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1 PURPOSE AND APPROACH

Stakeholders in Lansing’s Tri-County region have chosen to develop regional mobility management strategies under the Michigan Sustainable Communities/Smart Growth America Demonstration Project, with a focus on Non-Emergency Medical Transportation (NEMT) services. These strategies and the NEMT focus will be designed to optimize organizational structure and service delivery for public transportation services and serve as a model for statewide service delivery.

The purpose of this document is to present a range of approaches and mobility management strategies for consideration. The alternative approaches are based on interviews with stakeholders; the area’s 2008 Regional Coordinated Public Transportation and Human Services Transportation Plan (Coordination Plan); Recommendations of the Power of We Consortium (PWC) Transportation Ad-Hoc Committee; and independent research and analysis by the consultant team.

This is a working document to be used in the second stage of the planning process. It is meant to serve as a starting point for discussion that will be updated based on stakeholder feedback. Following a stakeholder meeting, the next step is to build an implementation plan including organizational structure, leadership, and responsibilities; financial needs and resources; reporting and performance measures; necessary policy changes; and public engagement and education strategies. The final report will summarize the full process and present a final implementation plan.

1.1 Community Goals

Goals identified in the Coordination Plan and by PWC include achieving coordination between transportation providers and users to create the most effective transportation system possible with the least need for public expenditure. These two studies show that there is both a high demand for and high use of the region’s transportation services, and that affordable and available transportation is critical to assuring equal access to services. They urge stakeholders to confront transportation challenges with real solutions to ensure a better quality of life for all residents of Clinton, Eaton and Ingham Counties.

1.2 Project Objectives

The stakeholders have requested that this project focus on issues concerning NEMT. Objectives include developing strategies to improve cost efficiency and overall service coverage and quality, including an analysis of how Medicaid transportation funding is being used in the region, and analysis of barriers to providing effective and efficient...
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service across county lines. The Tri-County Regional Planning Commission (TCRPC) has summarized the problem they would like to address and defined three primary objectives for this project.

**Problem**
Human service agencies are using a significant amount of non-FTA federal funding to provide transportation services. However, there appears to be a significant amount of duplication of services. There also appear to be significant barriers to addressing these inefficiencies. TCRPC is hoping to explore examples from other communities to identify strategies that have worked elsewhere and have the potential to help bust barriers to that NEMT rides can be shifted to lower cost public transportation services.

**Objectives**
- Develop a better understanding of Medicaid and other funding being used for social service agency transportation.
- Identify whether there is flexibility regarding use of funds to allow creative, cost-efficient strategies for improving NEMT transportation.
- Identify “barrier busting” strategies that could achieve a win-win outcome in which some of this funding can be used to expand lower cost public NEMT services, while freeing the remainder of these funds for the human service providers to use for other client services.

These three objectives follow a logical progression because the barrier busting strategies will be hard to develop until the first two questions have been answered. The strategies in Chapter Error! Reference source not found. are organized to follow this progression.

Additionally, these three objectives are consistent with two central goals of mobility management. Mobility management focuses on bringing stakeholders together to look at NEMT and other transportation challenges in a big picture context that defines cost efficiency as whatever is most cost efficient for government as a whole – federal, state and local. Transportation services should not be designed so that one government program – such as Medicaid – saves money at the expense of other programs such as FTA transportation programs or local public transportation investments. Second, and most importantly, the outcome should be customer focused so that cost efficiency helps to achieve expanded and improved services for the public.

### 1.3 Regional Planning Overview

There are three public transportation providers serving the Tri-County region of Ingham, Eaton, and Clinton Counties. Capital Area Transportation Authority (CATA) provides public transportation to Ingham County, while Eaton County Transportation Authority (EATRAN) provides public transportation in Eaton County, and Clinton Transit provides public transportation services in Clinton County. CATA is the FTA-designated lead agency for the region.
The 2008 Coordination Plan showed the need for transportation within the region is increasing as the population ages. Greater longevity, a strong desire for independent living, and the looming baby-boom retirement place increasing pressure on the region’s transportation systems. It also showed a strong propensity for transit use in the Tri-County Area. More than 9% of households in Eaton, Ingham, and Clinton Counties were classified as zero-vehicle households by the 2000 census, as compared to the State of Michigan’s 1.6%. Over 11 million transit trips were taken on the region’s public transit systems in a region with fewer than 460,000 residents.

Transportation coordination planning has also been conducted by the Power of We Consortium’s (PWC) Transportation Ad-Hoc Committee. PWC is a community collaborative organization with a membership that includes local government agencies, human service agencies, elected officials, non-profit organizations and faith-based organizations. It is structured around three primary committees and 12 member coalitions, each of which consists of a network of organizations and individuals with interest and expertise in a particular area of focus. The Transportation Ad-Hoc Committee is the only “work group” listed on its website\(^1\): The Tri-County Regional Planning Commission (TRCRPC) provides leadership for the Ad Hoc Committee, with Jon Coleman serving as the Chairperson, Paul Hamilton as technical staff. In 2009 the members of the Ad Hoc Committee developed and distributed a provider survey to human service agencies and a client survey to the clients of many of the agencies. The survey and the report produced from it used a structure developed by United We Ride. The PWC Transportation Ad-Hoc Committee’s data and analysis are referenced and discussed throughout this document.

The Coordination Plan and the PWC report are complementary documents with many recurrent themes. Both include many valuable insights and promising strategy recommendations, many of which provide starting points for the strategies proposed in this document. Many of the Coordination plan and PWC strategies appear to still be awaiting further development and implementation. Recommendations for implementing mobility management are a high priority in both studies, and this is a key area where the community has taken implementing steps.

A mobility management position, described as a “Mobility Broker” has been created as part of CATA’s Clean Commute Options program\(^2\). For the last one-and-a-half years, the Mobility Broker has been providing outreach to human service agencies as well as helping individuals navigate the many available options for finding rides.

Because mobility management has a strong focus on addressing human service needs, mobility management strategies are ideally suited to addressing the Tri-County region’s NEMT challenges. However, the work currently being done by the Mobility Broker is only

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\(^1\) http://powerofwe.org/who-we-are/ad-hoc-committees/
one piece of the full scope of mobility management. In order to tackle the region’s NEMT challenges it will be necessary for stakeholders to work together to implement other pieces of the mobility management puzzle.

1.4 Strategies Organization Overview

The strategy alternatives presented in this document are organized based on two of the three functional areas of mobility management depicted in Figure 1 below:

1. Provide **strategic planning** on a regional scale to address as many needs and opportunities as possible through a coordinated system.
2. Provide **tactical day-to-day** “find-a-ride” services to customers.

The third functional area is operations of the vehicles, and is not addressed in this project. All three parts of the mobility management model focus on serving the customer.

Each of the strategies presented in Chapters Error! Reference source not found. and 4 falls into the category of either strategic long range planning or tactical day-to-day find-a-ride services. The strategies that the Mobility Broker is currently implementing all fall into the tactical day-to-day category. In contrast, both the Coordination Plan and the PWC documents include recommendations for working with human service providers to find ways to achieve efficiencies by combining resources. This strategy falls under strategic long-range planning.
Key Mobility Management Concepts

- The Mobility Management Center serves the full needs of the customer.
- Technology supports customer needs and transportation operations.
- Rides are supplied by multiple services and modes.

Figure 1 Mobility Management Concepts
2 BACKGROUND

This section provides background information to help understand the strategies that follow. To help understand the complexity and nuances of Medicaid, and other non-FTA federal funding opportunities the following information summarizes key points about these subjects.

2.1 Medicaid

Medicaid is a joint program between the states and the federal government to provide medical care for the poor and disabled. It provides funding for non-emergency medical transportation (NEMT), as well as transportation for people with developmental disabilities and some senior transportation services such as programs to prevent seniors from being placed in nursing homes. Much of the transportation funded by Medicaid is for individuals with physical or developmental disabilities that are unable to transport themselves to medical appointments. Transportation for people with developmental disabilities can include group transportation to education, jobs, and human services. Experts such as the United We Ride Ambassador for FTA Region 5 feel the complexities in coordinating with Medicaid transportation make this issue among the most significant federal barrier to improved mobility management (Mross, 2011).

Nationally, Medicaid transportation expenditures are second only to FTA’s transportation funding. The $3 billion spent by Medicaid in FY2006 for non-emergency medical transportation represents a small portion of Medicaid’s budget, but almost 20 percent of the entire federal transit budget. (Rosenbaum, Lopez, Jorris, & Simon, 2009)

Michigan is one of fifteen states that has a Section 1915(b) Managed Care Waiver, which allows the state to provide services through managed care delivery systems or otherwise limit people’s choice of transportation providers. Michigan is among the state Medicaid programs that use a NEMT brokerage program, allowing categorization of brokered transportation as medical assistance resulting in a higher Federal match rate for transportation costs. Both elements affect the provision and payment structure for transportation, with some feeling it shifts costs to public transportation.

The Department of Human Services and other agencies and non-profits may use Medicaid funding to purchase individual rides or contract for group rides depending on

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3 By comparison, Medicare, the federally-operated program for everyone over 62, has no requirements to cover transportation costs.
4 For more information, refer to this Report on Medicaid's Non-Emergency Medical Transportation Assurance (PDF)
5 Authorized under section 6083 of the Deficit Reduction Act of 2005
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the specific program involved and the purpose of the ride. However, public transportation providers typically encounter a number of barriers to providing these rides. Many transit systems are not approved providers and do not have systems capable of billing Medicaid per trip. Additionally, state level Medicaid officials operate under federal policies that prioritize cost effectiveness over quality of service and tend to be primarily focused only on finding the cheapest rides for patients. Benefits of coordination are not systematically factored into their decisions and are rarely incorporated. Finally, in cases where individual rides are being purchased, it is generally not possible to arrange for Medicaid to pay the full cost of the ride. These decisions have two significant, unintended consequences:

1. Local transit systems and higher quality private-sector providers are deprived of a significant source of potential revenue.
2. Transit-dependent individuals are forced to ride with less reliable and potentially unsafe providers, as is the case in Muskegon where much of the Medicaid transportation spending goes to unregulated taxis.

Medicaid funding for NEMT on fixed route services cannot be contracted and can only be purchased on a per-ride basis, so there is no mechanism for Medicaid to pay for the remaining cost of the ride beyond the fare. Similarly, in some cases Medicaid has been known to only pay the farebox for a demand response ride, which covers an even smaller portion of the actual cost of the ride. We have also heard about issues with assigning profitable rides to private carriers, and unprofitable rides to public carriers. In eastern Idaho, one public operator reports that Medicaid customers who are ambulatory are assigned to the cheaper ride from a private for-profit unregulated taxi that doesn’t have a wheelchair lift. The more expensive rides - those requiring an accessible vehicle and those that cover a longer distance - are then dumped on the public operator without providing funding to cover the entire cost.

2.2 Stark Law

The Stark Law governs physician self-referral for Medicare and Medicaid patients. Some stakeholders fear these regulations restrict the ability to provide transportation to medical appointments. However, it is allowable to provide transportation with Medicaid funding when “arrangements are narrowly tailored to address issues of financial need, limited transportation resources, treatment compliance, or safety”. (OIG Advisory Opinion 11-02).

2.3 Federal Funds as Local Match

The public transportation agencies are ahead of their social service counterparts. Social service agencies face the challenge of working through coordination when transportation is not their core mission and their budgets are being cut. The challenge is to put forth a network of transportation providers that is properly funded and can meet the entire
community’s needs within these constraints. Both the provision of rides and the mobility management function cannot meet the entire needs of the community if it has access only to public transportation funds. Social services must also contribute funds to meet the whole community’s needs.

The Federal Transit Administration (FTA) allows for non-transportation federal funds to act as local match to FTA funds. The Program Guidance for Nonurbanized Areas (Federal Transit Administration, 2007) provides broader, more inclusive language about this tool for a coordinated transportation system than does the Program Guidance for Urbanized Areas (Federal Transit Administration, 2010). The urbanized area program guidance is unclear about use of Temporary Assistance for Needy Family (TANF) funds, identifying the disagreement in the two regulations.

The spaghetti diagram in Figure 3 illustrates the complication of community transportation operations and funding. It shows 62 federal programs that have transportation funding programs for the human service portion of community transportation. Layered onto the federal funding sources are the state and local governments, the transportation providers, and the supporting social services. The person looking for a ride and the organizations offering rides can get lost in the complexity of navigating through this. Appendix A provides a table of the non-FTA federal programs that can fund transportation, and the eligible expenditures.
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Figure 3: Different agencies funding passenger transportation

Source: United We Ride
3 ADDRESSING NEMT IN THE TRI-COUNTY REGION: STRATEGIC PLANNING AND COORDINATION

3.1 What has been done so far?

2008 Coordination Plan and the 2009 PWC study provide the best windows on existing conditions and the community’s plans for moving forward. Both documents include a number of important recommendations relevant to the NEMT situation, however the Coordination Plan largely focuses on coordination between the three public providers. Accordingly, our communications with TCRPC and other stakeholders indicate that the NEMT situation has remained relatively unchanged since these two planning documents were approved, and most planning and coordination efforts have focused on the three public providers. Some conversations have occurred with human service agencies, but a broad-based coordination effort has not yet been planned or launched. The stakeholders’ interest in focusing this planning effort on NEMT indicates that the community is ready to enter a new phase of planning and coordination with a broadened focus on creating strategies that more fully encompass human service providers.

Many of the Coordination Plan and PWC recommendations could easily be broadened to address NEMT issues. Additionally, some of these recommendations already encompass important human services issues but have not yet been implemented.

Following are important strategy recommendations from the Coordination Plan and the PWC study. They are presented with comments about how they could potentially fit into a mobility management framework focused on NEMT.

**Mobility Manager Position**
* (Coordination Plan – Leadership Strategy #3)

The Coordination Plan includes a recommendation for creating a mobility manager position. As discussed in Section 4.1 below, it includes a detailed discussion of the tactical day-to-day functions that could be included in this position. However, the planning and coordination functions that could be included are addressed only in a brief sentence at the end of the recommendation, “This position could include data collection and planning activities.”

The idea of having a mobility manager responsible for data collection and planning activities has not been implemented. However, individuals currently in leadership positions have been taking on many data collection and planning functions. Many of the strategies discussed below will require a significantly expanded focus on these
functions. In Section 0 below, Table 1 outlines specific functions and how they relate to strategies for addressing NEMT. The leadership discussion in Section 5.1.2 addresses options for handling the staffing capacity needs of these leadership functions.

**Data Collection and Coordination Plan Updates**
*(Coordination Plan Data Collection and Planning Strategies #1,2 & 3)*

The Coordination Plan includes recommendations for periodic Coordination Plan updates, data collection to document the successes and benefits of coordination efforts, and a more unified data collection system for the three public transportation providers. These recommendations include the statement that “Government support should increase as awareness of the benefits of regional coordination increases.”

The 2008 Coordination Plan and the PWC study both collected a large amount of valuable data about human service providers. Sections 3.2 and 0 below discuss the critical role of ongoing data collection and the importance of creating a database that ensures that the data can be easily used for a variety of planning purposes.

While there has been no update to the 2008 Coordination Plan, the 2009 PWC study asked agencies to report transportation costs and client needs. If any of the strategies recommended below are accepted and implemented, the quality and usefulness of data will improve over time. It will represent a significant expansion of the 2008 Coordination Plan, because the strategies we are proposing would expand both coordination and data collection.

**Making connections across county boundaries**
*(Coordination Plan – Customer Service Strategy #1, Transportation Services Strategies #6 & 7)*

The Coordination Plan includes a number of recommendations to improve service across county boundaries. These recommendations include an improved fare structure, intercounty transfer policies; development of transfer boarding centers at county lines; and providing a demand response general public paratransit overlay service. These recommendations all clearly identify issues with crossing county boundaries as a significant barrier to improved NEMT service and public transportation service generally. The importance of this issue was also identified in the client survey responses included in the PWC study, which indicated that in 2009 transfers were a disincentive to using public transportation for trips across county lines.

We have not determined the extent to which any of these strategies have been implemented. However, the impression that NEMT issues have remained little changed points to the fundamentally important question of whether the specific nuanced needs of human service agencies, medical providers, and their customers are being significantly met by public transportation. This issue is likely a significant factor in customer and human service agency decisions concerning whether to use public transportation NEMT
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trips. Addressing this issue is a central element of the pilot project strategy described in Section 3.2.3.

**Pooling Resources**
*(Coordination Plan – Funding Strategies #1 & 3)*

The Coordination Plan includes recommendations for sharing trips, reducing the duplication of transportation services and increasing the usage of the region’s transportation vehicles; and for joint procurement of fuel, vehicles and other equipment. The PWC study includes a very similar recommendation, calling for stakeholders to “…evaluate staff and financial resources that social service agencies are using to provide transportation for clients to see if… some of those resources could be used to buy, provide or contract for services from professional transportation providers, or to create a regional broker, then perhaps a larger portion of those resources could be redirected to client services.”

These objectives are currently a high priority for the region’s planning and public transportation providers. While some conversations with human service providers have occurred, there has been limited success in achieving these objectives.

Working collaboratively to efficiently provide customer-focused services is a fundamental principal of mobility management. For some groups of NEMT customers human service agency transportation services may be a better fit, while for others public transportation services may be a better way to meet customer needs. A focused and sustained coordination effort using a variety of strategies as proposed in the remainder of this chapter, may be able to develop agreements between stakeholders for sharing and reconfiguring resources to improve service and efficiency.

### 3.2 What can the region do next?

The following sections are very closely related and largely interdependent. They follow a logical progression starting with collecting the data and other information necessary to understand needs and opportunities (3.2.1 and 0), then implementing one or more on-the-ground pilot projects to develop solutions to NEMT issues that can be replicated on a larger scale (3.2.3).

Table 1 below breaks down the mobility management concept into its specific functions. This provides an overview of the strategies in the following sections, while also providing a tool for assessing the staffing capacity needed for implementation. The first column defines each of the specific functions included in the full scope of mobility management for planning and coordination. The second column assesses whether each function is currently being implemented in the Tri-County region. The third column correlates each function to the strategies proposed in the following sections and includes our priority recommendation for that function.
Finally, it is important to note that we generally recommend incremental expansion of mobility management capacity, following the principal of “Don’t do it unless you are going to do it well.” We have worked with communities that had very limited success because they attempted to implement too much too quickly without investing adequate resources and without adequate attention to quality.

Table 1: Mobility Management Strategic Planning Functions

<table>
<thead>
<tr>
<th>Mobility Management Function</th>
<th>Tri County Service</th>
<th>Priority &amp; Related Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transportation inventory (resource assessment)</strong></td>
<td>The existing inventory is based on 2007-2008 information and is not updated frequently.</td>
<td>High – Good data is essential for successfully improving service. 3.2.1 Inventoried NEMT and Human Services providers</td>
</tr>
<tr>
<td><strong>Identify unmet needs</strong></td>
<td>The 2008 Coordination Plan and the PWC initiated this effort. More focused questions and more frequent assessment could be beneficial. California requires annual assessments.</td>
<td>Medium – Currently the higher priority is improving efficiency of services that are already being delivered. 3.2.1 Inventoried NEMT and Human Services providers</td>
</tr>
<tr>
<td><strong>Funding Knowledge &amp; Partnership Development</strong></td>
<td>The three public transportation providers have likely had some success with a variety of community partners, but have limited success with medical partners and NEMT providers.</td>
<td>High – This is essential for developing successful NEMT strategies. 0 Unraveling the Spaghetti</td>
</tr>
<tr>
<td><strong>Coordination planning</strong></td>
<td>Limited coordination has occurred with human service agencies. Efforts have primarily focused on coordination between the three public transportation providers.</td>
<td>High – This is central to achieving the goals of this project. 3.2.3 Barrier Busting Pilot Project</td>
</tr>
</tbody>
</table>
### Other planning
Help human service agencies build transportation programs to meet needs that cannot be met through public transportation services. Alternative programs may include agency-provided transportation, mileage voucher, gas reimbursement, faith-based transportation, carpool programs, and volunteer driver programs.

Medicaid, independent living, aging services, VA, and other medical and human service organizations use these tools, but the Tri-County COG and public transportation does not have an inventory of these services.

The CATA Mobility Broker focuses on TDM strategies; these sorts of human service planning functions could best be addressed in close coordination with the medical providers and human service agencies.

#### Vouchers and billing
Develop agreements with social service agencies to fund rides on public transportation.

We are not aware of any instances where the three public transportation providers are currently doing this.

Medium – This is an essential element of a viable public transportation NEMT service, but it is secondary to designing a service that is viable for customers. A multi-agency electronic payment system should be viewed as a low-priority, long term objective.

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<td>Other planning</td>
<td>Medicaid, independent living, aging services, VA, and other medical and human service organizations use these tools, but the Tri-County COG and public transportation does not have an inventory of these services. The CATA Mobility Broker focuses on TDM strategies; these sorts of human service planning functions could best be addressed in close coordination with the medical providers and human service agencies.</td>
<td>Low – Human service agencies appear to have already largely addressed these issues. However, in the process of developing a pilot project, stakeholders will likely identify needs that would best be met by expanding and improving these alternative programs.</td>
</tr>
<tr>
<td>Vouchers and billing</td>
<td>We are not aware of any instances where the three public transportation providers are currently doing this.</td>
<td>Medium – This is an essential element of a viable public transportation NEMT service, but it is secondary to designing a service that is viable for customers. A multi-agency electronic payment system should be viewed as a low-priority, long term objective.</td>
</tr>
</tbody>
</table>

3.2.3 Barrier Busting Pilot Project
### 3.2.1 Inventorying NEMT and Human Services providers, and assessing needs.

An essential starting point is knowing who the most important transportation providers, human service agencies, and medical providers are; what resources they have including how they are funded; what services they are providing and what their needs are. Information must be updated and organized so that it is easily available for querying for different purposes. The recommendations section of the 2008 Coordination Plan does accurately summarizes the importance of data collection:

*The gathering of data on vehicles, existing services, number of trips provided, number of employees, etc. is an essential element in the transportation coordination planning process. Existing conditions must be known so that planning on how drivers, dispatchers, vehicles and services can be coordinated can be accomplished [and fair contracts for service can be developed]. Most of the work involved with coordination (determining how to work together) begins after existing conditions data is gathered and analyzed.*

The region has already spent a significant effort creating an inventory. The Coordination Plan includes an inventory of organizations that provide transportation or whose clients and constituents have transportation needs. The report for each organization includes contact information, a description of services, the service area, operational hours, and a summary of vehicles. The PWC survey of human service agencies also collected a large amount of valuable data including information on funding and basic client needs.
Strategies:

A. Organize data to make it easy to use.
   As presented in the Inventory of Transportation Services section of the transportation plan, the inventory is not easy to analyze at a glance. As a first step toward making the data easier to use, we have entered key information into a spreadsheet shown in Appendix B. The best approach would be to design a database for storing, updating and analyzing the data.

   As part of this strategy, the PWC survey data could be combined with the Coordination Plan inventory to build a more robust inventory. If the PWC survey data is still available by responder in a spreadsheet or database, a next step would be to build a summary table of reported funding sources and amounts by organization. Additionally, the database could be designed to include the data that will be gathered through the strategies in the following section (0).

   A well-designed database could produce information that would help provide a clearer picture of the distribution of resources, and opportunities to work with this wide variety of partners. Additionally, this database could be very valuable for providing the data needed to feed information for 2-1-1 services and other “one-call, one-click” resources discussed in Section Error! Reference source not found..

B. Develop a systematic approach for updating and maintaining the inventory.
   The tool for maintaining the inventory would be a survey of human service providers conducted annually or bi-annually. Ideally the survey would combine questions used for the Coordination Plan as well as the PWC survey in order to collect a data set that provides a clear picture of the wide range of information needed for coordination planning.

C. Conduct interviews to develop a deeper understanding of needs and opportunities, and to verify data.
   Periodic interviews with important stakeholders are an essential tool for developing a true understanding of needs and opportunities, and perhaps most importantly for building relationships. Human service agency personnel have the most in-depth and nuanced understanding of the needs of NEMT riders and interviews are the best tool for tapping into this knowledge. It is important to note that these interviews could also be used to gather information needed for strategies in the following section.

   Interviews are also a useful tool for verifying suspect survey data. For example, in the PWC survey there were several instances where the results indicated that the respondents did not have the requested information or did not seem to have understood the questions.

   TCRPC has provided the following short list of key stakeholders, from which people to interview could be selected.

   - Ingham County Human Services
• Local hospital and medical community representatives
• Local neighborhood associations
• Assisted living complexes
• Senior centers
• Dialysis centers
• Capital Area Center for Independent Living
• Michigan Rehabilitation Services
• Tri-County Office on Aging
• Peckham Vocational Industries
• Local elected officials

D. Data Structure
Collecting all of this valuable information is a significant investment, and much of the value of that investment will be lost unless careful thought is given to how data will be recorded and used. A database should be designed that puts this information at the fingertips of current and future planners in report formats that can be used for multiple purposes. Of equal importance, the database should be designed so that it can be easily updated. There are also many reasons why this should be the same database that was used for the providers’ inventory.

We have developed similar databases in the past and discovered the difficulties that a small organization can encounter in maintaining a database design and fixing inevitable problems. Because this is an activity that communities nationwide have addressed, we recommend researching if this type of database has already been developed and is available at a reasonable cost. If not Tri-Counties could pursue a partnership with an organization that develops open source or low cost tools for mobility management.

3.2.2 Unraveling the Spaghetti
The “spaghetti” refers to the complexity of federal transportation funding as illustrated in Figure 3, at the end of Section 2.3 and to the often complex regulations attached to this funding. These strategies largely focus on developing an in-depth understanding of existing funding and potential opportunities for achieving cost efficiencies. Additionally, the funding and program information collected through the inventory can be used to identify potential opportunities for leveraging new sources of funding.

These may prove to be the most complicated strategies because of their many interconnected components and the need to develop a sophisticated understanding of a wide variety of different federal programs and regulations. The Federal Transportation Service Matrix in Appendix A is a useful resource for quickly identifying how different types of federal funding can be used. It is more difficult to research the barriers to coordination that may be connected to different funding sources. Barriers fall into three categories:

• Barriers to pooling resources and developing contracts for service.
Barriers to steering NEMT riders toward public transportation if appropriate.
• Barriers to using a funding source as match for FTA funding.

Each of the following strategies unravels one strand of the funding spaghetti. These strategies will require a combination of surveying and interviewing human service agencies, and communicating with federal officials at the regional and federal levels.

**Strategies:**

A. **Research Medicaid transportation funding**
Identify the amount of funding, the agencies that use Medicaid for transportation, and how the funding is being used. Also, identify what these agencies believe are the primary barriers associated with moving people to fixed route public transportation. When using Medicaid for higher cost demand response public transportation, identify perceived barriers to Medicaid covering the entire cost of the ride.

B. **Research other non-FTA Federal transportation funding**
Identify the amount of funding, the recipients, and how the funding is being used. Also, what do recipients believe are the primary barriers associated with each funding source? If any of the public transit providers need local match to leverage state and federal FTA dollars, assess the feasibility of working with human service partners to use these funding sources as match. Two of the best funding sources to work with are Aging Services Title III and Community Development Block Grants.

C. **Research veterans transportation needs.**
Veteran’s Administration (VA) funding will pay for fares if public transportation serves VA facilities. We are not aware of VA funding going to anything other than fares. The VA operates a completely separate volunteer-staffed NEMT transportation system, and they have the reputation of being an unlikely partner to be interested in pooled resource strategies. However, we are aware of situations in other communities where a need for veterans NEMT was created due to poor siting of VA facilities, a lack of available volunteer drivers, and/or a lack of volunteers and vehicles capable of transporting disabled veterans.

D. **Conduct outreach to Federal funding officials.**
Begin to develop relationships and explore whether barriers are real or perceived and whether there is flexibility to bust any of them. Talk to officials at both the regional and federal level because you may get different interpretations. As a first step, it is important to read the funding legislation and associated guidance and regulations.

At top priority should be researching how much flexibility is available with Medicaid funding.

Research should include whether any coordination is required or encouraged at the state, regional, or federal levels. Are there discrepancies between policies at the
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different levels? Determine whether there are any officials and/or policies at the federal or state levels that can help provide leverage for coordination:

- Would any of them help with getting human service agencies to the table and putting pressure on them to coordinate?
- Would any of them help fund meetings and coordination efforts?
- Would any of them help fund ongoing mobility management staffing?

E. Potential new federal funding sources
Explore whether any available federal funding sources have not been tapped by any of the three public transit providers, such as Title III and Community Development Block Grants.

3.2.3 Barrier Busting Pilot Project
We recommend implementing a pilot project employing the following strategies to create a model for designing a public transportation NEMT service that is lower cost, as well as a viable and preferable alternative for customers compared the transportation services being offered by human service agencies. Stakeholders would take the knowledge gained in the previous strategies and apply it to on-the-ground efforts at a pilot project scale. A motivated subset of the human services stakeholders would be engaged to implement a strategy to improve NEMT for a targeted population (for example, NEMT riders who need to access dialysis centers or the hospital), or a limited area of the Tri-County region. The project would be designed to demonstrate how existing resources can be reconfigured to achieve both greater efficiency and improved service and ideally to leverage new resources.

Strategies:

A. Identify barriers to transitioning NEMT trips to lower cost public transportation service providers, and potential strategies to bust these barriers.
Through the 2008 Coordination Plan, the PWC study and efforts since then we believe the stakeholders already have a good picture of many of the most significant barriers. However, an even better picture will emerge through implementing strategies from the two sections above. The unraveling the spaghetti strategies will be particularly important for identifying potential strategies for busting barriers associated with various funding sources. Assessing transit system performance measures would be a secondary, but still important element of this strategy. Measures such as on-time performance do not appear to be significant barriers but they should be reviewed to ensure that this is the case. Additionally, performance data will be valuable for designing any service changes that are incorporated into the pilot project.
B. **Identify human service agencies that are the most motivated to participate in a pilot project.**

Stakeholder networking, focus groups and interviews would be the best strategies for identifying these partners. It would be essential to work closely with Ingham County Human Services and organizations that use Medicaid funding and that are motivated to collaboratively design a service to which they would direct their clients. Finding the right partners to work with is the highest priority strategy for ensuring the success of a pilot project. Identify one or more target populations of NEMT riders and NEMT destinations to focus on.

Target populations and destinations should be determined based on which human service agencies participate and who their clients are. However, it would be important to have a clear understanding of which barriers apply to these targets to ensure you are testing the barriers you have identified as your highest priorities.

C. **Work collaboratively to develop a pilot service.**

This process would likely involve a combination of pooled resource strategies; route design, fare coordination and transfer strategies to address issues with crossing county boundaries; as well as strategies for marketing the service. Determining how payment issues such as vouchers and billing will work will be one of the final steps. We do not recommend starting with a multi-agency electronic payment system as these systems can be highly complex to design and coordinate with different partners, and can be too complicated for small organizations to manage. Implementing such a system could be viewed as a long-term objective.
4 ADDRESSING NEMT IN THE TRI-COUNTY REGION: DAY-TO-DAY IMPLEMENTATION

4.1 What has been done so far?

Based in part on the PWC study recommendations, a Mobility Broker (MB) position has been created within CATA’s Clean Commute Program. For the last 1.5 years, the MB has been doing outreach to human services agencies as well as some one-on-one ride matching. She reported that agency staff are positive and receptive and often say they were not aware of the services that CATA offers. However, she also reported that she does not get a significant amount of calls from riders or human service staff seeking assistance with understanding human service and NEMT options. The MB’s scope of work currently does not include any planning or coordination functions.

4.1.1 Coordination Plan Recommendations

Following are recommendations from the Coordination Plan and the PWC study. They are presented with comments about how they could potentially fit into a mobility management framework focused on NEMT.

Mobility Manager Position
*(Coordination Plan – Leadership Strategy #3)*

The Coordination Plan’s recommendation for creating a mobility manager position is largely focused on the tactical find-a-ride functions that could be included in this position. The recommended functions include being the central point of contact for consumers who need information and services and the providers who operate the services; having a primary role for assisting the public with trips across county boundaries requiring more than one public transportation system; development and maintenance of website and electronic systems to assist the public with trip planning; and marketing efforts.

Much of this strategy has been implemented with the Mobility Broker position. However, the coordination plan leaves out discussion of human service agencies that provide NEMT and other transportation services. It only talks about assisting the public with trips involving public transportation.

Joint Marketing Effort
*(Coordination Plan – Leadership Strategy #2)*
Developing a Non-Emergency Medical Transportation Strategy for Lansing Tri-County
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The Coordination Plan recommends conducting a joint marketing effort to educate all transportation related agencies, government officials, and the general public in the Tri-County region on the benefits of coordinated transportation services. The objective of this effort would be to change the public perception that it is very difficult to travel by transit between Counties.

We have not researched to what extent this strategy has been implemented. The PWC rider survey showed good understanding of CATA but riders lacked understanding of other transportation options.

**Automatic Vehicle Location (AVL) and/or dispatching software**
*(Coordination Plan – Customer Service Strategy #2)*

The Coordination Plan recommends exploring the possibility of utilizing AVL and/or dispatching software that will allow all providers in the Tri-County Region to share trip information and to allow for a quick and easy trip making process for consumers.

All three public service providers have dispatching software and AVL or are in the process of getting software and AVL. Because of the varying needs and software costs they chose to purchase different software packages. Moving forward, this means the different software systems will need to communicate with each other in order to share data. This is completely in line with the accepted architecture used by Intelligent Transportation Systems (ITS) systems engineers, as long as the differing data structures “use a common language”.

### 4.2 What can the region do next?

As in Section Error! Reference source not found., the table below breaks down the mobility management concept into its specific functions. This provides an overview of the strategies in the following sections, while also providing a tool for assessing the staffing capacity needed for implementation. The first column defines each of the specific functions included in the full scope of mobility management for day-to-day find-a-ride services. The second column assesses whether each function is currently being implemented in the Tri-County region. The third column correlates each function to the strategies proposed in the following sections and includes our priority recommendation for that function.

<table>
<thead>
<tr>
<th>Mobility Management Function</th>
<th>Tri County Service</th>
<th>Priority &amp; Related Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define a vision for day-to-day mobility management</td>
<td>The Tri County Mobility Broker (MB) focuses on public transportation options.</td>
<td>High</td>
</tr>
</tbody>
</table>

4.2.1 The need to define a vision
<table>
<thead>
<tr>
<th>Mobility Management Function</th>
<th>Tri County Service</th>
<th>Priority &amp; Related Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource directory</strong></td>
<td>The CATA website has a good directory of its services, but we were unable to find references to other services the other public transportation providers or human service transportation options.</td>
<td>High – This is essential to the “one-call, one-click” vision</td>
</tr>
<tr>
<td>Coordinate with social service agencies to maintain an accurate web-based service directory, designed for easy use by the target riders as well as anyone who will be providing assistance to that target population.</td>
<td>4.2.2 Find-a-Ride / Trip Planning Services</td>
<td></td>
</tr>
</tbody>
</table>

**Trip Planning**

Arrange transportation for a customer or a service agency on behalf of its clients.

Take requests for assistance by phone, email, or Internet request.

Transportation may be provided by the public transportation systems, senior transportation programs, volunteer drivers, agency vehicles, gas vouchers, veteran services vans, for hire cars, private intercity shuttles, or taxis.

Transfers between providers may be necessary.

A web-based trip planner supports this function.

The Tri County Mobility Broker (MB) offers this capability, targeting human service organizations. The MB’s work appears to be primarily focused on providing information about public transportation services.

Also, awareness of this service may not be high because the MB is receiving relatively few requests for information.

Medium – This would require significantly more resources than creating a directory.

4.2.2 Find-a-Ride / Trip Planning Services
## Mobility Management Function

<table>
<thead>
<tr>
<th>Mobility Management Function</th>
<th>Tri County Service</th>
<th>Priority &amp; Related Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train representatives from social service agencies to help their clients find rides.</td>
<td>The MB is making presentations to various organizations and these presentations are well-received. It is not clear the degree of impact this work has had over the last 1.5 years. We do not know if the MB provides resources to caseworkers that help them directly find rides for the clients.</td>
<td>Medium – This could be accomplished with little change to the current way of doing business. 4.2.2 Find-a-Ride / Trip Planning Services</td>
</tr>
<tr>
<td>Help customers book a ride on intercity bus service.</td>
<td>This service is not currently provided.</td>
<td>Low – In most cases this would only be relevant to veterans NEMT or for patients and families to access highly specialized treatments. 4.2.2 Find-a-Ride / Trip Planning Services</td>
</tr>
<tr>
<td>Assist customers with paying for rides on the web if this technology is available.</td>
<td>This service is not currently offered</td>
<td>Low - This could be possible for public transportation NEMT rides, but would be complicated if it was expanding to other NEMT providers.</td>
</tr>
<tr>
<td><strong>Person-centered transportation plans</strong></td>
<td>This service is not currently offered</td>
<td>Low – This would require significant staffing resources 4.2.3 Specialized One-on-One Services</td>
</tr>
<tr>
<td>Develop individual transportation plans to meet the ongoing needs of the customer.</td>
<td>Capital Area Center for Independent Living (CACIL) may provide travel training programs.</td>
<td>Medium – This is a commonly offered service. 4.2.3 Specialized One-on-One Services</td>
</tr>
</tbody>
</table>

## Travel training

Work with social service agencies to provide travel training to their clients. This includes in-class training and training transportation ambassadors.
### Mobility Management Function

<table>
<thead>
<tr>
<th>Broker rides</th>
<th>Tri County Service</th>
<th>Priority &amp; Related Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A ride brokering service books a ride and arranges for payment on any available vehicle when someone calls to request a ride.</td>
<td>This service is not currently offered.</td>
<td>Medium— This would require significant staffing resources. 4.2.4 Pooled Resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client eligibility (facilitate for mixed region)</th>
<th>Tri County Service</th>
<th>Priority &amp; Related Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist people with establishing eligibility to use paratransit services as required by the Americans with Disabilities Act (ADA).</td>
<td>This service is not currently offered.</td>
<td>Low – Human service agency personnel should be able to handle this function. 4.2.4 Pooled Resources</td>
</tr>
</tbody>
</table>

### 4.2.1 The need to define a vision

Tactical, day-to-day mobility management services beyond those currently being provided by CATA’s Mobility Broker initially should be secondary to the planning and coordination needs discussed in Section 3. This is primarily because it is not clear whether the region currently has public transportation that is a viable and preferable alternative for NEMT customers compared the transportation services being offered by private carriers and human service agencies.

As summarized in Figure 1, in Section 1.4 the mobility management vision is to provide customer centered service that matches customer with the ride that best meets their needs, whether that ride is on public transportation or through a human service provider or a carpool service.

By providing effective education and promotion about public transportation service options, CATA’s Mobility Broker is clearly offering increased customer service for some NEMT riders and for human service agencies. However, there is currently no coordinated effort to provide comprehensive information about the full range of NEMT options that are currently available in the region. The stakeholders need to decide whether their vision for find-a-ride services should remain limited to public transportation services or whether it should be broadened to encompass all NEMT services.

**The One Call – One Click Vision (Veteran’s Transportation Initiative)**

As illustrated in Figure 4 below, and as described by CTAA in its One Call-One Click Toolkit, the goal of a one-call or one-click service is to simplify access for customers and match their varied needs with appropriate options. It can also help communities build a team approach to using their resources, resulting in more mobility.
Tri-Counties can expect and prepare for this basic capability through the Veterans Transportation Initiative. In Michigan this effort will create a web-based, one-stop-shop for human service transportation information. The VA, MDOT, Michigan 2-1-1, United Way, and the Information and Referral Service are implementing a statewide upgrade of the 2-1-1 website. Lansing’s mobility management strategies should encompass this capability and determine how best to implement and promote the system.

**The Ride Connection Example**

For the Tri-County Region, the model that we feel may be highly applicable is Ride Connection out of Portland, Oregon. Ride Connection is a non-profit that works with community partners to provide and coordinate transportation options primarily for older adults and people with disabilities. The key to Ride Connection success has been a customer focus, and high quality service. They also work as hard as possible to avoid acting in a silo.
Figure 5: Ride Connection web page shows some of the innovative programs

Ride Connection started as a volunteer driving program more than 30 years ago as Tri Met, Portland’s public transportation service, was considering options for managing paratransit. It has now evolved into a quasi-brokerage that connects various human service transportation service providers together.

Among the Ride Connection services worth considering adopting to Tri-Counties is its brokerage system. Within the Oregon Medicaid brokerage system, Ride Connection brokers contracts with the Division of Medical Assistance Programs (DMAP) to provide NEMT to eligible Medicaid clients. Transportation providers are contracted through the brokerage. The brokerage has professional call takers trained specifically to perform the duties of the call center, including verifying eligibility, appointment eligibility, reviewing the client’s ride resources and authorizing appropriate transportation services. The costs of the rides are reconciled through the brokerage service and billing is monitored. The brokerage produces monthly reports of the number of rides, costs, unduplicated clients, "no-shows" and complaints.

The Ride Connection Travel Training program is another example of a best case program.
Finally, Ride Connection builds open source software that helps them coordinate between multiple providers with differing software packages. One module is slimmed-down demand response software for organizations with very few vehicles.

4.2.2 Find-a-Ride / Trip Planning Services

A. Create a new program to market public transportation NEMT services
   Currently, good NEMT information is provided on the “Plan a Curb-to-Curb Trip” web page. However, to effectively promote NEMT services something comparable to the Clean Commute needs to be developed. The Clean Commute website is a high quality gateway for commuters seeking transportation alternatives, but with this program name and emphasis it cannot be an effective marketing gateway for human service customers. It is highly unlikely that someone seeking assistance with human service related needs would think to look for help from a program focused on commuting. Promotion of public transportation NEMT services can continue to be conducted by the same person who also runs the Clean Commute Program. However, a newly branded, human services oriented program separate from Clean Commute needs to be created to promote NEMT and other human services related transportation services.

B. Provide information about all three public transportation providers
   Currently, the website for the three public transportation providers offer little or no information for customers seeking to make connections between services. While significant coordination efforts are occurring behind the scenes, there is almost no evidence of this on the websites.

C. Support and promote updated 211 service
   Seek web-based and print opportunities, along with other public education opportunities to promote the updated 211 service being developed through the Veteran’s Transportation Initiative. Also, work with human service agencies to develop a long-term plan to provide accurate, up-to-date information to this service. This could be done through the inventory and database recommended in Section 3.2.1.

D. Work with human resource agencies to provide one call – one click services
   Explore the possibility of creating comprehensive local web-based and print NEMT directories that include information on all NEMT service options. Also, through each organization’s website and other communications, promote services offered by other NEMT providers and make this information easy for customers to find and use.

E. Work with human resource agencies to expand trip planning services
   Explore the possibility of providing centralized trip planning services that provide comprehensive assistance with all NEMT options.

---

4.2.3 Specialized One-on-One Services

A. Offer a service for creating individual travel plans.
   This capability relates to NEMT in that it can encourage people to move away from
   more expensive options. Effectively offering this capability would require the MB to
   work with a person’s case manager. The United We Ride reference available on their
   web site, “Building an Individual Transportation Plan,” is a good information resource
   about this type of service.

B. Explore the potential to offer travel training
   Work with social service agencies to provide travel training to their clients. This
   includes in-class training and training transportation ambassadors. Travel training
   can be a valuable service for seniors and people with disabilities who often need to
   develop a comfort level with using public transportation.

4.2.4 Pooled Resources

A. Explore the potential for brokering rides
   The technical meaning of this term is very different from what the MB is currently
   doing. This service would require that the MB books a ride and arranges for payment
   on any available vehicle when someone calls to request a ride. Due to the complexity
   and staff-intensive nature of this service, it is probably best to make this a longer
   term objective.

B. Explore the potential to assist human service clients with ADA eligibility
   The MB could assist people with filling out forms and determining their eligibility to
   use paratransit services as required by the Americans with Disabilities Act (ADA). A
   person could submit their eligibility information and be entered into the system with
   their criteria; potential programs for which the person qualifies would be identified.
5 GLOBAL RECOMMENDATIONS

The following two recommendations address overarching issues that encompass both strategic planning and tactical find-a-ride services.

5.1 Choose an appropriate mobility management leadership model.

Once the stakeholders have decided the scope of the strategies they want to implement, it will be essential to decide on a leadership and staffing approach to provide adequate capacity to achieve success. Mobility management staff could be hired to address the many tasks involved, or staffing and leadership could come from within existing organizations. In some cases, a single mobility manager will perform both strategic planning and tactical day-to-day functions. However, this is often not practical due to workload and to the fact that the two sets of functions require significantly different skill set. Thus, in many case these functions are performed by separate staff.

Overall, mobility management offers an approach that is focused on facilitating collaboration rather than a top-down approach. A mobility manager plays a leadership role by developing and leveraging relationships, and through knowledge, technical expertise and negotiating skill. A core strength of mobility management comes from its emphasis on continuous, ongoing planning and implementation efforts, compared to the reality in many communities where planning is relegated to something that occurs only every five years with implementation occurring on a sporadic, hit-or-miss basis. The Lansing area stakeholders have demonstrated a commitment to good planning, and to making their plans living documents with ongoing implementation efforts. However, perhaps the biggest challenge of the mobility management approach is that it typically requires a considerable investment in increased staffing capacity.

For Mobility Management, transportation providers and agencies must work through the details and take on the pieces that a community can manage and accomplish. The Federal Transit Administration (FTA) and Congress have made it clear that they want coordination. Local communities can work towards this mission, yet without the federal government properly investing in the concept and providing tools, local communities face a tough challenge. Coordination requires an initial investment of time and technology, and local public transportation agencies are being asked to do this while also continuing the work of providing transportation. In the long term, it makes economic sense, but in the short term, local organizations are burdened with more work.
5.1.1 Mobility Management Models

There are many successful community or coordinated transportation systems serving rural, small urban, and metropolitan regions around the country. United We Ride has categorized these systems into three generalized model types:

- **lead agency model** – In the lead agency model, one local organization is responsible for coordinating transportation services and activities within a defined geographic area. The lead agency may be a private or non-profit organization, social service or related agency, or public entity.

- **brokerage model** – In the brokerage approach, one entity acts as an agent to arrange rides for persons needing transportation among a group of operators that “bid” to provide services. Both the broker and transportation provider receive fees for services, which are rolled into transportation charges per capita, per trip or some unit, and/or per mile. Such charges are paid by individuals or insurance companies directly or via health and social service funding.

- **administrative agency** – In the last type, an administrative agency is a public agency or entity (often a transit authority) that has responsibility to coordinate social service or specialized transportation, in addition to its role in providing public transportation.

Under these definitions the Greater Lansing Regional Mobility Broker falls under the administrative agency model type, which is in contrast to the job title.

5.1.2 Potential leadership

It will be important to have engaged and motivated leadership to move any strategies forward. This leadership could come from one or a combination of the following entities:

**Coordination Plan Steering Committee** – The 2008 Coordination Plan states that the Steering Committee would continue to meet at least annually. More frequent meetings would be necessary for many of the strategy alternatives proposed in this chapter.

**Coordination Plan Technical Committee** – The plan states that the Technical Committee would continue to meet every six weeks.

**Coordinated Technical Committee** – The plan includes a recommendation that the three public transit providers should create a Coordinated Technical Committee that would meet regularly, formalizing the informal meetings they had been holding at the time. (Leadership Strategy #1)

**Transportation Advisory Committee** – The plan also recommends organizing a Transportation Advisory Committee (TAC), consisting of representatives of local and state government, human service agencies, businesses, the disabled community, senior organizations, and public riders serving as members. (Leadership Strategy #1)
Developing a Non-Emergency Medical Transportation Strategy for Lansing Tri-County
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Power of We Consortium (PWC) Transportation Committee – In November, 2010
Consortium members approved the recommendations in the PWC transportation study
and also formally accepted the Ad Hoc Transportation Committee as a Work Group of
the Power of We Consortium. This work group could potentially take a leadership role,
along with the PWC Leadership and Practice Committee which focuses on capacity
building for non-profits and would be a good fit for the goal of achieving increased
capacity to serve clients through transportation efficiency and expanded and improved
NEMT services.

Tri-County Regional Planning Commission (TCRPC) – TCRPC has played a
leadership role in this project to date and also played a leadership role in the PWC
study.

Capital Area Transportation Authority (CATA) – CATA currently plays a leadership
role as the region’s the FTA-designated lead agency.

5.1.3 Timing expanded staffing capacity
If the stakeholders decide to expand mobility management staffing they will need to
decide when the expansion should occur. They could wait and only make a hire if long
term funding is secured. Alternately, they could try to secure funding for one or two years
with the goal of mobility manager securing funding to sustain the position into the future.
This second option is a typical approach for many small organizations and could be a
viable strategy if a significant portion of the mobility manager’s time is focused on
“unraveling the spaghetti” (Section 0) to identify cost efficiencies and new funding
opportunities.

5.2 Using a structured process to refine the
mobility management program
The next step in the Tri-County mobility management evolution will likely involve
databases, traveler information systems, demand response software, and hardware
which, as a whole, is considered to be transit ITS (intelligent transportation systems). US
DOT has determined that successful deployment depends on a systems engineering
analysis.

The International Council on Systems Engineering describes the process as,

“an interdisciplinary approach and means to enable the realization of successful
systems. It focuses on defining customer needs and required functionality early
in the development cycle, documenting requirements, and then proceeding with
design synthesis and system validation while considering the complete problem:

- Operations
• Cost & Schedule
• Performance
• Training & Support
• Test
• Manufacturing
• Disposal

Systems Engineering integrates all the disciplines and specialty groups into a team effort forming a structured development process that proceeds from concept to production to operation. Systems Engineering considers both the business and the technical needs of all customers with the goal of providing a quality product that meets the user needs. “ (International Council on Systems Engineering)

FHWA and FTA recommend that the systems engineering process for transit ITS should follow the Vee Development Model as shown in Figure 6.
Figure 6: ITS Design Process Vee Diagram (FHWA-California Division and Caltrans, 2009)
All federally funded ITS projects must be developed using a systems engineering analysis, commensurate with the size and scope of the project being developed. (Section 940.11 of Title 23 CFR). This is an important, but widely neglected policy. A study of costs for 44 projects found a 50% average cost overrun on projects without systems engineering, and a clear trend towards better cost performance with systems engineering. (FHWA-California Division and Caltrans, 2009) Systems engineering reduces the risk of schedule and cost overruns and increases the likelihood that the implementation will meet the user's needs. Other benefits include:

- improved stakeholder participation
- more adaptable, resilient systems
- verified functionality and fewer defects
- higher level of reuse from one project to the next, and
- better documentation.

By scaling and tailoring the process, it should be possible to apply systems engineering to projects of all sizes and complexity.

While the benefits are persuasive, it is easy to see that the process can be complex, time consuming, costly and require expertise that many communities do not have available. A properly scaled process touching on each element of the Vee should reduce risk in purchasing or developing appropriate tools for maintaining the inventory, providing good information for finding a ride, determining how different organizations are spending their transportation dollars, and providing rides.
APPENDIX A: NON-FTA FEDERAL PROGRAMS

Sixty-two federal programs fund transportation. The following table lists the possible uses for these programs according to United We Ride.

Federal Transportation Service Matrix

<table>
<thead>
<tr>
<th>HEALTH AND HUMAN SERVICES</th>
<th>Reimbursed Costs (Fares, Gas, Bus, Pass, etc.)</th>
<th>Mobility Mgt/Travel Training/O and M</th>
<th>Operate Vehicles (Direct or Contract)</th>
<th>Purchase Vehicles (public/nonprofit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration for Children and Families</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Social Service Block Grant</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care and Development Block Grant</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee and Entrant Assistant Discretionary Grants</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee and Entrant Asst. State Administered Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee and Entrant Targeted Assistance</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee and Entrant Asst. Voluntary Agency Programs</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Developmental Disabilities Council and Protection &amp; Advocacy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Temporary Assist to Needy Families</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Services Block Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoting Safe and Stable Families</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Administration on Aging</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Grants for Supportive Services and Senior Centers</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Programs for American Indian, Alaskan Native and Native Hawaii</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Centers for Medicaid and Medicare</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Health Insurance Program</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home and Community Based Waiver</td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Health Resources and Services Administration</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>X</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Healthy Communities Program</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Care Formula</td>
<td>X</td>
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Developing a Non-Emergency Medical Transportation Strategy for Lansing Tri-County  
Smart Growth America

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<th>Reimbursed Costs (Fares, Gas, Bus Pass, etc.)</th>
<th>Mobility Mgt/ Travel Training/O and M</th>
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Source: United We Ride 2007c
# APPENDIX B: SUMMARY OF TRANSPORTATION INVENTORY

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<tr>
<th>Provider</th>
<th>Web</th>
<th>Service Area</th>
<th>Days/ Hrs</th>
<th>Vehicles</th>
<th>Fixed</th>
<th>D/R Public</th>
<th>D/R Rural</th>
<th>D/R ADA</th>
<th>Paratransit</th>
<th>Client Transport</th>
<th>Bus passes, reimbursement</th>
<th>Medicaid</th>
<th>Volunteer</th>
<th>Clients need</th>
<th>Rides</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATA</td>
<td><a href="http://www.cata.org">www.cata.org</a></td>
<td>Ingham, Eaton and Clinton Counties</td>
<td>24/7</td>
<td>large fleet of full sized buses, mini-buses and vans</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Clinton Transit</td>
<td><a href="http://www.clintontransit.org">www.clintontransit.org</a></td>
<td>Clinton County</td>
<td>Weekdays-6:30am-5:30pm</td>
<td>18 - wheelchair accessible, 14-20 passenger cutaway buses, 1 - wheelchair accessible, 28 passenger bus , 5 - wheelchair accessible 6 passenger vans</td>
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## Developing a Non-Emergency Medical Transportation Strategy for Lansing Tri-County
### Smart Growth America

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<th>D/R ADA</th>
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<th>Bus passes, reimbursement</th>
<th>Medicaid</th>
<th>Volunteer</th>
<th>Clients need Rides</th>
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<tbody>
<tr>
<td>Eaton County Transportation Authority</td>
<td><a href="http://www.eatran.com">www.eatran.com</a></td>
<td>Eaton</td>
<td></td>
<td>16 10-14 passenger light duty cutaway buses, 6 14-24 passenger medium duty buses, 1 15-passenger van</td>
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<td>Tri-County Office on Aging</td>
<td><a href="http://www.tcoa.org">www.tcoa.org</a></td>
<td>Ingham, Eaton and Clinton Counties</td>
<td>Weekdays – 8:30 am to 5:00 pm</td>
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<td>Michigan Department of Human Services (DHS)</td>
<td><a href="http://www.michigan.gov/dhs">www.michigan.gov/dhs</a></td>
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<td>Capital Area Michigan Works</td>
<td><a href="http://www.camw.org">www.camw.org</a></td>
<td>Ingham, Eaton and Clinton Counties</td>
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<td>Fresenius Medical Care, Dialysis Services</td>
<td><a href="http://www.fmcna.com/">www.fmcna.com/</a></td>
<td>Eaton</td>
<td>Weekdays - 5:30am to 5:00pm</td>
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<td>Dean Transportation</td>
<td><a href="http://www.deantrailways.com">www.deantrailways.com</a></td>
<td>Central/Western Michigan</td>
<td>Varies</td>
<td>800 school buses, 70 minivans, 30 over-the-road coaches</td>
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<td><a href="http://www.sparrow.org">www.sparrow.org</a></td>
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<td>1 rehabilitation transport van, 4 20-passenger buses/shuttle employees, 1 MICU ambulance</td>
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<td>Client Transport</td>
<td>Bus passes, reimbursement</td>
<td>Medicaid</td>
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<td>Clients need Rides</td>
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<td>entire state</td>
<td>24/7</td>
<td>3 vans (1 w/wheelchair lift)</td>
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<td><a href="http://www.hopenetworkrehab.org">www.hopenetworkrehab.org</a></td>
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<td>24/7</td>
<td>2 cars, 2 lift vans, 4 mini vans</td>
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<td><a href="http://www.cacil.org">www.cacil.org</a></td>
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## Developing a Non-Emergency Medical Transportation Strategy for Lansing Tri-County

**Smart Growth America**

### Current Transportation Solutions

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<td><a href="http://www.michigan.gov/dhs">www.michigan.gov/dhs</a></td>
<td>Clinton County</td>
<td>Weekdays 7:00am-5:00pm</td>
<td>4 vehicles</td>
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<td>CEI-Community Mental Health Transitions-St. Johns</td>
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<td>Capital Transport</td>
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<td>23 taxi sedans, 4 7-10 passenger vans</td>
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<td><a href="http://www.classiccaddylimo.com">www.classiccaddylimo.com</a></td>
<td>Michigan</td>
<td>24/7</td>
<td>10 6-24 passenger limousines</td>
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<td>Cristo Rey Community Center</td>
<td><a href="http://www.cristo-rey.org">www.cristo-rey.org</a></td>
<td>Lansing</td>
<td>Varies</td>
<td>one mini bus</td>
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<th>D/R Public</th>
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<th>Bus passes, reimbursement</th>
<th>Medicaid</th>
<th>Volunteer</th>
<th>Clients need Rides</th>
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<tr>
<td>Delta Retirement Center</td>
<td></td>
<td>Lansing</td>
<td>two sedans</td>
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<tr>
<td>Country Creek Adult Foster Care Home</td>
<td></td>
<td>Mason</td>
<td>one non-accessible van</td>
<td>X</td>
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<tr>
<td>Eureka House</td>
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<td>Ingham, Eaton, Clinton and Shiawassee Counties</td>
<td>one non-accessible 15 passenger van</td>
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<tr>
<td>Greyhound Lines</td>
<td><a href="http://www.greyhound.com">www.greyhound.com</a></td>
<td>Ingham, Eaton and Clinton Counties</td>
<td>Varies</td>
<td>Numerous coaches</td>
<td>X</td>
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<td>Grange Senior Citizens</td>
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<td>one mini-bus</td>
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<td>Independence Village of East Lansing</td>
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<td>Lansing</td>
<td>one van</td>
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<td>Web</td>
<td>Service Area</td>
<td>Days/ Hrs</td>
<td>Vehicles</td>
<td>Fixed</td>
<td>D/R Public</td>
<td>D/R Rural</td>
<td>D/R ADA</td>
<td>Paratransit</td>
<td>Client Transport</td>
<td>Bus, passes, reimbursement</td>
<td>Medicaid</td>
<td>Volunteer</td>
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<td>Indian Trails</td>
<td><a href="http://www.indiantrails.com">www.indiantrails.com</a></td>
<td>Michigan</td>
<td>Varies</td>
<td>numerous 29-56 passenger coaches</td>
<td>X</td>
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<td>Ingham County Department of Veteran’s Affairs</td>
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<td>Ingham County</td>
<td>M- 7:15am- varies</td>
<td>one 14 passenger van</td>
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<td>one van</td>
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<td>Tendercare South and West</td>
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<td>Lansing</td>
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<td>one at each location</td>
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