Mounds, and Towns of Daleyville, Perry, Primrose, Blue Mounds and Springdale

Vehicles needed: 1 vehicle with a minimum of 9 ambulatory and 1 wheelchair passenger or accessible vehicle as requested.

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon.-Fri. 11:30 am	Nutrition site in Mt. Horeb	5 days per week	6
Tues. Follow lunch	General shop to Madison	Twice per month	8
Wed 10:15 am	Grocery/gen. shop in Mt. Horeb	1 day per week	6
Fri. 9:00 am	Respite Program in Mt. Horeb	1 day per week	4

SOUTHWEST DANE COUNTY
IMPLEMENTATION TIMELINE
November 1996 - June 1997

TASK	DATE
Common Carrier Provider	
Approach provider about interest in working with project	November 22
Telephone meeting with provider to explain details of project	November 26
Secure price quotations from provider for specified example trips	December 2
Prepare and standardize eligibility criteria, coordination protocol, policies	January 10
Negotiate referral and billing procedures	January 24
Prepare Service Agreement or Memorandum of Understanding	January 31
Implement common carrier phase	February 3
Disabilities/Elderly Provider	
Secure price quotations from provider for specified example trips	October 30
Contractualize participation of provider in Coordination Project	January 1
Telephone meeting with provider to explain details of project	January 3
Prepare and standardize eligibility criteria, coordination protocol, policies	January 10
Negotiate referral and billing procedures	January 24
Prepare Service Agreement or Memorandum of Understanding	January 31
Implement E/D phase	February 3
Outreach and coordination with service agencies in SW Dane	
Meetings (2) with DC Public health re: outreach in SW Dane	January 10
Discussion with DC CYF, STEP re: outreach in SW Dane	January 17
Meeting with MH, WORC coordinators re: outreach in SW Dane	January 24
Meeting with COAs, Sr. Ctrs, etc., re: outreach in SW Dane	January 24
Coordinate outreach effort with SW Dane E/D agencies, clinics, etc.	January 31

Appendix VI

Project Policies

PROJECT POLICIES AND PROCEDURES

TRIP REQUEST PROTOCOL

Because of volume of rides generated through the Dane County Department of Human Services ("the Department"), clients will continue to request transportation from appropriate caseworker, who authorizes the ride and submits the ride request to the broker for scheduling, possible coordination, reporting and billing. Clients who are unsure of whom to contact are referred by the main switchboard operators as follows:

CHILDREN, YOUTH AND FAMILIES SERVICE-RELATED TRANSPORTATION (CYF). Client requests transportation from the social worker, who completes the ride authorization form. Ride forms are faxed or mailed to the brokerage office. Short-notice rides may be telephoned directly from the social worker to the brokerage office. In an emergency or after hours, the social worker or Service Intake may telephone the ride request directly to the transportation provider. In all of these cases, a copy of the ride authorization form must be forwarded to the broker within three working days.

EMPLOYMENT AND WORK SERVICES TRANSPORTATION (EAWS). Client requests transportation from economic assistance worker or job coach. Clients within the boundaries of the urban transit system are given bus passes, but requests for rural transportation are forwarded to the brokerage office for possible ride coordination.

MEDICAL ASSISTANCE (MA, MEDICAID, TITLE XIX) TRANSPORTATION. Client requests transportation from assigned county worker, if applicable; for example, social worker, public health nurse, income maintenance worker, etc. If the client does not have an assigned worker, the client calls the Specialized Transportation Coordinator. Ride requests are forwarded to the brokerage office. If emergency or after-hours rides are requested, a ride authorization form must be forwarded to the brokerage office within three working days.

PUBLIC HEALTH CASE-RELATED TRANSPORTATION (PHT). Client requests transportation from public health nurse, who faxes or telephones the request to the brokerage office. In an emergency, the nurse may telephone the ride

request directly to the transportation provider, but notification of the ride authorization must be forwarded to the broker within three working days.

RIDELINE (RL). Client requests an application for eligibility from the RL/STS coordinator and is notified in writing of their acceptance or rejection for RideLine services. Ride authorizations are forwarded to the brokerage office for processing.

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS (RGE)[14]. Area senior centers or organizations work cooperatively with the Department and are responsible for receiving passenger reservations and cancellations. The senior center or organization notifies the transportation provider of passenger schedules and requests for accessible vehicles. The broker monitors the scheduling of routes, but not individual passengers.

SPECIALIZED TRANSPORTATION SERVICES (STS) FOR ADULTS WITH DISABILITIES[15]. Referrals of persons who wish to use the STS service are made to the STS/RL coordinator, who arranges ride directly with the provider and forwards the authorization to the broker for processing.

ELIGIBILITY DETERMINATION AND AUTHORIZATION

CYF. Eligibility is limited to CYF client families. Rides are authorized by the case worker or Service Intake, and must be signed by a social work supervisor. Authorizations are valid for a maximum of 45 days. Extensions may be granted for a second period of 45 days, and the extension must be signed by a supervisor.

EAWS. Eligibility is limited to EAWS clients. Rides are authorized by the case worker, for a maximum of three months.

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[14] This protocol was unchanged during the brokerage project because of anticipated confusion resulting from changing long-standing relationships between local senior centers and ride service volunteers, and the populations they serve. The rides furnished by these services would continue to be provided in dedicated vehicles; the primary interaction of the project with these service is to attempt to broker the empty seats on these routes.

[15] As above, the rides furnished by these services would continue to be provided in dedicated vehicles; the primary interaction of the project with these service is to attempt to broker the empty seats on these routes.

MA. Eligibility is limited to Medicaid recipients. Rides are authorized by the case worker, public health nurse, Service Intake, or the Specialized Transportation Coordinator. Rides authorized by social workers must be signed by a supervisor. Authorizations are valid for a maximum of 45 days.

PHT. Eligibility is limited to Public Health client families. Rides are authorized by the assigned nurse or by PH Service Intake. Subscription rides are not authorized with the signature of a PH supervisor.

RL. Eligible riders are elderly persons or persons with disabilities who have mobility limitations and who reside in or are traveling to areas not served by the urban bus system, and who have no alternative source or public or private transportation. Rides are authorized by the RL/STS Coordinator. Rides are usually authorized on an "as needed" basis, with a maximum number of rides per month available to the client.

RGE. Eligible riders are adults 60 years or older who live in their own home or apartment in rural Dane County. Rides are authorized by area senior center staff or the local volunteer ride coordinator.

STS. Eligible riders are adults with a developmental disability or a chronic mental illness, who live in Dane County and attend a work or day program. Rides are authorized by the RL/STS Coordinator.

SCHEDULING AND RIDE COORDINATION[16], NOTIFICATION REQUIREMENTS

CYF, EAWS, MA, PHT. Rides are scheduled and coordinated by the broker. The broker will notify the transportation provider of authorized rides by fax. In most instances, scheduling information, including time, date, location and destination, will be included at the time the ride is authorized. Some transportation will be authorized as "will call" rides; the passenger will call the provider to arrange pick-up times for these rides. Most of these "will call" rides are the return trips from medical appointments. "Will call" rides are variable only by time; changes in pick-up location or destination, or number of passengers must be approved by the broker. Notification for demand-service rides will be 24 hours in advance in most cases; requests for rides coordinated with the routed (STS, RGE) services will include a two-day advance notice unless mutually agreed upon by the broker and the transportation provider. "Will call" rides will usually have less than 2 hours notice of actual pick-up time. However, authorization for the date and location of "will call" rides will occur at least 24 hours in advance in nearly all cases.

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[16] As the project unfolded, ride coordination in the absence of software support occurred infrequently.

RL. Written authorization is forwarded to the transportation provider for the scheduling of rides. A two-day advance notice is given for most new authorizations.

RGE. Routes are pre-scheduled by contract with the Department. Rides are scheduled by the area senior center or local volunteer ride coordinator who receive individual passenger reservations and cancellations. The senior center or coordinator notifies the transportation provider of passenger schedules and requests for accessible vehicles. The provider's office can also receive reservations and cancellations.

STS. Written authorization is forwarded to the transportation provider for the scheduling of rides. A two-day advance notice is given for most new authorizations. Persons not funded by the County but attending one of the destination workshops cannot be incorporated onto the STS routes by the provider without prior approval of the broker. The provider is not to schedule or reschedule passengers without notification of the broker.

TRIP PURPOSES

Rides are given for the following trip purposes:

CYF. Case-related transportation as approved by the social worker; includes rides to school, daycare, visitation, etc.

EAWS. As approved by case worker, transportation to work or training, appointments or interviews, etc.

MA. Transportation of an MA recipient to an MA-certified provider to receive an MA-covered service.

PHT. Transportation approved by a public health nurse for certain health-related purposes, such as trips to WIC clinic, pharmacy, etc.

RL. As approved by the RideLine coordinator. Preferences are given for the following trip purposes: employment- and volunteer-related trips; education- and training-related trips; medical trips; and as time and space permit, trips for personal business, social and recreational purposes. Medical Assistance trips are not eligible for RideLine service.

RGE. RGE trips are provided to senior centers, nutrition sites, grocery and general shopping, adult day care and selected social activities. Medical trips are not provided.

STS. STS is exclusively for adults attending a work or day program.

PROGRAM SECURITY, AUTHORIZATION CODES, VERIFICATION

CYF, MA, PHT. Ride request forms will include the social worker's 5-digit id number or PH nurse's 2-digit number, trip purpose number and program (billing) code. The broker will utilize these codes to order rides from the transportation provider; the provider will not honor requests for rides without appropriate codes. It is the provider's responsibility to check that a proper authorization code is given. These authorization codes will be given to the contracted provider(s) and updated by the broker. Authorization codes must be kept confidential. Invoices from the transportation provider will include these codes for each ride.

RL, STS. Written authorization on Department letterhead is forwarded to the transportation provider for the scheduling of rides.

FARE OR CO-PAYMENT COLLECTION AND REPORTING

CYF, EAWS, MA, PHT. No fare or co-payment.

RL. Persons using RideLine services must pay an established fare of $1.50 for each one-way trip they receive. The transportation provider's drivers collect the fare for each one-way trip unless a waiver or reduced fare has been granted to the rider by the County. Fares shall be collected by the provider and shall be submitted to the Department.

RGE. The provider is to collect a donation (currently the suggested donation is $0.50/one-way trip but this is subject to change) from each passenger. However, no passenger may be denied service because of inability to pay. For revenue collection, the provider must have a locked box for donations. The passenger donation shall be collected in a manner which allows confidentiality of donation amount for passengers. The passenger donation collected by the provider is the property of Dane County and must accompany the monthly billing voucher submitted to the Department.

STS. No passenger fares are collected by the transportation provider. Passengers qualifying for Medical Assistance may use STS; trips which are covered by MA shall be billed to Medical Assistance.

ACCOMPANYING PASSENGERS' FARES

There are no fares assessed for approved accompanying passengers for any program. Approved accompanying passengers include personal attendants, interpreters or translators, parent or guardian of persons under the age of 13 (16 years for MA), and/or service animals.

ON-TIME PERFORMANCE STANDARDS

The Provider shall have access to a sufficient number of scheduled and back-up vehicles to ensure meeting 100% of the scheduled passenger capacity, for both ambulatory and non-ambulatory (wheelchair) passengers, within 15 minutes of the scheduled pick-up and drop-off times.

CYF, EAWS, MA, PHT, RL, RGE. Trips are to be provided on a timely basis; defined as 100% of passengers picked up and dropped off within 15 minutes of the scheduled pick-up and drop-off time. Failure to adhere to schedule will be enforced based on the complaint procedure outlined below. If a decision is made to reduce the billed services, the provider's monthly payment will be reduced by 5% for each occurrence. The provider may grieve the reduction as outlined in the provider's contract. Reductions of payment will not be imposed due to these reasons: accidents, traffic jams, inclement weather, or other events beyond the provider's control.

STS. Trip schedules allow for a 15 minute "window" on either side of the scheduled pick-up or drop off time. Any schedule that exceeds that window requires the provider to notify the client, broker, work or day program, and other persons affected. Deviations from the "window" that occur at work or day program locations will result in a payment reduction by the Department of up to 15% for each affected trip.

WAIT TIME

CYF, EAWS, MA, PHT. The driver will wait for five minutes after arriving for the passenger to board the vehicle. If possible, the provider will attempt to phone the rider before leaving if the rider has not appeared. The provider will document arrival and wait times.

LENGTH OF ROUTES

RGE. The maximum amount of travel time for each passenger is 45 minutes per one-way trip. Any variation from this parameter must be approved by the Department prior to provision of the services in question.

STS. The maximum amount of travel time for each passenger is 1 hour and 15 minutes (75 minutes). Any deviation from this time limit in excess of the limit will result in a payment reduction by the Department of up to 15% for each affected trip.

TRIP VERIFICATION REQUIREMENTS

CYF, EAWS, MA, PHT. The monthly report from the provider shall contain the date, pick up and destination address for each one-way trip, the number of passengers, the authorization codes, and the fare for each trip. If the number of passengers does not affect the fare, this item may be omitted.

RL. For passenger riding on demand-response carriers, see above. For passenger riding on routed services, the monthly report from the provider shall contain the names of passengers, and the number of trips taken by each passenger per month. Ridership shall be verifiable on a day-to-day basis; i.e., provider records shall contain enough detail to document if an individual passenger rode on a specific day.

RGE, STS. The monthly report from the Provider shall contain the names of passengers, and the number of trips taken by each passenger per month. Ridership shall be verifiable on a day-to-day basis; i.e., provider records shall contain enough detail to document if an individual passenger rode on a specific day.

COMPLAINT AND GRIEVANCE PROCEDURES

In the event of any complaints, the Department will first encourage consumers to discuss their complaint with the provider. If this does not resolve the problem to the satisfaction of the consumer, the broker will receive complaints from riders on services operated under this project. Customer complaints which the Department deems appropriate for response will be forwarded to the provider. The provider is required to respond orally or in writing within five business days to all rider complaints received from the Department. Provider shall notify the broker of response, and corrective action, if applicable, within five business days of resolution of complaint.

SCHEDULE-RELATED COMPLAINTS. Consumers, clinics, senior centers, work or day programs, family or service agencies shall have three (3) working days to notify the broker of the incident; the broker shall notify the transportation Provider of the alleged failure to meet the schedule; the Provider shall respond within two (2) working days to the broker. The Provider may submit written information documenting the event in question. The broker shall notify the Provider in writing within three (3) working days in the event that a payment penalty is necessary.

SAFETY-RELATED COMPLAINTS. In the event that consumers, clinics, senior centers, work or day programs, family or service agencies notify the broker of a safety-related incident; the broker shall notify the transportation Provider of the complaint; the Provider shall respond within five (5) working days to the broker. The Provider may submit written information documenting the event in question. The broker shall notify the Provider in writing within ten (10) working days in the event that a payment penalty is necessary.

CLIENT GRIEVANCES. The transportation Provider shall have a written client grievance procedure, approved by the Department, posted in its service area at all times during the term of the contract. Clients may be entitled to an administrative hearing concerning eligibility. The Provider will cooperate with the Department in providing notice to clients.

PROVIDER GRIEVANCES. A grievance is defined as a controversy between the transportation Provider and the County involving the interpretation or application of the contents of the contract. It is understood by both the County and the Provider that grievances are governed by the intent to reach a mutually satisfactory decision. Provider and County will attempt to resolve grievances informally before utilizing the formal grievance procedure.

Step 1: In the event of a grievance the Provider's Chief Executive Officer shall present, in writing, the grievance to the County's Division Manager within fifteen (15) working days of knowledge of the occurrence of the alleged violation. The grievance filed shall be specific in citing which area of areas of the contract are in dispute and shall present whatever factual information is available to support their contention. Both parties' designated representatives shall try to reach a mutually satisfactory resolution within the fifteen (15) working days after mailing of the written notice. If after fifteen (15) working days, a mutually agreed upon decision is not reached, The County's Division Manager shall mail a written response regarding the status of the grievance. The decision of the Division Manager is binding until and unless a different decision is reached through Step 2 as outlined below.

Step 2: If the grievance is not satisfactorily resolved in Step 1, the Provider's Chief Executive Officer or the presiding officer of the Provider's Governing Board may request a review by the Human Services Director of the County. The request for a review by the Human Services Director shall be mailed within fifteen (15) working days of the receipt of the Division Manager's decision as outlined in Step 1, above. The Human Services Director will render and mail a written decision within fifteen (15) working days following mailing of the request for a review.

Step 3: If the grievance is not satisfactorily resolved in Step 2, the Provider's Chief Executive Officer of the presiding officer of the Provider's Governing Board may request an review for the County Executive. The request for the review shall be mailed within fifteen (15) working days following the mailing of the Human Services Director's decision in Step 2 above. The County Executive will render and mail a written binding decision within fifteen (15) working days following the mailing of the request for a review. The decision of the County Executive is final and binding on the parties.

SAFETY POLICIES

DRIVER SCREENING REQUIREMENTS

Operator records. The provider shall supply the Department with operator driving records upon request. The Department reserves the right to refuse to permit a particular operator to drive for services covered by the Project, if the Department determines that the operator is unacceptable to the Department for reason including, but not limited to, the following:

1. Involvement in more than two accidents in any 12 month period, whether on or off duty;
2. Operating a vehicle under the influence of, or use of a controlled substance or alcohol while on duty;
3. Conviction of any of the following:
    - more than two moving violations in any two year period;
    - permitting unauthorized persons to perform operating duties;
    - operating a motor vehicle under the influence of an intoxicant or a controlled substance or under the influence of any other drug or operating with a prohibited alcohol concentration;
    - any felony, misdemeanor, or other offense, the circumstances of which relate to vehicle operation or service provision.

Criminal Records. The provider will perform a criminal conviction records check on all new employees prior to their employment in connection with all of these contracted services. The provider shall supply the Department with these records upon request. The Department reserves the right to refuse to permit a particular operator to drive for services covered by the Project, if the Department determines that the operator is unacceptable to the Department.

DRIVER TRAINING

The provider must provide driver training for each driver that will be operating a vehicle under contract with the Department. Minimal training must include defensive driving techniques, first aid, guidelines for handling of elderly and disabled passengers, proper use of restraint systems, including wheelchair tie-downs and infant/child safety seats, and guidelines for emergency procedures (including vehicle evacuation) during the transport of passengers.

RL, RGE, STS. Driver training for these services shall include current standards of cardiopulmonary resuscitation (CPR).

PERIODIC RESCREENING

The provider agrees to comply with Wisconsin Department of Transportation drug and alcohol testing requirements applicable to any operators who drive the service pursuant to services covered by this Project.

PASSENGER ASSISTANCE REQUIREMENTS

CYF, EAWS, MA, PHT. Persons requiring assistance through these programs will be referred to SMV carriers. Applicable ADA requirements apply. Ambulatory passengers requiring minimal assistance will be referred to common carriers. Common carrier drivers may be required to accompany some children, under 12 years of age, into or out of buildings.

RL, RGE. Drivers will provide passengers with door-through-door service, assisting passengers into and out of the vehicle, as well as into and out of the door of their origin or destination. Assistance is required for curbs and stairs, to a maximum of 3 stairs at any origin or destination.

STS. Drivers will provide door-to-door service, assisting passengers into and out of the vehicle, as well as to and from the door of their origin or destination.

PASSENGER AND MOBILITY AID SECUREMENT

The transportation provider's vehicle seats must comfortably accommodate adults and each bus or van-type vehicle must have adequate aisle space to allow for passenger movements. Adequate space must be provided in each vehicle for the storage of passenger packages, walkers, canes and folding wheelchairs, if necessary. Each vehicle must have state-approved passenger safety systems - wheelchair tie-downs, mobility device securement mechanisms - appropriate to the proposed service. Seat belts and infant/child seats are required for those programs which transport children. Drivers are required to have the safety belts for each passenger fastened before transporting passengers, and children under 4 must be transported in state-approved safety seats. Proper and adequate restraints must be used at all times when a mobility device (wheelchair, scooter, etc.) is being transported.

RL, RGE, STS. Every vehicle which transports non-ambulatory passengers must have 100% operative wheelchair lift, tie-downs, including state-of-the-art tie-downs for three-wheeled, scooter-type wheelchairs, including passenger restraints. Passengers may, with their approval, be removed from three-wheeled, scooter-type wheelchairs, and seated

in an ambulatory passenger seat in the vehicle, with the wheelchair separately secured. The tie-downs must be used at all times when a wheelchair or scooter is being transported.

VEHICLE COMMUNICATION EQUIPMENT

Every vehicle must have 100% operative radio or telephone communication with a base dispatch center capable of relaying passenger and schedule information, as well as emergency and road condition information.

VEHICLE SAFETY EQUIPMENT

In addition to securement devices and communication equipment, every vehicle must be equipped with a fire extinguisher and all other safety equipment in compliance with Wisconsin Department of Transportation requirements for commercial vehicles.

VEHICLE PREVENTIVE MAINTENANCE, INSPECTIONS

All vehicles shall receive a pre-trip inspection on each day that the vehicle is utilized for services covered by the Project. The provider shall maintain accurate vehicle maintenance records and shall provide copies of these records, including pretrip inspection records to the Department upon request. The Department reserves the right to inspect vehicles utilized by the provider for services covered by this proposal, and the provider's maintenance facilities during normal working hours as the Department deems appropriate. All vehicles shall be inspected and approved by the Wisconsin Department of Transportation prior to their use in any service covered by the project, and annually thereafter. Copies of these inspections shall be forwarded to the Department of Human Services within 10 working days.

VEHICLE BREAK-DOWN, ACCIDENT PROCEDURES

In the event of an accident or breakdown, replacement vehicles must be provided within 30 minutes of the scheduled pick-up or drop-off time. The provider must have access to sufficient back-up vehicles to adequately provide for preventive and repair maintenance and to handle vehicle breakdowns and unanticipated passenger capacity.

The provider will submit to the Department quarterly reports listing all injuries and accidents involving State and County funded services.

TEMPERATURE CONTROLS

Every vehicle must have a 100% operative heating system and window ventilation. Air-conditioned vehicles are preferred.

PASSENGER RELATION POLICIES

CANCELLATIONS

Last-minute cancellations and no-shows are inconsiderate of other riders and wasteful of expensive transportation resources. Excessive late cancellations or no-shows will result in suspension of service.

DEFINITIONS.

- **On-time cancellation:** A trip cancellation made by the rider at least twenty-four (24) hours in advance, or in emergency circumstances, two (2) hours or more before the scheduled pick-up time.
- **Late cancellation:** A trip cancellation made by the rider less than twenty-four (24) hours before the scheduled pick-up time, or in emergency, two (2) hours before scheduled pick-up.
- **No-show:** Any occurrence where the rider does not show up for a scheduled ride, or declines to take the scheduled trip when the driver arrives at the pickup site.

Riders must cancel scheduled trips at least 24 hours in advance, except in emergency. Emergency cancellations will be accepted 2 hours in advance of the scheduled pick-up time. Cancellations phoned in less than 24 hours ahead of scheduled pick-up time (2 hours in emergency circumstances) will be considered late cancellations. Cancellations phoned in or given to the driver at the time that the vehicle arrives will be considered no-shows.

Riders must call the transportation provider to cancel trips. The appropriate phone number will be given to the rider at the time the trip is scheduled.

PASSENGER NO SHOWS

Passengers who have not canceled scheduled rides on time and who do not appear for the ride will be considered no-shows. Ride authorization will be suspended for passengers who are no-shows for more than 10% of the time, and who miss at least three rides. For example, Fred is scheduled for four rides per week for 10 weeks for a total of 40

rides, and misses four rides (10%); Fred will lose his ride authorization. Betty is scheduled for two rides per week for a total of 20 rides, and misses two rides (10%); Betty will lose her authorization if she misses another ride(three no-shows).

NO-SHOW PROCEDURE: Before a dispatcher considers a passenger a "no-show", the following steps should be followed:

- Verify the pickup time with the driver. The driver should wait 5 minutes **after** scheduled pick-up time before listing a passenger as a no-show.
- Verify that driver attempted to make vehicle's presence known, i.e., blew horn, rang bell, knocked on door, etc.
- Verify that driver is at the correct address.
- Dispatcher should call passenger if phone number is available.
- Document arrival and wait time.
- Cancel any other trips the passenger has scheduled for the rest of the day until provider hears from passenger or broker.

TRIP CHANGES

Requests for changes in pickup location or destination must made to the worker or nurse who approved the ride, at least 24 hours in advance. The worker will notify the broker of changes in destination or pickup.

PASSENGER REQUESTS FOR TRIP CHANGES EN ROUTE

Passengers may not request trip changes en route. However, unless the passenger is a minor, changes in destination may be made if the destination is:

- Consistent with trip purpose (for example, going to a neighbor's house instead of home on an adult daycare trip is permissible, going to a grocery store instead of a clinic on a Medicaid trip is not permissible);
- An equal or lesser distance than the original destination; and
- Along a contiguous route if the ride is coordinated with another passenger trip.

PASSENGER REQUESTS FOR EXTRA TRIPS

Passenger may not request extra trips of the driver. Additional stops will be considered extra trips.

SAME DAY/EMERGENCY TRIP REQUESTS

Except in emergencies, passengers must request trips at least 24 hours in advance. Decision regarding what constitutes an emergency will be made by the worker or nurse who approves the ride.

DRIVER WAIT TIME

The driver will wait for five (5) minutes after arriving for the passenger to board the vehicle. If possible, the transportation provider will attempt to phone the rider before leaving if the rider has not appeared.

REPEAT PICK-UP ATTEMPTS (SENDING BACK VEHICLE)

The passenger must signal the driver as soon as possible if the passenger will be delayed in reaching the vehicle. If the passenger experiences some difficulty in getting to the vehicle (for example, driver on wrong side of building, vehicle parked in an area not accessible to mobility aids, etc.), the passenger should call the provider number as soon as possible to request a repeat pick-up, and should specify any changes required to make contact with the vehicle.

VEHICLE NO-SHOWS

If possible, the transportation provider will attempt to phone the rider if the provider will be more than 15 minutes late, or if there is an difficulty in locating the passenger or the pickup location. If possible, the rider should attempt to contact the provider to verify that there is not a difficulty in locating the pick-up point. Vehicles more than thirty (30) minutes late will be considered no-shows. The passenger should call the broker or authorizing worker if possible to report vehicle no-shows.

SIGNALING, CALLING OUT PASSENGERS

The passenger should be ready to exit the building and board the vehicle when it arrives. If the passenger needs a signal such as a horn honk or telephone call in order to be aware of the arrival of the vehicle, the passenger should tell the authorizing worker at the time of ride scheduling. Drivers will provide signal if necessary at locations such as large clinics, etc.

PASSENGER ASSISTANCE

Drivers will provide passengers with assistance appropriate the service being provided:

Common Carrier passengers will receive minimal assistance. Drivers may be requested to escort accompanied children under the age of 12 years into or out of a building.

Door-to-door service passengers may request assistance into and out of the vehicle. Assistance will be provided with curbs or stairs, to a maximum of three stairs at any origin or destination.

Door-through-door passengers may request assistance into or out of the door of their origin or destination, as well as the door of the vehicle. Assistance will be provided with curbs or stairs, to a maximum of three stairs at any origin or destination.

ACCOMPANYING PASSENGERS, SERVICE ANIMALS

Please be specific as to the number and age of children who will be riding. For safety reasons, all passengers, including children and infants must be secured according to state law. This means that the number of passengers must be limited to the number of safety belts and all children under the age of four (4) years must be in child safety seats.

Passenger must let the worker authorizing the transportation know if there will be a translator, interpreter, personal attendant, or other accompanying passenger. If other companion(s), such as friend(s) or relative(s) will be riding, the authorizing worker must approve the additional passenger(s).

No animals except registered service animals will be allowed in the vehicle.

PAYMENT OF FARES

Fares: If a fare or co-payment is required for the trip, the passenger shall pay for each one-way trip they receive.

Donations: Donations will be collected in a manner which assures confidentiality of the donation amount. No passenger will be denied service because of inability to pay a donation.

NUMBER, SIZE OF PACKAGES

The number and size of packages may not exceed the capacity of vehicle storage space so that passenger pace is encroached upon. If a passenger will have more than one grocery-sack-sized package, they should inform the authorizing worker at the time of ride scheduling.

EATING, DRINKING, SMOKING

Eating, drinking, or smoking are not permitted in county-contracted vehicles.

VIOLENT/DANGEROUS PASSENGER BEHAVIOR

Violent of dangerous behavior directed at the driver or another passenger will result in termination of ride privileges, and, with the exception of minors or the STS program, may result in immediate expulsion from the vehicle.

Violent of dangerous behavior directed at the driver or another passenger will result in termination of ride privileges, and, with the exception of minors or the SSTs program, may result in immediate expulsion from the vehicle.

Appendix VII

Model Contracting Process for Coordinated Transportation Services

This is a portion of the Request for Proposals released by the project in September 1996. The method of contracting for transportation services was completely revised and consolidated to allow for brokerage and coordination of rides. The RFP divided the county into a number of sectors and allowed the proposers to bid on any single, any combination, or all of the services in any sector or combination of sectors. However, the proposer had to use the sectors defined by the RFP.

The section on Service Description and Service Requirements described aspects such as hours of service, passenger assistance requirements, fare structures, unit prices, as well as estimated usage. In the interest of conserving space, these sections are not reproduced in their entirety.

PROPOSAL OVERVIEW

Dane County Department of Human Services will accept proposals for the provision of specialized transportation services within Dane County. This solicitation allows proposals on any single, any combination, or all of the following services. Service descriptions of programs listed in boldface are defined in this request for proposals.

A. **Rural Group Transportation Services to older adults (RGE)** in the Northwest Dane area (See Addendum #1 - Map of geographic areas for Rural Group Elderly services) and **Coordination Project B** trips.
B. RGE services in the Mid-Central Dane area and Coordination Project B trips.
C. RGE services in the Southwest Dane area and Coordination Project B trips.
D. RGE services in the Southeast Dane area and Coordination Project B trips.
E. RGE services in the South Central Dane area and Coordination Project B trips.
F. RGE services in the North Central Dane area and Coordination Project B trips.
G. **RideLine Transportation Services for older adults and persons with disabilities (RideLine)** with separate prices for **Coordination Project A** trips.
H. **Specialized Transportation Services for adults with disabilities (STS)** for MARC-Mt. Horeb with a separate price for Coordination Project A and B trips.
I. STS service for MARC-Stoughton with a separate price for Coordination Project A and B trips.
J. STS Service for MARC-Forward Drive, MARC-Lien Road, Goodwill Industries, Pathways, Madison Packaging & Assembly, Chrysalis, and Yahara House with a separate price for Coordination Project A and B trips.
K. **Common-carrier transportation** (can be provided in specialized vehicles at common carrier rates), for low income persons in Northwest Dane County (See Addendum #2 - Map of geographic areas for common carrier services), with separate price list for Coordination Project B trips.
L. Common carrier transportation in Northeast Dane County with separate price list for Coordination Project B trips.
M. Common carrier transportation in Southeast Dane County with separate price list for Coordination Project B trips.
N. Common carrier transportation in Southwest Dane County with separate price list for Coordination Project B trips.
O. Common carrier transportation in the City of Madison with separate price list for Coordination Project B trips.

If multiple Providers are awarded contracts, all Providers will be required to coordinate services with each and all other Providers with DCDHS approval.

PROPOSAL FORMAT

Each proposer shall be required to include the following items in their proposal. Exclusion of any of these items could be grounds for proposal rejection by Dane County Department of Human Services.

Proposers who wish to submit multiple proposals are invited to do so. If more than one proposal is submitted, all must be complete and comply with all instructions in this RFP. Each proposal should be clearly marked Proposal #1, Proposal #2, etc., on the cover page.

Each proposal will consist of information that will be helpful in assisting the Dane County Department of Human Services evaluation team in analyzing your proposal and will include:

A. The signed green Signature Page. Please place on top of your proposal.

B. A proposal narrative consisting of:

1. Organizational description:

A short description of your agency including the organizational qualification addressing why your agency is suited to provide services for Specialized Transportation Services.

a) Organizational Structure - describe your organization, decision-making authority, supervisory roles for personnel, equipment and facilities, data collection and billing capabilities and procedures and responsibilities for service.

b) Experience - describe your experience and length of experience:

- as a transportation operator,
- serving older adults, persons with physical, developmental and/or mental health disabilities, and low income persons, and
- coordinating your services with other human service agencies and transportation providers.

Describe your experience or familiarity with the geographic area to be served.

c) Staff - describe the qualifications and experience of operations managers and other personnel assigned to this contract. Identify the primary supervisor of drivers and the method used to evaluate the drivers' job performance.

2. Level of service: Provide a brief description of the level of services that you intend to provide, which demonstrates a clear understanding of the work to be performed, as described in the Scope Section of the RFP. Include passenger assistance capabilities and policies.

3. Dispatching and scheduling capabilities: Provide a brief summary, including but not limited to your capability to: dispatch and communicate with all vehicles during normal working hours, as well as in emergencies; to receive, schedule, dispatch and coordinate trip demand; and to provide for on-the-road supervision if necessary.

4. Equipment and equipment maintenance: Describe communication equipment to be used with the service you propose to provide. Describe protective equipment appropriate to the service, including wheelchair restraints, infant/child seats, safety belts, etc. Please designate if vehicle is remanufactured or refurbished to include this equipment.

5. Consumer satisfaction and service efficiency: Summarize your method of measuring consumer satisfaction (please include a copy of your consumer satisfaction survey or other instrument for customer feedback). Describe your grievance process to resolve complaints made by passengers and human service agencies (please include a copy of your grievance procedures). Describe your agency's measures for service efficiency.

6. Fare collection: Describe your fare collection system.

7. Other contracts: Describe your current workload and anticipated workload during the term of this contract. Include in your description any existing contracts, name of the agency you are working with, telephone number and contact person.

8. Contact numbers: The Provider will designate a staff person in the employ of the Provider who will be appointed to work with the Department of Human Services to assist in discussions and coordination for Dane County specialized transportation services covered by the proposal. Specify this contact person, and provide telephone numbers, including fax number if available, for office contacts.

C. Submit these items with your proposal:

1. Proposal Pricing Page. Complete your cost per unit for each transportation service you are proposing to provide.

2. Insurance Coverage. Submit evidence of current insurance coverage to service this contract.

3. Financial Statement. Submit a financial statement or bank reference or Dun and Bradstreet report to demonstrate capability to perform work.

4. Personnel Schedule.

5. Staff/Board/Volunteer Descriptions.

6. Screening and Training Policies. Submit copies of the following polices which apply to employees who will have direct client contact:

   a) Screening: Criminal conviction records checks, drivers' record checks, AODA screening and periodic rescreening.

   b) Training: Training policies and copy of training agenda, including topics related to passenger assistance and safety, client sensitivity, defensive driving and emergency procedures.

7. Vehicle Inventory. Clearly specify which vehicle(s) are used exclusively for this program, backup vehicle(s) and dual use vehicle(s) (those used for other transportation service(s), including other services funded by Dane County which are not covered in this RFP).

8. Vehicle Maintenance. Submit the following items:

   a) Vehicle and equipment maintenance policies, including inspection, preventive maintenance and cleaning.

   b) Emergency procedures, including vehicle breakdown and response time, accidents, and driver emergencies (e.g. illness on duty, failure to arrive at work, etc.).

   c) Proposed vehicle replacement program.

   d) An address where vehicles will be stored and/or maintained.

SCOPE

A. Service Descriptions and Service Requirements[17]

1. Description of service; Ride arrangements; Trip purposes; Fare structure; Passenger assistance; Service area Service hours; Number of days per year of operation; Service usage including projected annual number of one-way rides, unduplicated passengers, non-ambulatory passengers, number of billable service hours, number of billable service miles; Other service requirements; Proposal pricing.

2. Scheduling information (see next pages for example charts[18])

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[17] *A comprehensive Service Description detailing each of the items listed in #1, below, was given for each of the following services: Rural Group Transportation Services to Older Adults (RGE), RideLine (RL), Specialized Transportation Services (STS) for Adults with Disabilities; and the common carrier-based services - Children, Youth and Families Service-related Transportation (CYF); Employment and Work Services Transportation (EAWS); Medical Assistance (MA, Medicaid, Title IX) Transportation; and Public Health Case-related Transportation (PHT). These are not included in this report in the interest of brevity, however, the Service Descriptions for the Coordination Projects A and B are summarized for illustrative purposes.*

[18] *Similar charts were given for each service sector.*

RURAL GROUP TRANSPORTATION SERVICES TO OLDER ADULTS

SOUTHEAST DANE

Vehicles needed: 2 vehicles with a minimum of 10 ambulatory and 2 wheelchair passengers each vehicle.

Stoughton, Rutland, Dunn, Pleasant Springs and Albion

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon.-Fri. 12:00 PM	Nutrition site in Stoughton	5 days per week	6
Wed 9:30 am	Grocery/gen. shop in Stoughton	1 day per week	12
Fri. 10:00 am	General shop to Madison	Twice per month	6
Mon.-Fri. 9:00 am	Adult day care in Stoughton*	5 days per week	3-5

McFarland

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon. (2nd & 4th) 12:00 p.m.	Nutrition in McFarland	Twice per month	6
Wed, Fri. 12:00 p.m.	Nutrition in McFarland	Twice per week	6
Tues. 9:00 am	Grocery shop in Stoughton or Monona	Once per month	6-8

Cambridge

Program Starting Time	Trip Destination	Days Per Week	Average # of Passengers
Mon. (1st & 3rd) 10:00 am	Grocery/gen. shop to Madison	Twice per month	4-6

*Adult day care passengers are picked up from different communities within Southeast area; 1 passenger in Cambridge, 1 passenger in McFarland and the remaining passengers reside outside City of Stoughton.

Based on information listed above, and assuming an average of 254 eligible service days per year, annual estimates are: Number revenue miles = 35,000
Number revenue hours = 1,800

SPECIALIZED TRANSPORTATION SERVICE

MARC-STOUGHTON

Program Hours of Operation	Trip Destination	Days Per Week	Average # of Passengers
9:00 am-3:00 p.m.	MARC Day Center 341 East Main St. Stoughton	Monday - Friday	10

Serving persons having work-trip destination at MARC-Stoughton. This location receives approximately 10 clients through County funded transportation services. Four non-ambulatory persons are currently served. Most of the persons attending MARC-Stoughton live in the southeastern quadrant of Dane County and require approximately 3,500 County funded one-way trips per year. This service entails 80,100 service miles annually and 2,200 service hours annually.

PROPOSALS FOR COORDINATED RIDES

In addition to bidding on the usual Department services, providers were given the opportunity to bid on two methods of ride coordination: Coordination Project A combined demand-service rides for non-ambulatory persons with the accessible routed services; and Coordination Project B combined demand service rides for ambulatory persons with any of the Department's contracted services.

The following two pages contain service descriptions for the two Coordination methods, and an example pricing page.

COORDINATION PROJECT A

Description of service. The RideLine/STS Coordination Project coordinates trip requests between county funded RideLine and STS services. Eligible riders are elderly persons or persons with disabilities who have mobility limitations and who reside in or are traveling to areas not served by the urban bus system, and who have no alternative source or public or private transportation. Rides are authorized by the RL/STS Coordinator. Rides are usually authorized on an "as needed" basis, with a maximum number of rides per month available to the client.

Trip purposes, passenger assistance guidelines, and other service requirements are the same as for regular RideLine rides.

Coordination Project A passengers are transported either on STS fixed routes serving work and day programs or on existing RideLine service routes. Route deviations shall not lengthen passenger riding time beyond the maximum 1 hour 15 minutes (75 minutes).

Ride arrangements. Passenger eligibility is determined by the Department of Human Services in consultation with the RideLine and STS Provider(s). Procedures for authorization for the passengers and scheduling of the trips is the same as used for RideLine. Standing reservations are permitted. Accessibility must be available upon request. Trips are scheduled on an individual, not group, basis.

Service area. Coordination Project A covers all of Dane County.

Service hours. Hours of service shall be the same as the Provider's regularly scheduled RideLine and/or STS services.

Service usage. Approximately 300 coordinated trips per month are currently being provided.

Fare structure. Fares for passengers using Coordination Project A are to be collected by the Provider. The fares will be credited to the Provider and will be subtracted from the Provider's bill sent to the Department of Human Services. Fare amounts are determined by the County and may vary from passenger to passenger. The usual fare is $0.50 (50 cents) per one-way trip.

Proposal pricing. Proposal prices shall be calculated on a price per passenger per one-way trip basis. Payment is based on number of units (one-way trips) provided times the unit cost less collected fares/contributions.

COORDINATION PROJECT B

Description of service. The Common Carrier Coordination Project coordinates trip requests from low-income persons with other County-funded transportation services.

Trip purposes, passenger assistance guidelines, and other service requirements are the same as for regular RideLine rides.

Coordination Project B passengers may be transported on the established service routes - Rural Group Elderly, STS or RideLine routes, or may be coordinated with other common carrier or Specialized Medical Vehicle rides. In the case of routed services, route deviations shall not lengthen passenger riding time beyond the maximum allowable for that service.

Ride arrangements. Passenger eligibility is determined by the Dane County Department of Human Services. Procedures for authorization and scheduling of the trips is the same as for the service on which the passenger will be transported. Standing reservations (subscription ride services) are permitted. Trips are scheduled on an individual, not group basis, in consultation with the Provider.

Service area. Coordination Project B covers all of Dane County.

Service hours. Shall be the same as the Provider's regularly scheduled service(s) covered by this proposal.

Service usage. This is a new service. The Department estimates approximately 30-50 coordinated rides per month, but does not guarantee any particular volume.

Fare structure. Transportation is reimbursed on a per ride basis. On the Rural Group elderly routes, reimbursement is based on additional revenue miles and revenue hours. No passenger co-pay is assessed.

Proposal pricing. Proposal prices are calculated in conjunction with other services. Payment is based on additional costs: additional revenue miles and hours or additional cost per passenger.

PROPOSAL PRICING

The following page shows an example pricing format for bidding coordinated rides. The examples consists of several typical inter- and intra-city trips with different numbers of passengers. Proposal pricing was based on lowest aggregate price.

PROPOSAL PRICING FOR COMMON CARRIER* AND COORDINATION PROJECT B SERVICES
SERVICES K-O

FROM	TO	No. People	1997 Fare	1998 Fare	1997 Coordination Project B Fare	1998 Coordination Project B Fare
NORTHWEST DANE COUNTY						
314 Anne St., Mazomanie	2418 Brewery Rd., Cross Plains	1				
106 First St., Dane	202 S. Century Ave., Waunakee	2				
8931 Highway Y, Roxbury	600 Highland Ave., Madison	1				
735 Mills St., Black Earth	625 W. Washington Ave., Madison	3				
NORTHEAST DANE COUNTY						
4465 Windsor Rd., Windsor	210 N. Main, DeForest	2				
401 W. School, Marshall	10 Tower Dr., Sun Prairie	1				
119 Columbus, Sun Prairie	228 W. Main, Sun Prairie	2				
505 N. Main, DeForest	7102 Mineral Point Rd., Madison	1				
630 N. Bird St., Sun Prairie	2202 S. Park St., Madison	3				
SOUTHWEST DANE COUNTY						
130 S. Vine, Belleville	535 Half Mile Rd., Verona	1				
1057 Hwy. 78, Perry	107 N. Grove, Mt. Horeb	2				
300 E. Main, Mt. Horeb	600 N. 8th, Mt. Horeb	1				
304 Church Ave., Verona	707 S. Mills St., Madison	1				
900 E. Garfield, Mt. Horeb	1313 Fish Hatchery, Madison	4				

*NOTE: These services may be provided in any appropriate vehicle, including accessible and Specialized Medical Vehicles, but proposals will be evaluated at common carrier rates.

Appendix VIII

Coordinated Rides for Employment

EMPLOYMENT TRANSPORTATION FOR W2 CLIENTS

This pilot utilized deadhead mileage on the existing §85.21[19]-funded routes for persons with disabilities to provide low-cost inter-city transportation for low-income workers.

Persons Served. The clients for this pilot were a group of W2[20] recipients who lived in two designated Section 8 housing developments. Jobs were located in an nearby community, but there was no public transit between communities.

Funding for the pilot. Employers of these clients were eligible for a small subsidy because of the "trial job" status of the relatively inexperienced workers. For the purposes of the pilot, the employers agreed to donate the subsidy to assist in defraying the cost of the workers' transportation. The small community in which the workers were employed had experienced a shortage of entry-level workers for several years, and several of the employers expressed interest in exploring ongoing transportation subsidy as a means of retaining workers.

Transportation Resources. Transportation was provided on buses utilized for transporting persons with disabilities attending-supported worksites or day programs (the STS service). These buses are accessible. As part of the project modification implementation (see Project Implementation, Section 2 Project Chronicle, January 1997) , a study of excess capacity on this system revealed an opportunity presented by deadhead runs which the buses make each weekday. Disabled workers living at a group living facility in Community A are

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[19] Terms which may be unfamiliar to the reader are defined in Appendix II, Specialized Project Terminology.

[20] Terms which may be unfamiliar to the reader are defined in Appendix II, Specialized Project Terminology.

picked up at 7:00 and 8:00 am by buses originating in Community B. They come home at 3:00 and 4:00 p.m., and the buses return to Community B.

The Pilot Process. The schedule of the buses conveniently allowed for two 8-hour workshifts. The W2 workers live in Community B. Jobs were developed with the cooperation of employers in Community A. The workers are picked up at one site in each of their neighborhoods in Community B at 6:30 and 7:30 a.m., by an empty bus on its way to the group living facility in Community A. After the buses return the disabled workers to their home, the W2 workers are picked up at 3:15 and 4:15 p.m. The cost for each one-way trip is comparable to the county-negotiated rate for the STS service at $6.50 per trip. This fare will be subsidized by the employer for the first three months of the pilot, however, several of the employers expressed willingness to continue transportation assistance beyond the period of the W2 subsidy[21].

Participation. Clients were authorized for participation in the project by Employment and Training personnel who screened clients for job readiness and issues such as childcare which affect the client's transportation needs. The Section 8 housing neighborhoods identified for participation were chosen for their proximity to the existing bus routes. The community chosen for job development had expressed difficulty in attracting entry-level workers, and an interest in working with W2 clients to meet this need. The following details the pilot.

Service Area	The Allied and Wexford Neighborhoods; western Verona Metropolitan Area.
Service Hours	6:30 - 7:45 a.m., 3:15 -4:45 p.m.
Service Usage	6-12 riders/day.
Eligibility, Authorization	Participants in W2 programming, authorized by job coach. No accompanying passengers.
Fares	Fares are paid by the employer.
Trip verification, reporting, billing	Number of daily riders will be documented by the provider. Invoice will itemize names of riders by day. Employer is responsible for verification of attendance.
Cancellations	Riders call the provider by 6:15 a.m. if they will not be riding that day . Failure to cancel will be considered a no-show. Three (3) no-shows in a 90-day period will result in renegotiation of ridership eligibility. Employer will inform provider

[21] This pilot emerged late in the life of the brokerage, and the three month trial period extended beyond the end of this project.

of termination of rider within three (3) working days.

Wait-time

Driver will wait 5 minutes at the morning and afternoon pickup sites. Vehicles will not return for riders who miss the bus.

Extra trips

Riders will not request extra trips from driver. Riders may elect to be picked up or dropped off at the other neighborhood site by notifying the provider by 6:15 a.m.

Appendix IX

Model for Medicaid Transportation

MEDICAID POINT-OF-AUTHORIZATION SYSTEM

Persons Served. The purpose of the Medicaid Point-of-Access system was to expand access to common-carrier-based Medicaid transportation (MA/cc) to a variety of individuals:

Persons receiving SSI or SSDI, who do not require specially-equipped vehicles. Many of these people are eligible for transportation assistance through Title XIX, but because they did not have an assigned DCDHS worker, they did not have access to a transportation authorizing agent (MA/CC transportation must be authorized by the county or a designee of the county).

Persons previously eligible for MA/cc transportation on a reimbursement basis. These clients paid for transportation out-of-pocket and were reimbursed 30-90 days later.

Clients of public or community health organizations who are referred to another provider. Previously this process required multiple phone calls to arrange authorization, schedule transportation, inform client, etc.

Authorization system. The protocol utilized an expansion of the former HealthCheck transportation authorization system, allows clinics and agencies serving these individuals to directly authorize and arrange transportation at the point of contact with the client. The authorizing agency arranges the transportation with the provider of their choice, pays their transportation provider, and is reimbursed by the county. Responsibility for monitoring authorizing agencies, reviewing and approving billing is centralized in the brokerage office, improving oversight and accountability.

Results. Reimbursements to HealthCheck clinics for MA transportation prior to the implementation of this system averaged $2,781.29 per month. In 1996, reimbursements to clinics and agencies averaged $11,653.25. Access to MA transportation, as measured by dollars reimbursed for common carrier transportation through point-of service authorization, increased 319% in the first 18 months of the system. There is no delay in seeking treatment, and one clinic[22] studied recorded an 11% decrease in client no-shows. For those clients where the reason for the failure to present for the appointment was known, there was a 60% reduction in clients citing lack of transportation as the reason for the no-show.

Protocol. The process is described in the following documents:

[22] Madison Community Health Center.

MEDICAL ASSISTANCE TRANSPORTATION

POINT-OF SERVICE AUTHORIZATION SYSTEM

AUTHORIZATION AND REIMBURSEMENT PROCEDURES

1. The Provider assumes responsibility for verifying the current Medical Assistance eligibility status of the client and that the authorized transportation is for an MA-covered service.

2. The Provider will arrange for the common carrier transportation (bus, taxi cab, non-profit transportation service, etc.). Common carrier transportation does not include ambulance or Specialized Medical Vehicles. The Provider assumes responsibility for payment of the common carrier.

3. State Administrative codes for Medical Assistance state that the transportation will be for the normal and customary charges for such transportation, shall involve the least costly means of transportation which the recipient is capable of using and which is reasonably available at the time the service is required.

4. The Provider will complete the Medical Assistance Transportation Log (attached). An alternate form to this log may be used by the Provider as long as the required information is included.

5. The Provider will submit the completed log or alternate form on a regular basis to the County for reimbursement. Each submitted log or alternate form shall be accompanied by a copy of the common carrier invoice for the transportation covered by the log.

6. The County will process the log or alternate form for payment on the last working day of the month. Any expenses incurred during a calendar year shall be submitted to the County no later than the last working day of the month following the year end. Requests for reimbursement received after the last working day of the month following the year end will not be processed for payment by the County. The Provider should receive payment within 30 days from the end of the month the bills were submitted.

PLEASE SUBMIT PAYMENT TO:

MEDICAL ASSISTANCE TRANSPORTATION LOG SERVICE DATES

FROM_______ TO_______

TOTAL DUE:

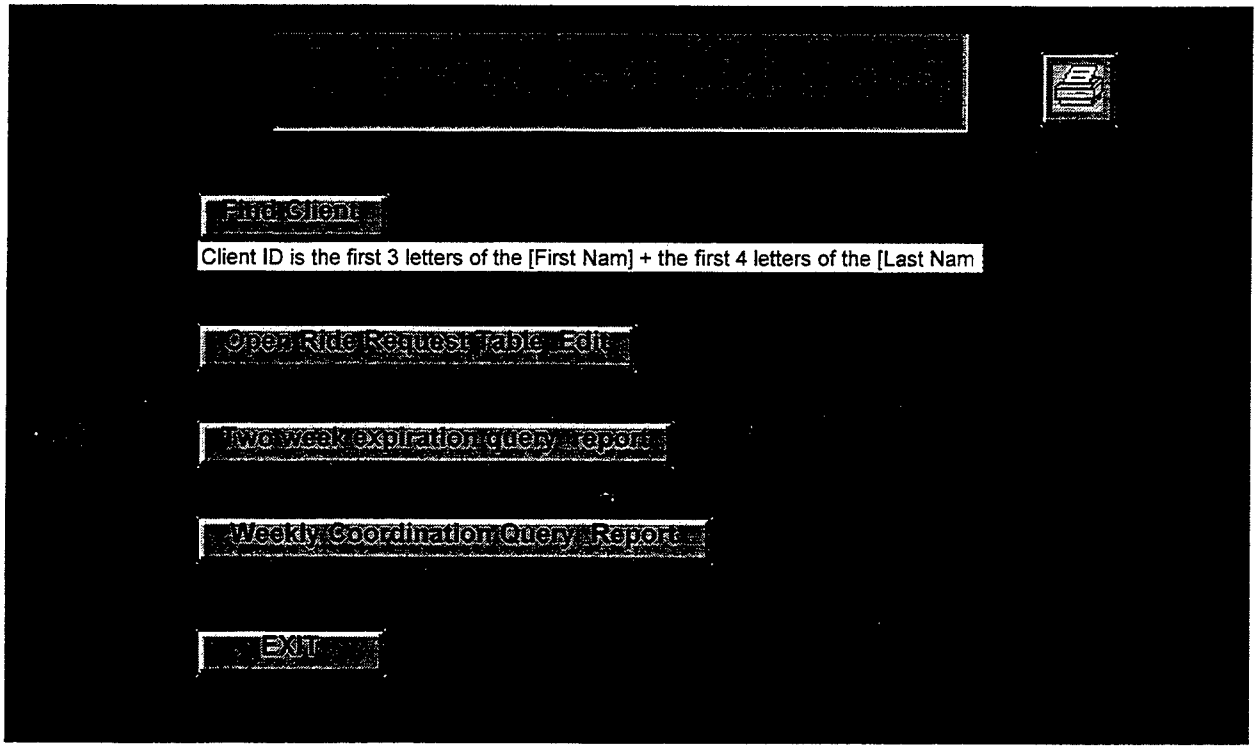
SERVICE DATE	RECIPIENT NAME	RECIPIENT SOC.SEC. #	ADDRESS FROM	ADDRESS TO	M.A. CERTIFIED PROVIDER(CLINIC)	COST TO BE REIMBURSED

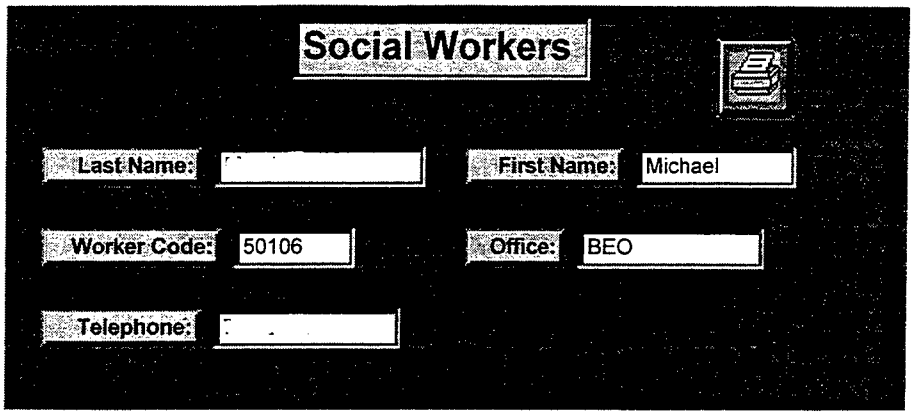
Appendix X

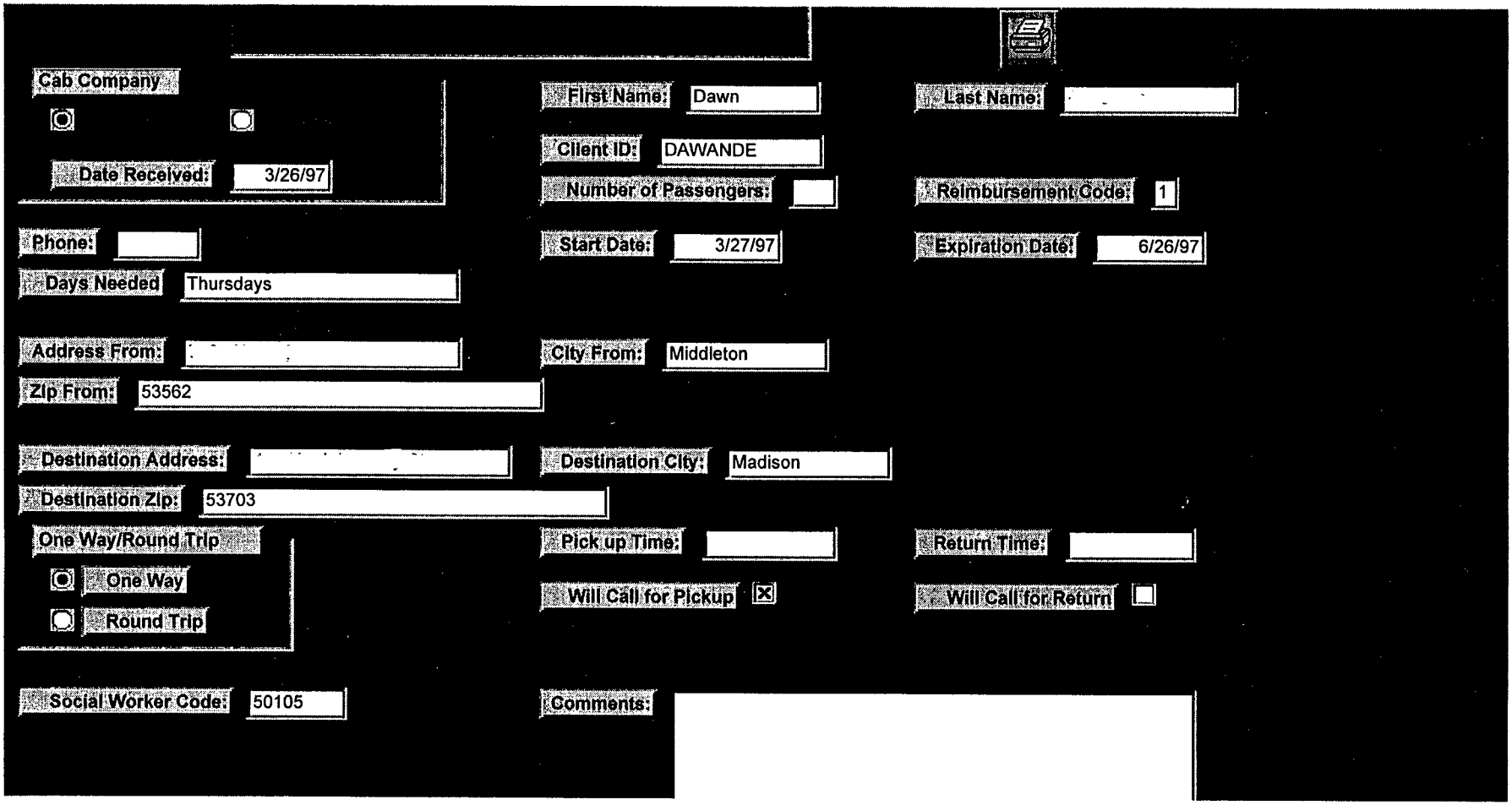
Sample Database for Transportation Coordination

What follows are several sample screens from a transportation database developed using Microsoft Access. This database was designed by a layperson utilizing a commonly-available reference text; Prague, Cary N., and Irwin, Michael R. PC World Microsoft Access 2 Bible, 2nd Ed. IDG Books, 1994.

This database supports the usual array of contract management functions: reporting and billing functions, clients and ride tracking, etc.; but in addition it supports ride coordination through a variety of query and report functions. A copy of the database on disk is available from Wisconsin Department of Transportation, Bureau of Transit and Local Roads.


Find Client
Client ID is the first 3 letters of the [First Nam] + the first 4 letters of the [Last Nam
Open Ride Request Table - Edit
Two week expiration query - report
Weekly Coordination Query - Report
EXIT


Social Workers
Last Name:
First Name:
Michael
Worker Code:
50106
Office:
BEO
Telephone:


Cab Company
Date Received: 3/26/97
First Name: Dawn
Last Name:
Client ID: DAWANDE
Number of Passengers:
Reimbursement Code: 1
Phone:
Start Date: 3/27/97
Expiration Date: 6/26/97
Days Needed Thursdays
Address From:
City From: Middleton
Zip From: 53562
Destination Address:
Destination City: Madison
Destination Zip: 53703
One Way/Round Trip
One Way
Round Trip
Pick up Time:
Return Time:
Will Call for Pickup
Will Call for Return
Social Worker Code: 50105
Comments:

Appendix XI

Evaluating a Specialized Transportation Brokerage

SOME KEY QUESTIONS AND ISSUES

PROGRAM INFORMATION NEEDED FOR EVALUATION

The evaluation of any program or project requires an evaluator to have an understanding of the project's objectives (what the project is intended to accomplish) and the means by which the project will accomplish its objectives. This information about the project is needed in order to plan and conduct the evaluation, since in many respects evaluation involves making judgments about the project's outcomes and accomplishments relative to what the project was meant to accomplish and how it tried to do that.

PROJECT GOALS

What is the purpose of the program or project? What is it supposed to do, and for whom? What condition, problem, or need will the project address or try to change? What is the project intended to accomplish?

PROJECT ACTIVITIES, SERVICES, ETC.

What will the project *do* to accomplish its objectives? What activities will be engaged in, or what services will be provided? Who or what will be served, acted upon, or changed? When will these things happen? How much or how often? At what cost? What result is expected? When, where will it operate? What activities, programs, services will be provided or implemented?

TARGET GROUP/ELIGIBILITY

What individuals or groups will the project affect? What individuals or groups are eligible to receive or participate in the project's programs or services? What criteria will be used to identify, refer, or select these individuals?

KEY EVALUATION-RELATED QUESTIONS

In addition to information about the program or project such as described above, evaluation requires gathering information and making decisions about issues such as those described below, in order to determine the approach the evaluation will take and the methods that will be used.

OBJECTIVES

What is the nature of the project's objectives? This is important because different types of information are needed to assess deferent types of objectives such as:

- Process objectives (anecdotal or qualitative data can be used, as well as quantitative data)
- Outcome objectives (generally require quantitative data)
- Impact objectives (not relevant to this project)

MEASURES

- How do we know if the project is successful (i.e. if it has achieved its objectives)?
- What information or measures would reflect or describe this (i.e. successful achievement of objectives)?

NATURE AND SOURCES OF DATA

- What data is needed to answer questions about the success of the project?
- What is/are the source(s) of the data, where will it come from? Does it already exist, or must it be developed and collected especially for the evaluation?
- How will the data be collected?
- How will the data be used to determine if the project has achieved its objectives?

EXAMPLES THAT MIGHT BE USED TO EVALUATE A SPECIALIZED TRANSPORTATION BROKERAGE

Objectives	Measures	Data Sources
Increase ridership (utilization)	• Number of riders • Number of trips per rider • Trip length, frequency • Number of multiple destination trips • Number of cancellations, no-shows	Information from providers number of trips, number of riders, trip lengths, etc.
Improve the efficiency of service delivery.	• Duplication of Services • Coordination of programs, services, funding, state & county efforts	
Use public funding more efficiently.	• Administration as percentage of total costs • Change in total cost • Cost per ride • Trips/miles/hours provided by volunteers	Cost data from broker, providers. Volunteer information from providers.
Increase rider satisfaction.	• Reported satisfaction • Client awareness or knowledge of services, procedures • Number of client complaints	Requires information from riders, probably through a survey. Information on number and nature of complaints from broker, providers.
Improve access to services.	• Number of trips per week (or month) • Number of who don't know about eligibility or services who begin using services • Hours of service • Areas served	

Better meet client needs. (improve convenience for users)	• Number of trips denied • Percent of riders getting to travel at time requested • Amount of advance notice • Reduced waiting times	
Improve (or increase) opportunities for discretionary travel.	Number of non-medical trips	
Improve (or increase) coordination of rides.	Individual vs. group trips Problem rides, down-time, shared rides	
Reduce costs.	Total cost per rider, per trip, per mile	

BASIC RESOURCES ON PROGRAM EVALUATION

Volumes have been written to explain what program evaluation is and how to plan and conduct an evaluation. Much of this literature is fairly specialized and sophisticated. The resources listed below, however, are generally non-technical, practical in approach, and applicable to a variety of program areas. Little or no expertise in evaluation would be needed to find these volumes useful as well as understandable. Many other resources on program evaluation are also available.

Austin, Michael J.; Cox, Gary; Gottlieb, Naomi; Hawkins, J. David; Kruzich, Jean M., & Rauch, Ronald. Evaluating Your Agency's Programs. Sage Publications, 1982.

Fink, Arlene & Koscoff, Jacqueline. An Evaluation Primer. Capitol Publications, Washington D.C., 1978.

Herman, Joan L., editor. The Program Evaluation Kit. Sage Publications, Beverly Hills, CA, 1987. (NOTE: This is the second edition of a series of guides to planning and managing evaluations. The volumes in the set can be used separately. Volumes 1-3, 5, 8, and 9 seem most likely to be useful in evaluating a specialized transportation project. All nine volumes are listed below.)

1. Evaluator's Handbook.
2. How to Focus an Evaluation.
3. How to Design a Program Evaluation.
4. How to Use Qualitative Methods in Evaluation.
5. How to Assess Program Implementation.
6. How to Measure Attitudes.
7. How to Measure Performance and Use Tests.
8. How to Analyze Data.
9. How to Communicate Evaluation Findings.

Kettner, Peter M.; Moroney, Robert M.; and Martin, Lawrence L., Designing and Managing Programs: An Effectiveness-Based Approach. Sage Publications, Newbury Park, CA, 1990. (NOTE: In strict terms, this is not a volume on program evaluation, but it may be helpful in designing programs that can be meaningfully evaluated. The authors discuss *effectiveness-based program planning*. This approach is intended to yield programs "in which the social problem has been carefully identified and analyzed, expected program outcomes and procedures defined, interventions designed with attention to consistency with problem analysis, and data systematically collected and used to monitoring and evaluation" (p.9). The authors argue that programs incorporating these principles are most likely to succeed.)

Appendix XII

Bibliography

A Handbook for Coordinating Transportation Services: Ohio Department of Transportation Division of Public Transportation, October 1991.

Coordinating Transportation: Models of Cooperative Arrangements, U.S. Department of Health and Human Services, Community Transportation Assistance Project (CTAP).

Implementation Guidelines for Coordinated Agency Transportation Services (Reissued Version): U.S. Department of Health and Human Services, U.S. Department of Transportation, April, 1980.

Final Report on the Department of Transportation/Department of Health and Human Services (DOT/DHHS) Coordination Roundtable: U.S. Department of Health and Human Services, U.S. Department of Transportation, August 1992.

Planning Guidelines for Coordinated Agency Transportation Services (Reissued Version): U.S. Department of Health and Human Services, U.S. Department of Transportation, April 1980.

Coordination of Rural Public Transportation Services in Three Southeastern States: U.S. Department of Transportation, June 1990.

Scheduling and Dispatching Workshop: University of Wisconsin-Milwaukee, Center for Transportation Education and Development, June 1995.